

Head Start Collaboration Office 2016 Annual Report Questionnaire

ABOUT THIS REPORT

This annual report will support the work completed by your Head Start Collaboration Office (HSCO). The annual report will allow the Office of Head Start (OHS) to capture and promote your collaboration office accomplishments that are both quantitative and qualitative. The categories were determined by information that was submitted in past reports along with current priorities, and therefore is intended to build on past work as we move forward. While we structure a number of questions to focus on current priorities, we also allow for work outside of the priorities to be reported at the end of each section.

INSTRUCTIONS

Please only report on work completed during the 2016 calendar year. When necessary, you may include some background information prior to 2016 to clarify the work being reported. If no work has been completed in an area during 2016, there is no need to enter any information.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

The 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.

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.

A. DEMOGRAPHIC INFORMATION

Please fill out the following demographic information.

* indicates a required question

† indicates a question that will be used to populate your collaboration profile webpage on Early Childhood Learning & Knowledge Center (ECLKC)

1. * Name
2. * Title
3. *† Select the state of the Head Start Collaboration Office (HSCO)
4. *† What region is the collaboration office located in?
5. When did you begin in this position?
6. *† Select the Department that best represents the location of the HSCO

Department of Education

Department of Human or Social Services

Workforce Department

Governor's Office

Combined Education and Human Services Department

Other

7. *† Where is the HSCO actually housed (e.g. specify the division within the department)
8. *† Is this position appointed by the Governor or their Designee?
Yes
No
9. † Please provide the Vision and Mission of the department in the State where the HSCO is located. You may include the Purpose/Mission of the HSCO if applicable.

10. How many staff positions are there in the HSCO?

Director Full-time employees (FTE)

Coordinator FTE

Assistant/Admin	FTE	
Other	FTE	(Please indicate position)

11. † Does your state or region have an identified State Advisory Council? If so, provide the name of the council and the involvement of the HSCO.

Yes

No

Regional Advisory Council

12. † List up to ten major partnerships/collaborations that are in place between the HSCO and other entities

13. † List the major goals for your HSCO

B. PROFESSIONAL DEVELOPMENT

† Responses to sections B-G will be used to populate the results on your ECLKC collaboration office profile webpage and can be used in completing your mid-year and annual reports.

Include a description and measurable results where possible.

1. Please indicate if the collaboration office has been involved in any education for legislative actions around Professional Development in the following areas
 - educational requirements for Early Childhood Education (ECE)
 - system development
 - other (please specify)

If any selected, please provide a narrative description and when applicable, measurable results

2. Please indicate the area(s) of higher education where the collaboration office was involved development or revision of a state credential/certificate
 - infant/toddler
 - preschool
 - mental health
 - early childhood special education

development or revision of a degree

- Associate degree in ECE with a focus on infant and toddler development
- Baccalaureate degree in ECE with a focus on infant and toddler development
- Masters degree in ECE with a focus on infant and toddler development

development or revision of online coursework or degree

- infant/toddler
- preschool

enhancement of coursework

- infant/toddler

social/emotional
brain development

support for articulation

facilitated partnerships

other (please specify)

If any selected, please provide a narrative description of your work and if applicable, measurable results

3. Please indicate the area(s) where the collaboration office has been involved in the development or implementation of Early Learning Guidelines/Standards(ELG/ELS)

alignment with the Head Start Child Development and Early Learning Framework (HSCDELF)

dual language in developing ELG/ELS

initial development or revisions to

infant/toddler

preschool

birth to 5 continuum

other (please specify)

If any selected, please provide a narrative description of your work and if applicable, measurable results

4. Please indicate the area(s) where the collaboration office has been a part of development or revision of core knowledge and competencies for practitioners/professionals

infant/toddler

birth to five continuum

drafting documents

other (please specify)

If any selected, please provide a narrative description of your work and if applicable, measurable results

5. Please indicate the area(s) where the collaboration office has been involved in facilitating conference or training activities

statewide

regional

in partnership with National Head Start Association (NHTA)

in partnership with other organization (please specify)

other (please specify)

If any selected, please provide a narrative description of your work and if applicable, measurable results

6. Please indicate the area(s) where the collaboration office has been involved in the development or enhancement of Professional Development Registry activities

statewide system

Early Childhood professional tracking

trainer requirements and tracking

meeting of Head Start professional development requirements

other (please specify)

If any selected, please provide a narrative description of your work and if applicable, measurable results

7. If there are any other professional development activities the collaboration office has been involved in that have not been reported elsewhere in this section, please provide a narrative description of your work and if applicable, measurable results

C. SCHOOL READINESS and PRE-K

Include a description and some measurable results where possible.

