



CONSENT AGENDA ITEMS June 2018

Purpose:

The consent agenda is intended to streamline the process for approval of regular, routine issues that come 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 committee is provided for in the governance policies. There is a presumption that many committee actions will be placed on the consent agenda, if 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 the 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 June 2018 Report

• Progress Reports

- HS/EHS Monthly Attendance
- HS/EHS Enrollment Report
- HS/EHS Statistical Report
- Child Care Food Inspection Report
- Child Care Facility License (Child Development and Family Services Center & Francina Duval & George W. Truitt)
- VPK Monitoring
- DCF Facility Inspection Report
- Cluster Monthly Disability Report
- Saint Lucie County Fire Inspections (Francina Duval)
- Polk County (Lakeview Park)

• Reimbursement Reports

- DOH Child Care Food Reports
- ELC Reimbursement Report
- LIHEAP Financial Status Report
- Florida Non-Profit Housing
- EHEAP Financial Status Report
- CSBG Financial Status Report
- Federal Financial Report
- DOE Financial Report (EA)

• Other Reports

- Advisory Councils' Reports
- HS/EHS Policy Council Report
- Multiple Worksite Report
- Board Annual Fundraising Report

B. Other Information (SEE TAB 5)

• CORRESPONDENCE

- Summer Food Service & Enrichment Program
- Career Source Polk Memorandum of Understanding
- Statement of Inspection for Proper Operation & Maintenance (Frostproof)
- Department of Children and Families/Non-Active Member Affidavit
- Florida Department of Agriculture Solicitation of Contributions
- Form HUD-9902 Quarterly Reporting Periods & Due Dates
- Orlando Utilities Commission (OUC) Letter of Agreement
- FY 2018 Head Start Funding Increase
- Head Start Full Enrollment Initiative Notification
- Housing Counseling Final Report
- NAEYC Accreditation – George W. Truitt Services Center
- A Resolution (David Walker, ESQ).
- Thank You from the family of David Walker, ESQ.
- Community Action Month Proclamations
- Bank of America / Merrill Lynch CD-ROM/DVD Delivery Service

• BOARD & ADMINISTRATOR NEWSLETTER

• COMMITTEE REPORTING FORM

CHIEF EXECUTIVE OFFICER'S MONTHLY REPORT



JUNE 2018

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

B.

STRATEGIC PLAN PERFORMANCE INDICATORS
<ol style="list-style-type: none"> 1. Conducted Senior Management Staff Meeting. 2. Facilitated the selection of alternative venue for the Staff Appreciation Program. 3. Facilitated training opportunities for staff via the Region IV Board Meeting, NHSA Annual Training Conference, Professional Development Day Training Opportunity for Office Support Staff, FACA Annual Training Conference, GMS Training Conference, CAPLAW Training Conference and RIV Management Training Institute. <i>Goal 1- Create Additional Educational Experiences and Opportunities for Staff</i> 4. Facilitated the completion and submission of the 2018-2019 Head Start/Early Head Start Continuation Grant Revisions; Completion of ATEC Office Relocation Plan; One-time funding for Head Start Health and Safety Projects; CSC/CAT Program Budget Revisions <i>Goal 3 – Partner With Other Entities For More Efficient Service Delivery</i> <i>Goal 5 - Enhance program development for and service delivery to children and families</i>
BOARD/MANAGEMENT TASKS & TIMELINES
<p>Facilitated the completion of the following Board Management Tasks and Professional Development Opportunities.</p> <ul style="list-style-type: none"> • Reimbursement Reports including the DEO/LIHEAP, DEO/CSBG, CSC, Child Care Food, Non-Profit Housing, ELC/VPK, EHEAP, HUD, USAC E-Rate and DEO EA were submitted for payment (See Board package for complete listing of reports). • Facilitated Board Members training and Professional Development Opportunities via, NHSA Annual Training Conference, Florida Association for Community Action Training Conference, SEACAA Board Meeting, CAPLAW Training Conference and RIV Board meeting. • Facilitated the completion of the Audit RFP screening and selection process; 2018-2019 Employee Benefit Insurance Renewal; Agency IT and Computer Network Capital Improvement Cost Analysis Plan; Agency Website enhance Plan.

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

STRATEGIC PLAN PERFORMANCE INDICATORS
<ul style="list-style-type: none"> • FACA Annual Training Conference, Tampa, FL • Florida Head Start association Training Conference, Orlando, FL • NCBW Board Meeting, Winter Haven, FL • Region IV Program Rep Meeting via Conference Call • DEO WAP Advisory Committee Meeting and State CSBG, LIHEAP and WAP Plan Public Hearing via conference call <p><i>Goal 3 - Partner With Other Entities For More Efficient Service Delivery</i></p>

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

PERFORMANCE INDICATOR(S)
<ol style="list-style-type: none"> 1. PNC Bank second \$3,000 grant award for George W Truitt Center. 2. 2018-2019 GSBG and LIHEAP Funding approval notification 3. 2018-2019 DOE Funding approval notification 4. 2018-2019 increase funding for Head Start/Early Head Start Cost of Living and Program Improvement. 5. CFSS Deputy Director's replacement approval notification 6. Head Start/Early Head Start Award Notification

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

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

- Head Start/Early Head Start Baby Faces Survey Responses
- CCFP Reporting Procedures Revision
- IRS ACA Report Revision
- DEO Data System Reporting Revision
- Head Start Alarm System Access Fees
- CDN Computer Network Enhancement
- LIHEAP Automated Appointment System Changes
- Community Needs Assessment
- Head Start NAEYC Accreditation Renewal
- Head Start Enrollment ADA Compliance
- CLASS Final Quarter Report
- Teaching Staff Development Options
- Head Start 2016-17 VPK Provider Readiness Rates
- DCF Background Screenings Regulatory Revisions
- IT Computer/Software Replacement Action Plan.
- ALPI WEB SITE Upgrade
- Head Start Refunding Application Review/Revision With Regional Office
- Financial Monthly Report
- Head Start Training And Technical Assistance Plan
- Senior Connection Center Adverse Incident Policy Revision
- CCFP Reimbursement Report Revisions

E. FUTURE MEETINGS/CONFERENCES**JULY**

- | | |
|-------|------------------------------------|
| 10 | Senior Management Staff Meeting |
| 11-17 | Annual Leave |
| 20-31 | Key Management Transition Sessions |

AUGUST

- | | |
|--------|---|
| 14 | Senior Management Staff Meeting & Key Management Transition Session |
| 15 -31 | Key Management Transition Sessions |

SEPTEMBER

- | | |
|----|---|
| 10 | Senior Management Staff Meeting & Key Management Transition Session |
| 28 | Board Executive Committee Meeting |
| 29 | Board of Directors Meeting
Wall of Fame Induction Reception |



THE AGRICULTURAL AND LABOR PROGRAM, INC. MANAGEMENT REPORTS JUNE 2018

DEPARTMENTS ACTIVITIES SUMMARY

Outlined below is a summary from ALPI's department directors of major activities (e.g. Partnerships, Community Involvement, Advocacy, Public Relations, Funding Sources, etc.) participated in through the month of May 2018.

CHILD DEVELOPMENT & FAMILY SERVICES DIVISION

HEAD START/EHS – St. Lucie County

Program Design and Management, Facilities, Materials, and Equipment

Planning/Communication/Internal Reporting:

- Participated in the monthly Early Learning Coalition Board of Directors Meeting held on May 2, 2018. Discussion items included: financial reports, progress reports, Loving Care updates, sliding fee schedules, etc.
- Hosted the Early Learning Coalition of St. Lucie County Annual Providers Retreat on May 3, 2018. The event activities included a keynote speaker, mini training sessions, luncheon, free raffles and giveaways.
- Participated in the Senior Management Meeting held on May 8, 2018 and facilitated by Deloris Johnson, Chief Executive Officer. The items for discussion/reporting included but were not limited to:
 - ✓ Computer Network Planning/upgrade options
 - ✓ Agency Strategies Plan
 - ✓ Background Screening Policy
 - ✓ Community Assessment
 - ✓ CAT Grant Applications
 - ✓ PNC Grow Up Great! Grant books donation
 - ✓ Recruitment and Enrollment
- Participated in the monthly VPK Conference Call held on May 9, 2018 and facilitated by the Office of Early Learning. Items presented included: standards revision updates, transition to kindergarten project updates, VPK Curriculum approval process, rules updates, etc.
- Participated in a conference call with the OHS Regional Office Program Specialist, Ronniece Boston on May 11, 2018. The items of discussion included: Continuation funding application status, City of Hobe Sound Application Status, Key Management Staff request for hire status, One-time program improvement funding application, etc.
- Coordinated and facilitated a special Management Staff Meeting on May 16, 2018 to discuss the program celebration activities for the upcoming program year. The planning team will develop a list of age appropriate activities that will align with the curriculum and lesson planning for centers to implement and carry out throughout the program year. This approach will enhance the celebrations and will provide consistency across all centers.
- Participated in the Early Learning Coalition of St. Lucie County Monthly Providers Meeting held on May 22, 2018. Items of discussion included: ABA Solutions, Rule HH1091, VPK Providers School Readiness Rates, etc.
- During this reporting period, the Garden Terrace Head Start Center and George W. Truitt Family Services Center were reviewed by the NAEYC Accreditation Renewal Representative. Both of the centers had a successful review and it is expected for the NAEYC Accreditation renewal status to be granted.
- Coordinated several desk reviews to access the progress being made towards several program related activities to include but not limited to:
 - ✓ CCFP Food Reports vs PROMIS
 - ✓ HS Recruitment and Enrollment
 - ✓ CAT Recruitment and Enrollment
 - ✓ VPK Assessments and notification to parents
 - ✓ Teaching Strategies GOLDS ongoing assessments
 - ✓ Moving Up Ceremonies
 - ✓ End of the Year Parent Activities
 - ✓ Policy council participation and follow-up items

- During this reporting period, there were several end of the year activities that were conducted at all centers to include but not limited to:
 - ✓ VPK Assessment AP III
 - ✓ Teaching Strategies
 - ✓ Parent/Teacher Conferences
 - ✓ Moving Up Ceremonies
 - ✓ End of the Year Parent Activities
 - ✓ Parent Committee Meetings
 - ✓ Art outdoor activities
 - ✓ Children presentations (singing)
 - ✓ Recruitment and enrollment for the 2018-2019 program year
 - ✓ Children pictures sales

Community Relations/Collaborations:

- Program Staff participated in several Community Relations/Collaboration activities to address various topics that impact the community as a whole. Agencies collaborated with included:
 - ✓ St. Lucie County School Board
 - ✓ Early Learning Coalition of St. Lucie County
 - ✓ HANDS Dental Coalition
 - ✓ Keiser University
 - ✓ Indian River State College
 - ✓ Help Me Grow/211 Help Line
 - ✓ SafeSpace
 - ✓ Big Brother Big Sisters, Inc.

Human Resources:

- Continued to work closely with the Human Resources Department to fill vacancies.
On May 16, 2018 the Human Resources Listing of new hires was submitted to the Policy Council for review and approval.

Computer Assisted Tutorial Program (CAT):

- Received the 2017-2018 Computer Assisted Tutorial program revised budget that includes the Summer Expansion awarded funding. The total budget for 2017-2018 is \$104,929.00 per year.
- The Computer Assisted Tutorial (CAT) Program has selected 45 children from the waiting list and has completed the enrollments for the Summer Expansion Program.

Program Governance:

- The Policy Council Monthly Meeting was held on May 16, 2018. Fourteen members participated in the meeting. As part of the meeting, items of discussion and approval included but were not limited to the following:
 - ✓ Minutes
 - ✓ Consent agenda to include: Program Progress Reports and Parent Committee Reports
 - ✓ Program Financial Reports
 - ✓ Program Human Resource report
 - ✓ Grant Applications

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

- Program Operations Director and the Child Development Services Managers attended the Annual Providers Retreat presented by the Early Learning Coalition of St. Lucie County on May 3, 2018. Staff received 3 training hours.
- Office Supervisor attended the Childcare Providers Meeting - DCF Information and Updates presented by Linda Halpin, Department of Children and Families Childcare Regulation Supervisor on May 4, 2018. Staff received 2 training hours.

Facilities:

- Facilities Specialist worked 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.
- Facilities Specialist completed several projects generated by Work Requests such as: replacing light bulbs and repairing a toilet, etc.

- Facilities Specialist coordinated with the St. Lucie County School Board to repair the air conditioning unit at the Queen Townsend Head Start Center II on May 4, 2018.
- Facilities Specialist coordinated with the St. Lucie County School Board to repair the air conditioning unit at the Child Development and Family Services Center on May 8, 2018.
- Facility Specialist coordinated with St. Lucie County Fire Marshall's to conduct the required Annual Fire Inspection at the Francina Duval Head Start Center on May 14, 2018.
- Facility Specialist coordinated with Tyco Integrated Security to conduct the required Annual Fire Alarm Inspection and Testing Report at the Francina Duval Head Start Center on May 14, 2018.
- Facilities Specialist coordinated with Richmond Electric to repair the electric main panel board of the air conditioning unit at the George W. Truitt and Family Services Center on May 18, 2018.
- The renewal license application for the Francina Duval Head Start Center was submitted to the Florida Department of Children and Families on May 22, 2018.
- Obtained the Child Care Facility Certificate of License renewal from the Department of Children and Families for the ALPI Child Development and Family Services Center and the Francina Duval Head Start Center.

Health and Safety:

- 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.
- 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 Early Learning Coalition of St. Lucie County monitored the Lincoln Park and George W. Truitt Family Services Centers. The centers were found in 100% compliance.
- The Florida Department of Children and Families inspected/monitored the Child Development and Family Services Center, Francina Duval, Lincoln Park, and the George W. Truitt Family Services Centers. The centers were found in 100% compliance.
- The St. Lucie County Fire Marshal's inspected/monitored the Francina Duval Head Start Center. The center was 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.
- Coordinated and submitted the One-time Program Improvement Grant Application to the OHS Regional Program Specialist for the amount of \$387,700.00 to replace and or upgrade program health and safety related needs. The application was due to the program specialist on May 10, 2018.
- Coordinating the development and completion of the cost-of-living adjustment (COLA) of 2.6 Grant Application for Head Start and Early Head Start program. This application is due on June 18, 2018.

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:

- Family Support Services Coordinators are recruiting age and income eligible families for the Head Start and Early Head Start Program. The agency is continuing to send the word to the community by median of flyers and word of mouth.
- Family Support Services Coordinators continued to process and verify intake applications and update the waitlist. Additionally, the Family Support Services Coordinators have continued updating income of the Early Head Start files that will be transitioning to the Head Start waiting status.
- Family Support Services Coordinators began the enrollment process for the 2018-2019 program year. Intake applications of 3 and 4 year olds were selected from the prioritized waiting list and forwarded to the centers in order for enrollments to be completed. Child Development Services Managers are required to report the number of completed enrollments on a weekly basis. 230 enrollments were completed as of May 25, 2018.
- As of May 31, 2018, we have enrolled approximately 85% (590) preschool children in the Head Start Program for the 2018-2019 school year. The expected date to have 100% (691) enrolled is July 31, 2018.
- As of May 31, 2018 we have over 225 Infants and Toddlers on the Early Head Start Waitlist. Approximately 30 slots will be filled for the 2018-2019 school year. Enrollment activities will begin June 1, 2018. The expected date to have 100% enrolled is July 31, 2018.

- Family Support Services Coordinators continued to network with agencies throughout the community as means of ongoing recruitment to ensure the completion of enrollments and maintain the waiting list. Agencies include: St. Lucie County School Board (Student Assignment), Devereux, Pediatric Alternative Treatment, Care, Housing and Evacuation Services, Inc., and Florida Rural Legal Services, Inc.
- Funded enrollment for the month of May for St. Lucie County consisted of 755. The breakdown included: 691 preschool children; 56 infants/toddlers; and 8 pregnant women for a total of 755. There were six (6) drops and five (5) new enrollments in the Head Start Program. There was one (1) drop and one (1) new enrollment in the Early Head Start Program.

Early Childhood and Health Services:

- The Parent-Child Engagement to Promote School Readiness Folders (PCEPSR) for May was provided. 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 were as follows:
 - ✓ Nightly Reading Record
 - ✓ Calendars
 - ✓ Various Games
 - ✓ Sight Words
- Health Services Manager provided assistance for parents to obtain dental services for their children on May 15, 2018. Assistance was provided to a family that could not afford dental services for their child.
- Health Services Manager coordinated with the Florida Health Department to conduct Oral Health Screenings on May 24, 2018 at the Lincoln Park and Francina Duval Head Start Centers. Approximately 120 children received parental permission to participate in the study.
- Health Services Manager received an update from the Dental Health Coalition meeting held on May 25, 2018. The meeting was facilitated by the HANDS Dental Clinic. Discussion items included but were not limited to the following:
 - ✓ Early Learning Coalition of St. Lucie County Report
 - ✓ School Readiness Report
 - ✓ Women, Infants, and Children
- Health Services Manager attended and participated in the Early Learning Coalition of St. Lucie County Meeting on May 31, 2018. Topics discussed included the VPK Assessment Scores and a plan of action to get the scores up by the next rating period. There was some discussion on how the test is administered, additional training needed and the use of available resources.
- Mental Health and Disabilities Specialist completed and submitted one (1) referral, coordinated two (2) evaluations, and attended two (2) eligibility staffings with Early Steps/Florida Diagnostic Learning Resources System (FDLRS) for children that were referred for services and Individual Education Plan's were developed.
- As of May 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)		64	
Total 10%= 75 children					
1	Health Impairments		13	How many age 0?	0
2	Emotional/Behavior Disorders		14	How many age 1?	0
3	Speech/Language Impairments	73	15	How many age 2?	3
4	Mental Retardation		16	How many age 3?	33
5	Hearing Impairments/Deafness		17	How many age 4?	43
6	Orthopedic Impairments		18	How many age 5?	1
7	Visual Impairments/Blind		19	How many over income?	0
8	Learning Disabilities		20	How many pre-diagnosed?	43
9	Autism		21	How many dropped to date?	0
10	Traumatic Brain Injury		22	How many IEP's/IFSP current	80
11	Other Impairments	7	23	How many evaluated and found not eligible?	4
12	Total With Disabilities	80	24	How many suspected?	53

Transportation:

- Transportation services were provided to 139 children to and from the centers for the month of May.
- Transportation Coordinator coordinated with the Child Development Services Manager from the Francina Duval Head Start Center to transport the children to the Administrative Office - Auditorium to celebrate their Moving Up Ceremony on May 21, 2018.
- Transportation Coordinator coordinated with Gaspar Body and Paint to complete three repairs on Bus 6. Repairs include: Hood repainting and two accident repairs on the rear. Transportation Coordinator coordinated with Sunrise Ford to complete body repairs on Food Truck #1.

