

HEAD START COLLABORATION OFFICE BRIEFS

2021



OFFICE OF HEAD START

An Office of the Administration for Children & Families

ADMINISTRATION FOR
CHILDREN & FAMILIES



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2021 HEAD START COLLABORATION OFFICE BRIEFS

Annual Report Overview

The Head Start Collaboration Office Annual Report for 2021 summarizes the achievements and partnerships of Head Start Collaboration Offices (HSCOs) which includes every state, the District of Columbia, Puerto Rico, and the Regional Offices of American Indian and Alaska Native (AIAN) Head Start, and Migrant and Seasonal Head Start (MSHS). This report consists of 9 briefs that offer a full description of the HSCO work during 2021, one year during the grant's five-year cycle. "Brief #1: The Head Start Collaboration Offices: Who We Are" provides a synopsis of the HSCOs including organization, mission/vision, partnerships, and goals while the other briefs focus on one element of the HSCO scope of work specifically during 2021.

Each HSCO works on tasks based on their individual project timelines, strategic plans, and the priorities within their states, territories, or regions. Similar to the HSCO Annual Report for 2020, HSCOs continued to be impacted by the Covid-19 pandemic, and their ability to conduct work within their HSCO project plan varied based on state regulations and mandates, forcing them to make adjustments and re-prioritize needs.

Brief topics include:

1. The Head Start Collaboration Offices: Who We Are
2. Partnering with State Child Care Systems Emphasizing the Early Head Start Child Care Partnership (EHS CCP) Initiative
3. Efforts to Engage in State/Territorial Data Systems
4. Supporting the Expansion and Access of High-Quality Workforce and Career Development Opportunities for Staff
5. Collaborating with State Quality Rating and Improvement Systems (QRIS)
6. Working with School Systems to Ensure Continuity between Head Start Programs and Kindergarten
7. Early Education Systems Outside of Quality Rating and Improvement Systems
8. Parent, Family, and Community Engagement
9. Health Services

In 2021, representatives from each HSCO entered data into a report form which was analyzed using quantitative and qualitative methods. The 2021 individual reports gathered information about:

- career and workforce development
- school readiness and pre-kindergarten
- data and state funding
- parent/family and diversity
- Quality Rating and Improvement Systems (QRIS)
- early education systems outside of QRIS
- health-related priorities
- other regional priorities

Excerpts from individual HSCO annual reports offer in-depth details regarding the depth of work and accomplishments.

2021 HEAD START COLLABORATION OFFICE BRIEF #1

The Head Start Collaboration Offices: Who We Are

Funded through Section 642B of the 2007 Head Start Act, the purpose of the Head Start Collaboration Office is “to facilitate collaboration among Head Start agencies... and entities that carry out activities designed to benefit low-income children from birth to school entry, and their families” (Improving Head Start for School Readiness Act of 2007). Since 1990, the HSCOs have grown from a pilot of 12 states to include every state, the District of Columbia, Puerto Rico, and the Regional Offices of American Indian and Alaska Native (AIAN) Head Start, and Migrant and Seasonal Head Start (MSHS). The HSCOs support communication, access, and systems to promote the inclusion of Head Start programs in early childhood systems within each state, territory, or region. They also serve as a conduit of information for the Regional Offices, the Office of Head Start, Administration for Children and Families and state/territory and local early childhood systems. The HSCOs also served as a critical partner in emergency planning and response as the pandemic continued in 2021, providing resources and supports to Head Start programs as operations shifted from virtual back to in-person services. These efforts are cited throughout the HSCO Briefs.

The six priority areas for Head Start Collaboration Offices during their five-year funding cycle are to:

1. Partner with State child care systems emphasizing the EHS-CC Partnership and access to comprehensive services

2. Work with State efforts to collect data regarding early childhood programs and child outcomes

3. Support the expansion and access of high quality workforce and career development opportunities for staff

4. Collaborate with State quality improvement systems such as QRIS

5. Work with State school systems to ensure continuity between Head Start Programs and receiving schools

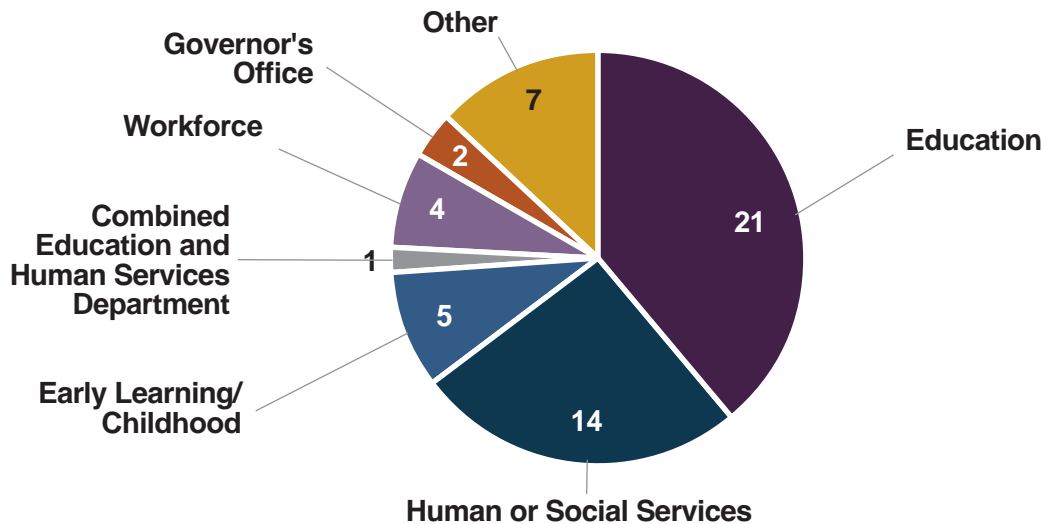
6. Any additional Regional Priorities

HSCO FUNDING, ORGANIZATION, AND STAFFING

The Office of Head Start funds the HSCOs through a non-competitive federal grant to the state or territory who in turn determines which department or agency receives the grant. Grant-receiving agencies or departments can include the State, district, or territorial Departments of Education, Human or Social Services, a combination of the Department of Education and Human Services, a Workforce Department, the Governor's Office or another agency within the state or territory.

While these funded structures vary across the HSCOs, the majority of funded departments were within the state's or territory's Department of Education or Department of Human or Social Services, with the fewest funded through combined Education and Human Services Departments (Graph 1a). The AIAN and MSHS offices were funded through a competitive cooperative agreement with the non-profit organization FHI 360.

Graph 1a. Funded Department for HSCOs (n = 54 HSCOs)



Funding and existing organizational structures within agencies often define the staffing positions and the ways HSCO staff are established and utilized. All but three HSCOs were staffed with a full-time director. Those three HSCO directors worked with Coordinators and other staff funded through the project and other state work. Seven HSCO directors began their positions within the last year and eight HSCO Directors have been in their positions for fewer than three years. The average length of time in the job is five years and ten months. There are five HSCO directors that have been in their position for more than fifteen years.

Eighteen HSCOs maintain staff in addition to coordinators and directors. Four of these 18 HSCOs maintain full-time coordinators while another four have full time assistants or administrative staff. Other staffing positions ranged from higher positions within the agency (e.g., Assistant Superintendent) to support staff including communications, operations, web support, and research staff.

As an important aspect of their coordination efforts, most HSCOs are involved in State or Regional Advisory Councils. All but two HSCOs were engaged with either a State or Regional Advisory Council in 2021. AIAN and MSHS coordinated their own Regional Advisory Councils with membership including recipients/grantees, Regional Office and Technical Assistance Staff, and content experts.

MISSION AND VISION

The HSCOs' mission and vision statements focused on creating collaborations to improve quality services for young children and families. The most prevalent theme reported by the HSCOs in 2021 was families and parents. Other highly cited mission and vision themes included resources, quality, access, and collaboration. Thirteen HSCOs specifically included "equity" or "equitable" in their mission and vision statements, while almost all HSCOs discussed the importance of systems that increased access to high quality services for all children and families. Finally, culture was specifically mentioned within the AIAN and MSHS vision and mission

statements. The **HSCO Mission and Vision Themes** graphic below illustrates the frequency and breadth of topics described within HSCO mission and vision statements with an emphasis on words such as "children", "families", "state", "Early Head Start", "support", "education", "services, and others that demonstrate the focus of HSCO work.

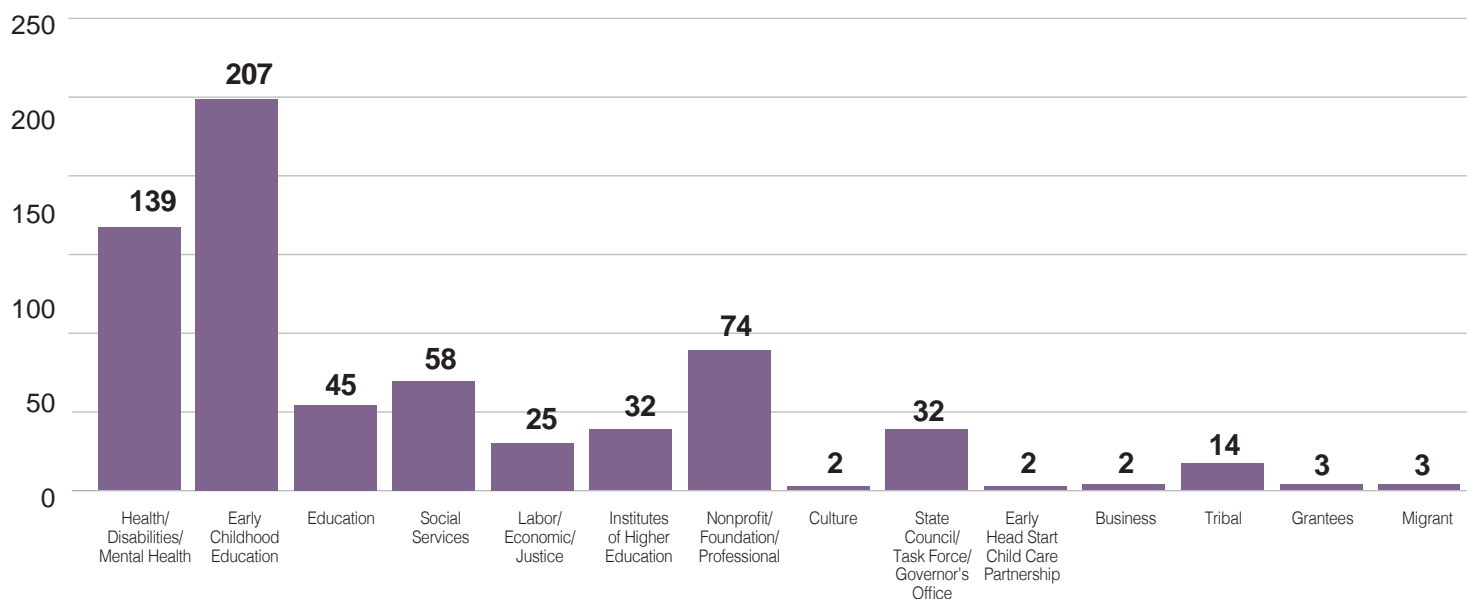
HSCO Mission and Vision Themes



MAJOR PARTNERSHIPS/COLLABORATIONS

All fifty-four HSCOs maintained a wide range of partnerships with state, local, and non-governmental organizations. Graph 1b represents the categories of partnerships and frequency within each category as reported by each HSCO. Most partnerships were with early childhood education partners and health, nutrition, disabilities, and mental health partners. Nonprofits, foundation, and professional organizations were also frequent partners while social services and K-12 education partners supported major initiatives towards transitions and supports for families during COVID-19. HSCOs have multiple partnerships in their work across and within disciplines and entities, which is evident in the high numbers for Early Childhood Education and Health, Nutrition, Disabilities, and Mental Health partnerships.

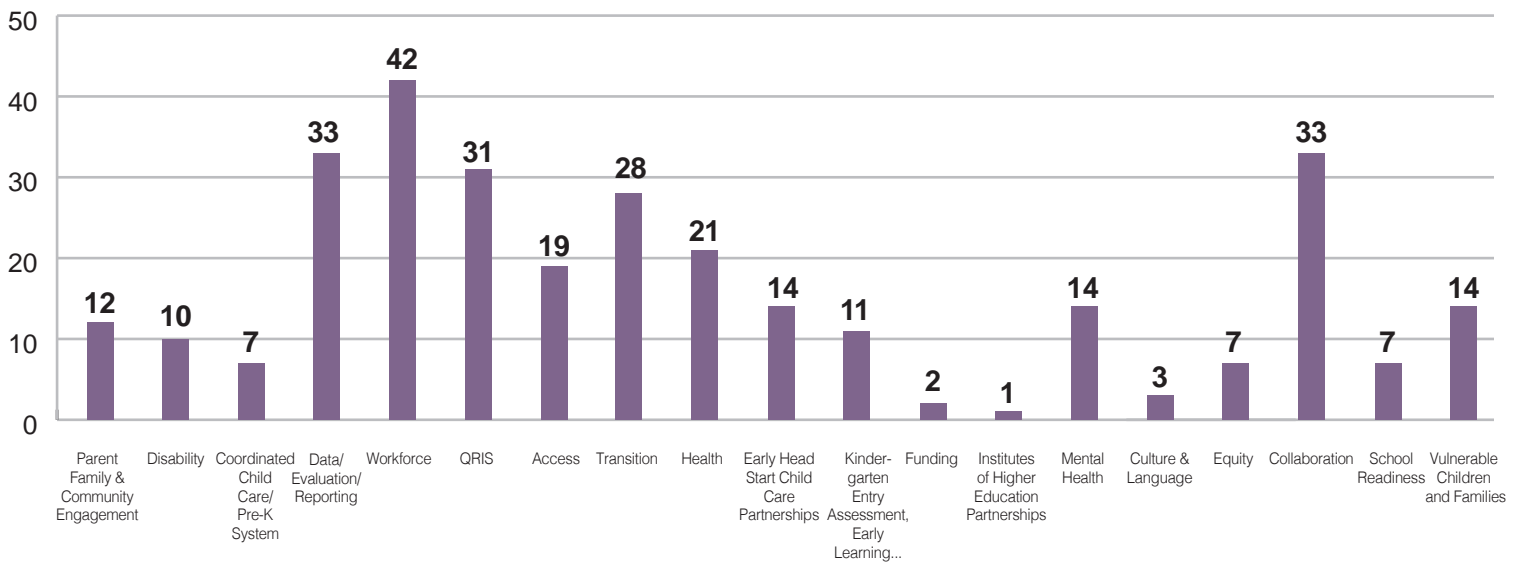
Graph 1b: Types of HSCO Partnerships (n = 54 HSCOs)



GOALS

HSCO's reported goals connected to the priorities identified by the Office of Head Start, statewide priorities, and the state (or regional for AIAN and MSHS) needs assessment which is completed every 5 years and updated annually. Graph 1c includes topics and the frequency each was mentioned within HSCO reported goals as identified through qualitative analysis; as goal statements were analyzed, often the same topics were cited multiple times within each of the HSCO reported goals. These goals include a specific focus on coordinated systems. Most HSCO goals focused on areas of workforce issues (including professional development and career ladders), integrating Head Start program data into larger data systems, promoting overall collaboration to ensure Head Start programs are always represented at the table for important discussions, ensuring Head Start programs participate in Quality Improvement and Rating Systems, and ensuring transitions between Head Start programs and kindergarten are smooth and effective (Graph 1c).

Graph 1c: HSCO Goal Topics (n = 54 HSCOs)



The 2021 HSCO Brief Series details the comprehensive supports and collaborative work across the span of priorities, goals and topics addressed by HSCOs. All HSCOs coordinated with other agencies within their state, district, territory, or region to increase access, enhance quality, promote equity and inclusion, and support the workforce. More detailed information regarding the work of the HSCOs is presented throughout this brief series.



2021 HEAD START COLLABORATION OFFICE BRIEF #2

Partnering with State Child Care Systems Emphasizing the Early Head Start Child Care Partnership (EHS CCP) Initiative

To support the Office of Head Start and Regional Offices in expanding the Early Head Start Child Care Partnerships (EHS CCP), the Head Start Collaboration Offices (HSCOs) worked with other organizations to share information, enhance systems, and integrate EHS CCP programs into broader efforts. The EHS CCP initiative connects child care providers who participate in the Child Care and Development Fund (CCDF) and Early Head Start programs to increase the number of infants and toddlers accessing high quality, comprehensive services. As in previous years, HSCOs supported availability and access to services for infants and toddlers within EHS CCPs.

During 2021, the HSCOs continued to integrate the EHS CCP Initiative into their work. Although most HSCOs mentioned supporting EHS CCP programs within their state, territory, or region, fourteen HSCOs included specific goals related to EHS CCP in their planning. Some partnered with state early childhood education systems to focus on EHS CCP or sought to integrate EHS CCP into existing systems (e.g., Quality Rating and Improvement Systems, state data systems, and Early Learning Guidelines/Standards). About half of the HSCOs partnered to address challenges or expand availability of EHS CCP through promotion, recipient/grantee training and support, and collaborative planning activities.

PROMOTION AND EXPANSION

HSCOs participated in conversations, site visits, phone calls, and meetings regarding expansion of EHS CCPs. Collaborations focused on stakeholder awareness and education activities to increase interest within the child care community. HSCOs also clarified some of the benefits of EHS CCPs, such as increased child care subsidies as EHS CCPs qualify for higher Quality Rating and Improvement Systems (QRIS) ratings. HSCOs also worked with partners to secure state funding sources to expand state-funded slots in EHS CCP programs.

RECIPIENT/GRANTEE SUPPORT

HSCOs working with EHS CCP programs offered various supports including monthly or quarterly meetings which offered partners the opportunity to problem-solve issues and work to improve quality of their partnerships. Presentations and introductions to leaders in the field provided more in-depth information about services. Other supports included integrating EHS CCP staff into statewide PITC training, an EHS CCP Toolkit, and other supports to increase access to higher QRIS tiers. Finally, in one state, grant opportunities through COVID-19 relief funds were made available specifically to EHS CCP initiatives.



The Georgia HSCO partnered with the Child and Parenting Services (CAPS) unit to develop an "EHS-CCP ToolKit" for child care providers partnering with Early Head Start programs. This included a webinar for all Early Head Start recipient/grantee leadership and their child care partners to learn how to help families use the application system for CAPS housed in the state public assistance system called GA Gateway. The collaboration identified internal supports and policies to help expedite subsidy applications from families eligible for Early Head Start programs. It includes a form families can sign to allow their child care provider to communicate directly with the state to understand any denials or delays in processing applications.

