

Early Childhood Excellence Center Program Report

Reporting Period

October 1, 2004- March 31, 2005 (6 months) Due April 15, 2005

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

Grantee Name: HEAD START FAMILY DEVELOPMENT CENTER

- 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 utilized the Creative Curriculum Implementation Checklist in both classrooms in the fall. As a result we purchased additional materials to enhance the environment, particularly in the science and sensory areas. Language and literacy were also enhanced through the purchase of books, books on tape, alphabet games and puzzles, and a book binding machine. A new Ellison Die Cut Machine will provide teachers with an opportunity to enhance the environment, creating visual displays and small group learning materials.

- 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
Mental Health Consultant	X Yes <input type="checkbox"/> No	12	40
First Readers	<input type="checkbox"/> Yes X No	6	40
University of WI – Stevens Point	<input type="checkbox"/> Yes X No	100	40
	<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		
	<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
<i>Classroom Curriculum / Child Development</i> (classroom training, Birth to 3, etc)	6	11	Creative Curriculum Literacy Assessment Child Guidance
<i>Health & Safety</i> (SIDS, CPR, fire safety, etc)	6	11	CPR First Aid Evacuation Plan Disaster Plan/Code React Fire Safety Contingency Plans for Natural Disasters
<i>Staff Career & Personal Development</i> (career options, staff training, yoga, etc)	1	11	Professional Boundaries
<i>Other</i> (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
<i>Family Education</i> (managing money, reading to your child, cultural heritage, etc.)	4	15
<i>Health & Safety Education</i> (CPR, fire, nutrition, etc.)	1	15
<i>Social Events</i> (fun nights, holiday celebrations, etc.)	7	25
<i>Teacher Conferences</i>	1 conference per family	40
<i>Advisory Board Meetings</i>	1	2

<p>Other major ways in which families are involved: Conferences – 1 per family Field Trips Planning curriculum Parent Focus Group for Peer Review Educational Home Visits Individual Health and Behavior Plans Integrated Service Teams</p>		
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VI. What was the most significant happening at your center in the past six months?

The program was reviewed by the Federal Peer Review Team at the end of November. The team was here for a week reviewing all aspects of the program and we were found to be in compliance in all areas.

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