

## 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: GRAY'S CHILD DEVELOPMENT 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).

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 New toys and equipment for outdoor use – tricycles, balls, other items for outdoor play

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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 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
Nursing Students	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6	85
	<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 3 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><i>Classroom Curriculum / Child Development</i></b> (classroom training, Birth to 3, etc)			
<b><i>Health &amp; Safety</i></b> (SIDS, CPR, fire safety, etc)			
<b><i>Staff Career &amp; Personal Development</i></b> (career options, staff training, yoga, etc)			
<b><i>Other</i></b> (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.

<b>Type of Family Event</b>	<b>Number of Events</b>	<b>Number of Total Participants</b>
<b><i>Family Education</i></b> (managing money, reading to your child, cultural heritage, etc.)	1	14
<b><i>Health &amp; Safety Education</i></b> (CPR, fire, nutrition, etc.)		
<b><i>Social Events</i></b> (fun nights, holiday celebrations, etc.)	1	38
<b><i>Teacher Conferences</i></b>	1	21
<b><i>Advisory Board Meetings</i></b>		
<b><i>Other major ways in which families are involved: Families are involved in volunteer events, helping in the classroom and on field trips</i></b>	Parents come in as they can, not for special events.	Although they sign in they are not individually counted because they come in and out at various hours.

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

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Week of the Young Child activities with children and families

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5-yr Kindergarten traditional luncheon, activities and graduation

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

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Made much needed improvements to classrooms and other parts of the building used by the children. Less turn-over of teachers. More parent involvement, more interest in what their child is doing all day.

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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.***