1. Please indicate the area(s) where the collaboration office has been involved in the promotion of school readiness efforts

importance of relationships and trust

continuity of care

transition planning

pre-literacy and literacy efforts

early math and science and/or STEM efforts

Kindergarten Entry Assessment (KEA)

summits or conferences

Memorandum of Understandings (MOUs)

public engagement and marketing tool

other (please specify)

If any selected, please provide a narrative description of your work and if applicable, measurable results

2. Please indicate if the collaboration office has been involved in or supported involvement with pre-K

partnerships

funding (please be as specific as possible in the narrative)

other (please specify)

If any selected, please provide a narrative description of your work and if applicable, measurable results

3. If there are any other school readiness or pre-K activities the collaboration office has been involved in that are not reported in this section, please provide a narrative description of your work and if applicable, measurable results

D. DATA and STATE FUNDING RELATED WORK

Include a description and some measurable results where possible.

1. Please indicate if the collaboration office has worked on setting up unique identifiers that include Head Start children in your state or region.

Yes

No

If yes selected, please provide a narrative description of your work and if applicable, measurable results

2. Please indicate if the collaboration office has developed or updated any profiles regarding data for your state or for certain populations

Fact Sheets or Profiles – please include the geographic level in the description (such as county/city etc.)

economic impact studies

mapping studies

other (please specify)

If any selected, please provide a narrative description of your work and if applicable, measurable results

3. Please indicate if the collaboration office has contributed to the development of a state data system or other data system in your region. Please indicate if it has.

been a part of a task force or coalitions for planning and developing the state's or region's data system, including early childhood

developed or been a part of an MOU to share data

pursued deliberate integration of Head Start data into the state data system

worked on common definitions within the state

other (please specify)

If any selected, please provide a narrative description of your work and if applicable, measurable results

4. If there are any other data or state/region funding related activities the collaboration office has been involved in that are not reported in this section, please provide a narrative description of your work and if applicable, measurable results

E. PARENT/FAMILY and DIVERSITY RELATED

Include a description and some measurable results where possible.

1. Please indicate if the collaboration office has done deliberate work to incorporate the Parent, Family Community Engagement Framework into other systems within the state or region

Yes

No

If yes selected, please provide a narrative description of your work and if applicable, measurable results

2. Please indicate if the collaboration office has been engaged in work around home visiting such as
MIECHV and Early Head Start work
coordination and/or systems work within your state or region
development or support of pilots around home visiting
other (please specify)

If any selected, please provide a narrative description of your work and if applicable, measurable results

3. Please indicate what work the collaboration office has been engaged in that supports dual language learners and/or cultural responsiveness

MOUs or work with the Office of Refugee Resettlement

development of any early English language development standards

other (please specify)

If any selected, please provide a narrative description of your work and if applicable, measurable results

4. Please indicate if the collaboration office has been involved in the development of MOUs with child welfare

Yes

No

If yes selected, please provide a narrative description of your work and if applicable, measurable results

5. Please indicate if the collaboration office has been involved in developing materials or conferences / meetings to support parent/family/community engagement

conferences or meetings

materials

other (please specify)

If any selected, please provide a narrative description of your work and if applicable, measurable results

6. Please indicate if the collaboration office has worked on issues relating to the specific topic areas below

fatherhood

parent advisory groups

parent data

financial literacy

homelessness

domestic violence

incarcerated parents

Strengthening Families work

other (please specify)

If any selected, please provide a narrative description of your work and if applicable, measurable results

7. If there are any other parent/family or diversity related activities the collaboration office has been involved in that are not reported in this section, please provide a narrative description of your work and if applicable, measurable results

F. QUALITY RATING AND IMPROVEMENT SYSTEM (QRIS)

Include a description and some measurable results where possible.

