Head Start Collaboration Office Annual Report

Start of Block: Instructions

Head Start Collaboration Office Annual Report

Welcome to the revised Head Start Collaboration Office (HSCO) Annual Report for the 2022-2023 calendar year. Below are a few instructions before getting started.

Special Instructions. Special instructions are included in *blue italic font* throughout the survey primarily to provide clarification.

Use of the Title "HSCO Director". We recognize that not all leads of the HSCO grant use the tittle "HSCO Director" (e.g., HSCO Coordinator). However, for this report, the title "HSCO Director" is used to represent this person regardless of title. In cases when "you" or "your" is used, it is also referring to the HSCO grant lead.

Progress Automatically Saves. As you proceed through the survey, your completed responses are automatically saved. If you close your survey before completion, you can use the same survey link to return to the survey without losing any of your progress.

Retaining a Copy of Your Responses. Shortly after submitting your survey, you will receive an e-mail with a copy of your responses. Please upload this copy of your responses into your grant file in your "Annual Report" folder under the Documents tab in HSES.

Thank you for taking the time to complete this report.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to capture performance and progress data from recipients of Head Start Collaboration Office grant funding. Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0490 and the expiration date is 03/31/2026. If you have any comments on this collection of information, please contact Beth Caron at Beth.Caron@acf.hhs.gov.

End of Block: Instructions

Start of Block: Section A: Demographic Information

Section A: Demographic Information

Note: Hovering your cursor over underlined text will provide additional guidance you may need.

1 Name of the HSCO Director:

_____

2 Title of the HSCO Director:

_____

3 How long have you been in the position of HSCO Director?

- O Less than one year
- O 1 to 5 years
- O 6 to 10 years
- O 11 to 15 years
- O More than 15 years

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4 Select the **type of organization** (e.g., type of state agency, department, bureau) that houses the HSCO in your state or region. This is often the umbrella organization that receives Head Start funding for the HSCO.
For example, select "Education, Early Learning, or Early Childhood" if the HSCO is housed in the Department of Education or Bureau of Education.

- O Education, Early Learning, or Early Childhood
- O Governor's office
- O Health, Human and/or Social Services
- O Non-Profit
- O State Head Start Association
- O University
- O Workforce/Commerce
- O Other type of entity (e.g., agency, department, bureau)

_____

5 Indicate the name of the division/office that houses the HSCO within the organization type selected.
Please provide the name of the division/office, not the physical address. If there is no division/office, leave the space blank.

_____

6 Is this HSCO director position appointed by the Governor?

O Yes

O No

O Not applicable (e.g., AIAN and MSHS)

End of Block: Section A: Demographic Information

Start of Block: Section B: Information on HSCO Staff

Section B: Information on HSCO Staff

1 Is the HSCO Director position part-time or full-time, regardless of funding source?

O Part-time (less than 35 hours per week)

O Full-time (35 hours or more per week)

2 Are there other sources of funding beside Head Start federal or required state match covering the salary/wages for the HSCO Director position?

O Yes

O No

3 Not counting the HSCO Director and regardless of funding source, how many other staff in your organization are regularly doing work directly for the HSCO?
Generally, these are staff that hold essential duties and responsibilities necessary as part of the HSCO grant. Count each staff as "1" regardless of hours worked. For example, two staff working 25 hours per week would be counted as "2" part-time staff. If none, enter "0".

O Part-time staff (less than 35 hours per week)

_____

O Full-time staff (35 hours or more per week)

_____

4 About how much or the salaries/wages of other staff are covered by the HSCO grant?
You can include additional information about other sources of funding in the following question.

O All or most

O Some

O None

5 Is there additional information related to staffing that would be helpful to include in your report?

For example, additional information on other major sources of funding for the HSCO Director position or other staff, and other supports available to the HSCO. Leave blank if there is no additional information to provide.