COLLABORATIVE PLANNING

When working with EHS CCP programs, HSCOs identified issues related to child care subsidy billing and burdensome eligibility processes that were difficult for families. In those cases, HSCO staff worked with partners to develop solutions. In one state, the HSCO staff met with child care subsidy staff who drafted a policy on the authorization rules and possible solutions to mitigate challenges they pose to Early Head Start programs seeking to provide full-day care. In another state, the collaboration led to a crosswalk of eligibility processes to support a simplified enrollment process for families. Finally, another state used Preschool Development Grant Birth to Five (PDG B-5) funds to scale up EHS CCP programs to increase the number of infant toddler slots available.

SUMMARY

HSCOs developed important partnerships and promoted opportunities for problem solving to increase access to high quality programming for infants and toddlers. In some cases, the HSCOs efforts to elevate the voices of EHS CCP programs led to systemic solutions that ultimately will increase access for families who need services.



2021 HEAD START COLLABORATION OFFICE BRIEF #3

Efforts to Engage in State/Territories Data Systems

As a critical piece of coordinating early childhood systems, many Head Start Collaboration Offices (HSCOs) engage in work to support data gathering and sharing within their states, territories, districts, or regions. Through these efforts, data guides conversations and ensures the inclusion of Head Start programs within the broader state early childhood systems.

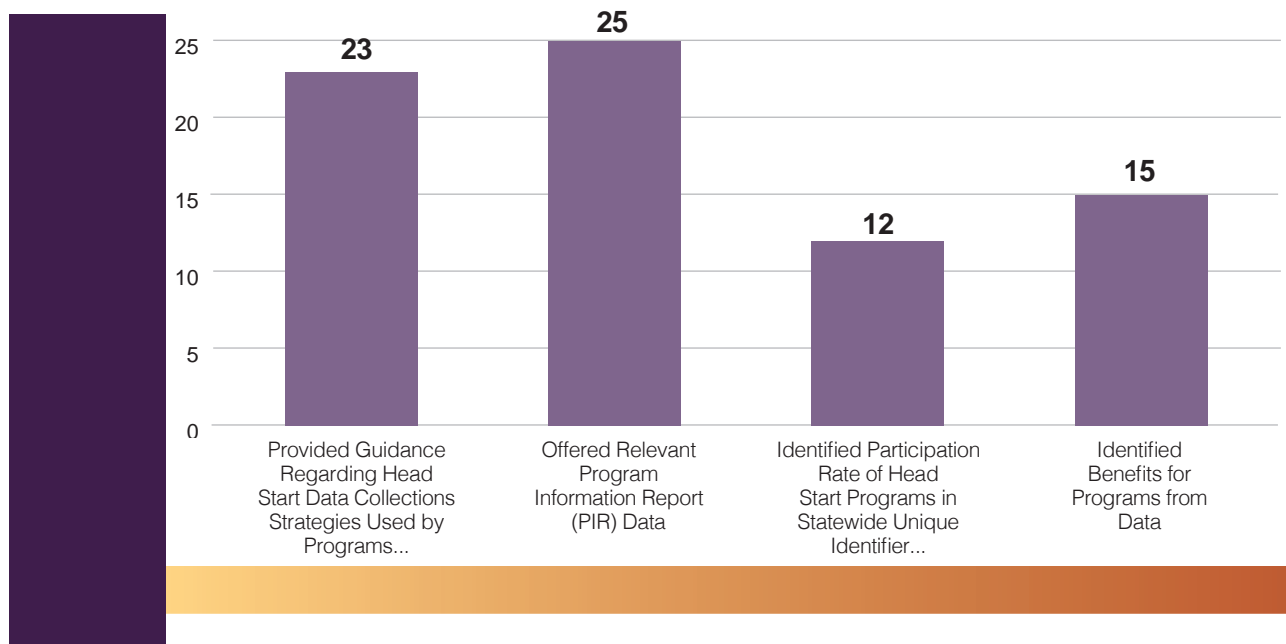
During 2021, almost all HSCOs engaged in some level of data work, from participation in meetings to leading workgroups, developing resources, and integrating Head Start program data into statewide systems. Nearly two-thirds of the HSCOs reported having regular communication with state data staff. HSCOs participated in workgroups, conducted strategic planning, integrated Head Start programs in stakeholder activities, and shared data to support decision-making in administrative and legislative offices. Several HSCOs also reported that data activities were part of the Preschool Development Grant Birth to Five (PDG B-5) activities. HSCOs were active partners in designing systems to gather and analyze data to create the statewide strategic plan, and integrating Head Start program data into the overall discussion.

Because states or territories are in various stages of development for their state’s data systems, some HSCOs were still in the planning stages and/or working on ways to ensure inclusion of Head Start program data into statewide systems. Other HSCOs engaged Head Start programs in piloting projects or building out data usage agreements.

UNIQUE IDENTIFIERS

More than half (31) of all HSCOs supported efforts to establish or enhance unique identifiers used to analyze child outcomes longitudinally and accurately count children participating in multiple early childhood systems. When asked more broadly about activities related to unique identifiers, thirty-six HSCOs reported some related work, as represented in Graph 3a. Their work varied, but the majority (28 HSCOs) offered relevant Program Information Report (PIR) data to others in the state for planning purposes or integration into statewide systems (Graph 3a). The least common activity related to unique identifiers was the identification of Head Start program participation rates in statewide unique identifier data systems, reported by 15 HSCOs.

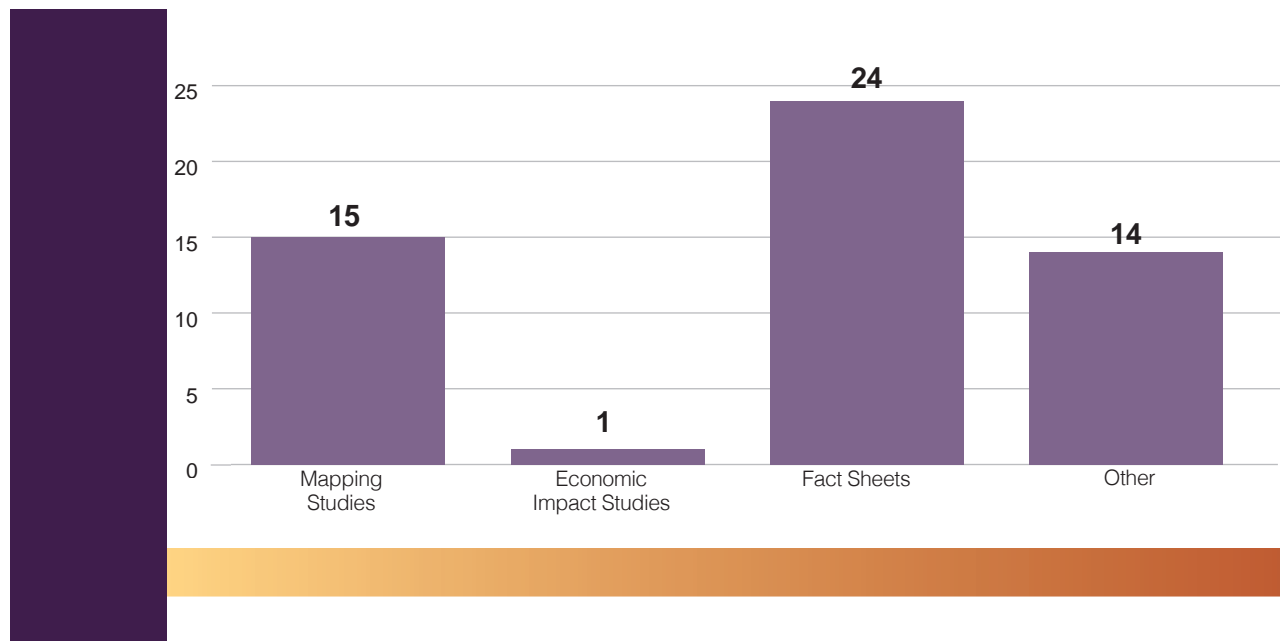
Graph 3a: Activities related to Unique Identifiers (n = 31 HSCOs)



DATA PRODUCTS

HSCOs utilized data products such as mapping studies, fact sheets, and economic impact studies to help programs plan, support partners in understanding the scope of Head Start program work and identify areas where gaps in services existed. Thirty-six HSCOs developed or updated data products for their state, territory, or region, with fifteen reporting work on multiple data products (Graph 3b). Note: HSCOs may have reported multiple activities related to data products as represented in the graph below. Of these, the majority were fact sheets or profiles, yet some HSCOs also engaged in developing and disseminating mapping studies and other tools (e.g., state needs assessments and directories). One HSCO participated in an economic impact study.

Graph 3b: Types of Data Products Developed or Updated by HSCOs (n = 36 HSCOs)



In 2021, HSCOs supported the integration of child outcome data into data products. This included data from TS Gold, the Pyramid Innovation Data System, and other sources. This work was part of broader partnership initiatives to track outcomes for children and families or efforts to connect Head Start program data to licensing, QRIS, and other early childhood systems within their states, territories, or regions. Mapping studies continued to focus on enrollment, eligibility, and gaps in service. Often these products served as tools to help plan legislative and administrative solutions.



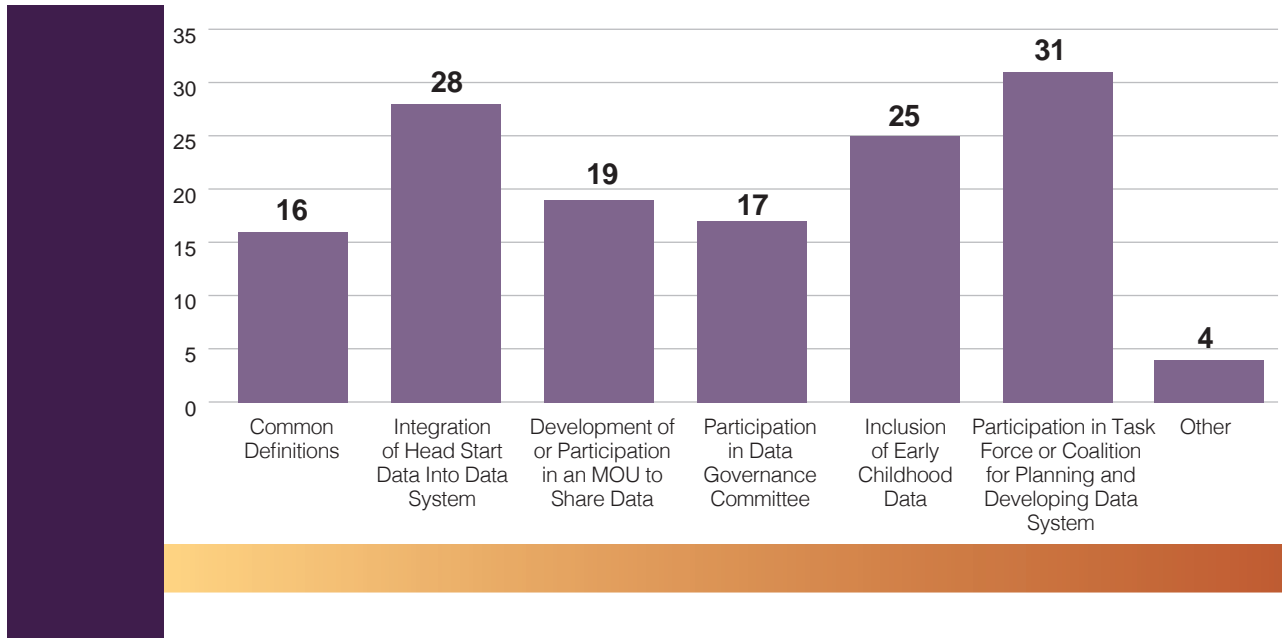
The New Mexico HSCO Director and the New Mexico Head Start Association compiled an “At-a-Glance” Head Start/Early Head Start program report to distribute to the New Mexico Legislators, which highlighted the history and timeline of Head Start and Early Head Start programs, the comprehensive services, county demographics, enrollment trends by county, capacity and funded enrollment, geographic service areas, professional development data, and delivery of services. In addition, the HSCO Director also provides a monthly data report to the Early Childhood Education and Care Department Executive Leadership to give consistent information and inform decision making for children prenatal to age five.

DATA SYSTEM CONTRIBUTIONS

Supporting accurate and comprehensive data systems was a critical component of HSCOs data work in 2021. Forty-five HSCOs worked with partners to ensure systems, either new or existing, integrated Head Start program data in meaningful ways, thirty-three engaging in multiple data activities or tasks (Graph 3c). Note: HSCOs may have reported multiple activities related to data systems as represented in the graph below. Most HSCOs participated in task forces or coalitions to coordinate statewide early childhood data or integrate it into larger state longitudinal data systems. They also participated in the deliberate integration of Head Start program

data into broader data systems or participated in data governance systems to ensure that Head Start program data was secure. HSCOs' work to create and engage programs in signing Memoranda of Understanding (MOUs) to share data was a critical aspect of integrating Head Start program data into these systems, creating assurances that data sharing would enhance program planning and provide access to resources. Additionally, HSCOs worked with other agencies to ensure common definitions were used to align data in new or existing systems. These common definitions ensured that data would be useful across sectors serving young children and families.

Graph 3c: Development of State Data and Other Data Systems (n = 45 HSCOs)



Most HSCOs either continued to participate in task forces or workgroups or began these new relationships as data systems were created or broaden. Often part of the state's early childhood advisory committee or the PDG B-5 work, these task forces or data governance workgroups focused on ensuring early childhood was included in larger data systems in secure ways. The HSCOs engaged Head Start program stakeholders in these discussions, leading to data sharing agreements, such as MOUs, training regarding data entry for the systems, or easier access to systems to assess program quality.

HSCOs also supported individualized activities relevant to their state, territory, or region. Specific examples include:

- Integration of culturally relevant data collection and analysis.
- Alignment of measures such as CLASS, ECERS, and TS GOLD.
- Broader analysis of screening data.
- Integration of data into State Longitudinal Data Systems to identify outcomes.
- Alignment with other systems to support and promote quality.
- Support for eligibility and enrollment processes to ensure young children and families have access to Head Start/Early Head Start programs.



The Michigan HSCO Director worked with a team to develop a Data Sharing Agreement (DSA) between the Michigan Department of Health and Human Services and the Michigan Department of Education, and a second DSA between Head Start recipients/grantees and the Michigan Department of Education, to provide Head Start recipients/grantees with recipient information of families enrolled in Temporary Assistance for Needy Families (TANF) for the purposes of aiding Head Start and Early Head Start recipient/grantee recruitment.

SUMMARY

In 2021, HSCOs continued to support data systems to enhance access to comprehensive information about eligible children and families. This information helped identify outcomes, gaps, and areas of investment for the future.



2021 HEAD START COLLABORATION OFFICE BRIEF #4

Supporting the Expansion and Access of High-Quality Workforce and Career Development Opportunities for Staff

As the pandemic intensified needs for enhanced workforce supports, HSCOs engaged in a wide array of professional and career development activities to ensure all Head Start programs were staffed with qualified and well-prepared staff. Every HSCO engaged in some form of workforce and career development activity, whether through collaborative planning activities, providing information to inform state legislative decision-making, or engaging with higher education and state workforce systems.

STATE POLICY WORK

Thirty HSCOs engaged in education on state policy issues related to professional development. The most frequently reported work was system development which focused on a broad range of topics from recruitment and retention to connections with local funders. HSCOs were brought into discussions on:

- updating or temporarily altering regulations in response to the pandemic.
- how to include Head Start programs and promote equity in new compensation models (ongoing and pandemic-related).
- revising credentialing systems to reflect the needs of programs.
- offering valid and current information to inform legislators' decisions.
- aligning state efforts to make regulatory changes that match Head Start regulations.

HSCOs worked with others to address and improve preservice, credentialing, and professional development requirements, as well as compensatory supports to match the requirements of the Head Start Program Performance Standards while incentivizing recruitment and retention of staff.

PARTNERSHIPS WITH HIGHER EDUCATION

Through work with institutions of higher education and professional organizations, HSCO efforts increased access to, and the quality of, career opportunities within the states. These efforts were often directly associated with the current teacher shortage seen nationwide. Multiple stakeholders (including higher education, government departments/agencies, professional organizations, and non-profit/advocacy groups) supported project planning, implementation, and outcomes. Work addressed credentials and certificates, degree programs and coursework, and professional competencies.

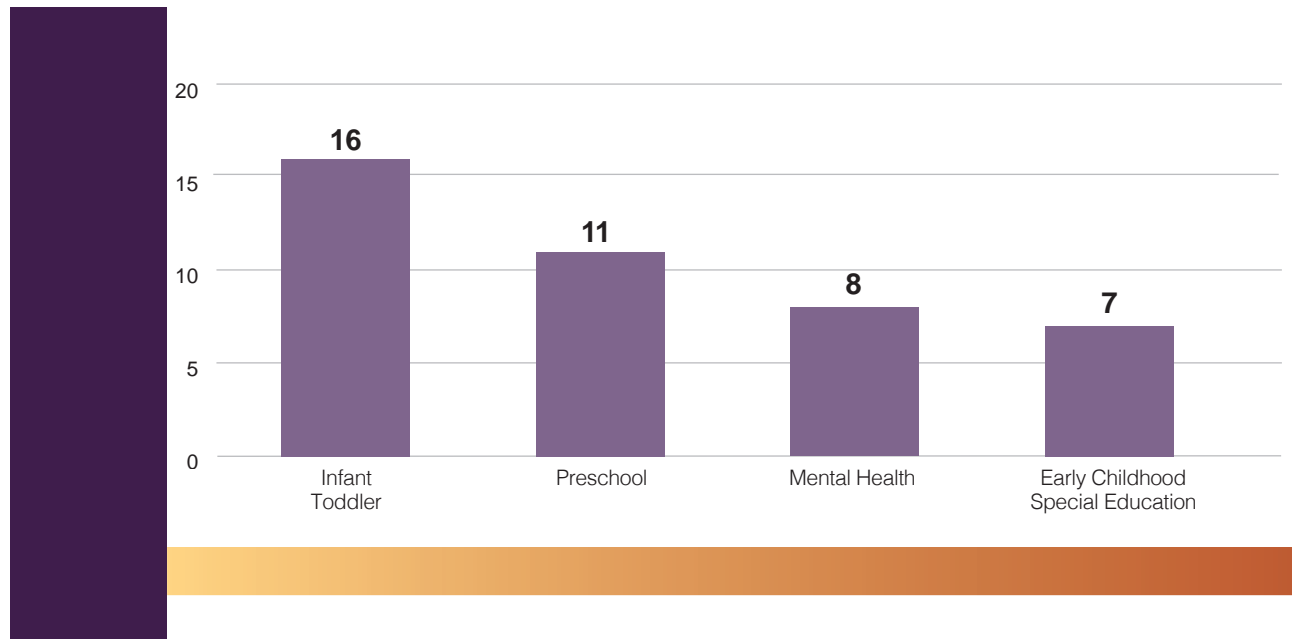
Twenty-six HSCOs reported meeting regularly with institutions of higher education. Often, these meetings were within higher education task forces or councils. HSCO relationships with specific institutions of higher education led to intensified work where appropriate and reflected a collaborative approach to enhancing the early childhood workforce, that included Head Start programs. HSCOs also were members of professional development advisory groups such as T.E.A.C.H. and participated in planning broad enhancements in professional and career development for staff. Often meetings resulted in cross-agency solutions including:

- pilot certification and degree programs,
- enhanced career pathways,
- dissemination of T.E.A.C.H. and WAGE\$ funding,
- recruitment and retention of students in programs for children from birth to five, and
- credentialing in specific areas of need including infant toddler and mental health.

