



CONSENT AGENDA ITEMS JANUARY 2016

Purpose:

The consent agenda is intended to streamline the process for approval of regular, routine issues that comes before the Board of Directors, based on the assumption that they have been dealt with by the appropriate committee in a thorough fashion. Such reliance upon the work of the Board committees is provided for in the governance policies. There is a presumption that many committee actions will be placed on the consent agenda unless the leadership determines that the matter should be reviewed in detail by the full Board of Directors. The following items will be included as part of the consent agenda.

Note:

Any Board member may request that any of the following items be removed from this consent agenda and moved to the regular agenda. Also note that Board members are expected to thoroughly review the consent agenda items and other pre-mailing materials prior to the meeting and anticipate that no verbal report will be presented.

A. CEO January 2016 Report

- **Progress Reports**
 - ▶ HS.EHS Monthly Attendance
 - ▶ HS/EHS Enrollment Report
 - ▶ HS/EHS Statistical Report
 - ▶ Non-Federal Share (HS/EHS)
 - ▶ Child Care Food Inspection Report
 - ▶ SLC Fire Inspection
 - ▶ Child Care Facility License (Garden Terrace & Queen Townsend II)
 - ▶ VPK Monitoring
 - ▶ Cluster Monthly Disability
- **Reimbursement Reports**
 - ▶ DOH Child Care Food Reports
 - ▶ ELC Reimbursement Report
 - ▶ LIHEAP Financial Status Report
 - ▶ Florida Non-Profit Housing
 - ▶ CSBG Financial Status Report
 - ▶ EHEAP Financial Status Report
 - ▶ E-Rate Reimbursement
- **Other Reports**
 - ▶ HS/EHS Policy Council Report
 - ▶ Board Annual Fundraising Report
(Please check names on the following reports to identify persons, business, church, organization, etc., who contributed as a result of their solicitation)
 - ▶ Bureau of Labor Statistics Report (BLS)
 - ▶ Multi-Worksite Data Report
 - ▶ DoR State Unemployment Report

B. Other Information (SEE TAB 5)

- **CORRESPONDENCE**
 - ▶ Chase Grant Award Agreement
 - ▶ Polk County Interagency Agreement
 - ▶ RSM (name change from McGladrey LLP)
 - ▶ Request for Public Record
 - ▶ Response from Congressman Webster re: funding
 - ▶ DANYA International Monitoring Visit (HS/EHS Health & Safety)
 - ▶ NHSA ICYMI ½ Billion Gain for Head Start
 - ▶ NHSA Statement on FY '16 Omnibus Appropriations Bill
 - ▶ NHSA Certificate of Membership
- **UPCOMING CONFERENCES/MEETINGS**
- **BOARD & ADMINISTRATOR NEWSLETTER**

CHIEF EXECUTIVE OFFICER'S
MONTHLY REPORT



JANUARY 2016

A. During this period, overall program operations, administration and management challenges and opportunities included the following:

STRATEGIC PLAN PERFORMANCE INDICATORS
<ul style="list-style-type: none"> • Conducted Senior Management Staff Meeting • Attended the RIV Head Start Association Strategic Planning Retreat and Board Meeting and the FACA Board Retreat and Board Meeting. • Facilitated the completion and successful preparation for the Head Start on- Site Health and Safety Review. • Facilitated the completion of the 2016 ANNUAL STAFF Training Agenda • Facilitated Senior Management Staff training opportunities in the areas of Program Management Best Practices via the Management and Leadership Training Conference in New Orleans <p>Goal 1- Create Additional Educational Experiences and Opportunities for Staff</p> <ul style="list-style-type: none"> • Facilitated the completion and successful preparation for the Head Start on- Site Health and Safety Review. • Facilitated response to U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT Office of Housing Counseling Financial & Administrative Compliance Reviews <p>Goal 5 - Enhance program development for and service delivery to children and families</p>
BOARD/MANAGEMENT TASKS & TIMELINES
<ul style="list-style-type: none"> • Facilitated the completion of the following Board Management Tasks and Professional Development Opportunities: RIV Head Start Association Board Meeting and NCAP Management and Leadership Training Conference in New Orleans • Completed distribution of the Employee Annual COLA and PDIP for 2015. • Completed distribution of the 2015 ALPI Audited Financials to applicable funding agencies. • Facilitated the completion and submission of Agency Indirect Cost Proposal • THE AGRICULTURAL AND LABOR HOUSING DEVELOPMENT CORPORATION, INC. and THE AGRICULTURAL AND LABOR PROGRAM, INC. Single Audit report for your organization was submitted to the Federal Audit Clearinghouse (FAC) and confirmation of acceptance received. • Completed distribution of Annual Meeting Invitations. • Facilitated the completion and submission of Response to Request for Public Records • Facilitated the completion of Policies & Procedures Manual Update and Review

B. Efforts continued to establish and maintain meaningful working relationships between the CEO's offices, program staff, clients, other organizations and funding sources, included the following:

STRATEGIC PLAN PERFORMANCE INDICATORS
<ul style="list-style-type: none"> • NHTSA Resource Development and Member Services Committee Meeting via Conference Call • NHTSA Government Affairs Committee Meeting via Conference Call • DEO WAP Policy Advisory Committee Meeting via Conference Call • FACA Board Meeting and Planning Retreat - Tampa, FL • RIV Head Start Association Board Meeting and Planning Retreat – Atlanta, GA <p>Goal 3 - Partner With Other Entities For More Efficient Service Delivery</p>

C. Other significant program accomplishments during this reporting period included the following:

PERFORMANCE INDICATOR(S)
<ul style="list-style-type: none"> • Receipt of the Grant Settlement Grant in the amount of \$59,000. • Notification of HHS Budget that include Cost of Living and Expansion Funding for Early Head Start. • Notification of increase LIHEAP funding. • Notification of excellent VPK rating scores for all ALPI Head Start Centers.

Please review the attached Management Reports for additional program services delivery activities.

D. Concerns under review during this reporting period included the following:

- Employee Workers Comp Claims
- Completion of Frostproof Health and Safety Renovations
- Head Start/Early Head Start incident reports and 5year Background Screenings

E. FUTURE MEETINGS/CONFERENCES

JANUARY 2016

- 6-8 CAP Management & Leadership Conference - New Orleans, LA
- 9 NCBW Board - Winter Haven, FL
- 12 Senior Management Staff Meeting - Lake Alfred, FL
- 21 Community Action Legislative Day - Tallahassee, FL
- 21-23 ALPI Annual Staff Training Conference - Orlando, FL
- 22 – 23 ALPI Annual Corporate Meeting & Luncheon - Orlando, FL

FEBRUARY 2016

- 1-4 RIV Head Start Association Annual Training Conference - Atlanta, GA
- 9 Senior Management Staff Meeting - Lake Alfred, FL
- 13 NCBW Board Meeting - Winter Haven, FL
- 27 ALPI Shared Governance Training Session - Winter Haven, FL

March 2016

- 8 Senior Management Staff Meeting – Lake Alfred, FL
- 15 -18 Annual NCAF Conference – Washington, DC

April 2016

- 12 Senior Management Staff Meeting – Lake Alfred, FL
- 19 -22 FHSA Annual Conference – Daytona Beach, FL
- 22 ALPI Executive Committee Meeting – Lake Alfred, FL
- 23 ALPI Board of Directors Meeting – Winter Haven, FL

May 2016

- 10 -13 FACA Training Conference – Orlando, FL
- 10 Senior Management Staff Meeting – Lake Alfred, FL
- 16-20 NHSA – Nashville, TN
- 27 ALPI Staff Appreciation Luncheon – Port St. Lucie, FL



THE AGRICULTURAL AND LABOR PROGRAM, INC.

MANAGEMENT REPORTS

JANUARY 2016

DEPARTMENTS ACTIVITIES SUMMARY

Outlined below is a summary from ALPI's department directors of major activities (i.e. Partnerships, Community Involvement, Advocacy, Public Relations, Funding Sources, etc.) participated in through the month of December 2015.

CHILDREN AND FAMILY SERVICES DIVISION DIVISION ACTIVITIES SUMMARY

PROGRAM DESIGN AND MANAGEMENT, FACILITIES, MATERIALS AND EQUIPMENT

➤ **Planning Communication and Reporting**

Planning Communication and Reporting: The focus areas are outlined as follows:

- ✓ Notification was received from the Office of Head Start. Head Start will conduct a Federal visit during the month of January. The focus of the visit is on environmental, health and safety. The monitoring protocol was received for review of required information. The required information/review includes the following:
 - Safe and clear environment
 - Safe and sanitary practices
 - Staffing and supervision
 - Safe transportation
- ✓ Reviewed with staff the FY 2016 OHS Environmental, Health and Safety Protocol Monitoring Tool.
- ✓ Reviewed with the Program Operations Director an approach to ensure a successful Federal review. The idea was to take a total system approach to the process and engage all staff at all levels. The process includes:
 - Compliance measures
 - Equipment to prevent injury or harm to children
 - Fire and building inspections, etc.
 - Cleanliness and sanitation
 - Maintenance and repairs
 - Safety hazards, etc. (includes food safety)
 - Employee criminal background checks
 - Standards of conduct

➤ **EARLY CHILDHOOD EDUCATION SERVICES**

- ✓ Worked on NAEYC Program Portfolio for Frostproof. Worked on standards which included Relationships, Curriculum, Teaching, Assessment of Child Progress, Health, and Teachers.
- ✓ Continued to work on the NAEYC Program Portfolio for Frostproof. In addition to working on standards, assistance was provided to caregiver staff in obtaining required documents to place in the classroom portfolios.
- ✓ Worked on the Agency's annual meeting. Contacted potential presenters and sent out staff surveys for training topics.
- ✓ Continued to work on the NAEYC Program Portfolio for Frostproof. In addition to working on standards, assistance was provided to caregiver staff in obtaining required documents to place in the classroom portfolios.
- ✓ Attended the Senior Management Meeting with all department directors and CEO. Presented potential annual meeting speaker and topics of interest. Provided a plan of action to have all annual meeting tasks completed by the 2nd week of January.
- ✓ Attended the team/staff management meeting with the Deputy Director. Topic of discussion was the upcoming Health and Safety Federal Review. Discussion took place on current policies/procedures and revised policies and procedures.
- ✓ Visited Jumpstart CDC to reorganize two of the three EHS classrooms; reorganized the remaining EHS classroom and the private classroom that is connected to the EHS classroom.
- ✓ Visited George W. Truitt and conducted a walk-through of each classroom to ensure all health and safety procedures were being followed. No concerns were noted.
- ✓ Visited Lincoln Park and Garden Terrace, and conducted a walk-through of each classroom to ensure all health and safety procedures were being followed. No concerns were noted.
- ✓ Visited Loving Care, and conducted a walk-through of each classroom to ensure all health and safety procedures were being followed. Minor concerns were noted and will be followed up by the Health Services Manager.

- ✓ Participated in the NAEYC onsite visit at Frostproof CDC. The onsite NAEYC visit went well and only two pieces of evidence were noted as missing. The evidence was given to the reviewer immediately and the timeframe to have the information submitted to the reviewer was met.

➤ **FAMILY & COMMUNITY PARTNERSHIP AND FAMILY ENGAGEMENT**

- ✓ Conducted orientation and provided training to the new Family Support Services Coordinator (FSSC) in St. Lucie County on December 2nd-3rd. Visited the Lincoln Park to introduce the new FSSC to the family services staff, review cum files, and provide training on PROMIS on how to monitor the waitlist and pull reports.
- ✓ Met with the family services staff, and followed up on the pregnant women's program and the services being provided. Also provided assistance to the Family Support Services Coordinator with file reviews.
- ✓ Attended and participated in the Management Team meeting on December 9th with the Deputy Director, Program Directors, Human Resources Director, and other management staff to review/discuss the monitoring protocol for Health and Safety. The monitoring protocol was reviewed and feedback was provided as to the monitoring being conducted and addressed some concerns related to health and safety.
- ✓ Met with the family services staff in St. Lucie County to review/discuss the monitoring protocol with them and share information as it relates to procedures for emergency contacts/authorizations to release, etc.
- ✓ Attended and participated in the PFCE Workgroup on December 14th headed by the State Collaborative Office, Lilli Copp. Along with 5 other programs, we discussed family outcomes and how we can become uniform with the data sharing to present to the National Head Start. The team shared ideas on how each program conducts their family partnership agreements and how it ties into the framework.
- ✓ Assisted Frostproof CDC and Jumpstart CDC on with classroom management and provided technical assistance as needed. Monitored classrooms along with the Education Manager and provided feedback.
- ✓ Attended the Policy Council Meeting on December 16th in St. Lucie County. Assisted with the meal preparation for the members and assisted staff with cleanup.
- ✓ Provided assistance as needed and supported the Frostproof CDC staff in during the NAEYC site visit to on December 18th. Information was submitted as requested by the NAEYC reviewer.
- ✓ Monitored and tracked the monthly attendance through PROMIS and generated reports.
- ✓ Reported the enrollment data report online to the HSES system based on the data in PROMIS. Full enrollment was maintained throughout the month.

➤ **CHILD CARE FOOD PROGRAM**

- ✓ The Food Services Coordinator (FSC) completed the monthly narrative, the monthly food report, and submitted to Deputy Director for approval & Finance Director for reimbursement. FSC reviewed the St. Lucie County meal delivery ticket for November ensuring meals for breakfast & lunch are correct according to ordering amount for both meals. All Meals match per the CCFP meal count work sheet. FSC Reconciled agency Child Care Food vendor(s) statement, Publix, Borden Dairy, MacArthur's Dairy, & Vero Chemical. End results to ensure quality assurance in program design and management, record keeping and effort reporting.
- ✓ During the month of December 2015 information was shared on Safe Toys & Gifts Month, emailed the 5210 Newsletter to all centers & Jumpstart: What's in Season, Fight BAC! Goes to Child Care from our Partnership for Food Safety Education, Today Head Start Body Start Calendar, Child Care Suggested Book List on Healthy Eating & Physical Activity, from our 5210 Let's Go! Initiative. At your Child Care Family Style Meals and 10 Strategies for Success also from our partners 5210 Let's Go! Definitions on speaking the language of 5210 Let's Go! End result to provide continue education materials to staff, parents, with updates of current issues as provided by partners and funding source, meeting the nutritional needs & feeding requirements of all children.
- ✓ FSC participated in management plans for our 2016 Office of HS Environmental Health & Safety Monitoring Protocol at the Frostproof Child Development Center. The FSC conducted a site visit/review of breakfast and lunch at the Frostproof center on 12/14 & 15, 2015. On 12/15, 2015 the FSC conducted site visit & distribute non-food supplies to all head start and early head start center, in St. Lucie County. Reviewed federal Standards for Child nutrition. End result ensuring all areas of Child Nutrition is in compliance and ensuring staff understand key performance areas as all pertains to the upcoming Federal Review.
- ✓ FSC participated in a monthly webinar Entitlement and Cost management of USDA Foods. Winter Break began December 21, 2015 through January 4, 2016. Children returned on January 5, 2016. End results following through on continue education in Health & Nutrition staying abreast of updated information.

➤ **QUALITY ASSURANCE CONTRACT COMPLIANCE MONITORING**

- ✓ Attended a transition meeting with Polk County School Board, Head Start Program and ALPI EHS Polk. The outcome of this first meeting was to make sure that the children and families we serve in Early Head Start receive a smooth transition to Head Start. Polk County School Board and ALPI apply for a \$500.00 grant to assist with this process. The Polk County School Board will be the Fiscal agent. The funds will be used mainly for advertisement. Hopefully, this joint venture will allow both agencies an opportunity to network and be a resource for families we serve.
- ✓ Queen Townsend, I

- Findings: None Noted, Excellent Program
 - Follow-up/Return Visit: Within 30 days
 - ✓ Loving Care Child Development Center
 - Findings: None Noted, Excellent Program
 - Follow-up/Return Visit: Within 30 days
 - ✓ The following centers were not monitored during this period:
 - Lincoln Park
 - Sunrise Preschool
 - Learning Tree
- Monitoring of the centers will resume in the month of February 2016.
- ✓ Attended Management Team Meeting to review the Environmental & Safety Monitoring Protocol. We discussed the Overview of Federal Visit, Review of Content Service Area, Staffing and Assignments.
 - ✓ Attended Early Steps Meeting. Agency updates, TATS- Battelle Developmental Inventory, state module is being developed. The module will be made available to anyone who administers the assessment.
 - ✓ Will attend Early Steps Book Drive November 20 – January 29, 2015. Please donate new or used books for young children. Baby Bulls go the park and the library. This event support parents in learning to read to their children. It will be held in both Polk and Hillsborough counties www.floridahealth.gov/AlternateSites/CMS-Kids/earllysteps

➤ **IT/DATA MANAGEMENT ACTIVITIES/MONITORING**

Various PROMIS (data management system) reports were used to monitor and verify system/program information for the following areas: Enrollment, Attendance, Drops/Wait List, Income Eligibility, Family Demographics, Immunizations/Physicals, Children with Disabilities.

- ✓ **Enrollment**
The total funded enrollment for both programs is 831.
- ✓ **Attendance**
There were 14 school days in the month of December. Five (5) centers did not meet the 85% average daily attendance (ADA):
ALPI Child Development & Family Services Center, Frostproof Child Development Center, Jumpstart, Queen Townsend, and Sunrise. All other centers met the monthly 85% ADA requirement.

✓ **Family Demographics**

Race	Single Parent (father only)	Single Parent (mother only)	Two Parents	Guardian
Black/African American	13	468	93	33
White	3	53	30	1
Hispanic	4	43	55	1
American Indian/Alaska Native	----	----	1	----
Bi-Racial/Multi-Racial	----	12	2	----
Unknown	----	7	7	----
Total	20	583	188	35

- ✓ **Children with Disabilities**
As of December 31, 2015, below is the number of children with disabilities enrolled in each program:
 - Polk County (EHS) - 1
 - St. Lucie County (EHS) - 4
 - St. Lucie County (HS) - 59

➤ **HUMAN RESOURCES**

The following was discussed with the Human Resources Director:

- The upcoming Federal Review, the following information was reviewed and shared as documentation of compliance: review of background checks; employee status (evaluations, job descriptions).
- Compliance information is forwarded to management staff to ensure staff compliance with agency policies and procedures.

➤ **PROGRAM GOVERNANCE**

Facilitated Policy Council Meeting held on December 16, 2015. Agenda items for discussion included HR personnel actions, financial reports, program/agency policies and procedures, as well as program and parent committee reports. Policy Council members were notified of the Federal Review. Several Policy Council members were in attendance at the Board of Directors' Retreat in November.

➤ **DEFICIENT AREA(S)**

None

- **PROPOSED STRATEGY TO CORRECT DEFICIENCY**
N/A
- **SPECIAL ACCOMPLISHMENTS**
N/A
- **SPECIAL PROJECT**
N/A
- **CRITICAL CONCERNS/CHALLENGES**
None
- **WORKSHOPS/TRAINING/CONFERENCES/UPCOMING EVENTS**
*Also see Program Operations Directors Reports
- ✓ ALPI 2016 Annual Meeting: January 21-23, 2016 (Orlando, FL)
- ✓ RIVHSA 2016 Annual Training Conference: February 3-7, 2016 (Atlanta, GA)

HEAD START/EHS – St. Lucie

- **Planning/Communication/Internal Reporting:**
 - ✓ Participated in the monthly Florida Department of Education VPK Conference Call on December 9, 2015. Discussion items included but were not limited to:
 - Celebrate Literacy Week
 - Children’s Week
 - TEACH Scholarships (Associate or Bachelor Degree)
 - VPK’s 10th Birthday
 - 2016 Legislative Updates
 - Provider Readiness Rates
 - Pre-Post VPK Assessment
 - ✓ On December 10, 2015 participated in a Planning Meeting Conference Call with Jennifer Johnson, Content Area Lead Environmental Health and Safety, Danya International, Inc., regarding the upcoming Health and Safety Environmental monitoring scheduled for January 11-15, 2016. Conference participants included Deputy Director, Program Operations Directors and Human Resources Director. Discussion included but was not limited to the following:
 - Number of Centers
 - Number of Classrooms
 - Enrollment
 - Distance from Administrative and Corporate Office
 - Number of Vehicles
 - Visit Schedule
 - ✓ Coordinated and facilitated several informal Program Directors’ Management meetings throughout the month, to obtain status reports on the following benchmarks:
 - Preparation for the upcoming Health and Safety Environmental Review
 - Center Readiness/Cleanliness
 - Enrollment/Attendance
 - VPK Enrollment and Attendance
 - Transportation Services
 - Program Operational Policies and Procedures
 - Volunteers
 - Policy Council Meeting
 - ✓ Participated in the monthly Senior Staff meeting on December 8, 2015. This meeting was facilitated by Deloris Johnson, Chief Executive Officer. Program Operations Directors’ provided a program status report that included: Status of Enrollment of the CAT Program, 2016 Pre-K Annual Conference, Health and Safety Environmental Monitoring, HSES updates, etc.
 - ✓ Facilitated several informal desk audits to follow up on specific program benchmarks that included but were not limited to:
 - Children Enrollment and Attendance

- Service Delivery Activities/Status
- Policies and Procedures
- Staff Professional Development
- ✓ During this reporting period several center activities were conducted to include but were not limited to the following:
 - 45/90 day Screening Follow Up/Treatment
 - Case Management of Children's Files (cum files, medical information, etc.)
 - Children's Art Show Activities

➤ **Community Relations/Collaborations:**

Program Staff participated in several Community Relations/Collaboration activities to address various topics that impact the community as a whole; these activities included:

- St. Lucie County School Board
- Early Learning Coalition of St. Lucie County
- HANDS Dental Coalition
- Health Department of St. Lucie County
- Big Brothers Big Sisters of St. Lucie County
- Keiser University

➤ **Human Resources:**

Continued to work closely with the Human Resources Department to fill vacancies.

➤ **Governance:**

Coordinated the monthly Policy Council Meeting on December 16, 2015. Twelve members were present. Items of discussion included but were not limited to:

- Program Progress Reports
- Program Financial Reports
- Program Human Resources of New Hires

➤ **Computer Assisted Tutorial Program (CAT):**

- ✓ Kevin Singletary, Program Coordinator attended the *Choosing How I Live Life* event sponsored by the Lincoln Park Community Center on December 5, 2015. Information regarding the Computer Assisted Tutorial Program (CAT) was provided to families in attendance.
- ✓ Melissa Carter, Planning Consultant and Ronda Cerulli, Coalition Coordinator from St. Lucie County Planning Transportation Organization provided the Bike Safety training for the elementary age children on December 8, 2015. Each student was given a safety helmet and a reflective light for their back packs as part of the pedestrian safety.
- ✓ Attorney Donald Watson visited the Computer Assisted Tutorial Program (CAT) and promised to return to tutor/speak with the children. Mr. Watson donated a 5 in 1 game set to the Computer Assisted Tutorial Program (CAT) on December 21, 2015.
- ✓ Five new children enrolled in the Computer Assisted Tutorial Program (CAT) and to date the program has served 77 children.

GOAL 1: Create additional educational experiences and opportunities for staff – Objective 1.1-1.5.

- Two Teachers participated in the Teaching Strategies GOLD Interrater Reliability Certification (mixed ages including Infants, Toddlers, Preschool Children and Kindergarten Children) training. The training was presented by Teaching Strategies GOLD. Staff received 12 training hours.
- A Teacher, Transportation Coordinator, and a Bus Driver continued to complete/renew the Adult, Child, and Infant CPR, AED, and Basic First Aid courses. The trainings were presented by the American Safety and Health Institute. Staff received 8 training hours.

➤ **Facilities:**

- ✓ The Facilities Specialist is working closely with the Maintenance Staff as well as the Child Development Services Managers in maintaining all facilities/offices clean and free of debris; in order to maintain a healthy and safe environment for the children, families and staff.

