

Head Start Collaboration

Annual Report

2016

Introduction

The Head Start Collaboration Annual Report for 2016 describes how Head Start Collaboration Offices (HSCOs) achieved and broadened partnerships to strengthen services for the Head Start community and children whose families live in poverty at the state and local level. This report summarizes HSCO achievements qualitatively. The appendices include demographic (Appendix A) and quantitative (Appendix B) data.

Launched as a 12-state pilot project in 1990, and funded through Section 642B of the 2007 Head Start Act, HSCOs are authorized in every state, the District of Columbia, Puerto Rico, American Indian and Alaskan Native (AIAN) Head Start, and Migrant and Seasonal Head Start (MSHS) "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."^[1]

HSCOs coordinate and lead efforts by convening stakeholder groups for information sharing, planning, and partnering. They serve as a conduit of information between regional offices of the Administration for Children and Families and state and local early childhood systems. At the state level, they facilitate Head Start agencies' access to, and utilization of, appropriate state and local organizations that provide Head Start children and families needed services. Using cross-agency state systems and State Advisory Councils, they also support policy, planning, and partnerships on early childhood issues.

Through a structure and support from the Office of Head Start (OHS), HSCOs are intended to:

- build early childhood systems;
- provide access to comprehensive services and support for children ages birth to school entry, whose families live in poverty;
- encourage widespread collaboration between Head Start and other programs, services, and initiatives;
- augment Head Start's capacity to partner on state initiatives for children and families; and
- facilitate the involvement of Head Start in state policies, plans, processes, and decisions on the target populations.

Five Priority Areas for Head Start Collaboration Offices

Annual HSCO priorities are set by OHS, in accordance with the Head Start Act of 2007, to reflect national early childhood policies, goals, and trends; assessments of state and local early childhood systems; community needs; teacher career goals; and technology and data needs.

This report is organized around five national priority areas and goals:

1. Early Head Start-Child Care (EHS-CC) Partnerships: Promote partnerships with state child care systems
2. Data Collection Regarding Early Childhood Programs and Child Outcomes: Emphasize working with states to collect data
3. Expansion and Access of High Quality Workforce and Career Development Opportunities for Staff: Launch and support efforts to encourage career development
4. Collaboration with State Quality Rating Improvement Systems (QRIS): Support state efforts on QRIS and the alignment of the Head Start Program Performance Standards (HSPPS) with QRIS in states
5. Ensuring Continuity between Head Start and Kindergarten Entrance Assessment (KEA): Work with state school systems on KEA continuity.

1 <https://eclkc.ohs.acf.hhs.gov/about-us/article/about-head-start-collaboration-offices>



HSCO Accomplishments in the Priority Areas

The 52 HSCOs responding to this survey reported significant accomplishments in each of the five priority areas. This section highlights their achievements and examples of successful and productive strategies they adopted to meet those goals.



1. EHS-CC Partnership Program

The EHS-CC Partnership program links child care providers who participate in the Child Care and Development Fund (CCDF) and EHS programs. It represents an expansion of access to high-quality care for infants and toddlers and their families so children have the experiences they need to realize their full potential. The EHS-CC Partnerships increase the supply of high-quality early learning opportunities and comprehensive services. They better align the continuum of care and development for infants and toddlers to transition successfully to preschool for children living in working families with low incomes.

HSCOs have supported the EHS-CC Partnerships by promoting the grant opportunities to potential applicants, teaming with EHS leadership to work on partnerships, fostering education about the advantages of the grants and partnerships, and collaborating with stakeholders.

Following are some examples of how the HSCOs worked to support the partnerships.

Promotion

In 2016, the second round of funding for the EHS-CC Partnerships offered an opportunity for HSCOs to promote the success of the first round of grants. In early 2016, HSCOs **sent flyers and emails to the early childhood field** to share information and held orientation meetings to discuss the program. They ensured that all program leaders, including in AIAN and MSHS, became aware of the opportunities provided by the EHS-CC Partnerships.

Training

HSCOs participated in regular **state and local meetings and sponsored educational forums** about the Partnerships. They also joined EHS-CC Partnership regional trainings held to educate EHS grantees and state child care partners about the new opportunity. During these trainings they became aware of the challenges to implementing Partnerships.

