

## 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: JUST KID INN DAY CARE - 22ND ST

- 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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Surveillance system and door locks. New Play

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Ground pad and Shade. A new fence was

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Installed.

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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
Debbie Rueber	No`	1`	20
Petco Staff	No	.50	12
	<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>Classroom Curriculum / Child Development</b> (classroom training, Birth to 3, etc)	3	81	0
<b>Health &amp; Safety</b> (SIDS, CPR, fire safety, etc)	4	7	
<b>Staff Career &amp; Personal Development</b> (career options, staff training, yoga, etc)	0	0	0
<b>Other</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>Family Education</b> (managing money, reading to your child, cultural heritage, etc.)		
<b>Health &amp; Safety Education</b> (CPR, fire, nutrition, etc.)	4	51
<b>Social Events</b> (fun nights, holiday celebrations, etc.)	1	55
<b>Teacher Conferences</b>	0	0
<b>Advisory Board Meetings</b>	0	0
<b>Other major ways in which families are involved:</b>	In the classroom and on field trips	

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

Our family fun night is becoming very popular with our parents

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

The change in quality that we provide to the children and families we serve. Our staff has become better educated and we are now NAEYC Accredited.

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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.***