

EARLY CARE & EDUCATION PROGRAM COLLABORATION MODEL DESCRIPTION

Agency/Home Name: Kiddie Kollege Early Childhood Center
Contact Person: Jill Andrews
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1. Model (Please check only one. Complete separate forms for different collaboration models.)

One Agency, Multiple Funders – PreK from ISBE

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: ___ 11 hrs.; PreK – 2.5 hrs. _____ From: 6:30 am _____ To: 5:30 p.m. _____

Days/Weeks per year: ___ 252 days/52 weeks; PreK 180 days _____

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: _____

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 | | | 40 CC/PreK |

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): 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? <i>Grant document</i> | <input type="checkbox"/> No | <input checked="" 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 type="checkbox"/> Yes | <input checked="" 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 type="checkbox"/> No | <input checked="" 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 checked="" 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? <i>ISBE audit</i> | <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? _____ Were there any problems identified? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> NA |
| r. When was the agency’s last licensing visit? __8/2005 _____ 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? __10/2005 _____ 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 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 type="checkbox"/> No | <input checked="" type="checkbox"/> Yes |
| f. Employee Benefits | <input type="checkbox"/> No | <input checked="" 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 type="checkbox"/> E/HS | <input type="checkbox"/> CC | <input type="checkbox"/> PreK | <input type="checkbox"/> Other | <input 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 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 type="checkbox"/> All | <input type="checkbox"/> Collab |
| e. Parent education/involvement | <input 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 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 type="checkbox"/> E/HS | <input type="checkbox"/> CC | <input type="checkbox"/> PreK | <input type="checkbox"/> Other | <input type="checkbox"/> All | <input 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 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 – *Family Fun Nights & Parent Education*
- 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 – *PreK Teacher only*

14. Collaboration Development & Management

| | | |
|---|--|---|
| a. When did the collaboration begin? | July 2003 | |
| 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 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? *Kiddie Kollege wanted to provide PreK on site so the children didn't have to be bused to an off-site location.*

h. How were partners selected? *NA*

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

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

k. Explain how often reports & meetings are done/held: *PreK staff meet weekly; more, if necessary.*

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/PreK | <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>as needed</i> | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | WOVSED | <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 | CC/PreK | <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 | CC/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>all enrolled kids</i> How often do they make home visits? <i>no visits – mtgs. done on site</i> How frequent are family contacts? <i>weekly</i> | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | CC/PreK | <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): *All children screened & referred, if needed. Developmental therapists on site & local public school provide speech therapy at the school. No social service delivery process described.*

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). *Family Fun Nights – monthly; parent education workshops & trainings offered.*
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?
ISBE PreK grant supports the program. Kiddie Kollege provides the facility & its costs.
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?
PreK grant funds an 04 certified teacher. One full time aide salary is split between 3 child care teachers, who act as aides during the 2.5 hour PreK period. The only staff receiving benefits is the PreK teacher.
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.
No written agreement aside from the grant. Grant is funded annually. Must meet ISBE conditions. Budget developed with ISBE approval.
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.
All PreK staff are required to have a professional development plan. The grant provides funding for these training opportunities.
21. Please give any other details about your collaboration that you believe are important, but not covered elsewhere.
Adding the PreK program to our center has increased our integrity in the local community, thereby increasing our enrollment. We have also developed a countywide at risk criteria with all other early childhood providers and work closely with our public schools.
22. If you could start your collaboration over again, knowing what you know now, what would you do differently?
Nothing. We had tried to work with our local public school administrator to get this grant, but had to wait until he retired. Luckily, we now have a great administrator we work with very well.
23. What advice do you have for agencies/homes starting new collaborations?
Educate, educate, educate ... the public, the local schools, parents, other community organizations. The hardest thing to accomplish is to make our community aware of the benefits & the program. Also, try to involve every early childhood provider, including public schools, in developing at risk criteria for the county, so that all PreK programs are uniform.