Grantee Support

HSCO Directors supported grantees with questions or concerns by convening grantees in person or by phone to foster communication and discuss challenges. One HSCO Director conducted **site visits to grantees** and met with the program directors about program implementation and support needed to ensure the grantees formed effective Partnerships (Massachusetts).

Collaboration

HSCOs describe activities that involve strategic partnerships on activities at the state and local level. For example:

- Teaming with EHS-CC Partnership staff to expand services. The teams **worked collaboratively to change policies, provide more consistent eligibility criteria and develop resources**. In one state, the HSCO and state staff working on subsidies collaborated with the state quality planning team to **develop family resource materials on early care and education to share on public websites** (Kansas).
- Working to ensure state regulations allow sustainable state subsidies for families enrolled in EHS-CC Partnerships. One HSCO **facilitated the release of a Request for Proposal for Contracted Agreement Centers to reserve a number of CCDF slots** to support the additional needs of EHS-CC Partnership providers (Indiana). Another HSCO Director worked on a **waiver process with counties that had an EHS-CC Partnership grant in an effort to match the Community Development Block Grant** to requirements in the partnership grants (New York). Additionally, an HSCO and the child care administrator cooperated on a policy to support EHS-CC Partnerships with **3-year eligibility for child care subsidies** (Rhode Island).

EHS-CC Partnerships:

In Idaho, the HSCO Director realized that the Head Start and EHS programs were reluctant to apply for EHS-CC Partnership grants because they did not fully understand the breadth of expectations for either the grantee or the child care partners. Regular collaborative meetings with EHS programs were held, including a detailed presentation on how the EHS-CC Partnership grants could support and enhance the quality of child care in Idaho. A national expert also met with several programs to address concerns. Several programs agreed to apply during the next grant opportunity, including a Migrant and Seasonal Head Start program.



Partnerships

HSCOs formed successful partnerships resulting in new policies, increased investment, the ability to determine the needs of and challenges faced by new grantees, provided peer learning opportunities, and shared information. In many cases, these partnerships encouraged programs to apply for or expand EHS and/or implement EHS-CC Partnerships. Below are specific examples of how the HSCOs facilitated partnerships:

- A HSCO partnered with a state Association for the Education of Young Children **to provide 28 scholarships for partners of EHS-CC Partnership grantees** to attend an Early Childhood Conference in April 2016 (Ohio).
- A HSCO **shared the grant funding opportunities** for EHS -CC Partnership funds to increase the number of EHS-CC Partnership sites (Colorado).
- HSCO staff worked with the state Department of Human Services and Child Care Training and Technical Assistance offices to **create an Infant/ Toddler Specialist network**. The goals of this network are to increase the supply of qualified infant/toddler staff; **to develop a state system of training, coaching, and technical assistance** to support EHS and Child Care Partners; and to review and revise state policies to support a strong infant/toddler system of care (Minnesota).



2. Data Collection Regarding Program and Child Outcomes

OHS encourages HSCOs to work with state and local agencies to establish policies, practices, and structures that ensure access to data. In addition, HSCOs support Head Start programs and other stakeholders in understanding how to use data to guide effective decision making. OHS believes it is important for Head Start to support a well-coordinated Early Childhood Education (ECE) data system that feeds into a national data system.^[2]

HSCOs are engaged with their state and local agencies to support data collection on program and child outcomes. Most HSCOs are working with state partners, such as state departments of education and institutions of higher education, for the purpose of integrating and using data meaningfully.

HSCOs are doing the following:

- Ensuring that Head Start is **represented on statewide data sharing committees**
- Engaging in the process of **using a universal unique identifier** to help identify child outcomes longitudinally
- Creating a data sharing **Memoranda of Understanding (MOU)** with other state agencies
- Engaging in the process of creating an **integrated or matched/linked data system**
- Participating in **State Longitudinal Data Systems**
- Working collaboratively to create a **single point of entry** for young children

HSCOs report that barriers related to consistent, high-quality data collection and entry can impede the effectiveness of data

usage. Obtaining funding was cited by HSCOs as a primary challenge. Many HSCOs also highlighted that relationships were critical to creating data sharing agreements and systems. They noted that establishing MOUs sometimes proved difficult because the process was stalled by lack of leadership cooperation at stakeholder entities and changes in key personnel. One HSCO tackled this challenge by developing a survey. The purpose of the survey was to gather data on the status of data agreements with Head Start and to work with the state department of education to elevate the benefits of participating in data systems integration efforts (Missouri).

