

## EARLY CARE & EDUCATION PROGRAM COLLABORATION MODEL DESCRIPTION

**Agency/Home Name:** Progressive Community Center  
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1. **Model (Please check only one. Complete separate forms for different collaboration models.)**  
 **One Agency, Multiple Funders – City of Chicago Children & Youth Services delegate agency for Head Start and child care funding. PreK through Chicago Public Schools.**  
 A single program or agency blends/braids funds and program requirements from multiple sources at a single site.

2. **Collaboration Type (Check all that apply to this collaboration model.)**

**Child Care/Head Start/PreK**

3. **Partnership Initiated By**

**Child Care**

4. **Demographics**

**Urban**

5. **Schedule**

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

Days/Weeks per year: 248 days per year, 5 days/week

Holidays or other time “off” or closed: 12 Holidays; 3 staff in-service days

*If this is an Early/Head Start collaboration, please indicate the program option & number of Early/Head*

Start hours: center based; part day HS with child care to extend day

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
56 East 48 <sup>th</sup> Street, Chicago	Center based		13	29

7. **Total number of children served by organization**

**0-150**

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.**

N.A.

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

- Federal Early/Head Start – through Chicago CYS**
- State Early Childhood Block Grant from IL State Board of Education
- State Early Childhood Block Grant from Chicago Public Schools**
- State Child Care Assistance Program through contract with Chicago CYS**
- State Child Care Assistance Program through local Child Care Resource & Referral Agency certificate program
- Parent Fees**

**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"/> <b>Yes</b>	<input type="checkbox"/> NA
b. Other than a contract, does the collaboration have a written partnership plan?	<input checked="" type="checkbox"/> <b>No</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> NA
c. Are there written monitoring/oversight procedures?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> NA
d. Are there written procedures for communication among partners?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> NA
e. Is there a written cost allocation plan/budget for the collaboration?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> NA
f. Is there a written training/professional development plan?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> NA
g. Do job descriptions reflect staff collaboration responsibilities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <b>NA</b>
h. Is there a shared computerized MIS system? – <b>HS &amp; Child Care</b>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> NA
i. Do the partners share business operations & equipment costs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <b>NA</b>
j. Do the partners purchase transportation jointly?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <b>NA</b>
k. Is there a competitive written RFP process for partner selection?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <b>NA</b>
l. Is there an ongoing advisory group for the collaboration?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>Yes</b>	<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"/> <b>Yes</b>	<input type="checkbox"/> NA
n. Are parents involved in the collaboration planning & evaluation processes?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> NA
o. Does the collaboration have a written evaluation process?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> NA
p. Has the agency had any audit findings in the past 3 years?	<input checked="" type="checkbox"/> <b>No</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> NA
q. When was the agency's last federal monitoring review? <u>2005</u> Were there any problems identified? <b>All findings cleared</b>	<input checked="" type="checkbox"/> <b>No</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> NA
r. When was the agency's last licensing visit? <u>January 2006</u> Were any problems identified?	<input checked="" type="checkbox"/> <b>No</b>	<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"/> <b>NA</b>

**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"/> <b>Yes</b>
b. Parent Education	<input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>Yes</b>
c. Parent Involvement	<input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>Yes</b>
d. Family Support Services	<input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>Yes</b>
e. Staff Salaries	<input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>Yes</b>
f. Employee Benefits	<input checked="" type="checkbox"/> <b>No</b>	<input type="checkbox"/> Yes
g. Management Practices/Structure	<input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>Yes</b>
h. Staff Training/Professional Development	<input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>Yes</b>

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 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 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 – <b>N.A.</b>	<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
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 – <b>N.A.</b>	<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 – <b>N.A.</b>	<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

14. **Collaboration Development & Management**

	November 2002	
a. When did the collaboration begin?		
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?	<input checked="" type="checkbox"/> No	

g. Why did the collaboration begin? **City of Chicago Head Start needed to fill additional slots for age & income eligible children.**

h. How were partners selected?

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

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

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

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>Head Start NRS</u> How often is assessment done? <u>Quarterly</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>3X/month</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? _____ How often do they make home visits? _____ How frequent are family contacts? _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		<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): *Not addressed.*

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).
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 is shared by using a cost allocation plan based on square footage, time and percentage.*
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 has not changed. 3 classrooms; 2 Teachers per classroom. Staff is paid by all funding sources. The Director supervises the teaching staff. All benefits are offered to all staff.*
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. *We have a shared space agreement with the church. We contribute monthly to the use of the space. We cannot afford to pay fair market value of the space. The difference is donated as in-kind from the church.*

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. ***Each funding source provides training & workshops. All information is shared with all staff members.***
  
21. Please give any other details about your collaboration that you believe are important, but not covered elsewhere.  
***Child care funds decrease. Head Start funds increased.***
  
22. If you could start your collaboration over again, knowing what you know now, what would you do differently?  
***Would have more funding sources. Budget amounts would be more.***
  
23. What advice do you have for agencies/homes starting new collaborations?