DEFICIENT AREA(S):

None

PROPOSED STRATEGY TO CORRECT DEFICIENCY(IES):

None

SPECIAL ACCOMPLISHMENTS:

None

BOARD RELATED ACTIVITIES:

None

CRITICAL CONCERNS / CHALLENGES:

None

WORKSHOPS / TRAINING / CONFERENCES, ETC.:

None

UPCOMING EVENTS:

- Early Learning Coalition Board Meeting – June 6, 2018
- Program Director's Meeting – June 6, 2018
- Management Planning Meeting – June 6, 2018
- Dental Coalition Meeting – June 8, 2018
- Early Head Start Staff/Students Last Day – June 15, 2018
- Policy Council Meeting – June 20, 2018
- Senior Staff Meeting – June 29, 2018
- Board of Director's Meeting and Agency Picnic – June 30, 2018

HEAD START/EHS – Polk County**Program Design and Management, Facilities, Materials, and Equipment****Planning/Communication/Internal Reporting/ Governance:**

- Participated in the Senior Meeting of the CEO, May 8, 2018 items discussed: Data Systems Demographic YTD Reports, Agency Strategic Plan Review, Agency Computer Network Equipment Update, Agency Proposed Policies and Procedures.
- Participated in the FACA conference May 15-18, 2018 in Tampa, FL
- Reviewing MOU and other service agreements for 2018-2019
- Submitted the VPK agreement for 2018-2019 has been submitted for review
- School Readiness agreement for 2018-2019 has been submitted for review
- The Pay for Performance Project contract for 2018-2019 has been submitted for approval.
- CCFP safety and Sanitation Inspection completed by CCF Manager the program was in compliant.
- Florida Department of Education School Readiness report indicated that FCDC 2016-2017 VPK School Readiness Rate was a 75 out 100 which one of the highest in the State of Florida for 2016-2017.
- School Readiness children (12) & VPK (8) make-up classroom of 20 children.
- Polk County held End of Year Program for VPK children May 23, 2018
- Polk County maintained its funded enrollment for the month of May but did not meet the 85% ADA due to JumpStart attendance being 80% improvement plan is in place; however the center continues to struggle the program Director has spoken with Family Community Engagement Manager for T/TA assistance and strategies. Frostproof maintained ADA at 85%.
- Polk County has obtained most of its 95% of enrollment for 2018-2019
- Polk County has received VPK vouchers /School Readiness certificates for 24 students for 2018-2019 the program continues to grow; seeking additional space/modular unit to address communities need for after school services.
- Polk County will be having its 3rd Annual End of Year program & reception June 15, 2018 for all EHS children and their families.

Facilitated Program Directors Management meeting May 24, 2018 discussion topics included:

- PIR Report Due by July 1, 2018
- VPK End of Year Ceremony
- Calendar for Program Activities
- Reviewed Updated policies 265
- Summer Feeding Program
- Recruitment & Enrollment 2018-2019
- End of Year Classroom Health and Safety Inspections

Parent Meeting Chair conducted parent meeting May 29, 2018 discussions will include:

- Class Monitoring
- ELC/TSG Close-out Activities
- Classroom Health and Inspection checklist
- Policy 265
- 2018-2019 Program Dates provided
- End of Year Program June 15 Agenda provided

Record Keeping & Reporting

- Statistical reports attached for review
- Disability reports Polk County has 2 suspected children and 3 children enrolled with disabilities

Human Resources

FCDC has one opening due to one caregiver resigning in May 2018; Program Director has submitted all required documentation to post this position in the community.

Facilities Updates for the Month of May

- Grounds & Pest Control were maintained through May
- Staff received all necessary supplies ie. diapers, wipes and cleaning supplies in order to ensure a healthy and safe learning environment.
- FCDC has some leaning poles and a call has been made to the electrical company to assess; more information will be provided once assessment is complete.

Monitoring

- ELC conducted a Quality and Technical Assistance monitoring May14, 2018 there were no findings
- ELC conducted CLASS observations May 16, for the Pay for Performance Funding Project results pending

Fiscal

- The program generated non-federal (in-kind) during the month of May that included volunteering from parents and professionals
- All financial invoices, requisitions, and payroll were submitted timely
- School Readiness and Childcare services generated for the month of May and all funding has been reported to fiscal.

IT Support Services

Operations Director had zero IT concerns for the month of May

Family and Community Partnerships

CSBG and Career Source Polk attended the FCDC Parent Meeting provided resource information on training, education and employment opportunities.

Nurturing Fatherhood Program

Fatherhood Dads participated and assisted with End of Year program for VPK

Early Childhood & Health Services

First aid kits, cleaning & sanitation supplies were provided to all classrooms

Program Deficiencies if applicable:

Attendance at JumpStart has been below ADA for 8 of the 10 months; improvement plans have been established however concern remains; CEO has requested accountability from Center Managers in the form of reports, follow-up etc.

Proposed Strategy to Correct Deficiency/ (ies)

Family Community Partnership Manager working with Center Director to provide technical assistance in the form of strategies and follow-up with parents to reinforce agency and Head Start Policies regarding attendance.

Special Accomplishments:

Frostproof Child Development completed its 2nd year of VPK and the program continues to grow each year. In addition the VPK program received its Kindergarten Readiness Rate of 75/100 for the first year; we are extremely proud of the staff for such an outstanding job preparing the children for the next phase of their educational journey.

Five Year Strategic Plan Related Achievements:

- **Goal 1. Create Additional Educational Experiences for Staff**
 - Develop a better educated and more highly skilled workforce
 - Management staff participated in trainings at the Early Learning Coalition regarding 2018-2019 VPK & SR Contracts.
- **Goal 2. Devise a Plan of Upward Mobility within the Agency**
 - Provide individual opportunities for creativity
 - Internal postings for positions are shared with all staff and individual meetings are scheduled with staff to discuss individual goals
- **Goal 3. Partner with Other Entities for More Efficient Service Delivery**
 - Explore membership in community service organizations and aggressively seek fundraising opportunities with banks vendors etc.
 - Polk County community partners like the Care Center donated perishables, clothing and other items to the center for families to assist with obtaining or attaining self-sufficiency.
 - Polk County partnered with Department of Children and Families to provide Safe Sleep and Child Abuse and Neglect training for staff.
- **Goal 4. Target New Areas of Expansion**
 - Expand Programmatic Thrusts
 - Polk County for the 2nd year has increased its program enrollment in VPK and School Readiness and has generated nearly \$100,000 this program year.
- **Goal 5. Enhance Program Development for and Service Delivery to Children and Their Families**
 - Create opportunities for academic success for children
 - Teachers were provided TSG/ELC training opportunities to assist with individualizing lesson plans.
 - CLASS observations were performed through ELC for the Pay for Performance Project through the State of Florida Office of Early Learning.

Special Projects: N/A

Critical Concerns/Challenges:

- n/a

UPCOMING EVENTS

- Senior Meeting June 19, 2018
- FCDC Parent Meeting June 8, 2018
- Policy Council Meeting June 20, 2018
- Region IV Head Start Conference June 11-14, 2018
- Board of Directors Meeting June 23, 2018

COMMUNITY & ECONOMIC DEVELOPMENT SERVICES DIVISION

ACTIVITIES SUMMARY

Deputy Director

- Periodically met one-on-one 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.)**
- Prepared and submitted monthly division-wide report.
- Compile computer equipment information for Division. **(Goal 4.5 Objective: Continue to upgrade new technology.)**
- Begin preparation of Florida Department of Education Hurricane Relief Efforts Grant Application. **(Goal 3 Objective: Apply for grants in a timely manner when money is available.)**
- Prepared and submitted LIHEAP Monthly Expenditure Report into new SERA System.
- Prepared and submitted CSBG Monthly Expenditure Report into new SERA System.
- Corrected and finalized Emergency Home Energy Assistance Program (EHEAP) Invoice.
- Review and revise proposed EHEAP Policy regarding adverse incidents.
- Finalized Florida Nonprofit Housing Invoice.
- Finalized and submitted final HUD Invoice.
- Prepared draft of LIHEAP and CSBG Reconciliation Reports.
- Reviewed SAM.GOV registration for agency.
- Began preparing updated Five-Year Strategic Plan.
- Participated in local government council/commission meeting to receive proclamations on behalf of agency.
- Participated in "Entrance Interview" for DOE Adult Migrant Program's annual grant monitoring.
- Reviewed and/or signed off on \$38,421 in Voucher/Check Requests including: \$17,460 in LIHEAP Crisis Energy payments; \$10,300 in LIHEAP Home Energy payments; and, \$3,245 in CSBG Direct Services.

LIHEAP/Community Services Department Director

- Senior Directors Meeting on May 8, 2018 at the Corporate Office in Lake Alfred.
- DEO (Department of Economic Opportunity) training webinar on SERA (Subrecipient Enterprise Resource Application) on May 10, 2018 at the Corporate Office in Lake Alfred. **(Goal 1.1 Objective: Develop a better educated and more highly skilled workforce.)**
- FACA (Florida Association Community Action) Annual Training Conference May 15 – 18, 2018 in Tampa. **(Goal 1.1 Objective: Develop a better educated and more highly skilled workforce.)**
- SCC (Senior Connection Center) Surplus Deficit Conference Call on May 21, 2018 at the Corporate Office in Lake Alfred.
- The Southern Region Advisory Council's Meeting on May 21, 2018 in lake Placid at the Head Start Resource Center.
- LIHEAP (Low Income Home Energy Assistance Program) ENERGY FAIR on May 22, 2018 in Lakeland at the Rhema Word of Faith International.
- FCDP (Farmworker Career Development Program) Monitoring was held on May 23-24, 2018 at the Corporate Office in Lake Alfred.
- ALPI's Annual Staff Appreciation was held on May 25, 2018 in Ft. Pierce.
- Prepared and submitted the following Financial Reports for the month of **April, 2018**:
 - EHEAP (Elderly Home Energy Assistance Program)
 - LIHEAP (Low Income Home Energy Assistance Program)
 - FNPH (Florida Non-Profit Housing)

CSBG/Economic Development Department Director

- Signed off 32 check requests for CSBG
- Signed off 26 check requests for ESG

- Completed the monthly FSR to DEO
- Completed the monthly ESG invoice to Heartland Coalition for the Homeless, Inc.
- Prepared monthly reports to Deputy Director
- Prepared monthly minutes to Executive office
- Attended HUD Training in preparation for National Certification . **(Goal 1.1 Objective: Develop a better educated and more highly skilled workforce.)**
- Made presentation at Lakeland Regional Medical Center (LRMC) in Lakeland, FL on May 21, 2018. **(Goal 3.2 Objective: Partner on collaborative projects with other entities.)**
- Attended FACA Conference on May 14 through May 18, 2018 in Tampa, FL. **(Goal 1.1 Objective: Develop a better educated and more highly skilled workforce.)**
- Attended the LCB Board meeting in Naples on May 23, 2018. **(Goal 3.2 Objective: Partner on collaborative projects with other entities.)**
- Attended the NRAC&ATEC Advisory council meeting on May21, 2018.
- Attended Staff Appreciation on May 25, 2018 in Ft. Pierce, FL.
- Attend the NASCSP Training with DEO in Tallahassee, FL April 30 through May 3, 2018. . **(Goal 1.1 Objective: Develop a better educated and more highly skilled workforce.)**
- Finished preparing unit in Deland for move to new facility in same complex..

COLLABORATIONS

Deputy Director

- Attended following Council/Commission meetings to receive Community Action Month Proclamations:
 - Haines City
 - City of Bartow
 - Polk County

LIHEAP/Community Services Department Director

- Nothing to report at this time.

CSBG/Economic Development Department Director

- Attend the NASCSP Training with DEO in Tallahassee, FL April 30 through May 3, 2018
- Director attended the LCB Board meeting in Naples on May 23, 2018
- Director presented at Lakeland Regional Medical Center (LRMC) in Lakeland, FL on May 21, 2018

CONCERNS/CHALLENGES AND RESPONSE

Deputy Director

- Nothing to report at this time.

LIHEAP/Community Services Department Director

- Nothing to report at this time.

CSBG/Economic Development Director

- Nothing to report at this time.

DEFICIENT AREA(S) AND STRATEGIES TO CORRECT

Deputy Director

- Nothing to report at this time.

LIHEAP/Community Services Department Director

- Nothing to report at this time.

CSBG/Economic Development Director

- Nothing to report at this time.

SPECIAL ACCOMPLISHMENTS

(Success beyond designated job duties)

Deputy Director

- Nothing to report at this time.

LIHEAP/Community Services Department Director

- Nothing to report at this time.

CSBG/Economic Development Director

- Nothing to report at this time.

BOARD RELATED ACTIVITIES**Deputy Director**

- Nothing to report at this time.

LIHEAP/Community Services Department Director

- Attended the **SRAC** (Southern Region Advisory Council) Bi-Monthly Meeting on May 21, 2018 in Lake Placid at the HeadStart Resource Center.

CSBG/Economic Development Director

- Attended the NRAC&ATEC Advisory council meeting on May21, 2018.

SPECIAL PROJECTS**Deputy Director**

- Developed and finalized photos for Staff Appreciation Banquet. **(GOAL 2.1 Objective: Provide individual opportunities for creativity.)**

LIHEAP/Community Services Department Director

- Nothing to report at this time.

CSBG/Economic Development Director

- Nothing to report at this time.

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

- Attended monthly Staff meeting on 05/08/18.
- Attended FACA Conference in Tampa on 05/16 and 05/17.
- Attended Staff Appreciation Banquet on 05/25.

LIHEAP/Community Services Department Director

- Senior Directors Meeting on May 8, 2018 at the Corporate Office.
- FACA (Florida Association of Community Action) Conference in Tampa on May 15-18, 2018.
- SCC (Senior Connection Center) Surplus Deficit Conference Call on May 21, 2018 at the Corporate Office in Lake Alfred.
- The Southern Region Advisory Council Meeting on May 21, 2018 in Lake Placid at the Head Start Resource Center.

CSBG/Economic Development Department Director

- LCB Board meeting in Naples, FL.
- Partnership Presentation in Lakeland, FL .
- NRAC/ATEC Advisory Council Meeting.
- FACA Conference.
- HUD Certification Training.
- NASCSP Training with DEO.

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

- Senior Directors Meeting - TBA.
- CAPLaw Conference in Albuquerque, NM from June 20-22.
- ALPI Board of Director's meeting on June 30 in Sanford.
- Board Program Planning Committee on June 29th in Sanford.
- ALPI's Annual Family Day Picnic on June 30, 2018 in Sanford, FL.

LIHEAP/Community Services Department Director

- Senior Directors Meeting - TBA

- LIHEAP Outreach Service Delivery in Martin County on June 4, 2018.
- LIHEAP Outreach Service Delivery in St. Lucie County on June 6, 2018.
- LIHEAP Outreach Service Delivery in Hendry/Glades Counties on June 7, 2018.
- LIHEAP Outreach Service Delivery in Collier County (Immokalee and Naples) on June 7, 2018.
- SCC (Senior Connection Center) Surplus Deficit Conference Call on June 18, 2018 at the Corporate Office in Lake Alfred.
- ALPI's Board of Directors Meeting on June 30, 2018 in Sanford, FL.
- ALPI's Annual Family Day Picnic on June 30, 2018 in Sanford, FL.

CSBG/Economic Development Department Director

- Senior Directors Meeting - TBA
- CAPLaw Conference June 20 through June 22, 2018.
- FACA Board Meeting June 15, 2018.
- ROMA Training for IMMACAA Board of Directors June 28.
- ALPI's Board of Directors Meeting on June 30, 2018 in Sanford, FL.
- ALPI's Annual Family Day Picnic on June 30, 2018 in Sanford, FL.

OTHER

Deputy Director

Nothing to report at this time.

LIHEAP/Community Services Department Director

- Annual Leave June 25-28, 2018 and July 2-3, 2018

CSBG/Economic Development Department Director

Nothing to report at this time.

MAJOR GRANT SUMMARIES

Low Income Home Energy Assistance Program (04/01/17 thru 03/31/18)

Total Funding = \$4,601,343

Pro-Rated Funding (thru 03/31/18) = \$4,601,343 (100.0%)

Expended (as of 03/31/18) = \$4,589,152 (99.7% of Total Funding)

Crisis Energy = \$1,640,527 out of \$1,684,153 (97.4% of total "Crisis" allocation.)

Home Energy = \$1,885,385 out of \$1,893,988 (99.5% of total "Home Energy" allocation)

Performance = On target to expend all but less than 1.0% of total funding. There is no formal closeout this year. Agencies will submit a reconciliation of expenditures. Once approved by DEO, any unspent funds will be returned to the Agency through a subsequent modification.

Emergency Home Energy Assistance Program (04/01/17 thru 03/31/18)

Total Funding = \$110,874

Pro-Rated Funding (thru 03/31/18) = \$110,874. (100/0% of Total Funding)

Expended (as of 03/31/18) = \$102,592 (92.5% of Total Funding)

Crisis Energy = \$89,507 out of \$90,119 (99.3% of total "Crisis" allocation.)

Performance: Grant is being extended through 09/30/18 so all funding is expected to be spent by the end of the grant.

Community Services Block Grant (10/01/16 thru 03/31/18)

Total Funding = \$1,787,311

Pro-Rated Funding (as of 03/31/18) = \$1,787,311 (100.0 % of Total Funding)

Expended (as of 03/31/18) = \$1,746,292 (97.7% of Total Funding)

Performance: Expenditures are mainly "on target". Agencies will submit, by the middle of May, a reconciliation of expenditures. Once approved by DEO, any unspent funds will be returned to the Agency through a modification in June or July.

Community Services Block Grant (04/01/18 thru 03/31/19)

Total Funding = \$1,039,564

Pro-Rated Funding (as of 04/30/18) = \$173,261(16.7 % of Total Funding)

Expended (as of 04/30/18) = \$54,412 (5.2% of Total Funding)

Performance: Expenditures are mainly "on target". Agencies will submit, by the middle of May, a reconciliation of expenditures. Once approved by DEO, any unspent funds will be returned to the Agency through a modification in June or July.

Emergency Assistance to Farmworkers through Florida DOE (10/01/16 thru 04/30/18)

Total Funding = \$50,000.

Pro-Rated Funding (as of 04/30/18) = \$41,667 (83.3% of Total Funding)

Expended (as of 04/30/18) = \$32,604 (65.2% of Total Funding)

Performance: Service levels and expenditures continue to pick up. The grant is expected to be completely spent out at the end of the grant.

Florida Non-Profit Housing (10/01/16 thru 04/30/18)

Total Funding = \$26,400.

Pro-Rated Funding (as of 04/30/18) = \$22,000 (83.3 % of Total Funding)

Expended (as of 04/30/18) = \$23,099 (87.5% of Total Funding)

Performance: Expenditures are ahead of plan. It is expected to be completely spent out prior to the end of the grant.