- ✓ Several projects generated by Work Requests have been completed such as: light bulb replacements, carpet cleaning, paint touch-ups, etc.
- ✓ Received license renewal from the Florida Department of Children and Families Licensing Unit for the ALPI Queen Townsend Head Start Center II and the ALPI Garden Terrace Head Start Center.
- **Health and Safety:**
 - ✓ The Facilities Specialist as part of the weekly/monthly site visits/informal monitoring to all centers continues to ensure that all centers have the necessary cleaning supplies to perform daily sanitation activities as per the Daily Facility Checklist.
 - ✓ The Facility Specialist distributed cleaning supplies to all the centers; supplies included: Garbage Bags, Paper Towels, Rinse Free, Bleach, Teachers Cleaning Towels, Cleaning Cloths, Toilet Paper, Disinfectant Spray, Kleenex, Gloves, Soap, Shoe Covers and other items as needed.
- **Monitoring:**
 - ✓ The St. Lucie County Fire District conducted the required Annual Fire Inspection at the Garden Terrace Head Start Center on December 9, 2015. No violations were noted.
 - ✓ The Florida Department of Children and Families inspected/monitored the Garden Terrace Head Start Center on December 2, 2015. The center was found in 100% compliance.
 - ✓ The Early Learning Coalition of St. Lucie County monitored George W. Truitt Family Services Center and the Queen Townsend Head Start Center II. The centers were found in 100% compliance.
- **Fiscal:**
 - ✓ The program generated non-federal (In-Kind) during this reporting period from activities such as: Parents Volunteering, Professionals, and Donations from all the St. Lucie County Head Start/Early Head Start Centers.
 - ✓ Processed fiscal related activities such as requisitions, purchase orders, invoices, and payroll.
- **IT Support Services:**

Continued to work closely with the agency's IT support staff in all IT related concerns and/or problems.
- **Family and Community Partnerships:**
 - ✓ The Family Support Services Coordinators continued to complete intake applications, verify applications, place families on the Head Start/Early Head Start waitlist and complete enrollment applications. Information was also provided to families about services provided in the local community.
 - ✓ Family Support Services Coordinators continued to provide technical assistance to the Child Development Services Managers and the Family Services Workers with the verification of Intakes and any issues or concerns with PROMIS or the enrollment process.
 - ✓ Family Support Services Coordinators kicked off the agency's recruitment efforts for the upcoming 2016-2017 program year by setting up a recruitment station and distributing program information to perspective families during the Annual Children's Art Gallery on December 12, 2015.
 - ✓ Family Support Services Coordinators participated in the Children's Holiday Festival sponsored by Florida Health St. Lucie County on December 19, 2014. A recruitment booth was set up with the agency's information for distribution. The Early Childhood Education Coordinator and several Family Services Workers assisted with getting parent information forms completed. Over 100 parent information forms were completed. The parent information forms will be used to contact families interested in Head Start/Early Head Start services.
 - ✓ Family Support Services Coordinators participated in a meeting facilitated by the Family and Community Partnerships Manager along with all the Family Services staff on December 10, 2015. ALPI's Policies and Operational Procedures regarding Emergency Contacts and Authorization to Release were discussed.
 - ✓ Family Support Services Coordinators along with the Early Childhood Education Coordinator secured thirteen bicycles to include helmets and safety gear for our families in most need.
 - ✓ Funded enrollment for the month of December for St. Lucie County consisted of 755. The breakdown is as follows: 691 pre-school children; 56 infants/toddlers; and 8 pregnant women for a total of 755. There were 2 new enrollments, 2 drops and 1 transfer in the Head Start Program and there were 3 new enrollments, 1 drop and 1 transfer In the Early Head Start Program.
- **Early Childhood and Health Services:**
 - ✓ The Early Childhood Education Coordinator provided the Parent-Child Engagement to Promote School Readiness Folders (PCEPSR) for December 2015. An activities packet was created based on the Head Start Child

Development and Early Learning Framework (3-5 year olds) and the Florida Early Learning and Developmental Standards for Four Year Olds. The activities encourage parents/guardians to work with their children for 10-15 minutes each day through hands-on learning experiences that require minimal materials. A literacy activity along with a reading log is included to promote literacy growth in the home. Items included in the folders for December 2015 are as follows:

- Nightly Reading Record
- Calendars
- Various Games
- Sight Words

- ✓ The Early Childhood Education Coordinator coordinated the Annual Children's Art Gallery Viewing on December 12, 2015. There were over 400 parents and community members present. Over 700 pieces of artwork created by children from the Head Start Program were displayed. The children also had a winter performance for the parents and community members present.
- ✓ The Early Childhood Education Coordinator delivered the Children's Week Hanging of the Hands projects to the Early Learning Coalition of St. Lucie County on December 18, 2015. Each year for the statewide Children's Week the DOE/OEL requests that each early childhood classroom makes a hanging handprint project to be displayed in the States' Capital building for the Children's Week celebration to show support and how many children are impacted by Early Childhood Education.
- ✓ The Health Services Manager worked with Kimberly Rogers, Nutrition Consultant to complete center visits and follow-up on all children that were determined to be overweight based on the Growth Chart results and classroom observations. Mrs. Rogers provided parents with an introductory letter, information on healthy eating habits and suggestions on maintaining a healthy weight.
- ✓ The Health Services Manager facilitated the monthly Pregnant Mothers Meeting on December 9, 2015. Post Partum Depression and Post Natal Depression were the topics discussed. Handouts were also provided.
- ✓ The Health Services Manager met with Kesier Nutrition Interns on December 16, 2015. The meeting was scheduled to discuss the activities for the month. The interns will be providing assistance with meal preparation, nutritional activities with the children, doing a mock audit (USDA Inspection) and providing nutritional training to children in the CAT Program.
- ✓ The Mental Health and Disabilities Specialist coordinated eight (8) evaluations to Early Steps/Florida Diagnostic Learning Resources System (FDLRS) for children with concerns.
- ✓ The Mental Health and Disabilities Specialist coordinated and attended five (5) eligibility staffing with Early Steps/Florida Diagnostic Learning Resources System for children that were referred for services and Individual Educational Plan's were developed.
- ✓ As of December 2015 the following table represents the total number of children that have been determined as children with disabilities:

FUNDED ENROLLMENT		HEAD START		691
		EARLY HEAD START (St. Lucie 64 & Polk 76)		140
1	Health Impairments		13	How many age 0?
2	Emotional/Behavior Disorders		14	How many age 1?
3	Speech/Language Impairments	51	15	How many age 2?
4	Mental Retardation		16	How many age 3?
5	Hearing Impairments/Deafness		17	How many age 4?
6	Orthopedic Impairments		18	How many age 5?
7	Visual Impairments/Blind		19	How many over income?
8	Learning Disabilities		20	How many pre-diagnosed?
9	Autism		21	How many dropped to date?
10	Traumatic Brain Injury		22	How many IEP's/IFSP current
11	Other Impairments	14	23	How many evaluated and found not eligible?
12	Total With Disabilities	65	24	How many suspected?

➤ **TRANSPORTATION:**

- ✓ Transportation services were provided to 220 children to and from the centers for the month of December.
- ✓ Transportation Coordinator assisted with having repairs that included but were not limited to the following: air conditioner unit repaired, light bulb replaced, etc.

➤ **DEFICIENT AREA(S):**

None

➤ **PROPOSED STRATEGY TO CORRECT DEFICIENCY (IES):**

None

➤ **SPECIAL ACCOMPLISHMENTS:**

- ✓ Obtained the Preliminary 2014-2015 VPK Providers Readiness Rates for all the six centers on December 23, 2015. All six centers exceeded the minimum rate of 70. This is a major accomplishment that demonstrates teaching quality in preparing children for public school. The preliminary 2014-2015 Readiness rates are as follows:
 - Queen Townsend Head Start Center II – 91
 - Child Development and Family Services Center – 88
 - Francina Duval Head Start Center – 92
 - Garden Terrace Head Start Center – 93
 - George W. Truitt Family Services Center – 100
 - Lincoln Park Head Start Center – 95
- ✓ The Annual Children's Art Gallery was held on December 12, 2015. There were over 400 parents and community members present. Over 700 pieces of artwork created by children from the Head Start Program were displayed.

- **BOARD RELATED ACTIVITIES:**
None
- **CRITICAL CONCERNS / CHALLENGES:**
None
- **WORKSHOPS / TRAINING / CONFERENCES, ETC.:**
None
- **UPCOMING EVENTS:**
 - ✓ In-Service Training - January 4, 2016
 - ✓ HANDS Clinic Board Meeting - January 8, 2016
 - ✓ Senior Management Meeting - January 12, 2016
 - ✓ Pregnant Mother's Training "Prenatal Education and Fetal Development" - January 13, 2016
 - ✓ Director's Meeting - January 20, 2016
 - ✓ Policy Council Meeting - January 20, 2016
 - ✓ Management Planning Meeting - January 21, 2016
 - ✓ Parent Training "Helping Children to Do Housework" - January 21 and 26, 2016
 - ✓ Agency Annual Meeting - January 22-23, 2016
 - ✓ Program Director's Meeting - January 25, 2016
 - ✓ Annual Pre-K Conference - January 30, 2016
 - ✓ HMH/Public School Early Childhood Meeting - TBA
 - ✓ Bridges Out of Poverty of St. Lucie Steering Committee Meeting - TBA

HEAD START/EHS – Polk County

- **Planning/Communication/Internal Reporting/ Governance:**
 - ✓ Participated in the monthly Directors meeting 12/8/15
 - ✓ Health & Safety Protocol Meeting 12/9 to discuss the upcoming Federal Review
 - ✓ Program is fully enrolled with 70 EHS children and 6 Pregnant Moms
 - ✓ Coordinated & facilitated weekly Program Directors Management Meetings to obtain status updates on the following:
 - Attendance
 - 45 & 90 Day Screenings
 - Conferences & Home Visits and Travel
 - Staffing concerns & Ratio
 - NAEYC Preparation
 - Center Activities & Parent Meeting
 - Polk County Sheriff provided Car Seat Training
 - ✓ Parent meeting on 11/18/15 Discussion included but not limited to the following:
 - ✓ New Policy Council Representatives were elected
 - ✓ Toys for Tots registration
 - ✓ Attendance
- **Record Keeping & Reporting**
 - ✓ Reports were received from the Program Operations staff via monthly narratives, statistical reports, PROMIS reports, and cluster disability reports.
 - ✓ Enrollment for Polk County Early Head Start program was 70 infants, toddlers, and 6 pregnant mothers.
 - ✓ Continue to work with the Operations Director of St. Lucie County, Finance Director, and Deputy Director on the budget to ensure compliance of budget allocations.
- **Human Resources**
We are working with HR to hire (1) additional caregiver/substitute caregiver

- **Facilities**
 - ✓ Facilities inspection was completed 12/08/15
 - ✓ Physical Environment inspection was completed 12/3/15
 - ✓ Daily inspections were completed throughout the month
 - ✓ Monthly pest control was performed Drinking water operations was certified
 - ✓ Facility Specialist continues to process work order request to ensure center is free from hazards.
- **Health & Safety**
 - ✓ Facility Specialist distributed cleaning supplies, diapers, and other classroom materials to all classrooms throughout the month.
 - ✓ Facility Specialist cleaned, buffed, and waxed all classroom floors in the month of December
 - ✓ Main office & conference room carpets were cleaned.
 - ✓ HSM monitored immunizations and sent letters to all staff
 - ✓ HSM participated in fire extinguisher training 12/3/15
- **Monitoring**
 - ✓ ERSEA Manager & CM are conducting review of children files to ensure service delivery and follow-up is complete.
 - ✓ Food Service Coordinator monitored facilitated T/TA for food service staff.
- **Fiscal**
 - ✓ The program generated non-federal (In-Kind) during the month of December that included volunteering from parents, professionals and various donations.
 - ✓ Managed and timely submitted all financial invoices, requisitions, and payroll
- **IT Support Services**

Communicated and collaborated with IT support staff to address any technical issues
- **Family and Community Partnerships**
 - ✓ The Family Support Services Coordinator continues to provide support to the Family Services Workers and Child Development Services Manager in delivering services to families.
 - ✓ The Family Support Services Coordinator continues to certify and process intake applications, enrollments, recruit and update the wait list.
 - ✓ Family Services staff was consistent with communicating with parents via newsletters, phone calls, home-visits, and face to face meetings about attendance.
- **Nurturing Fatherhood Program**

No meeting the month of December due to Holiday
- **Community Relations/Collaborations:**

12/1/15 met with Polk County School board to discuss transitions between EHS & Head Start
- **Early Childhood & Health Services**
 - ✓ Early Childhood Education Coordinator completed TSG Interrater Reliability certification for ages 3 to kindergarten
 - ✓ Early Childhood Education Coordinator provided T/TA for NAEYC Accreditation Renewal process
 - ✓ Classroom monitoring's were conducted in the month of December
- **Deficient Area (s):** Attendance was 80% which is below ADA
Proposed Strategy to Correct Deficiency/ (ies)
An attendance commitment letter will be created by the Operations Director & the Family Services Division staff will meet with each family who are non-compliant with attendance (and did not provide appropriate documentation) to provide policy and provide notice to drop if no improvement.
- **Special Accomplishments:** N/A
- **Board Related Activities:** N/A
- **Special Projects:** N/A
- **Critical Concerns/Challenges:** n/a

➤ **Upcoming Meetings:**

- ✓ Directors Meeting 01/12/16
- ✓ Federal Review 01/12/16
- ✓ Policy Council Meeting 1/20/16
- ✓ Parent Meeting 01/19/2016
- ✓ Annual Meeting 01/22/2016
- ✓ Transition Meeting with School Board 01/29/16

COMMUNITY & ECONOMIC DEVELOPMENT SERVICES DIVISION

Deputy Director

- Periodically met with Division Department Directors and Division Support Staff re: program status updates.
- Periodically reviewed Grants.gov for grant and funding announcements. **(Goal 3 Objective: Apply for grants in a timely manner when money is available.)**
- Submitted HUD Housing Counseling Invoice and Form 9902 Report
- Completed Department of Education Form 620 for inclusion with grant. **(Goal 3 Objective: Apply for grants in a timely manner when money is available.)**
- Finalized Five-Year Strategic Plan Performance Report and submitted to CEO.
- Applied for admission to CCAP for 2016. **(Goal 1 Objective: Provide more professional development.)**
- Made minor corrections on 2015 IS Survey per Department of Economic Opportunity request.
- Continued coordinating CAP60 Installation plan and schedule. (Goal 4 Objective: Continue to upgrade new technology)
- Submitted additional documentation to the Commission for Independent Education (CIE) for inclusion with ATEC Annual Application. **(Goal 3 Objective: Apply for grants in a timely manner when money is available.)**
- Prepared and submitted monthly division-wide report.
- Reviewed and/or signed off on more than \$291,588 in Voucher/Check Requests including: \$169,145 in LIHEAP Crisis Energy and \$107,675 in LIHEAP Home Energy Assistance.

LIHEAP/Community Services Department Director

- CAP 60 Training on December 7, 2015 at the Corporate Office. **(Goal 1 Objective: Provide more professional development.)**
- Senior Directors Meeting on December 8, 2015 at the Head Start Administrative Office in Ft. Pierce. **(Goal 1. Objective: Provide more professional development.)**
- EHEAP (Elderly Home Energy Assistance Program) Monitoring Visit, December 10, 2015 at the Corporate Office.
- Preparing and scheduling monitoring by DEO (Department of Economic Opportunity) 'LIHEAP Monitoring visit scheduled for February 8 – 12, 2016. Bonnie Ayers, Program Specialist.
- Preparing and scheduling monitoring by DOE (Department of Education) Program Monitoring Visit scheduled for February 29th – March 1, 2016.

CSBG/Economic Development Department Director

- Team monthly meeting, triage and training. **(Goal 1 Objective: Provide more Professional Development Opportunities.)**
- Provided Case Management Training for Goodwill and Salvation Army. **(Goal 3 Objective: Partner on collaborative projects with other entities.)**
- Visited Sub-Recipients in Hendry County and Glades County. **(Goal 3 Objective: Partner on collaborative projects with other entities.)**
- Meeting with all Sub-Recipients to go over new CSBG contracts. **(Goal 3 Objective: Partner on collaborative projects with other entities.)**
- Attended Senior Director's Meeting in Ft. Pierce, FL. **(Goal 1 Objective: Provide more professional development opportunities.)**
- Attended all the CAP60 training at Corporate Office. **(Goal 1 Objective: Provide more professional development opportunities.)**

COLLABORATIONS

Deputy Director

- Attended State Weatherization Counsel meeting as proxy.

LIHEAP/Community Services Department Director

- Homeless Coalition of Polk County. (Goal 3 Objective: Partner on collaborative projects with other entities.)
- Peace River. (Goal 3 Objective: Partner on collaborative projects with other entities.)
- Tri-County Services. (Goal 3 Objective: Partner on collaborative projects with other entities.)

CSBG/Economic Development Department Director

- Trained Hendry County Sub-Recipients on Case Management. (Goal 3 Objective: Partner on collaborative projects with other entities.)
- Met with all Sub-Recipients to go over new CSBG contracts. (Goal 3 Objective: Partner on collaborative projects with other entities.)
- Monitored Sub-Recipients in Hendry and Glades County. (Goal 3 Objective: Partner on collaborative projects with other entities.)

CONCERNS/CHALLENGES AND RESPONSE**Deputy Director**

Concern: Increasing Housing Counseling Clients.

Response: Will continue working with Housing Counseling in order to recruit more clients and to identify clients receiving LIHEAP or CSBG Services that can be included in the enrollment records.

DEFICIENT AREA(S) AND STRATEGIES TO CORRECT**Deputy Director, LIHEAP/Community Services Department & CSBG/Economic Development Department Director**

Nothing to report at this time.

SPECIAL ACCOMPLISHMENTS (Success beyond designated job duties)**Deputy Director**

Continued work on converting CM Tools to CAP60 system.

SPECIAL PROJECTS**Deputy Director**

- CAP60 Training and data conversion. Continue working on conversion to CAP60. Planning to move projects between December and January with completion sometime in January and "going live" by March 1st at the latest.

MEETINGS/WORKSHOPS/TRAINING/CONFERENCES, ETC. ATTENDED during reporting period (all staff)**Deputy Director**

- Senior Director's Meeting on December 12, 2015 at Fort Pierce Office.
- Participated in CAP60 training on 12/07 and 12/09.
- Attended ROMA Trainer In-Service Training in Tallahassee on December 1, 2015.
- Attended State Weatherization Council meeting on December 2, 2015.

LIHEAP/Community Services Department Director

- EHEAP Monitoring scheduled for December 10, 2015 at the Corporate Office in Lake Alfred.
- LIHEAP/Community Services Department Staff Meeting on December 17, 2015 at New Horizons Complex in Auburndale, FL.
- Senior Director's Meeting on December 12, 2015 at Fort Pierce Office.
- Participated in CAP60 training on 12/07 and 12/09.

CSBG/Economic Development Department Director

- Senior Director's Meeting on December 12, 2015 at Fort Pierce Office.

- Participated in CAP60 training on 12/07 and 12/09.

WORKSHOPS/TRAINING/CONFERENCES, ETC. SCHEDULED for month following reporting period (all staff)

Deputy Director

- Senior Management Staff meeting – January 22, 2015.
- CAP Annual Management Training Conference in New Orleans January 6 – 8, 2016.
- Annual Board of Directors Corporate Meeting and Luncheon on January 23, 2016 in Orlando

LIHEAP/Community Services Department Director

- Senior Directors Meeting on January 22, 2016 at Annual Staff Training.
- Legislative Day, January 21, 2016 in Tallahassee.
- Annual Staff Training on January 22, 2016 in Orlando.
- Annual Board of Directors Corporate Meeting and Luncheon on January 23, 2016 in Orlando.

CSBG/Economic Development Department Director

- Senior Management Staff meeting – January 22, 2015.
- CAP Annual Management Training Conference in New Orleans January 6 – 8, 2016.
- Annual Board of Directors Corporate Meeting and Luncheon on January 23, 2016 in Orlando.
- Legislative Day in Tallahassee, FL on January 21, 2016

MAJOR GRANT EXPENDITURE SUMMARIES

Low Income Home Energy Assistance Program (03/01/15 thru 03/31/16)

Total Funding = \$4,555,571
 Pro-Rated Funding (thru 11/30/15) = \$3,504,285 (76.9%)
 Expended (as of 12/31/15) = \$3,577,316 (78.5% of Total Funding)
 Crisis Energy = \$1,644,012 out of \$2,189,990 (75.1% of "Crisis" allocation.)
 Home Energy = \$1,160,731 out of \$1,258,203 (92.3% of "Home Energy allocation)

Performance: Expenditures appear to be "on track" with the possible exception of "Home Energy" which has experienced a higher than anticipated demand. A modification will be submitted this month to move out "Weather Related" and, at that time, additional monies will be moved into "Home Energy".

Emergency Home Energy Assistance Program (04/01/15 thru 03/31/16)

Total Funding = \$113,008
 Pro-Rated Funding (as of 12/31/15) = \$85,856 (75.0%)
 Expended (as of 12/31/15) = \$86,594 (76.6%)
 Direct Services = \$71,061 out of \$91,610 (77.6%)
 Performance: Expenditures are "on track".

Florida Non-Profit Housing (07/01/15 thru 06/30/16)

Total Funding = \$47,053
 Pro-Rated Funding (as of 12/31/15) = 23,526 (50.0%)
 Expended (as of 12/31/15) = \$19,539 (41.5% of total funding)
 Direct Services = \$18,362 out of \$42,775 (42.9% of allocation)
 Performance: Expenditures always begin slowly. Services have been increased with staff conducting outreach. Currently services are slightly below expectations; however, staff are increasing outreach with the goal of expending the balance by June, 2016.

Florida Department of Education/Emergency Assistance (07/01/15 thru 06/30/16)

Total Funding = \$60,000
 Pro-Rated Funding (as of 12/31/15) = \$30,000 (50.0%)
 Expended (as of 12/31/15) = \$29,823 (49.7%)

Direct Service = \$21,935 out of \$30,000 (73.1% of allocation)

Performance: Expenditures are "on target"; however, it appears that Direct Services are being expended too rapidly. This is due to the fact that ALPI has pre-purchased gas cards from Marathon and Race Track.

Community Services Block Grant (10/01/14 thru 09/30/15)

Total Funding = \$1,046,948.

Pro-Rated Funding (as of 09/30/15) = \$1,046,948 (100.0%)

Expended (as of 08/31/15) = \$1,046,948

% of Total Funding = 100.0%

Performance: Grant closed out. All monies expended.

Community Services Block Grant (10/01/15 thru 09/30/16)

Total Funding = \$1,110,027.

Pro-Rated Funding (as of 12/31/15) = \$277,507 (25.0%)

Expended (as of 12/31/15) = \$192,377 (17.3%)

Family Self-Sufficiency Direct Expenditures = \$48,347 out of \$165,000 for 29.3% of allocation.

Emergency Assistance = \$7,607 out of \$55,000 for 13.8% of allocation.

Performance: Contract was not received in-house until early October so expenditures started off slowly. Sub-recipient contracts have now been activated so the total services level should begin a steady increase towards goal in the second quarter (January – March).

Family Self-Sufficiency Enrollments (by county):

- Glades 0 (working with subrecipients to begin enrollments)
- Hendry 8
- Highlands 23
- Polk 67

Client Demographic Information – Division Programs (07/01/15 through 12/31/15)							
Program		LIHEAP EHEAP	AND	CSBG - FSSP	CSBG - EA	Other Programs	TOTAL
Demographic							
Number of Persons Served		18,842		404	481	578	20,305
Number of Families Served		5706		121	141	184	6,152
Family Type	Single Parent Households	2,729		73	81	n/a	2,883
	Two Parent Household	750		16	25	n/a	791
	Single Person	1,517		17	24	n/a	1,558
	Two Adults/No Children	391		9	4	n/a	404
Other Family Char.	Receiving Food Stamps	3,703		77	93	n/a	3,873
	Seasonal Farmworker	57		0	0	21	78
	Migrant Farmworker	4		0	0	2	6
	At Least one (1) member age 55+	1,725		11	26	n/a	1,762
	Receiving SSI	1,600		23	37	n/a	1,660
	Receiving Social Security	1,373		15	30	n/a	1,418
Sex	Male	7,787		150	204	n/a	8,141
	Female	11,055		254	277	n/a	11,586
Age	0 to 23	10,372		237	287	n/a	10,896
	24 to 44	4,557		117	127	n/a	4,801
	45 and over	3,890		50	65	n/a	4,005
Race	White	3,767		76	93	n/a	3,936
	African American	13,045		283	322	n/a	13,650
	Other or unreported	2,030		45	415	n/a	2,490
Ed. Level	Non-Graduate	2,918		30	142	n/a	3,090
	HS Graduate/GED	4,393		95	106	n/a	4,594
	Post HS	96		4	9	n/a	109
	College Graduate	474		23	19	n/a	2,793

MAJOR OUTCOMES – Division Programs Only
 ROMA Family Goals 1 and 6
 (07/01/15 through 12/31/15)

NPI	Description	CSBG/LIHEAP Clients		DOE/FNPH Clients TOTAL	
		Seeking	Completing	Plan	Actual
1.1	Unemployed and obtained a job	30	23	n/a	n/a
	Employed and maintained a job for at least 90 days	21	7	n/a	n/a
	Employed and obtained an increase in employment income and/or benefits	11	7	n/a	n/a
1.2	Obtained skills/competencies required for employment	21	17	n/a	n/a
	Completed ABE/GED and received certificate	3	2	n/a	n/a
	Completed post-secondary education program and obtained certificate or diploma	31	9	n/a	n/a
	Enrolled children in before or after school programs	21	20	n/a	n/a
	Obtained access to reliable transportation and/or driver's license	2	1	91	91
	Obtained safe and affordable housing	13	11	n/a	n/a
	Obtained food assistance	6	6	44	44
6.1	Independent Living for Senior Citizens (55 or older)	12	12	n/a	n/a
	Independent Living for Individuals with Disabilities	20	20	n/a	n/a
6.2	Received Home Energy Assistance other than LIHEAP	26	26	53	53
	Received rental assistance	25	25	36	36
	Received LIHEAP Crisis	13,124	12,654	n/a	n/a
	Received LIHEAP Home Energy	8,763	8,665	n/a	n/a
	Received Emergency Food Assistance	5	5	n/a	n/a
	Received Water Bill/Utilities Assistance	3	3	3	3

* = Includes payments to Subrecipients performing direct case management services.

