

**Tri-County Community Council Head Start  
Center Directors Weekly Report**

Submitted by \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Special activities/parent meetings next week:  
\_\_\_\_\_  
\_\_\_\_\_

My plans for next week:  
\_\_\_\_\_  
\_\_\_\_\_

Accomplished plans from last week or still working on:  
\_\_\_\_\_  
\_\_\_\_\_

Enrollment: HS \_\_\_\_\_ EHS \_\_\_\_\_

Center Monthly Monitoring Completed \_\_\_\_\_ yes (if yes, attach center monitoring form) \_\_\_\_\_ no

Visual Unannounced Monitoring of Classrooms doing Roll Call at appropriate times must be done at various times throughout the week. If the staff differ in roll call what did they do to ensure the children were accounted for? Complete on each classroom at least twice a week at various times and list classrooms and times below. (Attach Unannounced Visual Periodic Roll Call Monitoring Form with weekly report)

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_  
Friday \_\_\_\_\_

Comments/concerns on roll call \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Monitoring Completed By Other Staff:  
\_\_\_\_\_  
\_\_\_\_\_

Were there any inspections this week (if yes, who and what):  
\_\_\_\_\_  
\_\_\_\_\_

Mental Health referrals made this week # \_\_\_\_\_ Were there any visits \_\_\_\_\_ yes \_\_\_\_\_ no

Speech/Occupational Therapy visit this week \_\_\_\_\_ yes \_\_\_\_\_ no

Fire drill completed for this month \_\_\_\_\_ yes (if yes, date \_\_\_\_\_) \_\_\_\_\_ no

Carbon Monoxide Test completed for the this month \_\_\_\_\_ yes (if yes, date \_\_\_\_\_) \_\_\_\_\_ no

List any staff that was absent during this week.

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

# of Incident/Accident forms submitted this week; were the forms signed and filed or referred:

Physical (child hurt) \_\_\_\_\_

Behavior \_\_\_\_\_

Issues/concerns/facility needs/I think you should know:

\_\_\_\_\_

8.23NT

Office use only Report was turned in on time yes no
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