SERVICE DELIVERY BY COUNTY – Division Programs
Units of Service, By County
 (07/01/17 through 05/31/18)

County	LIHEAP/EHEAP Only*		CSBG Only*		DOE/FNPH Only (thru 01/31/18 only)		Totals	
	Units of Service	Total Expended*	Units of Service	Total Expended*	Units of Service	Total Expended	Units of Service	Total Expended
Collier	880	\$284,300.13			57	\$7,950.00	937	\$292,250.13
DeSoto					8	\$800.00	8	\$800.00
Glades	82	\$29,181.77	8	\$9,838.00	0	\$0.00	90	\$39,020.57
Hardee					1	\$75.00	1	\$75.00
Hendry	435	\$134,588.85	58	\$42,076.78	5	\$375.00	498	\$177,040.63
Highlands	809	\$271,946.61	238	\$54,175.63	4	\$350.00	1,051	\$326,472.24
Hillsborough					46	\$2,025	46	\$2,025.00
Indian River					1	\$75.00	1	\$75.00
Lake					1	\$250.00	1	\$250.00
Manatee					7	\$525.00	7	\$525.00
Martin	485	\$137,118.22			0	\$0.00	485	\$137,118.22
Miami-Dade					24	\$1,800.00	24	\$1,800.00
Orange					24	\$1,675.00	24	\$1,675.00
Palm Beach					5	\$375.00	5	\$375.00
Polk	4,545	\$1,575,379.16	598	\$211,688.19	130	\$10,867.11	5,273	\$1,798,934.46
Putnam					9	\$1,006.65	9	\$1,006.65
St. Lucie	2,345	\$795,567.74			14	\$1,050.00	2,359	\$796,617.74
Volusia					63	\$12,324.66	63	\$12,324.66
TOTAL	9,581	\$3,229,082.48	902	\$317,779.40	399	\$41,323.42	10,858	\$3,588,185.30

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

MAJOR OUTCOMES – Division Programs Only ROMA Family Goals 1 and 6 (07/01/17 through 05/31/18)					
NPI	Description	CSBG/LIHEAP/EHEAP Clients		DOE/FNPH Clients	
		Seeking	Completing	Plan	Actual
1.1	Unemployed and obtained a job	26	11	n/a	n/a
	Employed and maintained a job for at least 90 days	18	10	n/a	n/a
	Employed and obtained an increase in employment income and/or benefits	106	5	n/a	n/a
1.2	Obtained skills/competencies required for employment	37	20	n/a	n/a
	Completed ABE/GED and received certificate	1	0	n/a	n/a
	Completed post-secondary education program and obtained certificate or diploma	29	9	n/a	n/a
	Enrolled children in before or after school programs	0	0	n/a	n/a
	Obtained access to reliable transportation and/or driver's license	2	1	n/a	n/a
	Obtained safe and affordable housing	3	3	n/a	n/a
	Obtained food assistance	3	1	n/a	n/a
6.1	Independent Living for Senior Citizens (55 or older)	15	15	n/a	n/a
	Independent Living for Individuals with Disabilities	6	6	n/a	n/a
6.2	Received Emergency fuel or utility payments (inc. fuel and utility payments)	106	106	86	86
	Received rental assistance	50	50	25	25
	Emergency transportation	77	77	196	196
	Received LIHEAP/EHEAP Crisis	4,275	4,275	n/a	n/a
	Received Emergency Food Assistance	n/a	n/a	85	85
	Received Emergency Legal Assistance	2	2	n/a	n/a
	Received Water Bill/Utilities Assistance	0	0	7	7

HUMAN RESOURCES

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:**
ALPI's CEO, Board Chair, several Advisory Council members, Deputy Director of Economic Service Director and his 2 directors and 4 other staff, along with Polk County Program Director and Human Resources Director

attended the Florida Association for Community Action Agencies Conference in Tampa. CEO, BOD Chair and Human Resources Director attended the Region IV Head Start BOD meeting in Louisville, KY.

Goal 2 – Devise a Plan of Upward Mobility within the Agency (Objective 2.1 & 2.2)

• **2.1 Provide individual opportunities for creativity**

Staff Appreciation Committee met several times prior to the staff appreciation that was held on Friday, May 25, 2018. The location of the Staff Appreciation had to be moved from the Fenn Center to Ft. Pierce Central High School. The staff made it work. We had some issues with the new caterer having enough food. The committee will convene on June 6, 2018 to evaluate what went well and what can be improved upon. The overall surveys from the staff were positive. ALPI has some talented staff at every level. Many thanks to all!!

• **2.2 Allow opportunity for advancement within the Agency**

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.

Tracie Harrell and Francesca Mondesir were both substitutes that have been promoted to Teacher Assistants

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**

- ✓ Attended –Polk State College Graduation- handed out pins to graduates
- ✓ Attended – Women United Day program
- ✓ Attended Girls Inc. of Winter Haven –She Knows Where She's Going event
- ✓ Attended Winter Haven City of Commissioners meeting
- ✓ Attended ERAC meeting
- ✓ Attended FACA Annual Conference
- ✓ Attended ALPI annual Staff Appreciation awards program
- ✓ Attended RIV Head Start BOD committee and BOD meetings

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
-

Community & Economic Development

- Work Experience – on-going

Child Development & Family Services Division

- (1) CDFS Deputy Director – Corporate Office – Pending
- (1) Office Supervisor – Corporate – not posted
- (1) Early Child Education Coor. – St. Lucie
- (5) Teacher – St. Lucie
- (1) Bus Monitor – St. Lucie
- Sub Teacher, TA & Caregiver – on-going

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 partner

- (1) Administrative Asst. – St. Lucie
- (1) Teacher Assistant sub – St. Lucie
- (1) CSS II- LIHEAP – Corporate
- (1) Work Experience - Corporate

DAILY ACTIVITIES:

- Staff Appreciation activities – finalized awards, supplies, program, meeting w/staff, etc.
- Staff incident/accident – (1) employee accident(s) – (0) student accident(s)
- Retirement request forms processed
- Request driving records for July
- Prepared for unemployment hearing
- Planned and coordinated ERAC meeting
- Followed up on outstanding paperwork for changing grant years
- Follow up on Head Start/Early Head Start evaluations
- Review and process monthly benefit payments
- Processed Workers Compensation Insurance payment
- Attended City Commissioner meetings
- Attended Girls Inc. of Winter Haven – BOD meeting and luncheon meeting with Regional Director
- Attended Girls Inc. of She Knows Where She’s Going event
- HR SHRM updates
- Employee Handbook – ongoing (answering of questions)
- VOYA processing request– on-going
- 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 – (0)
- EEOC Claim – (0)
- FMLA – processing request - Ongoing
- Unemployment Compensation Claims - (1)
- Grievances and employee concerns – (0)
- Liability Insurance and Loss Control – (1) staff accidents this month - pending
- 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:

<u>Employee Accidents</u>	1
<u>Child Accidents</u>	0
<u>Resignations</u>	2
<u>Involuntary Terminations</u>	3
<u>Lay-offs</u>	0
<u>New Hires</u>	3

<u>Transfers/Promotions</u>	2
<u>Temps & Substitutes</u>	1
<u>Unemployment</u>	0
<u>Unemployment Hearings</u>	1
<u>Family Medical Leave</u>	3
<u>Disability Claims</u>	0
<u>Worker Compensation</u>	0
<u>Equal Opportunity Claims</u>	0
<u>Child incident case</u>	(1) w/ attorney – still pending

CHALLENGE

- Employee improvement plans: **Status (0) on plan**
- Bi-Annual Driving Record: **Status– 100% complete**
- 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 – Directors are doing 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: **improved -70 %**
- 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: improved – good (0) child accident
poor -(1) staff accident this month**

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. – on-going
- Met CEO regarding two requested terminations
- Followed w/ with Finance Director regarding passing out checks at the staff appreciation – having everyone sign for their check or check stubs

SPECIAL ACCOMPLISHMENTS:

- Staff Appreciation very successful
- Attended Region IV BOD meetings
- Scheduled meeting to review new plans and rates for health insurance
- Followed up on evaluation for Head Start/Early Head Start Staff
- CDFS Deputy Director's recommendation for hire has been submitted to the Regional Office. Interviewers and recommendation for hire was completed on 1-12-18 - Still pending – As of May 30, 2018 – No decision from Regional Office

OPERATIONS & QUALITY CONTROL

DEPARTMENT ACTIVITIES SUMMARY

• GOVERNANCE

- ✓ Assisted the Succession Planning Committee Chairperson in scheduling and venue selection for interview of candidates for CEO position as well as facilitating the distribution of correspondence to the committee members via email and conference calls.
- ✓ Coordinated registration & travel arrangements for Board and/or Council participation @ the following meetings/conferences: RIVHS, FHSA, and FACA (**Goal 3 – Partner w/other Entities for more efficient service delivery**)
- ✓ Facilitated and coordinated Board Meeting
 - Secured meeting venue, hotel accommodations, and meals; distributed board packets via portal.
- ✓ Facilitated the completion of hotel accommodations and conference registration for all advisory councils' representatives to attend FACA. Just a reminder that the corporate AE card was used to only secure the rooms

• CENTRAL REGION ADVISORY COUNCIL

The CRAC is still currently accepting applications for Polk County high school seniors for the Arabell Wiggins Scholarship; deadline is July 6th.

• CORPORATE OFFICE

- ✓ Continued ongoing support to all divisions/departments via meetings, correspondence, purchasing, & signatures.
- ✓ Coordinated the attendance of CEO at Region IV Board Meeting, & NCAF Conference (**Goal 3 – Partner w/other Entities for more efficient service delivery**)
- ✓ Coordinated and facilitated the distribution of the Central Region Scholarship Applications.
- ✓ Finalized the transportation for Staff Appreciation via pickup locations and times.
- ✓ Coordinated and facilitated the announcement of the agency's Annual Picnic to be held on June 30th in Sanford.
- ✓ Facilitated and coordinated the selection process with the audit committee with the screening and selection process.
- ✓ Assisted the CEO with compiling the requesting correspondence for regional office consideration re: the replacement for the Deputy Director Position.
- ✓ Coordinated the revisions for the 2018 Community Assessment Instrument.
- ✓ Facilitated the completion and distribution of the new signed ATEC lease.

• LAKEVIEW PARK COMMUNITY CENTER

- ✓ Continue to generate unrestricted funding via the rental of the Lakeview Park Community Center as well as the ongoing maintenance upkeep.
- ✓ Facilitated and coordinated the ground and building maintenance for the Summer Feeding Program.

WORKSHOPS/MEETINGS ATTENDED

Senior Directors' Meeting	May 8, 2018
CRAC Meeting	May 9, 2018
BOD Special Called Meeting	May 17, 2018
BOD Special Called Meeting	May 23, 2018
Jamestown Concerned Citizens Meeting	May 20, 2018

UPCOMING EVENTS

Jamestown Concerned Citizens Meeting	June 10, 2018
Senior Directors' Meeting	June 29, 2018
Executive/Board Committees Meeting	June 29, 2018
Board of Directors/Board Committees Meeting	June 30, 2018
ALPI Annual Picnic	June 30, 2018

PROGRESS REPORTS

HS/EHS MONTHLY ATTENDANCE

**AGRICULTURAL AND LABOR PROGRAM, INC.
FAMILY & COMMUNITY PARTNERSHIPS
ST. LUCIE COUNTY
2017-2018**

MONTHLY ATTENDANCE REPORT

HEAD START- MAY 2018 (22 DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
Queen Townsend II	238	238	3670	71%
ACDFSC	146	146	2476	78%
Lincoln Park	105	105	1808	79%
Garden Terrace	91	91	1591	80%
George W. Truitt	53	53	917	79%
Francina Duval	38	38	619	75%
Learning Tree	20	20	401	92%
TOTALS	691	691	11,482	80%

EARLY HEAD START-MAY 2018 (22 DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
George W. Truitt	48	48	800	76%
ACDFSC	8	8	154	88%
Loving Care	8	8	135	77%
TOTALS	64	64	1,089	81%

Family & Community Partnerships Manager

Donita Brunson

AGRICULTURAL AND LABOR PROGRAM, INC.
FAMILY & COMMUNITY PARTNERSHIPS
POLK COUNTY
2017-2018

MONTHLY ATTENDANCE REPORT

EARLY HEAD START: AUGUST 2017 (15 DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
FROSTPROOF	56	56	665	85%
JUMPSTART	20	20	213	89%
TOTALS	76	76	878	87%

EARLY HEAD START: SEPTEMBER 2017 (12 DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
FROSTPROOF	56	56	519	83%
JUMPSTART	20	20	167	87%
TOTALS	76	76	686	85%

EARLY HEAD START: OCTOBER 2017 (21 DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
FROSTPROOF	56	56	1030	93%
JUMPSTART	20	20	280	74%
TOTALS	76	76	1,310	84%

EARLY HEAD START: NOVEMBER 2017 (19 DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
FROSTPROOF	56	56	825	82%
JUMPSTART	20	20	215	67%
TOTALS	76	76	1,040	75%

EARLY HEAD START: DECEMBER 2017 (16 DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
FROSTPROOF	56	56	737	85%
JUMPSTART	20	20	197	68%
TOTALS	76	76	934	77%

EARLY HEAD START: JANUARY 2018 (16 DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
FROSTPROOF	56	56	800	91%
JUMPSTART	20	20	203 (14DAYS)	73%
TOTALS	76	76	1,003	82%

EARLY HEAD START: FEBRUARY 2018 (19 DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
FROSTPROOF	56	56	866	83%
JUMPSTART	20	20	282(18DAYS)	78%
TOTALS	76	76	1,148	81%

EARLY HEAD START: MARCH 2018 (16DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
FROSTPROOF	56	56	787	89%
JUMPSTART	20	20	267	83%
TOTALS	76	76	1,054	86%

EARLY HEAD START: APRIL 2018 (21DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
FROSTPROOF	56	56	1046	89%
JUMPSTART	20	20	333	84%
TOTALS	76	76	1,379	87%

EARLY HEAD START: MAY 2018 (22DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
FROSTPROOF	56	56	1003	85%
JUMPSTART	20	20	348	80%
TOTALS	76	76	1,351	83%

Donita Brunson

Family Services Manager

HS/EHS ENROLLMENT REPORT



04CH4739 - AGRICULTURAL & LABOR PROGRAM INC, THE

End-Of-Month Enrollment - May 2018

Total

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

Head Start

	<i>Operated this month</i>	<i>Last day of services provided</i>	<i>Reported Enrollment</i>	<i>Funded Enrollment</i>	<i>Grant Status</i>
	Yes	May 31, 2018	691	691	Reported
Initially Reported:	On 06/04/2018 by Donita Brunson				
Last Updated:	On 06/04/2018 01:17:00 PM, EST by Donita Brunson				

Early Head Start

	<i>Operated this month</i>	<i>Last day of services provided</i>	<i>Reported Enrollment</i>	<i>Funded Enrollment</i>	<i>Grant Status</i>
	Yes	May 31, 2018	140	140	Reported
Initially Reported:	On 06/04/2018 by Donita Brunson				
Last Updated:	On 06/04/2018 01:17:00 PM, EST by Donita Brunson				

HS/EHS STATISTICAL REPORT

ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

REPORT FOR THE MONTH OF: May, 2018		DATE: 6/01/18	
CENTER: All Centers Combined – St. Lucie		THIS MONTH TO DATE	
ERSEA			
1. Enrollment			
	EHS	3 YEARS	4 YEARS
a. The number of EHS and HS Children served (As of 9/1).	1	5	0
b. Of the number of HS children in A1, the number in the VPK program.	0	0	0
c. Of the number of EHS and HS Children in A1, the number enrolled for a second year.	0	0	0
2. Of the number of HS Children eligible for kindergarten			
3. Dropouts			
a. Number of EHS and HS children who have dropped	1	4	2
b. Of the number in B1, the number who dropped prior to 45 days of attendance.	0	0	0
4. Attendance/ADA			

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	1	5	6	799
b. Of these, the number of single parent families	0	1	1	147
c. Of these, the number of families receiving assistance under TANF Program	1	4	5	653
d. Of these, the number of families receiving Supplemental Security Income (SSI)	0	0	0	23
e. Of these, the number of families over income	0	0	0	93
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.)	0	0	0	59
b. Housing assistance such as subsidies, utilities, repairs, etc.	0	1	1	78
c. Counseling or mental health services	0	1	1	75
d. Education/Literacy/English as a Second Language	0	0	0	128
e. Adult education such as GED program and college education	0	0	0	377
f. Job Training	0	0	0	215
g. Substance abuse prevention or treatment	0	0	0	2
h. Child Abuse and Neglect Services/Training	0	0	0	1
i. Domestic violence services	0	0	0	7
j. Child support assistance	0	0	0	17
k. Health education	0	0	0	190
l. Assistance to families of incarcerated individuals	0	0	0	10
m. Parent Education	0	0	0	799
n. Marriage education	0	0	0	8
o. Asset building services (such as financial education, opening savings and checking account etc.)	0	0	0	58

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	1	5	6	804
b. Weight	1	5	6	804
c. Vision	0	3	3	771
d. Hearing	0	3	3	772
e. Speech/Language	0	4	4	436
f. Behavioral	0	4	4	784
g. Developmental	2	4	6	441
h. Blood Pressure	0	5	5	691
i. Hemoglobin	0	2	2	675
j. Lead	0	3	3	671
2. Of the number in B1, the number referred for follow up or diagnosed as needing treatment	0	0	0	0
3. Of the number referred in B2, the number who have completed follow up or received treatment	0	0	0	0
4. The number of EHS and HS children receiving or received treatment for the following:				
a. Anemia	0	0	0	82
b. Asthma	0	0	0	94
c. Hearing Difficulties	0	0	0	0
d. Overweight	0	0	0	32
e. Vision Problems	0	0	0	4
5. Number of EHS and HS children enrolled in Medicaid	1	5	6	641
6. Number of EHS and HS children with private insurance	0	0	0	23
7. Number of EHS and HS children with "Medical Home"	1	5	6	812
8. Number of EHS and HS children who have completed a professional dental examination	0	0	0	728
9. Of the children in B8, the number of children diagnosed as needing treatment	0	0	0	12
10. Of the children diagnosed in B9, the number of children who received or are receiving treatment	0	0	0	7
11. Of the children examined in B8, the number of children who received preventive (care X-ray Cleaning Only)	0	0	0	58
12. Number of EHS and HS children with up-to-date immunizations	1	5	6	420
13. Number of EHS and HS children with complete immunizations	0	0	0	326
14. Number of EHS and HS children with current physicals	1	5	6	740
15. Number of EHS and HS children receiving WIC services	1	5	6	410
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)	1	0	1	635
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	343
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. Father Engagement												
Number of father/father figures who were engaged in the following activities during this program:												
a) Family assessment	0	0	0	84								
b) Family goal setting	0	0	0	49								
c) Involvement in child's Head Start child development experiences (e.g. home visits, parent/teacher conf.)	0	0	0	50								
d) Head Start program governance, such as participation in the Policy Council	0	0	0	16								
e) Parenting education workshops	0	0	0	186								
D. Mental Health and Disabilities												
1. Number of EHS and HS children with a diagnosed disability	0	2	2	80								
2. Of the EHS and HS children in E1 with a diagnosed disability, the number with an IEP or IFSP	0	2	2	80								
3. Of the EHS and HS children in E1 with a diagnosed disability, the number determined by LEA or Part C	0	2	2	80								
4. Number of EHS and HS children with suspected disabilities	0	1	1	53								
5. Number of referred EHS and HS children awaiting testing or staffing	0	1	1	53								
6. Number of EHS and HS children referred for mental health services outside of the program	0	0	0	16								
7. Number of EHS and HS children the MH Professional Consultant with staff about child's behavior/mental health	0	3	3	14								
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	3	3	16								
10. Number of children the MH Professional provided an individual mental health assessment	0	3	3	11								
11. Number of children the MH Professional facilitated a referral for mental health services	0	0	0	16								
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								
E. 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			0	8								
b. Mental health intervention and follow up			0	8								
c. Substance abuse prevention			0	8								
d. Substance abuse treatment			0	8								
e. Prenatal education on fetal development			0	8								
f. Information on the benefits of breastfeeding			0	8								
F. Transportation												
1. Number of children receiving transportation services			2	163								
2. Number of field trips taken			1	1								
Comment:												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">SIGNATURE:</td> <td style="width: 30%; text-align: center;"><i>Laverne Thompson</i></td> <td style="width: 20%;">JOB TITLE:</td> <td style="width: 20%; text-align: center;">Family Support Services Coordinator</td> </tr> <tr> <td></td> <td></td> <td>DATE:</td> <td style="text-align: center;">6/1/2018</td> </tr> </table>					SIGNATURE:	<i>Laverne Thompson</i>	JOB TITLE:	Family Support Services Coordinator			DATE:	6/1/2018
SIGNATURE:	<i>Laverne Thompson</i>	JOB TITLE:	Family Support Services Coordinator									
		DATE:	6/1/2018									

ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

REPORT FOR THE MONTH OF: May		DATE: 06/22/2018	
CENTER:	Frostproof Child Development Center		
ERSEA	THIS MONTH	TO DATE	
1. Enrollment			
a. The number of EHS and HS Children served (As of 9/1).	EHS	3 YEARS	4 YEARS
	56	0	103
b. Of the number of HS children in A1, the number in the VPK program.	0	7	7
c. Of the number of EHS and HS Children in A1, the number enrolled for a second year.	0		32
5			5
2. Of the number of HS Children eligible for kindergarten			
3. Dropouts			
a. Number of EHS and HS children who have dropped	0		27
b. Of the number in B1, the number who dropped prior to 45 days of attendance.	0		5
4. Attendance/ADA			
SERVICE DELIVERY			
A. Family and Community Engagement			
1. Total number of Head Start Families			
a. Of these, the number of two parent families	0	HS	TO DATE
			89
b. Of these, the number of single parent families	0		25
c. Of these, the number of families receiving assistance under TANF Program	0		64
d. Of these, the number of families receiving Supplemental Security Income (SSI)	0		3
e. Of these, the number of families over income	0		10
f. Of these, the number of families over income	0		0
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.)	0		5
b. Housing assistance such as subsidies, utilities, repairs, etc.	0		13
c. Counseling or mental health services	0		3
d. Education/Literacy/English as a Second Language	0		3
e. Adult education such as GED program and college education	0		31
f. Job Training	0		26
g. Substance abuse prevention or treatment	0		0
h. Child Abuse and Neglect Services/Training	0		0
i. Domestic violence services	0		2
j. Child support assistance	0		0
k. Health education	0		0
l. Assistance to families of incarcerated individuals	0		0
m. Parent Education	3		74
n. Marriage education	0		0
o. Asset building services (such as financial education, opening savings and checking account etc.)	0		0

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	0			103
b. Weight	0			103
c. Vision	0			
d. Hearing	0			
e. Speech/Language	0			103
f. Behavioral	0			103
g. Developmental	0			103
h. Blood Pressure	0			0
i. Hemoglobin	0			92
j. Lead	0			92
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
b. Asthma	0			3
c. Hearing Difficulties	0			0
d. Overweight	0			5
e. Vision Problems	0			1
5. Number of EHS and HS children enrolled in Medicaid	0			83
6. Number of EHS and HS children with private insurance	0			9
7. Number of EHS and HS children with "Medical Home"	0			103
8. Number of EHS and HS children who have completed a professional dental examination	0			103
9. Of the children in B8, the number of children diagnosed as needing treatment	0			3
10. Of the children diagnosed in B9, the number of children who received or are receiving treatment	0			
11. Of the children examined in B8, the number of children who received preventive (care X-ray Cleaning Only)	0			
12. Number of EHS and HS children with up-to-date immunizations	0			56
13. Number of EHS and HS children with complete immunizations	0			4
14. Number of EHS and HS children with current physicals	0			56
15. Number of EHS and HS children receiving WIC services	0			84
16. Number of EHS and HS children receiving meals via Child Care Food Program	0			103
17. Number of teacher and caregivers home visits completed (1 st)	0			103
18. Number of teacher and caregivers home visits completed (2 nd)	0			94
19. Number of parent/teacher/ caregivers conferences completed	0			94
20. Number of EHS/HS with baseline assessments completed	0			103
21. Number of EHS/HS with mid-year assessments completed	0			103
22. Number of EHS/HS with final assessments completed	0			94

ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

SERVICE DELIVERY cont'd	EHS	HS	THIS MONTH	TO DATE
C. Father Engagement				
Number of father/father figures who were engaged in the following activities during this program:	1			22
a) Family assessment	0			0
b) Family goal setting	0			2
c) Involvement in child's Head Start child development experiences (e.g. home visits, parent/teacher conf.)	0			0
d) Head Start program governance, such as participation in the Policy Council	0			0
e) Parenting education workshops	0			0
D. Mental Health and Disabilities				
1. Number of EHS and HS children with a diagnosed disability	0			2
2. Of the EHS and HS children in E1 with a diagnosed disability, the number with an IEP or IFSP	0			2
3. Of the EHS and HS children in E1 with a diagnosed disability, the number determined by LEA or Part C	0			2
4. Number of EHS and HS children with suspected disabilities	0			8
5. Number of referred EHS and HS children awaiting testing or staffing	0			8
6. Number of EHS and HS children referred for mental health services outside of the program	0			0
7. Number of EHS and HS children the MH Professional Consultant with staff about child's behavior/mental health	0			0
8. Of the children in E7, the number the MH Professional provided three or more consultations.	0			0
9. Number of children the MH Professional consulted with the parent about their child's behavior/mental health.	0			0
10. Number of children the MH Professional provided an individual mental health assessment	0			0
11. Number of children the MH Professional facilitated a referral for mental health services	0			0
12. Number of MDT's meetings	0			0
13. Of the number of MDT meetings, the number of children the team determined to have a disability	0			2
E. 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				5
b. Mental health intervention and follow up				5
c. Substance abuse prevention				0
d. Substance abuse treatment				0
e. Prenatal education on fetal development				5
f. Information on the benefits of breastfeeding				5
F. Transportation				
1. Number of children receiving transportation services				
2. Number of field trips taken				
Comment:				
SIGNATURE:	<i>Juan Pugh</i>	JOB TITLE:	FSSC	DATE:
			6/22/18	

NON-FEDERAL SHARE
(HS/EHS)

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

MONTH REPORTING: MAY 2018			
PROGRAM TYPE	HEAD START/EARLY HEAD START		
GRANT #	04CH1739		
FAA PERIOD	Beginning	7/1/2017	Ending 6/30/2018

FAA TYPE	REFUNDING	TOTAL
80% Federal Share	\$ 7,487,138.00	\$ 7,487,138.00
20% Non-Federal	\$ 1,871,785.00	\$ 1,871,785.00

MATCH TYPE	PLAN	July	August	September	October	November	December	January	February	March	April	May	June	Y-T-D	BALANCE	%
VOLUNTEERS		\$ 572,388.00	\$ 14,843.25	\$ 18,231.10	\$ 29,141.44	\$ 25,736.46	\$ 27,338.92	\$ 16,538.76	\$ 21,985.18	\$ 20,219.84	\$ 26,195.51	\$ 35,407.76			\$ 572,388.00	0%
SPACE COST		\$ 603,150.00	\$ 45,764.91	\$ 45,761.91	\$ 45,761.91	\$ 45,761.91	\$ 45,761.91	\$ 45,761.91	\$ 45,761.91	\$ 45,761.91	\$ 45,761.91	\$ 45,761.91			\$ 603,150.00	0%
OTHER		\$ 696,247.00	\$ 57,294.52	\$ 78,448.95	\$ 97,484.95	\$ 81,914.60	\$ 70,613.30	\$ 65,959.08	\$ 78,578.28	\$ 63,185.07	\$ 91,285.48	\$ 81,450.89			\$ 696,247.00	0%
CASH		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ -	0%
TOTAL		\$ 1,871,785.00	\$ 117,902.68	\$ 142,441.96	\$ 172,388.30	\$ 153,412.97	\$ 143,706.13	\$ 128,258.75	\$ 146,305.37	\$ 129,186.82	\$ 163,242.91	\$ 162,620.56		\$ 1,505,212.36	\$ 366,572.64	80%

CERTIFICATION	DATE	6/6/2018
PROGRAM OPERATIONS DIRECTORS: Myra Rodriguez	DATE	6/6/2018
CERTIFIED BY: Myra Rodriguez	DATE	6/6/2018

Comments: Under 'OTHER' Category of this report includes a projected reimbursement for VPK of \$80,848.69 for the month of May 2018.

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	405	730	935	905	669	636	928	977	791	1641		9148.00
Professionals		50	18	8	23	16	21	0	14	14	32	17		213.00
Hours			1439.44	1953.39	2165.53	2251.48	2105.25	1147	1880.33	1749.85	2064.22	3160.05		18916.54

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

NON-FEDERAL SHARE
(HS/EHS)

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

MONTH REPORTING: MAY 2018			
PROGRAM TYPE	HEAD START/EARLY HEAD START		
GRANT #	04C-H139		
FAA PERIOD	Beginning	7/1/2017	Ending 6/30/2018

FAA TYPE	REFUNDING	TOTAL
80% Federal Share	\$ 7,487,130.00	\$ 7,487,130.00
20% Non-Federal	\$ 1,871,785.00	\$ 1,871,785.00

MONTH REPORTING: MAY 2018	PLAN	July	August	September	October	November	December	January	February	March	April	May	June	Y-T-D	BALANCE	%
CATEGORY																
VOLUNTEERS	\$ 572,388.00	\$ -	\$ 14,843.25	\$ 18,231.10	\$ 29,141.44	\$ 25,735.46	\$ 27,330.92	\$ 16,538.76	\$ 21,985.18	\$ 20,219.84	\$ 26,195.51	\$ 35,407.76		\$ 572,388.00	0%	
SPACE COST	\$ 603,150.00	\$ 45,764.91	\$ 45,764.91	\$ 45,761.91	\$ 45,761.91	\$ 45,761.91	\$ 45,761.91	\$ 45,761.91	\$ 45,761.91	\$ 45,761.91	\$ 45,761.91	\$ 45,761.91		\$ 603,150.00	0%	
OTHER	\$ 696,247.00	\$ -	\$ 57,294.52	\$ 78,448.95	\$ 97,484.95	\$ 81,914.60	\$ 70,613.30	\$ 63,959.08	\$ 78,578.28	\$ 63,185.07	\$ 91,285.49	\$ 81,450.89		\$ 696,247.00	0%	
CASH	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	0%	
TOTAL	\$ 1,871,785.00	\$ 45,764.91	\$ 117,902.68	\$ 142,441.96	\$ 172,388.30	\$ 153,412.97	\$ 143,706.13	\$ 138,258.75	\$ 146,305.37	\$ 129,186.82	\$ 163,242.91	\$ 162,620.56		\$ 1,871,785.00	90%	

CERTIFICATION
 PROGRAM OPERATIONS DIRECTORS: Myrna Rodriguez
 CERTIFIED BY: Myrna Rodriguez DATE: 5/6/2018
 Comments: Under 'OTHER' Category of this report includes a projected reimbursement for VPK of \$80,846.89 for the month of May 2018.

ESTIMATED VOLUNTEER PARTICIPANTS YEAR-TO-DATE	PLAN	July	August	September	October	November	December	January	February	March	April	May	June	Y-T-D
Parents	831	0	405	730	935	605	669	636	928	977	791	1641		9148.00
Professionals	50	0	18	8	23	16	21	0	14	14	32	17		213.00
Hours			1439.44	1953.39	2165.53	2251.48	2105.25	1147	1880.33	1749.65	2064.22	3160.05		19916.54

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

CHILD CARE FOOD INSPECTION REPORT



Child Care Food Program
Safety and Sanitation Inspection
Checklist

Center Name: Frostproof CDC/EHS Date: 4.20.2018
 Center Address: 701 Hopson Rd, Frostproof, FL 33843 Food Services Staff: Glennine Mendez
 Arrival Time: 9:45 am Departure Time: _____ Site Manager: Christine Wilson

Site Review

1. Kitchen Area	Yes	No	Comments
a. Floors clean and in safe condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Employees instructed in proper methods of lifting, hand line and transporting heavy containers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Garbage can covered when not in use and emptied daily.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Proper tools available for opening boxes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. No evidence of rodents or insects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Dry Storage Area	Yes	No	Comments
a. Shelving adequate to hold weight of stored items.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Safe ladder or stool provided for reaching top shelves.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Properly functioning fire extinguishers located near or in kitchen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. All food and food related items stored at least 6 - inches off floor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Bins, containers, etc. Completely emptied and cleaned before refilling.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Loose and unwrapped foods stored and labeled with identity and date opened in rodent and insect proof containers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g. Staple foods stored and labeled in glass, metal or rigid plastic containers with tight fitting lids.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h. No harmful chemicals or cleaning supplies stored near food items.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Refrigerator and Freezers	Yes	No	Comments
a. Shelving is clean and in safe condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Appliance lights properly functioning and guarded.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Properly functioning thermometer in both refrigerator and freezer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Temperature 40°F (5) or below in refrigerator.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Temperature 0°F (32c) or below in freezer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Interior free or accumulated spilled food.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g. Foods placed so air can circulate freely.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h. No offensive odors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
i. Raw foods not stored above prepared foods.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j. All leftover or pre-prep items are labeled and covered properly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
k. Food items are used in a 1 st . in 1 st . out basis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Food Preparation Area	Yes	No	Comments
a. Equipment that is not in use is unplugged.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Floors, counter tops, cabinets, walls, and ceilings are cleaned and sanitized regularly (cleaning schedule posted).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Employees trained to operate equipment properly and safely.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Employees pick up or clean up all dropped or spilled items immediately.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Thorough cleaning and sanitizing of work areas and food preparations and cooking equipment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Lighting fixtures clean, in good repair and adequate for the work area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Food Service Area	Yes	No	Comments
a. Temperature of hot food maintained at 150°F or above.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Maintain at 150°F
b. Temperature of cold food maintained at 40°F or below.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

c. Food protected from contaminations.	✓		
d. Proper serving utensils used for service.	✓		
e. Area cleaned and in good condition.	✓		
f. Plastic silverware and paper goods are stored in clean tightly covered containers to prevent contamination.	✓		
6. Dining Area	Yes	No	Comments
a. Chairs and tables are clean and sanitized according to procedure before and after mealtime.	✓		
b. Children participating in mealtime activities like setting own place, serving themselves, cleaning up etc.	✓		
c. Menu is posted in kitchen area and dining area.			
7. Dish Washing Area	Yes	No	Comments
a. Chairs and table are clean and sanitized according to procedure before and after mealtime.	✓		
b. Employees are instructed in appropriate 3 sink dish washing procedures (wash, rinse, sanitize) and have procedure visibly posted in area.	✓		
c. Adequate area for air drying dishes.	✓		
d. Dish water is clean and proper amount of detergent is used.	✓		
e. Dishes are put away in a timely and sanitary manner.	✓		
8. Personal Hygiene and Health	Yes	No	Comments
a. Fingernails are clean and short.	✓		
b. Hair is covered and apron is worn.	✓		
c. No food handler is sick with a cold or communicable disease.	✓		
d. Food handler is free of infection, boils, or cuts.	✓		
e. Food Handler passed annual Physical /TB test.	✓		
f. No Smoking allowed in any part of Child Care Center.	✓		
g. Food handler uses proper hand washing procedures and these procedures are visibly posted in the kitchen and bathroom.	✓		
h. Food handlers free of dangling or loose jewelry.	✓		
9. Bathroom Facilities	Yes	No	Comments
a. Toilet, counter tops, floors, walls and fixtures are cleaned and sanitized daily and as needed.	✓		
b. Soap and single serve towels available.	✓		
c. Lavatory with warm and cold running water.	✓		
d. Area properly lighted and ventilated.	✓		
e. Sanitizing procedures visible posted.	✓		

10. Meal Service

For the meal observed, record the food served, the quantity delivered and the quality of the food.

Meal Observed: Lunch

Meal Component	Food Items	Quantity Delivered	Food Quality
Milk	Whole formula 2 1/2%	Enough food was	Very good
Meat/Meat ALT	Ground Beef	prepared to	Not was disla
Fruit / Vegetables	Sliced Peaches Green Beans	feed children & staff	Children enjoy meal
Bread / Bread ALT	Mash Potatoes		
Other			

Total meals served to enrolled children:

48

Number of meals served to program adults:

16

Number of meals served to non-program adults:

Total meals served:

64

11. Observation / strengths found during review:

Cook working alone. Health manager assisted as needed. Staff working together as a team. Reviewed temperature records. Everything in order. Building #5 has new windows.

12. Problems found during review:

None

Site Manager:

C. Wilson

Date:

4/20/18

Site Reviewer:

Hilda Maltzer

Date:

4.20.2018

* Silverware containers needed



Quality Technical Assistance Form 2017-2018

Date of Visit: 5/14/18 **Time of Arrival:** 10:43 am
Departure Time: 11:59 am
Child Care Center/Home Name: ALPI CDC
Child Care Director/Provider Present: Christine Wilson
Purpose of Visit: QTA/Deliver Materials/CLASS
Ratios Observed:

Infants	<u>2:5 (3 in, 2 1's)</u>	Toddlers	<u>1:3 (in & 2 1's)</u>
Twos	<u>1:4, 2:6, 2:6, 2:6 (2's & 3's), 2:7</u>	Threes	<u>1:4</u>
Fours	<u>2:11</u>	Mixed Ages	<u></u>

Lesson plans in each classroom are complete, current, and posted with Standards listed. Evidence of implementation of curriculum and character development observed. (Details provided below.)
Curriculum observed:

The lesson plans for all the groups of 2's and 3's are posted, current and include standards and character development.

The lesson plans for the 3's are posted, current and include standards and character development.

The lesson plans for the infants, 1's & 2's are posted, current and include standards and character development.

The VPK lesson plans are posted, current and include standards and character development.

Are children observed to be engaged in developmentally appropriate activities?
Are teachers actively engaged with children? (Specific examples provided below.)