_____

_____

_____

_____

_____

End of Block: Section B: Information on HSCO Staff

Start of Block: Section C: Vision, Mission, and Goals

Section C: Vision, Mission, and Goals

1 Please provide the Vision and/or Mission of the department in the State or AIAN/MSHS Region where the HSCO is located. You may include the Purpose/Mission of the HSCO, if applicable.

_____

_____

_____

_____

_____

2 List the major goals for your HSCO. These goals should be specific to your Collaboration Office and may be based on the general priorities from OHS, but it should not be a list of the HSCO Central Office priorities.
It is not necessary to complete all text boxes. Only complete the number of textboxes based on your number of major goals.

- Major Goal #1 _____
- Major Goal #2 _____
- Major Goal #3 _____
- Major Goal #4 _____
- Major Goal #5 _____
- Major Goal #6 _____
- Major Goal #7 _____
- Major Goal #8 _____
- Major Goal #9 _____
- Major Goal #10 _____

End of Block: Section C: Vision, Mission, and Goals

Start of Block: Section D: State Advisory Council

Section D: State Advisory Council

1 Does your state have an identified State Advisory Council (or National Advisory Council for AIAN and MSHS programs)?

- O Yes
- O No
- O Don't know

Skip To: End of Block If 1 = No

Skip To: End of Block If 1 = Don't know

2 Name of the state (or National AIAN or MSHS) advisory council:

_____

3 Indicate the ways the HSCO is involved in that Advisory Council:
Select all that apply

- [ ] Attends meetings
- [ ] Non-voting member
- [ ] Voting member
- [ ] Subcommittee or workgroup chair, or co-chair
- [ ] Subcommittee or workgroup member
- [ ] Other, please describe _____
- [ ] ⊗ Not involved (i.e., the SAC is active, but the HSCO is not involved)
- [ ] ⊗ Not applicable (i.e., the SAC exists, but it has not been active)

Skip To: End of Block If 3 = Not involved (i.e., the SAC is active, but the HSCO is not involved)
Skip To: End of Block If 3 = Not applicable (i.e., the SAC exists, but it has not been active)

4 From a scale of 1 to 3, indicate the amount of time in which the HSCO is involved in the State (or National) Advisory Council using the following scale:
Minor time commitment may mean attending to occasional meetings or e-mails. It may also mean it's not a priority for the HSCO. Major time commitment may mean participating significantly throughout the year on a daily or weekly basis or having a significant role in a subcommittee or workgroup within the State (or National) Advisory Council.

	Minor Time Commitment **1**	Moderate Time Commitment **2**	Major Time Commitment **3**
HSCO involvement in State (or National) Advisory Council	O	O	O

End of Block: Section D: State Advisory Council

Start of Block: Section E: Major Partnerships and Collaborations

Section E: Major Partnerships and Collaborations

1 List up to ten major partnerships/collaborations that are in place between the HSCO and other entities. Begin with the partnerships/collaborations that are most critical to your HSCO work.
Select the partnership type from the dropdown that best reflects the type of partnership involved

	Major Partnership	Partner Agency Type	Primary Content Area
1	[TEXT BOX]	[DROPDOWN]	[DROPDOWN]
2	[TEXT BOX]	[DROPDOWN]	[DROPDOWN]
3	[TEXT BOX]	[DROPDOWN]	[DROPDOWN]
4	[TEXT BOX]	[DROPDOWN]	[DROPDOWN]
5	[TEXT BOX]	[DROPDOWN]	[DROPDOWN]
6	[TEXT BOX]	[DROPDOWN]	[DROPDOWN]
7	[TEXT BOX]	[DROPDOWN]	[DROPDOWN]
8	[TEXT BOX]	[DROPDOWN]	[DROPDOWN]
9	[TEXT BOX]	[DROPDOWN]	[DROPDOWN]
10	[TEXT BOX]	[DROPDOWN]	[DROPDOWN]

