

EARLY CARE & EDUCATION PROGRAM COLLABORATION MODEL DESCRIPTION

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

One Agency, Multiple Funders – *City of Chicago Children & Youth Services (CYS) 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): _____

4. Demographics

- Urban
- Rural
- Suburban

5. Schedule

Hours per day: 7 From: 7:30 a.m. To: 5:30 p.m.

Days/Weeks per year: 5 days / 48 weeks

Holidays or other time “off” or closed: Holidays

If this is an Early/Head Start collaboration, please indicate the program option & number of Early/Head Start hours: Part day center-based HS funding; full day programming

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
Easter Seal – 2345 W. North	HS/CC - Center			238
Near South – 3630 S. Wells	EHS	24		

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 – *via Chicago CYS contract*
- 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 type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input 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 checked="" type="checkbox"/> No	<input 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> NA
q. When was the agency’s last federal monitoring review? <u>4/05</u> <i>(grantee)</i> 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? <u>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? _____ 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 type="checkbox"/> No	X Yes
b. Parent Education	<input type="checkbox"/> No	X Yes
c. Parent Involvement	<input type="checkbox"/> No	X Yes
d. Family Support Services	<input type="checkbox"/> No	X Yes
e. Staff Salaries	<input type="checkbox"/> No	X Yes
f. Employee Benefits	<input type="checkbox"/> No	X Yes
g. Management Practices/Structure	<input type="checkbox"/> No	X Yes
h. Staff Training/Professional Development	<input type="checkbox"/> No	X 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"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other		
a. Child education services	X E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	X All	Collab
b. Family support services	X E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	X All	Collab
c. Health services	X E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	X All	Collab
d. Mental health services	X E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	X All	Collab
e. Parent education/involvement	X E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	X All	Collab
f. Transportation services	X E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	X All	Collab
g. Nutrition services	X E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	X All	Collab
h. Transition services	X E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	X All	Collab
i. Disabilities services	X E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	X All	Collab
j. Parent home visits	X E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	X All	Collab
k. Sick child care	X E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	X All	Collab
l. Parent conferences	X E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	X All	Collab
m. Non-traditional hours service NA	E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	All	Collab

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

- Enhance family health services
- X Enhance the quality of children’s education services
- Expand services into new communities
- X Extend service hours
- Improve & maximize staff training/professional development
- Link early care & education systems in the community
- X Maximize funding and cost effectiveness
- Maximize use of facilities
- Offer increased service options
- Offer parents home visits
- X 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.	<input type="checkbox"/> No	<input checked="" 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 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? *To establish full day child care for income eligible families.*

h. How were partners selected?

Chicago CYS selects agencies based on their capacity level as well as the corporate structure of the agency.

i. When there is a disagreement or conflict, how is it resolved with partners?

CYS's partners are required to align their programs with the Head Start Program Performance Standards and thus follow the shared governance protocol that has been established.

j. When a decision has to be made about the collaboration, how is this done with partners?

Through meetings with the Executive Director, Board, and parents.

k. Explain how often reports & meetings are done/held:

Chicago CYS convenes quarterly meetings with all agencies that provide program updates as well as changes in internal policies and procedures. After every site visit to the agency, CYS must complete a site visit form that will denote next steps, resource and technical assistance needs.

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>High Scope</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Head Start	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
b. Does the program do child screening? If yes, what instrument is used? <i>ESI-R</i> How often are screenings done? <i>Beginning of program</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Head Start	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
c. Does the program do ongoing child assessment? If yes, what instrument is used? <i>Ages & Stages</i> How often is assessment done? <i>Annually</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Head Start	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
d. Does the program take field trips? If yes, how often? <i>Monthly</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Head Start	<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>40</i> How often do they make home visits? <i>2 times per year</i> How frequent are family contacts? <i>Monthly</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Head Start	<input checked="" type="checkbox"/> 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: *In response to our communities, Easter Seals Metropolitan Chicago provides comprehensive services for individuals with disabilities or other special needs & their families to improve quality of life & maximize independence. Children are referred to Easter Seals by their school districts. Appropriately certified & qualified professionals implement the services & programs identified on the child's Individual Educational Plan (IEP). The children are transported to an Easter Seals' school by the school district. The school provides a hot breakfast & lunch. The day schools provide an extended school program during the summer months. Easter Seals' Near South Side Child Devt. Center, located inside Robert S. Abbott Elementary School, provides Early & Head Start services and programming provides a continuum of services to children from 6 weeks of age through 8th grade.*

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?
Cost analyses are done on a yearly basis that shows the cost allocation and resources assigned to each program type. CYS provides the Head Start and Child Care funds.
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?
Each classroom has 3 teaching staff (1 teacher and 2 assistants/aides), janitor, cook/food aide, site director, and social service staff. Cost sharing is aligned with the various funding streams. Staff has the opportunity to be involved in other agency programs such as health insurance, vacation and sick pay.
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. *CYS has a contract with the agency that shows the allocation of funds for each program types that agency has.*
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. *CYS provides training at the grantee level to support the systems/services of Head Start as well as child care requirements and procedures to enroll eligible children and families. Costs are shared across funding streams depending on the topic of the training.*
21. Please give any other details about your collaboration that you believe are important, but not covered elsewhere.
22. If you could start your collaboration over again, knowing what you know now, what would you do differently?
Advocate for annual increases in funding.
23. What advice do you have for agencies/homes starting new collaborations?
Establish an effective communication system with the grantee and funders that will afford the opportunities for agencies to gain information and make programmatic decisions.