DEVELOPMENT OR REVISION OF STATE CREDENTIALS OR CERTIFICATES

State credentials and certificates offer a simplified pathway to perspective teachers. All seventeen of the HSCOs who reported working in this area in 2021 worked on developing and/or revising infant and toddler state credentials or certifications with twelve HSCOs working on development or revision for preschool, mental health, and/or early childhood special education certificates/credentials, as well. Note: HSCOs may have reported multiple activities related to credentials and certificates as represented in the graph below.

Graph 4a: Development/Revision of State Credential/Certificate (n = 17)



HSCO comments indicated activities such as:

- participation in task forces evaluating credential systems.
- gathering information through surveys and listening sessions from stakeholders.
- collaborative development of credentials.
- data sharing to inform development/revision activities for career and workforce development.
- collaborative development of mental health, family services, and social services certifications.



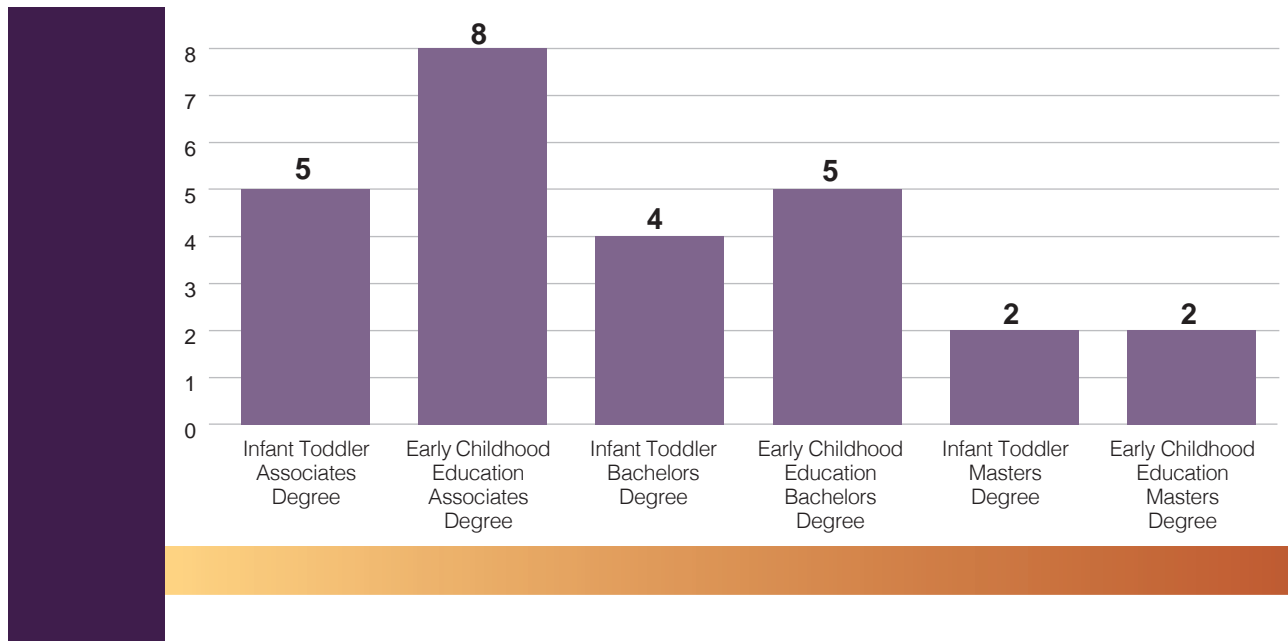
Arkansas has established a method for practitioners to acquire skills and knowledge as part of a career pathway in the field of Infant and Toddler care. The Infant and Toddler Certificate provides three levels of training hours with a three-step application process. By moving through three levels of training, participants will build competency in supporting a young child's social-emotional, cognitive, and language and literacy development. Level one provides 15 or more clock hours of training; Level two provides 20 or more clock hours of training (at least 2 courses must be taken); and Level three provides 25 or more clock hours of training (at least 2 courses must be taken).

DEVELOPMENT OR REVISION OF A DEGREE PROGRAM

Eleven HSCOs worked on revision of a degree program. Nine HSCOs engaged in collaborative activities to develop or revise degree programs for early childhood education overall, with four HSCOs working on more than one type of degree program. In addition, six HSCOs supported development or revision of early childhood education degrees with a specific emphasis on infant toddler development (four also had worked on early childhood education degrees as well) with half (three) working on more than one type of degree program. The focus of the HSCOs was largely on AA degrees and early childhood education overall as seen in Graph 4b.

Yet, the investment in all levels of degrees demonstrates the HSCO's effort to promote career ladders for early childhood professionals. Note: HSCOs may have reported multiple activities related to degree programs, as represented in the graph below.

Graph 4b: Enhancement of Coursework



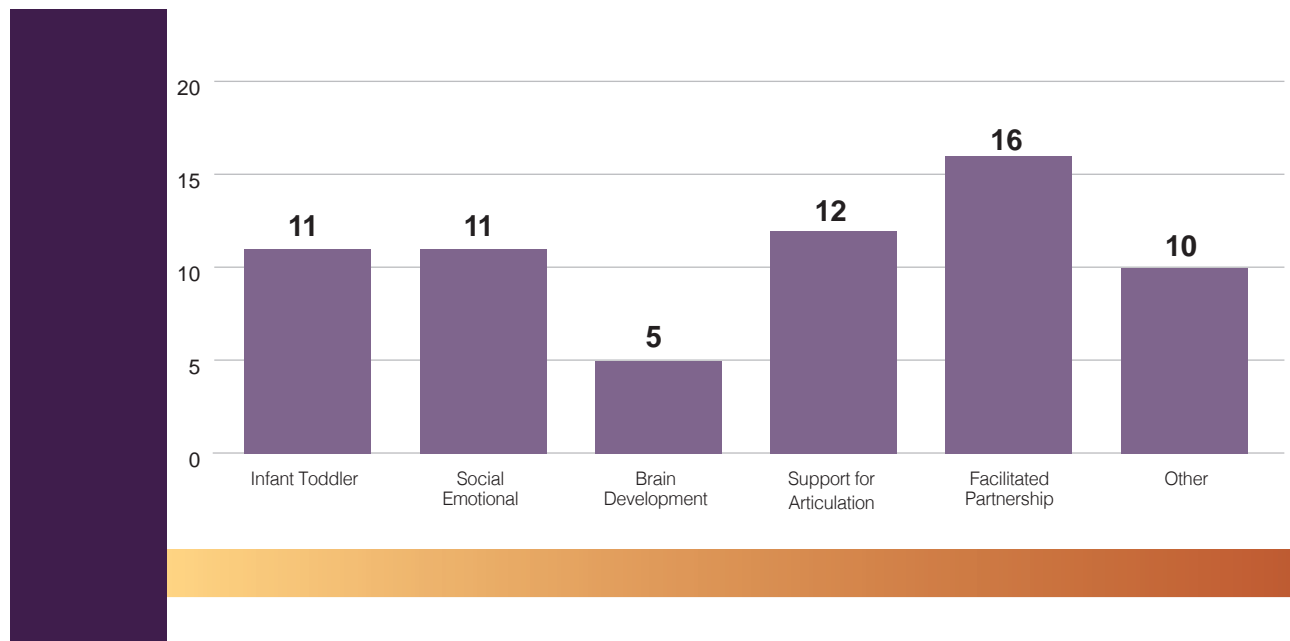
As members of Higher Education task forces and councils, HSCOs identified areas of alignment in programs with Head Start Program Performance Standards and the Head Start Early Learning Outcomes Framework. In several states working with the Pyramid Model, discussions included integrating the Pyramid Model into degree program enhancements. HSCOs were also critical partners in recruiting Head Start program staff to participate in degree programs and supporting awareness about additional funding models through scholarships and government programs.

DEVELOPMENT OR REVISION OF ONLINE COURSEWORK OR DEGREE

As a result of COVID-19, many HSCOs reported significant growth in online professional development courses and degrees for Head Start program staff and administrators. A critical lesson learned from the pandemic was the need for flexibility and access to professional development options available through online systems. Many HSCOs indicated developing, revising, and/or disseminating online coursework or degrees. Twelve HSCOs reported supporting infant toddler courses, eight HSCOs supported preschool courses or degrees, two were engaged in work with *EarlyEdU*, and five described content and format guidance that they offered to specific coursework in programs.

INVOLVEMENT IN ENHANCEMENT OF COURSEWORK

Thirty-two HSCOs partnered with others to enhance coursework for Head Start and Early Head Start programs and other early childhood educators with fifteen HSCOs working on multiple tasks to enhance coursework. (Graph 4c) *Note:* HSCOs may have reported multiple activities related to coursework enhancement as represented in the graph below. Most facilitated partnerships to increase access for programs. This resulted in recruitment activities and, in some places, pilot programs to provide credit-based professional development in areas where gaps in the workforce exist such as infant toddler and mental health and social and emotional well-being. Additionally, HSCOs participated in task forces and other collaborative activities to streamline articulation through articulation agreements, making it more feasible for staff to move within their chosen career ladder.

Graph 4c: Areas of Focus in the Enhancement of Coursework (n = 32 HSCOs)

All of these activities sought to make courses more accessible and support the broad early childhood workforce, which helped ensure Head Start programs could access these professional learning opportunities.



Through collaboration with a former professor and colleague, the South Dakota HSCO Director developed an Interactive Early Childhood in South Dakota document for Head Start recipients/grantees. This document includes all available Early Childhood degrees, in-person or online classes, courses, and webinars within South Dakota and national level, such as ECLKC and NAEYC.

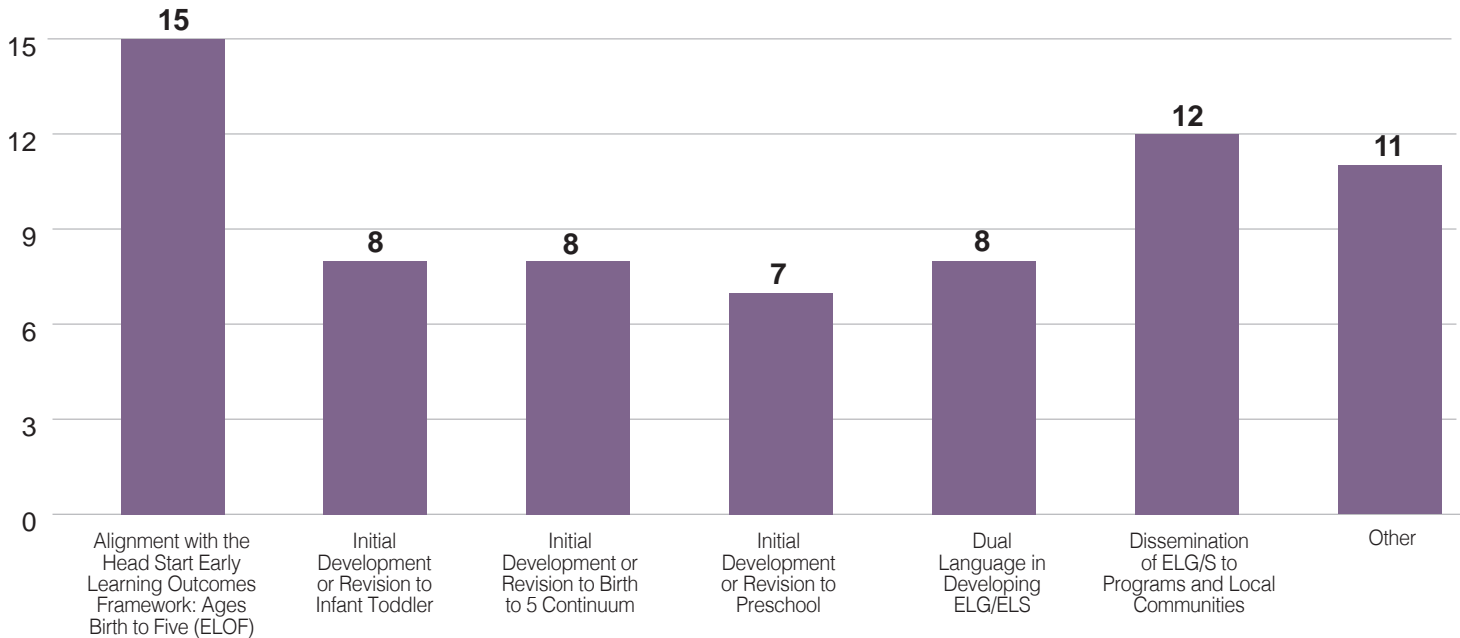
FUNDING OF COURSEWORK

Recognizing the critical need to fund educators' access to higher education opportunities, twenty-nine HSCOs supported funding activities that addressed access to career development opportunities. Fourteen HSCOs focused specifically on the T.E.A.C.H. program, participating in committees, councils, and workgroups to ensure its efficacy and to support Head Start program engagement. Other funding opportunities integrated apprenticeship programs, WAGE\$, and other more local opportunities to support staff as they accessed career development opportunities.

DEVELOPMENT AND/OR IMPLEMENTATION OF EARLY LEARNING GUIDELINES OR STANDARDS

As a critical component of quality in early education, Early Learning Guidelines or Standards set the stage for child outcomes. To support this work, thirty HSCOs partnered to develop and/or implement the State Early Learning Guidelines or Standards (ELG/S) in 2021 with seventeen HSCOs engaging in multiple activities. Note: HSCOs may have reported multiple activities related to early learning guidelines and standards as represented in Graph 4d.

Graph 4d: Areas of Involvement in the Development/Implementation of Early Learning Guidelines/Standards (n = 30 HSCOs)



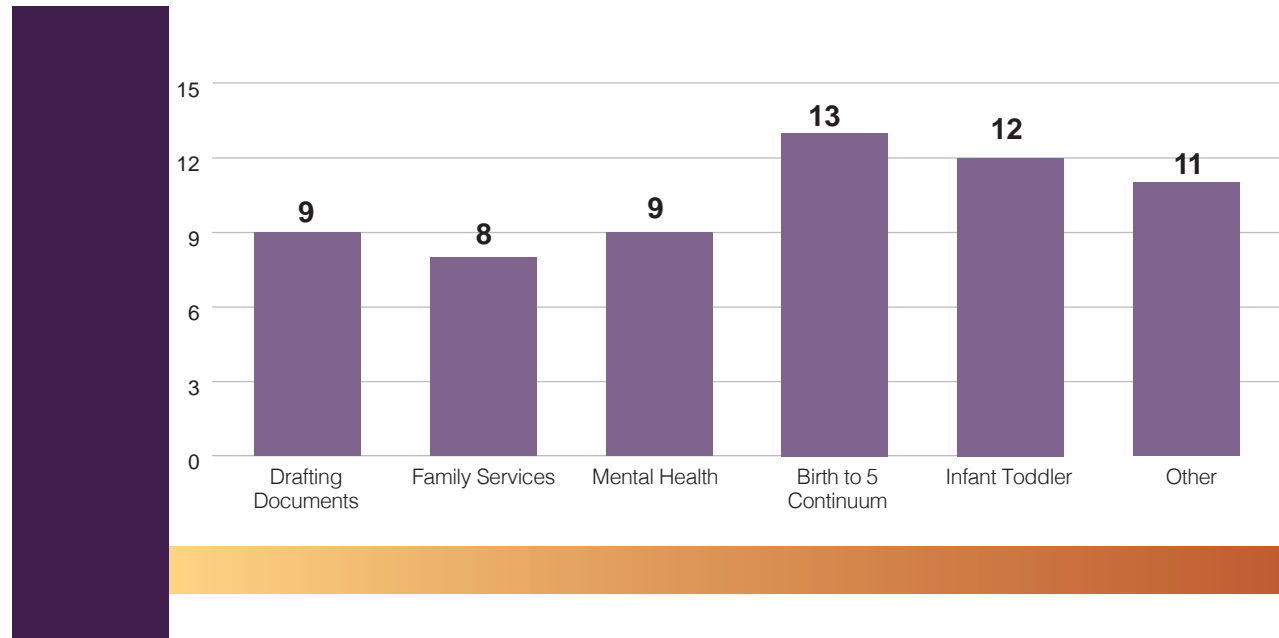
All states have developed Early Learning Guidelines, so the work of the HSCOs has been focused on revising, updating, or aligning them with other systems (such as the ELOF or the Pyramid Model). Several were also involved in integrating Dual Language Learners into Guidelines or Standards or translating them into languages other than English. Dissemination was also a major push of the HSCOs that were engaged in ELG/S work. Print and web-based copies were shared widely along training or information sessions about the ELG/S and their implementation.

DEVELOPMENT AND IMPLEMENTATION OF CORE KNOWLEDGE AND COMPETENCIES FOR PRACTITIONERS AND PROFESSIONALS

As the recognition of the critical importance of early education workforce became a focal point during the pandemic, many states, districts, and territories re-emphasized the core knowledge and competencies in the workforce. In 2021, twenty-seven HSCOs participated in development and implementation of Core Knowledge and Competencies (CKCs) for practitioners and professionals to ensure high standards are in place and systems to support professionals in meeting these standards had clear definitions for expectations with sixteen HSCOs engaging in multiple tasks. Note: HSCOs may have reported multiple areas of collaboration as represented in Graph 4e. Most collaborations focused on CKCs for the birth to five continuum.



Graph 4e: Areas of Collaboration on the Development/Implementation of Core Knowledge and Competencies for Practitioners/Professionals (n = 27 HSCOs)



HSCOs participated in:

- statewide advisory groups or taskforces on CKCs.
- State CKC pilot programs with partners such as ZERO TO THREE.
- State writing workgroups to draft infant toddler competencies.