SERVICE DELIVERY BY COUNTY – Division Programs								
Units of Service, By County (07/01/15 through 12/31/15)								
County	LIHEAP/EHEAP Only*		CSBG Only*		DOE/FNPH Only		Totals	
	Units of Service	Total Expended*	Units of Service	Total Expended*	Units of Service	Total Expended	Units of Service	Total Expended
Collier	337	\$94,955.02	0	\$0	20	\$2,077.28	357	\$97,032.30
Glades	68	\$23,802.94	0	\$0	2	\$200	70	\$24,002.94
Hendry	140	\$44,042.40	57	\$10,602.83	11	\$1,476.29	208	\$56,121.52
Highlands	507	\$166,785.61	177	\$34,064.44	0	\$0	684	\$200,850.02
Hillsborough	0	\$0	0	\$0	23	\$6,450.00	23	\$6,450.00
Lake	0	\$0	0	\$0	19	\$1,326.82	19	\$1,327.00
Lee	0	\$0			1	\$250.00	1	\$250.00
Martin	365	\$85,585.39	0	\$0	0	\$0	365	\$85,585.39
Orange	0	\$0	0	\$0	13	\$950	13	\$950.00
Osceola	0	\$0	0	\$0	1	\$100	1	\$100.00
Palm Beach	0	\$0	0	\$0	10	\$1,000.00	10	\$1,000.00
Polk	3,567	\$1,168,823.00	567	\$108,916.75	82	\$11,351.36	4,216	\$1,289,091.11
Putnam	0	\$0	0	\$0	5	\$752	5	\$752.16
St. Lucie	1,733	\$596,024.71	0	\$0	0	\$0	1,733	\$596,024.71
Volusia	0	\$0	0	\$0	19	\$4,014.02	19	\$4,014.02
TOTAL	6,717	\$2,180,019.07	801	\$153,584.02	206	\$29,947.93	7,723	\$2,363,551.02

HUMAN RESOURCES

A SUMMARY OF HUMAN RESOURCES DEPARTMENT MAJOR ACTIVITIES THROUGH THE MONTH OF DECEMBER 2015

Goal 1 – Create Additional Training Experiences and Opportunities for Staff (Objective 1.1 – 1.5)

- The Human Resources Department continues to regularly interact and partner with Division Directors every day in order to identify training experiences and opportunities that will mutually benefit both our staff and the organization as a whole:
- **Training Opportunities and Potential Experiences in Action:**
Human Resources Director participated in a Head Start/ Early Head Start Environmental Health & Safety Monitoring Protocol training session conducted by Deputy Director Elizabeth Young and her Program Directors.

Goal 2 – Devise a Plan of Upward Mobility within the Agency (Objective 2.1& 2.1 Provide individual opportunities for creativity).

- The 2016 staff appreciation committee – The agenda has been set. Letters will be mailed the first of the year with the dates of the meeting dates and times
- The Human Resources Department continues to support employees being temporarily promoted to acting status while a higher level position is on leave or when a position is vacant. This gives the employee an opportunity to gain on-the- job experience.

- Promotion Opportunities in Action: Joyce Ferguson was promoted to Administrative Assistant II of Child Development Service in Corporate Office
- Jamie King with Labor Ready has applied for the Client Service Assistant. She has been filling in for several months.
- Goal 3 – Partner with other entities for more service Delivery (Objective 3.1)
3.1 Each member of the Senior Management Team will maintain active membership in at least one community service organization, attend meetings regularly, and use available opportunities to market ALPI’s programs and seek support for the same
- Human Resources Director attended the following meetings: Girls Inc, NAACP, and the City Commissioner meetings during the month

RECRUITING:

The Human Resources Department advertised the following positions by utilizing in house posting, Employ Florida, area colleges, universities, churches, phone book, newspapers, Teacher-teach site and other internal as well as external partners:

Grantee Administration Support Services:

- None

Child Development & Family Services Division

- (1) Caregiver –Frostproof
- (1) Teacher Assistant – Ft. Pierce
- (1) Teacher – Ft. Pierce

CAT Program –(1) Recreation Instructor

The Human Resources Department advertised, scheduled interviews for and filled the following positions by utilizing in house posting, Employ Florida, area colleges, universities, newspapers and other internal as well as external partners:

- (1) Administrative Asst. - Corporate
- (1) IT/Data/Mgmt. Specialist – Corporate
- (1) Part time - Caregiver
- (1) Client service Specialist II - CSBG

DAILY ACTIVITIES:

- Preparing For Federal review in January 2016
- Reviewed Frostproof and Ft. Pierce employees background screening files for all employees hired in 2015 and the program directors and center managers files
- Prepared the 6 month driving record information for all staff
- Followed up with Michael Malfitano, Attorney with Constangy, Brooks, Smith- on the status of the updating HR Policies & Procedures and job descriptions
- Attended Senior Directors meeting with Mrs. Johnson on December 8, 2015 in Ft. Pierce
- Child Development Staff Improvement plans – Several Employees are still on a plan – Plans are scheduled to be completed by January 18, 2016.
- Met with Deputy Director Young & Center Directors several times on staff employee issues
- Attended the County Commissioner meeting in Bartow – Pick up the proclamation
- Conducted Human Resources Department meeting
- Completed monthly sick leave/leave without pay tracking form
- Attended the Girls Inc. Executive Board meeting
- Attended NAACP executive and regular committee meetings
- Attended the Winter Haven –City Commissioner meeting
- Employee Handbook – ongoing (answering of questions)
- Retirement Plan Booklet – ongoing review
- Interpret ALPI Policies and Procedures –Ongoing
- Recruitment, Selection and Retention-Ongoing
- New Staff Orientations-Ongoing
- Staff Verifications of Employment – Ongoing

- Workers Compensation Claims and Appeals – 1 pending
- EEOC Claim – (0) new close (1) pending- 2yrs old
- FMLA – processing request – Ongoing
- Unemployment Compensation Claims – none
- Grievances and employee concerns – (0)
- Liability Insurance and Loss Control – Ongoing
- Benefits Administration – Ongoing
- Retirement 403(b) Plan Request – on-going
- Monitoring and processing of bills – on going
- Review and processing of Timesheets – on- going
- Review of job descriptions – on going

STATISTICS:

Employee Accidents	1
Child Accidents	0
Resignations	1
Involuntary Terminations	0
Lay-offs	0
New Hires	3
Transfers/Promotions	1
Temps & Substitutes	0
Unemployment	0
Unemployment Hearings	0
Family Medical Leave	1
Disability Claims	0
Worker Compensation	0 (1) re-open
Equal Opportunity Claims	0

CHALLENGE

- Employee improvement plans: 2 staff are on improvement plans: **Status: follow- up due in January**
- Bi-Annual Driving Record are not always completed in a timely manner by all departments - **Status: six month record is due in January**
- Timely submission of paperwork– PCNs, Hiring Requisitions, Resignation/Termination notices, FMLA request - on-going – **Status: 80% Improved**
- Ensuring all human resources issues are addressed and are in compliance based on the requirements of the grants/programs – Director needs to do a better job of sharing changes in the grant or laws that affects their grant **Status: Improved - on going**
- Supervisors/Directors addressing employee issues/concerns in a timely manner – **Status: 80% Improved - on going**
- Directors ensuring staffing request and funding codes are correct and timely submitted – **Status: 80% Improved – on going**
- Directors and Managers monitor their Centers and become proactive in the prevention of accidents. **Status: 70 % Improved –on-going**

PROPOSED STRATEGY TO PREVENT POSSIBLE DEFICIENCY (IES):

- Consistently working with Division Directors and Organizational Partners on all fronts in order to be pro-active and not re-active with respect to all obligations HR has to ALPI and the clients we serve.
- Met with the following Directors several times during the month, CD&FS Deputy Director and Program Directors.
- Attended County Commissioners meeting in Bartow
- Attended Girls Inc. meetings: Executive Board Meeting
- Attended NAACP Executive, Regular & Finance meeting

SPECIAL ACCOMPLISHMENTS:

- Policy Council new hires approval book received
- All job descriptions update except Head Start – due to be completed 1/29/16
- All employees credentials are up to date
- All background screenings are current
- 6 month driving records request paperwork has been disturbed to all employees for the due date of 1/16

OPERATIONS & QUALITY CONTROL

DEPARTMENT ACTIVITIES SUMMARY

• **GOVERNANCE**

- Facilitated registration & travel arrangements for Board and/or Council participation @ the following meetings/conferences: FHSA, RIVHS, NCAP, & SEACAA (*Goal 3 – Partner w/other Entities for more efficient service delivery*)
- Facilitated and coordinated 2015 Closeout Board of Directors Meeting.
- Secured meeting venue, hotel accommodations, and meals; distributed board packets.
- Facilitated and coordinated 2016 Board of Directors' Awards Reception
- Secured and coordinated plaques and programs
- Facilitated the logistics for 48th Annual Corporate Meeting and Luncheon
- Secured Proclamations and/or Letter of Greetings from government officials for program booklet
- Confirmed participation for program participants and honored guests

• **CORPORATE OFFICE**

- Continued ongoing support to all divisions/departments via meetings, correspondence, purchasing, signatures and maintenance.
- Coordinated the attendance of CEO at FHSA, RIVHS, NCAF, FACA, CBE. (*Goal 3 – Partner w/other Entities for more efficient service delivery*)
- Coordinated the completion of reimbursement reports (LIHEAP, CSBG, CSC, Child Care Food, Non-Profit Housing, & DOE).
- Facilitated the Central Office cleanup via files removal and/or shredding.
- Completed the Central Office capital improvement project (parking lot w/identifying parking stops)
- Facilitated training opportunities for staff to receive professional development requisite. (*Goal 1: Create Additional Training Experiences and Opportunities for Staff*)
- Facilitated and coordinated the 2016 Staff Annual Training Conference
 - ✓ Confirmed participation for workshop presenters and keynote speaker via contracts.
 - ✓ Secured overnight accommodations and transportation for staff and/or presenters
 - ✓ Facilitated and coordinated management assignments

• **WORKSHOPS/MEETINGS ATTENDED**

Senior Directors' Meeting	December 8, 2015
Northeast Rattlers Youth Sports Board Meeting	December 15, 2015

• **UPCOMING EVENTS:**

Northeast Rattlers Youth Sports Board Meeting	January 4, 2016
Annual Staff Training Conference	January 21-23, 2016
2015 Board Closeout Meeting	January 23, 2016
48 th Annual Corporate Meeting & Luncheon	January 23, 2016
2016 Northeast Rattlers Youth Sports Banquet	January 23, 2016

PROGRESS REPORTS

HS/EHS MONTHLY ATTENDANCE

**AGRICULTURAL AND LABOR PROGRAM, INC.
 FAMILY & COMMUNITY PARTNERSHIPS
 ST. LUCIE COUNTY
 2015-2016**

MONTHLY ATTENDANCE REPORT

HEAD START- DECEMBER 2015 (14 DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
Queen Townsend II	237	237	2797	84%
ACDFSC	151	151	1744	82%
Lincoln Park	102	102	1227	86%
Garden Terrace	90	90	1099	88%
George W. Truitt	51	51	615	86%
Francina Duval	40	40	502	90%
Learning Tree	20	20	256	91%
TOTALS	691	691	8,240	87%

EARLY HEAD START- DECEMBER 2015 (14 DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
George W. Truitt	40	40	407	79%
ACDFSC	8	8	88	79%
Loving Care	8	8	97	87%
Sunrise	8	8	80	71%
TOTALS	64	64	672	79%

Family & Community Partnerships Manager

Donita Brunson

AGRICULTURAL AND LABOR PROGRAM, INC.
FAMILY & COMMUNITY PARTNERSHIPS
POLK COUNTY
2015-2016

MONTHLY ATTENDANCE REPORT

EARLY HEAD START-DECEMBER 2015 (14 DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
FROSTPROOF	56	56	600	79%
JUMPSTART	20	20	190	80%
TOTALS	76	76	790	80%

Donita Brunson

Family & Community Partnerships Manager

HS/EHS ENROLLMENT REPORT



End-Of-Month Enrollment - December 2015

Total

<i>Total Reported Enrollment</i>	<i>Total Funded Enrollment</i>	<i>Status</i>
831	831	Reported

Head Start

	<i>Operated this month</i>	<i>Last day of services provided</i>	<i>All classes/options in session</i>	<i>Reported Enrollment</i>	<i>Funded Enrollment</i>	<i>Status</i>
	Yes	Dec 18, 2015	Yes	691	691	Reported
Initially Reported:	On 01/04/2016 by Donita Brunson					
Last Updated:	On 01/04/2016 11:45:16 AM, EST by Donita Brunson					
Grantee Comments:	Winter Break started December 21 - January 4th 2016					

Early Head Start

	<i>Operated this month</i>	<i>Last day of services provided</i>	<i>All classes/options in session</i>	<i>Reported Enrollment</i>	<i>Funded Enrollment</i>	<i>Status</i>
	Yes	Dec 18, 2015	Yes	140	140	Reported
Initially Reported:	On 01/04/2016 by Donita Brunson					
Last Updated:	On 01/04/2016 11:45:16 AM, EST by Donita Brunson					
Grantee Comments:	Winter Break started December 21 - January 4th 2016					

HS/EHS STATISTICAL REPORT

ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

REPORT FOR THE MONTH OF: December	
CENTER: ALPI FROSTPROOF/JUMPSTART Early Head Start	DATE: 12/23/15

ERSEA	EHS	3 YEARS	4 YEARS	THIS MONTH	TO DATE
1. Enrollment					
a. The number of EHS and HS Children served (As of 9/1).	76		4		117
b. Of the number of HS children in A1, the number in the VPK program.					
c. Of the number of EHS and HS Children in A1, the number enrolled for a second year.	38				38
2. Of the number of HS Children eligible for kindergarten					
3. Dropouts					
a. Number of EHS and HS children who have dropped					
b. Of the number in B1, the number who dropped prior to 45 days of attendance.				12	39
4. Attendance/ADA					
					21

SERVICE DELIVERY	EHS	HS	THIS MONTH	TO DATE
A. Family and Community Engagement				
1. Total number of Head Start Families				
a. Of these, the number of two parent families	50		12	62
b. Of these, the number of single parent families	11		0	21
c. Of these, the number of families receiving assistance under TANF Program	40		3	66
d. Of these, the number of families receiving Supplemental Security Income (SSI)	1		0	2
e. Of these, the number of families over income	4		2	6
	3			3
2. Total number of families identified as needing services or identified an interest in the following areas:				
a. Emergency Crisis intervention/Assistance (food, clothing, shelter, etc.)			1	2
b. Housing assistance such as subsidies, utilities, repairs, etc.	25			25
c. Counseling or mental health services				
d. Education/Literacy/English as a Second Language				
e. Adult education such as GED program and college education	6			6
f. Job Training				
g. Substance abuse prevention or treatment				3
h. Child Abuse and Neglect Services/Training				
i. Domestic violence services				
j. Child support assistance				
k. Health education				

ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

	EHS	HS	THIS MONTH	TO DATE
I. Assistance to families of incarcerated individuals				
m. Parent Education				
n. Marriage education				
SERVICE DELIVERY cont'd				
B. Early Childhood Development and Health Services				
1. Number of EHS and HS Children who have completed the following screenings:				
a. Height			3	88
b. Weight			3	88
c. Vision			4	83
d. Hearing			4	83
e. Speech/Language				
f. Behavioral			4	83
g. Developmental	68		4	83
h. Blood Pressure				
i. Hemoglobin			2	13
j. Lead			1	63
				55
2. Of the number in B1, the number referred for follow up or diagnosed as needing treatment				
3. Of the number referred in B2, the number who have completed follow up or received treatment				
4. The number of EHS and HS children receiving or received treatment for the following:				
a. Anemia			4	4
b. Asthma			0	11
c. Hearing Difficulties			0	0
d. Overweight			0	0
e. Vision Problems			0	0
			4	110
5. Number of EHS and HS children enrolled in Medicaid				
6. Number of EHS and HS children with private insurance				
7. Number of EHS and HS children with "Medical Home"				
8. Number of EHS and HS children who have completed a professional dental examination				
9. Of the children in B8, the number of children diagnosed as needing treatment				
10. Of the children diagnosed in B9, the number of children who received or are receiving treatment				
11. Of the children examined in B8, the number of children who received preventive (care X-ray Cleaning Only)				
12. Number of EHS and HS children with up-to-date immunizations				
13. Number of EHS and HS children with complete immunizations				
14. Number of EHS and HS children with current physicals				
15. Number of EHS and HS children receiving WIC services				
16. Number of EHS and HS children receiving meals via Child Care Food Program				
17. Number of teacher and caregivers home visits completed (1 st)				
18. Number of teacher and caregivers home visits completed (2 nd)				

ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

	EHS	HS	THIS MONTH	TO DATE
19. Number of parent/teacher/ caregivers conferences completed			56	56
20. Number of EHS/HS with baseline assessments completed			0	76
21. Number of EHS/HS with mid-year assessments completed				
22. Number of EHS/HS with final assessments completed				
SERVICE DELIVERY cont'd				
C. Mental Health and Disabilities				
1. Number of EHS and HS children with a diagnosed disability	4		0	7
2. Of the EHS and HS children in E1 with a diagnosed disability, the number with an IEP or IFSP	4		0	7
3. Of the EHS and HS children in E1 with a diagnosed disability, the number determined by LEA or Part C	4		0	7
4. Number of EHS and HS children with suspected disabilities	15		0	16
5. Number of referred EHS and HS children awaiting testing or staffing	15		1	15
6. Number of EHS and HS children referred for mental health services outside of the program				0
7. Number of EHS and HS children the MH Professional Consultant with staff about child's behavior/mental health				0
8. Of the children in E7, the number the MH Professional provided three or more consultations.				0
9. Number of children the MH Professional consulted with the parent about their child's behavior/mental health.				0
10. Number of children the MH Professional provided an individual mental health assessment				0
11. Number of children the MH Professional facilitated a referral for mental health services				0
12. Number of MDT's meetings				0
13. Of the number of MDT meetings, the number of children the team determined to have a disability				0
D. Pregnant Women Services				
1. Indicate the number of pregnant women who received the following services while enrolled in EHS				
a. Prenatal and postpartum health care				4
b. Mental health intervention and follow up				
c. Substance abuse prevention				
d. Substance abuse treatment				
e. Prenatal education on fetal development				
f. Information on the benefits of breastfeeding			0	8
E. Transportation				
1. Number of children receiving transportation services			N/A	N/A
2. Number of field trips taken			N/A	N/A
Comments: Problems encountered, specific assistance needed (Attach additional pages if necessary)				

ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

SIGNATURE:	Lisa Pough	JOB TITLE:	Family Service Support Coordinator	DATE:	12/23/15
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ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

REPORT FOR THE MONTH OF: December, 2015		DATE: 1/7/16
CENTER: All centers combined – St. Lucie		

ERSEA	THIS MONTH	TO DATE	EHS			
			3 YEARS	4 YEARS	THIS MONTH	TO DATE
1. Enrollment						
a. The number of EHS and HS Children served (As of 9/1).	3	1	1	1	5	831
b. Of the number of HS children in A1, the number in the VPK program.	0	0	1	1	1	459
c. Of the number of EHS and HS Children in A1, the number enrolled for a second year.	0	0	0	0	0	281
2. Of the number of HS Children eligible for kindergarten					1	459
3. Dropouts						
a. Number of EHS and HS children who have dropped	1	1	1	1	3	83
b. Of the number in B1, the number who dropped prior to 45 days of attendance.	0	0	0	0	0	0
4. Attendance/ADA						

SERVICE DELIVERY	EHS	HS	THIS MONTH	TO DATE
1. Total number of Head Start Families				
a. Of these, the number of two parent families	3	2	5	771
b. Of these, the number of single parent families	0	1	1	190
c. Of these, the number of families receiving assistance under TANF Program	3	1	4	581
d. Of these, the number of families receiving Supplemental Security Income (SSI)	0	0	0	68
e. Of these, the number of families over income	0	0	0	91
2. Total number of families identified as needing services or identified an interest in the following areas:				
a. Emergency Crisis intervention/Assistance (food, clothing, shelter, etc.)	1	12	13	57
b. Housing assistance such as subsidies, utilities, repairs, etc.	1	4	5	17
c. Counseling or mental health services	0	5	5	19
d. Education/Literacy/English as a Second Language	0	4	4	41
e. Adult education such as GED program and college education	1	6	7	131
f. Job Training	1	15	16	79
g. Substance abuse prevention or treatment	0	0	0	1
h. Child Abuse and Neglect Services/Training	0	0	0	20
i. Domestic violence services	0	0	0	1
j. Child support assistance	0	0	0	2
k. Health education	0	30	30	314
l. Assistance to families of incarcerated individuals	0	1	1	4
m. Parent Education	4	37	41	630
n. Marriage education	0	1	1	2

ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

SERVICE DELIVERY cont'd		EHS	HS	THIS MONTH	TO DATE
B. Early Childhood Development and Health Services					
1. Number of EHS and HS Children who have completed the following screenings:					
a. Height		3	9	12	821
b. Weight		3	9	12	821
c. Vision		0	8	8	802
d. Hearing		0	8	8	802
e. Speech/Language		0	9	9	540
f. Behavioral		0	24	24	1020
g. Developmental		1	12	13	512
h. Blood Pressure		0	0	0	794
i. Hemoglobin		2	5	7	786
j. Lead		2	3	5	780
2. Of the number in B1, the number referred for follow up or diagnosed as needing treatment					
3. Of the number referred in B2, the number who have completed follow up or received treatment					
4. The number of EHS and HS children receiving or received treatment for the following:					
a. Anemia		0	0	0	0
b. Asthma		0	10	10	121
c. Hearing Difficulties		0	0	0	0
d. Overweight		0	0	0	0
e. Vision Problems		0	0	0	10
5. Number of EHS and HS children enrolled in Medicaid		3	2	5	557
6. Number of EHS and HS children with private insurance		0	0	0	14
7. Number of EHS and HS children with "Medical Home"		3	2	5	816
8. Number of EHS and HS children who have completed a professional dental examination		0	2	2	791
9. Of the children in B8, the number of children diagnosed as needing treatment		0	0	0	92
10. Of the children diagnosed in B9, the number of children who received or are receiving treatment		0	7	7	17
11. Of the children examined in B8, the number of children who received preventive (care X-ray Cleaning Only)		0	0	0	0
12. Number of EHS and HS children with up-to-date immunizations		3	2	5	355
13. Number of EHS and HS children with complete immunizations		0	0	0	459
14. Number of EHS and HS children with current physicals		3	2	5	816
15. Number of EHS and HS children receiving WIC services		0	5	5	505
16. Number of EHS and HS children receiving meals via Child Care Food Program		0	0	0	0
17. Number of teacher and caregivers home visits completed (1 st)		0	66	66	689
18. Number of teacher and caregivers home visits completed (2 nd)		0	0	0	0
19. Number of parent/teacher/ caregivers conferences completed		0	0	0	0
20. Number of EHS/HS with baseline assessments completed		0	0	0	0
21. Number of EHS/HS with mid-year assessments completed		0	0	0	0
22. Number of EHS/HS with final assessments completed		0	0	0	0

ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

SERVICE DELIVERY cont'd	EHS	HS	THIS MONTH	TO DATE
C. Mental Health and Disabilities				
1. Number of EHS and HS children with a diagnosed disability	0	4	4	65
2. Of the EHS and HS children in E1 with a diagnosed disability, the number with an IEP or IFSP	0	4	4	65
3. Of the EHS and HS children in E1 with a diagnosed disability, the number determined by LEA or Part C	0	4	4	65
4. Number of EHS and HS children with suspected disabilities	0	0	0	75
5. Number of referred EHS and HS children awaiting testing or staffing	0	0	0	75
6. Number of EHS and HS children referred for mental health services outside of the program	0	0	0	2
7. Number of EHS and HS children the MH Professional Consultant with staff about child's behavior/mental health	0	0	0	6
8. Of the children in E7, the number the MH Professional provided three or more consultations.	0	0	0	0
9. Number of children the MH Professional consulted with the parent about their child's behavior/mental health.	0	0	0	19
10. Number of children the MH Professional provided an individual mental health assessment	0	0	0	1
11. Number of children the MH Professional facilitated a referral for mental health services	0	0	0	1
12. Number of MDT's meetings	0	0	0	0
13. Of the number of MDT meetings, the number of children the team determined to have a disability	0	0	0	0
D. Pregnant Women Services				
1. Indicate the number of pregnant women who received the following services while enrolled in EHS				
a. Prenatal and postpartum health care			8	8
b. Mental health intervention and follow up			0	0
c. Substance abuse prevention			0	8
d. Substance abuse treatment			0	0
e. Prenatal education on fetal development			0	8
f. Information on the benefits of breastfeeding			8	8
E. Transportation				
1. Number of children receiving transportation services			0	220
2. Number of field trips taken			0	2

Comments: 3 a. Numbers were reduced due to drop count revalidation.

