

Early Childhood Excellence Center Program Report

Reporting Period
April 1, 2004- September 30, 2004 (6 months) Due October 15, 2004

Please indicate on this sheet if there are any corrections to the following:

Grantee Name: MENOMINEE INDIAN TRIBE OF WISCONSIN

II. Briefly list any classroom/center **physical quality improvements** you have implemented in the past 6 months (e.g. new learning materials, new equipment, and other physical improvements to your center).

We purchased two new shades for our sandboxes in our play yards. We also purchased additional rubber chips for our school-age play yard.

We replaced broken or discarded toys and art supplies.

III. Please identify any **outside consultants** (e.g. nurse, event speakers, musician, artist, curriculum consultant, etc.), paid or not, who came to your center in the past 6 months. Estimate their total number of hours at your center and the total number of children they reached.

Type of Outside Consultant	Was Consultant Paid ?	Estimated Number of Hours	Estimated Number of Children Reached
Ceramics Teacher	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30	40
Musician	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	36	65
Speech Therapist	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	24	3
Grandmother volunteer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	480	7
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

IV. Please summarize all **staff training events** sponsored by your center during the past 6 months, by category and total number of staff in attendance. Please include any other training not listed.

Staff Training Event	Total Number of Events	Total Number of Staff in Attendance	Comments
Classroom Curriculum / Child Development (classroom training, Birth to 3, etc)	1	4	Managing Aggressive Behavior
	1	8	Biting
	1	10	Potty Training
	1	10	Music & Dance
	1	5	Painting (Make & Take)
Health & Safety (SIDS, CPR, fire safety, etc)	1	2	Home Safety
	1	19	SIDS
	3	10	CPR
	1	3	1 st Aid
Staff Career & Personal Development (career options, staff training, yoga, etc)	1	6	Menom. Lang.
Other (please specify)			

V. Please summarize the total number of **family educational /social /participatory events** sponsored by your center in the past 6 months, and estimate the total number of participants.

Type of Family Event	Number of Events	Number of Total Participants
Family Education (managing money, reading to your child, cultural heritage, etc.) Menominee Parenting	10	49
Health & Safety Education (CPR, fire, nutrition, etc.) First Aid CPR SIDS Home Safety	1 1 1 1	5 9 35 5
Social Events (fun nights, holiday celebrations, etc.) Powwow	1	400
Teacher Conferences	1	60
Advisory Board Meetings		
Other major ways in which families are involved: Potty Training Biting	1 1	27 25

VI. What was the most significant happening at your center in the past six months?

Pow wow- we had around 400 family, community member, and area Headstart and daycares in attendance. We had two drums, the color guard, and area princesses in attendance. The daycare also had their little princess and little brave. Traditional foods were served and many prizes were given out. The Tribal newspaper was there, some elders, and a member or Legislature attended.

Thank you for completing this Excellence Initiative program report. We look forward to finding out what is new with your center.