[Dropdown Menu for Agency Type]
Association (e.g., professional, national, state Head Start Association)
State or Government Agency
Governing Body (e.g., policy council, State or National Advisory Council)
Migrant Organization
Philanthropic Organization or Foundation
Research Organization
School System or Higher Education Organization (e.g., University)
Tribal Organization
Multiple agencies involved in partnership (e.g., coalition, workgroup, or task force)
Other non-profit organization
Other agency type

[Dropdown Menu for Content Area]
Child Care
Child Welfare (incl. safety and maltreatment)
Early Childhood/Early Care and Education, Pre-kindergarten (general)

Developmental (e.g., Learn the Signs, Act Early)
Disabilities (e.g., Child Find, Including Children with Disabilities)
Family/Community
Homelessness/Housing
Home Visiting
Health/Public Health (e.g., oral/dental, nutrition, screenings)
Mental Health/Social Emotional
PDG B-5
Quality Rating Systems (QRIS)
Workforce/Career and Technical, Professional Development
Other content area(s)

Page Break

Display This Question:

If 1#2 = Other agency type

1a You selected "Other agency type" for at least one major partnership agency type. Please describe the other agency type(s) in the provided textbox.

_____

_____

_____

_____

_____

Display This Question:

If 1#3 = 10 [Other content area(s)]

1b You selected "Other content area(s)" for at least one major partnership content area. Please describe the other content area(s) in the provided textbox.

_____

_____

End of Block: Section E: Major Partnerships and Collaborations

Start of Block: Section F: Involvement in Key Topic Areas

Section F: Involvement in Key Topic Areas

This section will cover your involvement in the following topic areas:

- State Systems
  - Child Care
  - Disabilities
  - Health/Mental Health
  - Infants and Toddlers
  - Other State Systems
- Coordinating with School Systems
- Data Systems and Use
- Workforce, Professional Development (PD), and/or Career Development
- Strategies/Approaches to Coordination

Page Break

Instruction: How to Report Your Level or Involvement

Throughout this section, you will use a scale from 0 to 3 to indicate your level of involvement, as defined below. **Review these definitions carefully to prepare for this section.** Note that you can still report impacts for areas where you report low involvement in a later section. You can still have high impact with low involvement.

0 = means this area was not a focus of work or priority during the past year; due to the nature of HSCO grants, it is expected that not every topic will be addressed every year.

1 = means you attended meetings or events associated with this topic area on an infrequent basis (e.g., once a quarter or a few times a year), involved through minimal correspondence or discussions, and/or provided minimal review or input on materials associated with the topic area. This includes maintaining systems or initiatives that are already underway and only require minimal engagement to monitor or keep on track.

2 = means you regularly worked in this area throughout the past year (e.g., monthly discussions and meetings), worked substantively on a time-bound project that lasted multiple weeks or a few months, and/or provided substantive review or input on materials on a periodic

basis (e.g., monthly).

3 = means you spent a considerable amount of time working on this topic area on a frequent basis (e.g., weekly) throughout most or all of the year.

Page Break

To review the definitions of the scale items 0, 1, 2, and 3, you can hover over the scale item and the definition will be displayed throughout this section.

1 State Systems Topic Area: Child Care

	0 Not a focus this year	**1** Low	**2** Moderate	**3** High
Licensing including crosswalk of state child care licensing and Head Start Program Performance Standards	O	O	O	O
Background Check Systems	O	O	O	O
Subsidy System	O	O	O	O
Family Child Care	O	O	O	O
Involvement in other activities in the Child Care topic area	O	O	O	O

Display This Question:

If 1 = Family Child Care [2 Moderate]

Or 1 = Family Child Care [3 High]

2 You indicated being involved in **family child care** activities, select the type(s) of work this involvement supports:
Select all that apply.