SIGNATURE:	<i>Lionel Conception</i>	JOB TITLE:	Family Support Services Coordinator
		DATE:	1/7/16

NON-FEDERAL SHARE
(HS/EHS)

MONTHLY NON-FEDERAL SHARE REPORT SUMMARY
(Due by the 7th of each month)

MONTH REPORTING: DECEMBER 2015			
PROGRAM TYPE	HEAD START/EARLY HEAD START		
GRANT #	04C44739		
FAA PERIOD	Beginning	7/1/2015	Ending 6/30/2016

FAA TYPE	REFUNDING	TOTAL
**FAA AWARD	\$ 7,284,907.00	\$ 7,284,907.00
25% MATCH	\$ 1,821,227.00	\$ 1,821,227.00

MATCH TYPE	PLAN	July	August	September	October	November	December	January	February	March	April	May	June	Y-T-D	BALANCE	%
VOLUNTEERS	\$ 482,505.00	\$ -	\$ 27,796.26	\$ 53,461.59	\$ 64,865.76	\$ 79,838.58	\$ 80,485.91							\$ 305,448.10	\$ 176,056.90	64%
SPACE COST	\$ 602,300.00	\$ 50,248.00	\$ 50,248.00	\$ 50,248.00	\$ 50,248.00	\$ 50,248.00	\$ 50,248.00							\$ 301,488.00	\$ 300,812.00	50%
OTHER	\$ 727,422.00	\$ -	\$ 53,220.90	\$ 92,553.56	\$ 106,169.79	\$ 93,547.52	\$ 95,326.54							\$ 440,818.31	\$ 286,603.69	61%
CASH	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -							\$ -	\$ -	0%
TOTAL	\$ 1,812,227.00	\$ 50,248.00	\$ 131,265.16	\$ 196,283.15	\$ 221,283.55	\$ 223,634.10	\$ 226,060.45							\$ 1,048,754.4	\$ 763,472.59	58%

CERTIFICATION
 PROGRAM OPERATIONS DIRECTORS: Myma Rodriguez
 CERTIFIED BY: _____ DATE: 1/13/2016
 _____ DATE: _____
 Comments: Under "OTHER" there is a \$85,207.14 projected reimbursement for YPK for the month of December 2015.

ESTIMATED VOLUNTEER PARTICIPANTS YEAR-TO-DATE

VOLUNTEERS	PLAN	July	August	September	October	November	December	January	February	March	April	May	June	Y-T-D
Parents	831	0	561	553	650	556	595							2915.00
Professionals	50	0	15	12	10	10	14							81.00
Hours			1814	3334	4550	4433.5	4426.27							18357.77

Definibons:
 Parents i.e., biological parent, legal guardian (to include grandparent)
 Professional i.e., Physician, Dentist, Nurse, Therapist, etc.

DCF/CHILD CARE FACILITY REPORT



Child Care Facility Information

Name: A.L.P.I. Garden Terrace Head Start Center ID Number: C19SL0051
 Address: 1110 North 32nd Street City: Fort Pierce State: FL Zip Code: 34947-
 Phone Number: (772) 468-0300 Capacity: 94
 Owner/Director/Staff Responsible: Sandra Monroe

Inspection Information

Type: Renewal Date: 12/2/2015 Arrival/Departure Time: 09:15 AM to 10:40 AM
 Staff Present: 15 Children Present: 82

INSPECTION CHECKLIST

GENERAL REQUIREMENTS

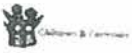
- | | |
|---|---------------|
| 01. License Displayed/Citation Posted/Advertising ss. 402.3125, 402.318, F.S. | Compliance |
| 02. Licensed Capacity ss. 402.305(6), rule 65C-22.002(3), F.A.C. | Compliance |
| 03. Minimum Age Requirements ss. 402.305(2), F.S. & rule 65C-22.001(3), F.A.C. | Compliance |
| 04. Ratio Sufficient ss. 402.305(4), F.S. & rule 65C-22.001(4), F.A.C. | Compliance |
| <u>Compliance Comments</u>
Threes 2:17, 2:17, Fours 2:15, 2:17, 2:16 | |
| 05. Supervision rule 65C-22.001(5), 65C-22.001(6), 65C-22.002(4) & 65C-22.007 (2), F.A.C. | Compliance |
| 06. Driver's License, Physician Certification & First Aid/CPR Training rule 65C-22.001(6) 65C-22.008(4), F.A.C. | Not Monitored |
| <u>Not Monitored Comments</u>
All transportation documentation is under ALPI Queen Townsend II Head Start Center | |
| 07. Vehicle Insurance and Inspection ss. 402.305(10), F.S. & rule 65C-22.001(6) F.A.C. | Not Monitored |
| 08. Seat Belts/Child Restraints ss. 402.305(10), F.S. & rule 65C-22.001(6), F.A.C. | Not Monitored |
| 09. Transportation rule 65C-22.001(6), F.A.C. | Not Monitored |
| 10. Planned Activities ss. 402.305(13), F.S. & rule 65C-22.001(7), F.A.C. | Compliance |
| 11. Field Trip Permission rule 65C-22.001(7), 65C-22.001(6), F.A.C. | Compliance |
| 12. Child Discipline ss. 402.305(12), F.S. & rule 65C-22.001(8), F.A.C. | Compliance |



13. Discipline Policy rule 65C-22.001(8), F.A.C.	Compliance
PHYSICAL ENVIRONMENT	
14. Facility Environment rule 65C-22.002(1), 65C-22.002(7) - (9), F.A.C.	Compliance
15. Toxic Substances and Hazardous Materials rule 65C-22.002(1), F.A.C.	Compliance
16. Supplies Labeled/Stored rule 65C-22.002(1), F.A.C.	Compliance
17. Lighting rule 65C-22.002(2), F.A.C.	Compliance
18. Temperature and Ventilation rule 65C-22.002(2), F.A.C.	Compliance
19. Indoor Floor Space ss. 402.305(6)F.S., rule 65C-22.002(3), 65C-22.007(3)(a), 65C-22.008(3), F.A.C.	Compliance
20. Outdoor Area/Square Footage ss. 402.305(6), F.S. & rule 65C-22.002(4), F.A.C.	Compliance
21. Outdoor Play Area rule 65C-22.002(4), F.A.C.	Compliance
22. Fencing rule 65C-22.002(4), F.A.C.	Compliance
23. Individual Bedding rule 65C-22.002(5), 65C-22.002(5), 65C-22.002(10), 65C-22.008(3), F.A.C.	Compliance
24. Bedding and Linens rule 65C-22.002(10), F.A.C.	Compliance
25. Nap/Sleep Space Requirements rule 65C-22.002(5), F.A.C.	Not Monitored
<u>Not Monitored Comments</u> The children were not napping at the time of this inspection.	
26. Exit Area Clear rule 65C-22.002(5) and (7), F.A.C.	Compliance
27. Crib Requirements rule 65C-22.002(5), F.A.C.	Not Applicable
<u>Not Applicable Comments</u> No infants are enrolled.	



28. Toilets and Sinks rule 65C-22.002(6), F.A.C.	Compliance
29. Potty Chairs rule 65C-22.002(6), F.A.C.	Compliance
30. Bath Facilities and Supervision rule 65C-22.002(6), F.A.C.	Compliance
31. Bathroom Supplies and Equipment rule 65C-22.002(6), F.A.C.	Compliance
32. Operable Phone rule 65C-22.002(7), F.A.C.	Compliance
33. Fire Drills & Emergency Preparedness rule 65C-22.002(7) F.A.C.	Compliance
<u>Compliance Comments</u> A fire drill was conducted today. The staff and children used the alternate route which is the evacuation window in each classroom. They all did an excellent job of evacuating in an organized and timely manner. This was the first time for many using this route. Great job!	
34. Food Preparation Area 65C-22.002(8), F.A.C.	Compliance
35. Health and Sanitation rule 65C-22.002(10), F.A.C.	Compliance
36. Drinking Water Available rule 65C-22.002(10), F.A.C.	Compliance
37. Sanitary Diapering rule 65C-22.002(10), F.A.C.	Not Applicable
<u>Not Applicable Comments</u> There are no children in diapers enrolled.	
38. Diaper Disposal rule 65C-22.002(10), F.A.C.	Not Applicable
39. Indoor Equipment rule 65C-22.002(11), F.A.C.	Compliance
40. Outdoor Equipment rule 65C-22.002(11), F.A.C.	Compliance
TRAINING	
41. Training Requirements ss. 402.305(2) - (3), F.S. & rule 65C-22.003(2) - (3), F.A.C.	Compliance
42. 10-Hour In-Service rule 65C-22.003(6), F.A.C.	Compliance



43. Credentialed Staff ss.402.305(3), F.S. & rule 65C-22.003(7)-(8), F.A.C. Compliance

HEALTH REQUIREMENTS

44. Communicable Disease Control rule 65C-22.004(1), F.A.C. Compliance

45. First Aid Requirements rule 65C-22.004(2), F.A.C. Compliance

46. CPR Requirements rule 65C-22.004(2), F.A.C. Compliance

47. Emergency Telephone Numbers rule 65C-22.004(2), F.A.C. Compliance

48. Accident/ Incident Notification and Documentation rule 65C-22.004(2), F.A.C. Compliance

49. Medication rule 65C-22.004(3), F.A.C. Compliance

FOOD AND NUTRITION

50. Meals and Snacks rule 65C-22.005(1), F.A.C. Compliance

51. Meal and Snack Menus rule 65C-22.005(1), F.A.C. Compliance

52. Food Service rule 65C-22.005(3), F.A.C. Compliance

53. Bottles Sanitary and Labeled rule 65C-22.005(2), F.A.C. Compliance

54. Catered Food and Food Provided by Parents 65C-22.005(1), F.A.C. Compliance

55. Single Service Items rule 65C-22.0011(8), 65C-22.002(10), F.A.C. Compliance

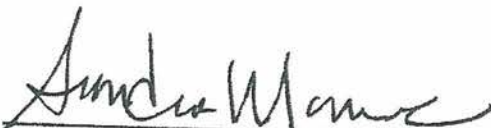
RECORD KEEPING

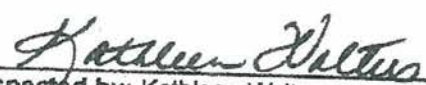
56. Records ss. 402.3054(2), F.S., rule 65C-22.006(3)(c)5., F.A.C. Compliance



Name: A.L.P.I. Garden Terrace Head Start Center License #: C19SL0051
 Address: 1110 North 32nd Street City: Fort Pierce State: FL Zip Code: 34947-
 Type: Renewal Date: 12/2/2015

57. Children's Health/Immunization and Records ss. 402.305(9), F.S. & rule 65C-22.006(2) - (3), F.A.C. Compliance
Compliance Comments
 Ten children's files were reviewed.
58. Enrollment Information on File/Current ss. 402.3125(5), 402.305(12), F.S. & rule 65C-22.006(3) F.A.C. Compliance
59. Personnel Records ss. 402.3055(1), F.S., rule 65C-22.003(4), & rule 65C-22.006(4) - (5), F.A.C. Compliance
60. Background Screening Documents ss. 402.3054, F.S. & rule 65C-22.006(4), F.A.C. Compliance
61. Daily Attendance rule 65C-22.001(10) & rule 65C-22.003(5), F.A.C. Compliance
62. Emergency Plan/Posted rule 65C-22.002(7), F.A.C. Compliance
- ENFORCEMENT
63. Access/Child Abuse or Neglect/Misrepresentation ss. 402.311, 402.319, F.S. & rule 65C-22.001(9),(11), F.A.C. Compliance


 Received by: Sandra Monroe
 Date: Wednesday, December 02, 2015


 Inspected by: Kathleen Walters
 Date: Wednesday, December 02, 2015

SLC FIRE INSPECTION



St. Lucie County Fire District
5160 NW Milner Drive
Port Saint Lucie, FL 34983
(772)621-3322

December 9, 2015

ALPI GARDEN TERRACE HEADSTART
1110 N 32ND ST
FTP, FL 34947

Congratulations, an inspection of your facility on Dec 9, 2015 revealed no violations.

Inspection Note

By Order of: Buddy Emerson

Chief of Fire Prevention Bureau

A large, stylized handwritten signature in black ink, appearing to be "Buddy Emerson".

A large, stylized handwritten signature in black ink, appearing to be "Brian Putnam".

A large, stylized handwritten signature in black ink, appearing to be "Sandra Monroe".

0447 BRIAN PUTNAM
Inspector

Sandra monroe

CHILD CARE FACILITY LICENSE RENEWAL



Annual



State of Florida

Licensing Agency:
Department of Children and
Families, Child Care Regulation &
Background Screening

337 North US Highway 1
Fort Pierce, Florida 34950
(772) 467-3180

Child Care Facility Certificate of License

Certificate Number: C19SL0051

Name of Facility: ALPI Garden Terrace Head Start Center

Address: 1110 32nd Street

County: Saint Lucie

City: Fort Pierce

Zip: 34947

Owner: The Agricultural and Labor Program Inc

The Department of Children and Families being satisfied that this child care facility or child care program has complied with Chapter 65C-22, Florida Administrative Code, Child Care Standards, adopted by the Department and Authorized in sections 402.301-402.319, Florida statutes, approves an annual license to operate this facility or program.

This certificate is effective

January 12, 2016 Through January 11, 2017

This license may be revoked or suspended for cause.

Maximum Licensed Capacity: 94

Hours of Operation:

Mon	Tue	Wed	Thu	Fri	Sat	Sun
07:00AM	07:00AM	07:00AM	07:00AM	07:00AM		
05:30PM	05:30PM	05:30PM	05:30PM	05:30PM		

Region Administrator or Designee

CF-FSP 5115



Annual



State of Florida

Licensing Agency: Department of Children and Families, Child Care Regulation & Background Screening

337 North US Highway 1 Fort Pierce, Florida 34950 (772) 467-3180

Child Care Facility Certificate of License

Certificate Number: C195L0161

Name of Facility: ALPI Queen Townsend Head Start II

Address: 2202 Avenue Q

County: Saint Lucie

City: Fort Pierce

Zip: 34950

Owner: Agricultural and Labor Programs Inc

The Department of Children and Families being satisfied that this child care facility or child care program has complied with Chapter 65C-22, Florida Administrative Code, Child Care Standards, adopted by the Department and Authorized in sections 402.301-402.319, Florida statutes, approves an annual license to operate this facility or program.

This certificate is effective

December 23, 2015 Through December 22, 2016

This license may be revoked or suspended for cause.

Maximum Licensed Capacity: 325

Hours of Operation:

Mon	Tue	Wed	Thu	Fri	Sat	Sun
07:00AM	07:00AM	07:00AM	07:00AM	07:00AM		
05:30PM	05:30PM	05:30PM	05:30PM	05:30PM		

Region Administrator or Designee

VPK MONITORING FORMS



VPK - Monitoring Form

Site Name API Queen Township # Classroom: A Date: 12/17/15

Observation/Documentation Time: 12 Instructional Hours: X 540 hours 300 hours

- | | N/A | Comp | Non-Comp |
|--|-------------------------------------|-------------------------------------|----------------------------------|
| *1) License Expiration <u>12/22/15</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *2) Accrediting Agency/Expiration | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *3) Credentialed Director: <u>Ellen Bradley</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *4) Teacher: <u>Judith Alexander</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *5) Teacher Asst: <u>Nelissa Turner</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>15</u> children | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | Class Ratio: <u>1:11 or 2:20</u> |

- *7) Curriculum Compliance: A - J Curriculum: Open
- | | Yes | No | | Yes | No |
|---|-------------------------------------|--------------------------|---|-------------------------------------|--------------------------|
| A. Lesson plans available and written to reflect daily schedule | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F. Teachers responsive and involved with children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Lesson plan indicates FL Performance standards | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G. Peer interaction occurs | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Written schedule is posted and relates to what occurs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | H. Character Education Program implemented | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D. Teaching strategies are developmentally appropriate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I. Adequate materials accessible for children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E. Positive methods of discipline used effectively | <input checked="" type="checkbox"/> | <input type="checkbox"/> | J. Materials in good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

*8) Random sampling of three (3) Attendance Verification Forms

Child's Name	Current	
	Yes	No
<u>Veronique Garcia</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Isabella Garcia</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Corey Williams</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

9) Observation: Children on carpet singing w/ Ms. Alexander. As children arrive they are served breakfast. Nelissa and group after cleaning tables. Please Nelissa being nice in time. talk about options re: parent- persistence. use to drink no juice

10) Technical Assistance Requested Given NA For: _____

Compliant Non-Compliant For: _____

For Non-Compliance: The provider has 14 calendar days to comply. Failure to do so may result in loss of funds and/or termination of the VPK agreement (page 5 and 6, #42 of VPK Agreement).

Resource Specialist Date of Return
em Bradley

Site Representative Signature
* Denotes Compliance Issue

Genevieve Neal
ELC Resource Specialist Signature



VPK - Monitoring Form

Site Name A.P.I. Queen Townsend II Classroom: B Date: 12/17/15

Observation/Documentation Time: 1:30 Instructional Hours: X 540 hours 300 hours

- | | N/A | Comp | Non-Comp |
|---|-------------------------------------|-------------------------------------|--------------------------|
| *1) License Expiration <u>12/22/15</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *2) Accrediting Agency/Expiration _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *3) Credentialed Director: <u>Ellen Bradley</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *4) Teacher: <u>Gina Millan</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *5) Teacher Asst: <u>Maria Sanchez</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>5</u> children | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Class Ratio: 1:11 or 2:20 | | | |
| *7) Curriculum Compliance: A - J | Curriculum: <u>Sploob</u> | | |

	Yes	No		Yes	No
A. Lesson plans available and written to reflect daily schedule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F. Teachers responsive and involved with children	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Lesson plan indicates FL Performance standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G. Peer interaction occurs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Written schedule is posted and relates to what occurs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H. Character Education Program implemented	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Teaching strategies are developmentally appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I. Adequate materials accessible for children	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Positive methods of discipline used effectively	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J. Materials in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*8) Random sampling of three (3) Attendance Verification Forms

Child's Name	Current	
	Yes	No
<u>Aubrey Bidlack</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Ashley Williams</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Isabella Williams</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

9) Observation: Maria works w/ small group making patterns. Other children using manipulatives leading to following movements to production. Maria assisted Maria with w/ children. Correctly w/ Maria. Maria provides with help and helps. Maria

10) Technical Assistance Requested Given N/A For: _____
 Compliant Non-Compliant For: _____

For Non-Compliance: The provider has 14 calendar days to comply. Failure to do so may result in loss of funds and/or termination of the VPK agreement (page 5 and 6, #42 of VPK Agreement).

Resource Specialist Date of Return
EMB Bradley
 Site Representative Signature

[Signature]
 ELC Resource Specialist Signature

* Denotes Compliance Issue



VPK - Monitoring Form

Site Name ALPI Queen Townsend II Classroom: C Date: 12/17/15

Observation/Documentation Time: 15 Instructional Hours: X 540 hours 300 hours

- | | N/A | Comp | Non-Comp |
|--|-------------------------------------|-------------------------------------|--------------------------|
| *1) License Expiration <u>12/22/15</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *2) Accrediting Agency/Expiration _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *3) Credentialed Director: <u>Ellen Bradley</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *4) Teacher: <u>Nidia Henriquez</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *5) Teacher Asst: <u>Sherena Mullings</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>13</u> children | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | Class Ratio: 1:11 or 2:20 | |
| *7) Curriculum Compliance: A - J | Curriculum: <u>Splash</u> | | |

- | | Yes | No | | Yes | No |
|---|-------------------------------------|--------------------------|---|-------------------------------------|--------------------------|
| A. Lesson plans available and written to reflect daily schedule | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F. Teachers responsive and involved with children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Lesson plan indicates FL Performance standards | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G. Peer interaction occurs | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Written schedule is posted and relates to what occurs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | H. Character Education Program implemented | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D. Teaching strategies are developmentally appropriate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I. Adequate materials accessible for children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E. Positive methods of discipline used effectively | <input checked="" type="checkbox"/> | <input type="checkbox"/> | J. Materials in good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

*8) Random sampling of three (3) Attendance Verification Forms

Child's Name	Current	
	Yes	No
<u>Manni Winters</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Alicia Aguilar Torres</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Antonio English Jr</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

9) Observation: Children playing in centers. Nidia moves from one to another interacting w/ children. Sherena talks w/ group. Sam manipulative. Clean-up with him then song but he to begin cleaning. Children returned to use washing feet. Nidia has group of children to carpet that have finished cleaning & singing & dancing.

10) Technical Assistance Requested Given NA For: _____

Compliant Non-Compliant For: _____

For Non-Compliance: The provider has 14 calendar days to comply. Failure to do so may result in loss of funds and/or termination of the VPK agreement (page 5 and 6, #42 of VPK Agreement).

Resource Specialist Date of Return

EMPRADLEN
Site Representative Signature

JANISER NOAD
ELC Resource Specialist Signature

* Denotes Compliance Issue



VPK - Monitoring Form

Site Name: API Queen Townsend II Classroom: D Date: 12/17/15

Observation/Documentation Time: 10 Instructional Hours: X 540 hours 300 hours

- | | N/A | Comp | Non-Comp |
|---|-------------------------------------|-------------------------------------|--------------------------|
| *1) License Expiration <u>12/22/15</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *2) Accrediting Agency/Expiration | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *3) Credentialed Director: <u>Ellen Bradley</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *4) Teacher: <u>Francina Benitez</u> | | <input type="checkbox"/> | <input type="checkbox"/> |
| *5) Teacher Asst: <u>Marion Davis</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>110</u> children | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Class Ratio: **1:11 or 2:20**

*7) Curriculum Compliance: A - J Curriculum: Spanish

	Yes	No		Yes	No
A. Lesson plans available and written to reflect daily schedule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F. Teachers responsive and involved with children	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Lesson plan indicates FL Performance standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G. Peer interaction occurs	<input type="checkbox"/>	<input type="checkbox"/>
C. Written schedule is posted and relates to what occurs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H. Character Education Program implemented	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Teaching strategies are developmentally appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I. Adequate materials accessible for children	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Positive methods of discipline used effectively	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J. Materials in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*8) Random sampling of three (3) Attendance Verification Forms

Child's Name	Current	
	Yes	No
<u>Layton Hall</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Marcuse Morrison</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>John Beaves</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

9) Observation: Children playing in centers. Marion sitting w/ a group painting with watercolors. Ms. Benitez works w/ a child on a station objects and writing the #. A child approaches her to show work he did. Marion asks children about the paintings.

