

EARLY CARE & EDUCATION PROGRAM COLLABORATION MODEL DESCRIPTION

Agency/Home Name: Christopher House
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1. Model (Please check only one. Complete separate forms for different collaboration models.)

One Agency, Multiple Funders – *Early Head Start grantee & City of Chicago Children & Youth Services (CYS) Head Start delegate agency*

A single program or agency blends/braids funds and program requirements from multiple sources at a single site.

Multiple Agencies Partner

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): Christopher House

4. Demographics

Urban

Rural

Suburban

5. Schedule

Hours per day: 10 From: 7:30am To: 5:30pm

Days/Weeks per year: 5 days/wk.; 52 weeks per year

Holidays or other time “off” or closed: New Years, MLK Birthday, President’s Day, Memorial Day, July 4th, Labor Day, Thanksgiving & day after, Christmas.

If this is an Early/Head Start collaboration, please indicate the program option & number of Early/Head start hours: Center based

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

Location	Setting	# Infants	# Todds	# PS
Buena Park	Center (EHS/CC & HS/CC/PreK)	0	16	20
Greenview	Center (E & HS/CC & HS/CC/PreK)	0	16	40
LakeShore	Center (HS/CC/PreK)	0	0	37
Logan Square	Center (HS/CC/PreK)	0	0	54
Palmer Square	Center	0	0	40
Rogers Park	Center	0	0	40
Uptown	Center (E & HS/CC & HS/CC/PreK)	8	48	120
Family Child Care	Homes	2	2	2
Totals		445	82	353

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 checked="" type="checkbox"/> No	<input 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> NA
e. Is there a written cost allocation plan/budget for the collaboration?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> NA
h. Is there a shared computerized MIS system?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> NA
i. Do the partners share business operations & equipment costs?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> NA
j. Do the partners purchase transportation jointly?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> NA
k. Is there a competitive written RFP process for partner selection?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> NA
l. Is there an ongoing advisory group for the collaboration?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> NA
m. Did the partnership develop out of a broad based community planning process?	<input checked="" type="checkbox"/> No	<input 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 type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> NA
q. When was the agency’s last federal monitoring review? ___2004___ 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? ___2006___ Were any problems identified?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> NA
s. When was the agency’s last DHS monitoring visit? ___2005___ Were any problems identified?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input 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 type="checkbox"/> No	<input checked="" 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 type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
f. Employee Benefits	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
g. Management Practices/Structure	<input type="checkbox"/> No	<input checked="" 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 type="checkbox"/> PreK	<input type="checkbox"/> Other		
a. Child education services	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
b. Family support services	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
c. Health services	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
d. Mental health services	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
e. Parent education/involvement	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
f. Transportation services	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
g. Nutrition services	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
h. Transition services	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
i. Disabilities services	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
j. Parent home visits	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
k. Sick child care	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
l. Parent conferences	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
m. Non-traditional hours service	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" 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?		
b. Are regular written management reports required to support the collaboration? If yes, explain below.	X No	<input type="checkbox"/> Yes
c. Are there regular required meetings between collaboration partners? If yes, explain below.	X No	<input type="checkbox"/> Yes
d. Is there written documentation to support the content of meetings?	X No	<input type="checkbox"/> Yes
e. Does the program/collaboration have a written planning process that includes all partners?	X No	<input type="checkbox"/> Yes
f. Does the collaboration have a written decision making process?	X No	

g. Why did the collaboration begin? *There was a necessity for agencies to be providing consistent, quality care in the community.*

h. How were partners selected? *Each agency submits an annual grant proposal for PreK funding to Chicago Public Schools (CPS). Head Start services done on successful completion of annual contract through City of Chicago CYS. Christopher House has a history and reputation of providing high quality services to clients.*

i. When there is a disagreement or conflict, how is it resolved with partners? *Both parties meet to discuss issues to a resolution and form an action plan for follow up.*

j. When a decision has to be made about the collaboration, how is this done with partners? *Both parties meet to discuss the issue at hand and work collaboratively to come to a decision. If necessary an action plan is created for follow up.*

k. Explain how often reports & meetings are done/held: *There are quarterly Director meetings, monthly teacher meetings and trainings.*

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? <u>Creative Curriculum</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		X All	<input type="checkbox"/> Collab
b. Does the program do child screening? If yes, what instrument is used? <u>ESI-R</u> How often are screenings done? <u>Within 60 days</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		X All	<input type="checkbox"/> Collab
c. Does the program do ongoing child assessment? If yes, what instrument is used? <u>Creative Curriculum</u> How often is assessment done? <u>3X/year</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		X All	<input type="checkbox"/> Collab
d. Does the program take field trips? If yes, how often? <u>Monthly</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		X All	<input type="checkbox"/> Collab
e. Does the program have family support staff/case managers? If yes, what is their caseload? <u>Average of 40 cases</u> How often do they make home visits? <u>2X/year</u> How frequent are family contacts? <u>Monthly</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		X All	<input type="checkbox"/> Collab

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):

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).

None

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?

Our agency reviews all funding sources and all costs and work to balance the budget effectively.

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?

Pre-K Master Teacher's salaries are funded from the collaboration with the Community Partnership Program. These teachers have a higher rate of pay than other teachers in the agency. The staff is supervised by the Site Directors at each location. The collaboration staff also monitors these teachers.

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.

N/A

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.

Monthly trainings are provided for the teachers through the Collaboration program. Christopher House also provides monthly trainings for the teachers. Twice a year, inservices are provided for staff training. The training component of our program has been strengthened by the collaboration with CPS.

21. Please give any other details about your collaboration that you believe are important, but not covered elsewhere.

None

22. If you could start your collaboration over again, knowing what you know now, what would you do differently?

Nothing, the process works well.

23. What advice do you have for agencies/homes starting new collaborations?

Make sure to attend all meetings and trainings to understand the value that the collaboration program offers.