

EARLY CARE & EDUCATION PROGRAM COLLABORATION MODEL DESCRIPTION

Agency/Home Name: Kids Hope United/Bridgeport Child Development 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

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./day From: 7 a.m. To: 6 p.m.

Days/Weeks per year: Monday – Friday/51 weeks per year

Holidays or other time “off” or closed: Christmas, New Years Day, Martin Luther King’s Day, Memorial Day, 4th of July, Staff Pre-service training day (3rd week of August), Last week of August

If this is an Early/Head Start collaboration, please indicate the program option & number of Early/Head start hours: Full day, full year center based, 3 ½ 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
Bridgeport Child Development Center, Chicago (capacity 153)	CC/HS Center			7 CC/PreK 10 CC/HS 85 CC/PreK/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+

9. **Funding used to support full-day/year services (Check all that apply.)**

- Federal Early/Head Start – grantee is Ounce of Prevention Fund
- 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 checked="" type="checkbox"/> No	<input 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 type="checkbox"/> No	<input checked="" 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 type="checkbox"/> No	<input checked="" 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 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>2003</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>2005</u> Were any problems identified?	<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	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	X No	<input type="checkbox"/> 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	
a. Child education services	X E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	X All	<input type="checkbox"/> Collab
b. Family support services	X E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	X All	<input type="checkbox"/> Collab
c. Health services	X E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	X All	<input type="checkbox"/> Collab
d. Mental health services	X E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	X All	<input type="checkbox"/> Collab
e. Parent education/involvement	X E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	X All	<input type="checkbox"/> Collab
f. Transportation services	X E/HS	<input type="checkbox"/> CC	X PreK	<input type="checkbox"/> Other	X All	<input type="checkbox"/> Collab
g. Nutrition services	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	X Other	X All	<input type="checkbox"/> Collab
h. Transition services	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	X PreK	<input type="checkbox"/> Other	X All	<input type="checkbox"/> Collab
i. Disabilities services	X E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	X All	<input type="checkbox"/> Collab
j. Parent home visits	X E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	X All	<input type="checkbox"/> Collab
k. Sick child care N.A.	<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	X E/HS	<input type="checkbox"/> CC	X PreK	<input type="checkbox"/> Other	X All	<input type="checkbox"/> Collab
m. Non-traditional hours service N.A.	<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)

- X Enhance family health services
- X Enhance the quality of children’s education services
- Expand services into new communities
- Extend service hours
- X Improve & maximize staff training/professional development
- X Link early care & education systems in the community
- X Maximize funding and cost effectiveness
- Maximize use of facilities
- X Offer increased service options
- X 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
- X Provide more economically & culturally diverse programming
- Increase the number of children served
- Provide continuity of care
- X Improve staff compensation packages

14. Collaboration Development & Management

a. When did the collaboration begin?	2000 (HS); 1992 (PRE-K)	
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?		

g. Why did the collaboration begin? *To enhance the quality of the services provided and extend Head Start and Pre-K programs into the community.*

h. How were partners selected? *Through RFP process.*

i. When there is a disagreement or conflict, how is it resolved with partners? *Meetings to resolve conflict and involving senior managers from both agencies if required.*

j. When a decision has to be made about the collaboration, how is this done with partners? *Partners often are asked for input and informed of final decisions.*

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

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		<input checked="" type="checkbox"/> 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>annually</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
c. Does the program do ongoing child assessment? If yes, what instrument is used? <u>Creative Curriculum Continuum</u> How often is assessment done? <u>3x per year</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
d. Does the program take field trips? If yes, how often? <u>bimonthly</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		<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>34 families maximum</u> How often do they make home visits? <u>annually</u> How frequent are family contacts? <u>Monthly</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		<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(es):

Referrals are made in collaboration with a multidisciplinary team including the disabilities coordinator, program consultants (health, mental health, nutrition) as needed, parents and teaching staff.

(No social service delivery system 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).
All areas are covered above.
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 allocations are based on number of children and specific funding source requirements. Regular payments are made upon completion of expenditure reports as per contract.
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?
Classrooms have 3 teaching staff assigned and receive coaching and supervision from the Master Teachers who have advanced teaching credentials, experience and/or 04 certification. Head Start pays a portion of the teachers salaries and Master teachers are paid through the Pre-K collaboration. All staff are employees of Kids Hope United. Family support staff positions are new since Head Start and a portion of their salaries are paid by Head Start also. All staff benefits are the same with the exception of the Head Start required COLA increases which only staff on the Head Start budget receives.
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.
The Head Start term is from January to December and the Pre-K term is July – June. Written agreements are in place for all funding streams and include the General Terms and Conditions, Fiscal Terms and Conditions, Partner Agency Responsibilities, Suspension and Termination procedures & various attachments. Finances are based upon approved budget amounts.
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 training is provided by funders as well as regular Pre-service training. The funder pays for this training. Local training is also provided through in-service training and paid for by the agency. There are more opportunities for training outside of the center since the collaboration.
21. Please give any other details about your collaboration that you believe are important, but not covered elsewhere.
N/A
22. If you could start your collaboration over again, knowing what you know now, what would you do differently?
Nothing.
23. What advice do you have for agencies/homes starting new collaborations?
Be flexible, open to change and growth (and the headaches that come with it!) and have regular opportunities for communication and sharing with partners. Learn from other program's struggles with this process. There are many benefits for the families, children and staff!