

Early Childhood Excellence Center Program Report

Reporting Period

April 1, 2005- June 30, 2005 (3 months) Due July 15, 2005

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

Grantee Name: BRIGHT BEGINNINGS EARLY LEARNING CENTER

- II. Briefly list any classroom/center **physical quality improvements** you have implemented in the past 3 months (e.g. new learning materials, new equipment, and other physical improvements to your center).

_____ Sprinkler system for water day and improvement of playground.

_____ Enhancement of the library and computer lab.

_____ New industrial stove and freezer.

_____ Curtains for classrooms rather than shades.

_____ 20 passenger mid-bus for fieldtrips and before/after school age transportation.

_____ Created SIDS emergency procedures and placed in binders.

_____ New staff t-shirts for summer uniforms.

_____ New computers for the staff room and management.

Phones in all classrooms.

More videos, books, and CD's for the parent resource area.

Digital camera and printer for parent usage.

New changing tables for toddlers.

- 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 3 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
Music therapist	X Yes <input type="checkbox"/> No	2 ½ hrs. per week	189

Love and Logic	X Yes <input type="checkbox"/> No	5 hrs.	?
Accreditation	X Yes <input type="checkbox"/> No	8 hrs	all
	<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 3 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	18	Love & Logic
	1	38	Wis. Early Learning Standards
Health & Safety (SIDS, CPR, fire safety, etc)	2	6	Diabetes
	2	13	CPR/ First Aid
	1	36	SIDS
Staff Career & Personal Development (career options, staff training, yoga, etc)	1	36	How to protect your hard working dollars.
Other (please specify)			

V. Please summarize the total number of **family educational /social /participatory events** sponsored by your center in the past 3 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.)	1	72
Health & Safety Education (CPR, fire, nutrition, etc.)	1	5
Social Events (fun nights, holiday Celebrations, etc.)	1	205

<i>Teacher Conferences</i>	1	22
<i>Advisory Board Meetings</i>	3	8

VI. What was the MOST SIGNIFICANT happening at your center in the past three months?

The love and logic conference hosted by us and opened to the whole community.

VII. What was the MOST SIGNIFICANT happening at your center over the timeframe of the entire Early Childhood Excellence Initiative?

Environmental enhancements, teacher recognition, and continuing education opportunities.

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