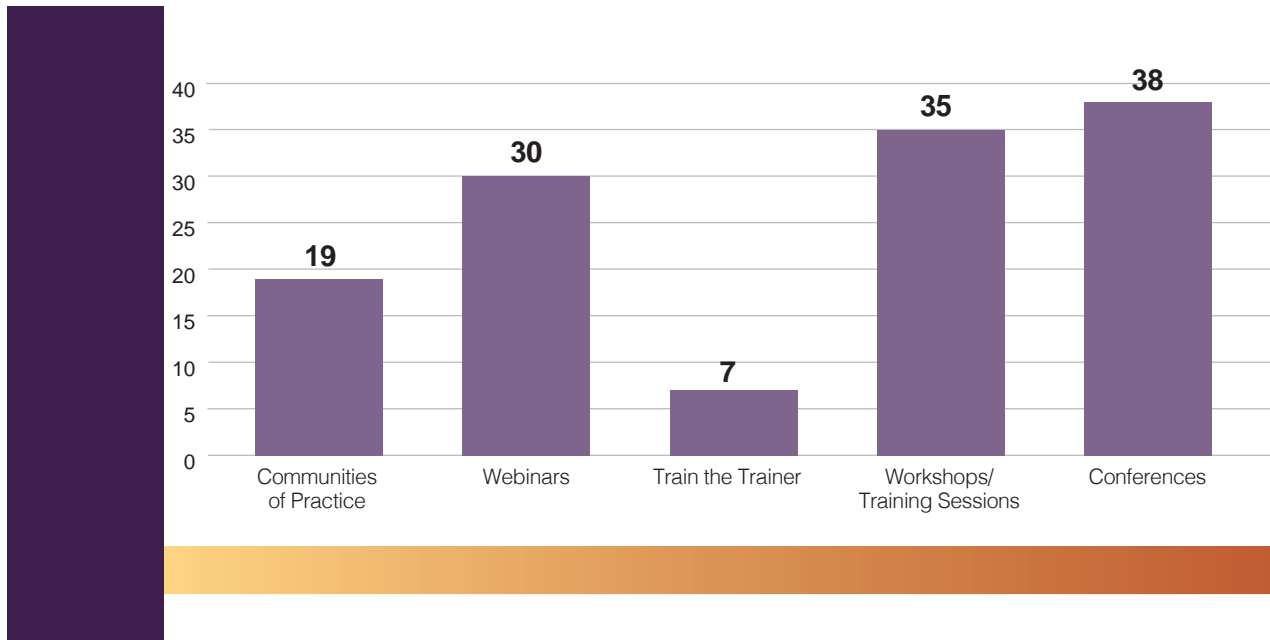
Collaborative efforts focused on addressing areas of need such as mental health and infant toddler development, but also expanding the perspective of the professionals serving children from birth to five and their families. Additions of mental health and infant toddler CKCs addressed workforce gaps, while the addition of family services acknowledged the critical role of family service workers during the first five years of a child's life. HSCOs participated in cross-sector, cross-agency workgroups to develop stronger systems to build comprehensive approaches to services for young children and their families, integrating CKCs into other systems such as QRIS, ELG/S, and data systems.

FACILITATING CONFERENCE OR TRAINING ACTIVITIES

Forty-eight HSCOs supported the provision of professional development during 2021 through support of conferences, workshops, webinars, and more intensive supports like coaching and communities of practice. Thirty-nine HSCOs partnered with State Head Start Associations and seventeen partnered with their Regional Head Start Associations. Eight HSCOs worked with the National Head Start Association specific to initiatives or particular conferences. Other conference or training organizations and other types of organizations were also engaged in professional development from Child Care Resource & Referral Agencies, ZERO TO THREE, Start Early, and the National and State Associations for the Education of Young Children. HSCOs often recruited Head Start program staff or experts within their states, territories, districts, and regions to share their experiences and knowledge in these activities.

The specific types of activities varied based on the activities planned by partners. Forty-two HSCOs participated in more than one activity. The majority of these activities were conferences, workshops or webinar, but included Train the Trainer and community of practice opportunities (Graph 4f).

Graph 4f: Types of Professional Development HSCOs Helped to Facilitate or Coordinate (n = 48 HSCOs)



Events were both in person and virtual but worked to accommodate the fluctuations of the pandemic and follow public health guidance from the federal government and public health experts in each geographic region. Additionally, some of these professional development experiences were directly related to pandemic issues such as safe re-opening procedures, mental health and social emotional impacts of COVID-19 on staff, families, and children, and addressing recruitment and enrollment during the pandemic.



The Virginia HSCO Director also participated in planning, recruitment, and presenting at VA's Department Of Education's Cups and Conversations Forum. This monthly webinar series is a time for early childhood colleagues from across the Commonwealth to discuss how they are supporting families and young children through the COVID-19 crisis. Sessions have focused on the topic "Reopening ECCE Programs," "Coordinated Preschool Efforts" and "ECSE Virtual Practices for Families". Several program types, including child care, VPI, and Head Start program perspectives are shared.

Specific training topics within these collaborative professional development experiences integrated the breadth and depth of Head Start program comprehensive services and management systems. They included a focus on mental health, homelessness, disabilities, infants and toddlers, health and nutrition services, literacy, culturally competent services and dual language learners, child care subsidies and vouchers, and many other topics.

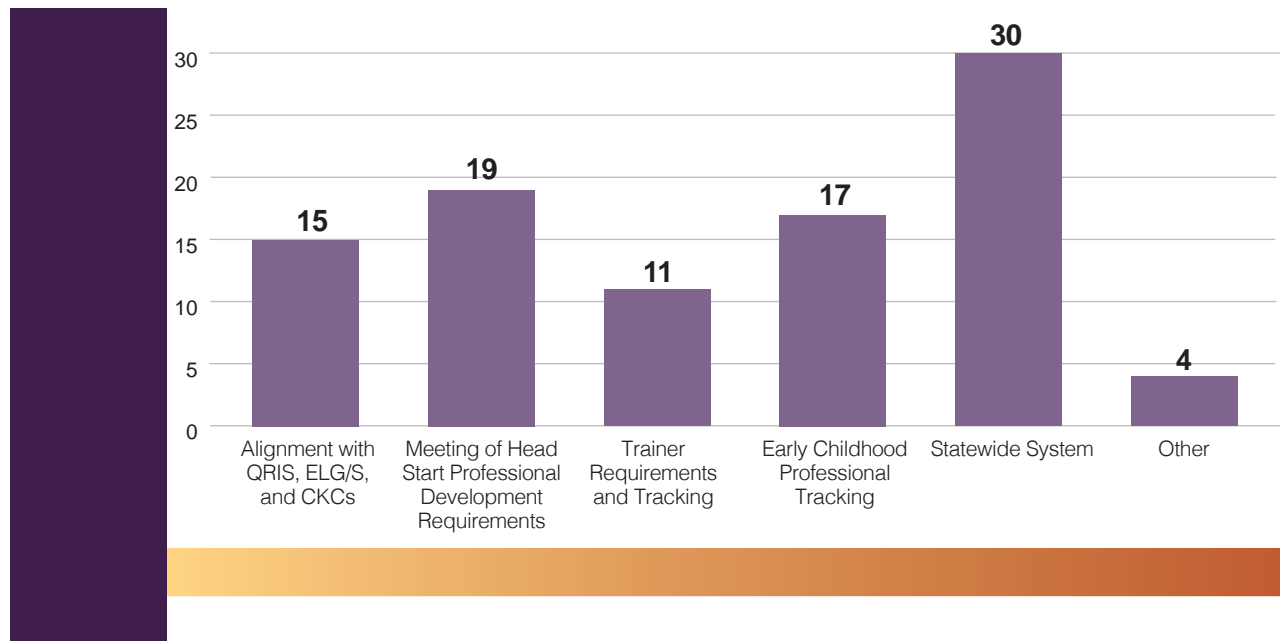
One of the most critical components of HSCO work was to support Head Start program participation in all of these activities, and to connect activities with the Head Start Program Performance Standards, licensure requirements, and any other quality standards within states, territories, districts, and regions.

DEVELOPMENT AND/OR IMPLEMENTATION OF PROFESSIONAL DEVELOPMENT REGISTRY

Professional Development (PD) Registries were a focal point of HSCO collaborations during 2021. Either in creating, revising, and expanding PD Registries, HSCOs played a critical role supporting the PD Registry to connect overall to all aspects of early childhood quality efforts. Thirty-six HSCOs supported work in the PD Registries with twenty-five HSCOs working on multiple tasks. Note: HSCOs may have reported multiple activities related to professional development registries as represented in the graph below. Most HSCO efforts focused on statewide systems, followed by meeting Head Start program professional development requirements, integrating early childhood requirements, and connecting the systems to the QRIS, ELG/S, and KCs. The

HSCOs also worked on trainer requirements and tracking within these systems to simplify PD tracking for programs and individual staff.

Graph 4g: Areas of Involvement in the Development/Implementation of Professional Development Registry (n = 36 HSCOs)



As a critical part of the broader early childhood system, HSCOs supported PD Registries in becoming impactful tools for supporting the early childhood workforce. Work included:

- updating PD Registries to integrate revisions and updates in QRIS, ELG/S, and CKCs.
- expanding state resources available through the PD Registries including iPD modules (online training developed by the Head Start National Technical Assistance Centers and approved by the Office of Head Start) located on the ECLKC. <https://eclkc.ohs.acf.hhs.gov/professional-development/individualized-professional-development-ipd-portfolio/individualized-professional-development-ipd-portfolio>
- reviewing requirements to identify and fill gaps in PD offerings for staff.
- enhancing outreach to ensure Head Start programs engage with the PD tools.

Enhancements to the PD Registries improved each state, territory, district, or region’s data-driven approaches to support the early childhood workforce.



Utah’s HSCO partnered to utilize the Utah Registry of Professional Development to create and provide training modules by provider type on 1) completing ASQ screenings, 2) discussing the screening results with families, 3) using the results in collaboration with parents and other providers to improve school readiness, 4) learning about and incorporating interventions for low to medium risk children, 5) referring children to IDEA Part C, Part B services and other early intervention specialists, 6) closing the referral loop, and 7) engaging families in their child’s development. The team tracked the providers trained to ensure the behavioral change expected occurred, namely that the number of children screened by that provider increased.

SUMMARY

Workforce support is a significant portion of the HSCOs work. By building and enhancing collaborations with partners, the HSCOs are able to create or improve opportunities for growth for all early educators within that state. They are also able to ensure that Head Start programs are represented in all workforce discussions, while representing the Regional Office and the Office of Head Start as well to support priorities and initiatives.

2021 HEAD START COLLABORATION OFFICE BRIEF #5

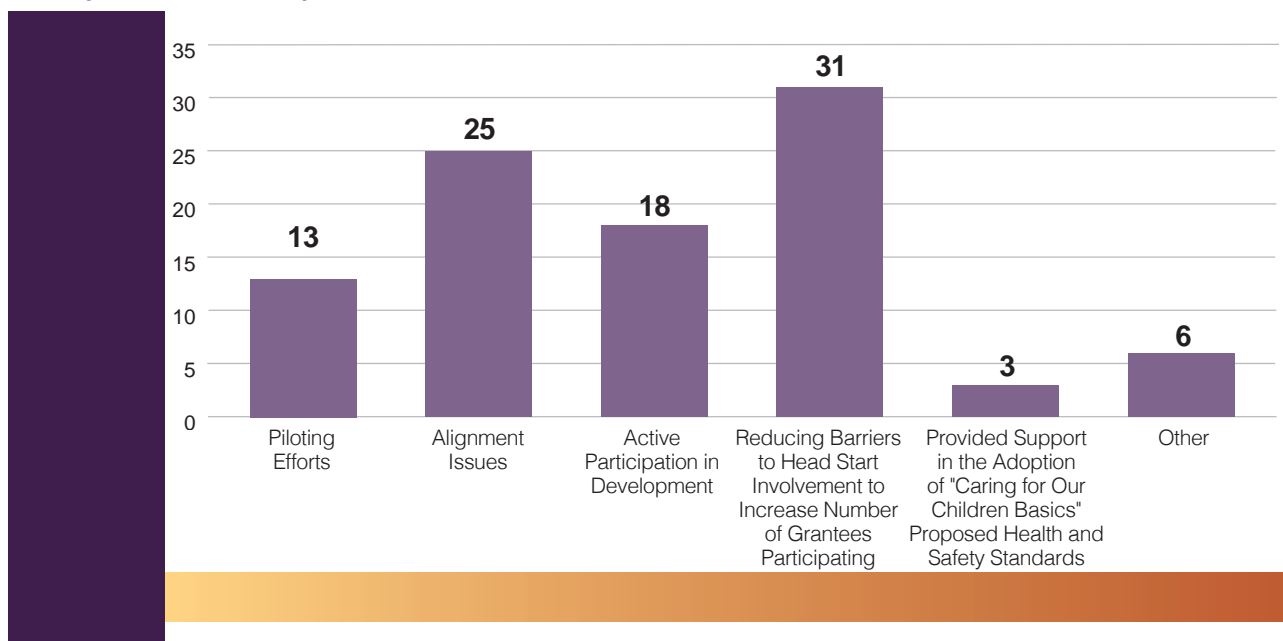
Collaborating with State Quality Rating and Improvement Systems (QRIS)

Head Start Collaboration Offices (HSCOs) engage in efforts to support Quality Rating and Improvement Systems within states and align them with the Head Start Program Performance Requirements (HSPPS). HSCOs engaged in a wide range of activities related to quality within states, including participating in discussions and workgroups, as well as supported piloting efforts. The vast majority of HSCOs (38) reported participating in regular meetings or communication with other ECE staff in their state or region, regarding QRIS systems. Regular communications included:

- Workgroups to develop a QRIS.
- Meetings to plan QRIS improvements.
- Sharing feedback regarding QRIS barriers.
- Strategizing to include Head Start programs in QRIS systems.

Forty-two HSCOs reported working on specific tasks related to QRIS, with thirty working on multiple tasks listed in Graph 5a. Note: HSCOs may have reported multiple activities related to QRIS supports and alignment as represented in the graph below. Most sought to reduce barriers to Head Start program participation in the QRIS system. HSCOs also reported alignment issues as a significant part of HSCO work. For example, HSCOs used feedback from programs to share the ways that QRIS systems integrated verification systems that duplicated the Head Start monitoring process, causing programs to engage in multiple CLASS observations and application protocols which multiplied their workload.

Graph 5a: Specific Efforts to Support or Align Head Start Programs with QRIS (n = 42 HSCOs)



DEVELOPMENT, REVISION, AND EXPANSION OF QRIS SYSTEMS

HSCOs also reported participating in state workgroups that developed, revised, or expanded QRIS. Four HSCOs participated in development activities, while twenty-one HSCOs were actively engaged in revisions of current systems. These revisions often sought to streamline or align requirements to increase or expand access to Head Start and Early Head Start programs. At times, revisions sought to increase quality by integrating early childhood standards or using evidence-based systems such as the Pyramid Model to promote quality.

ALIGNMENT

As QRIS systems evolve in each state, HSCO efforts focus on ensuring alignment with Head Start Program Performance Standards, Early Childhood Standards, and other quality systems within the state. Often demonstrating the connections and areas of disconnect opens discussions of quality that help the broader early childhood community understand the rigor of Head Start and adopt or adapt standards that align more closely with the HSPPS. Additionally, these aligned systems support alternative pathways for Head Start programs within the QRIS system, reducing some of the paperwork and monitoring duplication, and recognizing the quality of monitoring systems from the Office of Head Start and the Regional Offices.

IMPLEMENTATION

A critical component of HSCOs has been increasing awareness of QRIS among Head Start programs. In 2021, six HSCOs engaged in educational and awareness campaigns supporting programs in understanding the QRIS system and the incentives available to programs who participate at high levels of the system,. Additionally, HSCOs offered support to Head Start programs as they sought to reach higher levels within QRIS systems, engaging other state partners in delivering technical assistance and training to raise quality. Finally, HSCOs worked to align with legislative mandates within their states to support quality efforts within QRIS by either collaborating with state partners to implement QRIS pilots or to inform state legislative and administrative bodies of the challenges faced by Head Start programs and possibly inform how the two systems can be better aligned.

The Tennessee Head Start Collaboration Office has collaborated with the Tennessee Department of Human Services (TDHS) to redesign the Quality Rating Improvement System (QRIS). Guided by feedback and constructive suggestions from child care providers and partners during focus group sessions, five ideas for quality improvement for restructuring the QRIS process led the revision. These ideas include:

- Merging licensing and quality assessment roles and providing ongoing engagement in all licensed programs to gain a more accurate picture of program quality;
- identifying “Essential Quality Indicators” that include teacher–child interactions and health and safety practices as markers of program quality;
- offering relationship-based quality improvement supports that vary in type, content, and intensity based on a program’s needs and strength;
- providing financial supports that reinvest in quality through improvement grants and progress-based incentives;
- structuring the Quality Rating to help families identify programs that meet their child’s needs.

SUMMARY

HSCOs who worked on QRIS sought to increase Head Start program participation and access to resources to promote quality. Through involvement in workgroups, stakeholder feedback, and ongoing identification of barriers to QRIS participation, HSCOs built on existing quality measures in Head Start programs and promoted incentives for programs to engage in the state QRIS systems.

2021 HEAD START COLLABORATION OFFICE BRIEF #6

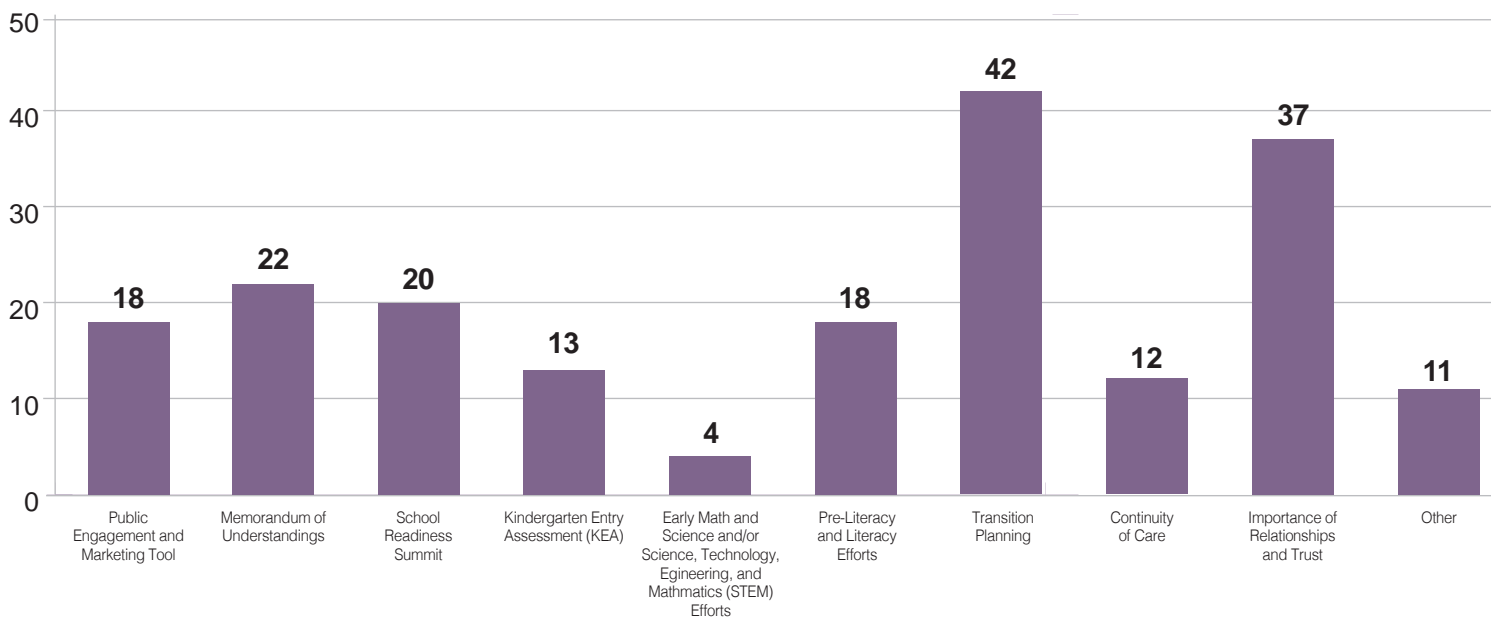
Working with School Systems to Ensure Continuity between Head Start Programs and Kindergarten

Head Start Collaboration Offices (HSCOs) support the Office of Head Start's mission to prepare children and families for school through collaborations within states to promote school readiness and pre-k collaboration and streamline transitions. The strong relationships HSCOs establish with state education systems and local partners offer them a unique opportunity to support Head Start programs as they provide high quality services to children and families.

