

Core Data Questions:

SECTION 1

(The core data section includes questions which need to be updated when the information changes)

1. How many communities does your site serve? _____

2. How is your program delivered? (check all that apply)

- primarily centre-based
- primarily home-based
- outreach/home visiting
- other, please specify _____

3. Are you a stand alone or shared facility? stand alone facility _

If shared, with whom?

- school (including preschools)
- health centre
- cultural building
- community centre
- band administration office
- wellness centre
- recreational facility
- day care centre
- modular/trailer
- vocational centre
- other, please specify _____

4. Identify the standards, (policies and procedures) your program has adopted:

- provincial standards
- community based standards
- regional generic standards
- First Nations Head Start Standards Guide
- other, please identify _____

5. How many days per week do children attend the program? _____

6. Do the children attend full day or half day sessions?

- full day
- half day

7. Do you serve children with special needs? If yes, describe their needs:

Age	Type(s) of special need	Who identified the special need? (parent/guardian/Head Start staff/professional)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. What activities have you provided to address their needs?

- making referrals
- modified activities
- gross and small motor therapy
- review child:staff ratios
- establishment of policies
- physiotherapy
- other, please specify _____

9. What is your child:staff ratio? _____

10. Identify the total number of Head Start staff in each category:

_____ program coordinators/ program administrators
_____ staff that work directly with children

_____ support staff, i.e., cook, bus driver, administrative support, janitors, etc

11. Please specify the qualifications of each staff member:

Staff position	Qualification	Degree	Diploma	Certificate	Accredited Training
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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SECTION 2

(to be answered at each reporting period)

12. Is there a Parent Advisory Committee and what is its role?

13. Does your Head Start provide transportation? Yes ___ No ___

14. How many children access the Head Start transportation? _____



END OF SECTION 1

CORE DATA

National Reporting Template

SECTION 2

(to be answered at each reporting period)

15. How many children did you serve during this reporting period?

Age

Under one year _____

2 years _____

3 years _____

4 years _____

5 years _____

6 years _____

16. Have any children withdrawn prior to completing or graduating from the program?

1. Yes, how many? _____

2. No

17. Why did these children withdraw?

- | | |
|--|---|
| <input type="checkbox"/> illness | <input type="checkbox"/> parent/guardian not ready |
| <input type="checkbox"/> child welfare intervention | <input type="checkbox"/> parent/guardian moved |
| <input type="checkbox"/> transportation difficulties | <input type="checkbox"/> hours did not fit with family's schedule |
| <input type="checkbox"/> child dissatisfied with program | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> child not ready | |
| <input type="checkbox"/> parent/guardian dissatisfied with program | |

18. How many children are on the waiting list?

Boys _____ Girls _____ None _____

19. Identify the environmental/safety practices you have completed during this reporting period:

- | | |
|---|---|
| <input type="checkbox"/> fire drills | <input type="checkbox"/> environmental health officer (EHO) inspections |
| <input type="checkbox"/> fire inspection | |
| <input type="checkbox"/> building/playground safety inspections | <input type="checkbox"/> vehicle safety inspection (includes all modes of transportation) |

20. Describe all program development and/or revisions that have taken place during this reporting period (curriculum and policy development or revisions, new initiatives):

21. What training have your staff and/or Parent Advisory Committee participated in over the reporting period?

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SECTION 2

(to be answered at each reporting period)

22. Describe other partnerships you have established and networking activities you have had during this reporting period:

23. List the activities of the Parent Advisory Committee during this reporting period:

The Six Components

Which of these activities do you incorporate into your program?

24. Culture

- | | |
|---|---|
| <input type="checkbox"/> drumming/singing | <input type="checkbox"/> community celebrations/gatherings |
| <input type="checkbox"/> dancing | <input type="checkbox"/> traditional ceremonies/activities |
| <input type="checkbox"/> praying/smudging | <input type="checkbox"/> arts and crafts |
| <input type="checkbox"/> storytelling | <input type="checkbox"/> gathering of traditional medicines |
| <input type="checkbox"/> nature walks | |

Please list additional activities that have taken place in the Culture component:

25. Language:

- | | |
|--|---|
| <input type="checkbox"/> speaking the children's First Nation language(s) | <input type="checkbox"/> listening to storytelling in the children's First Nation language(s) |
| <input type="checkbox"/> reading books in the children's First Nation language(s) | <input type="checkbox"/> watching videos in the children's First Nation language(s) |
| <input type="checkbox"/> learning letters in the children's First Nation language(s) | |

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(to be answered at each reporting period)

Please list additional activities that have taken place in the Language component:

26. Education/School Readiness:

- | | | |
|--|---|---|
| <input type="checkbox"/> music | <input type="checkbox"/> literacy/reading | <input type="checkbox"/> share with others |
| <input type="checkbox"/> story time | <input type="checkbox"/> fine/gross motor development | <input type="checkbox"/> play fair |
| <input type="checkbox"/> letters/sounds | <input type="checkbox"/> science exploration | <input type="checkbox"/> good manners |
| <input type="checkbox"/> numbers/math | <input type="checkbox"/> computer | <input type="checkbox"/> play with kindness |
| <input type="checkbox"/> colours | <input type="checkbox"/> speech/language | <input type="checkbox"/> taking turns |
| <input type="checkbox"/> shapes/patterning | <input type="checkbox"/> activity centres | <input type="checkbox"/> independence |
| <input type="checkbox"/> instructional/ directional language | <input type="checkbox"/> problem solving | <input type="checkbox"/> listening skills |
| | <input type="checkbox"/> respect for others | |

Please list additional activities that have taken place in the Education/School Readiness component:

27. Nutrition:

- | | |
|--|---|
| <input type="checkbox"/> healthy breakfast | <input type="checkbox"/> gathering and preparing traditional foods |
| <input type="checkbox"/> healthy lunch | <input type="checkbox"/> using the Native Foods and Nutrition Guide |
| <input type="checkbox"/> healthy snacks | |

Please list additional activities that have taken place in the Nutrition component:

28. Health Promotion

- | | |
|--|---|
| <input type="checkbox"/> healthy personal hygiene habits | |
| <input type="checkbox"/> healthy dental hygiene habits | |
| <input type="checkbox"/> audio screening | |
| <input type="checkbox"/> visual screening | <input type="checkbox"/> physical activity |
| <input type="checkbox"/> immunizations | <input type="checkbox"/> promoting self esteem |
| <input type="checkbox"/> healthy lifestyle choices | <input type="checkbox"/> medicine wheel/holistic health |

National Reporting Template

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Please list additional activities that have taken place in the Health Promotion component:

29. Parent Involvement:

- | | |
|--|--|
| <input type="checkbox"/> field trips | <input type="checkbox"/> information/education workshops for parents, such as: |
| <input type="checkbox"/> special events/celebrations | <input type="checkbox"/> <i>nutrition</i> |
| <input type="checkbox"/> fund-raising | <input type="checkbox"/> <i>parenting</i> |
| <input type="checkbox"/> curriculum development | <input type="checkbox"/> <i>cooking</i> |
| <input type="checkbox"/> policy development | <input type="checkbox"/> <i>addictions awareness</i> |
| <input type="checkbox"/> take home activities | <input type="checkbox"/> <i>computer training</i> |
| <input type="checkbox"/> participate in daily activities of the Head Start program | <input type="checkbox"/> <i>literacy</i> |
| <input type="checkbox"/> dad's program | <input type="checkbox"/> <i>crafts</i> |

Please list additional activities that have taken place in the Parent involvement component:

30. How many parents/guardians are actively involved in the project? _____

31. Social Support

- | | |
|---|--|
| <input type="checkbox"/> referrals | <input type="checkbox"/> list of community service providers |
| <input type="checkbox"/> distribution of pamphlets/info | <input type="checkbox"/> outreach/home visits |
| <input type="checkbox"/> family needs assessments | <input type="checkbox"/> parent support groups |
| <input type="checkbox"/> family plan (action plan) | <input type="checkbox"/> family social activities |

SECTION 2

(to be answered at each reporting period)

Please list additional activities that have taken place in the Social Support component:

32. Identify the training needs for your staff, Parent Advisory Committee and Board:

33. Describe program successes your Head Start program has experienced during this reporting period:

34. Describe challenges or barriers your Head Start program has encountered during this reporting period:

END OF SECTION 2