Data Collection:

The HSCO in Florida created and shared statewide and county data profiles with partners in oral health, foster care, professional development, and disabilities services. For example, using the PIR, grantees created a chart using the five dental indicators; the number of foster children served by each grantee and statewide; the number of teachers with baccalaureate degrees, by grantee; and the number of children with Individual Education Plans (IEP) and Individual Family Support Plans (IFSP), by grantee and whether the grantee met their ten percent requirement. Florida's Office of Early Learning is modernizing their data collection and child care subsidy payment system. One of the new functions of the system is the creation of a Parent Portal for families applying for school readiness services. When fully implemented, this will create a single point of entry for families seeking child care.



2 <https://eclkc.ohs.acf.hhs.gov/about-us/article/head-start-collaboration-offices-national-priorities>

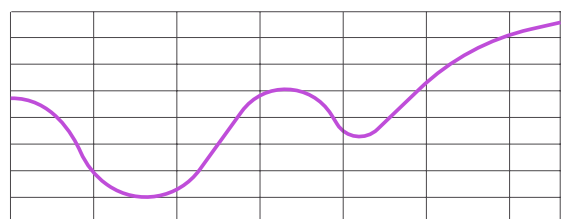
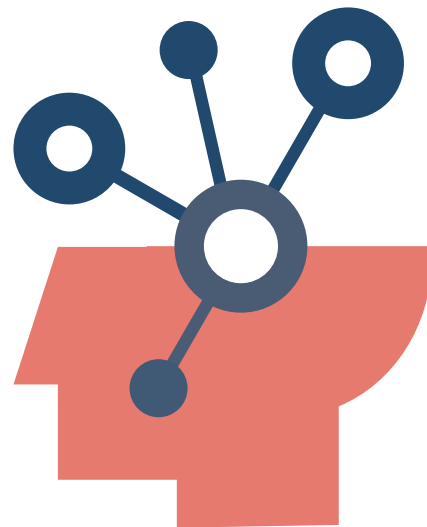


Data Usage and Challenges

HSCOs partner with states to encourage innovative use of data, such as mapping. They also help state staff focus on determining what questions to ask, what type of data is required to respond to questions, and how to interpret the data received.

Examples of data usage supported by HSCOs include:

- **State resource mapping.** Resource mapping can help families find resources and programs and identify areas that may be underserved (Alabama, Arizona, Arkansas, Kentucky, and New York). One state uses mapping to focus on emergency preparedness resources (California).
- **State mapping tools.** Mapping tools capture information grantees can use to find possible partners for grant applications (New York and Utah).
- **Data Compilation.** Data is assembled to create state information, such as Head Start Profiles, monthly data snapshots, and needs assessment summaries. Some states use data to create economic reports, oral health reports, and to respond to Kids Count requests for information. The compiled reports may contain data from all sectors of ECE.





3. Expansion and Access to High Quality Workforce and Career Development Opportunities for Staff

Working with local partners, such as institutions of higher education and professional organizations, HSCOs often assisted in the development of and support for high quality career development opportunities for teachers. The categories below highlight examples of successful HSCO strategies in this priority area.

Dissemination and Information Sharing

HSCOs facilitated the sharing of information **about careers**. For example, one HSCO worked to facilitate an Early Childhood Higher Education Summit providing an opportunity **to understand pre-service and in-service professional development needs** in ECE (Ohio). The HSCOs also shared information with grantees on **state and national directions in professional development**; provided information about **existing credit transfer agreements** (Ohio); shared information on **career advancement** within regions; and held discussions among Career Tech/AA/BA programs about career pathways that can lead to better student outcomes and employment (Florida, Iowa, Michigan, Ohio, Pennsylvania, Texas and Washington).

