



**DEPARTMENT OF FAMILY AND SUPPORT SERVICES  
CITY OF CHICAGO**

To: Executive Directors/Program Directors/Lead COPA Users  
Head Start, Early Head Start, Child Care Programs

From: Loukisha Smart-Pennix, Director *LP*  
Children Services Division

Date: December 27, 2013

Re: Revised Procedures for Adding Head Start/Early Head Start/Child  
Care Partners

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The Children Services Division of the Chicago Department of Family and Support Services has a longstanding commitment to ensuring that all CSD funded programs provide the highest quality of services to our consumers and their families.

To assure that all of our programming is of high quality and in compliance with all relevant regulations and performance standards regardless of program option, CSD is revising its process for adding and monitoring new and existing delegate agency partners and Family Child Care Homes, effective immediately.

In order to be funded through any DFSS Child Care, Early Head Start, Head Start or Family Child Care Homes agency, the incoming entity must; pass a Safe Environments assessment, have required licensing, have a current USDA/ISBE contract and appropriate staff credentials for the program model(s) requested.

Agencies wishing to add a partner or provider to their agency or network should fill out the Add a Partner/Provider Request Form, available on the CSD website <http://childrenserviceschicago.com> and submit it to Rhonda F. Anderson by email at [rhonda.anderson@cityofchicago.org](mailto:rhonda.anderson@cityofchicago.org); all education staff credential documentation should be sent via email to [denise.jordan@cityofchicago.org](mailto:denise.jordan@cityofchicago.org).

For any questions about this policy, please contact Craig Zemke at [craig.zemke@cityofchicago.org](mailto:craig.zemke@cityofchicago.org) or 312-743-1446 or Rhonda F. Anderson at [rhonda.anderson@cityofchicago.org](mailto:rhonda.anderson@cityofchicago.org) or 312-743-3638.



# Request to Add Partner/Provider Form

Date of Request:					
Contact Person Regarding Request Submitted:		Name:			
Fax:	Phone:	Email:			

**Delegate Agency / Site Information**

Agency:		FCCH Site Name:			
Fax:	Phone:	Email:			
Address:					Zip:
<b>*License Capacity</b>					

**Program Type Requesting**      *(Check all that apply)*

<input type="checkbox"/> Child Care Home IP <input type="checkbox"/> Child Care Home IT <input type="checkbox"/> Child Care Home PS <input type="checkbox"/> Child Care Special Needs Therapeutic <input type="checkbox"/> Day Care Home At-Risk Infant Center <input type="checkbox"/> Day Care At-Risk Infant Home <input type="checkbox"/> Day Care At-Risk Infant Bridge <input type="checkbox"/> Day Care At-Risk Sibling Bridge	<input type="checkbox"/> EHS Collaboration Enhanced Home EP <input type="checkbox"/> EHS Collaboration Enhanced Home IP <input type="checkbox"/> EHS Enhanced Home IT <input type="checkbox"/> Home Care IP <input type="checkbox"/> HS Collaboration Extended Hours Care PS <input type="checkbox"/> HS Collaboration with Childcare <input type="checkbox"/> HS Collaboration with Childcare & PreK	<input type="checkbox"/> HS Collaboration with Childcare Homes <input type="checkbox"/> HS with DCFS Special Case <input type="checkbox"/> HS with DCFS Special Case & PreK <input type="checkbox"/> HS with IDHS Special Case <input type="checkbox"/> HS with IDHS Special Case & PreK <input type="checkbox"/> School Age (Home) <input type="checkbox"/> Special Case
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**Delegate Agency Network Coordinator Information**

Name:			
Phone Number:		Email Address:	

*Internal Use Only:*

<i>Approved By Safe Environments:</i>			
<i>Date added in COPA:</i>		<i>Added by:</i>	
<i>Date Teacher Credentials Certified:</i>		<i>Certified by:</i>	
<i>Date Approved by Finance:</i>		<i>Approved by:</i>	
<i>Listed Activity numbers for site:</i>			
<i>Date Activity Numbers added in COPA:</i>		<i>Added by:</i>	