

EARLY CARE & EDUCATION PROGRAM COLLABORATION MODEL DESCRIPTION

Agency/Home Name: Kiddie Kollege Early Childhood Center
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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 – WADI Early/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 hrs.; _____ From: 6:30 am _____ To: 5:30 p.m. _____

Days/Weeks per year: ___ 252 days/52 weeks _____

Holidays or other time “off” or closed: ___ 6 Holidays _____

If this is an Early/Head Start collaboration, please indicate the program option & number of Early/Head start hours: ___ Center based; part day HS making 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
Kiddie Kollege, 226 Mt. Vernon Rd., Fairfield (capacity 181)	Child Care Setting			26 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+ 0 WADI Early/Head Start

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): DCFS; ISBE Food Program

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 checked="" type="checkbox"/> No	<input 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 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? <i>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 checked="" type="checkbox"/> No	<input 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?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> NA
r. When was the agency’s last licensing visit? <u>8/2005</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>10/2005</u> Were any problems identified? <i>Suggested changes</i>	<input type="checkbox"/> No	<input checked="" 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 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 type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
e. Staff Salaries	<input checked="" type="checkbox"/> No	Yes <input type="checkbox"/>
f. Employee Benefits	<input checked="" type="checkbox"/> No	Yes <input type="checkbox"/>
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 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
e. Parent education/involvement	<input checked="" type="checkbox"/> E/HS	<input checked="" type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	<input type="checkbox"/> All	<input checked="" type="checkbox"/> Collab
f. Transportation 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
g. Nutrition 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
h. Transition 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
i. Disabilities services	<input checked="" 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
j. Parent home visits	<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
k. Sick child care <i>NA</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 checked="" 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>NA</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

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?	August 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
d. Is there written documentation to support the content of meetings?	<input checked="" type="checkbox"/> No	<input 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? <i>Organizational Chart only</i>	<input checked="" type="checkbox"/> No	

g. Why did the collaboration begin? *The Kiddie Kollege administrator contacted WADI Head Start – see list #13.*

h. How were partners selected? *This is the only Early/Head Start agency in this & surrounding counties.*

i. When there is a disagreement or conflict, how is it resolved with partners? *Agency staff meet & discuss.*

j. When a decision has to be made about the collaboration, how is this done with partners? *Agency administrators & staff discuss the issue.*

k. Explain how often reports & meetings are done/held: *Once a year to sign the contract.*

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	Child Care/HS	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
b. Does the program do child screening? If yes, what instrument is used? <i>DIAL 3</i> How often are screenings done? <i>1X/year</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Head Start/CC	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
c. Does the program do ongoing child assessment? If yes, what instrument is used? <i>Creative Curriculum</i> How often is assessment done? <i>3X/year</i>	<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? <i>Monthly</i>	<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? <i>26</i> How often do they make home visits? <i>as needed, at least 2X/year</i> How frequent are family contacts? <i>weekly</i>	<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): *Head Start staff conducts all intake. The family support liaison visits families in their homes, develops Family Partnership Agreements, and works with families on needed referrals & services.*

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). *One on one aides in the classroom for special needs children.*
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?
Kiddie Kollege receives \$3/day/child from WADI, in addition to CCAP reimbursement. Head Start provides all comprehensive services & special needs aides for classroom. Kiddie Kollege provides the facility & its costs. Contract negotiations are the time it is decided how costs will be shared.
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?
Kiddie Kollege provides employs & pays for staff, except the special needs aides.
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.
Annual. Sections include: Statutory/Regulatory Requirements; Bonding, Indemnity & Insurance; Independent Contractor Status; Data Privacy/Public Announcements; Conditions regarding Funders & Regulations; Default; Cancellation of Agreement; Amendment; Compensation for Services; Term of Agreement; Evaluation & Reporting Requirements.
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 provides nutrition training annually.
21. Please give any other details about your collaboration that you believe are important, but not covered elsewhere.
Head Start provides some transportation for the collaboration children, as well as some equipment. The Head Start health services are invaluable to families.
22. If you could start your collaboration over again, knowing what you know now, what would you do differently?
More involvement of all partners from the beginning, especially in decision making procedures & funding.
23. What advice do you have for agencies/homes starting new collaborations?
Be open to change; keep your focus on the children & the added benefits they will receive; continue to improve communication with your partners.