Alignment and Articulation Agreements

HSCOs coordinated and helped align systems to improve career development opportunities for staff by:

- **Working with a state child care registry to reconfigure the career ladder for early childhood practitioners.** This resulted in alignment with the requirements for Head Start staff (Wyoming).

- **Working with a state committee to support awarding scholarships to child care providers who want to obtain an associate degree in ECE.** It was helpful to align staff qualifications when EHS was looking for child care partners to take part in EHS-CC Partnerships (Utah).
- **Aligning background check requirements between state agencies** (Ohio).
- **Assisting colleges and universities to form articulation agreements** (Florida and Texas). For example, HSCO staff helped align the common course number prefixes in each of the community and state colleges where course content was similar (Florida). HSCOs also have reviewed articulation agreements between two-year colleges and four-year universities in order to identify gaps and needs. This created a smoother articulation from the associate degree to the baccalaureate degree. In some instances, the HSCOs have participated directly in the creation of articulation agreements that allow students to transfer credits to degree programs (Ohio).

Access to Workforce and Career Development Opportunities:

The Texas Head Start State Collaboration Office collaborated with the Local Workforce Board of Tarrant County in Fort Worth, Texas, and the Texas Workforce Commission to improve the Texas Early Childhood Professional Development System (TECPDS). They worked to centralize records within the Children’s Learning Institute so that assessors could check TECPDS for validated Practitioner and Center Director records. This system offers an avenue for accessing and tracking professional development progress and provides information online. It also allows early childhood professionals to access an interactive Career Lattice that validates their professional development. The system generates automatic renewal announcements.



Professional Growth

HSCOs worked on professional development and creating career pathways in the following ways:

- One HSCO assisted state staff who conducted surveys of and **mapped professional development opportunities** (Arizona). This information was made available to program administrators to support staff professional development. Another HSCO participated in the development of a state initiative that provided **scholarships and career development assistance for ECE staff** including Head Start, child care providers, and state pre-K staff (Louisiana). HSCOs participated in **developing workforce registries and tracking training** with state agencies or institutes of higher education (Kentucky, DC, Iowa, Texas, and Washington).
- HSCOs participated in **planning and developing core knowledge and competencies, technical assistance competencies, and career pathways documents** (Indiana and Ohio). One HSCO assisted in **developing an Advanced Credential**, an intermediate credential between the Child Development Associate Credential (CDA) and an Associate's Degree (Florida).
- HSCOs also participated in creating and disseminating documents and materials, including **an online career pathway planner**, and worked collaboratively with state professional development information systems to support Head Start staff with CDAs earn additional credit (Iowa and Colorado).
- One HSCO partnered with a state's Children's Learning Institute to participate in a higher education grant opportunity using **technology to strengthen career pathways** for traditionally under-served workforce-child care teachers who serve at-risk children (Texas).
- Some states have developed **new endorsements to recognize professional development**. The endorsements indicate that the staff have attained a specified level of functioning and understanding based on a set of competencies. One HSCO provided **support to coaches** that assisted eight Head Start and EHS-CC Partnership staff professionals obtain an EHS Option (New Hampshire). This is an endorsement in addition to the New Hampshire Early Childhood Teacher Level 3 credential that qualifies teachers to work in EHS.
- HSCOs also are working with states on **infant/toddler and early literacy courses** (New Jersey and Texas).



4. Collaboration with State QRIS

The work of the HSCOs supports the development and usefulness of state QRIS, which are unique to each state, as well as the alignment of the HSPPS with states' QRIS. Most HSCOs supported QRIS implementation by participating on QRIS committees to develop policies, identify challenges, and increase Head Start participation and advancement in states' QRIS. The work ranged from determining barriers preventing grantees from moving beyond initial registration in QRIS to the training needed for better alignment.

Monitoring

- In one state, the HSCO Director **helped the state QRIS data team determine how to use the Head Start Enterprise System to collect the Head Start/EHS site and monitoring data** to transition the information to the QRIS system (New York).
- Ensuring systems make explicit **use of Head Start monitoring data** to document quality indicators (Iowa and Utah).

