

EARLY CARE & EDUCATION PROGRAM COLLABORATION MODEL DESCRIPTION

Agency/Home Name: Skip-A-Long Child Development Services, Rock Island Campus
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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 – Rock Island Milan School District 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: 11.5 hours total From: 6:00 a.m. To: 5:30 p.m.
 Days/Weeks per year: 5 days/all year. We have year round. 9 weeks on and 2 weeks off
 Holidays or other time “off” or closed: Head Start recognizes our 8 recognized holidays plus Veterans Day; Martin Luther King; President’s Day; Easter Week Break; plus 2 Teacher Institute; 2 for P-T Conferences; several half dismissal days
 If this is an Early/Head Start collaboration, please indicate the program option & number of Early/Head start hours: Center based/part day; 4 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
RI Campus – 1609 4 th Street, Rock Island 61201 (capacity 215)	Child Care Center			20 (collab)

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): Internal fund raising, i.e., playground equipment, classroom equipment

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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> NA
d. Are there written procedures for communication among partners?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> NA
e. Is there a written cost allocation plan/budget for the collaboration?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> NA
f. Is there a written training/professional development plan?	<input checked="" type="checkbox"/> No	<input 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 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> NA
l. Is there an ongoing advisory group for the collaboration? <i>Not specific to collaboration, but is a Head Start Policy Council – collab included in what they do</i>	<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>Not in addition to Policy Council</i>	<input checked="" type="checkbox"/> No	<input 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?_ 2005 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?__Nov. 2005 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?_Aug. 2005__ Were any problems identified?	<input checked="" type="checkbox"/> No	<input 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): (answering as Partner is Head Start – “No” meaning other than practices already required by Head Start Performance Standards, i.e., a-d & g-h below)

a. Parent Decision Making	X No	<input type="checkbox"/> Yes
b. Parent Education	X No	<input type="checkbox"/> Yes
c. Parent Involvement	X No	<input type="checkbox"/> Yes
d. Family Support Services	X No	<input type="checkbox"/> Yes
e. Staff Salaries	X No	<input type="checkbox"/> Yes
f. Employee Benefits	X No	<input type="checkbox"/> Yes
g. Management Practices/Structure	X No	<input type="checkbox"/> Yes
h. Staff Training/Professional Development	X No	<input 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 checked="" 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 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	<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 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	
k. Sick child care	<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	
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 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)

- 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?	2002	
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? <i>N.A.</i>	<input 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?

Parents were looking for full day care as they work and we felt since we had a room available, we could combine the best of Head Start and our Subsidized Child Care Program. Additionally, transporting children back and forth on the bus wasn't ideally suited for 3 & 4 year olds.

h. How were partners selected? *There is only one Head Start in Rock Island.*

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

We call and request a meeting.

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

We talk it through and compromise for the best of everyone involved.

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

We would LIKE for there to be regular meetings; a written plan; an assessment. We agree those are important parts of a collaboration. Right now, meetings are held about twice a year.

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	Head Start & Child Care	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
b. Does the program do child screening? If yes, what instrument is used? <u>don't know</u> How often are screenings done? <u>upon enrollment</u>	<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? <u>Work Sampling</u> How often is assessment done? <u>3X/year</u>	<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? <u>4 times a year</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Head Start & Child Care	<input type="checkbox"/> All	<input type="checkbox"/> Collab
e. Does the program have family support staff/case managers? If yes, what is their caseload? <u>1:20</u> How often do they make home visits? <u>1/month</u> How frequent are family contacts? <u>1/month</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	HS	<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 has their own resources as far as referrals and taking care of collaboration family needs but we are not regularly involved unless there is a major concern.*

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. We don't even have all of those.
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 decides what they want in their classroom in our building; they purchase; they unpack; they inventory.
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?
Head Start pays for and staffs two teachers from 8a.m. – 12noon. Skip-A-Long staffs and pays for teaching staff from 6 – 8 and 12 – 5:30 pm. Head Start supervises their personnel; Skip-A-Long supervises their staff; they are not integrated. Head Start staff are invited to Skip-A-Long meetings and do attend, if their schedules will allow.
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.
Contract only specifies facts, not how to, when, why, who.
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.
Head Start seems to have excellent training; they do make it available to Skip-A-Long child care staff, however, cannot close to attend so rarely are able to take advantage of shared training.
21. Please give any other details about your collaboration that you believe are important, but not covered elsewhere.
22. If you could start your collaboration over again, knowing what you know now, what would you do differently?
Involve a committee of parents and concerned citizens to create a true collaboration, which would then result in a well fleshed out written document.
23. What advice do you have for agencies/homes starting new collaborations?
Establish outcomes, policies and procedures, regular meetings, communicate freely and frequently.