

## EARLY CARE & EDUCATION PROGRAM COLLABORATION MODEL DESCRIPTION

**Agency/Home Name:** Southern IL University at Carbondale Head Start  
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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 – 3 child care partners  
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 - per NRS data
- Rural
- Suburban

**5. Schedule**

Hours per day: 3 schedules – 10 hrs. (7:30 am – 5:30 pm), 12 hrs. (6:30-6:30), & 9.5 hrs. (7:30-5:00)

Days/Weeks per year: 5 days/week; 47-52 weeks/year

Holidays or other time “off” or closed: Varies some by center

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/year 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
Eurma Hayes Center, Carbondale (capacity 160)	Child Care Center			18
John A. Logan College Preschool, Carterville (capacity 56)	Child Care Center			34
Malone’s Early Learning Center, Carterville (capacity 188)	Child Care Center			18

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 – Logan College
- 151-300 – Malone’s & Eurma Hayes
- 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 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 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 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> NA
l. Is there an ongoing advisory group for the collaboration?	<input checked="" type="checkbox"/> No	<input 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>Monitoring</i>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> NA
o. Does the collaboration have a written evaluation process? <i>monitoring</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? <u>5/04</u> 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? <u>Eurma Hayes 9/03,</u> <u>John Logan 5/03, Malone’s 1/04</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 checked="" type="checkbox"/> No	<input 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
e. Staff Salaries	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
f. Employee Benefits	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
g. Management Practices/Structure	<input checked="" type="checkbox"/> No	<input 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 type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	<input type="checkbox"/> All	<input checked="" 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 type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	<input type="checkbox"/> All	<input checked="" type="checkbox"/> Collab
f. Transportation services – <i>Eurma Hayes Center only</i>	<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 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
i. Disabilities 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
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>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 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
m. Non-traditional hours service <i>NA</i>	<input type="checkbox"/> E/HS	<input checked="" 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? <i>Eurma Hayes 1/2000, John Logan 1/2002, Malone's 1/2004</i>		
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?		<input checked="" type="checkbox"/> Yes

g. Why did the collaboration begin? *See #13.*

h. How were partners selected? *Fiscal accountability, clientele, educational levels of staff*

i. When there is a disagreement or conflict, how is it resolved with partners? *Discussion, meeting & contract review.*

j. When a decision has to be made about the collaboration, how is this done with partners? *Meeting and follow up in writing.*

k. Explain how often reports & meetings are done/held: *Formal meetings held monthly, same oversight is provided to collaborators as is regular Head Start centers.*

**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? _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<i>Partners' curricula vary.</i>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
b. Does the program do child screening? If yes, what instrument is used? <i>Denver H, DASE, DECA</i> How often are screenings done? <i>1X/year</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Head Start	<input type="checkbox"/> All	<input checked="" type="checkbox"/> Collab
c. Does the program do ongoing child assessment? If yes, what instrument is used? Not indicated How often is assessment done? <i>3X/year</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Head Start	<input type="checkbox"/> All	<input checked="" type="checkbox"/> Collab
d. Does the program take field trips? If yes, how often? <i>5X/year</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Child Care	<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>50-60</i> How often do they make home visits? <i>2 &amp; as needed</i> How frequent are family contacts? <i>Ongoing</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Head Start	<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): *Head Start written procedures outline process & are implemented in the same manner as program-wide Head Start operations. Collaboration Center Director is communicated with in the same way Head Start staff Center Director receives communication.*

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). *None.*
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?  
*Head Start pays for classroom supplies & materials and training. Partners supply space, staff, food, and utilities. Contract provides management fee to assist with these 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?  
*Cooks, Janitors, teachers & Director are employees of the partners. Head Start provides staff to carry out all Head Start Program Performance Standards & management staff for oversight & monitoring.*
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.  
*Term is 1 fiscal year. Sections include: Scope of Services; Term; Compensation for Administration of Head Start Services; Limitation of Cost; Termination; Project Director; Principal Investigator; Modification/Negotiation; Equipment; Evaluation, Reporting & Information Requirements; Equal Employment Opportunity & Civil Rights; Bonding, Indemnity, Insurances; Independent Contractor Status; Data Privacy; Conditions of the Parties' Obligations regarding Funders & Regulations; Default; Letter of Agreement Documents (Compensation for Services, Description of Services, Program Performance Standards, Special Provisions).*  
  
*Each partner receives same amount based on maintaining required enrollment. Program's approach & philosophy to partnering places higher value on continuity of care, extended weeks/hours of operation, enhanced curriculum, staff development/training. Monitoring compensation is not the driving force behind the collaboration. Head Start generates considerable in-kind from space & staffing.*
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.  
*Staff at the collaboration sites are included in all training provided to other Head Start staff.*
21. Please give any other details about your collaboration that you believe are important, but not covered elsewhere.  
*None.*
22. If you could start your collaboration over again, knowing what you know now, what would you do differently?  
*Would require the fees being paid to partner must be reflected in partner's collaboration classroom's teacher pay.*
23. What advice do you have for agencies/homes starting new collaborations?  
 *Everything spelled out in detail in writing.*  
 *Be aware of the amount of time required for monitoring/oversight.*  
 *Acceptance that there are some limitations, i.e., staff may not be Head Start employees; agency philosophy differences, i.e., child care is a business & provides basic care; Head Start has same components, but it is much more a quality, enhancement & continuous improvement of comprehensive services.*