

EARLY CARE & EDUCATION PROGRAM COLLABORATION MODEL DESCRIPTION

Agency/Home Name: Southern Seven Head Start
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1. Model (Please check only one. Complete separate forms for different collaboration models.)

- One Agency, Multiple Funders – child care**
A single program or agency blends/braids funds and program requirements from multiple sources at a single site.
- Multiple Agencies Partner – various school districts**
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: CC/E-HS 8 plus hrs./day From: 7 am To: 5 pm

Days/Weeks per year: 5 days/week; 51 weeks/year

Holidays or other time “off” or closed: federal holidays

If this is an Early/Head Start collaboration, please indicate the program option & number of Early/Head start hours: Center based; part day E/HS in full day 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
Rustic Campus Head Start (CC/EHS/HS)	Head Start center	8	24	10
Jonesboro Early Learning Center (HS/PreK)	PreK Center			20
Goreville Early Learning Center (HS/PreK)	PreK Center			20
Anna Early Learning Center (HS/PreK)	PreK Center			20
McClure Early Learning Center (HS/PreK)	PreK Center			10
Emerson School (HS/PreK)	School District			10
Egyptian School (HS/PreK)	School District			10

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+ - various

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): Campus Grant – Shawnee Community College

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 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 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?	<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?	<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? <u>4/04</u> Were there any problems identified? <i>Under Enrollment</i>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> NA
r. When was the agency’s last licensing visit? <u>Each site varies</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 type="checkbox"/> No	<input checked="" 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 type="checkbox"/> No	<input checked="" 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	
a. Child education services	<input checked="" 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
b. Family support services	<input checked="" 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
c. Health services	<input checked="" 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
d. Mental health services	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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
i. Disabilities services	<input checked="" 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 checked="" 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
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 checked="" type="checkbox"/> PreK	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
m. Non-traditional hours service <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

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?	2004-2005	
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? <i>occasionally</i>	<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 checked="" type="checkbox"/> Yes
f. Does the collaboration have a written decision making process?	<input checked="" type="checkbox"/> No	

g. Why did the collaboration begin? *To maximize services & enrollment.*

h. How were partners selected? *Meetings held in December 2004 to begin discussions; looked at community assessment to find out needs, etc.*

i. When there is a disagreement or conflict, how is it resolved with partners? *Communication – Head Start Administrator and Superintendents talk.*

j. When a decision has to be made about the collaboration, how is this done with partners?
Not answered.

k. Explain how often reports & meetings are done/held: *Not answered.*

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	Head Start	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
b. Does the program do child screening? If yes, what instrument is used? <i>DIAL 3 & DIAL R</i> How often are screenings done? <i>1X/year</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Head Start	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
c. Does the program do ongoing child assessment? If yes, what instrument is used? <i>Creative Curriculum Continuum</i> How often is assessment done? <i>4X/year</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Head Start	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Collab
d. Does the program take field trips? If yes, how often? <i>About 1X/month</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Head Start	<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>30-90</i> How often do they make home visits? <i>2X/year</i> How frequent are family contacts? <i>As needed</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Head Start	<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):

When needs are determined, a referral process is started, which includes Home Visits, consent/releases of information signed by parents, etc. Plans of action for needed services, follow up, etc. are developed.

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).
Head Start offers transportation when & where possible. Head Start provides all comprehensive services. Head Start conducts hearing & vision screenings in the schools.
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?
The formal contract includes money for rent, utilities, etc. Agreement for partnership children includes \$20/child who is dually enrolled between PreK & Head Start for supplies. Head Start helps pay for training, substitutes, and upgrades to playgrounds.
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?
Combination of PreK & Head Start staff. Each pays for 1 full-time employee. Supervised together. Constant communication. Head Start is primary supervisor. Shared evaluation. Monthly meetings.
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.
Each agreement is different – negotiated by local school board & Head Start. Cover custodial services, rent, utilities, use of space, meals, etc.
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 provides training to PreK & Head Start. Head Start also helps pay for outside training. All staff included in trainings such as challenging behaviors, Creative Curriculum, screenings, assessments, etc. More early childhood professionals are trained – it's an integrated system.
21. Please give any other details about your collaboration that you believe are important, but not covered elsewhere.
Collaborations are a tremendous benefit to any program. They take a lot of time, consideration & concern. We have to start with firm relationships built on trust. It is one arena when you have to keep your word no matter what. Be up-front from the beginning!
22. If you could start your collaboration over again, knowing what you know now, what would you do differently?
Nothing at this point. We are pleased with how things have turned out. We took it slow, built a relationship- we were up-front with expectations & rules and knew there would be give & take on both ends.
23. What advice do you have for agencies/homes starting new collaborations?
 - Make each collaboration individual.*
 - Listen more than you talk.*
 - Be honest with everything.*
 - Build trust.*
 - Keep your word.*
 - Maintain your goals & build new ones together.*