INVOLVEMENT IN SCHOOL READINESS ACTIVITIES

Fifty-two HSCOs participated in school readiness efforts within their state, territory, or region with forty-six HSCOs working on multiple tasks. Note: HSCOs may have reported multiple activities related to promoting school readiness as represented in the graph below. Most (42) participated in transition planning and supporting partners in understanding the importance of building relationships and trust between Head Start programs and pre-k, K-12 receiving schools, and early intervention/early childhood special education at the state and local levels (graph 6a). Other noteworthy efforts include: creating memoranda of understanding between Head Start programs and other early education partners; supporting school readiness summits and literacy efforts to ensure programs receive supports in high quality services; and promoting public engagement activities about the importance of high quality early education for later school and academic success.

Graph 6a: HSCO Areas of Involvement in Promotion of School Readiness Efforts (n = 52 HSCOs)



HSCO have also provided significant school readiness support to early childhood education programs through:

- Guiding the development, piloting, and revision of Kindergarten Entry Assessments.
- Participating in planning of professional development activities regarding school readiness, literacy development, physical health, and social emotional development.
- Creating crosswalks between HSPPS and state standards.

- Using data to facilitate discussions about school readiness between ECE and K-12 partners.
- Supporting communities of practice, planning teams, and collaboratives in ongoing conversations about school readiness.
- Awareness campaigns to demonstrate the role that Head Start programs can play in school readiness.

In some states, HSCOs' engagement in school readiness work was included as part of their partnership within the Preschool Development Grant Birth to Five (PDG B-5).

INVOLVEMENT IN PRE-KINDERGARTEN ACTIVITIES

Most HSCOs indicated meeting regularly with state pre-kindergarten administrators to support collaboration at state and local levels. Meetings sought to make connections for local partners to coordinate their transition planning strategies. Discussions focused on current status of collaborations and barriers or challenges between Head Start programs and state pre-kindergarten systems. Collaborative efforts focused on:

- strategic planning to coordinate access for children and families in need.
- layered/blended/braided funding and services across Head Start programs and pre-kindergarten settings.
- development of memoranda of understanding at the local level.
- promising partnership practices to scale up.
- ongoing awareness of child/family outcomes and collaborative efforts.

Similar to school readiness efforts in general, almost every HSCO reported participation in pre-kindergarten activities, with most HSCOs engaged in partnerships. Some of these efforts focused on building or enhancing partnerships between local Head Start programs and LEAs to expand pre-kindergarten opportunities. Others sought ways to create or support universal pre-kindergarten programs within states. Partnerships sought to increase comprehensive services, address eligibility and enrollment issues, and promote early intervention or early childhood special education for children eligible for IDEA services. Again, some of this work was part of PDG funded activities.



The Missouri HSCO worked with state partners to design and disseminate a media campaign (e.g., organic posts on social media, television and radio ads, website banners) with messaging that emphasized partners working together to support families. The campaign focused on safety, health, and high-quality learning experiences that prepare children for success in school and in life. The purpose of this activity was to promote a coordinated early childhood education system that supports the needs of young children and their families. An added area of emphasis included messaging to emphasize the importance of family engagement in their child's development and routine monitoring of developmental milestones from birth to age five.

COLLABORATIONS WITH K-12 AND TRANSITION ACTIVITIES

HSCOs built relationships with state K-12 administrators to promote seamless transitions between Head Start programs and kindergarten. More than half of HSCOs (28) reported meeting regularly with K-12 staff to improve connections between Head Start programs and kindergarten, as well as to develop resources and professional development opportunities to help staff meet children and families' needs. Collaborative work led to:

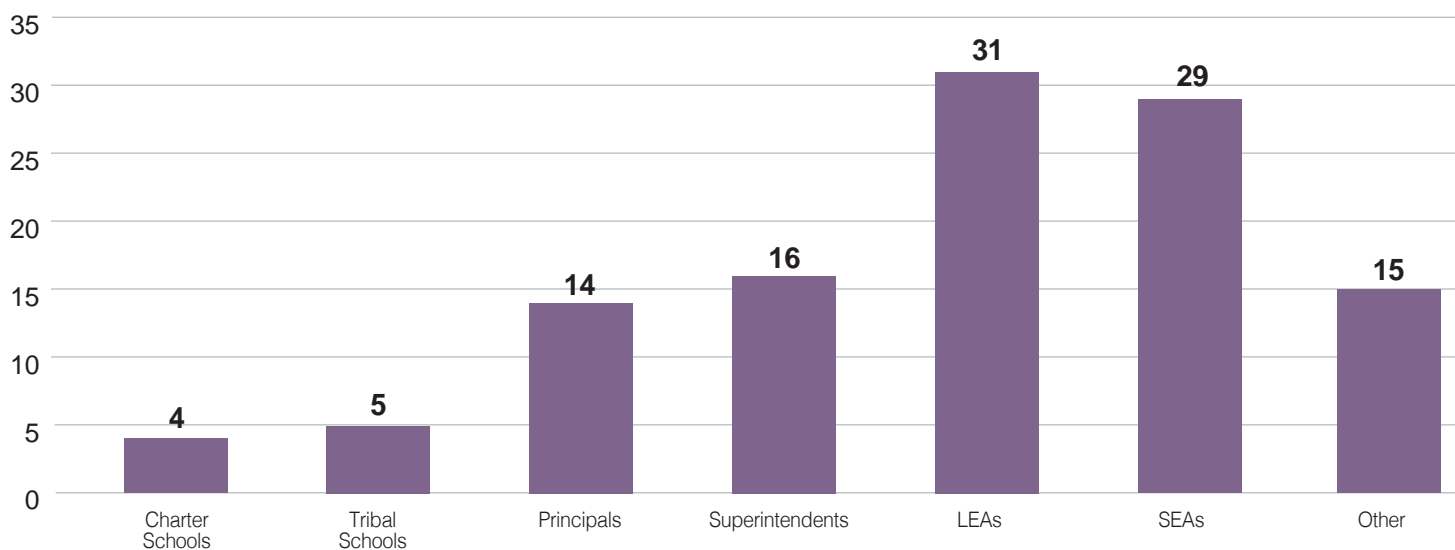
- participation on state leadership teams and committees with K-12 staff.
- coordinated efforts between Head Start programs and LEAs to:
 - align goals,
 - develop/improve MOUs,
 - create tools to support transitions,
 - engage families in transition planning, and

- support relationship- and trust-building.
- presentations on requirements, transitions, and collaborative relationships.
- dissemination of professional development tools to train staff in promising practices regarding transitions.

Thirty-eight indicated working with various partners to promote transitions. The majority of HSCOs partnered with either the Local Education Agencies (LEAs) or State Education Agencies (SEAs) within their state, territory, or region specifically to plan transitions, with twenty-seven reporting more than one partner (Graph 6b). Note: HSCOs may have reported multiple partners related to supporting transitions as represented in the graph below. A number of partners were instrumental to making successful transitions to kindergarten and those included superintendents, principals, special education, migrant education, tribal education, Medicaid, community organizations, child care, home visiting and private schools.

Conversations focused on transitions broadly, but also focused on the particular challenges of pandemic-related transitions, identifying solutions to ensuring children were ready for kindergarten and families had smooth transitions across programs. These issues were particularly relevant for children in multiple systems including special education, McKinney-Vento programs for children experiencing homelessness, and child welfare programs.

Graph 6b: HSCO Partners in Transition Planning (n = 38 HSCOs)



Specific activities that HSCOs collaborated on included planning conferences and summits to promote effective transitions. In addition, several HSCOs participated in the development of toolkits, webinars and workshop sessions to offer concrete tools to support programs. The Migrant and Seasonal HSCO collaborated to create migrant-specific transition tools for parents and programs. Some states piloted specific transition projects with recipients/grantees through direct technical assistance, mini-grants, and other supports.



The New York HSCO Director worked closely with the State Education Department Office of Early Learning to ensure smooth partnerships with nearly 700 school districts and 280 Head Start programs. Increases in pre-k funding supported this effort in staying aligned to promote transitions. Together the collaboration creates a sample Pre-k/Head Start Contract that meets the requirements of state Department of Education, the school districts, and Head Start programs.

SUMMARY

HSCOs used their expertise and relationships to enhance school readiness, pre-k and transition efforts throughout the country. Through workgroup participation, professional development planning, and materials development, HSCO collaborations set the stage for school success for young children and their families

2021 HEAD START COLLABORATION OFFICE BRIEF #7

Early Education Systems Outside of Quality Rating and Improvement Systems

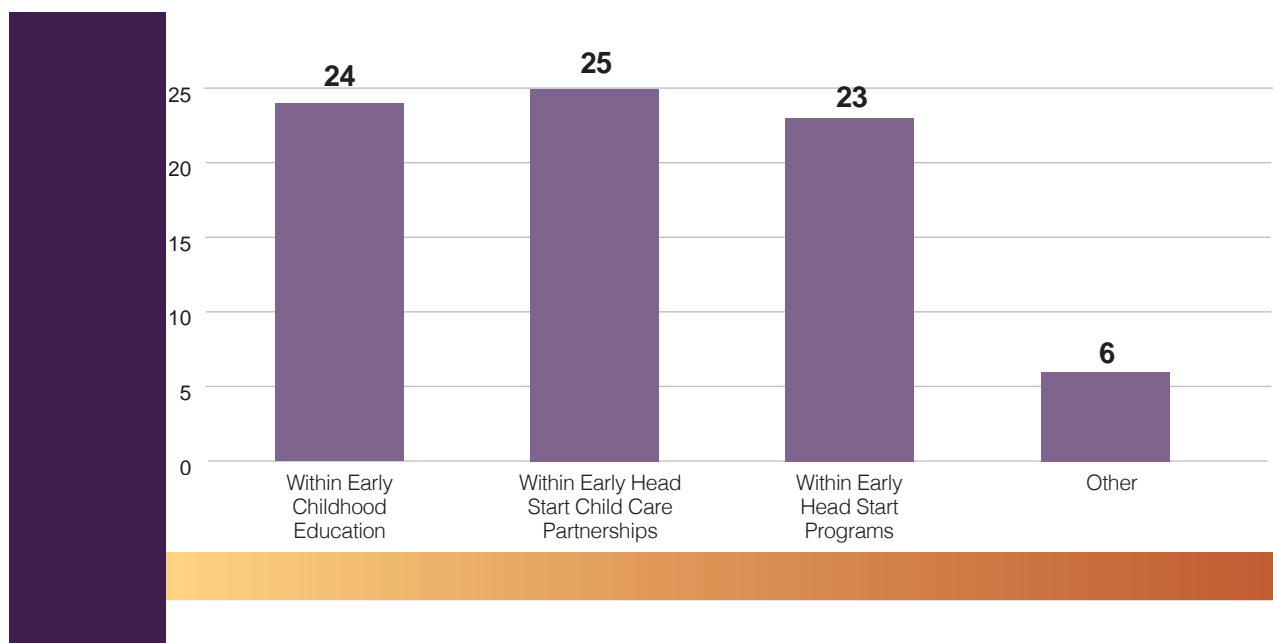
Within each state, territory, district and region, there are multiple partners (child care including family child care, home visiting, and other general and special education systems) that function to serve young children and their families. A critical component of HSCO work is coordinating with these systems to ensure there is a continuum of offerings, families are aware of these options, and the systems work together to consistently create high quality services. Aligning different requirements, needs, and challenges within these systems requires ongoing HSCO engagement and brings a Head Start program perspective to strategic planning within each system.

HSCOs meet formally and informally with these partners on a regular basis to support systems while ensuring that Head Start programs are part of each conversation. All of the HSCOs reported ongoing communication within broader ECE systems. Most HSCOs reported having consistent contact with child care and pre-k staff to plan, problem-solve and streamline services. Several HSCOs also indicated meeting and communicating with other Early Childhood Education (ECE) professionals including health, disability, literacy, advocacy, faith-based, and social services professionals. Organizational design and/or physical co-location, engagement in the State Advisory Councils, and participation in the Preschool Development Grant Birth to Five (PDG B-5) grant programs all contributed to support these relationships.

EFFORTS TO INCREASE QUALITY INFANT AND TODDLER SPACES

To address the Office of Head Start’s priority to increase high quality infant toddler care, over 70% of HSCOs (38) worked with partners to explore ways to offer more opportunities within Early Head Start programs, Early Head Start Child Care Partnerships (EHS CCPs) (see Brief #2), early childhood education, and other environments with twenty-two expanding access in more than one type of setting. Note: HSCOs may have reported multiple activities related to increasing access to infant toddler spaces as represented in the graph below. The most common expansion opportunity was EHS CCPs, followed by Early Head Start programs and early childhood education settings. (Graph 7a).

Graph 7a: Efforts to Increase Access to Quality Infant and Toddler Spaces (n = 38 HSCOs)



HSCOs used awareness, capacity building, and peer-support strategies to support expanding access for infants and toddlers with the goal of offering full-day, full-year services. They worked with Early Head Start programs and Early Head Start Child Care Partnerships programs applying for grant opportunities to fund additional spaces within their programs for infants and toddlers, expanding partnerships to think more creatively about early education models, and coordinate innovative fiscal models that blend, braid, or layer funding to increase availability. HSCOs also engaged in marketing models to promote enrollment for infants and toddlers in local communities, helping to ensure each setting (home visiting, family child care, and center-based care) reached full enrollment. They also created connections between early education organizations within the community to build partnerships that would expand the number of spaces in programs providing high quality infant and toddler services. Funding for these additional activities was often through the Preschool Development Grant, American Recovery Plan Act, and prenatal through three grants received by states.

CROSSWALKS OF CHILD CARE LICENSING AND THE HEAD START PROGRAM PERFORMANCE STANDARDS (HSPPS)

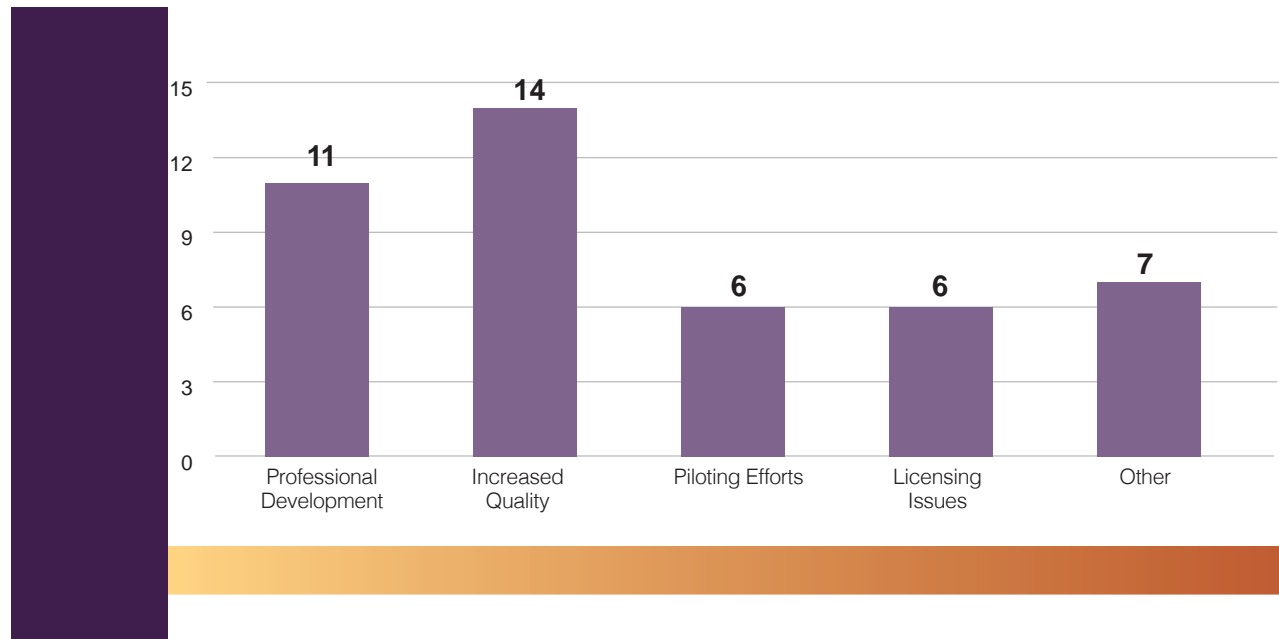
One of the tools that Head Start administrators at state and local levels have found particularly useful are crosswalks that connect licensing and the Head Start Program Performance Standards. These tools make coordinating services and creating solutions to challenges more straightforward. Twenty-five HSCOs reported working at some level on these crosswalks in 2021. Thirteen HSCOs indicated they were in discussion about crosswalk activities, four started the process and four completed a crosswalk in 2021. Other HSCOs commented that state regulations were being updated, new crosswalks were in revision, or their work was complete or on hold. Often, the urgent needs of pandemic planning served as a priority, leaving crosswalk work as an activity that collaborative groups will return to later. Yet, many HSCOs indicated involvement in state Child Care Development Fund (CCDF) Plans either collaboratively writing, reviewing, or supporting sections of the document. They also worked with Child Care Licensing partners to adjust and support temporary rules and procedures during the pandemic so that providers had clear guidance about re-opening in-person services.



Throughout COVID-19, the Oregon HSCO has worked closely with the Office of Child Care and the Department of Education EI/ESCE office to ensure alignment of temporary rules/policies that were responsive to the pandemic. Most recently the HSCO and EI/ESCE state leads drafted guidance on the implementation of the OHS mask requirement for children in Head Start programs with additional guidance to support children with disabilities.

