

## 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: NEIGHBORHOOD HOUSE

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).

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- Three classrooms received a remodel the end of June beginning of July.
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- The remodel included, new shelving, storage areas, Teacher work station, paint, new ceiling, woodwork stripped and stained, new outdoor doors.
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- The outdoor play yard received repairs to the rubber mats
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- Classrooms upstairs floors were stripped and waxed
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- New classroom materials were purchased
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- Display boards in main hallway
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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
Public Health Nurse	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20	80
Vision Screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3	45
Music class	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4	80
Residential Medical Doctor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2	4
Nurse practioner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1	2
	<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.

<b>Staff Training Event</b>	<b>Total Number of Events</b>	<b>Total Number of Staff in Attendance</b>	<b>Comments</b>
<b>Classroom Curriculum / Child Development</b> (classroom training, Birth to 3, etc)			
<b>Health &amp; Safety</b> (SIDS, CPR, fire safety, etc)			
<b>Staff Career &amp; Personal Development</b> (career options, staff training, yoga, etc)			
<b>Other</b> (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.

<b>Type of Family Event</b>	<b>Number of Events</b>	<b>Number of Total Participants</b>
<b>Family Education</b> (managing money, reading to your child, cultural heritage, etc.)	5	27
<b>Health &amp; Safety Education</b> (CPR, fire, nutrition, etc.)	2	253
<b>Social Events</b> (fun nights, holiday celebrations, etc.)	6	317
<b>Teacher Conferences</b>	1	25
<b>Advisory Board Meetings</b>	1	4
<b>Other major ways in which families are involved:</b> Health Services (free Physicals)	2	54

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

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We were very excited to have the opportunity to remodel our three infant and toddler classrooms. This was quite an accomplishment to complete this work in an accelerated time frame. We closed the facility for 4 business days. Families were very understanding and were especially pleased when they saw the results of the remodeling.

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