- [ ] Licensing issues for partnering with Head Start/Early Head Start
- [ ] Piloting efforts
- [ ] Quality improvement in general for Family Child Care
- [ ] Professional development for Family Child Care providers
- [ ] Other (please specify) _____

Page Break

3 State Systems Topic Area: Children with Disabilities

	0 Not a focus this year	**1** Low	**2** Moderate	**3** High
Coordinating Services with Part C and/or Part B, 619	O	O	O	O
Serving Children with Disabilities in Head Start Classrooms	O	O	O	O
Transitions	O	O	O	O
Data Sharing and Data Use	O	O	O	O
Work with local programs and LEAs to coordinate IDEA services in Head Start	O	O	O	O
Involvement in other activities in the Children with Disabilities topic area	O	O	O	O

Page Break

4 State Systems Topic Area: Health/Mental Health Systems

	0 Not a focus this year	**1** Low	**2** Moderate	**3** High
Medical Home involvement (e.g., on access issues, working with healthcare partners including health administrators to connect programs to medical homes)	O	O	O	O
Dental Home involvement	O	O	O	O
Supporting Early and Periodic Screening, Diagnostic and Treatment (**EPSDT**) screenings	O	O	O	O
Oral Health Initiatives	O	O	O	O
Support or development of **Health Networks** including Head Start Health Manager Networks	O	O	O	O
Mental Health and social emotional supports (e.g., adverse childhood experiences, substance misuse, suspension/expulsion, and domestic violence/child maltreatment, Positive behavioral Intervention Systems [PBIS], the Pyramid Model, and mental health consultation)	O	O	O	O

Nutrition (e.g., obesity prevention, WIC, CACFP, SNAP)	O	O	O	O
Involvement in other activities in the Health/Mental Health Systems topic area	O	O	O	O

Display This Question:

If 4 = Supporting Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screenings [2 Moderate]

Or 4 = Supporting Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screenings [3 High]

5 You indicated being involved in **EPSDT** activities, select the type(s) of screenings this involvement supports:
Select all that apply.

- ☐ Lead toxicity screenings
- ☐ Hearing screenings
- ☐ Vision screenings
- ☐ Dental screenings
- ☐ Developmental screenings
- ☐ Other (please specify) _____

Page Break

6 State Systems Topic Area: Infants and Toddlers

	0 Not a focus this year	**1** Low	**2** Moderate	**3** High
Home visiting including MIECHV and Early Head Start	O	O	O	O
Collaboration with the Early Childhood Comprehensive Systems Health Integration Prenatal to Three (ECCS) Programs	O	O	O	O
Continuity of care and the importance of caregiver relationships for infants and toddlers	O	O	O	O
Expand access to quality infant and toddler spaces including Early Head Start-Child Care Partnerships	O	O	O	O
Involvement in other activities in the Infants and Toddlers topic area	O	O	O	O

Display This Question:

If 6 = Expand access to quality infant and toddler spaces including Early Head Start-Child Care Partnerships [2 Moderate]

Or 6 = Expand access to quality infant and toddler spaces including Early Head Start-Child Care Partnerships [3 High]

7 You indicated being involved in activities to **expand access to quality infant and toddler spaces**, select the type(s) of expansion this work supports:
Select all that apply.

- [ ] Within Early Head Start
- [ ] Within Early Head Start - Child Care Partnerships
- [ ] Within Child Care
- [ ] Other activities to expand access (please specify)

_____

Page Break

8 Other State Systems Topic Areas

	0 Not a focus this year	**1** Low	**2** Moderate	**3** High
Parent/family/ community engagement	O	O	O	O
Quality Rating Systems (QRS, QRIS)	O	O	O	O
Preschool Development Grants Birth to Five (PDG B-5)	O	O	O	O
Activities that support cultural responsiveness (e.g., immigrant/refugee, tribal, and migrant families, and dual language learners)	O	O	O	O
Child welfare (e.g., service coordination between child welfare and Head Start, cross training opportunities, supporting local partnerships)	O	O	O	O
Activities that support families experiencing homelessness, domestic violence, incarcerated parents, opioid/substance abuse, and/or children in foster care	O	O	O	O
Activities to support Census efforts	O	O	O	O

Display This Question:

If 8 = Parent/family/community engagement [2 Moderate]

Or 8 = Parent/family/community engagement [3 High]

16 You indicated being involved in **parent/family/community engagement** activities, select the area(s) this work supports:
Select all that apply.