The first group of 2's and 3's are doing a project making a collage face with Cheerios. I model some Instructional Support techniques. Miss Shirley is sitting at the table with the children and is asking them what kind of face it is and writing it on the paper.

The 3's with Miss Hedy are having lunch with Miss Hedy sitting with the children and having conversations. I model Instructional Support conversations. Miss Hedy is having good conversations with them. I talk with Hedy about her upcoming CLASS assessment.

The VPK class is having center time with the teachers monitoring and in close proximity. The children are building with blocks and Legos and are playing in the kitchen center. I model some advanced Instructional Support techniques. I talk with the teachers and they have already had their CLASS assessment.

The first group of 2's and 3's in the big building are having nap time with the children sleeping or resting quietly. The teachers are sitting next to children rubbing their backs.

The next group of 2's and 3's are having lunch at tables with the teachers sitting with them. I model some advanced conversation techniques.

The final group of 2's & 3's are having lunch with the teachers sitting with the children. I model Instructional Support conversations. I talk with the teachers about the upcoming CLASS assessment.

In the next building, the 2's class is sleeping or resting quietly with a teacher rubbing the back of a restless child. Soft music is playing. I talk with the teachers about the upcoming CLASS assessment.

In the first infant/toddler room, one infant is sleeping in a crib and another is being rocked and fed by a teacher. One of the toddlers is going to sleep in a teacher's arms and the other 2 toddlers are sleeping on mats. Soft music is playing. I talk to the teachers about the upcoming CLASS assessment.

The final group of infants and toddlers has 2 toddlers on mats sleeping and an infant in a crib sleeping. The teacher is monitoring and soft music is playing.

T.A. provided and/or concerns observed during this site visit (including health/safety).

I delivered materials on the upcoming Training Academy trainings and the new Health and Safety Requirements.

We talk about the upcoming CLASS assessments on Wednesday.

We review and sign the QTA form.

Child Development/Behavior Concerns: Yes No

(If yes, please explain below.)

Nemours BrightStart (if applicable): Yes No

Teaching Strategies GOLD (if applicable): Yes No

Pay For Performance (if applicable): Yes No

Corrective Action Plan (if applicable): Yes No

Is a follow-up required to address specific topics observed during today's site visit?

Yes No

If yes, how will follow-up be performed?

Visit Phone call Email Other

Describe timeframe for follow-up:

If a follow-up to today's visit is not needed, please describe plans for the next regular Quality/TA site visit below:

Next steps will include regular QTA. I will continue to model Instructional Support techniques and to assess for additional needs.

DCF/Accrediting Agency Notified? Yes No

Carolyn Burnett *Christina Olson*
ELC Staff Center/Home Staff

Additional Notes:

CHILD CARE FACILITY LICENSE
(Child Development and Family Services Center)
(Francina Duval)
(George W. Truitt)



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: C19SL0144

Name of Facility: ALPI Child Development and Family Services Center

Address: 198 NW Marion Avenue County: Saint Lucie

City: Port Saint Lucie Zip: 34983

Owner: 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

June 15, 2018 Through June 14, 2019

This license may be revoked or suspended for cause.

Maximum Licensed Capacity: 223

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

Child Care Facility Certificate of License

Certificate Number: C19SL0058

Name of Facility: ALPI Francina C Duval Head Start Center

Address: 1035 South 27th Circle County: Saint Lucie

City: Fort Pierce Zip: 34950

Owner: The Agricultural & 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

July 7, 2018 Through July 6, 2019

This license may be revoked or suspended for cause.

Maximum Licensed Capacity: 40

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



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: C19SL0057

Name of Facility: ALPI George W. Truitt Family Services Center

Address: 1814 North 13th Street County: Saint Lucie

City: Fort Pierce Zip: 34950

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

June 18, 2018 Through June 17, 2019

This license may be revoked or suspended for cause.

Maximum Licensed Capacity: 208

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

VPK MONITORING

SR VPK

Date: 5-9-18



Early Learning Coalition Visitation Form for Child Care Sites

Site Name: Lincoln Park

Director: Glenda Johnson

Time In/Out: 9:30 - 10:35

Resource Specialist: Robyn James

Reason For Visit:

- Deliver/Collect Information/Forms
- Technical Assistance
- ASQ Online monitoring
- SR/VPK Monitoring
- SR/VPK Monitoring Follow-up
- SPCR Monitoring

- New Provider Checklist/Walk-through
- Child Assessment
- Child Observation
- Classroom Observation
- Program Evaluation
- CLASS

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

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

Comments:

monitoring completed for VPK ABC.

Technical Assistance:

Reminders:

Glenda Johnson
Site Representative Signature

James
ELC Resource Specialist Signature



VPK - Monitoring Form

Site Name Lincoln Park Classroom: C Date: 5-9-18

Observation/Documentation Time: 18 Instructional Hours: X 540 hours 300 hours

- | | | | | |
|-----------------------------------|------------------------------------|---------------------------|-------------------------------------|-------------------------------------|
| *1) License Expiration | <u>10-25-18</u> | N/A | Comp | Non-Comp |
| *2) Accrediting Agency/Expiration | <u>naeyc 6/19 Gold Seal</u> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| *3) Credentialed Director: | <u>Glenda Johnson 10-21-18</u> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| *4) Teacher: | <u>Ms Whittaker Farrah</u> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| *5) Teacher Asst: | <u>Diana Dominguez</u> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| *6) Class Ratio: | <u>2 teacher(s) to 15 children</u> | Class Ratio: 1:11 or 2:20 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

- *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>X Clark</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>J Lewis</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>X Ratcliff</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*9) Online Monitoring: VPK Pre-Assessment Comp Non-Comp VPK Post-Assessment Comp Non-Comp

10) Observation: The children were engaged in small group activities. The teachers walked around the room assisting with materials. In the block area the teacher asked open ended questions about what the children were building. In the library area the teacher asked the children to

11) Technical Assistance Requested Given N/A For: All events that happened in the story. The teacher asked the children to name objects in the book.

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
Dorela Johnson
 Site Representative Signature

Marius
 ELC Resource Specialist Signature

* Denotes Compliance Issue



VPK - Monitoring Form

Site Name Lincoln Park Classroom: B Date: 5.9.18

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

- | | N/A | Comp | Non-Comp |
|---|-----|-------------------------------------|----------|
| *1) License Expiration <u>10/25/18</u> | | <input checked="" type="checkbox"/> | |
| *2) Accrediting Agency/Expiration <u>NAEYC 6/19</u> | | <input checked="" type="checkbox"/> | |
| *3) Credentialed Director: <u>Glenda Johnson 10/21/18</u> | | <input checked="" type="checkbox"/> | |
| *4) Teacher: <u>Udia Seccano</u> | | <input checked="" type="checkbox"/> | |
| *5) Teacher Asst: <u>Trace Harrell</u> | | <input checked="" type="checkbox"/> | |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>18</u> children Class Ratio: <u>1:11 or 2:20</u> | | <input checked="" 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"/>		F. Teachers responsive and involved with children	<input checked="" type="checkbox"/>	
B. Lesson plan indicates FL Performance standards	<input checked="" type="checkbox"/>		G. Peer interaction occurs	<input checked="" type="checkbox"/>	
C. Written schedule is posted and relates to what occurs	<input checked="" type="checkbox"/>		H. Character Education Program implemented	<input checked="" type="checkbox"/>	
D. Teaching strategies are developmentally appropriate	<input checked="" type="checkbox"/>		I. Adequate materials accessible for children	<input checked="" type="checkbox"/>	
E. Positive methods of discipline used effectively	<input checked="" type="checkbox"/>		J. Materials in good repair	<input checked="" type="checkbox"/>	

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

Child's Name	Current	
	Yes	No
<u>Z. Hardwick</u>	<input checked="" type="checkbox"/>	
<u>D. Carter</u>	<input checked="" type="checkbox"/>	
<u>A. Lewis</u>	<input checked="" type="checkbox"/>	

*9) Online Monitoring: VPK Pre-Assessment Comp Non-Comp VPK Post-Assessment Comp Non-Comp

10) Observation: The children were making butterflies in the art area. The children discussed the life cycle with the teacher. In the math center the teacher assisted the children with a math problem. In the block area the children were building a city.

11) 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
Glenda Johnson
Site Representative Signature

Mamas
ELC Resource Specialist Signature

* Denotes Compliance Issue



VPK - Monitoring Form

Site Name Lincoln Park Classroom: A Date: 5-9-18

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

- *1) License Expiration 10-25-18 N/A Comp Non-Comp
- *2) Accrediting Agency/Expiration N/A Comp Non-Comp
- *3) Credentialed Director: Glenda Johnson 10-21-18 N/A Comp Non-Comp
- *4) Teacher: Jennifer Ingram N/A Comp Non-Comp
- *5) Teacher Asst: Linda D. N/A Comp Non-Comp
- *6) Class Ratio: 2 teacher(s) to 16 children 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>C Adams</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>J Ealy</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>J McDavid</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*9) Online Monitoring: VPK Pre-Assessment Comp Non-Comp VPK Post-Assessment Comp Non-Comp

10) Observation: The children were engaged in transition activity. The children sang songs before going outside. The children were encouraged to use the bathroom prior to going outside. Transition appeared smooth.

11) 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
Glenda Johnson
Site Representative Signature

Manas
ELC Resource Specialist Signature

* Denotes Compliance Issue

SR VPK

Date: 5/9/14



Early Learning Coalition Visitation Form for Child Care Sites

Site Name: _____

Director: [Signature]

Time In/Out: _____

Resource Specialist: [Signature]

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:

Technical Assistance:

Reminders:

Site Representative Signature

[Signature]
ELC Resource Specialist Signature



VPK - Monitoring Form

Site Name Ch' Truff Classroom: A Date: 5-9-18

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

- | | | | |
|--|---------------------------|-------------------------------------|--------------------------|
| *1) License Expiration <u>6-1-18</u> | N/A | Comp | Non-Comp |
| *2) Accrediting Agency/Expiration <u>7-1-18 Gold Seal</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *3) Credentialed Director: <u>Darina Hammond 7-14-19</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *4) Teacher: <u>Darina Hammond</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *5) Teacher Asst: <u>LATAYA BURGESS</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *6) Class Ratio: <u>3</u> teacher(s) to <u>11</u> children | Class Ratio: 1:11 or 2:20 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

- *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. Williams</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>B. King</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>S. Johnson</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*9) Online Monitoring: VPK Pre-Assessment Comp Non-Comp VPK Post-Assessment Comp Non-Comp

10) Observation: The children were engaged in story time activities. The teacher asked open ended questions about the story. The children were encouraged to predict what would happen in the story. The children appeared engaged in the story. The teacher reviewed the vocabulary words with the children. The children discussed cooperation with the teacher.

11) Technical Assistance Requested Given NA For: with the teacher.

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
Alanna Harrison
 Site Representative Signature

K. Keenan
 ELC Resource Specialist Signature

* Denotes Compliance Issue



VPK - Monitoring Form

Site Name Clw Truht Classroom: B. Date: 2.9.15

Observation/Documentation Time: 1hr Instructional Hours: 540 hours 300 hours

- | | N/A | Comp | Non-Comp |
|--|-----|-------------------------------------|----------|
| *1) License Expiration <u>6.11.18</u> | | <input checked="" type="checkbox"/> | |
| *2) Accrediting Agency/Expiration <u>7.1.18 Gold Seal</u> | | <input checked="" type="checkbox"/> | |
| *3) Credentialed Director: <u>Donna Hammond 7.14.19</u> | | <input checked="" type="checkbox"/> | |
| *4) Teacher: <u>Jenny C Jeda</u> | | <input checked="" type="checkbox"/> | |
| *5) Teacher Asst: <u>Laysanna Galarrza</u> | | <input checked="" type="checkbox"/> | |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>14</u> children Class Ratio: 1:11 or 2:20 | | <input checked="" type="checkbox"/> | |

- *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"/> | | F. Teachers responsive and involved with children | <input checked="" type="checkbox"/> | |
| B. Lesson plan indicates FL Performance standards | <input checked="" type="checkbox"/> | | G. Peer interaction occurs | <input checked="" type="checkbox"/> | |
| C. Written schedule is posted and relates to what occurs | <input checked="" type="checkbox"/> | | H. Character Education Program implemented | <input checked="" type="checkbox"/> | |
| D. Teaching strategies are developmentally appropriate | <input checked="" type="checkbox"/> | | I. Adequate materials accessible for children | <input checked="" type="checkbox"/> | |
| E. Positive methods of discipline used effectively | <input checked="" type="checkbox"/> | | J. Materials in good repair | <input checked="" type="checkbox"/> | |

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

Child's Name	Current	
	Yes	No
<u>T. Hillis</u>	<input checked="" type="checkbox"/>	
<u>J. Harris</u>	<input checked="" type="checkbox"/>	
<u>K. Biehl</u>	<input checked="" type="checkbox"/>	

*9) Online Monitoring: VPK Pre-Assessment Comp Non-Comp VPK Post-Assessment Comp Non-Comp

10) Observation: The children were engaged in story time activities. The teacher used the story on tape while she showed the children the book. The children appeared engaged in the story.

11) 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
Donna Hammond
 Site Representative Signature

[Signature]
 ELC Resource Specialist Signature

* Denotes Compliance Issue

DCF FACILITY INSPECTION REPORT



Child Care Facility Information

Name: ALPI Child Development and Family Services Center
 ID Number: C19SL0144
 Address: 198 NW Marion Ave, Port Saint Lucie FL 34983-1667
 Phone Number: (772) 879-4944 Capacity: 223
 Owner/Director/Staff Responsible: Crystal Damas



Inspection Information

Type: Renewal Date: 05/02/2018 Arrival/Departure Time: 09:55 AM to 01:00 PM
 Staff Present: 26 Children Present: 146 Onsite Visit: Yes
 [School Readiness Inspection]

INSPECTION CHECKLIST

GENERAL REQUIREMENTS

- | | |
|---|------------|
| 01. License Displayed/Citation Posted/Advertising s.402.3125(1)(a), F.S. | Compliance |
| 02. Minimum Age Requirements CCF Handbook, Section 2.2 (Form OEL-SR-6202, Section 2 – Minimum Age Requirements, Page 13) | Compliance |
| 03. Ratio Sufficient CCF Handbook, Section 2.3 (Form OEL-SR-6202, Section 3 – Ratios, Page 13) | Compliance |
| <u>Compliance Comments</u>
Threes 2:7, 3:13
Threes & Fours 2:14, 2:12,
Fours & Fives 2:16, 2:16, 2:17, 2:19, 2:17, 2:15 | |
| 04. Supervision CCF Handbook, Section 2.4 (Form OEL-SR-6202, Section 5 – Supervision, Pages 16-17) | Compliance |
| 05. Transportation CCF Handbook, Section 2.5 (Form OEL-SR-6202, Section 6 – Transportation, Pages 17-19) | Compliance |
| <u>Compliance Comments</u>
Logs are maintained. | |
| 06. Driver's License, Physician Certification & First Aid/CPR Training CCF Handbook, Section 2.5 and CCF Handbook, Section 7.4 (Form OEL-SR-6202, Section 6 – Transportation, Page 17-19) | Compliance |
| 07. Vehicle Insurance and Inspection CCF Handbook, Section 2.5.4 (Form OEL-SR-6202, Section 6 – Transportation, Page 17-19) | Compliance |
| 08. Seat Belts/Child Restraints CCF Handbook, Section 2.5.4 and CCF Handbook, Section 2.5.5 (Form OEL-SR-6202, Section 6 – Transportation, Pages 17-19) | Compliance |
| 09. Planned Activities CCF Handbook, Section 2.6 (Form OEL-SR-6202, Section 7 – Planned Activities, Pages 19-20) | Compliance |



Name: ALPI Child Development and Family Services Center License #: C19SL0144
 Address: 198 NW Marion Ave, Port Saint Lucie FL 34983-1667
 Type: Renewal Date: 05/02/2018

- | | |
|---|----------------|
| <p>10. Field Trip Permission CCF Handbook, Section 2.7 (Form OEL-SR-6202, Section 8 – Field Trip Activity, Pages 20-21)</p> | Compliance |
| <p>11. Child Discipline CCF Handbook, Section 2.8 (Form OEL-SR-6202, Section 9 – Child Discipline, Pages 21-22)</p> | Compliance |
| <p>PHYSICAL ENVIRONMENT</p> | |
| <p>12. Facility Environment CCF Handbook, Section 3.1 (Form OEL-SR-6202, Section 10 – Physical Environment, Pages 22-23)</p> | Compliance |
| <p>13. Toxic Substances, Hazardous Materials and Weapons CCF Handbook, Section 3.2 (Form OEL-SR-6202, Section 10 – Physical Environment, Pages 22-23)</p> | Compliance |
| <p>14. Lighting, Temperature, and Ventilation CCF Handbook, Section 3.3 (Form OEL-SR-6202, Section 10 – Physical Environment, Pages 23-24)</p> | Compliance |
| <p>15. Licensed Capacity CCF Handbook , Section 3.4 (Form OEL-SR-6202, Section 1 - Capacity, Page 10)</p> | Compliance |
| <p>16. Indoor Floor Space CCF Handbook, Section 3.4 (Form OEL-SR-6202, Section 1 - Capacity, Page 10),(Form OEL-SR-6202, Section 1.1 – Indoor Floor Space, Pages 11-12)</p> | Compliance |
| <p>17. Outdoor Play Area/Fencing CCF Handbook, Section 3.5 (Form OEL-SR-6202, Section 7 – Planned Activities, Pages 19-20),(Form OEL-SR-6202, Section 10.7 – Outdoor Play Area and Section 10.8 – Fencing, Pages 25-26)</p> | Compliance |
| <p>18. Bedding and Linens CCF Handbook, Section 3.6 (Form OEL-SR-6202, Section 12.4 – Bedding and Linens, Page 29),(Form OEL-SR-6202, Section 10.4 – Nap and Sleep Space(s)/Safe Sleep Practices, Page 24)</p> | Compliance |
| <p>19. Nap/Sleep Space Requirements CCF Handbook, Section 3.6.2 (Form OEL-SR-6202, Section 12.4 – Bedding and Linens, Page 29),(Form OEL-SR-6202, Section 10.4 – Nap and Sleep Space(s)/Safe Sleep Practices, Page 24)</p> | Compliance |
| <p>20. Crib Requirements CCF Handbook, Section 3.6 (Form OEL-SR-6202, Section 12.4 – Bedding and Linens, Page 29),(Form OEL-SR-6202, Section 10.4 – Nap and Sleep Space(s)/Safe Sleep Practices, Page 24)</p> | Not Applicable |

Not Applicable Comments

There are no infants or toddlers enrolled. This is a Head Start Program serving children 2 years old through 5 years old.



