

EARLY CARE & EDUCATION PROGRAM COLLABORATION MODEL DESCRIPTION

Agency/Home Name: Ounce of Prevention Fund Educare 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 – *various school districts & child care centers*

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): Ounce of Prevention Fund

4. Demographics

Urban

Rural

Suburban

5. Schedule

Hours per day: 11 hours/day From: 7 a.m. To: 6 p.m.

Days/Weeks per year: 5 days/week; 49 wks./year

Holidays or other time “off” or closed: Last 2 weeks of August & last week of December

If this is an Early/Head Start collaboration, please indicate the program option & number of Early/Head Start hours: Center based; part E/HS, full day CC

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	#		# Preschool
		Infants	Toddlers	
5044 S. Wabash, Chicago, IL 60615 (capacity 215)	Child Care Center	20 CC/HS	20 CC/HS	60 20 CC/HS 40 CC/HS/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): _____

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 type="checkbox"/> Yes	<input checked="" 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 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 type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" 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? <i>Policy Council</i>	<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? <i>Via 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?_May 2004 Were there any problems identified? <i>Corrected</i>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> NA
r. When was the agency’s last licensing visit?_Jan. 2006_____ 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?_Sept. 2005_____ Were any problems identified? <i>Corrected</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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
d. Family Support Services	<input checked="" type="checkbox"/> No	<input 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 <i>One agency, multiple funders</i>				Children Receiving Services	
	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other		
a. Child education services	<input type="checkbox"/> E/HS	<input 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
e. Parent education/involvement	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
f. Transportation services	<input type="checkbox"/> E/HS	<input 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 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 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 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 checked="" type="checkbox"/> All	<input 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 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** *14.b-f. N.A. – one agency, multiple funders; collaboration operation supported by E/HS management system requirements.*

a. When did the collaboration begin?	Fall 2000	
b. Are regular written management reports required to support the collaboration? If yes, explain below.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
c. Are there regular required meetings between collaboration partners? If yes, explain below.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
d. Is there written documentation to support the content of meetings?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
e. Does the program/collaboration have a written planning process that includes all partners?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
f. Does the collaboration have a written decision making process?		

- g. Why did the collaboration begin? *See reasons listed in #13.*
- h. How were partners selected? *N.A.*
- i. When there is a disagreement or conflict, how is it resolved with partners? *N.A.*
- j. When a decision has to be made about the collaboration, how is this done with partners? *N.A.*
- k. Explain how often reports & meetings are done/held: *N.A.*

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><i>Creative Curricula</i></u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Ounce	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
b. Does the program do child screening? If yes, what instrument is used? <u><i>ESI, Denver, ASQ</i></u> How often are screenings done? <u><i>Annual- 1st 45 days</i></u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Ounce	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
c. Does the program do ongoing child assessment? If yes, what instrument is used? <u><i>CCDC, NRS, PALS, PPVT, DECA</i></u> How often is assessment done? <u><i>at least 3X/year; on tools' schedules</i></u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Ounce	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
d. Does the program take field trips? If yes, how often? <u><i>periodically, based on curricula</i></u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Ounce	<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><i>30-35</i></u> How often do they make home visits? <u><i>Min. 2X/year</i></u> How frequent are family contacts? <u><i>Min. weekly</i></u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Ounce	<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): *Extensive data/info collection at intake with parents, per HSPPS. Goal setting in 1st 45 days with minimum of 2X/year reviews/updates on goals. Parent support group, grandparent group, male involvement activities throughout the year. Computers available for job search & resume creation. Crisis staffings, as needed, to respond to family concerns. Small emergency fund available for crisis intervention. Extensive community partnerships available for referrals, as family needs arise.*

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).
- Birth to age 5 services in one location.*
 - Continuity of care for EHS children allows consistent caregiver relationships for 1st 3 years in center.*
 - Arts component provides access to art, music, dance activities in classrooms, led by professional artists. Performances at the center throughout the year.*
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?
All funding in one agency. Costs are allocated per grant applications/awards and by services assigned to funding sources.
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?
Staff are allocated according to funding source services, i.e., 04 certified teacher paid by PreK, family support & health staff by E/HS, etc. All staff work for the Ounce and fund management is done at central office – not visible to children, staff or families.
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.
N.A.
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 requirements are integrated & one annual training schedule provides access to all staff for trainings provided by funding partners.
21. Please give any other details about your collaboration that you believe are important, but not covered elsewhere.
The Ounce's opinion is that the goals of the funding sources (child care – allow parents to work, E/HS – support/educate children & families, PreK – support/educate children) are not fully compatible. This incompatibility creates the Ounce tension & conflict about which regulations to follow in some situations.
22. If you could start your collaboration over again, knowing what you know now, what would you do differently?
Remember to educate staff & keep them informed about all funder requirements.
23. What advice do you have for agencies/homes starting new collaborations?
- Don't underestimate the management & administrative time it takes to deal with the funder relationships.*
 - Create/maintain the systems needed to meet the various overlapping and, at times, inconsistent regulations.*
 - Don't be afraid to try! The various funders will help you get things set up and the additional funding allows for a much higher quality program to be offered. It's worth the struggle!*