1. Please indicate any work the collaboration office has been intentionally involved in regarding Head Start in QRIS
 - piloting efforts
 - alignment issues
 - active participation in development of QRIS
 - reducing barriers to Head Start involvement to increase number of grantees who are a part of QRIS
 - providing support in the adoption of "Caring for Our Children Basics," proposed Health and Safety Model Standards. (once they become available)
 - other (please specify)

If any selected, please provide a narrative description of your work and if applicable, measurable results

2. If there are any QRIS activities that the collaboration office has been involved in that are not reported in this section, please provide a narrative description of your work and if applicable, measurable results

G. EARLY EDUCATION SYSTEM OUTSIDE OF QRIS

Include a description and some measurable results where possible.

1. Please indicate if the collaboration office has been involved in or supported efforts to expand access to quality infant and toddler spaces within your state or region
 - within Early Head Start
 - within Early Head Start – Child Care Partnerships
 - within early care and education
 - other (please specify)

If any selected, please provide a narrative description of your work and if applicable, measurable results

2. Please indicate if the collaboration office has regular meetings or communications with other early care and education professional
 - child care
 - state data system staff
 - pre-K
 - QRIS
 - higher education
 - K-12
 - other (please specify)

If any selected, please provide a narrative description of your work, the frequency of these meetings and if applicable, measurable results

3. Please indicate if the collaboration office has worked on a crosswalk between state child care licensing and Head Start Program Performance Standards
 - in discussion
 - started the process
 - completed (please e-mail a copy to Karen.Heying@acf.hhs.gov or provide a link to the crosswalk in the description)
 - other (please specify)

If any selected, please provide a narrative description of your work and if applicable, measurable results

4. Please indicate if the collaboration office has worked on Family Child Care issues in your state or region
 - licensing issues for partnering with Head Start/Early Head Start
 - piloting efforts
 - increasing quality in general for family child care
 - other (please specify)

If any selected, please provide a narrative description of your work and if applicable, measurable results

5. Please indicate if the collaboration office has worked on general early care and education systems work in your state or region around the following areas
 - State Advisory Council (SAC)/Interagency work
 - Planning and developing frameworks
 - MOU/Interagency agreements
 - General alignment across systems
 - state funding
 - materials/public awareness
 - work with the child care subsidy office
 - other (please specify)

If any selected, please provide a narrative description of your work and if applicable, measurable results

6. If there are any other early childhood system outside of QRIS related activities the collaboration office has been in involved in and are not reported in this section, please provide a narrative description of your work and if applicable, measurable results

H. HEALTH RELATED

Include a description and some measurable results where possible.

1. Please indicate if the collaboration office has been involved in activities around support of a medical or dental home

medical

dental

If any selected, please provide a narrative description of your work and if applicable, measurable results

2. Please indicate if the collaboration office has been involved in any work around the Affordable Care Act (ACA)

Yes

No

If yes selected, please provide a narrative description of your work and if applicable, measurable results

3. Please indicate if the collaboration office has been involved in intentional activity to support Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screenings

lead toxicity screening

hearing screening

dental screening

other (please specify)

If any selected, please provide a narrative description of your work and if applicable, measurable results

4. Please indicate if the collaboration office has been involved in intentional activities around oral health initiatives

coordination for increased access

conference coordination

partnerships

funding

other (please specify)

If any selected, please provide a narrative description of your work and if applicable, measurable results

5. Please indicate if the collaboration office has been involved in support or development of Health Networks in your state or region

Yes

No

If yes selected, please provide a narrative description of your work and if applicable, measurable results

6. Please indicate what level of involvement the collaboration office had in your state or region around early childhood and disabilities

development of state or regional MOUs

public awareness campaigns

support materials

other (please specify)

If any selected, please provide a narrative description of your work and if applicable, measurable results

7. Please indicate what areas of involvement the collaboration office had around mental health and social emotional issues in your state or region

specific involvement in infant and toddlers

materials development

coordination of conferences

support for the development of coaching and mentoring groups

interagency coordination

other (please specify)

If any selected, please provide a narrative description of your work and if applicable, measurable results

8. Please indicate what areas of involvement the collaboration office had around nutrition issues in your state or region

WIC

CACFP

obesity

other (please specify)

If any selected, please provide a narrative description of your work and if applicable, measurable results

9. If there are any other health related activities that the collaboration office has been involved in that are not reported in this section, please provide a narrative description of your work and if applicable, measurable results

I. OTHER REGIONAL PRIORITIES THAT ARE NOT INCLUDED IN ANY OF THE SECTIONS

Include a description and some measurable results where possible.

List and describe up to three other collaboration office regional priorities not reported in any of the previous sections (if there are no regional priorities identified, this may be left blank)