Name: ALPI Child Development and Family Services Center License #: C195L0144
 Address: 198 NW Marion Ave, Port Saint Lucie FL 34983-1567
 Type: Renewal Date: 05/02/2018

- | | |
|--|------------|
| 21. Restrooms and Bath Facilities CCF Handbook, Section 3.7 (Form OEL-SR-6202, Section 10.6 – Bathrooms and Sinks, Page 25) | Compliance |
| 22. Operable Phone CCF Handbook, Section 3.8.1 (Form OEL-SR-6202, Section 14.2 – Fire Safety, Page 33) | Compliance |
| 23. Fire Drills & Emergency Preparedness CCF Handbook, Section 3.8 (Form OEL-SR-6202, Section 14 – Fire Safety and Emergency Preparedness and Response, Pages 32-34) | Compliance |

Compliance Comments

A fire drill was conducted today during this inspection. The route used was the alternate route. The staff and children evacuated in an organized and timely manner. There were 27 adults and 146 children present. TA was provided regarding face to name checks. Extinguishers expire 10/2018.

FOOD AND NUTRITION

- | | |
|---|----------------|
| 24. Food Preparation Area CCF Handbook, Section 3.9(Form OEL-SR-6202, Section 17.1 – Food Preparation Area and Section 17.2 – Food Storage, Pages 37-38) | Compliance |
| 25. Meals and Snacks CCF Handbook, Section 3.9(Form OEL-SR-6202, Section 17.1 – Food Preparation Area and Section 17.2 – Food Storage, Pages 37-38),(Form OEL-SR-6202, Section 17 – Food and Nutrition Services, Pages 36-42) | Compliance |
| 26. Meal and Snack Menus CCF Handbook, Section 3.9.3 & Section 7 | Compliance |
| 27. Catered Food and Food Provided by Outside Sources CCF Handbook, Section 7 & Section 3.9.3 | Compliance |
| 28. Bottles, Breastmilk, Formula and Infant Food CCF Handbook, Section 3.9 (Form OEL-SR-6202, Section 5 – Supervision, Pages 16-17),(Form OEL-SR-6202, Section 17.4 – Breastmilk, Infant Formula and Food, Pages 40-41) | Not Applicable |

Not Applicable Comments

There are no infants or toddlers enrolled.

SANITATION AND EQUIPMENT

- | | |
|--|----------------|
| 29. Health and Sanitation CCF Handbook, Section 3.6, 3.9, and 3.10(Form OEL-SR-6202, Section 12 – Health and Sanitation, Page 28) | Compliance |
| 30. Diapering CCF Handbook, Section 3.10(Form OEL-SR-6202, Section 5 – Supervision, Pages 16-17),(Form OEL-SR-6202, Section 12.3 – Diapering, Pages 28-29) | Not Applicable |
| 31. Indoor Equipment CCF Handbook, Section 3.11(Form OEL-SR-6202, Section 11 – Equipment and Furnishings, Pages 26-27) | Compliance |

Not Applicable Comments

There are no children in diapers.



Name: ALPI Child Development and Family Services Center License #: C19SL0144
 Address: 198 NW Marion Ave, Port Saint Lucie FL 34983-1667
 Type: Renewal Date: 05/02/2018

32. Outdoor Equipment CCF Handbook, Section 3.12 (Form OEL-SR-6202, Section 11 – Equipment and Furnishings, Pages 26-27) Compliance

TRAINING

33. Training Requirements CCF Handbook, Section 4 (Form OEL-SR-6202, Section 18 – Training Requirements, Pages 26-27) Compliance

34. Credentialed Staff CCF Handbook, Section 4.6 & 4.7 Compliance

HEALTH REQUIREMENTS

35. Communicable Disease Control CCF Handbook, Section 6.1 (Form OEL-SR-6202, Section 13 – Health-Related Requirements, Pages 30-31) Compliance

36. CPR Requirements CCF Handbook, Section 4.2.4 (Form OEL-SR-6202, Section 13.4 – First Aid and Cardiopulmonary Resuscitation Pages 31-32) Compliance

37. First Aid Requirements CCF Handbook, Section 4.2.4 and 6.2 (Form OEL-SR-6202, Section 13.4 – First Aid and Cardiopulmonary Resuscitation Pages 31-32) Compliance

38. Emergency Telephone Numbers CCF Handbook, Section 6.3 (Form OEL-SR-6202, Section 15 – Emergency Procedures and Notification, Pages 34-35) Compliance

39. Accident/ Incident Notification and Documentation CCF Handbook, Section 6.3 & 6.4 (Form OEL-SR-6202, Section 15 – Emergency Procedures and Notification, Page 35) Compliance

40. Medication CCF Handbook, Section 6.5 (Form OEL-SR-6202, Section 16 – Medication, Pages 35-36) Compliance

RECORD KEEPING

41. Immunization Records CCF Handbook, Section 7.1 (Form OEL-SR-6202, Section 19.2 – Record Keeping/Children's Files, Page 47), (Form OEL-SR-6202, Section 19.2 – Record Keeping/Children's Files, Page 46), Enrollment Information (Form OEL-SR-6202, Section 19.2 – Record Keeping/Children's Files, Page 47) Compliance

Compliance Comments

Forty-four children's files were reviewed from one FSW files Ms. J.D.

TA regarding the new rule, Oct. 25, 2017: Providers must include written notification to inform parents, at time of enrollment, that some children in care may not have current immunizations.



Name: ALPI Child Development and Family Services Center License #: C19SL0144
 Address: 198 NW Marion Ave, Port Saint Lucie FL 34983-1667
 Type: Renewal Date: 05/02/2018

42. Student Health and Records CCF Handbook, Section 7.2 (Form OEL-SR-6202, Section 19.2 – Record Keeping/Children's Files, Page 47),(Form OEL-SR-6202, Section 19.2 – Record Keeping/Children's Files, Page 46),Enrollment Information (Form OEL-SR-6202, Section 19.2 – Record Keeping/Children's Files, Page 47) Compliance

Compliance Comments

Forty-four children's files were reviewed from one FSW files Ms. J.D.

43. Enrollment Information CCF Handbook, Section 7.3 & s. 402.3054(2), F.S. (Form OEL-SR-6202, Section 19.2 – Record Keeping/Children's Files, Page 47) Compliance

44. Personnel Records CCF Handbook, Section 7.4 (Form OEL-SR-6202, Section 19.2 – Record Keeping/Children's Files, Page 47) Compliance

45. Background Screening Documents CCF Handbook, Section 7.4.1 (Form OEL-SR-6202, Section 18 – Training Requirements, Pages 26-27),(Form OEL-SR-6202, Section 13.4 – First Aid and Cardiopulmonary Resuscitation Pages 31-32),(Form OEL-SR-6202, Section 19.4 – Record Keeping/Personnel Records, Page 48),(Form OEL-SR-6202, Section 19.5 – Record Keeping/Background Screening, Page 49) Compliance

Compliance Comments

A new form has replaced the old Affidavit of Good Moral Character, CF-FSP 1649A Child Care Attestation of Good Moral Character, October 2017, 65C-22.001(7)(a) This form does not need to be notarized. Please use the updated form for new employee.

46. Daily Attendance CCF Handbook, Section 7.5 (Form OEL-SR-6202, Section 19.3 – Record Keeping/Attendance, Page 48) Compliance

Compliance Comments

Daily sign in and out is done in each classroom.

ENFORCEMENT

47. Access/Child Safety CCF Handbook, Section 8 (Form OEL-SR-6202, Section 20 – Access and Section 21 – Child Safety, Page 50) Compliance

SCHOOL READINESS

48. Group Size (Form OEL-SR-6202, Section 4 – Group Size, Pages 14-15) Compliance

Received by: Crystal Damas
 Date: Wednesday, May 02, 2018

Inspected by: Kathleen Walters
 Date: Wednesday, May 02, 2018



Name: ALPI Child Development and Family Services Center License #: C19SL0144
Address: 198 NW Marion Ave, Port Saint Lucie FL 34983-1667
Type: Renewal Date: 05/02/2018



Child Care Facility Information

Name: A L P I Francina C Duval Head Start Center
 ID Number: C19SL0058
 Address: 1035 S 27th Cir, Fort Pierce FL 34947-4887
 Phone Number: (772) 461-0398 Capacity: 40
 Owner/Director/Staff Responsible: Mary Brunson

Inspection Information

Type: Renewal Date: 05/23/2018 Arrival/Departure Time: 09:45 AM to 11:15 AM
 Staff Present: 6 Children Present: 27 Onsite Visit: Yes

INSPECTION CHECKLIST

GENERAL REQUIREMENTS

- | | |
|---|---------------|
| 01. License Displayed/Citation Posted/Advertising s.402.3125(1)(a), F.S. | Compliance |
| 02. Minimum Age Requirements CCF Handbook, Section 2.2 | Compliance |
| 03. Ratio Sufficient CCF Handbook, Section 2.3 | Compliance |
| 04. Supervision CCF Handbook, Section 2.4
<u>Compliance Comments</u>
2:12, 2:15 Fours & Fives | Compliance |
| 05. Transportation CCF Handbook, Section 2.5
<u>Not Monitored Comments</u>
Transportation documentation is at the main site, A.L.P.I. Queen Townsend II Head Start Center. Logs are viewed during inspections at that site since the vehicle is not parked at this location. | Not Monitored |
| 06. Driver's License, Physician Certification & First Aid/CPR Training CCF Handbook, Section 2.5 and CCF Handbook, Section 7.4 | Compliance |
| 07. Vehicle Insurance and Inspection CCF Handbook, Section 2.5.4 | Compliance |
| 08. Seat Belts/Child Restraints CCF Handbook, Section 2.5.4 and CCF Handbook, Section 2.5.5

<u>Not Monitored Comments</u>
The vehicle was not on site for inspection. The vehicle stops daily for less than 5 minutes each day to drop off or pick up 2 children. The vehicle was inspected 5/22/18 at another A.L.P.I. site and appropriate seat restraints were observed. | Not Monitored |
| 09. Planned Activities CCF Handbook, Section 2.8 | Compliance |
| 10. Field Trip Permission CCF Handbook, Section 2.7 | Compliance |
| 11. Child Discipline CCF Handbook, Section 2.8 | Compliance |

PHYSICAL ENVIRONMENT

- | | |
|---|------------|
| 12. Facility Environment CCF Handbook, Section 3.1 | Compliance |
| 13. Toxic Substances, Hazardous Materials and Weapons CCF Handbook, Section 3.2 | Compliance |



14. Lighting, Temperature, and Ventilation CCF Handbook, Section 3.3	Compliance
15. Licensed Capacity CCF Handbook , Section 3.4	Compliance
16. Indoor Floor Space CCF Handbook, Section 3.4	Compliance
17. Outdoor Play Area/Fencing CCF Handbook, Section 3.5	Compliance
18. Bedding and Linens CCF Handbook, Section 3.6	Compliance
19. Nap/Sleep Space Requirements CCF Handbook, Section 3.6.2 <u>Not Monitored Comments</u> The children were not napping at the time of this inspection.	Not Monitored
20. Crib Requirements CCF Handbook, Section 3.6 <u>Not Applicable Comments</u> There are no infants or toddlers enrolled. This is a Head Start Program serving children 3 years old through 5 years old. Any standard that only applies to infants, toddlers and children in diapers will be marked NA	Not Applicable
21. Restrooms and Bath Facilities CCF Handbook, Section 3.7	Compliance
22. Operable Phone CCF Handbook, Section 3.8.1	Compliance
23. Fire Drills & Emergency Preparedness CCF Handbook, Section 3.8 <u>Compliance Comments</u> A fire drill was conducted today during this inspection. Staff and children evacuated in an organized and timely manner. TA was provided regarding face-to-name verification of children. There were 27 children and 7 adults present.	Compliance
FOOD AND NUTRITION	
24. Food Preparation Area CCF Handbook, Section 3.9	Compliance
25. Meals and Snacks CCF Handbook, Section 3.9	Compliance
26. Meal and Snack Menus CCF Handbook, Section 3.9.3 & Section 7 <u>Compliance Comments</u> Ensure all substitutions are documented on the menu and kept for 4 months. Today chicken and beans was substituted for chicken nachos and vegetable.	Compliance
27. Catered Food and Food Provided by Outside Sources CCF Handbook, Section 7 & Section 3.9.3	Compliance
28. Bottles, Breastmilk, Formula and Infant Food CCF Handbook, Section 3.9	Not Applicable
SANITATION AND EQUIPMENT	
29. Health and Sanitation CCF Handbook, Section 3.6, 3.9, and 3.10	Compliance
30. Diapering CCF Handbook, Section 3.10	Not Applicable



Name: A L P I Francina C Duval Head Start Center License #: C19SL0058
 Address: 1035 S 27th Cir, Fort Pierce FL 34947-4687
 Type: Renewal Date: 05/23/2018

31. Indoor Equipment CCF Handbook, Section 3.11	Compliance
32. Outdoor Equipment CCF Handbook, Section 3.12	Compliance
TRAINING	
33. Training Requirements CCF Handbook, Section 4	Compliance
34. Credentialed Staff CCF Handbook, Section 4.6 & 4.7	Compliance
HEALTH REQUIREMENTS	
35. Communicable Disease Control CCF Handbook, Section 6.1	Compliance
36. CPR Requirements CCF Handbook, Section 4.2.4	Compliance
37. First Aid Requirements CCF Handbook, Section 4.2.4 and 6.2	Compliance
38. Emergency Telephone Numbers CCF Handbook, Section 6.3	Compliance
39. Accident/ Incident Notification and Documentation CCF Handbook, Section 6.3 & 6.4	Compliance
40. Medication CCF Handbook, Section 6.5	Compliance
RECORD KEEPING	
41. Immunization Records CCF Handbook, Section 7.1 <u>Not Monitored Comments</u> All children's files have been viewed during this school year. School will end 5/31/18. All new enrollments will be viewed at the next inspection.	Not Monitored
42. Student Health and Records CCF Handbook, Section 7.2 <u>Not Monitored Comments</u> All children's files have been viewed during this school year. School will end 5/31/18. All new enrollments will be viewed at the next inspection.	Not Monitored
43. Enrollment Information CCF Handbook, Section 7.3 & s. 402.3054(2), F.S. <u>Not Monitored Comments</u> All children's files have been viewed during this school year. School will end 5/31/18. All new enrollments will be viewed at the next inspection.	Not Monitored
44. Personnel Records CCF Handbook, Section 7.4	Compliance
45. Background Screening Documents CCF Handbook, Section 7.4.1	Compliance
46. Daily Attendance CCF Handbook, Section 7.5	Compliance



Name: A L P I Francina C Duval Head Start Center License #: C195L0058
Address: 1035 S 27th Cir, Fort Pierce FL 34947-4687
Type: Renewal Date: 05/23/2018

SUPPLEMENTAL INSPECTION SHEET

Comments:

If Jennifer Cordova is going to work directly with the children, subbing or covering breaks, she is required to complete the 40-hour training.

Mary H. Brunson

Received by: Mary Brunson
Date: Wednesday, May 23, 2018

Kathleen Walters

Inspected by: Kathleen Walters
Date: Wednesday, May 23, 2018



Name: A L P I Francina C Duval Head Start Center License #: C195L0058
Address: 1035 S 27th Cir, Fort Pierce FL 34947-4687
Type: Renewal Date: 05/23/2018

ENFORCEMENT

47. Access/Child Safety CCF Handbook, Section 8

Compliance

Mary A. Brunson

Received by: Mary Brunson
Date: Wednesday, May 23, 2018

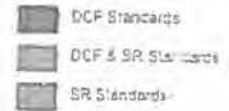
Kathleen Walters

Inspected by: Kathleen Walters
Date: Wednesday, May 23, 2018



Child Care Facility Information

Name: A L P I George W Truitt Family Services Center
 ID Number: C19SL0057
 Address: 1814 N 13th St. Fort Pierce FL 34950-2184
 Phone Number: (772) 464-4452 Capacity: 208
 Owner/Director/Staff Responsible: Donna Hammond



Inspection Information

Type: Renewal Date: 05/03/2018 Arrival/Departure Time: 09:55 AM to 12:50 PM
 Staff Present: 26 Children Present: 75 Onsite Visit: Yes
 [School Readiness Inspection]

INSPECTION CHECKLIST

GENERAL REQUIREMENTS

- | | |
|---|------------|
| 01. License Displayed/Citation Posted/Advertising s.402.3125(1)(a), F.S. | Compliance |
| 02. Minimum Age Requirements CCF Handbook, Section 2.2 (Form OEL-SR-6202, Section 2 – Minimum Age Requirements, Page 13) | Compliance |
| 03. Ratio Sufficient CCF Handbook, Section 2.3 (Form OEL-SR-6202, Section 3 – Ratios, Page 13) | Compliance |
| <u>Compliance Comments</u>
Infants 2.4
Ones 2.5
Twos & Threes 2.7, 2.5, 2.4
Threes 2.7, 3.14
Fours & Fives 2.14, 3.14 | |
| 04. Supervision CCF Handbook, Section 2.4 (Form OEL-SR-6202, Section 5 – Supervision, Pages 16-17) | Compliance |
| 05. Transportation CCF Handbook, Section 2.5 (Form OEL-SR-6202, Section 6 – Transportation, Page 17-19) | Compliance |
| 06. Driver's License, Physician Certification & First Aid/CPR Training CCF Handbook, Section 2.5 and CCF Handbook, Section 7.4 (Form OEL-SR-6202, Section 6 – Transportation, Page 17-19) | Compliance |
| 07. Vehicle Insurance and Inspection CCF Handbook, Section 2.5.4 (Form OEL-SR-6202, Section 6 – Transportation, Page 17-19) | Compliance |
| 08. Seat Belts/Child Restraints CCF Handbook, Section 2.5.4 and CCF Handbook, Section 2.5.5 (Form OEL-SR-6202, Section 6 – Transportation, Pages 17-19) | Compliance |
| 09. Planned Activities CCF Handbook, Section 2.6 (Form OEL-SR-6202, Section 7 – Planned Activities, Pages 19-20) | Compliance |



Name: A L P I George W Truitt Family Services Center License #: C19510057
 Address: 1814 N 13th St, Fort Pierce FL 34950-2184
 Type: Renewal Date: 05/03/2018

- | | |
|--|---------------|
| 10. Field Trip Permission CCF Handbook, Section 2.7 (Form OEL-SR-6202, Section 8 – Field Trip Activity, Pages 20-21) | Compliance |
| 11. Child Discipline CCF Handbook, Section 2.8 (Form OEL-SR-6202, Section 9 – Child Discipline, Pages 21-22) | Compliance |
| PHYSICAL ENVIRONMENT | |
| 12. Facility Environment CCF Handbook, Section 3.1 (Form OEL-SR-6202, Section 10 – Physical Environment, Pages 22-23) | Compliance |
| 13. Toxic Substances, Hazardous Materials and Weapons CCF Handbook, Section 3.2 (Form OEL-SR-6202, Section 10 – Physical Environment, Pages 22-23) | Compliance |
| 14. Lighting, Temperature, and Ventilation CCF Handbook, Section 3.3 (Form OEL-SR-6202, Section 10 – Physical Environment, Pages 23-24) | Compliance |
| 15. Licensed Capacity CCF Handbook, Section 3.4 (Form OEL-SR-6202, Section 1 – Capacity, Page 10) | Compliance |
| 16. Indoor Floor Space CCF Handbook, Section 3.4 (Form OEL-SR-6202, Section 1 – Capacity, Page 10),(Form OEL-SR-6202, Section 1.1 – Indoor Floor Space, Pages 11-12) | Compliance |
| 17. Outdoor Play Area/Fencing CCF Handbook, Section 3.5 (Form OEL-SR-6202, Section 7 – Planned Activities, Pages 19-20),(Form OEL-SR-6202, Section 10.7 – Outdoor Play Area and Section 10.8 – Fencing, Pages 25-26) | Compliance |
| 18. Bedding and Linens CCF Handbook, Section 3.6 (Form OEL-SR-6202, Section 12.4 – Bedding and Linens, Page 29),(Form OEL-SR-6202, Section 10.4 – Nap and Sleep Space(s)/Safe Sleep Practices, Page 24) | Compliance |
| 19. Nap/Sleep Space Requirements CCF Handbook, Section 3.6.2 (Form OEL-SR-6202, Section 12.4 – Bedding and Linens, Page 29),(Form OEL-SR-6202, Section 10.4 – Nap and Sleep Space(s)/Safe Sleep Practices, Page 24) | Not Monitored |
| <u>Not Monitored Comments</u>
Children were not napping at the time of this inspection | |
| 20. Crib Requirements CCF Handbook, Section 3.6 (Form OEL-SR-6202, Section 12.4 – Bedding and Linens, Page 29),(Form OEL-SR-6202, Section 10.4 – Nap and Sleep Space(s)/Safe Sleep Practices, Page 24) | Compliance |



Name: A L P I George W Truitt Family Services Center License #: C19510057
 Address: 1814 N 13th St, Fort Pierce FL 34950 2184
 Type: Renewal Date: 05/03/2018

- | | |
|--|------------|
| 21. Restrooms and Bath Facilities CCF Handbook, Section 3.7 (Form OEL-SR-6202, Section 10.6 – Bathrooms and Sinks, Page 25) | Compliance |
| 22. Operable Phone CCF Handbook, Section 3.8.1 (Form OEL-SR-6202, Section 14.2 – Fire Safety, Page 33) | Compliance |
| 23. Fire Drills & Emergency Preparedness CCF Handbook, Section 3.8 (Form OEL-SR-6202, Section 14 – Fire Safety and Emergency Preparedness and Response, Pages 32-34) | Compliance |

Compliance Comments

A fire drill was conducted today during this inspection. The staff and children evacuated in an organized and timely manner. There were 26 adults and 75 children present. The staff and children evacuated in an organized and timely manner. TA was provided regarding face-to-name checks to verify all children are accounted for. Fire extinguishers expire 10/2018.