Integration with Head Start

- One HSCO recommended **incorporating social and emotional development measurement information into state QRIS** (Iowa).
- Family engagement played a key role in one state's QRIS system and one HSCO **promoted the Head Start Parent, Family & Community Engagement Framework** while participating in the QRIS planning team (Kansas). Another HSCO **funded a QRIS and Head Start Crosswalk Alignment Study** (Massachusetts) and shared the study with the state's Head Start Association.

- An HSCO served on QRIS development teams and influenced **giving Head Start advanced standing in some domains** (Rhode Island). In another state, the HSCO Director helped to review and align the QRIS standards that allowed Head Start programs in good standing to participate in a "fast track" option and be awarded with a high Level 3 status (Virginia).
- Ensuring Head Start/EHS **programs have reciprocity in going through the QRIS levels**. Reciprocity means that these programs can submit their monitoring evaluation and Classroom Assessment Scoring System (CLASS®) scores in order to advance through the levels (Arkansas).

To ensure the Head Start programs were participating in their state's QRIS pilot, many HSCOs worked to promote awareness and provide information to Head Start grantees about QRIS participation. Examples include:

Promote Awareness

- Creating a **marketing campaign** with private sector partners to promote the QRIS, including a communications plan (California).
- Creating materials that represent the entire early childhood system, including **logic models and maps of resources** (Kentucky).
- Working to ensure that Head Start/EHS programs receive **technical assistance from their local Program Quality Specialist** (Massachusetts).

QRIS Collaboration:

Over 60 percent of Head Start grantees voluntarily participate in Louisiana's QRIS. Providers participating in QRIS qualify for state tax credits if a center received one star. Program staff said these credits were the reason they encouraged their program administrators to participate in QRIS. Businesses also are eligible for tax credits for donations to child care and education providers participating in the state's QRIS.



5. Ensuring Continuity between Head Start and Kindergarten Entrance Assessment (KEA)

HSCOs are tasked with ensuring seamless transitions for Head Start children. This would include any alignment of the Head Start Early Learning Outcomes Framework with state early learning standards. Activities involving HSCOs are highlighted below:

Collaboration

Many Annual Reports highlighted HSCO participation in workgroups or committees that made decisions regarding the KEA. In one state, the HSCO held **quarterly meetings with their Department of Education** to establish an ongoing system of collaboration and communication for school readiness (SR)/transition between state-funded pre-K, Head Start, a home visiting program, and the public-school system (Arkansas). These groups come together each year to address transition, school readiness, and data systems. Other HSCOs reported having input into the selection of KEA tools. In one state, the HSCO worked to **ensure the new state kindergarten readiness assessment tool supports dual language learners and is culturally responsive** (Utah).

MOUs also were developed in some states. One HSCO worked with the Governor's Office on Early Childhood Development and the State Board of Education to **update an MOU for use between Head Start/EHS and preschool programs** (Illinois). This HSCO and Governor's Office also worked with the child welfare system and updated the statewide multi-year collaborative intergovernmental agreement.

Participation in KEA Development

HSCOs also participated in KEA development. This involved participating in work group meetings and reviewing and providing comments about materials. Examples of materials are common **school readiness definitions**, a review of the current Quality Classroom Measures and Kindergarten Readiness Assessment, and **determination of the rate of readiness for each measure**. One HSCO promoted the school readiness indicators identified by the Early Care and Development Health Board and agreed upon by the ECE community to be the markers of school readiness (Arizona).



Training and Conferences

Many HSCOs participated in **facilitating training and awareness of KEA**. In some instances, the HSCOs hosted sessions, both in person and virtual, for the Head Start programs to learn more about the KEA process. They also worked closely with the state Head Start Associations and often co-facilitated sessions at conferences and meetings to share information on KEAs for the purpose of ensuring all programs received this important information.

Data Usage

HSCOs support the use of data for KEAs. Following are a few examples:

- An HSCO director **collaborated with the state literacy director** to promote the use of data to support making decisions regarding pre-literacy and literacy funding (Arizona).
- The HSCO **supported the use of data collection** through Teaching Strategies GOLD and CLASS® observations to develop professional development plans (Louisiana).
- The HSCO coordinated with a research team that worked on **a scaling study for the new KEA** that involved school districts across the state (Texas).