FAMILY CHILD CARE

Recognizing the role of Family Child Care (FCC) within early education systems, twenty-six HSCOs focused on supporting FCC providers to improve access and quality with twelve HSCOs working on more than one area of focus. Note: HSCOs may have reported multiple activities related to Family Child Care, as represented in Graph 7b. Expanding access for young children and families requires thoughtful inclusion of family child care as a program option for parents. Most HSCOs focused on increasing FCC program quality, providing professional development opportunities, and supporting licensing, pilots, and other efforts to ensure the Family Child Care is a viable option for families (Graph 7b).

Graphic 7b: Areas of Focus Regarding Family Child Care (n = 26 HSCOs)

Many HSCOs worked to increase the number of licensed homes and ensure quality services are delivered within FCC settings. Specifically, HSCOs collaborated on:

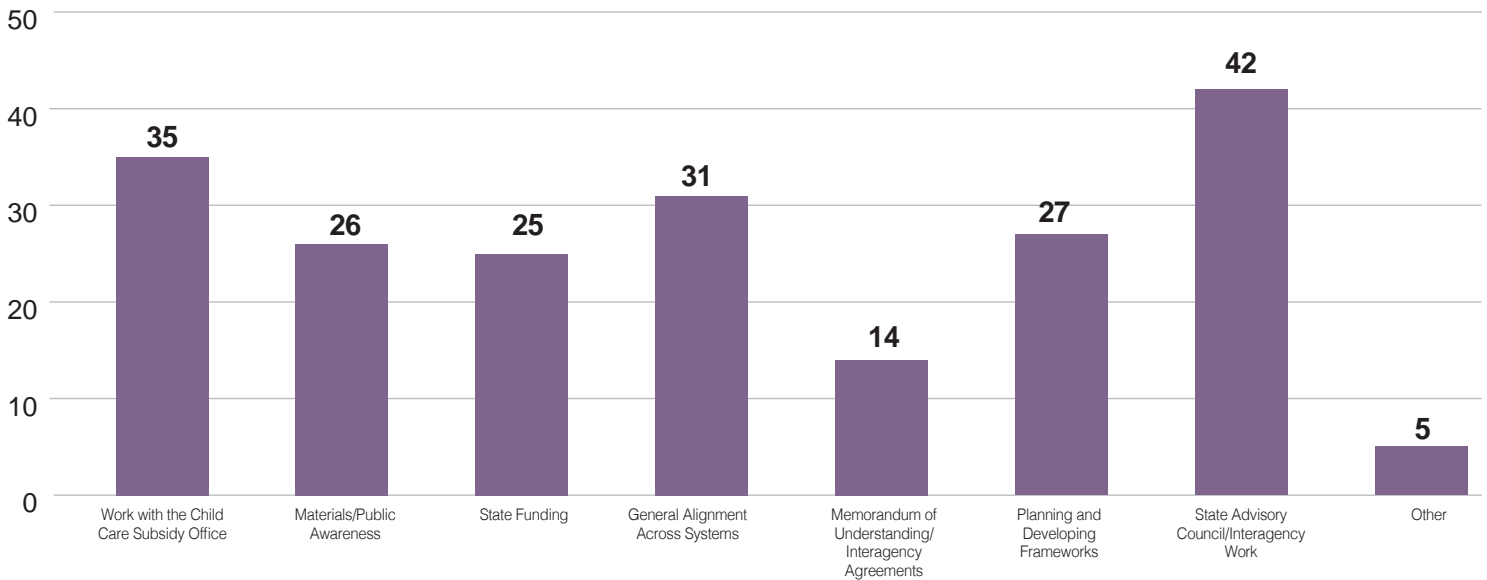
- supporting inclusion of FCC within state licensure systems,
- providing opportunities for professional and career development,
- participation in pilot projects to increase FCC Networks, and
- addressing larger issues of FCC provider wellness during challenging times.

GENERAL EARLY CARE AND EDUCATION SYSTEMS

As a large piece of the HSCOs work, forty-six HSCOs participated in collaborative activities in the broader early care and education systems within their states, territories, and regions. Because the early care and education system is so central to their work, most (39) HSCOs engaged in multiple activities. Note: HSCOs may have reported multiple activities related to working with the general ECE system, as represented in the graph below. During 2021, many of these activities focused on supporting programs in coping with the pandemic, including expanding access through additional funding, and re-opening in-person services. As seen in Graph 7c, much of this work occurred within the frame of the State Advisory Council (SAC) or interagency work, working with the child care subsidy office, and working on general alignment across systems.



Graphic 7c: HSCO Areas of Work with Other General Early Care and Education Systems (n = 46 HSCOs)



HSCOs participated in planning efforts to address workforce issues, homelessness and housing insecurity, and access to high quality services within their state, territory, district, or region. Often, the HSCOs engaged stakeholder perspectives in these discussions, gathering information about needs in the field so that collaborators could develop data-driven solutions for particular issues. These conversations also addressed the breadth of early childhood systems including home visiting, family child care, early intervention/early childhood special education, and other services and settings.

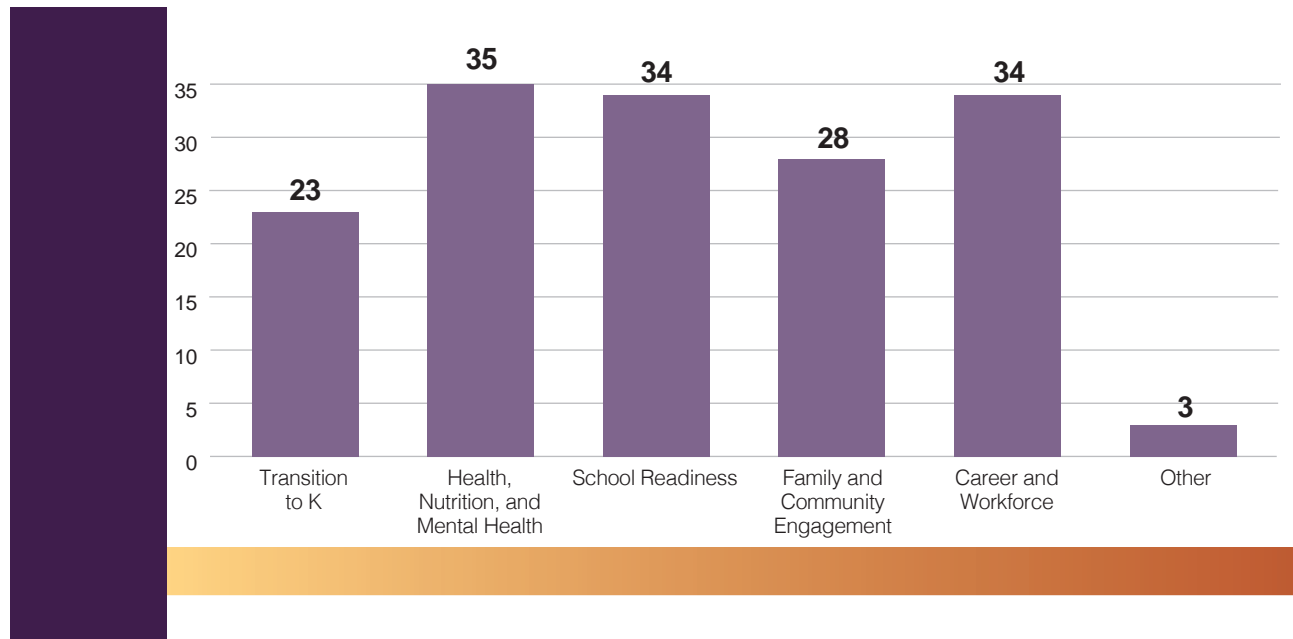


The North Carolina HSCO disseminated information from all state level agencies that serve Early Head Start and Head Start programs. In one example, the office provided information from the Child Care Services Association about a \$2,500 micro-grant, addressed questions about programs being ineligible for Stabilization Grants, and distributed information about ESSA Transition meetings, the Head Start Program Referral App and the Homeless Education program.

The Preschool Development Grant Birth to Five (PDG B-5) was a significant piece of work during 2021, whether states received funding or not, with forty-one HSCOs reporting work in this area and all but two engaged in more than one PDG-related activity. Strategic plans and needs assessments conducted during 2020 continued to be a source of information for planning and coordinated efforts. Topics of focus in this work were most often health, nutrition, and mental health; school readiness, and career and workforce initiatives (Graph 7d).



Graphic 7d: Areas of Focus in Preschool Development Grant Work (n = 41 HSCOs)



As part of the Preschool Development Grant for the state of Minnesota, the HSCO and partners enhanced the Help Me Connect website. This resource offers families an online tool to connect to diverse resources, including Early Head Start and Head Start programs, and the Early Head Start Child Care Partnerships within the state.

SUMMARY

Connecting with critical partners who oversee various early childhood services, HSCOs worked to represent the Head Start program voice in all early childhood systems within their states, territories, and regions. This effort was particularly critical during the pandemic as decisions about funding and strategic planning sought to address intensified needs of young children and their families. Through ongoing discussions and planning, they ensured Head Start program inclusion in increasing access to and support for high quality programming. They also supported Head Start program involvement in reopening and relief activities throughout the country.



2021 HEAD START COLLABORATION OFFICE BRIEF #8

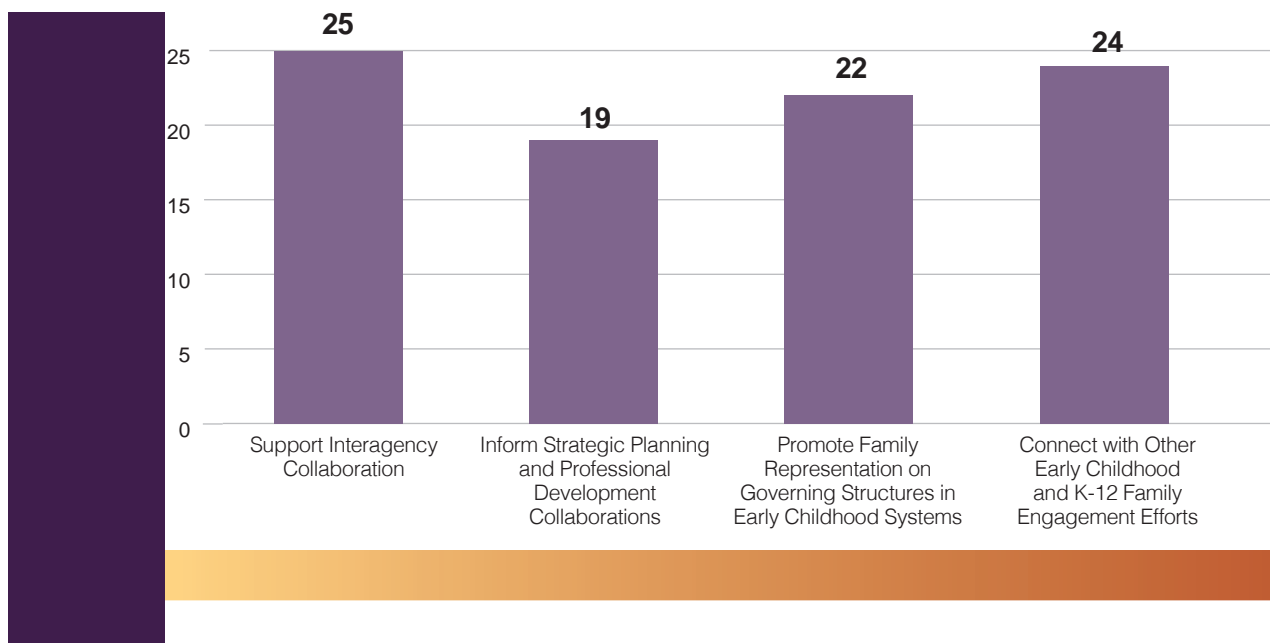
Parent, Family, and Community Engagement

Head Start programs depend on engagement of parents, families and community members in the provision of high quality services to young children. Head Start Collaboration Offices (HSCOs) are key to ensuring these relationships exist at the state, district, territory, and regional levels. In 2021, all HSCOs conducted this work through coordination activities, professional development planning, and ongoing working relationships with partners. As an essential aspect of services to promote child and family outcomes, HSCOs focused on both broad and specific ways to involve families in meaningful ways.

THE PARENT, FAMILY, AND COMMUNITY ENGAGEMENT (PFCE) FRAMEWORK

Thirty-four HSCOs reported using the PFCE Framework in their work (Graph 8a) and twenty-seven reported working on multiple tasks. Most used the framework to support interagency collaboration and connect with other early childhood and K-12 family engagement efforts at state/district/territory/region and local levels. Many HSCOs also used the Framework to ensure families were represented in leadership positions and/or integrated the PFCE framework into strategic planning or professional development within their state or region.

Graph 8a: HSCO Activities Related to the Use of the PFCE Framework (n = 34 HSCOs)

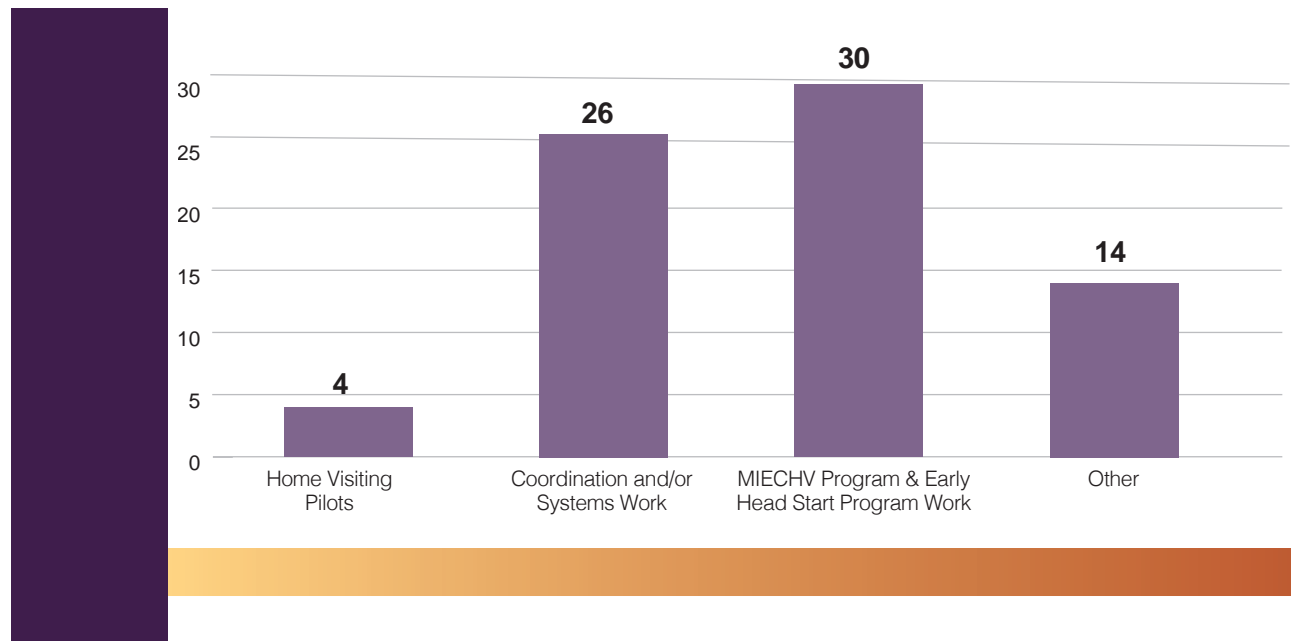


The Indiana HSCO leaned on the Parent Family Community Engagement Framework (PFCE) to guide its work in supporting children and families. This was done by promoting family representation and communication, highlighting programs modeling successful family engagement, integrating family engagement in professional development collaborations, and collaborating with agencies aimed at supporting families.

HOME VISITING

Forty-three HSCOs engaged in work to support home visiting with twenty-three HSCOs conducting multiple activities. As indicated in Graph 8b, the majority of HSCOs (30) worked with the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Project and Early Head Start programs. This work occurred even in states where MIECHV is not specifically funded for Early Head Start Home Visiting programs. Additional work included coordination and/or systems work within their state, territory, or region and helping develop or support home visiting pilots.

Graph 8b: Areas of HSCO Work on Home Visiting (n = 43 HSCOs)



Most HSCOs participated in planning workgroups or councils to coordinate home visiting efforts. Some participated in decision-making related to expenditure of American Recovery Plan Act (ARPA) Funds and offered guidance as home visiting programs continued to adapt to pandemic related constraints. Additionally, HSCOs shared home visiting data with other partners to help streamline supports and clearly define home visiting needs as they shifted and changed throughout 2021.

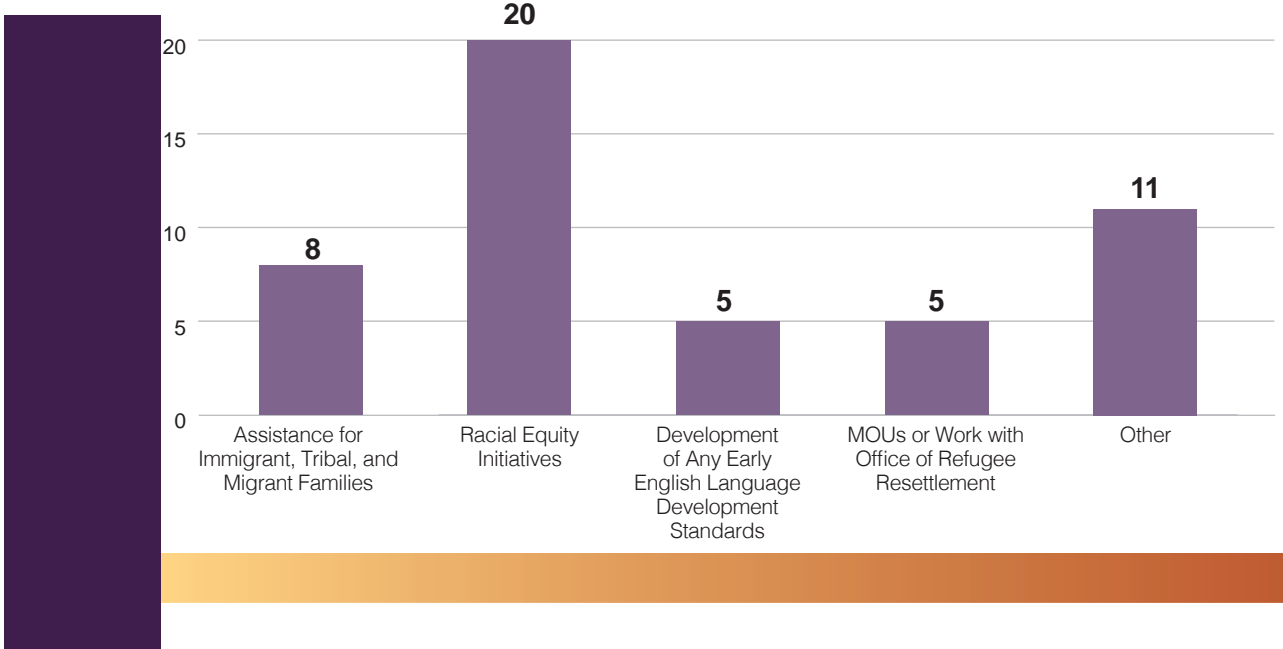


The Wisconsin HSCO facilitated regular meetings with the state home visiting team to assist in development of a MOU between home visiting work and the HSCO. In addition, they coordinated regularly around the responses to COVID-19 with other agencies who also implement home visiting.