FOOD AND NUTRITION

- | | |
|---|------------|
| 24. Food Preparation Area CCF Handbook, Section 3.9 (Form OEL-SR-6202, Section 17.1 – Food Preparation Area and Section 17.2 – Food Storage, Pages 37-38) | Compliance |
| 25. Meals and Snacks CCF Handbook, Section 3.9 (Form OEL-SR-6202, Section 17.1 – Food Preparation Area and Section 17.2 – Food Storage, Pages 37-38), (Form OEL-SR-6202, Section 17 – Food and Nutrition Services, Pages 36-42) | Compliance |
| 26. Meal and Snack Menus CCF Handbook, Section 3.9.3 & Section 7 | Compliance |
| 27. Catered Food and Food Provided by Outside Sources CCF Handbook, Section 7 & Section 3.9.3 | Compliance |
| 28. Bottles, Breastmilk, Formula and Infant Food CCF Handbook, Section 3.9 (Form OEL-SR-6202, Section 5 – Supervision, Pages 16-17), (Form OEL-SR-6202, Section 17.4 – Breastmilk, Infant Formula and Food, Pages 40-41) | Compliance |

SANITATION AND EQUIPMENT

- | | |
|--|------------|
| 29. Health and Sanitation CCF Handbook, Section 3.6, 3.9, and 3.10 (Form OEL-SR-6202, Section 12 – Health and Sanitation, Page 28) | Compliance |
| 30. Diapering CCF Handbook, Section 3.10 (Form OEL-SR-6202, Section 5 – Supervision, Pages 16-17), (Form OEL-SR-6202, Section 12.3 – Diapering, Pages 28-29) | Compliance |
| 31. Indoor Equipment CCF Handbook, Section 3.11 (Form OEL-SR-6202, Section 11 – Equipment and Furnishings, Pages 26-27) | Compliance |



Name: A L P I George W Truitt Family Services Center License #: C19SLO057
 Address: 1814 N 13th St, Fort Pierce FL 34950-2184
 Type: Renewal Date: 05/03/2018

32. Outdoor Equipment CCF Handbook, Section 3.12 (Form OEL-SR-6202, Section 11 – Equipment and Furnishings, Pages 26-27) Compliance

TRAINING

33. Training Requirements CCF Handbook, Section 4 (Form OEL-SR-6202, Section 18 – Training Requirements, Pages 26-27) Compliance

34. Credentialed Staff CCF Handbook, Section 4.6 & 4.7 Compliance

HEALTH REQUIREMENTS

35. Communicable Disease Control CCF Handbook, Section 6.1 (Form OEL-SR-6202, Section 13 – Health-Related Requirements, Pages 30-31) Compliance

36. CPR Requirements CCF Handbook, Section 4.2.4 (Form OEL-SR-6202, Section 13.4 – First Aid and Cardiopulmonary Resuscitation Pages 31-32) Compliance

37. First Aid Requirements CCF Handbook, Section 4.2.4 and 6.2 (Form OEL-SR-6202, Section 13.4 – First Aid and Cardiopulmonary Resuscitation Pages 31-32) Compliance

38. Emergency Telephone Numbers CCF Handbook, Section 6.3 (Form OEL-SR-6202, Section 15 – Emergency Procedures and Notification, Pages 34-35) Compliance

39. Accident/ Incident Notification and Documentation CCF Handbook, Section 6.3 & 6.4 (Form OEL-SR-6202, Section 15 – Emergency Procedures and Notification, Page 35) Compliance

40. Medication CCF Handbook, Section 6.5 (Form OEL-SR-6202, Section 16 – Medication, Pages 35-36) Compliance

RECORD KEEPING

41. Immunization Records CCF Handbook, Section 7.1 (Form OEL-SR-6202, Section 19.2 – Record Keeping/Children's Files, Page 47), (Form OEL-SR-6202, Section 19.2 – Record Keeping/Children's Files, Page 46), Enrollment Information (Form OEL-SR-6202, Section 19.2 – Record Keeping/Children's Files, Page 47) Compliance

Compliance Comments

All children's files for children enrolled up to 1/9/18 had been reviewed. New children's files (3) were reviewed today. TA regarding the new rule, Oct. 25, 2017: Providers must include written notification to inform parents, at time of enrollment, that some children in care may not have current immunizations.



Name: A L P I George W Truitt Family Services Center License #: C195L0057
 Address: 1814 N 13th St, Fort Pierce FL 34950-2184
 Type: Renewal Date: 05/03/2018

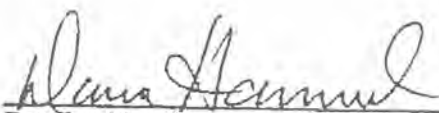
42. Student Health and Records CCF Handbook, Section 7.2 (Form OEL-SR-6202, Section 19.2 – Record Keeping/Children's Files, Page 47),(Form OEL-SR-6202, Section 19.2 – Record Keeping/Children's Files, Page 46),Enrollment Information (Form OEL-SR-6202, Section 19.2 – Record Keeping/Children's Files, Page 47) Compliance
- Compliance Comments
 Three children's files, for children enrolled after the last inspection, were reviewed today.
43. Enrollment Information CCF Handbook, Section 7.3 & s. 402.3054(2), F.S. (Form OEL-SR-6202, Section 19.2 – Record Keeping/Children's Files, Page 47) Compliance
44. Personnel Records CCF Handbook, Section 7.4 (Form OEL-SR-6202, Section 19.2 – Record Keeping/Children's Files, Page 47) Compliance
45. Background Screening Documents CCF Handbook, Section 7.4.1 (Form OEL-SR-6202, Section 18 – Training Requirements, Pages 26-27),(Form OEL-SR-6202, Section 13.4 – First Aid and Cardiopulmonary Resuscitation Pages 31-32),(Form OEL-SR-6202, Section 19.4 – Record Keeping/Personnel Records, Page 48),(Form OEL-SR-6202, Section 19.5 – Record Keeping/Background Screening, Page 49) Compliance
46. Daily Attendance CCF Handbook, Section 7.5 (Form OEL-SR-6202, Section 19.3 – Record Keeping/Attendance, Page 48) Compliance

ENFORCEMENT

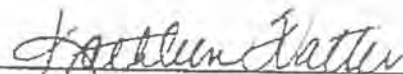
47. Access/Child Safety CCF Handbook, Section 8 (Form OEL-SR-6202, Section 20 – Access and Section 21 – Child Safety, Page 50) Compliance

SCHOOL READINESS

48. Group Size (Form OEL-SR-6202, Section 4 – Group Size, Pages 14-15) Compliance



Received by: Donna Hammond
 Date: Thursday, May 03, 2018



Inspected by: Kathleen Walters
 Date: Thursday, May 03, 2018



Name: A L P (George W Truitt Family Services Center License #: C195L0057
Address: 1814 N 13th St, Fort Pierce FL 34950-2184
Type: Renewal Date: 05/03/2018



Child Care Facility Information

Name: A P Lincoln Park HS Center
 JD Number: C19SL0076
 Address: 1400 Avenue M, Fort Pierce FL 34950-3227
 Phone Number: (772) 464-6061 Capacity: 108
 Owner/Director/Staff Responsible: Glenda Johnson

Inspection Information

Type: Routine Date: 05/22/2018 Arrival/Departure Time: 12:25 PM to 02:00 PM
 Staff Present: 18 Children Present: 77 Onsite Visit: Yes

INSPECTION CHECKLIST

GENERAL REQUIREMENTS

- | | |
|--|---------------|
| 01. License Displayed/Citation Posted/Advertising s.402.3125(1)(a),F.S. | Compliance |
| 02. Minimum Age Requirements CCF Handbook, Section 2.2 | Compliance |
| 03. Ratio Sufficient CCF Handbook, Section 2.3
Compliance Comments
Threes & fours 2:13, 2:12
Fours & fives 2:11, 2:13, 2:16, 2:2 | Compliance |
| 04. Supervision CCF Handbook, Section 2.4 | Compliance |
| 05. Transportation CCF Handbook, Section 2.5
<u>Not Monitored Comments</u>
Transportation is provided by A.I.P.F. Queen Townsend II Head Start Center. All documents are kept at that location. Standards 11518
re NM | Not Monitored |
| 06. Driver's License, Physician Certification & First Aid/CPR Training CCF Handbook, Section 2.5 and CCF Handbook, Section 7.4 | Not Monitored |
| 07. Vehicle Insurance and Inspection CCF Handbook, Section 2.5.4 | Not Monitored |
| 08. Seat Belts/Child Restraints CCF Handbook, Section 2.5.4 and CCF Handbook, Section 2.5.5 | Not Monitored |
| 09. Planned Activities CCF Handbook, Section 2.6 | Compliance |
| 10. Field Trip Permission CCF Handbook, Section 2.7 | Compliance |
| 11. Child Discipline CCF Handbook, Section 2.8 | Compliance |

PHYSICAL ENVIRONMENT

- | | |
|---|------------|
| 12. Facility Environment CCF Handbook, Section 3.1 | Compliance |
| 13. Toxic Substances, Hazardous Materials and Weapons CCF Handbook, Section 3.2 | Compliance |

Name ALP II Lincoln Park HS Center license# C19SL0076
 Address 1400 Avenue M, Fort Pierce FL 34950 3227
 Type Routine Date OS:22/2018

14. Lighting, Temperature, and Ventilation CCF Handbook, Section 3.3	Compliance
15. Licensed Capacity CCF Handbook, Section 3.4	Compliance
16. Indoor Floor Space CCF Handbook, Section 3.4	Compliance
17. Outdoor Play Area/Fencing CCF Handbook, Section 3.5	Compliance
18. Bedding and Linens CCF Handbook, Section 3.6	Compliance
19. Nap/Sleep Space Requirements CCF Handbook, Section 3.6.2	Compliance
20. Crib Requirements CCF Handbook, Section 3.6 <u>Not Applicable Comments</u> There are no infants enrolled	Not Applicable
21. Restrooms and Bath Facilities CCF Handbook, Section 3.7	Compliance
22. Operable Phone CCF Handbook, Section 3.8.1	Compliance
23. Fire Drills & Emergency Preparedness CCF Handbook, Section 3.8 <u>Compliance Comments</u> The log documents on 5/15/18 a fire drill was conducted with 15 adults and 97 children present. The fire extinguishers expire 10/2018.	Compliance

FOOD AND NUTRITION

24. Food Preparation Area CCF Handbook, Section 3.9	Compliance
25. Meals and Snacks CCF Handbook, Section 3.9	Compliance
26. Meal and Snack Menus CCF Handbook, Section 3.9.3 & Section 7	Compliance
27. Catered Food and Food Provided by Outside Sources CCF Handbook, Section 7 & Section 3.9.3	Compliance
28. Bottles, Breastmilk, Formula and Infant Food CCF Handbook, Section 3.9	Compliance

SANITATION AND EQUIPMENT

29. Health and Sanitation CCF Handbook, Section 3.6, 3.9, and 3.10 <u>Compliance Comments</u> TA provided regarding dual function sinks. DUAL USE SINKS 3.9.8 Classrooms have dual use sinks with a faucet and water fountain. On continue use of the water fountain and label accordingly.	Compliance
30. Diapering CCF Handbook, Section 3.10 <u>Not Applicable Comments</u> There are no children in diapers enrolled.	Not Applicable

31. Indoor Equipment CCF Handbook, Section 3.11 Compliance

32. Outdoor Equipment CCF Handbook, Section 3.12 Compliance

TRAINING

33. Training Requirements CCF Handbook, Section 4 Compliance

34. Credentialed Staff CCF Handbook, Section 4.6 & 4.7 Compliance

HEALTH REQUIREMENTS

35. Communicable Disease Control CCF Handbook, Section 6.1 Compliance

36. CPR Requirements CCF Handbook, Section 4.2.4 Compliance

37. First Aid Requirements CCF Handbook, Section 4.2.4 and 6.2 Compliance

38. Emergency Telephone Numbers CCF Handbook, Section 6.3 Compliance

39. Accident/ Incident Notification and Documentation CCF Handbook, Section 6.3 & 6.4 Compliance

40. Medication CCF Handbook, Section 6.5 Compliance

RECORD KEEPING

41. Immunization Records CCF Handbook, Section 7.1 Compliance

Compliance Comments

One newly enrolled child's file was viewed. All other children's files were viewed during this school year. School ends on 5/31/18.

42. Student Health and Records CCF Handbook, Section 7.2 Compliance

Compliance Comments

One newly enrolled child's file was viewed. All other children's files were viewed during this school year.

43. Enrollment Information CCF Handbook, Section 7.3 & s. 402.3054(2), F.S. Compliance

Compliance Comments

One newly enrolled child's file was viewed. All other children's files were viewed during this school year.

44. Personnel Records CCF Handbook, Section 7.4 Compliance

45. Background Screening Documents CCF Handbook, Section 7.4.1 Compliance

Compliance Comments

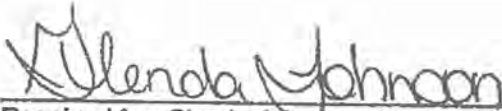
Several forms have been revised and updated 10/25/2017. A copy of form CF-FSP1649A, Attestation of Good Moral Character and CF-FSP 5337 Child Abuse Mandated Reporter form were provided today. Have staff, hired recently fill out the current forms. Use these forms for all new employees.

46. Daily Attendance CCF Handbook, Section 7.5 Compliance

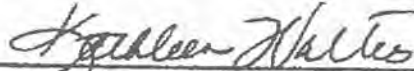
ENFORCEMENT

47. Access/Child Safety CCF Handbook, Section 8

Compliance



Received by: Glenda Johnson
Date: Tuesday, May 22, 2018



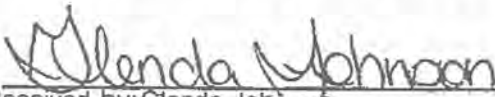
Inspected by: Kathleen Walters
Date: Tuesday, May 22, 2018

SUPPLEMENTAL INSPECTION SHEET

Comments:

Staff Files

Tracy and Noelia need the current forms for Attestation and Child Abuse. Please replace the old forms with new.



Received by: Glenda Joh^{son}

Date: Tuesday, May 22, 2018

Ins

Date: Tuesday, May 22, 2018



CLUSTER MONTHLY DISABILITY REPORT



CLUSTER MONTHLY DISABILITY REPORT
Local Program Information
2017

CLUSTER CODE:

Agency Name: ALPI FROSTPROOFDate Form Completed: 5/24/2018TONI 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?		1	
3	Speech/Language Impairments		0		15	How many age 2?	6	2	
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		0		20	How many pre-diagnosed?		1	
9	Autism		0		21	How many dropped to date?		1	
10	Traumatic Brain Injury		0		22	How many IEP's/FSP current		3	
11	Other Impairments		3		23	How many evaluated and Found not eligible?		1	
12	Total With Disabilities		0		24	How many suspected?		2	

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:	Adriana Gallegos returning child IFSP. Ta'Caree Mathis (Drop), Marcus Purnell (Drop), Amelia Bermudez, and Bryce Gray (JS) were referred on 8-28-17 to Early Steps. Noah Bermudez (JS) was referred to Child Find due to age on 8-29-17. Andre Decosey was referred to Early Steps-IFSP received 11-27-17. Sebastian Najera referred to ES on 9-21-17- IFSP received on 10-13-17. Jaidel Mendoza referred to ES on 9-21-17. Jazzlynn Hernandez referred to ES on 11-20-17. Bermudez children dropped from the program 12-18-17- (Relocated). Julio Martinez is scheduled for an evaluation on April 12, 2018.