Continuity between Head Start and Kindergarten Entrance Assessment (KEA)

In Montana, The HSCO is on the MT Preschool Development Grant assessment work group which met four times during this reporting period to develop a KEA for Montana. The work group is working on development of common definitions in order to develop the KEA instrument. HSCO is part of one committee working on the school readiness definition development. In addition, the HSCO worked closely with the MT Public Health and Human Services (DPHHS) on the Preschool Development grant which was awarded to Montana and funds 13 Head Start programs. This grant has helped to develop a new level of trust and collaboration between DPHHS and the Office of Public Instruction OPI.



Summary

In addressing the five priorities, HSCOs have worked to communicate and share information with stakeholder groups, to facilitate Head Start agencies' access to services, and to support the implementation of cross-agency state systems for early childhood. They also addressed a number of regional OHS priorities including activities related to health, family engagement, and disabilities. These are listed in the quantitative report (Appendix B).

Through their work, the HSCOs have provided a structure and process for OHS to partner with state and local entities to build early childhood systems; increased access to comprehensive services for children whose families live in poverty; and encouraged collaboration between Head Start and stakeholders. The foundation of their work is providing solid and productive alliances to support Head Start's capacity to be a partner in state initiatives for children and their families and to facilitate the involvement of Head Start in state policies, plans, processes, and decisions affecting this population.

Both the qualitative and quantitative reports contain strong evidence of the success of their strategies in supporting state and local agencies and programs to create policies and approaches that establish effective and well-informed courses of action for the entire early care and education community.

Annual reports for 2016 included the following demographic information:

Number of HSCOs Nationwide: Of the 54 HSCO offices, 53 were operational in 2016. One state did not report and Maine was not operating a HSCO.

Director's Years in Position: (n=50; two offices reported vacancies in this position):

- 1 or less: **15**
- 2 to 3: **10**
- 3 to 5: **8**
- 5+ **16**
- No report **1**

Governor-appointed HSCOs: **9**

Office Locations: HSCOs reported the following office locations: (n=52)

- **22** in the State Departments of Education (17 of these indicate it is in a Division of Early Care and Education)
- **15** in the State Departments of Human or Social Services, Child and Family Services (8 of these indicate it is in a Division of Early Care and Education)
- **3** in the Office of Early Childhood (not under either the Department of Education or the of Department of Human Services)
- **2** in a combined Department of Education/ Department of Human Services
- **3** in the State Departments of Commerce or Workforce Development
- **2** in Governor's Offices
- **3** in Universities
- **2** in Non-profits (FHI-360)

HSCOs Reporting States Without State Advisory Councils: **3** (Florida, Idaho, and Texas)

FTEs Reported by HSCOs:

- **Full-Time Directors: 50 FTEs**
- **Part-Time Directors: 2 (.3 FTE, .25 FTE)**
 - ◆ **Additional Staff**
 - Full-Time Assistant Directors, Coord, Managers: **5 FTE**
 - Part-time Assistant Directors/Coord: **3** (.3 FTE, .75 FTE, .05 FTE)
 - Full-Time Administrative Assistants: **5 FTEs**
 - Part-time Administrative Assistants: **11** (.1 FTE - .55 FTE)
 - Full-Time Vista Hire: **1 FTE**
 - Other Part-Time Positions = **5** (.5 FTE Fiscal Assistant, .20 FTE webmaster, .05 FTE Assistant Superintendent, .4 FTE Communications Director, .15 FTE Executive Director)

Major Types of Partnerships: HSCOs reported partnerships with a variety of entities. The majority of their partnerships were with state Departments of Education, Health and Human Services, Economic Security, and state home visiting organizations. Many partnered with Oral Health Coalitions, early childhood development service organizations, Child Care Resource and Referral Networks, the Supplemental Feeding Program for Women, Infants, and Children, and state and regional Head Start Associations.