- ☐ Using Parent Family Community Engagement (PFCE) Framework to guide work with systems or projects (e.g., to promote family voices in governing structures)
- ☐ Strengthening Families work
- ☐ Fatherhood (e.g., work focused to improve fatherhood involvement)
- ☐ Parent advisory groups
- ☐ Other (please specify) _____

Display This Question:

If 8 = Quality Rating Systems (QRS, QRIS) [2 Moderate]

Or 8 = Quality Rating Systems (QRS, QRIS) [3 High]

17 You indicated being involved in **QRIS** activities, select the area(s) this work supports:
Select all that apply.

- ☐ Active participation in development/revisions of QRIS (including piloting effort)
- ☐ Aligning Head Start within QRIS, and/or Reducing barriers to Head Start involvement to increase the number of grantees who are a part of QRIS
- ☐ Other (please specify) _____

Display This Question:

If 8 = Activities that support cultural responsiveness (e.g., immigrant/refugee, tribal, and migrant families, and dual language learners) [2 Moderate]

Or 8 = Activities that support cultural responsiveness (e.g., immigrant/refugee, tribal, and migrant families, and dual language learners) [3 High]

18 You indicated being involved in activities that support **cultural responsiveness**, select the population(s) this work supports:
Select all that apply.

- ☐ Immigrant/refugee families
- ☐ Tribal families
- ☐ Migrant families
- ☐ Dual language learners
- ☐ Other (please specify) _____

Display This Question:

If 8 = Child welfare (e.g., service coordination between child welfare and Head Start, cross training opportunities, supporting local partnerships) [2 Moderate]

Or 8 = Child welfare (e.g., service coordination between child welfare and Head Start, cross training opportunities, supporting local partnerships) [3 High]

19 You indicated being involved in **child welfare** activities, select the area(s) this work supports:
Select all that apply.

- ☐ Child welfare referral processes
- ☐ Developing, revising, implementing Memoranda of Understanding (MOUs)
- ☐ Other (please specify) _____

Display This Question:

If 8 = Activities that support families experiencing homelessness, domestic violence, incarcerated parents, opioid/substance abuse, and/or children in foster care [2 Moderate]

Or 8 = Activities that support families experiencing homelessness, domestic violence, incarcerated parents, opioid/substance abuse, and/or children in foster care [3 High]

20 You indicated being involved in activities that support **families experiencing homelessness, domestic violence, incarcerated parents, opioid/substance abuse, and/or children in foster care**, select the group(s) or families this work supports:
Select all that apply.

- ☐ Families experiencing homelessness
- ☐ Families experiencing domestic violence
- ☐ Experiencing opioid/substance abuse
- ☐ Families with incarcerated parents
- ☐ Families with children in foster care
- ☐ Other (please specify) _____

Page Break

21 Coordinating with School Systems Topic Area

	0 Not a focus this year	1 Low	2 Moderate	3 High
Promotion of school readiness efforts	O	O	O	O
Partnerships with state pre-k	O	O	O	O
Supporting programs to navigate or leverage other funding sources, including blending funding	O	O	O	O
Work with Department of Education's Migrant Education	O	O	O	O
Involvement in other activities in the Coordinating with School Systems topic area	O	O	O	O

Display This Question:

If 21 = Promotion of school readiness efforts [2 Moderate]

Or 21 = Promotion of school readiness efforts [3 High]

22 You indicated being involved in **promotion of school readiness efforts** activities, select the type(s) or work this involvement supports:
Select all that apply.