10) Technical Assistance Requested Given N/A For: _____

Compliant Non-Compliant For: _____

For Non-Compliance: The provider has 14 calendar days to comply. Failure to do so may result in loss of funds and/or termination of the VPK agreement (page 5 and 6, #42 of VPK Agreement).

Resource Specialist Date of Return

Amber Dean
Site Representative Signature

Jenny Low Mead
ELC Resource Specialist Signature

* Denotes Compliance Issue



VPK - Monitoring Form

Site Name APL Queen Townsend II Classroom: E Date: 12/17/15

Observation/Documentation Time: 15 Instructional Hours: X 540 hours 300 hours

- | | N/A | Comp | Non-Comp |
|--|-------------------------------------|-------------------------------------|--------------------------|
| *1) License Expiration <u>12/22/15</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *2) Accrediting Agency/Expiration _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *3) Credentialed Director: <u>Ellen Bradley</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *4) Teacher: <u>Christine (Bon-Amie) Smith</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *5) Teacher Asst: <u>Lola Hernandez</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>16</u> children | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Class Ratio: 1:11 or 2:20 | | | |
| *7) Curriculum Compliance: A - J | | | |
| Curriculum: <u>Splash</u> | | | |

	Yes	No		Yes	No
A. Lesson plans available and written to reflect daily schedule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F. Teachers responsive and involved with children	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Lesson plan indicates FL Performance standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G. Peer interaction occurs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Written schedule is posted and relates to what occurs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H. Character Education Program implemented	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Teaching strategies are developmentally appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I. Adequate materials accessible for children	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Positive methods of discipline used effectively	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J. Materials in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*8) Random sampling of three (3) Attendance Verification Forms

Child's Name	Current	
	Yes	No
<u>Isabella Davis</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Adonis Pierre-Louis</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Marion Davis Jr</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

9) Observation: Children listening to music and playing instruments. (Lyla) also playing. class members around the class instruments but away from class sits on carpet for songs. Children use materials as needed.

10) Technical Assistance Requested Given N/A For: _____

Compliant Non-Compliant For: _____

For Non-Compliance: The provider has 14 calendar days to comply. Failure to do so may result in loss of funds and/or termination of the VPK agreement (page 5 and 6, #42 of VPK Agreement).

Resource Specialist Date of Return
EM Bradley
 Site Representative Signature

Wendy Boyd
 ELC Resource Specialist Signature

* Denotes Compliance Issue



VPK - Monitoring Form

Site Name API Queen Townsend II Classroom: F Date: 12/17/15

Observation/Documentation Time: 10 Instructional Hours: 540 hours 300 hours

- | | N/A | Comp | Non-Comp |
|--|-------------------------------------|-------------------------------------|--------------------------|
| *1) License Expiration <u>12/22/15</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *2) Accrediting Agency/Expiration _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *3) Credentialed Director: <u>Ellen Bradley</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *4) Teacher: <u>Dafney Wynn</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *5) Teacher Asst: <u>Renee Molead</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>14</u> children | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Class Ratio: 1:11 or 2:20 | | | |
| *7) Curriculum Compliance: A - J | Curriculum: <u>Splash</u> | | |

- | | Yes | No | | Yes | No |
|---|-------------------------------------|--------------------------|---|-------------------------------------|--------------------------|
| A. Lesson plans available and written to reflect daily schedule | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F. Teachers responsive and involved with children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Lesson plan indicates FL Performance standards | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G. Peer interaction occurs | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Written schedule is posted and relates to what occurs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | H. Character Education Program implemented | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D. Teaching strategies are developmentally appropriate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I. Adequate materials accessible for children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E. Positive methods of discipline used effectively | <input checked="" type="checkbox"/> | <input type="checkbox"/> | J. Materials in good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

*8) Random sampling of three (3) Attendance Verification Forms

Child's Name	Current	
	Yes	No
<u>Christiana Edmond</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Christian Grant</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Amelia B. Cole</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

9) Observation: Children washing hands and others are seated on the carpet singing holiday songs while they wait for others. Children are in the hallway to play. We heard this sound of happy. Parents begin to arrive for holiday party. Kids' hands for next song.

10) Technical Assistance Requested Given N/A For: _____

Compliant Non-Compliant For: _____

For Non-Compliance: The provider has 14 calendar days to comply. Failure to do so may result in loss of funds and/or termination of the VPK agreement (page 5 and 6, #42 of VPK Agreement).

Resource Specialist Date of Return

[Signature]
Site Representative Signature

[Signature]
ELC Resource Specialist Signature

* Denotes Compliance Issue



VPK - Monitoring Form

Site Name ALPI Queen Townsend II Classroom: G Date: 12/17/15

Observation/Documentation Time: 10 Instructional Hours: X 540 hours 300 hours

- | | N/A | Comp | Non-Comp |
|---|-------------------------------------|-------------------------------------|--------------------------|
| *1) License Expiration <u>12/22/15</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *2) Accrediting Agency/Expiration | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *3) Credentialed Director: <u>Ellen Bradley</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *4) Teacher: <u>Aracelia Proulx</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *5) Teacher Asst: <u>Ilse Seymour</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>5</u> children | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Class Ratio: 1:11 or 2:20 | | | |
| *7) Curriculum Compliance: A - J | | | |
| Curriculum: <u>Splash</u> | | | |

	Yes	No		Yes	No
A. Lesson plans available and written to reflect daily schedule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F. Teachers responsive and involved with children	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Lesson plan indicates FL Performance standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G. Peer interaction occurs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Written schedule is posted and relates to what occurs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H. Character Education Program implemented	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Teaching strategies are developmentally appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I. Adequate materials accessible for children	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Positive methods of discipline used effectively	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J. Materials in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*8) Random sampling of three (3) Attendance Verification Forms

Child's Name	Current	
	Yes	No
<u>Daniel Ruez Bonifaz</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Miranda Morris</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Isabella Pindrate</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

9) Observation: Children making crafts @ tables some seated on carpet. Several parents have joined winter holiday party. Children on carpet are playing w/ connectors to build a colossal/pine structure with legs. Children play in other areas of room as well.

10) Technical Assistance Requested Given NA For: _____

Compliant Non-Compliant For: _____

For Non-Compliance: The provider has 14 calendar days to comply. Failure to do so may result in loss of funds and/or termination of the VPK agreement (page 5 and 6, #42 of VPK Agreement).

Resource Specialist Date of Return

Emilia Olsen
Site Representative Signature

Jennifer Nead
ELC Resource Specialist Signature

* Denotes Compliance Issue



VPK - Monitoring Form

Site Name ALPI Queen Tanager II Classroom: # Date: 2/17/15

Observation/Documentation Time: 15 Instructional Hours: 540 hours 300 hours

- | | N/A | Comp | Non-Comp |
|--|-------------------------------------|-------------------------------------|---|
| *1) License Expiration <u>12/02/15</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *2) Accrediting Agency/Expiration _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *3) Credentialed Director: <u>Ellen Bramley</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *4) Teacher: <u>Elizabeth Smith (asst only)</u> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> JZM |
| *5) Teacher Asst: <u>Erica Johnson (asst only)</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>15</u> children | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Class Ratio: 1:11 or 2:20 | | | |
| *7) Curriculum Compliance: A - J | | | |
| Curriculum: <u>Speech</u> | | | |

	Yes	No		Yes	No
A. Lesson plans available and written to reflect daily schedule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F. Teachers responsive and involved with children	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Lesson plan indicates FL Performance standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G. Peer interaction occurs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Written schedule is posted and relates to what occurs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H. Character Education Program implemented	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Teaching strategies are developmentally appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I. Adequate materials accessible for children	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Positive methods of discipline used effectively	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J. Materials in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*8) Random sampling of three (3) Attendance Verification Forms

Child's Name	Current	
	Yes	No
<u>Tzannee Smith</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Kalanni Hickson</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Robin Johnson</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

9) Observation: Children singing on carpet - use bathroom as needed. One child bringing animal from school to about room table. Class expectations reviewed. Elizabeth asked child about book in car - child lost book later. Class reminded to sit on perimeter of carpet. Sent the cat (color chimp) & help with use complete sentence.

10) Technical Assistance Requested Given N/A For: _____

Compliant Non-Compliant For: procedures submitted 2/15 regarding work app
 For Non-Compliance: The provider has 14 calendar days to comply. Failure to do so may result in loss of funds and/or termination of the VPK agreement (page 5 and 6, #42 of VPK Agreement).

Resource Specialist Date of Return
Michelle Owen

Jessica Boyd
 ELC Resource Specialist Signature

* Denotes Compliance Issue



VPK - Monitoring Form

Site Name: ACPL Queen Townsend II Classroom: I Date: 12/17/15

Observation/Documentation Time: 1.5 Instructional Hours: 540 hours 300 hours

- | | N/A | Comp | Non-Comp |
|---|-------------------------------------|-------------------------------------|--------------------------|
| *1) License Expiration <u>12/22/15</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *2) Accrediting Agency/Expiration | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *3) Credentialed Director: <u>Ellen Bradley</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *4) Teacher: <u>Bernice Williams</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *5) Teacher Asst: <u>Tara Moore</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>12</u> children <u>14</u> Class Ratio: <u>1:11 or 2:20</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *7) Curriculum Compliance: A - J Curriculum: <u>Splash</u> | | | |

- | | Yes | No | | Yes | No |
|---|-------------------------------------|--------------------------|---|-------------------------------------|--------------------------|
| A. Lesson plans available and written to reflect daily schedule | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F. Teachers responsive and involved with children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Lesson plan indicates FL Performance standards | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G. Peer interaction occurs | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Written schedule is posted and relates to what occurs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | H. Character Education Program implemented | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D. Teaching strategies are developmentally appropriate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I. Adequate materials accessible for children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E. Positive methods of discipline used effectively | <input checked="" type="checkbox"/> | <input type="checkbox"/> | J. Materials in good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

*8) Random sampling of three (3) Attendance Verification Forms

Child's Name	Current	
	Yes	No
<u>Ariana Acosta</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Ariana Brando</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Shirley L. Lopez</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

9) Observation: Children play in centers. Tara asst
2 kids in different areas about the play and talk
from she'll be over to another area with the children
14/4/1 of another child Bernice calls children to
finish the work with craft.

10) Technical Assistance Requested Given NA For: _____

Compliant Non-Compliant For: _____

For Non-Compliance: The provider has 14 calendar days to comply. Failure to do so may result in loss of funds and/or termination of the VPK agreement (page 5 and 6, #42 of VPK Agreement).

Resource Specialist Date of Return
ambroder
 Site Representative Signature

Tara Moore
 ELC Resource Specialist Signature

* Denotes Compliance Issue



VPK - Monitoring Form

Site Name: ALP (2000) Township II Classroom: J Date: 12/17/15

Observation/Documentation Time: 20 Instructional Hours: X 540 hours 300 hours

- | | N/A | Comp | Non-Comp |
|--|-------------------------------------|-------------------------------------|----------------------------------|
| *1) License Expiration <u>12/27/15</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *2) Accrediting Agency/Expiration | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *3) Credentialed Director: <u>Eileen Bravley</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *4) Teacher: <u>Cardia Parker</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *5) Teacher Asst: <u>Guillermina Mendoza</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>15</u> children | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | Class Ratio: <u>1:11 or 2:20</u> |

- *7) Curriculum Compliance: A - J Curriculum: Spanish
- | | Yes | No | | Yes | No |
|---|-------------------------------------|--------------------------|---|-------------------------------------|--------------------------|
| A. Lesson plans available and written to reflect daily schedule | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F. Teachers responsive and involved with children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Lesson plan indicates FL Performance standards | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G. Peer interaction occurs | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Written schedule is posted and relates to what occurs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | H. Character Education Program implemented | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D. Teaching strategies are developmentally appropriate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I. Adequate materials accessible for children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E. Positive methods of discipline used effectively | <input checked="" type="checkbox"/> | <input type="checkbox"/> | J. Materials in good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

*8) Random sampling of three (3) Attendance Verification Forms

Child's Name	Current	
	Yes	No
<u>Mariah Jones</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Tina Warren</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Ariana Rose</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

9) Observation: Children playing in centers. Ms. Parker sits w/ group creating pics out of scrap paper. Conversation w/ child about her dream - multiple back & forth exchanges and open-ended questions. G/Thru's room centers and materials available about the r. show, one child, 30 second. Monday group, he started w/ his. Med & Little groups.

10) Technical Assistance Requested Given NA For: _____

Compliant Non-Compliant For: _____

For Non-Compliance: The provider has 14 calendar days to comply. Failure to do so may result in loss of funds and/or termination of the VPK agreement (page 5 and 6, #42 of VPK Agreement).

Resource Specialist Date of Return
Ambra Olen
 Site Representative Signature

Jennifer Moad
 ELC Resource Specialist Signature

* Denotes Compliance Issue



VPK - Monitoring Form

Site Name: NPI Queen Township II Classroom: X Date: 12/17/15

Observation/Documentation Time: 10 Instructional Hours: X 540 hours 300 hours

- | | N/A | Comp | Non-Comp |
|---|-------------------------------------|-------------------------------------|--------------------------|
| *1) License Expiration <u>12/22/15</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *2) Accrediting Agency/Expiration | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *3) Credentialed Director: <u>Carol Smith Ellen Bradley</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *4) Teacher: <u>Carol Smith</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *5) Teacher Asst: <u>Felicia Nantauer</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>15</u> children | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Class Ratio: **1:11 or 2:20**

*7) Curriculum Compliance: A - J

Curriculum: Speech

	Yes	No		Yes	No
A. Lesson plans available and written to reflect daily schedule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F. Teachers responsive and involved with children	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Lesson plan indicates FL Performance standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G. Peer interaction occurs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Written schedule is posted and relates to what occurs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H. Character Education Program implemented	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Teaching strategies are developmentally appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I. Adequate materials accessible for children	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Positive methods of discipline used effectively	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J. Materials in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*8) Random sampling of three (3) Attendance Verification Forms

Child's Name	Current	
	Yes	No
<u>Isabella Bishop</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Kevin Brennan</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Levi Dwyer</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

9) Observation: Children seated at carpet. Ms Nantauer talks w/ class about the tortoise and the hare. She shows them how each animal moves and they role play the story. Other children cheer on tortoise and hare. "Who will win? Who will win? Who will win?" Carol then reads us new version - repetitive. Carol tells class sequence of events for remainder of day. Rhyming song. Both teachers participate. Children reminded to use their big voice.

10) Technical Assistance Requested Given N/A For: Children reminded to use their big voice.

Compliant Non-Compliant For: _____

For Non-Compliance: The provider has 14 calendar days to comply. Failure to do so may result in loss of funds and/or termination of the VPK agreement (page 5 and 6, #42 of VPK Agreement).

Resource Specialist Date of Return

EM Bradley
Site Representative Signature

Brianne Head
ELC Resource Specialist Signature

* Denotes Compliance Issue



Early Learning Coalition Visitation Form for Child Care Sites

Site Name: ALPI Queen Townsend II Director: Ellen Bradley

Time In/Out: 9:05/12:01 Resource Specialist: Jennifer Mead

Reason For Visit:

- | | |
|--|--|
| <input type="checkbox"/> Deliver/Collect Information/Forms | <input type="checkbox"/> New Provider Checklist/Walk-through |
| <input type="checkbox"/> Technical Assistance | <input type="checkbox"/> Child Assessment |
| <input type="checkbox"/> ASQ Online monitoring | <input type="checkbox"/> Child Observation |
| <input checked="" type="checkbox"/> SR/VPK Monitoring | <input type="checkbox"/> Classroom Observation |
| <input type="checkbox"/> SR/VPK Monitoring Follow-up | <input type="checkbox"/> Program Evaluation |
| <input type="checkbox"/> SPCR Monitoring | <input type="checkbox"/> CLASS |

Requested Forms: ___ ASQ-3 ___ ASQ: SE ___ Transfer/Withdrawal Forms ___ Other

Delivered Forms: ___ ASQ-3 ___ ASQ: SE ___ Transfer/Withdrawal Forms ___ Other

Comments:

brought back paperwork for Elizabeth Smith and
Deborah Savada - please #. was submitted on 12/15
to Indira + Jeri

Technical Assistance:

Reminders:

Ellen Bradley
Site Representative Signature

Jennifer Mead
ELC Resource Specialist Signature



Early Learning Coalition Visitation Form for Child Care Sites

Site Name: Tauht

Director: Dona Hammond

Time In/Out: 9:20 - 10:00

Resource Specialist: Robyn Carnas

Reason For Visit:	
<input type="checkbox"/> Deliver/Collect Information/Forms	<input type="checkbox"/> New Provider Checklist/Walk-through
<input type="checkbox"/> Technical Assistance	<input type="checkbox"/> Child Assessment
<input type="checkbox"/> ASQ Online monitoring	<input type="checkbox"/> Child Observation
<input checked="" type="checkbox"/> SR/VPK Monitoring	<input type="checkbox"/> Classroom Observation
<input type="checkbox"/> SR/VPK Monitoring Follow-up	<input type="checkbox"/> Program Evaluation
<input type="checkbox"/> SPCR Monitoring	<input type="checkbox"/> CLASS

Requested Forms: ___ ASQ-3 ___ ASQ: SE ___ Transfer/Withdrawal Forms ___ Other

Delivered Forms: ___ ASQ-3 ___ ASQ: SE ___ Transfer/Withdrawal Forms ___ Other

Comments: Director has submitted VPK updates for new employee.

Technical Assistance:

Reminders:

Dona Hammond
Site Representative Signature

Carnas
ELC Resource Specialist Signature



VPK - Monitoring Form

Site Name GW Truitt Classroom: A Date: 12-1-15

Observation/Documentation Time: 20 Instructional Hours: X 540 hours 300 hours

- | | N/A | Comp | Non-Comp |
|--|--------------------------|-------------------------------------|--------------------------|
| *1) License Expiration <u>6/17/16</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *2) Accrediting Agency/Expiration <u>NAEYC 7-1-18</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *3) Credentialed Director: <u>Denna Hammond</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *4) Teacher: <u>Elora Hale</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *5) Teacher Asst: <u>Latonya Burgess</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>15</u> children | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Class Ratio: **1:11 or 2:20**

- *7) Curriculum Compliance: A - J Curriculum: Splash
- | | Yes | No | | Yes | No |
|---|-------------------------------------|--------------------------|---|-------------------------------------|--------------------------|
| A. Lesson plans available and written to reflect daily schedule | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F. Teachers responsive and involved with children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Lesson plan indicates FL Performance standards | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G. Peer interaction occurs | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Written schedule is posted and relates to what occurs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | H. Character Education Program implemented | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D. Teaching strategies are developmentally appropriate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I. Adequate materials accessible for children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E. Positive methods of discipline used effectively | <input checked="" type="checkbox"/> | <input type="checkbox"/> | J. Materials in good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

*8) Random sampling of three (3) Attendance Verification Forms

Child's Name	Current	
	Yes	No
<u>M Burgess</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>N Daniels</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>L Jackson</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

9) Observation: The children were engaged in circle time activities. Transition appeared smooth. The children were asked to make a salad and go to the train station where they were able to choose a center they wanted to go to. The teacher walked around the room assisting the children with their materials.

10) Technical Assistance Requested Given N/A For: _____

Compliant Non-Compliant For: _____

For Non-Compliance: The provider has 14 calendar days to comply. Failure to do so may result in loss of funds and/or termination of the VPK agreement (page 5 and 6, #42 of VPK Agreement).

Resource Specialist Date of Return
[Signature]
 Site Representative Signature

[Signature]
 ELC Resource Specialist Signature

* Denotes Compliance Issue



VPK - Monitoring Form

Site Name Truett Classroom: _____ Date: 12-1-10

Observation/Documentation Time: 12 Instructional Hours: 540 hours 300 hours

- *1) License Expiration 6-17-16 N/A Comp Non-Comp
- *2) Accrediting Agency/Expiration naeyc 7-1-18 N/A Comp Non-Comp
- *3) Credentialed Director: Danna Hammond N/A Comp Non-Comp
- *4) Teacher: Michi Morris N/A Comp Non-Comp
- *5) Teacher Asst: Lakesha Gilbert N/A Comp Non-Comp
- *6) Class Ratio: 2 teacher(s) to 15 children Class Ratio: 1:11 or 2:20 N/A Comp Non-Comp

- *7) Curriculum Compliance: A - J Curriculum: Splash
- | | | Yes | No | | | Yes | No |
|----|--|-------------------------------------|--------------------------|----|--|-------------------------------------|--------------------------|
| A. | Lesson plans available and written to reflect daily schedule | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F. | Teachers responsive and involved with children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. | Lesson plan indicates FL Performance standards | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G. | Peer interaction occurs | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. | Written schedule is posted and relates to what occurs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | H. | Character Education Program implemented | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D. | Teaching strategies are developmentally appropriate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I. | Adequate materials accessible for children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E. | Positive methods of discipline used effectively | <input checked="" type="checkbox"/> | <input type="checkbox"/> | J. | Materials in good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

*8) Random sampling of three (3) Attendance Verification Forms

Child's Name	Current	
	Yes	No
<u>J. Jagger</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>J. Lyde</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>A. Scarlett</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

9) Observation: The teacher was sitting at the table with 4 children. The children were asked to describe the picture that they drew. The teacher encouraged the children to use descriptive words. The teacher pushed for further information. There was back and forth conversation between the teachers and children.

10) Technical Assistance Requested Given NA For: _____

Compliant Non-Compliant For: _____

For Non-Compliance: The provider has 14 calendar days to comply. Failure to do so may result in loss of funds and/or termination of the VPK agreement (page 5 and 6, #42 of VPK Agreement).

Resource Specialist Date of Return
Danna Hammond
Site Representative Signature

Marica
ELC Resource Specialist Signature

* Denotes Compliance Issue

CLUSTER MONTHLY DISABILITY

CLUSTER MONTHLY DISABILITY REPORT
Local Program Information
2015

CLUSTER CODE:

Agency Name: ALPI FROSTPROOF

Date Form Completed: 12/31/2015

TONI JONES
Person Completing This Form

JAN FEB MAR APR MAY JUNE
 JULY AUG SEPT OCT NOV DEC

Information from all Delegates included YES NO N/A

SECTION A: DISABILITY CHILD INFORMATION									
		HS	EHS	DELEGATE		HS	EHS	DELEGATE	
	Funded Enrollment		76						
	Actual Enrollment		76						
CHILDREN WITH DISABILITIES					TOTAL NUMBER WITH DISABILITIES				
1	Health Impairments		0		13	How many age 0?		0	
2	Emotional/Behavior Disorders		0		14	How many age 1?		2	
3	Speech/Language Impairments		6		15	How many age 2?		5	
4	Mental Retardation		0		16	How many age 3?		0	
5	Hearing Impairments/Deafness		0		17	How many age 4?		0	
6	Orthopedic Impairments		0		18	How many age 5?		0	
7	Visual Impairments/Blind		0		19	How many over income?		0	
8	Learning Disabilities		1		20	How many pre-diagnosed?		1	
9	Autism		0		21	How many dropped to date?		3	
10	Traumatic Brain Injury		0		22	How many IEP's/FSP current		7	
11	Other Impairments		0		23	How many evaluated and Found not eligible?		2	
12	Total With Disabilities		0		24	How many suspected?		1	

SECTION B: QUESTIONNAIRE	
1. Any specific request for training and technical assistance? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please explain.	
2. Any specific problems with coordination of disability services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
3. Other Comments: Z. Donaldson had to be referred to FDLRS due to age. I have been trying to contact FDLRS for status update. The parent inform me she had not been contacted by FDLRS.	

REIMBURSEMENT REPORTS

DOH CHILD CARE FOOD REPORTS

Florida Department of Health

12/17/2015
4:19PM

Child Care Food Program

Child Care Center Claim

S - 501 Region: C RPS: 6 Fiscal Year: 2016 Termination Date: _____

Add'l Doc Required: _____ ADR Reason: _____ Meal Disallowance: _____

Legal Name: AGRICULTURE/ LABOR PROG. INC. FEIN: 591634148001

D/B/A: AGRICULTURE/ LABOR PROG. INC.

