

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: DAY CARE SERVICES FOR CHILDREN, INC

- 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).

We were able to order the necessary equipment to complete our lending library for our parents and families. We are hoping to be able to begin to offer this to parents Fall of 2005. In addition, we have purchased a gate and panel system from Community Playthings to finish off the preschool "wing".

- 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
Nurse	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6	17
Mental Health consultant	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6	30
HIPPY reading program	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2	6
	<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)	3	4	
Health & Safety (SIDS, CPR, fire safety, etc)	SIDS, CPR	12	
Staff Career & Personal Development (career options, staff training, yoga, etc)	MATC onsite enrollment TEACH scholarships -Infant Toddler and Administrator Cred.	9	
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.)	2	4
Health & Safety Education (CPR, fire, nutrition, etc.)	0	
Social Events (fun nights, holiday celebrations, etc.)	1	4
Teacher Conferences	1	23
Advisory Board Meetings	1	8
Other major ways in which families are involved: We continue to try to reach more of our Fathers through meetings/events designed to meet their interests.	1	2

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

Completing the lending library and establishing the two "wings" through the purchasing of needed equipment.

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

ACCREDITATION!!!!!!

Without the grant funds awarded to us through the Early Childhood Initiative we would not have been able to accomplish this.

In addition we have been able to make numerous improvements throughout the center.

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