

EARLY CARE & EDUCATION PROGRAM COLLABORATION MODEL DESCRIPTION

Agency/Home Name: The Lighthouse Learning Center
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1. Model (Please check only one. Complete separate forms for different collaboration models.)

- One Agency, Multiple Funders – For PreK**
A single program or agency blends/braids funds and program requirements from multiple sources at a single site.
- Multiple Agencies Partner – For Head Start, with WEEOC 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: 12.25 hrs./day From: 6:15 a.m. To: 6:30 p.m.

Days/Weeks per year: 5 days/week; 52 weeks/year

Holidays or other time “off” or closed: New Years, Memorial Day, July 4th, Labor Day, Thanksgiving & Christmas Days

If this is an Early/Head Start collaboration, please indicate the program option & number of Early/Head start hours: Center based; part day Head Start, 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
100 Southwoods, Columbia 62236 (capacity 150)	Child Care Center			7 CC/PreK 13 CC/PreK/HS
303 Covington, Waterloo 62298 (capacity 49)	Child Care Center			13 CC/PreK 7 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+ - Western Egyptian (WEEOC) 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): _____

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 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 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 checked="" type="checkbox"/> No HS	<input checked="" type="checkbox"/> Yes PreK	<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 checked="" 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 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>To be 2007</u> Were there any problems identified? <u>Haven’t had since this collab</u>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> NA
r. When was the agency’s last licensing visit? <u>May & June 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	<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 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 checked="" type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> All	<input 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 checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
f. Transportation 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
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 checked="" 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 checked="" 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>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 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?	WEEOC Head Start 2004; ISBE 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?	<input checked="" type="checkbox"/> No	

g. Why did the collaboration begin? *See #13. WEEOC collaboration began when their Waterloo site was slated to close, so Lighthouse arranged to provide services in collaboration.*

h. How were partners selected? *Lighthouse contacted Western Egyptian/WEEOC to collaborate. Lighthouse wrote PreK grant.*

i. When there is a disagreement or conflict, how is it resolved with partners? *We talk & talk & talk and come to conclusions.*

j. When a decision has to be made about the collaboration, how is this done with partners? *Lighthouse contacts the appropriate coordinator/department head at WEEOC Head Start. If a decision requires the Directors, they meet. For ISBE decisions, Lighthouse petitions the State PreK Administrator through its principal ISBE consultant.*

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

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	Lighthouse	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
b. Does the program do child screening? If yes, what instrument is used? <i>DIAL-R, Fluharty, Denver</i> How often are screenings done? <i>1X/year</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	DIAL – Lighthouse Rest - WEEOC	<input checked="" type="checkbox"/> All	<input checked="" 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>4X/year</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Lighthouse	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
d. Does the program take field trips? If yes, how often? _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Lighthouse	<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>25</i> How often do they make home visits? <i>2X/year</i> How frequent are family contacts? <i>2 more & as needed</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	WEEOC Lighthouse	<input type="checkbox"/> All	<input checked="" type="checkbox"/> Collab (HS)

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): *Lighthouse has a Parent Coordinator refers parents, refers children to special services for IEPs, etc. WEEOC has Family Advocates, Parent Involvement Specialist, Developmental Specialist, Nurse & supervisors who work with the HS families & children.*

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).
Parent Council & monthly parent meetings for Head Start collab. Collaboration between public school & Lighthouse to provide community-wide screenings for child find purposes. Lighthouse Director is mentor for ISBE to train new ECBG partners.
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 is grant based on budget, with quarterly expenditures reports submitted to ISBE. Lighthouse Director handles all reports/coordination with ISBE. WEEOC provides Lighthouse with monthly stipend based on enrollment/attendance of Head Start collab children.
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?
1 teacher assistant (DCFS teacher qualified, ROE teacher assistant qualified) and aide full time in classrooms. 04 certified teacher in classroom 2.75 hrs. in the a.m. to teach. The rest of the day the 04 teacher does lesson plans & notes about the students. This has not been the most cost effective for the child care center, but it has been the best scenario for the children. They have 2 constant caregivers & a 3rd teacher who is trained to serve children at risk for academic failure. The 04 teacher only works on school days according to the public school calendar, has planned training days & works diligently to make sure any special needs are addressed for the students. The other 2 teaching staff take care of Head Start documentation, along with a specially hired HS Director. All staff are employed by Lighthouse. The parent coordinator helps provide parent services, including a parent lending library and training opportunities for the parents.
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.
PreK – ISBE grant & budget. Contract with WEEOC Head Start is signed every year – describes what each entity is responsible for in the collaboration.
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.
Training is completed according to protocol with ISBE, which does not require training beyond the first year, at this point. WEEOC Head Start has ongoing trainings, which mainly address HSPPS and paperwork. Lighthouse provides opportunities for at least 20 hours training/year for all staff.
21. Please give any other details about your collaboration that you believe are important, but not covered elsewhere.
Being kind, not greedy, and willing to work hard for families is very important. Some people can become jaded & lose sight of the big picture. Some people judge low income families too quickly. Up to this point we have only had that difficulty with child care processing staff. Our relationships with WEEOC & ISBE have been excellent.
22. If you could start your collaboration over again, knowing what you know now, what would you do differently? *Nothing would change. The pitfalls have been learning experiences. Our good experiences began with QUILT.*
23. What advice do you have for agencies/homes starting new collaborations?
Don't be too greedy, too proud, or unwilling to work hard. Always try to help your partner more than your partner helps you. The children, families & staff will be the winners!