Mailing Address: P.O. BOX 3126 WINTER HAVEN, FL 33885

Program Manager: YOUNG, ELIZABETH Phone: (863) 956-3491 Ext: 231

Email: eyoung@alpi.org

Claim Information

Status: Submitted Entered By: 0501

Claim Month/Year: 10/2015 Date Received: 12/17/2015

Revision #: 0

Operating Days: 21 Average Daily Participation: 675

Sites Operated:

PNP: 0 OSHCC: 0 For-Profit: 0 HS: 7 Church: 0 Public: 0 Total: 7

Children Enrolled by Category:

Free 774 Reduced 0 Non-needy 0 Total 774

Meals Claimed:

Breakfast	Morning Snack	Lunch	Afternoon Snack	Supper	Evening Snack
<u>14,177</u>	<u>0</u>	<u>14,177</u>	<u>14,177</u>	<u>0</u>	<u>0</u>

Operating Expenditures	<u>\$69,364.00</u>	Meal Earnings:	<u>\$78,965.89</u>
Administrative Expenditures	<u>\$6,009.00</u>	Cash-In-Lieu:	<u>\$3,367.04</u>
Total Expenditures	<u>\$75,373.00</u>	Total Earnings:	<u>\$82,332.93</u>
Income	<u>\$0.00</u>	Adjustments:	<u>\$0.00</u>
		Total Reimbursement:	<u>\$82,332.93</u>

Florida Department of Health

12/17/2015

4:19PM

Child Care Food Program

Child Care Center Claim

AN: 501 Fiscal Year: 2016 Claim Month/Year: 10/2015 Revision #: 0

Site Num/ Center Num	Site Name	Address	Meal Earnings	Cash-In-Lieu	Total Earnings
23901/23901	ALPI CHILD DEVELOPME	198 NW MARION AVENUE	\$16,737.85	\$713.69	\$17,451.54
23889/23889	ALPI FRANCINA C DUVA	1035 S. 27TH CIRCLE	\$4,183.07	\$178.36	\$4,361.43
23890/23890	ALPI FROSTPROOF CHIL	701 HOPSON RD.	\$5,207.95	\$222.06	\$5,430.01
23899/23899	ALPI GARDEN TERRACE	1110 N. 32ND STREET	\$9,485.71	\$404.46	\$9,890.17
23898/23898	ALPI GEORGE W. TRUIT	1814 NORTH 13TH STREET	\$8,694.77	\$370.74	\$9,065.51
23892/23892	ALPI LINCOLN PARK HE	1400 AVENUE M	\$10,070.56	\$429.40	\$10,499.96
23902/23902	ALPI QUEEN TOWNSEND	2202 AVENUE Q	\$24,585.98	\$1,048.33	\$25,634.31
			\$78,965.89	\$3,367.04	\$82,332.93

Florida Department of Health

1/12/2016
8:17AM

Child Care Food Program

Child Care Center Claim

S - 501 Region: C RPS: 6 Fiscal Year: 2016 Termination Date: _____

Add'l Doc Required: _____ ADR Reason: _____ Meal Disallowance: _____

Legal Name: AGRICULTURE/ LABOR PROG. INC. FEIN: 591634148001

D/B/A: AGRICULTURE/ LABOR PROG. INC.

Mailing Address: P.O. BOX 3126 WINTER HAVEN, FL 33885

Program Manager: YOUNG, ELIZABETH Phone: (863) 956-3491 Ext: 231

Email: eyoung@alpi.org

Claim Information

Status: Submitted Entered By: 0501

Claim Month/Year: 11/2015 Date Received: 01/12/2016

Revision #: 0

Operating Days: 18 Average Daily Participation: 666

Sites Operated:

PNP: 0 OSHCC: 0 For-Profit: 0 HS: 7 Church: 0 Public: 0 Total: 7

Children Enrolled by Category:

Free 770 Reduced 0 Non-needly 0 Total 770

Meals Claimed:

Breakfast	Morning Snack	Lunch	Afternoon Snack	Supper	Evening Snack
<u>11,980</u>	<u>0</u>	<u>11,980</u>	<u>11,980</u>	<u>0</u>	<u>0</u>

Operating Expenditures	<u>\$65,170.00</u>	Meal Earnings:	<u>\$66,728.60</u>
Administrative Expenditures	<u>\$5,762.00</u>	Cash-In-Lieu:	<u>\$2,845.26</u>
Total Expenditures	<u>\$70,932.00</u>	Total Earnings:	<u>\$69,573.86</u>
Income	<u>\$0.00</u>	Adjustments:	<u>\$0.00</u>
		Total Reimbursement:	<u>\$69,573.86</u>

Florida Department of Health

1/12/2016

8:17AM

Child Care Food Program

Child Care Center Claim

AN: 501 Fiscal Year: 2016 Claim Month/Year: 11/2015 Revision #: 0

Site Num/ Center Num	Site Name	Address	Meal Earnings	Cash-In-Lieu	Total Earnings
23901/23901	ALPI CHILD DEVELOPME	198 NW MARION AVENUE	\$13,891.58	\$592.33	\$14,483.91
23889/23889	ALPI FRANCINA C DUVA	1035 S. 27TH CIRCLE	\$3,559.23	\$151.76	\$3,710.99
23890/23890	ALPI FROSTPROOF CHIL	701 HOPSON RD.	\$4,344.60	\$185.25	\$4,529.85
23899/23899	ALPI GARDEN TERRACE	1110 N. 32ND STREET	\$7,920.54	\$337.73	\$8,258.27
23898/23898	ALPI GEORGE W. TRUIT	1814 NORTH 13TH STREET	\$7,385.82	\$314.93	\$7,700.75
23892/23892	ALPI LINCOLN PARK HE	1400 AVENUE M	\$8,845.16	\$377.15	\$9,222.31
23902/23902	ALPI QUEEN TOWNSEND	2202 AVENUE Q	\$20,781.67	\$886.11	\$21,667.78
			\$66,728.60	\$2,845.26	\$69,573.86

ELC REIMBURSEMENT REPORT

EARLY LEARNING COALITION OF POLK COUNTY
 115 SOUTH MISSOURI AVENUE SUITE 501
 LAKELAND, FL 33815
 Final Provider Reimbursement Report

Vendor # : ALP10
 ALPI FROSTPROOF CHILD DEVELOPMENT CENTER (XXXXXXXX148 2)
 701 HOPSON ROAD
 FROSTPROOF, FL 33843
 (863)635-3396

** GS CENTER SUB ** BG8 ECONOMICALLY DISADVANTAGED (BG8)

Reporting Period: 11/01/2015 - 11/30/2015

Class ID	Child	Eligibility Activity	Care Level	Days Reimbursed	Provider Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.	
=> Child Care For Period: 11/01/2015 - 11/30/2015 <==												
XXX-XX-3283	HUTTO, LEVIH	Enrolled 11/18/2015	ECONOMICALLY DISADVANTAGE INF	4 PT Days	12.00	.00	1.20	48.00	0.00	4.80	43.20	
XXX-XX-4396	SMITH, SHANELL B	< 12 MTH TOTALS:	ECONOMICALLY DISADVANTAGE	4 PT Days				48.00	0.00	4.80	43.20	
XXX-XX-7228	SLOAN, SAMONN L	12 TO <24 MTH TOTALS:	ECONOMICALLY DISADVANTAGE TOD	15 PT Days	10.00	.00	2.40	150.00	0.00	36.00	114.00	
		24 TO <36 MTH TOTALS:	ECONOMICALLY DISADVANTAGE 2YR	17 PT Days	9.50	.00	1.20	161.50	0.00	20.40	141.10	
TOTALS FOR PERIOD:				36 Days				359.50	0.00	61.20	298.30	

EARLY LEARNING COALITION OF POLK COUNTY
 115 SOUTH MISSOURI AVENUE
 LAKELAND, FL 33815

Report Date : 12/09/2015 09:24:08

Redetermination Report By Provider

Provider : ALPI FROSTPROOF CHILD DEVELOPMENT CENTER XXXXXX4148 002

701 HOPSON ROAD
 FROSTPROOF, FL 33843

Phone : (863) 635-3396

Funding Source : BG8 BG8 ECONOMICALLY DISADVANTAGED

County : 53 POLK COUNTY

Report Period : 12/09/2015 - 01/31/2016

Parent	Child	Child SSN	Redetermination Date
COLEMAN, SHERIKA M 11 GARVEY LANE FROSTPROOF, FL 33843 (863) 215-4199	SLOAN, SA'MONNI L	XXX-XX-7228	01/22/2016 REV 01/22/2016
Parent ID# : XXX-XX-2934 Funding Source : BG8 BG8 ECONOMICALLY DISADVANTAGED Elig : ECONOMICALLY DISADVANTAGED County : 53 POLK COUNTY Purpose Care : EM EMPLOYED Parent Eligible : 10/22/2015			

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKEECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Report Date: 12/14/2015 09:05:22

Vendor # : 4161
 ALPI QUEEN TOWNSEND HEAD START CENTER II (XXXXXXXX4148 17)
 2202 AVENUE Q
 FORT PIERCE, FL 34950
 (772)429-8889

** LICENSED CENTER SUB ** VOLUNTARY PRE-K (VPK)

Reporting Period: 11/01/2015 - 11/30/2015

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Days Reimbursed	Provider Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
=> Adjustments For Period: 11/01/2015 - 11/30/2015 <==												
D15	XXX-XX-9602	VOLUNTARY PRE-K										
	SALES HERNANDEZ, ANDREW	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR5	0	HR Days Hours	.00 4.49	.00 .00	.00	0.00	0.00	0.00	0.00 -6.74
A15	XXX-XX-6291	VOLUNTARY PRE-K										
	SANCHEZ, DIEGO	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR5	0	HR Days Hours	.00 4.49	.00 .00	.00	0.00	0.00	0.00	0.00 -6.74
H15	XXX-XX-2898	VOLUNTARY PRE-K										
	WILLIAMS, KARIANA Q	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR5	0	HR Days Hours	.00 4.49	.00 .00	.00	0.00	0.00	0.00	0.00 -6.74
D15	XXX-XX-8026	VOLUNTARY PRE-K										
	ZACKERY, JAIDEN J	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR5	0	HR Days Hours	.00 4.49	.00 .00	.00	0.00	0.00	0.00	0.00 -23.57
60 TO <72 MTH TOTALS:						0	0	0	0.00	0.00	0.00	0.00
TOTALS FOR PERIOD:						-114.75	0	0	-515.25	0.00	0.00	-515.25
						0	0	0	-1589.51	0.00	0.00	-1589.51
ALL PERIODS:						396	3193 Days	9225 Hours	41420.20	0.00	0.00	41420.20

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKEECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Report Date: 12/14/2015 09:05:22

Reporting Period: 11/01/2015 - 11/30/2015

	Days Absent	Days Reimbursed	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
VOLUNTARY PRE-K	396	3193 Days	41420.20	0.00	0.00	41420.20
VPK REPORT TOTALS:			41420.20	0.00	0.00	41420.20

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKEECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Vendor #: 4158
 ALPI FRANCINA DUVAL HEAD START (XXXXXX4148 7)
 2202 AVENUE Q
 FT. PIERCE, FL 34950
 (772)461-0398

** GS CENTER NON-SUB ** VOLUNTARY PRE-K (VPK)

Reporting Period: 11/01/2015 - 11/30/2015

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Days Reimbursed	Provider Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
<p>==> Adjustments For Period: 11/01/2015 - 11/30/2015 <==</p>												
TOTALS FOR PERIOD:					0	0 Days				0.00	0.00	-292.99
						-65.25 Hours						
ALL PERIODS:					66	540 Days				0.00	0.00	6980.81
						1554.75 Hours						

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKEECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Report Date: 12/11/2015 04:48:04

Reporting Period: 11/01/2015 - 11/30/2015

	Days Absent	Days Reimbursed	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
VOLUNTARY PRE-K	66	540 Days	6980.81	0.00	0.00	6980.81
VPK REPORT TOTALS:			6980.81	0.00	0.00	6980.81

Vendor # : 4149
 ALPI GARDEN TERRACE HEADSTART (XXXXXX4148 2)
 2202 AVENUE Q
 FORT PIERCE, FL 34950
 (772)468-0300

** GS CENTER NON-SUB ** VOLUNTARY PRE-K (VPK)

Reporting Period: 11/01/2015 - 11/30/2015

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Days Reimbursed	Provider Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
=> Adjustments For Period: 11/01/2015 - 11/30/2015 <==												
A15	XXX-XX-1996	VOLUNTARY PRE-K										
	WASHINGTON, RA'ZHYLA M	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR5	0	HR Days Hours	.00 4.49	.00 .00	.00	0.00 -23.57	0.00 0.00	0.00	0.00 -23.57
C15	XXX-XX-5296	VOLUNTARY PRE-K										
	WHEELER, DE'ELIS Z	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR5	0	HR Days Hours	.00 4.49	.00 .00	.00	0.00 -6.74	0.00 0.00	0.00	0.00 -6.74
60 TO <72 MTH TOTALS:												
				0	0	HR Days HR Hours			0.00 -124.60	0.00 0.00	0.00	0.00 -124.60
TOTALS FOR PERIOD:												
				0	0	0 Days -86.25 Hours			-387.29	0.00	0.00	-387.29
ALL PERIODS:												
				116	936 Days 2721.75 Hours				12220.63	0.00	0.00	12220.63

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKEECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Report Date: 12/11/2015 04:49:18

Reporting Period: 11/01/2015 - 11/30/2015

	Days Absent	Days Reimbursed	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
VOLUNTARY PRE-K	116	936 Days	12220.63	0.00	0.00	12220.63
VPK REPORT TOTALS:			12220.63	0.00	0.00	12220.63

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKEECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Report Date: 12/11/2015 04:50:09

Vendor # : 4150
 ALPI GEORGE W TRUITT HEADSTART (XXXXXXXX4148 3)
 2202 AVENUE Q
 FORT PIERCE, FL 34950
 (772)464-4452

** GS CENTER SUB **

VOLUNTARY PRE-K (VPK)

Reporting Period: 11/01/2015 - 11/30/2015

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Days Reimbursed	Provider Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
ALL PERIODS:												
				53	504 Days				6543.05	0.00	0.00	6543.05
					1457.25 Hours							

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Report Date: 12/11/2015 04:50:09

Reporting Period: 11/01/2015 - 11/30/2015

	Days Absent	Days Reimbursed	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
VOLUNTARY PRE-K	53	504 Days	6543.05	0.00	0.00	6543.05
VPK REPORT TOTALS:						

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKEECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Report Date: 12/11/2015 04:31:54

Vendor # : 4181
 ALPI CHILD DEV FAMILY SVCS CTR (XXXXXX4148 16)
 2202 AVENUE Q
 FORT PIERCE, FL 34950
 (772)879-4944

** LICENSED CENTER SUB ** VOLUNTARY PRE-K (VPK)

Reporting Period: 11/01/2015 - 11/30/2015

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Days Reimbursed	Provider Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
D15 XXX-XX-5429	WARE IV, MICHAEL L	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
		Adjustment Reason			Hours	4.49	.00		-6.74	0.00		-6.74
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT		-1.5								
60 TO <72 MTH TOTALS:												
				0	HR Days				0.00	0.00	0.00	0.00
				-42	HR Hours				-188.60	0.00		-188.60
TOTALS FOR PERIOD:												
				0	0 Days				-963.16	0.00	0.00	-963.16
					-214.5 Hours							
ALL PERIODS:												
				237	2014 Days				26165.42	0.00	0.00	26165.42
					5827.5 Hours							

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKEECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Report Date: 12/11/2015 04:31:54

Reporting Period: 11/01/2015 - 11/30/2015

	Days Absent	Days Reimbursed	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
VOLUNTARY PRE-K	237	2014 Days	26165.42	0.00	0.00	26165.42
VPK REPORT TOTALS:			26165.42	0.00	0.00	26165.42

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKEECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Report Date: 12/14/2015 10:35:49

Vendor # : 4150
 ALPI GEORGE W TRUITT HEADSTART (XXXXXX4148 3)
 2202 AVENUE Q
 FORT PIERCE, FL 34950
 (772)464-4452

** GS CENTER SUB ** BILLING GROUP 8 (BG8)

Reporting Period: 11/01/2015 - 11/30/2015

Class ID	Child	Eligibility Activity	Care Level	Days Reimbursed	Provider Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.	
=> Child Care For Period: 11/01/2015 - 11/30/2015 <==												
	XXX-XX-1684		ECONOMICALLY DISADVANTAGE									
RICKS, ERIYONNA J			2YR	7	13.85	2.08	1.65	96.95	14.56	11.55	99.96	
			2YR	1	18.50	2.78	1.65	18.50	2.78	1.65	19.63	
			2YR	10	13.85	2.08	1.65	138.50	20.80	16.50	142.80	
			2YR	2	18.50	2.78	1.65	37.00	5.56	3.30	39.26	
			2YR	1	13.85	2.08	1.65	13.85	2.08	1.65	14.28	
XXX-XX-1854			ECONOMICALLY DISADVANTAGE									
SINGLETON JR, DARNELL L			2YR	21	18.50	2.78	3.30	388.50	58.38	69.30	377.58	
				24	FT Days			444.00	66.72	74.25	436.47	
				18	PT Days			249.30	37.44	29.70	257.04	
TOTALS FOR PERIOD:				42	Days			693.30	104.16	103.95	693.51	

LIHEAP FINANCIAL STATUS REPORT

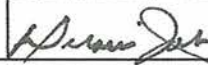
Agency : Agricultural and Labor Program, Inc.

Low Income Home Energy Assistance Program (LIHEAP)

Program : Low Income Home Energy Assistance Program (LIHEAP)

FINANCIAL STATUS REPORT

Contract #: 15EA-0F-07-63-08-001

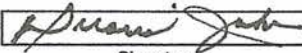
Reporting Period:	11 2015-11 2015	Invoice #:	15EA0019				
LIHEAP FUNDS							
BUDGET CATEGORIES	Budget Allocation (A)	Current Month (B)	Total To Date (C)	Unexpended Balance (D) (A-C)			
REVENUE AND FUNDING							
1. LIHEAP FUNDS (No Leveraging Funds)	\$4,555,571.00	\$90,081.19	\$3,258,077.57	\$1,297,493.43			
GRANTEE ADMINISTRATIVE EXPENSE							
2. Salaries including Fringe, Rent, Utilities, Travel, Other (Total cannot exceed 8% of Line 1)	\$359,934.00	\$30,536.41	\$252,209.98	\$107,724.02			
GRANTEE OUTREACH EXPENSE							
3. Salaries including Fringe, Rent, Utilities, Travel, Other (Cannot Exceed 15% of Line 1 minus Line 2)	\$656,332.00	(\$181,454.98)	\$428,774.85	\$227,557.15			
DIRECT CLIENT ASSISTANCE							
4. Home Energy Assistance Payments (Must be at least 25% of Line 1)	\$1,258,203.00	\$103,283.08	\$1,071,780.32	\$186,422.68			
5. Crisis Benefits Payments	\$2,189,990.00	\$137,716.68	\$1,505,312.42	\$684,677.58			
6. Weather Related/Supply Shortage (Must be at least 2% of Line 1)	\$91,112.00	\$0.00	\$0.00	\$91,112.00			
7. SUBTOTAL (Lines 4-6)	\$3,539,305.00	\$240,999.76	\$2,577,092.74	\$962,212.26			
GRANTEE LEVERAGING EXPENSE							
8. Home Energy Assistance	\$0.00	\$0.00	\$0.00	\$0.00			
9. Crisis Assistance	\$0.00	\$0.00	\$0.00	\$0.00			
10. SUBTOTAL (Line 8 + 9)	\$0.00	\$0.00	\$0.00	\$0.00			
11. GRAND TOTAL ALL EXPENSES (Line 2 + 3 + 7 + 10)	\$4,555,571.00	\$90,081.19	\$3,258,077.57	\$1,297,493.43			
CASH POSITION							
1. Total grant funds received from DEO Y-T-D				\$2,962,351.19			
2. Interest Income Received to Date				\$0.00			
3. Program Income Received to Date				\$0.00			
4. Amount of Reimbursement Requested (not to exceed undisbursed balance)				\$90,081.19			
I certify that I am authorized to sign financial reports and the information provided herein is true and accurate to the best of my knowledge.							
Name (Please Type) :	Deloris Johnson	Title :	Chief Exec. Officer	Signature		Date :	12/14/2015
Current Authority	\$4,555,571.00	Type of Assistance		NUMBER OF HOUSEHOLDS			
Year-to-Date Disbursed	\$3,369,478.90			Approved Workplan	Served with these Funds	Served to Date	
Available Authority	\$1,186,092.10	Summer Home Energy	1729	0	2194		
Payment Number		Winter Home Energy	1724	260	538		
Payment Amount		Summer Crisis	3195	0	3493		
Approved		Winter Crisis	3325	406	946		
Date		Weather Related	248	0	0		
		TOTALS :	10221	666	7171		

Recipient hereby certifies that it has been open and operating during its normal business hours for the month of

November, as described in Attachment F, Warranties and Representations, of the FY2015 LIHEAP Agreement.

Deloris Johnson

Printed Name



Signature

12/14/2015

Date

Agency: Agricultural and Labor Program, Inc.

Low Income Home Energy Assistance Program (LIHEAP)

Program: Low Income Home Energy Assistance Program (LIHEAP)

FINANCIAL STATUS REPORT


Contract #: 15EA-0F-07-63-08-001

Reporting Period:	12 2015-12 2015	Invoice #:	15EA00110	
LIHEAP FUNDS				
BUDGET CATEGORIES	Budget Allocation (A)	Current Month (B)	Total To Date (C)	Unexpended Balance (D) (A-C)
REVENUE AND FUNDING				
1. LIHEAP FUNDS (No Leveraging Funds)	\$4,555,571.00	\$319,238.24	\$3,577,315.81	\$978,255.19
GRANTEE ADMINISTRATIVE EXPENSE				
2. Salaries including Fringe, Rent, Utilities, Travel, Other (Total cannot exceed 8% of Line 1)	\$359,934.00	\$37,124.04	\$289,334.02	\$70,599.98
GRANTEE OUTREACH EXPENSE				
3. Salaries including Fringe, Rent, Utilities, Travel, Other (Cannot Exceed 15% of Line 1 minus Line 2)	\$656,332.00	\$54,463.19	\$483,238.04	\$173,093.96
DIRECT CLIENT ASSISTANCE				
4. Home Energy Assistance Payments (Must be at least 25% of Line 1)	\$1,258,203.00	\$88,951.11	\$1,160,731.43	\$97,471.57
5. Crisis Benefits Payments	\$2,189,990.00	\$138,699.90	\$1,644,012.32	\$545,977.68
6. Weather Related/Supply Shortage (Must be at least 2% of Line 1)	\$91,112.00	\$0.00	\$0.00	\$91,112.00
7. SUBTOTAL (Lines 4-6)	\$3,539,305.00	\$227,651.01	\$2,804,743.75	\$734,561.25
GRANTEE LEVERAGING EXPENSE				
8. Home Energy Assistance	\$0.00	\$0.00	\$0.00	\$0.00
9. Crisis Assistance	\$0.00	\$0.00	\$0.00	\$0.00
10. SUBTOTAL (Line 8 + 9)	\$0.00	\$0.00	\$0.00	\$0.00
11. GRAND TOTAL ALL EXPENSES (Line 2 + 3 + 7 + 10)	\$4,555,571.00	\$319,238.24	\$3,577,315.81	\$978,255.19

CASH POSITION

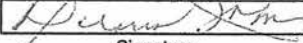
1. Total grant funds received from DEO Y-T-D	\$3,459,560.09
2. Interest Income Received to Date	\$0.00
3. Program Income Received to Date	\$0.00
4. Amount of Reimbursement Requested (not to exceed undisbursed balance)	\$319,238.24

I certify that I am authorized to sign financial reports and the information provided herein is true and accurate to the best of my knowledge.

Name (Please Type):	Deloris Johnson	Title:	Chief Exec. Officer	Signature		Date:	1/12/2016
Current Authority	\$4,555,571.00	Type of Assistance		NUMBER OF HOUSEHOLDS			
Year-to-Date Disbursed	\$3,459,560.09			Approved Workplan	Served with these Funds	Served to Date	
Available Authority	\$1,096,010.91	Summer Home Energy	1729	0	2194		
Payment Number		Winter Home Energy	1724	224	762		
Payment Amount		Summer Crisis	3195	0	3493		
Approved		Winter Crisis	3325	410	1356		
Date		Weather Related	248	0	0		
		TOTALS:	10221	634	7805		

Recipient hereby certifies that it has been open and operating during its normal business hours for the month of December, as described in Attachment F, Warranties and Representations, of the FY2015 LIHEAP Agreement.