DUAL LANGUAGE LEARNERS RACIAL EQUITY AND CULTURAL RESPONSIVENESS

Thirty-three HSCOs partnered to support dual language learners, racial equity, and cultural responsiveness, with twelve HSCOs reporting multiple activities described in Graph 8c. The most frequent activity engaged in by HSCOs involved supporting racial equity initiatives. Twenty HSCOs participated in equity workgroups, planning summits or professional development. Additionally, HSCOs worked to support dual language learners, ensuring documents on early childhood quality systems (Quality Rating and Improvement Systems, Early Learning Guidelines/Standards, and Core Knowledge and Competencies documents) are available in multiple languages. Finally, several HSCOs worked with partners to support refugees (most frequently from Afghanistan) as they entered the county and sought needed resources.

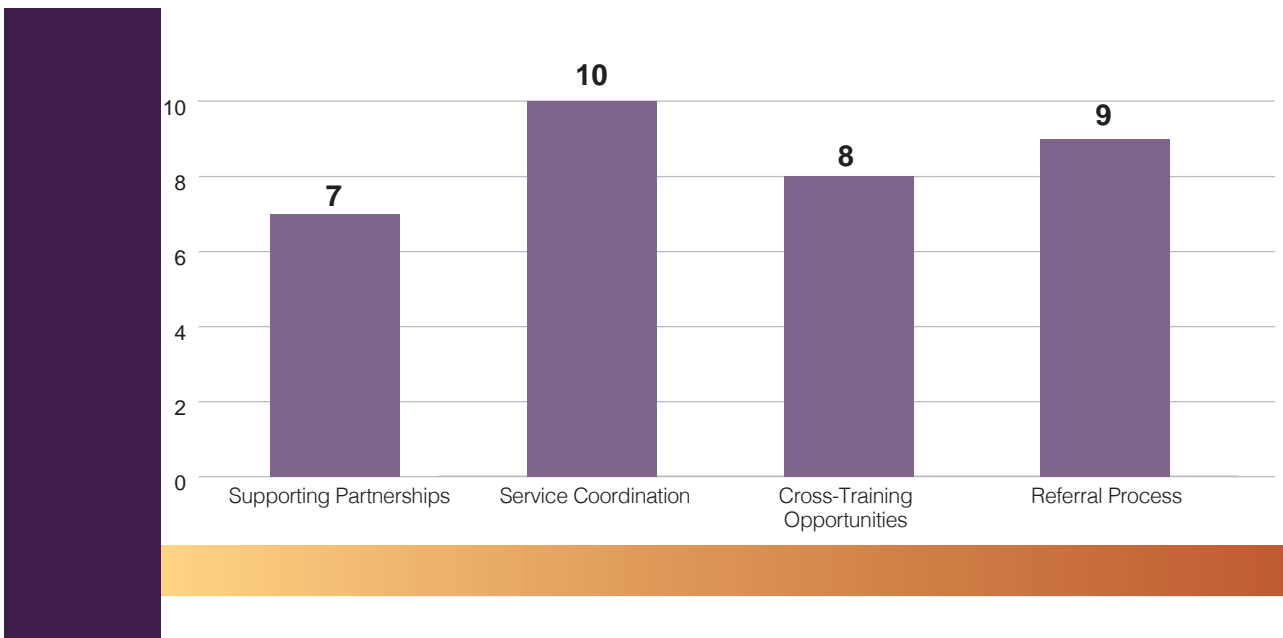
Graph 8c: Areas of Focus for HSCO Work to Support Dual Language Learners, Racial Equity and Cultural Responsiveness (n = 33)



CHILD WELFARE

To support services for children within the child welfare system, twelve HSCOs worked on Memoranda of Understanding (MOUs) with Child Welfare. Eight HSCOs worked on multiple tasks related to Child Welfare MOUs as listed in Graph 8d. Most focused on service coordination and referral processes, but they also worked on cross-training opportunities and supporting local partnerships. Efforts sought to streamline referral processes and services for categorically-eligible children and families. Other HSCOs in states that did not have formal MOUs reported participating in planning meetings, collaboratives, and information sharing activities.

Graph 8d: Areas of HSCO Work to Coordinate Services and Resources with Child Welfare (n = 12 HSCOs)



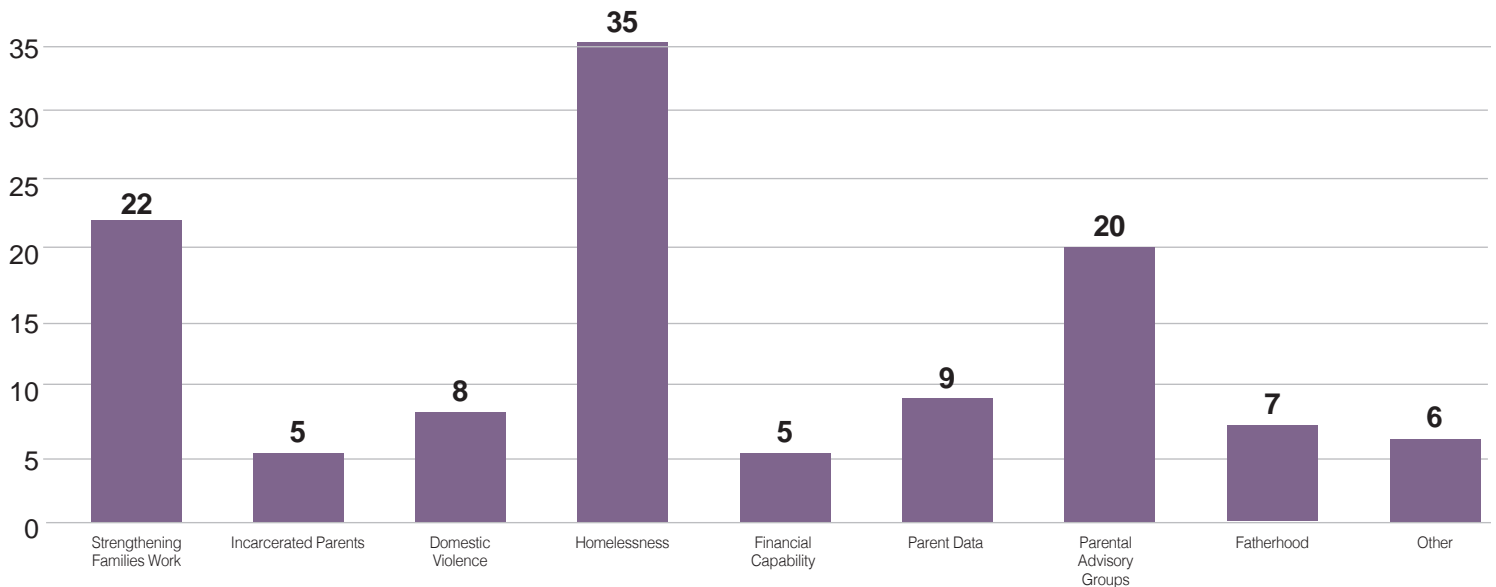
MATERIALS AND CONFERENCE DEVELOPMENT

Thirty-nine HSCOs partnered to develop materials or organize conferences to support parent, family, and community engagement with sixteen HSCOs supporting more than one type of activity. Twenty-seven HSCOs participated in conferences or meetings, with eighteen HSCOs engaged in developing materials and twelve engaged in other work. Many HSCOs partnered with other organizations to feature specific professional development opportunities addressing a wide range of topics related to parent and family engagement. They identified experts and presenters as well as ensuring content focused on Head Start program needs.

SPECIFIC TOPIC AREA WORK

Because parent, family, and community engagement includes a diversity of work, forty-five HSCOs reported specific topic area work related to PFCE, with thirty-five HSCOs reporting engagement in more than one topic listed in Graph 8e. The majority of HSCOs (35) worked in the area of homelessness followed by strengthening families (22) and parent advisory groups (20). Financial capability, parent data, incarcerated parents, and domestic violence were also addressed. Several HSCOs made a specific effort to support incarcerated parents as they connected with their children and supported child development.

Graph 8e: Specific Topic Areas in HSCO Work related to PFCE (n = 45 HSCOs)



Since January 2021, Arizona HSCO and Arizona Department of Education have supported trainings from a Certified Alliance Trainer on the Strengthening Families™ Protective Factors Framework. The goal of the framework is to provide a buffer against the potentially negative effects of adverse childhood experiences. The trainings include the protective factors of social and emotional competence of children, parental resilience, and knowledge of parenting and child development. The protective factors trainings have been promoted and available to all AZ Head Start program staff members who work with parents and families in any capacity.

SUMMARY

A critical role of the HSCOs in 2021 was to broker relationships that supported family engagement in leadership and equitable practices that reflect the diversity of families served. Through ongoing relationships with partners, HSCOs ensured that the Head Start program voice was integrated in plans while family members were engaged in stakeholder engagement and leadership activities.

2021 HEAD START COLLABORATION OFFICE BRIEF #9

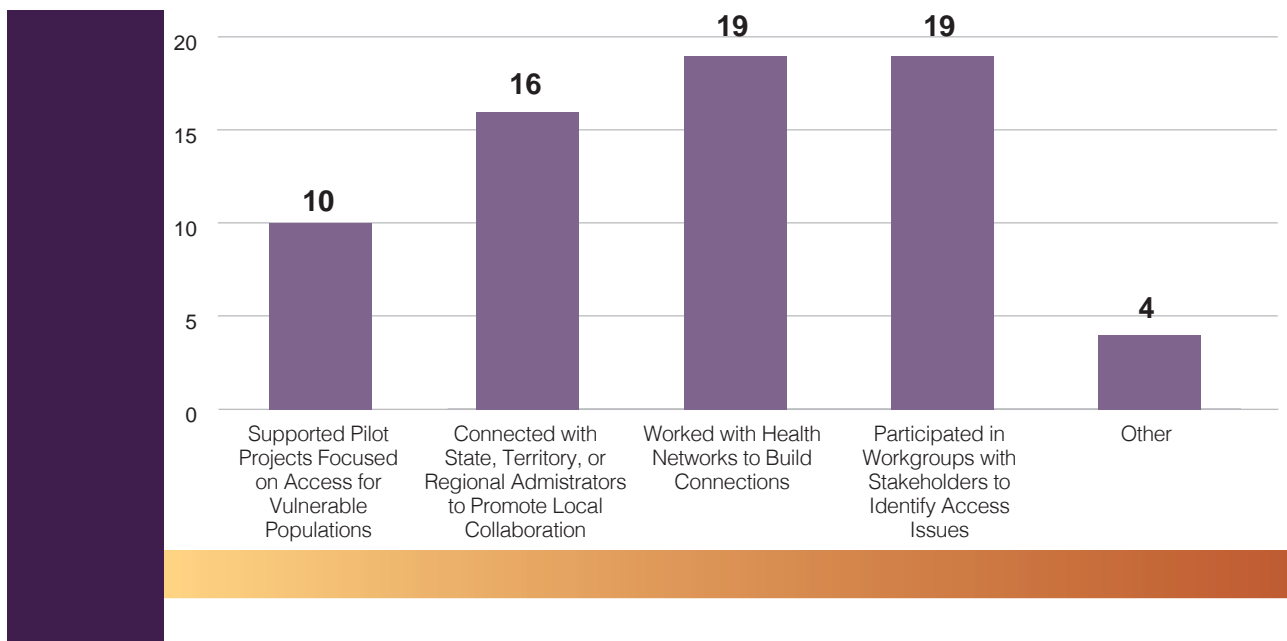
Health Services

The inclusion of health, oral health, mental health, disability, nutrition, and safety services is a critical component of Head Start program services that requires an intense amount of coordination. All Head Start Collaboration Offices (HSCOs) engaged with partners in their state, territory, or region to promote these collaborations throughout 2021, particularly given the increased needs rooted in the impacts of the pandemic. Collaborations with governmental, nonprofit/foundation, and private partners propelled the work forward as programs coped with fluctuations of virtual and in person services and coped with a wide range of health issues that existed before or as a result of the pandemic. Specific health services areas of focus included support of medical and dental homes; Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Screenings; oral health; Health Networks; disabilities; mental health and social emotional wellbeing; nutrition; and Covid-19 related activities.

SUPPORT OF MEDICAL AND DENTAL HOMES

During 2021, twenty-seven HSCOs engaged in activities to support dental homes and twenty-three HSCOs focused on activities that support medical homes. Thirty-one HSCOs reported specific activities associated with medical and dental homes listed in Graph 9a, with twenty HSCOs reporting multiple activities. They worked to build connections and participated in workgroups to address access issues. Ten HSCOs supported pilot projects to improve access and some gathered and shared data about access to support solutions to address service desserts or underserved populations. Finally, after the toll of the pandemic, some HSCOs simply reconnected to provider organizations such as the community health centers to re-establish connections at local and state levels.

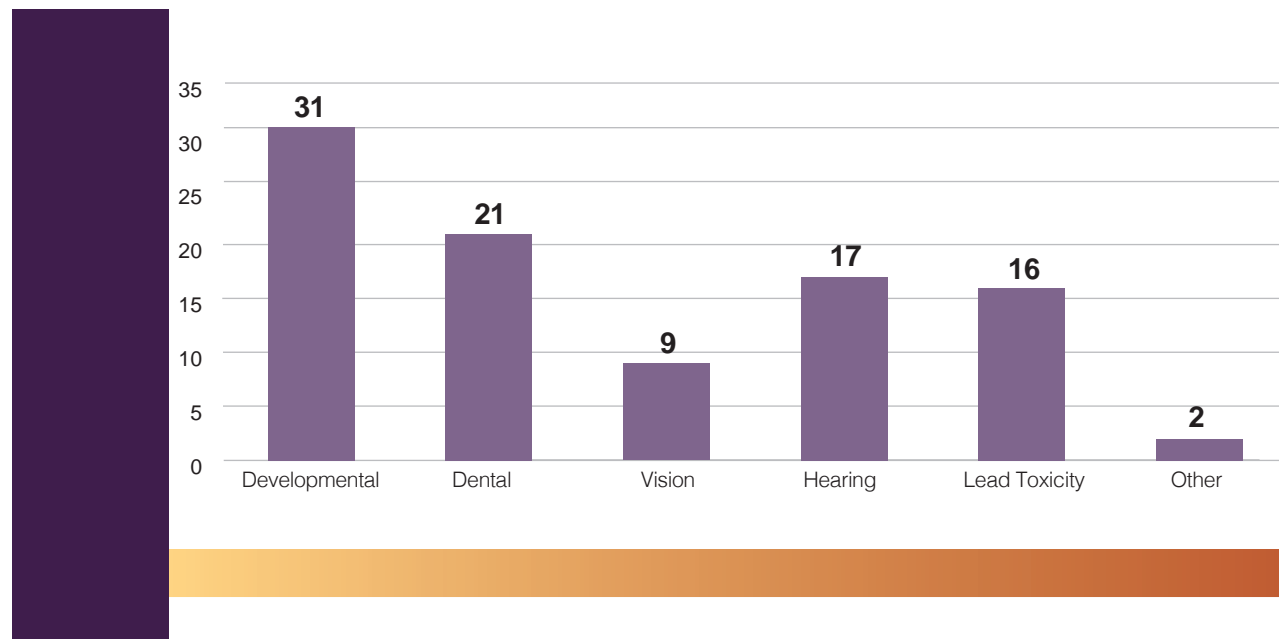
Graph 9a: Areas of Focus to Support Medical and Dental Homes for Families (n = 31 HSCOs)



EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT) SCREENING

Screening is a critical Head Start program requirement that all HSCOs support. During 2021, thirty-nine HSCOs focused on EPSDT Screenings as listed in Graph 9b, with twenty-five HSCOs working on multiple areas. Most often, HSCOs were engaged in developmental screening activities, with many HSCOs reporting engaging in the Center for Disease Control's Learn the Signs. Act Early! campaign. Dental, hearing, and lead toxicity screening were also frequent activities for HSCOs. Several HSCOs indicated connections with the Early Hearing Detection and Intervention (EHDI) program within their state to ensure newborn screenings are completed using otoacoustic emissions tests. Behavioral screenings were another component of screening activities using resources from the Pyramid Model, Project Launch and Early Childhood Positive Behavioral Intervention Systems (EC-PBIS).

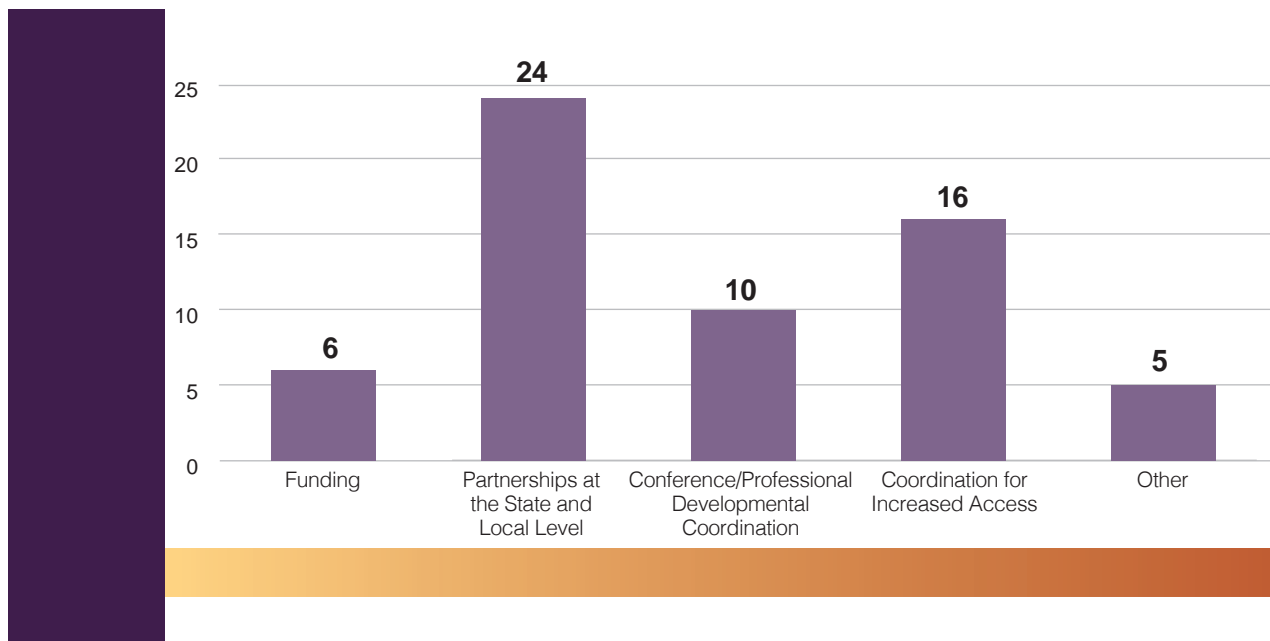
Graph 9b: Areas for Focus to Support Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Activities (n = 39 HSCOs)



HSCOs continue to increase awareness, improve screening procedures, and implement lead exposure prevention activities. Oftentimes, these activities attempted to re-engage families as states and territories reopened in order to ensure all children were up-to-date on all of their health needs.

