

EARLY CARE & EDUCATION PROGRAM COLLABORATION MODEL DESCRIPTION

Agency/Home Name: Circles of Learning
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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 – City of Rockford Human Services Head Start
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: __ 11.5 hours/day _____ From: __ 6:00 a.m. __ To: __ 5:30 p.m. __

Days/Weeks per year: __ Mon. – Fri.; 51 weeks _____

Holidays or other time “off” or closed: *7/4, 12/24–1/1, Thanksgiving & day after, Memorial & Labor Days*

If this is an Early/Head Start collaboration, please indicate the program option & number of Early/Head start hours: __ Center Based; part day HS _____

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
2907 North Main, Rockford	Child Care Ctr.	12	15	60*
5711 Wansford Way, Rockford	Child Care Center	24	30	80*
* 46 of these are CC/HS				

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+ - City of Rockford Head Start - partner

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 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 checked="" type="checkbox"/> No	<input 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 checked="" 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? <i>Not initially, but growth has.</i>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> NA
n. Are parents involved in the collaboration planning & evaluation processes? <i>Through representation on the Policy Council.</i>	<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? <u>2004</u> Were there any problems identified? <i>Outcomes, home visits/corrected</i>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> NA
r. When was the agency’s last licensing visit? <u>Aug. & Dec. 2005</u> 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? <u>1/05</u> Were any problems identified? <i>Sign-in sheets not using first & last name - corrected</i>	<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 type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
c. Parent Involvement	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
d. Family Support Services	<input type="checkbox"/> No	<input checked="" 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 type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
h. Staff Training/Professional Development	<input type="checkbox"/> No	<input checked="" 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 checked="" type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
a. Child education services	<input type="checkbox"/> E/HS	<input checked="" 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 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"/> 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"/> Collab
d. Mental health services	<input type="checkbox"/> E/HS	<input checked="" 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 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"/> Collab
f. Transportation services <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
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"/> Collab
h. Transition 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"/> Collab
i. Disabilities 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"/> Collab
j. Parent home visits	<input type="checkbox"/> E/HS	<input checked="" type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> All	<input type="checkbox"/> 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 checked="" 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 <i>N.A.</i>	<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?	2000	
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.	<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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
f. Does the collaboration have a written decision making process?		<input checked="" type="checkbox"/> Yes

- g. Why did the collaboration begin?
To increase Head Start enrollment & provide continuity of care.
- h. How were partners selected?
Location & quality of care.
- i. When there is a disagreement or conflict, how is it resolved with partners?
Head Start Director contacts child care partners individually.
- j. When a decision has to be made about the collaboration, how is this done with partners?
Usually through the monthly meetings & contract negotiations.
- k. Explain how often reports & meetings are done/held:
Monthly or every other month (minimum).

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>High Scope</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Child Care	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
b. Does the program do child screening? If yes, what instrument is used? <u>CIP</u> How often are screenings done? <u>1X/year</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Head Start	<input type="checkbox"/> All	<input checked="" type="checkbox"/> Collab
c. Does the program do ongoing child assessment? If yes, what instrument is used? <u>Portfolio Assment.</u> How often is assessment done? <u>Fall, Winter, Spring</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Child Care	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
d. Does the program take field trips? If yes, how often? <u>3X/year</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Child Care	<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? <u>1:87</u> How often do they make home visits? <u>As needed</u> How frequent are family contacts? <u>1X/week</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Head Start	<input type="checkbox"/> All	<input checked="" 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): *Mental Health consultations monthly & referral system in place, special needs referral process, behavior management consultations; social services referrals by Head Start family support staff.*

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).

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 reimburses \$5.10/day/child. Rate was determined by analyzing true cost of care. Center enrollment ceases when 60 calendar days or less remain in the program enrollment year.
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?
Head Start collaboration teaching staff employed by child care; family support staff employed by Head Start. Child care supervises teaching staff & Head Start supervises family support. Collaboration staff (child care) salaries & benefits are the same as other staff.
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.
Term – annual (Aug. – Sept.); covers general provisions, purpose, child care responsibilities, Head Start responsibilities, termination/changes; licensing, site/staff monitoring, services, lines of authority, special needs, marketing.
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.
Head Start includes child care staff in all training opportunities. Training includes curriculum, behavior management, indoor learning environment, daily routine, encouragement vs. praise, etc. Training on Friday is difficult to attend.
21. Please give any other details about your collaboration that you believe are important, but not covered elsewhere.
Enrollment differences – birth date, poverty level, 2 year eligibility. Some continue to be enrollment barriers.
22. If you could start your collaboration over again, knowing what you know now, what would you do differently?
23. What advice do you have for agencies/homes starting new collaborations?
■ *Clearly communicate – make the time to TALK, TALK, TALK (it takes a long time & a lot of work for effective collaborations).*
■ *Don't ask for the world in the beginning phases of collaboration – build the trust.*