

State Department of Education Contacts

State of _____ Date _____

OMB #: 0970-0531
Expiration Date: 7/31/22

Instructions: The purpose of the State Department of Education Contacts Form is to obtain key State contacts and information on upcoming legislation or events relevant to Head Start in the State. The information will be used when reaching out to a State, particularly during travel from the Office of Head Start (OHS) to those States. The contact information provided should be for State officials and publicly available.

Head Start Collaboration Office (HSCO) Director Name _____
Email _____ Phone _____
Name of Department where HSCO is located _____
HSCO Relationship to Department of Education: ___Excellent ___Good ___Satisfactory ___Limited
Name of Department of Education Office _____

Early Childhood Contact

Name _____ Title _____
Email _____ Phone _____
Name of Department where contact is located _____
___HSCO has an existing working relationship with the above contact
___The contact above is from a directory, HSCO has no working relationship them
Additional early childhood contact based on HSCO having a working relationship with this person
Name _____ Title _____
Email _____ Phone _____

Elementary Education Contact

Name _____ Title _____
Email _____ Phone _____
Name of Department where contact is located _____
___HSCO has an existing working relationship with the above contact
___The contact above is from a directory, HSCO has no working relationship them
Additional elementary education contact based on HSCO having a working relationship with this person
Name _____ Title _____
Email _____ Phone _____

Superintendent/Secretary of Education Contact

Name _____ Title _____
Email _____ Phone _____
Name of Department where contact is located _____
___HSCO has an existing working relationship with the above contact
___The contact above is from a directory, HSCO has no working relationship them
Additional Superintendent/Secretary of Education contact based on HSCO having a working relationship with this person
Name _____ Title _____
Email _____ Phone _____

Other Potential Contact

Name _____ Title _____
Email _____ Phone _____

Paperwork Reduction Act Burden Statement: This collection of information is voluntary. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

State Department of Education Contacts

State of _____ Date _____

Where the Department is located _____

____ HSCO has an existing working relationship with the above contact

____ The contact above is from a directory, HSCO has no working relationship them

Additional other contact based on HSCO having a working relationship with this person

Name _____ Title _____

Email _____ Phone _____

Possible Legislation/Budget Upcoming that Could Impact Head Start

Name of Bill _____

Brief Description

Concerns/Possible Head Start Impact of Legislation/Budget

Major Meetings/Events in 2019-2020 to potentially attend (month and date if known and who will be attending from the State)
