

## EARLY CARE & EDUCATION PROGRAM COLLABORATION MODEL DESCRIPTION

**Agency/Home Name:** Champaign County Head Start  
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**1. Model (Please check only one. Complete separate forms for different collaboration models.)**

- One Agency, Multiple Funders  
A single program or agency blends/braids funds and program requirements from multiple sources at a single site.
- Multiple Agencies Partner – School District  
Two or more agencies, which are separate legal entities, partner to serve children at a single site.
- Partnering with Family Child Care  
A program or agency partners with family child care home providers.

**2. Collaboration Type (Check all that apply to this collaboration model.)**

- Child Care/Early Head Start
- Child Care/Head Start
- Child Care/PreK
- Child Care/Head Start/PreK
- Head Start/PreK

**3. Partnership Initiated By**

- Child Care
- Head Start/Early Head Start
- PreK
- Other (specify): \_\_\_\_\_

**4. Demographics**

- Urban
- Rural
- Suburban

**5. Schedule**

Hours per day: 6 1/2 From: 9 a.m. To: 3 p.m.

Days/Weeks per year: 5 days/week for 39 weeks

Holidays or other time “off” or closed: Holidays, Spring Break and Staff In-service

*If this is an Early/Head Start collaboration, please indicate the program option & number of Early/Head start hours: This is a center-based option located in the pre-K program building. Head Start funds to the pre-K program, allowing the pre-K program to extend class time from 2 1/2 to 6 1/2 hours.*

**6. Number of Children Served Full-Day/Year by Location, Setting & Age**

Setting includes: Head Start/Early Head Start site; Child care center; Family child care homes; Public/private school system; Other (explain/describe)

Location	Setting	# Infants	# Toddlers	# Preschool
Washington Early Childhood Program	Pre-K classrooms			30

7. **Total number of children served by organization**

- 0-150
- 151-500
- 501-2000
- 2001-6000
- 6001+

8. **Total number of children served by partner’s organization (if applicable). Note: this means an early care & education partner with whom you are collaborating. Agencies that checked “One Agency, Multiple Funders” in question 1, page 1 of this survey will NOT complete this question.**

- 0-50
- 51-150
- 151-300
- 301+

9. **Funding used to support full-day/year services (Check all that apply.)**

- Federal Early/Head Start
- State Early Childhood Block Grant from IL State Board of Education
- State Early Childhood Block Grant from School District (including Chicago Public Schools)
- State Child Care Assistance Program through contract with IL Dept. of Human Services
- State Child Care Assistance Program through local Child Care Resource & Referral Agency certificate program
- Parent Fees
- Other (Specify): \_\_\_\_\_

10. **Administration/Management (Check either yes, no or not applicable – NA – for each item.)**

a. Does the collaboration have a legal written agreement/contract?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> NA
b. Other than a contract, does the collaboration have a written partnership plan?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> NA
c. Are there written monitoring/oversight procedures?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> NA
d. Are there written procedures for communication among partners?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> NA
e. Is there a written cost allocation plan/budget for the collaboration?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> NA
f. Is there a written training/professional development plan?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> NA
g. Do job descriptions reflect staff’ collaboration responsibilities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> NA
h. Is there a shared computerized MIS system?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> NA
i. Do the partners share business operations & equipment costs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> NA
j. Do the partners purchase transportation jointly?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> NA
k. Is there a competitive written RFP process for partner selection?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> NA
l. Is there an ongoing advisory group for the collaboration?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> NA
m. Did the partnership develop out of a broad based community planning process?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> NA
n. Are parents involved in the collaboration planning & evaluation processes?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> NA
o. Does the collaboration have a written evaluation process?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> NA
p. Has the agency had any audit findings in the past 3 years?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> NA
q. When was the agency’s last federal monitoring review? 2005 Were there any problems identified?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> NA
r. When was the agency’s last licensing visit? _____ Were any problems identified?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> NA
s. When was the agency’s last DHS monitoring visit? _____ Were any problems identified?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> NA

**11. Has the collaboration had an impact on the partner’s internal practices with regard to (check yes or no for each item):**

a. Parent Decision Making	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
b. Parent Education	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
c. Parent Involvement	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
d. Family Support Services	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
e. Staff Salaries	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
f. Employee Benefits	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
g. Management Practices/Structure	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
h. Staff Training/Professional Development	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

**12. Program Services (Make 2 checks for each item – 1 to indicate which partner is primarily responsible for direct service delivery and the other to indicate which children receive that service – all or just the collaboration children.)**

