

## EARLY CARE & EDUCATION PROGRAM COLLABORATION MODEL DESCRIPTION

**Agency/Home Name:** Skip-A-Long Child Development Services, Moline Campus  
**Contact Person:** Laurel Walker  
**Address:** 4800-60<sup>th</sup> Street, Moline, IL 61265

**Phone:** 309-764-8110  
**Email Address:** [LWalker@skip-a-long.com](mailto:LWalker@skip-a-long.com)

**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 – *Regional Office of Education/Quad City Coalition*  
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 (2.5 PreK a.m. & p.m.) From: 6 a.m. To: 5:30 p.m.

*PreK Hours: 9 – 11:30 a.m. and 2-4:30 p.m.*

Days/Weeks per year: 5 days a week, year round, 52 weeks

Holidays or other time “off” or closed: 4<sup>th</sup> July; Labor Day; Thanksgiving Day and day after;

*Christmas Eve and Christmas Day; NY Day; Memorial Day*

*If this is an Early/Head Start collaboration, please indicate the program option & number of Early/Head start 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
Moline Campus – 4800 60 <sup>th</sup> Street, Moline 61265 (capacity 246)	Child Care Center			60 PreK
Rock Island Campus – 1609 4 <sup>th</sup> Street, RI 61201 (capacity 215)	Child Care Center			40 PreK

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

- 0-150
- 51-500
- 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+ (This is Quad City Coalition total # of children.)

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): DCFS; Fund Raising

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 checked="" type="checkbox"/> No	<input 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 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 type="checkbox"/> No	<input checked="" 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 type="checkbox"/> No	<input checked="" 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? _____ Were there any problems identified?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> NA
r. When was the agency’s last licensing visit? ___7/05_ 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? _8/05____ 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):**

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 type="checkbox"/> No	<input checked="" 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 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 type="checkbox"/> CC	<input checked="" type="checkbox"/> PreK	<input type="checkbox"/> Other	<input type="checkbox"/> All	<input checked="" type="checkbox"/> Collab
a. Child education services	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input checked="" type="checkbox"/> PreK	<input type="checkbox"/> Other	<input type="checkbox"/> All	<input checked="" type="checkbox"/> Collab
b. Family support services	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input checked="" type="checkbox"/> PreK	<input type="checkbox"/> Other	<input type="checkbox"/> All	<input checked="" type="checkbox"/> Collab
c. Health 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
d. Mental health services <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
e. Parent education/involvement	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> CC	<input type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
h. Transition services <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
i. Disabilities 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
j. Parent home visits	<input type="checkbox"/> E/HS	<input type="checkbox"/> CC	<input checked="" type="checkbox"/> PreK	<input type="checkbox"/> Other	<input type="checkbox"/> All	<input 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 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?	2003	
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 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? *The ROE pulled together a small handful of early childhood providers to generally discuss common issues. Out of that our local Coalition was formed, which two years later decided to pool together and write the ECBG together, believing that “together we are better.”*

h. How were partners selected? *Attitude, knowledge, willingness to work together, something to bring to the table. Then, each classroom of 20 PreK At Risk children was awarded on an RFP basis with outside objective readers of each application.*

i. When there is a disagreement or conflict, how is it resolved with partners? *One of us calls for a meeting and it is talked through. We now have written by laws that address conflict resolution.*

j. When a decision has to be made about the collaboration, how is this done with partners? *Follow Roberts Rules for voting - each partner has 1 vote.*

k. Explain how often reports & meetings are done/held: *Monthly meetings with Directors of the classrooms, monthly meetings of the oversight group and monthly meetings of the 04 teachers with the fiscal partner, ROE.*

**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	Both	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
b. Does the program do child screening? If yes, what instrument is used? <i>___Ages/Stages___</i> How often are screenings done? <i>annual/on enrollment</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Both	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
c. Does the program do ongoing child assessment? If yes, what instrument is used? <i>Work Sampling</i> How often is assessment done? <i>2X/year year</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Both	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
d. Does the program take field trips? If yes, how often? <i>8X/year</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Both	<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>_:80_</i> How often do they make home visits? <i>2X/year</i> How frequent are family contacts? <i>weekly</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	PreK	<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):  
*Skip-A-Long staffs a Family Service Provider who conducts enrollment, determines eligibility & links families to services. This person develops relationships with the families.*

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). **Nurse on staff; we conduct a separate outcomes measurement, assessing kindergarten readiness.**
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?  
*Partners discuss & determine their group/individual needs—come to consensus, draft the budget, which is then presented to the oversight committee. The fiscal agent secures the money & distributes according to budget to each classroom partner who is then responsible for proper documentation.*
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?  
*ROE hires 04 certified teacher, who is layered on top of Skip-A-Long's two classroom teachers. ROE pays 04 salary/benefits. Skip-A-Long's regular teaching staff receive a salary increase for PreK duty and overtime for training sessions. Skip-A-Long's Director supervises both the certified teacher & regular teaching staff; ROE/fiscal agent also supervises the certified teacher, who is paid a higher salary and receives greater benefits than child care. The certified teacher is also considered exempt and regular child care teachers are NOT.*
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.  
*Written agreement states the purpose, compliance, decision making, management, equipment ownership, liability insurance, record keeping, monitoring/evaluation, public relations, conflict of interest, changes, dispute resolution, renewal/termination, notices - signed by all partners in the Coalition's PreK collaboration. Program Policies and Procedures Manual addresses organization, curriculum and instruction, personnel, parents, assessment and accountability, early learning enhanced experience, staff development plan, division of responsibilities. Also have written salary agreement that teaching staff and directors are required to sign in order to receive additional PreK pay for these additional duties. They are the ONLY child care staff whose salary is augmented with PreK funding.*
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.  
*Partners agree on training, presenters, & level needed at the beginning of the year. ROE coordinates training; each classroom partner pays their share. In the third year, the level of training has advanced because the staff knowledge base has increased, however, entry level training is still offered for new staff. Training & staff development are one of the hallmarks of this collaboration's success. Everyone has the opportunity to better their knowledge and apply it in their classrooms. Regular child care teachers received 60 clock hours last year on top of the regular 15 hours always provided. This professional development has stimulated staff to further their education.*
21. Please give any other details about your collaboration that you believe are important, but not covered elsewhere. *Our collaboration is still so different and new to us as we are completely pooling our knowledge, resources to make this successful. We worked through our different perceptions and turf issues/barriers so that we are a diverse group functioning as one.*
22. If you could start your collaboration over again, knowing what you know now, what would you do differently? *Clarify the roles of all partners; seek 501c3 status.*
23. What advice do you have for agencies/homes starting new collaborations?  
*While it is more difficult and time consuming, I believe we offer a better service in the final analysis. Open and regular communications should be spelled out and adhered to. Seek out partners like and unlike you to bring diversity to the table. Take the opportunity to learn/share with one another.*