- [ ] Facilitation of relationships and trust-building between LEA and local programs
- [ ] Transition planning
- [ ] Other (please specify) _____

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23 Data Systems and Use Topic Area

	0 Not a focus this year	**1** Low	**2** Moderate	**3** High
Development of state, regional, or other data system	O	O	O	O
Integration of Head Start data into the state data system	O	O	O	O
Provided guidance regarding Head Start data collection strategies used by programs	O	O	O	O
Accessing and using PIR data	O	O	O	O
Accessing and using other state/local data (e.g., IDEA, homelessness, child abuse and neglect data, and Department of Labor data)	O	O	O	O
Involvement in other activities in the Data Systems and Use topic area	O	O	O	O

Display This Question:

If 23 = Integration of Head Start data into the state data system [2 Moderate]

Or 23 = Integration of Head Start data into the state data system [3 High]

24 You indicated being involved in **integration of Head Start data into the state data system** activities, select the type(s) of work this involvement supports:
Select all that apply.

- ☐ Work on common definitions within the state
- ☐ Work on unique identifiers that include Head Start children
- ☐ Other (please specify) _____

Display This Question:

If 23 = Provided guidance regarding Head Start data collection strategies used by programs [2 Moderate]

Or 23 = Provided guidance regarding Head Start data collection strategies used by programs [3 High]

25 You indicated being involved in **providing guidance regarding Head Start data collection strategies used by programs** activities, select the type(s) of work this involvement supports:
Select all that apply.

- ☐ Identified participation rate of Head Start programs in statewide unique identifier data systems
- ☐ Other (please specify) _____

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26 Workforce, Professional Development (PD), and/or Career Development Topic Area

	0 Not a focus this year	1 Low	2 Moderate	3 High
Higher education connections	O	O	O	O
Funding for workforce, coursework (e.g., scholarships, salary scales, compensation)	O	O	O	O
PD registries (e.g., development enhancement)	O	O	O	O
Early Learning Guidelines/Standards (e.g., revisions or development of infant toddler, preschool, dual language, B-5 continuum guidelines/standards	O	O	O	O
Core knowledge and competencies for practitioners/professionals (e.g., development, revisions)	O	O	O	O
Involvement in other activities in the Workforce/PD/Career Development topic area	O	O	O	O

Display This Question:

If 26 = Higher education connections [2 Moderate]

Or 26 = Higher education connections [3 High]

27 You indicated being involved in **higher education connections** activities, select the type(s) of work this involvement supports:
Select all that apply.

- ☐ Development or revision of online or in-person degrees
- ☐ Development or revision of state credentials/certificates
- ☐ Development or revision of articulation agreements
- ☐ Career pathways
- ☐ Coursework enhancements
- ☐ Apprenticeships
- ☐ Other (please specify) _____

Display This Question:
If 27 = Development or revision of online or in-person degrees

27a You indicated involvement in the **development or revision of an online or in-person degree**, select which degrees are being developed or revised:
Select all that apply.

- ☐ Associate Degree
- ☐ Baccalaureate Degree
- ☐ Masters Degree
- ☐ Doctoral Degree

Display This Question:

If 27 = Development or revision of state credentials/certificates

27b You indicated involvement in the **development or revision of state credentials/certificates**, select which area(s) are being addressed in the credentials/certificates:
Select all that apply.

- ☐ Infant toddler
- ☐ Preschool
- ☐ Mental health
- ☐ Early childhood special education
- ☐ Other (please specify) _____

Display This Question:

If 27 = Development or revision of articulation agreements

27c You indicated involvement in the **development or revision of articulation agreements**, select the type(s) of articulation agreement(s):
Select all that apply.

- ☐ Infant toddler specialization
- ☐ Individualized Professional Development (iPD) Portfolio
- ☐ Child Development Associate (CDA) Credential
- ☐ Other (please specify) _____

Page Break

28 Strategies/Approaches to Coordination

	0 Not a focus this year	1 Low	2 Moderate	3 High
MOUs/Interagency Agreements (e.g., developing, revising, and implementing)	O	O	O	O
Educating/Informing stakeholders including legislators	O	O	O	O
Planning for conferences/webinars/trainings	O	O	O	O
Participation on workgroups, committees, task forces, councils, or other similar groups	O	O	O	O
Public awareness campaigns and materials	O	O	O	O
Provide info and support to local Head Start programs	O	O	O	O

Display This Question:

If 28 = Educating/Informing stakeholders including legislators [2 Moderate]

Or 28 = Educating/Informing stakeholders including legislators [3 High]

29 You indicated being involved in **educating/informing stakeholders including legislators**, select the area(s) this involvement supports:
Select all that apply.