Services Provided	Partner Responsible for Direct Service Delivery				Children Receiving Services	
	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input checked="" type="checkbox"/> PreK	<input type="checkbox"/> Other		
a. Child education services	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input checked="" type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
b. Family support services	<input checked="" type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input checked="" type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> PreK All	<input checked="" type="checkbox"/> HS Collab
c. Health services	<input checked="" type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	<input type="checkbox"/> All	<input checked="" type="checkbox"/> X Collab
d. Mental health services	<input checked="" type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input checked="" type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> PreK All	<input checked="" type="checkbox"/> HS Collab
e. Parent education/involvement	<input checked="" type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input checked="" type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> PreK All	<input checked="" type="checkbox"/> HS Collab
f. Transportation services	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input checked="" type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> X All	<input type="checkbox"/> Collab
g. Nutrition services	<input checked="" type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	<input type="checkbox"/> All	<input checked="" type="checkbox"/> X Collab
h. Transition services	<input checked="" type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input checked="" type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> PreK All	<input checked="" type="checkbox"/> HS Collab
i. Disabilities services	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input checked="" type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> X All	<input type="checkbox"/> Collab
j. Parent home visits	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input checked="" type="checkbox"/> PreK	<input type="checkbox"/> Other	<input type="checkbox"/> All	<input checked="" type="checkbox"/> X Collab
k. Sick child care – <i>N.A.</i>	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	<input type="checkbox"/> All	<input type="checkbox"/> Collab
l. Parent conferences	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input checked="" type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> X All	<input type="checkbox"/> Collab
m. Non-traditional hours service <i>N.A.</i>	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input checked="" type="checkbox"/> Other	<input type="checkbox"/> All	<input type="checkbox"/> Collab

**13. Primary objectives for beginning this collaboration (check all that apply)**

- Enhance family health services
- Enhance the quality of children’s education services
- Expand services into new communities
- Extend service hours
- Improve & maximize staff training/professional development
- Link early care & education systems in the community
- Maximize funding and cost effectiveness
- Maximize use of facilities
- Offer increased service options
- Offer parents home visits
- Respond to parents’ changing needs
- Serve a wider age range of children
- Extend days of service
- Serve siblings in one program
- Provide more economically & culturally diverse programming
- Increase the number of children served
- Provide continuity of care
- Improve staff compensation packages

**14. Collaboration Development & Management**

a. When did the collaboration begin?	Fall 2001	
b. Are regular written management reports required to support the collaboration? If yes, explain below.	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
c. Are there regular required meetings between collaboration partners? If yes, explain below. Biweekly with classroom staff. As needed with the pre-K principal. The pre-K principal serves on Policy Council.	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
d. Is there written documentation to support the content of meetings?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
e. Does the program/collaboration have a written planning process that includes all partners?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
f. Does the collaboration have a written decision making process?		<input checked="" type="checkbox"/> Yes

- g. Why did the collaboration begin? *Head Start expansion funding was available.*
- h. How were partners selected? *The PreK program sought state funding for serving children in working families but had not received the state funds. Champaign Early/Head Start approached them, given their interest in providing services that better meet the needs of working parents.*
- i. When there is a disagreement or conflict, how is it resolved with partners? *Champaign Early/Head Start requested services from QUILT and continued regular meetings until we had a smoothly operating collaboration.*
- j. When a decision has to be made about the collaboration, how is this done with partners? *Discussion and decision making based on mutual goals.*
- k. Explain how often reports & meetings are done/held: *The Head Start manager responsible for collaborations meets with the PreK classroom staff and Head Start Family Advocate for this collaboration at least biweekly.*

**15. Program Components:** Please answer the following questions about your collaboration program. Show in column 2 which partner is responsible for each program component. Check which children receive the program component in the last 2 columns – either all children in the classroom(s) or just the collaboration children.