Quantitative Summary by Topic Area of Involvement

HEAD START COLLABORATION OFFICES (HSCOs) AREAS OF INVOLVEMENT (2016) *	PERCENT OF HSCOs REPORTING ON CATEGORY	HSCOs REPORTING PER TOPIC (N=52)
Professional Development work	38	
Education requirements		6
System Development		15
State Credential/Certificate Development –	40	
Infant/Toddler		18
Pre-school		13
Mental Health		10
EC Special Education		6
Development or Revision of Degree (IT Focus)	21	
AA		11
BA		5
MA		0
Online Coursework or Degree	29	
Infant/Toddler		12
Pre-School		11
Enhancement of coursework	72	
Infant/Toddler		21
Social emotional		16
Brain development		6
Support for articulation with Higher Ed		23
Facilitated partnerships with Higher Ed		26
Early Learning Guidelines/Standards	77	
Alignment with Head Start		26
Dual Language		8
ELS revisions		12
Infant/Toddler		14
Pre-school		14
Birth to 5		21
Core Knowledge and Competencies	58	
Infant/Toddler		10
Birth to 5 Continuum		14
Revision drafting		14
Conferences or Training Facilitation	100	
Statewide		46
Regional		20
National Head Start Association (NHSA)		11
Registry Work	79	
Statewide System		29
EC Professional Training Tracking		20

Trainer requirements tracking		14
Meeting Head Start requirements		14
Promotion of School Readiness	85	
Relationships and trust		25
Continuity of care		22
Transition planning		32
Pre-literacy efforts		21
STEM efforts		5
Kindergarten Entry Assessment (KEA)		25
Summits or conferences		27
Memoranda of Understanding (MOUs)		19
Public engagement and marketing tools		10
PRE-K	87	
Involved in or support of partnerships		38
Funding		16
Data	52	
Unique data identifiers		27
Data profiles/studies	60	
Fact sheets		22
Economic impact studies		3
Mapping studies		12
State data systems	83	
Task forces or coalitions		29
MOUs		16
Head Start data integrated into state system		29
Common definitions		13
Parent Family Community Engagement Framework Integration	67	
Parent/Family and Diversity – Home Visiting	88	
Home visiting – general		9
Home visiting – MIECHV and EHS		37
Coordination – systems work		30
Development or support of home visiting pilots		6
Support for Dual Language Learners and/or cultural responsiveness	58	
MOUs with Office of Refugee Resettlement (ORR)		3
Development of ELDS standards		7
MOUs with child welfare	40	21
Parent/Family and Engagement Efforts	77	
Conferences and meetings		33
Materials development		19
Family Issues and coordination	83	

Fatherhood		11
Parent advisory groups		13
Parent Data		2
Financial literacy		5
Homelessness		36
Domestic violence		8
Incarcerated parents		7
Strengthening families		18
HS Involvement in QRIS	85	
QRIS piloting efforts		9
QRIS Alignment issues		28
Active in QRIS Development		20
Reducing barriers to HS grantees in QRIS		29
Support for CFOC Basics		11
General ECE work to expand IT spaces	79	
EHS focused		18
EHS-CC Partnership focused		37
ECE focused in general		14
Communications and Regular meetings with ECE	100	
Child care		45
State data systems		26
Pre-K		42
QRIS		39
Higher education		38
k-12		24
Cross walks between HSPPS and CC Licensing	67	
In discussion		15
Started process		15
Family Child Care Issues	56	
Licensing issues for partnering with EHS/HS		14
Piloting efforts		9
Increasing quality		16
General ECE Work	94	
State Advisory Councils		41
Work with cc subsidy office		31
Planning and development frameworks		14
MOU/interagency agreement		23
General alignment across systems		33
State funding		19
Materials and public awareness		23
Medical and Dental Health		
Medical Home	37	
Dental Home	62	
EPSDT Coordination	63	

Lead Toxicity		14
Hearing screening		16
Dental screening		23
Oral Health Initiatives	60	
Increased access		22
Conference coordination		11
Partnerships		26
Funding		3
State or Regional Health Networks Support	46	
Early Childhood Disabilities Work	77	
Develop state or regional MOUs		21
Public awareness campaigns		3
Support materials		16
Mental Health and Social Emotional Health Issue Involvement	90	
Specific involvement in Infant/Toddler issues		23
Materials development		11
Coordination of conferences		19
Support of coaching and mentoring		16
Interagency coordination		30
Nutritional Focus	63	
WIC		22
CACFP		15
Obesity prevention		19