- [ ] Workforce/PD (e.g., regulatory changes to expand professional registries, credentials, and competencies)
- [ ] System development (e.g., changes in compensatory practices, alignment of policies with Child Care Development Block Grant and state licensing rules)
- [ ] Data including sharing data with stakeholders
- [ ] Other (please specify) _____

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30 Indicate up to five regional or state priorities and the level of involvement (e.g., opioid and substance abuse, emergency response, background checks, full enrollment initiative, homelessness/housing vouchers, workforce).
It is not necessary to complete all text boxes.

	Regional or State Priorities	0 Not a priority or focus this year	1 Low	2 Moderate	3 High
Priority 1		O	O	O	O
Priority 2		O	O	O	O
Priority 3		O	O	O	O
Priority 4		O	O	O	O
Priority 5		O	O	O	O

End of Block: Section F: Involvement in Key Topic Areas

Start of Block: Section G: Memoranda of Understanding (MOU)/Interagency Agreements (IA)

Section G: Memoranda of Understanding (MOU)/Interagency Agreements (IA)

1 Indicate whether you are working on efforts to develop, revise/review, and/or implement MOU/IA in the following areas.

Select all that apply

	Developing	Revising/Reviewing	Implementing
Children with disabilities	☐	☐	☐
Child welfare	☐	☐	☐
Refugee families (e.g., Office of Refugee Resettlement or other refugee orgs)	☐	☐	☐
Data sharing	☐	☐	☐
Transitions to schools, collaboration with pre-K	☐	☐	☐
Child care (re: subsidy or other issues)	☐	☐	☐
Health/mental health-related	☐	☐	☐

1a Indicate whether you are working on other efforts to develop, revise/review, and/or implement MOU/IA in other topic areas not previously listed.
It is not necessary to complete all text boxes.

	Topic Areas	Developing	Revising/Reviewing	Implementing
Other (please specify)		☐	☐	☐
Other (please specify)		☐	☐	☐
Other (please specify)		☐	☐	☐

Display This Question:

If 1 = Children with disabilities [Developing]

Or 1 = Children with disabilities [Revising/Reviewing]

Or 1 = Children with disabilities [Implementing]

2 You indicated being involved in **MOU/IA efforts involving children with disabilities**, select the IDEA area this work supports:
Select all that apply

☐ Part B 619

☐ Part C

3 Is there additional information related to working on MOU/IA efforts that would be helpful to include in your report?
Leave blank if there is no additional information to provide.

_____

_____

_____

_____

_____

End of Block: Section G: Memoranda of Understanding (MOU)/Interagency Agreements (IA)

Start of Block: Section H: Capacity and Need for Support in Key Topic Areas

Section H: Support in Key Topic Areas

Indicate your need for support and ability to serve as a resource in the following key topic areas using the definitions below.

Area in need of additional support: This means you could benefit from technical assistance, a community of practice, peer-to-peer coaching, support with establishing connections, leadership support, and/or other similar type of support for the topic area.

Area you could be a potential resource for your peers: This means you are willing to be a potential resource for your peers for the topic area (e.g., supporting round table discussions on the topic, peer-to-peer coaching opportunities).

For any items you indicate as an "area in need of additional support", you will have the opportunity to provide more information at the end of this section.