		Responsible Partner	Children Receiving Services	
a. Does the program use a standardized curriculum? If yes, which curriculum? <i>Creative Curriculum</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	PreK	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
b. Does the program do child screening? If yes, what instrument is used? <i>Assessment, Evaluation, and Programming System (AEPS)</i> How often are screenings done? <i>Within 45 days of Enrollment</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	PreK	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
c. Does the program do ongoing child assessment? If yes, what instrument is used? <i>Illinois Work Sampling</i> How often is assessment done? <i>3 times each school year</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	PreK	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
d. Does the program take field trips? If yes, how often? <i>Twice a semester</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	PreK	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
e. Does the program have family support staff/case managers? If yes, what is their caseload? <i>30 for .75 FTE HS Family Advocate</i> How often do they make home visits? <i>As needed.</i> How frequent are family contacts? <i>At least biweekly</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	E/HS & PreK	<input checked="" type="checkbox"/> All <input checked="" type="checkbox"/> Pre-K <input checked="" type="checkbox"/> Social <input checked="" type="checkbox"/> Worker	<input checked="" type="checkbox"/> Collab <input checked="" type="checkbox"/> HS Family <input checked="" type="checkbox"/> Advocate

- f. BRIEFLY describe your collaboration program’s social service delivery, if you have one, for example explain your crisis intervention and/or referral process(es): *Upon contact by the family or recognition by PreK staff or HS Family Advocate regarding a crisis, the HS Family Advocate helps parent assess the family's situation, identify needs or goals and the action steps to resolve the situation or support the parent, person responsible and time line. The Family Advocate follows up with the parent to assess the outcome of action steps, including the services from any referrals.*

Answer the following questions IN AS FEW WORDS as possible, still giving a picture of how your collaboration works. Use bullet point lists whenever possible.

16. List/describe any other program components included in the collaboration that are not described in items 12 and 15 (pages 3-4).  
*Head Start provides all child health services to the children enrolled in the collaboration (see 12.c.).*
17. Please describe how budgeting and cost sharing among funding sources is done. How do you decide how costs will be shared? What are the financial arrangements between partners?  
*Head Start pays a stipend to its partner for their providing the child development and education services.*
18. Please explain how your collaboration is staffed. Include classroom and support staff and tell how this is changed/different from your regular program. Who funds the staff's salaries? Who supervises the staff and who employs them? What salaries and benefits are offered collaboration staff and is this different from other staff?  
*The PreK staff persons are employees of & are supervised by the school district's early childhood program funded by the state board of education. They receive the salary and benefits offered per their contract with their employer.*
19. Please tell about your written agreement, if you have one. Include: what the agreement covers (section titles); term (what the time period is); if finances are part of the agreement and how these were figured; etc. *The annual contract covers: Parties to Agreement; Scope of Services; Term; Compensation for Services; Equipment & Resource Materials; Evaluation, Reporting and Information Requirements; Bonding, Indemnity and Insurance; Independent Contractor Status; Data Privacy; Obligations Regarding Funders & Regulations; Default; Cancellation of Agreement; Amendment of Agreement; entire Agreement; Description of Services; Payment for Services.*  
*Champaign County Head Start pays the PreK program a stipend per child per day. If attendance of the group of collaboration children is 85% or above, the payment is based on enrollment. If attendance is below 85% for the group of collaboration children, the payment is based on attendance.*
20. Please describe the training system for your collaboration. Include what kind of training is done, how costs are shared among funding sources and/or partners, and how it has changed since the collaboration began. *The Head Start manager responsible for the PreK collaboration conducts training of the PreK staff to ensure knowledge of the Head Start Performance Standards and regulations, including those for activities such as the annual self-assessment process, National Reporting System and shared governance.*
21. Please give any other details about your collaboration that you believe are important, but not covered elsewhere. *Because this collaboration is a partnership with the school district state pre-K program, children must be eligible for both Head Start and the PreK program. For non-collaboration PreK enrollments, the school district establishes eligibility based on the child's need without consideration of family income. Therefore their non-collaboration classrooms have a greater mix of children from diverse socio-economic backgrounds.*
22. If you could start your collaboration over again, knowing what you know now, what would you do differently? *We feel this is a very successful collaboration that serves the needs of working families who are not eligible for the state child care subsidy system. Additionally, children with special needs or diagnosed with a disability are able to receive therapy services on site from the school district in which they will probably attending public school.*
23. What advice do you have for agencies/homes starting new collaborations?
  - 1) *Talk with some number of programs with successful collaborations*
  - 2) *Follow the generally accepted process of:*
    - *choosing a partner based on similar or matching philosophies,*
    - *establishing mutual goals and bottom lines (Hopefully, bottom line items are based on regulations or other external factors that cannot be changed, rather than partner preferences or perceived needs.)*
    - *establishing systems for delivery of all services, policies, procedures, practices, etc.*
    - *establishing the structures for shared governance, communication, planning, recordkeeping, reporting, monitoring, staff development, conflict resolution etc.*
    - *developing a written agreement or contract*
    - *etc.*