Deloris Johnson
Printed Name


Signature

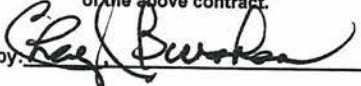
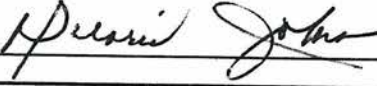
1/12/2016
Date

EHEAP FINANCIAL STATUS REPORT

**REQUEST FOR PAYMENT
EMERGENCY HOME ENERGY ASSISTANCE PROGRAM**

CONTRACTOR NAME, ADDRESS, PHONE# and FEID# THE AGRICULTURAL AND LABOR PROGRAM, INC 300 LYNCHBURG ROAD LAKE ALFRED, FL 33850-2576 (863) 956-3491 FEID # 59-1634148	TYPE OF REPORT : Advance Request _____ Reimbursement Request <u> X </u>	This Request Period <u> 12/01/2015 - 12/31/2015 </u> PSA # <u> 6 </u> Report # <u> 9 </u> Contract # <u> EH-15/16 - ALPI </u> Contract Period <u> 04/01/2015 - 03/31/2016 </u>
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CERTIFICATION: I hereby certify that this request to the best of my knowledge to be complete and correct and conforms with the terms of the above contract.

Prepared by:  Date: 1/7/16 Approved by:  Date: 1/7/16

PART A: BUDGET SUMMARY	ADMINISTRATION SERVICES	OUTREACH SERVICES	CRISIS SERVICES	WEATHER RELATED	ADMINISTRATION WEATHER RELATED	TOTAL
1. Approved Contract Amount	\$1,743.00	\$17,142.00	\$91,610.00	\$2,513.00	\$0.00	\$113,008.00
2. Previous Funds Received for Contract Period	\$958.72	\$10,479.43	\$52,948.03	\$0.00	\$0.00	\$64,386.18
3. Contract Balance (line 1 minus line 2)	\$784.28	\$6,662.57	\$38,661.97	\$2,513.00	\$0.00	\$48,621.82
4. Previous Funds Requested and Not Received for Contract Period	\$120.28	\$1,096.16	\$11,241.54	\$0.00	\$0.00	\$12,457.98
5. Contract Balance (line 3 minus line 4)	\$664.00	\$5,566.41	\$27,420.43	\$2,513.00	\$0.00	\$36,163.84

PART B: CONTRACT FUNDS REQUEST	ADMINISTRATION SERVICES	OUTREACH SERVICES	CRISIS SERVICES	WEATHER RELATED	ADMINISTRATION WEATHER RELATED	TOTAL
1. Anticipated Cash Needs (1st - 2nd month, Attach Justification)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Net Expenditures For Month (DOEA Form 105P, Part B, Line 6)	\$271.78	\$1,921.16	\$6,617.72	\$0.00	\$0.00	\$8,810.66
3. TOTAL	\$271.78	\$1,921.16	\$6,617.72	\$0.00	\$0.00	\$8,810.66

PART C: NET FUNDS REQUESTED	ADMINISTRATION SERVICES	OUTREACH SERVICES	CRISIS SERVICES	WEATHER RELATED	ADMINISTRATION WEATHER RELATED	TOTAL
1. Less Advance Applied	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. TOTAL FUNDS REQUESTED (Part B, Line 3 minus Part C, Line 1)	\$271.78	\$1,921.16	\$6,617.72	\$0.00	\$0.00	\$8,810.66

PART D: SERVICE INFORMATION

Number of individuals (units) served with crisis energy assistance during the report month: 23

Certification statement: Contractor hereby certifies that it has been open and operating during its normal business hours for the reporting month, as described in the Statement of Work section, of the EHEAP contract.

FLORIDA NON-PROFIT HOUSING

**THE AGRICULTURAL AND LABOR PROGRAM, INC.
EXPENSE REPORT TO FLORIDA NON-PROFIT HOUSING**

MONTHLY REQUEST

DATE SUBMITTED: 10-Dec-15
FOR THE MONTH OF: November, 2015

AMOUNT OF THIS REQUEST \$ \$2,033.89

	BUDGET LINE ITEM	APPROVED BUDGET	CUM. COST PRIOR PERIOD	ACTUAL COST THIS PERIOD	CUM. COST TO DATE	BAL. OF BUDGET
500	Salaries	\$2,476.00	\$405.88	\$184.77	\$590.65	\$1,885.35
505	Fringes	\$619.00	\$106.47	\$44.74	\$151.21	\$467.79
52000	Workmen's Comp.	\$59.00	\$9.61	\$4.49	\$14.10	\$44.90
57810	Housing Assist. Payment	\$42,775.00	\$8,058.96	\$1,718.43	\$9,777.39	\$32,997.61
52300	Travel	\$716.00	\$1.78	\$44.50	\$46.28	\$669.72
990	Sub-Total	\$46,645.00	\$8,582.70	\$1,996.93	\$10,579.63	\$36,065.37
597	Indirect	\$408.00	\$78.54	\$36.96	\$115.50	\$292.50
	Total Cost	\$47,053.00	\$8,661.24	\$2,033.89	\$10,695.13	\$36,357.87


SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

10-Dec-15
DATE

Deloris Johnson, Chief Executive Officer
TYPED OR PRINTED NAME & TITLE

**THE AGRICULTURAL AND LABOR PROGRAM, INC.
EXPENSE REPORT TO FLORIDA NON-PROFIT HOUSING**

MONTHLY REQUEST

DATE SUBMITTED: 12-Jan-16
FOR THE MONTH OF: December, 2015

AMOUNT OF THIS REQUEST \$ \$8,843.92

	BUDGET LINE ITEM	APPROVED BUDGET	CUM. COST PRIOR PERIOD	ACTUAL COST THIS PERIOD	CUM. COST TO DATE	BAL. OF BUDGET
500	Salaries	\$2,476.00	\$590.65	\$181.79	\$772.44	\$1,703.56
505	Fringes	\$619.00	\$151.21	\$43.30	\$194.51	\$424.49
52000	Workmen's Comp.	\$59.00	\$14.10	\$4.40	\$18.50	\$40.50
57810	Housing Assist. Payment	\$42,775.00	\$9,777.39	\$8,585.26	\$18,362.65	\$24,412.35
52300	Travel	\$716.00	\$46.28		\$46.28	\$669.72
990	Sub-Total	\$46,645.00	\$10,579.63	\$8,814.75	\$19,394.38	\$27,250.62
597	Indirect	\$408.00	\$115.50	\$29.17	\$144.67	\$263.33
	Total Cost	\$47,053.00	\$10,695.13	\$8,843.92	\$19,539.05	\$27,513.95


SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

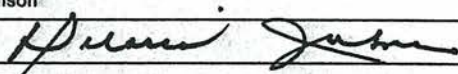
12-Jan-16
DATE

Deloris Johnson, Chief Executive Officer
TYPED OR PRINTED NAME & TITLE

CSBG FINANCIAL STATUS

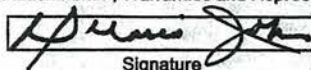
Agency : Agricultural and Labor Program, Inc.
 Program : Community Services Block Grant Program (CSBG)
 Contract # : 16SB-0D-07-63-08-001

**Community Services Block Grant Program (CSBG)
 MONTHLY FINANCIAL STATUS REPORT**

Reporting Period:	October 2015-October 2015	Invoice #:	16SB0011	
TOTAL EXPENDITURES				
BUDGET CATEGORIES	Budget Allocation (A)	Current Month (B)	Total To Date (C)	Unexpended Balance (D) (A-C)
1. CSBG Grant Funds	\$832,520.00	\$66,133.60	\$66,133.60	\$766,386.40
2. Cash Match	\$0.00	\$0.00	\$0.00	\$0.00
3. In-Kind Match	\$0.00	\$0.00	\$0.00	\$0.00
4. Total Match (Line 2 + Line 3)	\$0.00	\$0.00	\$0.00	\$0.00
5. Total Funds (Line 1 + Line 4)	\$832,520.00	\$66,133.60	\$66,133.60	\$766,386.40
CSBG FUNDS ONLY BELOW THIS LINE (No Match Funds)				
ADMINISTRATIVE EXPENSES				
6. Recipient Administrative Expenses (Salaries, Rent, Utilities, Travel, Other)	\$166,504.00	\$7,667.44	\$7,667.44	\$158,836.56
7. Sub-Recipient Administrative Expenses (Salaries, Rent, Utilities, Travel, Other)	\$0.00	\$0.00	\$0.00	\$0.00
8. Total Administrative Expenses (Line 6 + Line 7)	\$166,504.00	\$7,667.44	\$7,667.44	\$158,836.56
9. Administrative Expense Percentage (Line 8 divided by Line 1)	20.00	Cannot Exceed 15% of CSBG Allocation		
Program Expenses				
10. Recipient Direct Client Assistance Expenses	\$513,295.00	\$39,968.60	\$39,968.60	\$473,326.40
11. Recipient Other Program Expenses (Salaries, Rent Utilities, Travel, Other)	\$283,228.00	\$18,497.56	\$18,497.56	\$264,730.44
12. Subtotal Recipient Program Expenses (Line 10 + Line 11)	\$796,523.00	\$58,466.16	\$58,466.16	\$738,056.84
13. Sub-Recipient Direct Client Assistance Expense	\$147,000.00	\$0.00	\$0.00	\$147,000.00
14. Sub-Recipient Other Program Expenses (Salaries, Rent, Utilities, Travel, Other)	\$0.00	\$0.00	\$0.00	\$0.00
15. Subtotal Sub-Recipient Program Expenses (Line 13 + Line 14)	\$147,000.00	\$0.00	\$0.00	\$147,000.00
16. Total Program Expense (Line 12 + Line 15)	\$943,523.00	\$58,466.16	\$58,466.16	\$885,056.84
17. Secondary Admin. Expense	\$0.00	\$0.00	\$0.00	\$0.00
18. Grand Total Expense (Line 8 + Line 16 + Line 17)	\$1,110,027.00	\$66,133.60	\$66,133.60	\$1,043,893.40
CASH POSITION				
1. Total grant funds received from DEO Y-T-D				\$105,209.43
2. Interest Income Received to Date				\$0.00
3. Program Income Received to Date				\$0.00
4. Amount of Reimbursement Requested (not to exceed undisbursed balance)				\$66,133.60
I certify that I am authorized to sign financial reports and the information provided herein is true and accurate to the best of my knowledge.				
* Name (Please Type) :	* Title :	* Date :		
Deloris Johnson	Chief Executive Officer	12/10/2015		
* Signature 				
Current Authority	\$832,520.00	Totals	Achieved This Month	Total Year to Date
Year-to-Date Disbursed	\$105,209.43	CSBG Dollars Expended This Month	\$66,133.60	\$66,133.60
Available Authority	\$727,310.57			
Payment Number		* # of Individuals Assisted with CSBG Dollars this Month	358	358
Payment Amount		* # of Individuals Achieving Outcome in NPI 1.1 A-D	17	17
Approved				
Date				

Recipient hereby certifies that it has been open and operating during its normal business hours for the month of October, as described in Attachment F, Warranties and Representations, of the FY2015 CSBG Agreement.

Deloris Johnson
Printed Name


Signature

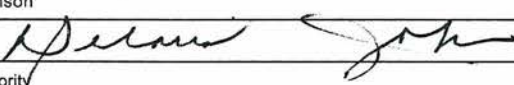
12/10/2015
Date

Agency : Agricultural and Labor Program, Inc.

Program : Community Services Block Grant Program (CSBG)

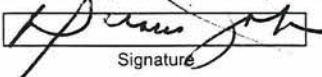
Contract # : 16SB-0D-07-63-08-001

**Community Services Block Grant Program (CSBG)
MONTHLY FINANCIAL STATUS REPORT**

Reporting Period:	November 2015-November 2015	Invoice #:	16SB0012	
TOTAL EXPENDITURES				
BUDGET CATEGORIES	Budget Allocation (A)	Current Month (B)	Total To Date (C)	Unexpended Balance (D) (A-C)
1. CSBG Grant Funds	\$832,520.00	\$55,566.44	\$121,700.04	\$710,819.96
2. Cash Match	\$0.00	\$0.00	\$0.00	\$0.00
3. In-Kind Match	\$0.00	\$0.00	\$0.00	\$0.00
4. Total Match (Line 2 + Line 3)	\$0.00	\$0.00	\$0.00	\$0.00
5. Total Funds (Line 1 + Line 4)	\$832,520.00	\$55,566.44	\$121,700.04	\$710,819.96
CSBG FUNDS ONLY BELOW THIS LINE (No Match Funds)				
ADMINISTRATIVE EXPENSES				
6. Recipient Administrative Expenses (Salaries, Rent, Utilities, Travel, Other)	\$166,504.00	\$9,082.12	\$16,749.56	\$149,754.44
7. Sub-Recipient Administrative Expenses (Salaries, Rent, Utilities, Travel, Other)	\$0.00	\$0.00	\$0.00	\$0.00
8. Total Administrative Expenses (Line 6 + Line 7)	\$166,504.00	\$9,082.12	\$16,749.56	\$149,754.44
9. Administrative Expense Percentage (Line 8 divided by Line 1)	20.00	Cannot Exceed 15% of CSBG Allocation		
Program Expenses				
10. Recipient Direct Client Assistance Expenses	\$513,295.00	\$29,914.02	\$69,882.62	\$443,412.38
11. Recipient Other Program Expenses (Salaries, Rent Utilities, Travel, Other)	\$283,228.00	\$16,570.30	\$35,067.86	\$248,160.14
12. Subtotal Recipient Program Expenses (Line 10 + Line 11)	\$796,523.00	\$46,484.32	\$104,950.48	\$691,572.52
13. Sub-Recipient Direct Client Assistance Expense	\$147,000.00	\$0.00	\$0.00	\$147,000.00
14. Sub-Recipient Other Program Expenses (Salaries, Rent, Utilities, Travel, Other)	\$0.00	\$0.00	\$0.00	\$0.00
15. Subtotal Sub-Recipient Program Expenses (Line 13 + Line 14)	\$147,000.00	\$0.00	\$0.00	\$147,000.00
16. Total Program Expense (Line 12 + Line 15)	\$943,523.00	\$46,484.32	\$104,950.48	\$838,572.52
17. Secondary Admin. Expense	\$0.00	\$0.00	\$0.00	\$0.00
18. Grand Total Expense (Line 8 + Line 16 + Line 17)	\$1,110,027.00	\$55,566.44	\$121,700.04	\$988,326.96
CASH POSITION				
1. Total grant funds received from DEO Y-T-D				\$171,343.03
2. Interest Income Received to Date				\$0.00
3. Program Income Received to Date				\$0.00
4. Amount of Reimbursement Requested (not to exceed undisbursed balance)				\$55,566.44
I certify that I am authorized to sign financial reports and the information provided herein is true and accurate to the best of my knowledge.				
* Name (Please Type) :	* Title :	* Date :		
Deloris Johnson	Chief Executive Officer	12/15/2015		
* Signature 				
Current Authority	\$832,520.00	Totals	Achieved This Month	Total Year to Date
Year-to-Date Disbursed	\$171,343.03	CSBG Dollars	\$55,566.44	\$121,700.04
Available Authority	\$661,176.97	Expended This Month		
Payment Number		* # of Individuals		
Payment Amount		Assisted with CSBG	445	803
Approved		Dollars this Month		
Date		* # of Individuals	18	35
		Achieving Outcome in		
		NPI 1.1 A-D		

Recipient hereby certifies that it has been open and operating during its normal business hours for the month of November, as described in Attachment F, Warranties and Representations, of the FY2015 CSBG Agreement.

Deloris Johnson
Printed Name


Signature

12/15/2015
Date

Agency : Agricultural and Labor Program, Inc.


Version 4.0

Program : Community Services Block Grant Program (CSBG)

Community Services Block Grant Program (CSBG)

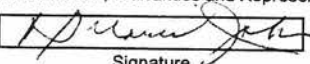
Contract # : 16SB-0D-07-63-08-001

MONTHLY FINANCIAL STATUS REPORT

Reporting Period:	December 2015-December 2015	Invoice #:	16SB0013	
TOTAL EXPENDITURES				
BUDGET CATEGORIES	Budget Allocation (A)	Current Month (B)	Total To Date (C)	Unexpended Balance (D) (A-C)
1. CSBG Grant Funds	\$832,520.00	\$70,677.03	\$192,377.07	\$640,142.93
2. Cash Match	\$0.00	\$0.00	\$0.00	\$0.00
3. In-Kind Match	\$0.00	\$0.00	\$0.00	\$0.00
4. Total Match (Line 2 + Line 3)	\$0.00	\$0.00	\$0.00	\$0.00
5. Total Funds (Line 1 + Line 4)	\$832,520.00	\$70,677.03	\$192,377.07	\$640,142.93
CSBG FUNDS ONLY BELOW THIS LINE (No Match Funds)				
ADMINISTRATIVE EXPENSES				
6. Recipient Administrative Expenses (Salaries, Rent, Utilities, Travel, Other)	\$166,504.00	\$12,760.59	\$29,510.15	\$136,993.85
7. Sub-Recipient Administrative Expenses (Salaries, Rent, Utilities, Travel, Other)	\$0.00	\$0.00	\$0.00	\$0.00
8. Total Administrative Expenses (Line 6 + Line 7)	\$166,504.00	\$12,760.59	\$29,510.15	\$136,993.85
9. Administrative Expense Percentage (Line 8 divided by Line 1)	20.00	Cannot Exceed 15% of CSBG Allocation		
Program Expenses				
10. Recipient Direct Client Assistance Expenses	\$513,295.00	\$28,296.62	\$98,179.24	\$415,115.76
11. Recipient Other Program Expenses (Salaries, Rent Utilities, Travel, Other)	\$283,228.00	\$29,619.82	\$64,687.68	\$218,540.32
12. Subtotal Recipient Program Expenses (Line 10 + Line 11)	\$796,523.00	\$57,916.44	\$162,866.92	\$633,656.08
13. Sub-Recipient Direct Client Assistance Expense	\$147,000.00	\$0.00	\$0.00	\$147,000.00
14. Sub-Recipient Other Program Expenses (Salaries, Rent, Utilities, Travel, Other)	\$0.00	\$0.00	\$0.00	\$0.00
15. Subtotal Sub-Recipient Program Expenses (Line 13 + Line 14)	\$147,000.00	\$0.00	\$0.00	\$147,000.00
16. Total Program Expense (Line 12 + Line 15)	\$943,523.00	\$57,916.44	\$162,866.92	\$780,656.08
17. Secondary Admin. Expense	\$0.00	\$0.00	\$0.00	\$0.00
18. Grand Total Expense (Line 8 + Line 16 + Line 17)	\$1,110,027.00	\$70,677.03	\$192,377.07	\$917,649.93
CASH POSITION				
1. Total grant funds received from DEO Y-T-D				\$226,909.47
2. Interest Income Received to Date				\$0.00
3. Program Income Received to Date				\$0.00
4. Amount of Reimbursement Requested (not to exceed undisbursed balance)				\$70,677.03
I certify that I am authorized to sign financial reports and the information provided herein is true and accurate to the best of my knowledge.				
Name (Please Type) :	Title :	Date :		
Deloris Johnson	Chief Executive Officer	1/12/2016		
Signature 				
Current Authority	\$832,520.00	Totals	Achieved This Month	Total Year to Date
Year-to-Date Disbursed	\$226,909.47	CSBG Dollars Expended This Month	\$70,677.03	\$192,377.07
Available Authority	\$605,610.53	# of Individuals Assisted with CSBG Dollars this Month	225	1028
Payment Number		# of Individuals Achieving Outcome in NPI 1.1 A-D	0	35
Payment Amount				
Approved				
Date				

Recipient hereby certifies that it has been open and operating during its normal business hours for the month of December, as described in Attachment F, Warranties and Representations, of the FY2015 CSBG Agreement.

Deloris Johnson
Printed Name


Signature

1/12/2016
Date

FLORIDA DOE 599

(A) District/Agency Name: ALPI-EA	FLORIDA DEPARTMENT OF EDUCATION PROJECT DISBURSEMENT REPORT - DECEMBER 2015 Workforce Innovation and Opportunity Act, Title I, Section 167 Migrant and Seasonal Farmworkers	(F) Agency Number: 755
(B) Project Name: FCDP		(G) Grant Number: 4056B
(C) Effective Approval Date: 7/1/2015		(H) Project Code: 6CFE1
(D) Termination Date: 6/30/2016		(I) Contact Person Name: Dennis Gniewek
(E) Total Project Funds: \$ 60,000.00		(J) Phone: (863) 956-3491

Interim Report Final Report
(INSTRUCTIONS ON PAGE 3)

(1) Function Code	(2) Object Code	(3) Description of Disbursement	(4) Budget Amount	(5) Total Disbursements As of 12/31/15	(6) Obligations	(7) Unobligated Balance	(8) Current Disbursement Reported
ADMINISTRATION							
	59700	INDIRECT COSTS	\$ 2,857.00	\$ 1,494.46		\$ 1,362.54	\$ 293.86
		DIRECT COSTS	\$ -	\$ -		\$ -	\$ -
(9) TOTAL ADMINISTRATIVE COST			\$ 2,857.00	\$ 1,494.46	\$ -	\$ 1,362.54	\$ 293.86
STAFF COSTS							
	50000	Salaries	\$ 17,738.00	\$ 4,556.51		\$ 13,181.49	\$ 1,452.89
	50600-51000	Fringe Benefits	\$ 4,435.00	\$ 1,147.38		\$ 3,287.62	\$ 352.83
	52000	Worker's Compensation	\$ 427.00	\$ 110.94		\$ 316.06	\$ 35.60
	52300	Travel	\$ 1,424.00	\$ 1,424.00		\$ -	\$ 826.88
			\$ -	\$ -		\$ -	\$ -
			\$ -	\$ -		\$ -	\$ -
(10) TOTAL STAFF COSTS			\$ 24,024.00	\$ 7,238.83	\$ -	\$ 16,785.17	\$ 2,668.20
RELATED ASSISTANCE (For Clients Only)							
	57810	Emergency Assistance	\$ 31,200.00	\$ 21,935.25		\$ 9,264.75	\$ 2,921.67
			\$ -	\$ -		\$ -	\$ -
			\$ -	\$ -		\$ -	\$ -
			\$ -	\$ -		\$ -	\$ -
			\$ -	\$ -		\$ -	\$ -
			\$ -	\$ -		\$ -	\$ -
(11) TOTAL RELATED ASSISTANCE			\$ 31,200.00	\$ 21,935.25	\$ -	\$ 9,264.75	\$ 2,921.67
OTHER PROGRAM COSTS							
	52100	Professional Services	\$ 500.00	\$ 225.33		\$ 274.67	\$ -
	52900	Printing	\$ 165.00	\$ 57.71		\$ 107.29	\$ 19.93
	53000	Office Supplies	\$ 254.00	\$ 254.00		\$ -	\$ 190.30
	53500	Utilities	\$ 400.00	\$ 117.89		\$ 282.11	\$ 60.84
	53800	Postage	\$ 300.00	\$ 43.98		\$ 256.02	\$ -
	55000	In-Service Training	\$ 300.00	\$ 16.24		\$ 283.76	\$ 16.24
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(12) TOTAL OTHER PROGRAM COSTS			\$ 1,919.00	\$ 715.15	\$ -	\$ 1,203.85	\$ 287.31
(13) TOTAL COSTS			\$ 60,000.00	\$ 31,383.69	\$ -	\$ 28,616.31	\$ 6,171.04
(14) FEDERAL PROGRAM INCOME							
(15) FEDERAL PROGRAM INCOME (COMMENTS)							
(16) CERTIFICATION (COMPLETE ON LAST PAGE ONLY)							

I hereby certify that I have reviewed this disbursement report and that all items shown above are in accordance with applicable laws and regulations and have been classified properly according to this district's/agency's current chart of accounts. All records necessary to substantiate these items are available for review by the state and federal monitoring staff. I further certify that as a disbursement report, all disbursements; were obligated after the project approval date and prior to the termination date; have not been reported previously; and were not used for matching funds on this or any special project. Further, all inventory items included have been entered properly on the inventory records required by state and federal regulations.