1 Key Topic Areas

	Area in need of additional support	Area you could be a potential resource for your peers
Child Care	O	O
Disabilities	O	O
Health/Mental Health	O	O
Infants and Toddlers	O	O
Parent/Family/Community Engagement	O	O
	O	O
Other state systems (e.g., QRIS, child welfare, PDG B-5)	O	O
Workforce/Professional Development/Career Development	O	O
Data Systems and Use	O	O
Coordinating with School Systems	O	O

Strategies to Collaboration and Coordination

	Area in need of additional support	Area you could be a potential resource for your peers
Educating/informing stakeholders including legislators	O	O
Developing relationships with state partners (e.g., workgroups, committees, and taskforces)	O	O
MOUs/Interagency Agreements (e.g., developing, revising, and implementing)	O	O
Working on public awareness campaigns and materials	O	O
Providing info and support to local programs	O	O
Planning for conferences/webinars/trainings	O	O
Working with Head Start associations	O	O
Working with your regional office including accessing information and support from regional office	O	O
Other collaboration and community activities	O	O

Grant-Related Activities

	Area in need of additional support	Area you could be a potential resource for your peers
Budgeting	0	0
Community Needs Assessments	0	0
Strategic Planning	0	0
Other grant-related activities	0	0

Page Break

Display This Question:

If 1 [Area in need of additional support] (Count) > 0

Or QID241 [Area in need of additional support] (Count) > 0

Or QID242 [Area in need of additional support] (Count) > 0

2 You indicated you need additional support in areas listed below, can you describe the types of supports you need?

Key Topic Areas
${1/ChoiceGroup/SelectedChoicesForAnswer/1}

Strategies to Collaboration and Coordination
${QID241/ChoiceGroup/SelectedChoicesForAnswer/1}

Grant-Related Activities
${QID242/ChoiceGroup/SelectedChoicesForAnswer/1}

_____

_____

_____

_____

3 Is there any other additional information you would like to include in your report about capacity and need for support?

_____

_____

_____

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End of Block: Section H: Capacity and Need for Support in Key Topic Areas

Start of Block: Section I: Narrative Outcomes in Key Topic Areas

Section I: Narrative Outcomes in Key Topic Areas

For this section, provide a narrative describing key activities and outcomes for the following topic areas:

1 **State Systems** (e.g., cultural responsiveness; Infants and toddlers; Child Care; Health/Mental Health systems; Children with disabilities; parent/family/community engagement; and other systems such as QRIS, and PDG B-5)

Narrative:

2 **Workforce/Professional Development/Career Development** (e.g., Higher education connections; developing or revising degree programs, credentials, certificates, and/or articulation agreements; developing career pathways; coursework enhancements; apprenticeships; workforce funding; early learning guidelines and standards; core knowledge and competencies; PD registries).

Narrative:

3 **Data Systems and Use** (e.g., developing or revising data systems; integrating Head Start data into state data systems; working on unique identifiers; developing/updating data profiles, fact sheets, economic impact studies, and/or mapping studies; using data for decision-making including PIR data; accessing and using state data sets such as data on children with disabilities, children experiencing homelessness, and child abuse and neglect data).

Narrative:

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4 **Coordinating with School Systems** (e.g., promoting school readiness; facilitating relationships and building trust among LEAs and local Head Start programs; transition planning; partnering with state pre-k; pre-k funding and blending/braiding funding; transition planning; and school system coordination activities).

Narrative:

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5 **Regional/State Priorities**
${26%231/ChoiceTextEntryValue/1/1} ${26%231/ChoiceTextEntryValue/2/1} ${26%231/ChoiceTextEntryValue/3/1} ${26%231/ChoiceTextEntryValue/4/1} ${26%231/ChoiceTextEntryValue/5/1}

Narrative:

_____

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6 **Other Key Focus Areas not Addressed Above**

Narrative:

_____

_____

_____

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_____

End of Block: Section I: Narrative Outcomes in Key Topic Areas

Start of Block: Email Confirmation

You have reached the end of the report! Please ensure that all applicable questions have been accurately completed before proceeding. **You will NOT be able to reopen the survey once you press submit.**
To end and submit your report, please confirm your email address in the space provided.

O Email Address _____

End of Block: Email Confirmation