ORAL HEALTH

To support program reopening activities, thirty-one HSCOs engaged in partnerships to support oral health services with seventeen HSCOs engaged in multiple activities listed in Graph 9c. Most HSCOs (24) reporting on their partnership efforts to support oral health initiatives, including increased access to services.

Graph 9c: Areas of Focus to Support Oral Health Initiatives (n = 31)

HSCOs coordinated training, supported resource development, and used PIR data to strategize ways to connect local programs with oral health services. Partnerships with state dental leads and Oral Health Liaisons increased recipient/grantee awareness and expanded statewide access to oral health providers.



Hawaii's HSCO participated in the Hawaii Oral Health Coalition to address access issues for many underserved families. As a result, the "Safe Return to the Dentist" media campaign was launched, ensuring families knew that they could attend regular dental visits without risk to their child's health.

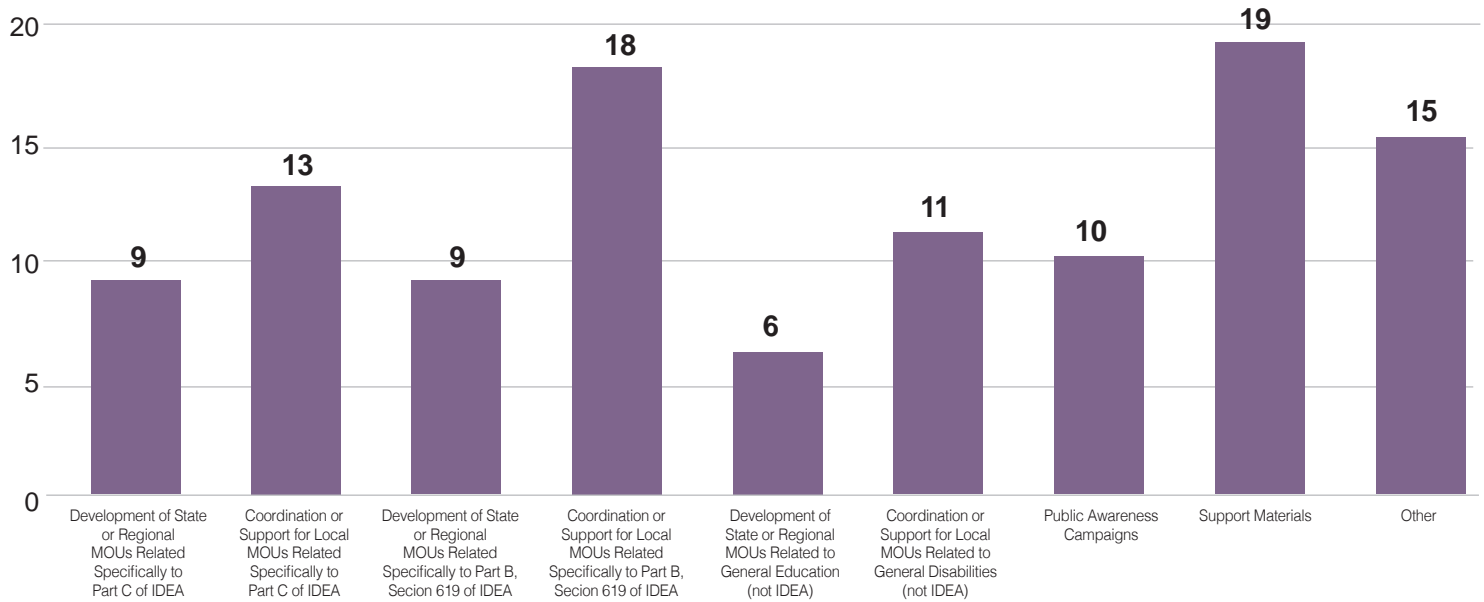
HEALTH NETWORK INVOLVEMENT

Health manager networks promote improvement by building relationships among those in similar positions across Head Start and Early Head Start programs. These Health Networks offer Head Start programs access to resources in their state as well as networking opportunities with other Health Managers in Head Start, Early Head Start, and Early Head Start Child Care Partnerships. To ensure these opportunities were available in 2021, twenty-nine HSCOs reported engaging with these networks. Thirteen HSCOs reported facilitating the network by managing virtual or in person meetings on a regular basis, supporting the development of agendas, or engaging presenters or other partners in meeting activities. Thirteen reported participating as a member of the network, joining regular meetings to inform them on the needs of Health Managers while sharing data, information, and resources. Finally, twelve reported contributing to meetings by coordinating presentations and recruiting presenters from other agencies within the state, territory, or region. HSCO helped prioritize health issues for further action, connected networks to resources and experts, and built network capacity to manage collaborative projects.

EARLY CHILDHOOD AND DISABILITIES

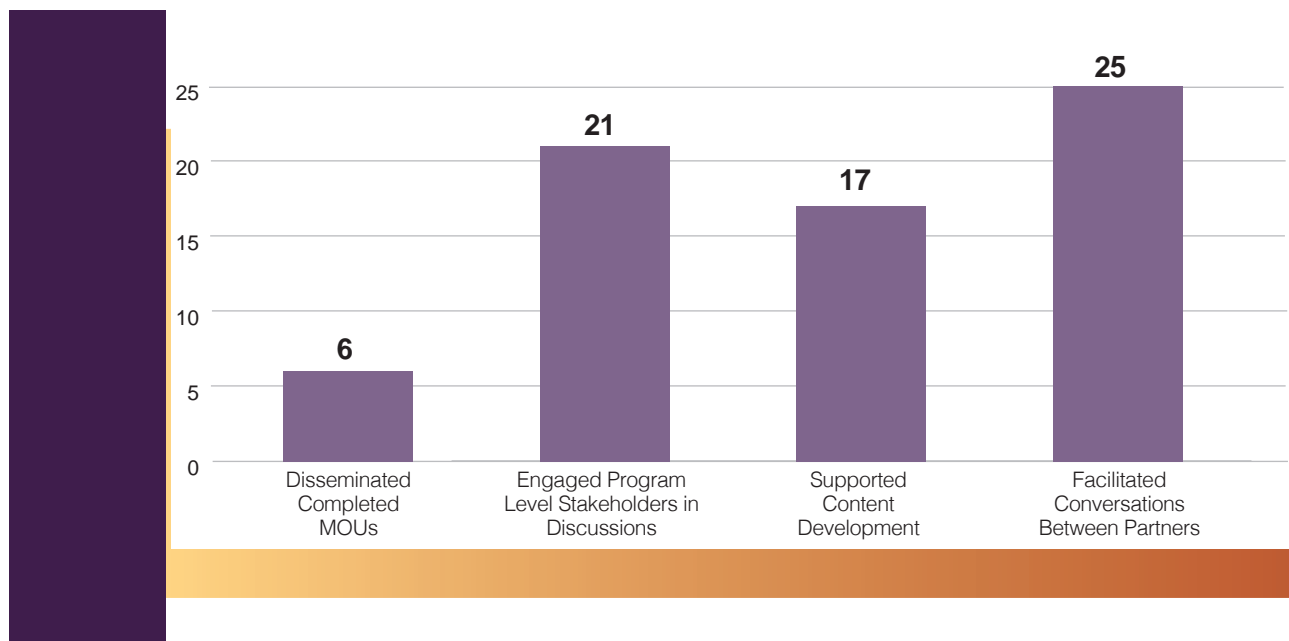
To set the stage for disability services, forty-one HSCOs supported MOU development, promoted public awareness, and developed support materials with twenty-six HSCOs conducting multiple activities presented in Graph 9d. The most frequent activity (19 HSCOs) was the development of support materials to help inform partners and families of Head Start program disability services. Eighteen HSCOs coordinated or supported local MOUs with preschool special education partners and thirteen conducted similar activities with early intervention for infants and toddlers.

Graph 9d: Areas of Focus Related to Early Childhood and Disabilities Activities (n = 41 HSCOs)



Twenty-nine HSCOs reported specific activities related to MOUs, with twenty-five engaging in multiple areas listed in Graph 9e. Most HSCOs reported facilitating conversations between partners, while also engaging program level stakeholders in discussions, as well as supporting content development. HSCOs also disseminated copies of completed state MOUs as exemplars for local planning.

Graph 9e: Areas of Focus Related to Work on MOUs (n = 29 HSCOs)



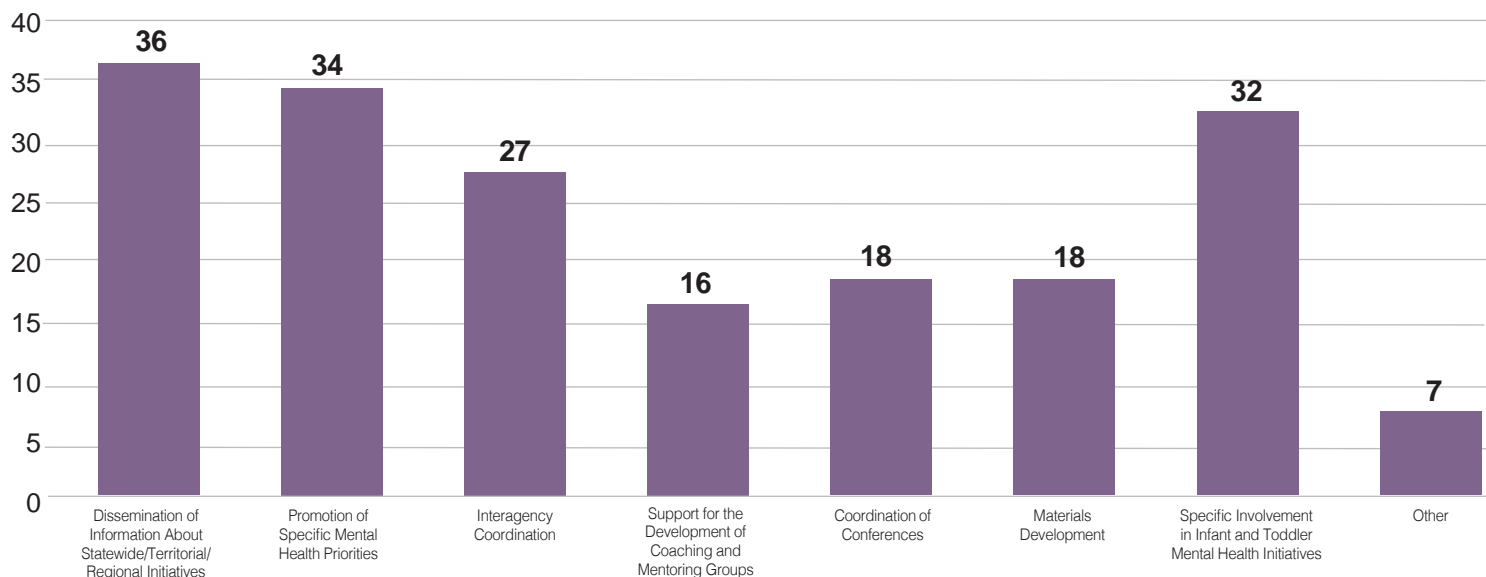
When working at the state or territory level, HSCOs revised MOUs, coordinated with the Interagency Coordinating Council, and shared data from local programs. They also participated in workgroups on inclusion, and committees or councils to broaden awareness of Head Start programs' capacity to serve as a least restrictive or natural environment as required by IDEA .

To promote involvement of tribal entities in high quality inclusive services, the AIAN HSCO works closely with Head Start programs and their tribal governance to engage in planning discussions with local education agencies (LEAs) and offered resources to support development of MOUs. Additionally, as appropriate, the HSCO worked with HSCOs in other states to provide information that integrated tribes into statewide MOUs.

MENTAL HEALTH AND SOCIAL EMOTIONAL SERVICES

Fifty HSCOs engaged in at least one activity related to mental health within their state, territory, or region with forty-four HSCOs engages in multiple activities listed in Graph 9f. The majority (36) engaged in disseminating information about state, territorial, or regional initiatives including Positive Behavioral Intervention Systems (PBIS), the Pyramid Model, and infant toddler and early childhood mental health consultation. Thirty-four HSCOs engaged in promotion of specific mental health priorities such as adverse childhood experiences, substance misuse, suspension/expulsion, domestic violence, child maltreatment, and social emotional learning. Infant and toddler mental health also emerged as a priority, with thirty-two HSCOs engaged in work to support infant mental health consultants and certifications of mental health professionals trained to support infants and their families.

Graph 9f: Areas of Focus Regarding Mental Health and Social Emotional Services (n = 50 HSCOs)



HSCOs continued to participate in statewide workgroups and advisory councils on behavioral and/or mental health services. Workgroups included Opioid Task Forces and Pyramid Model advisory groups. HSCOs also integrated mental health into professional development activities including trainings/workshops, summits/conferences, communities of practice, and coaching models.

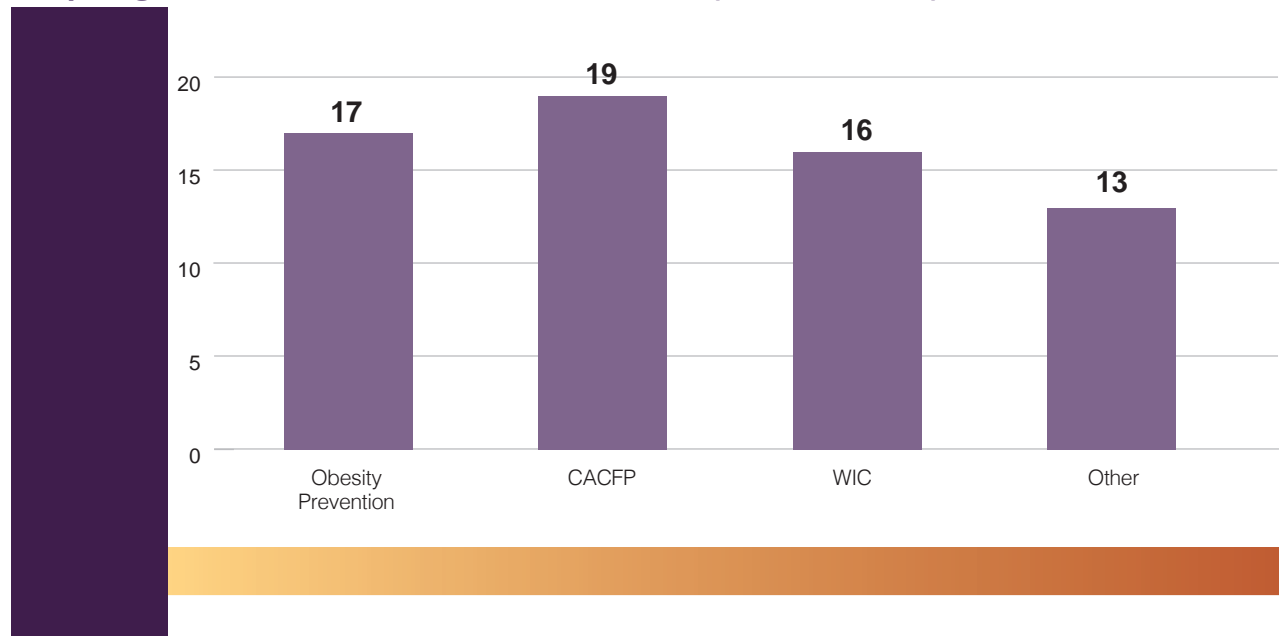


The Rhode Island HSCO has been working with partners to align the state’s Level One Early Childhood Apprenticeship model to the Rhode Island Association for Infant Mental Health’s Level One Mental Health Endorsement for early childhood educators. The goal of this work was to provide a pathway for early childhood educators to earn their Infant/Toddler CDA and Mental Health Endorsement credentials simultaneously to ensure a highly qualified workforce that exceeds the Head Start Program Performance Standards requirements.

NUTRITION

As food insecurity and nutrition-related concerns rose during the pandemic, the HSCOs worked with partners to address these needs. Thirty-nine HSCOs indicated conducting activities to support the nutrition issues in Graph 9g, with twenty supporting more than one area. Most HSCOs coordinated with CACFP (19 HSCOs) and obesity prevention activities (17 HSCOs). Together these activities sought to identify areas where services were needed and develop targeted solutions for programs.

Graph 9g: Areas of Focus on Nutrition Issues (n = 39 HSCOs)



CACFP work focused most often on defining flexibilities and improving access as the Head Start programs managed the fluctuations of pandemic services. Obesity prevention activities integrated *I Am Moving, I Am Learning* and state-based initiatives to support Head Start programs to integrate healthy active living supports for families into their services regardless if they were conducting in person activities. HSCOs worked with WIC to conduct outreach and help families access services. Farm to Early Childhood Education program or Farm to Table projects were also reported by HSCOs.

The MSHS HSCO continued to collaborate with partners to implement the “Juntos Nos Movemos” Project, an adaptation of “*I Am Moving, I Am Learning*” for farmworker families which helped farmworker parents identify several 15 to 20-minute blocks of time to engage in a variety of fun and culturally appropriate physical activities as a family.

ACTIVITIES SPECIFIC TO COVID-19

All HSCOs reported involvement in promoting healthy and safe practices as Head Start programs either continued or re-opened in-person services. Through collaborations at the state, territorial, and regional level, HSCOs became conduits of information for programs and ensured the Head Start program voice was integrated into guidance from government officials. Specific activities in which HSCOs engaged included: disseminating personal protective equipment; supporting testing; vaccine-related activities including disseminating vaccine information, sharing site locations, gaining early access to vaccines for staff; and promoting staff health in all COVID-19 related activities. They coordinated resource development and dissemination and held regular, ongoing communication activities such as webinars, office hours, and conference calls to keep programs connected to each other and the leaders in their states, territories, and regions as decisions were made. The HSCOs were a critical partner in pandemic-related activities and served as important advocates for Head Start programs in all planning, guidance, and implementation work.

SUMMARY

As the pandemic continued in 2021, HSCOs were critical partners in all health activities throughout the country. They continued the health-related work they had begun pre-pandemic, while adjusting to and engaging in the health, mental health, and safety requirements created or exacerbated by COVID-19. HSCOs were able to be flexible and support Head Start programs as they created safe, healthy, nurturing places for young children and their families.