Dennis Gniewek
Finance Officer or Authorized Representative 1/15/16 Date

DOE Audited By: _____
Use Date: ____/____/____

E-RATE REIMBURSEMENT



RECEIVED DEC 15 2015

Schools & Libraries Program

Notification of Improperly Disbursed Funds Recovery Letter
Funding Year 2014: July 1, 2014 - June 30, 2015

December 11, 2015

Maria Crespo
THE AGRICULTURAL AND LABOR PROGRAM, INC.
300 LYNCHBURG ROAD
LAKE AFRED, FL 33850

Re: Form 471 Application Number: 988151
Funding Year: 2014
Applicant's Form Identifier: ALPI2015
Billed Entity Number: 16045101
FCC Registration Number: 0018062687
SPIN: 143003990
SPIN Name: Comcast Business Communications
Service Provider Contact Person: Ryan Daniels

Our routine review of Schools and Libraries Program (SLP) funding commitments has revealed certain applications where funds were disbursed in violation of SLP rules.

In order to be sure that no funds are used in violation of SLP rules, the Universal Service Administrative Company (USAC) must now recover these improper disbursements. The purpose of this letter is to inform you of the recoveries as required by SLP rules, and to give you an opportunity to appeal this decision. USAC has determined the applicant is responsible for all or some of the Program rule violations. Therefore, the applicant is responsible to repay all or some of the funds disbursed in error.

This is NOT a bill. The next step in the recovery of improperly disbursed funds process is for USAC to issue you a Demand Payment Letter. The balance of the debt will be due within 30 days of that letter. Failure to pay the debt within 30 days from the date of the Demand Payment Letter could result in interest, late payment fees, administrative charges and implementation of the "Red Light Rule." The FCC's Red Light Rule requires USAC to dismiss pending FCC Form 471 applications if the entity responsible for paying the outstanding debt has not paid the debt, or otherwise made satisfactory arrangements to pay the debt within 30 days of the notice provided by USAC. For more information on the Red Light Rule, please see <https://www.fcc.gov/encyclopedia/red-light-frequently-asked-questions>.

TO APPEAL THIS DECISION:

If you wish to appeal the Notification of Improperly Disbursed Funds Recovery decision indicated in this letter to USAC, your appeal must be received or postmarked within 60 days of the date of this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

1. Include the name, address, telephone number, fax number, and email address (if available) for the person who can most readily discuss this appeal with us.
2. State outright that your letter is an appeal. Identify the date of the Notification of Improperly Disbursed Funds Recovery Letter and the Funding Request Number(s) (FRNs) you are appealing. Your letter of appeal must include the
 - Billed Entity Name,
 - Form 471 Application Number,
 - Billed Entity Number, and
 - FCC Registration Number (FCC RN) from the top of your letter.
3. When explaining your appeal, copy the language or text from the Funding Disbursement Recovery Report that is the subject of your appeal to allow USAC to more readily understand your appeal and respond appropriately. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep a copy of your entire appeal including any correspondence and documentation.
4. If you are an applicant, please provide a copy of your appeal to the service provider (s) affected by USAC's decision. If you are a service provider, please provide a copy of your appeal to the applicant(s) affected by USAC's decision.
5. Provide an authorized signature on your letter of appeal.

We strongly recommend that you use one of the electronic filing options. To submit your appeal to USAC by email, email your appeal to appeals@sl.universalservice.org or submit your appeal electronically by using the "Submit a Question" feature on the USAC website. USAC will automatically reply to incoming emails to confirm receipt.

To submit your appeal to us by fax, fax your appeal to (973) 599-6542.

To submit your appeal to us on paper, send your appeal to:

Letter of Appeal
Schools and Libraries Program - Correspondence Unit
30 Lanidex Plaza West
PO Box 685
Parsippany, NJ 07054-0685

For more information on submitting an appeal to USAC, see "Appeals" in the "Schools and Libraries" section of the USAC website.

FUNDING DISBURSEMENT RECOVERY REPORT

On the pages following this letter, we have provided a Funding Disbursement Recovery Report (Report) for the Form 471 application cited above. The enclosed Report includes the Funding Request Number(s) from the application for which recovery is necessary. See the "Guide to USAC Letters" posted at <http://www.usac.org/sl/tools/samples.aspx> for more information on each of the fields in the Report. USAC is also sending this information to the service provider for informational purposes. If USAC has determined the service provider is also responsible for any rule violation on these FRN(s), a separate letter will be sent to the service provider detailing the necessary service provider action. The Report explains the exact amount the applicant is responsible for repaying.

Schools and Libraries Program
Universal Services Administrative Company

cc: Ryan Daniels
Comcast Business Communications

Funding Disbursement Recovery Report
for Form 471 Application Number: 988151

Funding Request Number: 2701035
Services Ordered: INTERNET ACCESS
SPIN: 143003990
Service Provider Name: Comcast Business Communications
Contract Number: MTM
Billing Account Number: 01710-198870-01-2
Site Identifier: 16045101
Funding Commitment: \$8,873.60
Funds Disbursed to Date: \$7,841.41
Funds to be Recovered from Applicant: \$765.98

Disbursed Funds Recovery Explanation:

During a review it was determined that \$765.98 in funds was improperly disbursed for the following ineligible items: equipment, TV service and late charges. The pre-discount cost associated with these items is \$851.09. At the applicants 90 percent discount rate, this resulted in an improper disbursement of \$765.98. FCC rules provide that funding may be approved only for eligible products and/or services. The USAC web site contains a list of eligible products and/or services. See the web site, <http://www.usac.org/sl/applicants/beforeyoubegin/eligible-services-list.aspx> for the Eligible Services List. In this situation, the applicant made the certifications on the BEAR Form listed below indicating that the services and/or equipment provided to the applicant were eligible for funding. On the BEAR Form, the authorized person certifies that discount amounts for which reimbursement is sought represent charges for eligible services delivered to and used by eligible entities. Therefore, USAC has determined that the applicant is responsible for the rule violation. Accordingly, USAC will seek recovery of \$765.98 of improperly disbursed funds from the applicant.



Universal Service Administrative Company

Schools and Libraries Division

Form 472 (BEAR) Notification Letter

November 12, 2015

Ryan Daniels
Comcast Business Communications
1701 JFK Blvd
Philadelphia, PA 19103

Re: Invoice Number - as assigned by USAC: 2196318
Service Provider Identification Number: 143003990
Reimbursement Form Number: 2015 COMCAST June (Final)
Billed Entity Number: 16045101

Maria Crespo
THE AGRICULTURAL AND LABOR PROGRAM, INC.
300 LYNCHBURG ROAD
LAKE AFRED, FL 33850

Preferred Mode of Contact: E-mail at mcrespo@alpi.org
Total Amount of Reimbursement Approved for Payment: \$618.37

This letter is your notification that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has processed an FCC Form 472, "Billed Entity Applicant Reimbursement (BEAR)" Form from the above named applicant listing you as the service provider. USAC has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more FCC Forms 471, "Description of Services Ordered and Certification Form".

In certain instances, a line may not have been paid. Review the BEAR Letter Applicant Reimbursement Report (Report) following this letter for the reason(s) this may have occurred. For more information about lines that have not been paid, see the explanation of Invoice Error Codes in Step 9 on our website. Work with the applicant (your customer) to correct any errors. Once corrected, your customer may submit a new BEAR to request reimbursement for any unpaid lines.

We recommend using the BEAR Online tool from the Apply Online area or Required Forms section of our website for additional submissions. If a new BEAR cannot be submitted before the invoice deadline passes, you or your customer may submit a request for a deadline extension. (See "Invoice Deadlines and Extension Requests" posted in the SLD section of our website for more information.)

Pursuant to the Federal Communication Commission's (FCC) Second Report and Order and Further Notice of Proposed Rulemaking (FCC 03-101, released April 29, 2003), you must remit the amount shown as "Total Amount of Reimbursement Approved for Payment" above to your customer no later than 20 days after receipt of payment of the approved discounts from USAC. You also agreed not to tender or make use of the payment of the approved discounts issued by USAC to you prior to remitting the discount to your customer (See BEAR Form, Block 4, Service Provider Acknowledgment).

The USAC check should be mailed to the service provider named above within 20 days of the date of this letter.

Schools and Libraries Division - Correspondence Unit
30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685
Visit us online at: www.usac.org/sl

BEAR NOTIFICATION LETTER APPLICANT REIMBURSEMENT REPORT



Form 471 Application Number: 988151
Funding Request Number: 2701035
Funding Year 2014: 07/01/2014 - 06/30/2015
Contract Number: MTM
Funding Commitment Decision: \$8873.60
Reimbursement Amount for this FRN: \$618.37
Reimbursement Request Decision Explanation:
Ineligible service or product removed;

OTHER REPORTS

HS/EHS POLICY COUNCIL REPORT



COUNCIL/COMMITTEE MEETING REPORT FORM

INSTRUCTIONS: Complete and submit to the Board Secretary after reporting to the full Board.

Executive Policy Council Committee
COUNCIL/COMMITTEE

January 13, 2016
DATE

Members Present/Absent: Attach Meeting Attendance Roster

Type of Report

- Reporting/Updating
 Recommending Board Action
 Recommending Policy Changes

Brief Statement of Committee's Issue/Area Reporting:

The Policy Council Meeting was conducted on December 16, 2015 to review, discuss and approve the following:

- Program progress monthly reports
- Program financial reports
- Parent Committee Reports
- Program Human Resources Listing of new hires
- Child Outcomes Report
- Agency Policies
- Minutes and attendance

Brief Background information and possible impact of issue/area (i.e.: Why is it an issue? Will funding, staff utilization, services and/or facility changes be necessary?)

None, at this time.

Recommendation for Board Action, if any (State in the form of a motion(s) to be acted upon by the full Board). Attach brief summary of request.

None at this time.

Agricultural and Labor Program, Inc.
Head Start/Early Head Start Policy Council Meeting
ALPI Administrative Office
2202 Avenue Q, Fort Pierce, FL 34950
December 16, 2015

MINUTES

1. CALL TO ORDER

Mercadez Estime, Policy Council Chairperson called the meeting to order at 12:50 p.m.

2. ROLL CALL

Crystal Mike, Policy Council Assistant Secretary conducted the roll call. Members present: Shemeaka Nettles, Sandra Chester Kerr, Crystal Mike, Tangelia Delancy, Jennifer Judkins, Roneeka Robinson, Mercadez Estime, Alicia Villegas, Trichina Henry and Samantha Lindsay.

Representative: Felicia Sweeting-Harris.

Alternate Present: Guirlene Francois with voting rights.

Members Excused: Golda Dorfenille, LaVita Holmes and Tom Peer.

A quorum was established.

Staff present: Elizabeth Young, Myrna Rodriguez and Aletta Stroder.

3. MISSION STATEMENT

Alicia Villegas, Policy Council Vice-Chairperson read the Mission Statement.

4. APPROVAL FOR COMMUNITY REPRESENTATIVE

Elizabeth Young indicated one of the Community Representatives has resigned and that a Representative from 211 Treasure Coast Help Line is being submitted for consideration.

Alicia Villegas made a motion to approve the Representative from 211 Treasure Coast Help Line as presented. Samantha Lindsay seconded. Motion carried

5. SECRETARY'S REPORT

Mercadez Estime asked if there were any questions to the minutes from the meeting held on November 18, 2015. No questions or corrections were made.

Jennifer Judkins made a motion to approve the Secretary's Report as presented. Felicia Sweeting-Harris seconded. Motion carried.

6. POLICY COUNCIL COMMITTEES

Personnel/Grievance Committee: Elizabeth Young presented and distributed the Human Resources List of new hires for review, discussion and approval. The list included: New hires: 1 Teacher Assistant, and 1 Caregiver. The information such as names, qualifications, dates of hire, background clearance dates, etc. were read.

Alicia Villegas made a motion to approve the Policy Council Human Resources Listing as presented. Tangelia Delancy seconded. Motion carried. (The original Human Resources Listing is on file with minutes).

Grants/Fiscal Committee: Jennifer Judkins presented the Financial Reports. Ms. Judkins stated that the reports included: Program Financial Report, and SunTrust Sunshine Account Statement. Ms. Judkins provided a brief explanation and asked if there were any questions. No questions were asked.

Alicia Villegas made a motion to approve the Financial Reports as presented. Felicia Sweeting-Harris seconded. Motion carried.

7. REPORTS

Head Start/Early Head Start of St. Lucie County, Myrna Rodriguez reported. Ms. Rodriguez asked if there were any questions regarding the enclosed Head Start/Early Head Start report. No questions were asked.

Head Start/Early Head Start of Polk County, Aletta Stroder reported. Ms. Stroder asked if there were any questions regarding the enclosed Head Start/Early Head Start reports. No questions were asked.

Board of Directors: Mercadez Estime provided a brief overview of the Board of Directors retreat that took place on November 20 – 22, 2015 in Orlando. Ms. Estime thanked the members that participated.

Alicia Villegas made a motion to approve the reports as presented. Jennifer Judkins seconded. Motion carried.

8. PARENT COMMITTEE REPORTS

Mercadez Estime asked if there were any questions regarding the enclosed Parent Committee Reports. Reports were enclosed as part of the monthly package. No additional information was reported.

Alicia Villegas made a motion to approve the reports as presented. Crystal Mike seconded. Motion carried.

9. OLD BUSINESS

Myrna Rodriguez indicated that the preliminary Program Child Outcomes Baseline Report was distributed at the last meeting and that the report has been validated and is now official.

Roneeka Robinson made a motion to approve the Program Child Outcomes Baseline Report as presented. Tangelia Delancy seconded. Motion carried.

In addition, Elizabeth Young reminded the Policy Council members of the upcoming Federal Health and Safety Environmental review that is scheduled for January 11, 2016.

10. NEW BUSINESS

Elizabeth Young presented several agency policies for review and discussion. Ms. Young indicated that they were a part of the package that was mailed. Ms. Young provided a brief overview on the following policies:

- Internal Dispute Resolution
- Parent and Community Compliant
- Self-Assessment

Tangelia Delancy made a motion to approve the Agency Policies as presented. Jennifer Judkins seconded. Motion carried.

11. ADJOURNMENT

The meeting was adjourned at 1:50 p.m.

Policy Council Chairperson

**AGRICULTURAL AND LABOR PROGRAM, INC.
2015-2016 POLICY COUNCIL MONTHLY MEETING ATTENDANCE**

CENTER	NAME	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT
Lincoln Park Head Start	Sanora Chester Kerr	P	P	P									
Lincoln Park Head Start	Shina Louis	P	P	A									
Garden Terrace Head Start	Adrian Hudson	P	A	A									
Garden Terrace Head Start	Roneeka Robinson	P	P	P									
Queen Townsend HSC II	Katina Smith	P	P	A									
Queen Townsend HSC II	Jennifer Judkins	P	P	P									
Child Development & Family Services	Crystal Mike	P	P	P									
Child Development & Family Services	Tangelia Delancy	P	P	P									
Francina Duval Head Start	Shemecka Nettles	P	P	P									
George W. Truitt Family Services	Alicia Villegas	P	P	P									
George W. Truitt Family Services	Samantha Lindsay	P	E	P									
Frostproof Child Development	Crista Wineberger			A									
EHS Contracted Site St. Lucie	Mercadez Estime	P	P	P									
HS Contracted Site St. Lucie	Sabrina Harriell	P	A	A									
Community Representative	Ervin Valcin												
Community Representative	Tom Peer	P	P	E									
Community Representative	Denise Sirmons	P	P	E									
Community Representative	Felicia Sweeting-Harris	P	P	P									
Board Representative	LaVita Holmes	E	P	E									

Total Representatives Present:

CENTER	NAME	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT
ALTERNATES													
Lincoln Park Head Start	Trichina Henry												
Lincoln Park Head Start	TBA												
Garden Terrace Head Start	Guirlene Francois			P									
Garden Terrace Head Start	Perleatha Gilbert												
Queen Townsend HSC II	Judith Auguste												
Queen Townsend HSC II	Lawrence Dunbar												
Child Development & Family Services	Tameka Young		P										
Child Development & Family Services	Jolly Joseph												
Francina Duval Head Start	Golda Dorfenille		P										
George W. Truitt Family Services	Precious Alford												
George W. Truitt Family Services	TBA												
Frostproof Child Development	Cierra Millian												
EHS Contracted Site St. Lucie	Mondreckius Williams												
HS Contracted Site St. Lucie	Christina Serebaur												

P - PRESENT

E - EXCUSE A - ABSENT

 **NO MEETING**

BOARD ANNUAL FUNDRAISING REPORT

**THE AGRICULTURAL AND LABOR PROGRAM, INC
2015 BOARD OF DIRECTORS**

	Assessed	Contributed To Date	Balance Due
Katie Clark	1,000.00	145.00	855.00
Dorothy Curry	1,000.00	105.00	895.00
Alexis Echeverria	1,000.00	-	1,000.00
Patricia Gamble	1,000.00	-	1,000.00
Marjorie Gaskin	1,000.00	625.00	375.00
Marva Hawkins	1,000.00	1,000.00	-
William Holt	1,000.00	900.00	100.00
Josephine Howard	1,000.00	480.00	520.00
Glenda Jones	1,000.00	405.00	595.00
Patricia Brown	1,000.00	-	1,000.00
Chester McNorton	1,000.00	500.00	500.00
Vernon McQueen	1,000.00	9,035.00	(8,035.00)
Lester Roberts	1,000.00	100.00	900.00
Janet B Taylor	1,000.00	-	1,000.00
David Walker	1,000.00	1,750.00	(750.00)
Annie Robinson	1,000.00	40.00	960.00
Ruby Willix	1,000.00	260.00	740.00
Antonia Jackson	1,000.00	660.00	340.00
LaVita Holmes	1,000.00	-	1,000.00
Annessa Chilous	1,000.00	-	1,000.00
Total	20,000.00	16,005.00	3,995.00

If you should have any questions please see individual detail sheets or call Dennis Gniewek.

BUREAU of LABOR STATISTICS REPORTS

(BLS)

CES Report Number: 120476400

REVIEW PAY GROUP 1

	Reporting for the pay period that includes the 12 th of December, 2015		Pay: Bi-weekly	Commissions: No Commissions	
	1 Employee Count	2 Women Workers	3 Payroll, Excluding Commissions (Whole dollars)	4 Commissions Paid at Least Once a Month (Whole dollars)	5 Hours, Including Overtime (Whole hours)
All Workers	217	200	261,303		17,103
Nonsupervisory Workers	143		149,848		11,213
Reason for Large Changes				none	

MULTI-WORKSITE DATA REPORT

Compare and Review Worksite Data

UI Account Number: 0020435850 State: Florida Legal Name: THE AGRICULTURAL AND LABOR PROGRAM

Grand Totals from all Worksites:

	Quarter ending December 31, 2015			
	Number of Employees			Quarterly Wages
	Oct	Nov	Dec	
Total of all worksites:	215	216	217	1,877,386

NOTICE: The totals on this form must match the corresponding totals on your Employer's Quarterly Tax Report (Form UCT-6).

What if the totals don't match? Click the Update buttons (below) to update information for any worksite.

[Add a worksite that should be in the list.](#)

To remove a worksite: Click the Update button next to the appropriate worksite and follow the instructions on the next page.

Click the Continue arrow at the bottom of the page when you are finished reviewing your data and are ready to submit it to BLS.

	Worksite	Description	Quarter ending December 31, 2015			
			Number of Employees			Quarterly Wages
			Oct	Nov	Dec	
Update	THE AGRICULTURAL AND LABOR PROGRAM 198 MARION AVE NW PORT SAINT LUCIE 34983	MS CHILD DEV/ FAM SVCS CENTER	27	29	29	215,757
Update	THE AGRICULTURAL AND LABOR PROGRAM 1405 N 27TH STREET FORT PIERCE 34947	COMPUTER ASSISTED TUTORIAL	0	0	0	0
Update	THE AGRICULTURAL AND LABOR PROGRAM 300 LYNCHBURG RD LAKE ALFRED 33850	ALPI CORPORATE OFFICE	37	37	38	466,008
Update	THE AGRICULTURAL AND LABOR PROGRAM 1110 N 32ND STREET FORT PIERCE 34947	GARDEN TERRACE HEAD START	17	17	16	122,195
Update	THE AGRICULTURAL AND LABOR PROGRAM 1400 AVENUE M FORT PIERCE 34950	LINCOLN PARK HEAD START	16	16	16	118,009
Update	THE AGRICULTURAL AND LABOR PROGRAM	FRANCINA DUVAL HEAD START	7	7	7	55,082

	1035 S 27TH CIRCLE FORT PIERCE 34950					
Update	THE AGRICULTURAL AND LABOR PROGRAM 1031 S DELANEY AVE AVON PARK 33825	AVON PARK	1	1	1	10,830
Update	THE AGRICULTURAL AND LABOR PROGRAM 1326 E INTL SPEEDWAY BLVD #6 DELAND 32724	PROJECT ACHIEVE	2	2	2	14,240
Update	THE AGRICULTURAL AND LABOR PROGRAM 2202 AVENUE Q FORT PIERCE 34947	QUEEN TOWNSEND II	62	63	61	522,378
Update	THE AGRICULTURAL AND LABOR PROGRAM 701 HOPSON ROAD FROSTPROOF 33843	FROSTPROOF CDC	23	23	24	195,189
Update	THE AGRICULTURAL AND LABOR PROGRAM 1814 N 13TH ST FORT PIERCE 34950	GEORGE W. TRUITT FAMILY SERVICES	23	21	23	157,698
Total of all worksites:			215	216	217	1,877,386

Continue

If you have questions or comments please send e-mail to: mwr.helpdesk@bls.gov | Version: 4.4

If you have questions or concerns about your data, please contact:
 Florida Department of Economic Opportunity , Bureau of Labor Market Statistics
 PH: (800) 672-4664 or PH: (850) 245-7228, FAX: (850) 245-7202

DOR STATE UNEMPLOYMENT REPORT



State of Florida
Department of Revenue

[DOR Home](#) [e-Service Home](#) [Print Page](#) [Contacts](#) [Logout](#)
 Reemployment Tax - [Click for Help](#)

RT-6 Quarterly

Cancellations must be executed before 5:00 p.m. ET on the date of submission, if the submission is completed after 5:00 p.m. ET, on a weekend, or holiday the cancellation must be executed prior to 5:00 p.m. ET the next business day. By canceling a submission, you are permanently deleting the submission from our database.

Access Source: **E2043585**

Confirmation Number: **20160132101809**

File and Pay

DATE: January 13, 2016 TIME: 8:42 AM ET

WARNING - Reprints DO NOT contain employee wage information.

THE AGRICULTURAL AND LABOR PROGRAM

WARNING: **Filing is not complete** until you receive a **Confirmation Number!**

F.E.I. Number	591634148	Tax Rate	0.0540
Quarter Ending	Due Date	Penalty After Date	Account Number
December 31, 2015	January 01, 2016	January 31, 2016	2043585

1st Month Number	215
2nd Month Number	216
3rd Month Number	217

• Total Gross Wages Paid This Quarter	\$1,877,386.22
• Total wages exceeding \$7,000.00 paid to each employee this quarter.	\$1,791,169.51

• Total Out of State Taxable wages paid this Quarter	\$0.00
• Taxable Wages for this Quarter	\$86,216.71
• Tax Due	\$4,655.70
• Penalty Due <u>This system will no longer calculate Penalty Due. You will be billed for any additional amount after your report and remittance (if applicable) have been reviewed.</u>	\$0.00
• Interest Due <u>This system will no longer calculate Interest Due. You will be billed for any additional amount after your report and remittance (if applicable) have been reviewed.</u>	\$0.00
• Total Amount Due <i>(if less than \$1.00 no payment necessary)</i>	\$4,655.70
• Payment you have authorized	\$4,655.70

Settlement Date:	20160125
Enter Amount for Check:	\$4,655.70
<input checked="" type="checkbox"/> Check here to use Bank info on file with DOR.	
Bank Routing Number:	063000047
Bank Account Number:	*****6307
Bank Account Type:	Checking
Corporate/Personal:	Personal
Name on Bank Account:	THE AGRICULTURAL AND LABOR PROGRAM
I hereby authorize the Department of Revenue to process this ACH transaction and to debit the bank account identified above. I understand there may be service charges assessed on any transactions not honored by my bank.	
Due to federal security requirements, we can not process international ACH transactions. If any portion of the money used in the payment you may be making today came from a financial institution located outside of the US or its territories for the purpose of funding this payment, please do not proceed and contact the Florida Department of Revenue at 1-800-352-3671 to make other payment arrangements. By continuing, you are confirming that this payment is not an international ACH transaction. If you are unsure, please contact your financial institution.	
An electronically filed return or notice shall be deemed to be signed by an individual authorized to sign who includes his or her name in the filed electronic return data below identified as signature information.	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.	
Signature:	Deloris Johnson
Phone Number:	8639563491
E-Mail Address:	djohnson@alpi.org