ST. LUCIE COUNTY
FIRE INSPECTIONS
(Francina Duval)



St. Lucie County Fire District
5160 NW MILNER DRIVE
Port Saint Lucie, FL 34983

A1 - REQUIRED ANNUAL Assigned To PUTNAM, Brian on 5/14/2018

Start Date:
Business Name: ALPI FRANCINA DUVALL HEAD START
Address: 1035 S 27TH ST
Fort Pierce, FL 34947

Completion Date:
Business Phone:

A fire inspection conducted by the

SLCFD Fire Marshal's Office

on the above date and time revealed the following:

<u>Violations</u>	<u>Date Found</u>	<u>Date Cleared</u>	<u>Fee</u>
NO VIOLATION			
NO VIOLATION FOUND			\$0.00
Standard:			
Long Desc: NO VIOLATION			

Signatures

Recipient:

Mary A. Brunson

Mary

Inspector

Brian Putnam

BRIAN Putnam

POLK COUNTY FIRE INSPECTION
(LAKEVIEW PARK)

Semi-Annual Exhaust Hood Fire Suppression System

CINTAS FIRE PROTECTION
9318 FLORIDA PALM DR

TAMPA, FL 33619
USA
33619



Inspector: RICK C*POKOROWSKI 00F3207

Inspection Date: 4/30/2018

Inspection conducted at location:

LAKEVIEW PARK COMMUNITY C 00F3213231
38 KING BLVD
FROSTPROOF, FL 33843
Phone: Fax:

For Customer:

LAKEVIEW PARK COMMUNITY C 00F3213231
38 KING BLVD
FROSTPROOF, FL 33843
Phone: 8639563491 Fax:

*Inspection performed in accordance with
NFPA 96, Standard for Ventilation ccontrol and Fire Protection of Commercial Cooking Operations
and NFPA 17A Standard for Wet Chemical Extinguishing Systems.*

<u>System Overall Condition</u>	
Overall condition of the system at end of test.	Pass
Hood System Inspection	
Location:	
System Mfr: Ansul	System Model: R102
Hood System	
Seals intact with no signs of tampering?	Yes
System size	3 GAL
Cylinder agent	Wet Chemical
Expellant gas type	CO2
Hood size	3' 6"
Alarm monitoring company notified before system activated?	Not Monitored
Number of cylinders?	1
System connected to a fire alarm control unit?	N/A
Hazard appears unchanged since last visit?	Yes
Hazard area	Hood
Duct size	8 x 8
Detection	
Remote manual pull at proper height, in path of egress and unobstructed?	Yes
Replaced fusible links with proper temperature rating?	Yes
Heat detector other than fusible links, free of damage, clean & functions properly?	N/A
Mechanical detection link line tested and found to operate properly?	Yes
Remote manual pull tested and operated properly?	Yes
Fusible links clean and free of obstructions or damage?	Yes
Number of links replaced? (also indicate temperature ratings)	1 360
System operated/tested by manual activation?	Yes
Proper number and placement of detectors/links?	Yes
Alarms	
Alarm monitoring entity receive alarm?	No
Audio/visual device(s) installed and operating properly?	Yes
Nozzles	
Agent distribution piping blown through with dry air or nitrogen with blow-off caps off?	No
Piping & conduit securely bracketed?	Yes
Correct type and # of nozzle(s) properly positioned over appliances and in ducts and plenums?	Yes
Nozzle caps or seals in place and replaced as required?	Yes
Nozzles inspected and found to be clear of visible obstructions?	Yes
Fuel Shutoff	
Return air fans shut down upon system activation?	Yes
Automatic shutoff working properly?	Yes
Automatic shutoff devices shut down sources of fuel/power to cooking equipment system?	Yes
Exhaust fans continue to run upon system activation?	Yes
All gas/electric appliances shut down upon system activation?	Yes
Gas shutoff valve works properly, if applicable?	N/A
Manual reset working properly?	Yes
Portable Extinguisher	
Required service performed?	Yes
Portable extinguisher of proper type mounted with sign/placard?	Yes

Hood	
Proper clearance from cooking surface to filters?	Yes
Hood condition?	N/A
Observable hood and duct penetrations sealed with a weld or a UL listed device?	Yes
Advised personnel on the importance of keeping hood, ducts, and filters clean?	Yes
Proper separation between fryers & flame?	N/A
Reactivation	
Inspection tag affixed to system?	Yes
Fuel sources and power restored?	Yes
Test adapters/links, pins, etc removed from system?	Yes
Filters and baffles in place?	Yes
Alarm monitoring company notified of completion of inspection?	N/A
Slave system reset and operational?	N/A
System operational and seals in place?	Yes
Cartridges reinstalled?	Yes
System meets UL300 standard?	Yes
Microswitch/relays reset - electrical appliances on?	Yes
Control head reset?	Yes
Pilot lights supplied by gas valve reset?	N/A
Detection link line has proper tensioning?	Yes
Instructions for manual operation posted in the kitchen area?	Yes

Cylinders

Brand/Model	Material	Size	Pressure	Weight	Contents	Quantity	Testing Method	Hydro Test	Weight (Unfilled)
Ansul R102			Yes	N/A	Yes	Yes 3 gallons	Yes	Yes 4/1/2009	Yes 43 ounces

Cooking Appliances

Location	Brand/Model	Size	Power Type
	Range	20 x 26	Electric

Comments

4 burner range



Deficiencies

Above doorway Ansul R102

Agent distribution piping blown through with dry air or nitrogen with blow-off caps off?

Technician Response: not due.

Liability Release Statement

The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this inspection. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing and any investigation or unscheduled testing, modification, maintenance, repair, etc. of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information.

Twila Smith

4/30/18

RICK C. POKOROWSKI 00F3207

FEP15-000101

4/30/18

REIMBURSEMENT REPORTS

**DEPARTMENT OF HEALTH
CHILD CARE FOOD REPORTS**

Florida Department of Health

5/31/2018

10:22AM

Child Care Food Program

Child Care Center Claim

S - 501 Region: C RPS: 6 Fiscal Year: 2018 Termination Date: _____

Add'l Doc Required: _____ ADR Reason: _____ Meal Disallowance(s): _____

Legal Name: AGRICULTURAL LABOR PROG. INC. FEIN: 591634148001D/B/A: AGRICULTURAL LABOR PROG. INC.Mailing Address: P.O. BOX 3126 WINTER HAVEN, FL 33885Program Manager: JOHNSON, DELORIS Phone: (863) 956-3491 Ext: 206Email: djohnson@alpi.org

Claim Information

Status: Submitted Entered By: 0501Claim Month/Year: 4/2018 Date Received: 05/31/2018Revision #: 0Operating Days: 21 Average Daily Participation: 683

Sites Operated:

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

Children Enrolled by Category:

Free 797 Reduced 0 Non-needy 0 Total 797

Meals Claimed:

Breakfast	Morning Snack	Lunch	Afternoon Snack	Supper	Evening Snack
<u>14,251</u>	<u>0</u>	<u>14,314</u>	<u>13,541</u>	<u>0</u>	<u>0</u>

Operating Expenditures	<u>\$70,905.00</u>	Meal Earnings:	<u>\$83,089.55</u>
Administrative Expenditures	<u>\$5,289.00</u>	Cash-In-Lieu:	<u>\$3,328.01</u>
Total Expenditures	<u>\$76,194.00</u>	Total Earnings:	<u>\$86,417.56</u>
Income	<u>\$0.00</u>	Adjustments:	<u>\$0.00</u>
		Total Reimbursement:	<u>\$86,417.56</u>

Florida Department of Health

5/31/2018

10:22AM

Child Care Food Program

Child Care Center Claim

AN: 501 Fiscal Year: 2018 Claim Month/Year: 4/2018 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	\$16,228.90	\$653.33	\$16,882.23
23889/23889	ALPI FRANCINA C DUVA	1035 S. 27TH CIRCLE	\$3,735.95	\$149.03	\$3,884.98
23890/23890	ALPI FROSTPROOF CHIL	701 HOPSON RD.	\$7,881.05	\$315.27	\$8,196.32
23899/23899	ALPI GARDEN TERRACE	1110 32ND STREET	\$9,824.31	\$391.53	\$10,215.84
23898/23898	ALPI GEORGE W. TRUIT	1814 NORTH 13TH STREET	\$10,145.73	\$408.27	\$10,554.00
23892/23892	ALPI LINCOLN PARK HE	1400 AVENUE M	\$10,822.49	\$430.82	\$11,253.31
23902/23902	ALPI QUEEN TOWNSEND	2202 AVENUE Q	\$24,451.12	\$979.76	\$25,430.88
			\$83,089.55	\$3,328.01	\$86,417.56

Child Care Food Program

Child Care Center Claim

S - 501 Region: C RPS: 6 Fiscal Year: 2018 Termination Date: _____

Add'l Doc Required: _____ ADR Reason: _____ Meal Disallowance(s): _____

Legal Name: AGRICULTURAL LABOR PROG. INC. FEIN: 591634148001

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

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

Program Manager: JOHNSON, DELORIS Phone: (863) 956-3491 Ext: 206

Email: djohnson@alpi.org

Claim Information

Status: Submitted Entered By: 0501

Claim Month/Year: 3/2018 Date Received: 05/03/2018

Revision #: 0

Operating Days: 16 Average Daily Participation: 644

Sites Operated:

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

Children Enrolled by Category:

Free 808 Reduced 0 Non-needy 0 Total 808

Meals Claimed:

Breakfast	Morning Snack	Lunch	Afternoon Snack	Supper	Evening Snack
<u>10,306</u>	<u>0</u>	<u>10,306</u>	<u>10,270</u>	<u>0</u>	<u>0</u>

Operating Expenditures	<u>\$63,341.00</u>	Meal Earnings:	<u>\$60,361.48</u>
Administrative Expenditures	<u>\$7,730.00</u>	Cash-In-Lieu:	<u>\$2,396.17</u>
Total Expenditures	<u>\$71,071.00</u>	Total Earnings:	<u>\$62,757.65</u>
Income	<u>\$0.00</u>	Adjustments:	<u>\$0.00</u>
		Total Reimbursement:	<u>\$62,757.65</u>

Florida Department of Health

Child Care Food Program

Child Care Center Claim

AN: 501 Fiscal Year: 2018 Claim Month/Year: 3/2018 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	\$11,837.20	\$469.65	\$12,306.85
23889/23889	ALPI FRANCINA C DUVA	1035 S. 27TH CIRCLE	\$2,853.82	\$113.23	\$2,967.05
23890/23890	ALPI FROSTPROOF CHIL	701 HOPSON RD.	\$5,957.24	\$237.62	\$6,194.86
23899/23899	ALPI GARDEN TERRACE	1110 32ND STREET	\$6,996.84	\$277.61	\$7,274.45
23898/23898	ALPI GEORGE W. TRUIT	1814 NORTH 13TH STREET	\$7,535.96	\$299.00	\$7,834.96
23892/23892	ALPI LINCOLN PARK HE	1400 AVENUE M	\$8,028.20	\$318.53	\$8,346.73
23902/23902	ALPI QUEEN TOWNSEND	2202 AVENUE Q	\$17,152.22	\$680.53	\$17,832.75
			\$60,361.48	\$2,396.17	\$62,757.65

Child Care Food Program

Child Care Center Claim

S - 501 Region: C RPS: 6 Fiscal Year: 2018 Termination Date: _____

Add'l Doc Required: _____ ADR Reason: _____ Meal Disallowance(s): _____

Legal Name: AGRICULTURAL LABOR PROG. INC. FEIN: 591634148001

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

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

Program Manager: JOHNSON, DELORIS Phone: (863) 956-3491 Ext: 206

Email: djohnson@alpi.org

Claim Information

Status: Submitted Entered By: 0501

Claim Month/Year: 3/2018 Date Received: 05/03/2018

Revision #: 0

Operating Days: 16 Average Daily Participation: 644

Sites Operated:

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

Children Enrolled by Category:

Free 808 Reduced 0 Non-needy 0 Total 808

Meals Claimed:

Breakfast	Morning Snack	Lunch	Afternoon Snack	Supper	Evening Snack
<u>10,306</u>	<u>0</u>	<u>10,306</u>	<u>10,270</u>	<u>0</u>	<u>0</u>

Operating Expenditures \$63,341.00
 Administrative Expenditures \$7,730.00
 Total Expenditures \$71,071.00
 Income \$0.00

Meal Earnings: \$60,361.48
 Cash-In-Lieu: \$2,396.17
 Total Earnings: \$62,757.65
 Adjustments: \$0.00
 Total Reimbursement: \$62,757.65

Florida Department of Health

Child Care Food Program

Child Care Center Claim

AN: 501 Fiscal Year: 2018 Claim Month/Year: 3/2018 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	\$11,837.20	\$469.65	\$12,306.85
23889/23889	ALPI FRANCINA C DUVA	1035 S. 27TH CIRCLE	\$2,853.82	\$113.23	\$2,967.05
23890/23890	ALPI FROSTPROOF CHIL	701 HOPSON RD.	\$5,957.24	\$237.62	\$6,194.86
23899/23899	ALPI GARDEN TERRACE	1110 32ND STREET	\$6,996.84	\$277.61	\$7,274.45
23898/23898	ALPI GEORGE W. TRUIT	1814 NORTH 13TH STREET	\$7,535.96	\$299.00	\$7,834.96
23892/23892	ALPI LINCOLN PARK HE	1400 AVENUE M	\$8,028.20	\$318.53	\$8,346.73
23902/23902	ALPI QUEEN TOWNSEND	2202 AVENUE Q	\$17,152.22	\$680.53	\$17,832.75
			\$60,361.48	\$2,396.17	\$62,757.65

**EARLY LEARNING COALITION
REIMBURSEMENT REPORT**

Vendor #: 4161
 ALPI QUEEN TOWNSEND HEAD START CENTER II (XXXXXXXX44817)
 2202 AVENUE Q
 FORT PIERCE, FL 34950
 (772)429-8889

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

Reporting Period: 04/01/2018 - 04/30/2018

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Reimbursed	Days Provider Reimbursed	Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
Adjustments For Period: 04/01/2018 - 04/30/2018 <==													
D17	XXX-XX-5605	VOLUNTARY PRE-K	PR5	0	0	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
	GONZALEZ JR, NOEL	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			-6.75	Hours	4.48	.00	.00	-30.24	0.00	0.00	-30.24
BH7	XXX-XX-3852	VOLUNTARY PRE-K	PR5	0	0	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
	HERNANDEZ, GIOVANNY	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			-21.75	Hours	4.48	.00	.00	-97.44	0.00	0.00	-97.44
D17	XXX-XX-9091	VOLUNTARY PRE-K	PR5	0	0	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
	JACKSON III, CURTIS T	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			-10.5	Hours	4.48	.00	.00	-47.04	0.00	0.00	-47.04
A17	XXX-XX-5657	VOLUNTARY PRE-K	PR5	0	0	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
	LEGER, JAVON C	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			-6.75	Hours	4.48	.00	.00	-30.24	0.00	0.00	-30.24
G17	XXX-XX-5989	VOLUNTARY PRE-K	PR5	0	0	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
	LEWIS, JAYDEN J	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			-25.5	Hours	4.48	.00	.00	-114.24	0.00	0.00	-114.24
C17	XXX-XX-2174	VOLUNTARY PRE-K	PR5	0	0	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
	REAVES, NYLA	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			-14.25	Hours	4.48	.00	.00	-63.84	0.00	0.00	-63.84
A17	XXX-XX-5675	VOLUNTARY PRE-K	PR5	0	0	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
	RODRIGUEZ MAZAR, NORVI Y	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			-3	Hours	4.48	.00	.00	-13.44	0.00	0.00	-13.44

EARLY LEARNING COALITION OF ST. LUCIE
 584 NW UNIVERSITY BLVD STE 350
 PORT ST LUCIE, FL 34986
 Final Provider Reimbursement Report

Report Date: 05/11/2018 11:11:57

Reporting Period: 04/01/2018 - 04/30/2018

	Days Absent	Days Reimbursed	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
VOLUNTARY PRE-K	291	2383 Days	30878.40	0.00	0.00	30878.40
VPK REPORT TOTALS:						

EARLY LEARNING COALITION OF ST. LUCIE
 584 NW UNIVERSITY BLVD STE350
 PORT ST LUCIE, FL 34986
 Final Provider Reimbursement Report

Vendor #: 4181
 ALP 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: 04/01/2018 - 04/30/2018

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Reimbursed	Provider Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
=> Adjustments For Period: 04/01/2018 - 04/30/2018 <=>												
E17	XXX-XX-0689	VOLUNTARY PRE-K	PR5	0	11R Days	.00	.00	.00	0.00	0.00	0.00	0.00
	HOWARD JR, JASON T	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			Hours	4.48	.00	.00	-114.24	0.00		-114.24
B17	XXX-XX-7408	VOLUNTARY PRE-K	PR5	0	11R Days	.00	.00	.00	0.00	0.00	0.00	0.00
	MCLEAN, PRINCE-ZYR	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			Hours	4.48	.00	.00	-30.24	0.00		-30.24
F17	XXX-XX-5470	VOLUNTARY PRE-K	PR5	0	11R Days	.00	.00	.00	0.00	0.00	0.00	0.00
	MENDOZA, CHRISTINA	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			Hours	4.48	.00	.00	-13.44	0.00		-13.44
D17	XXX-XX-1131	VOLUNTARY PRE-K	PR5	0	11R Days	.00	.00	.00	0.00	0.00	0.00	0.00
	MORALIS, KEZZIAH	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			Hours	4.48	.00	.00	-30.24	0.00		-30.24
D17	XXX-XX-1106	VOLUNTARY PRE-K	PR5	0	11R Days	.00	.00	.00	0.00	0.00	0.00	0.00
	MUNETT, SAJHEDAHA	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			Hours	4.48	.00	.00	-13.44	0.00		-13.44
B17	XXX-XX-1183	VOLUNTARY PRE-K	PR5	0	11R Days	.00	.00	.00	0.00	0.00	0.00	0.00
	REYNOLDS, EZEKIEL M	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			Hours	4.48	.00	.00	-63.84	0.00		-63.84
F17	XXX-XX-2728	VOLUNTARY PRE-K	PR5	0	11R Days	.00	.00	.00	0.00	0.00	0.00	0.00
	SCOTT, IVY B	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			Hours	4.48	.00	.00	-13.44	0.00		-13.44

EARLY LEARNING COALITION OF ST. LUCIE
 584 NW UNIVERSITY BLVD STE 350
 PORT ST LUCIE, FL 34986
 Final Provider Reimbursement Report

Report Date: 05/11/2018 10:23:40

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

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

Reporting Period: 04/01/2018 - 04/30/2018

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Reimbursed	Days Provider	Rate	Provider Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb
<=> Adjustments For Period: 04/01/2018 - 04/30/2018 <=>													
A17	XXX-XX-5450	VOLUNTARY PRE-K											
SERRANO, ALIAINA		Adjustment Reason	PR5	0	HR Days	.00	.00	.00	00	0.00	0.00	0.00	0.00
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT		-3	Hours	4.48	.00			-13.44	0.00		-13.44
		60 TO 72 MTH TOTALS:		0	HR Days					0.00	0.00	0.00	0.00
		TOTALS FOR PERIOD:		0	HR Hours					-493.92	0.00		-493.92
				0	Days					-507.36	0.00	0.00	-507.36
					Hours								
		ALL PERIODS:		170	Days					22797.60	0.00	0.00	22797.60
					Hours								

EARLY LEARNING COALITION OF ST. LUCIE
 584 NW UNIVERSITY BLVD STE 350
 PORT ST LUCIE, FL 34986
 Final Provider Reimbursement Report

Report Date: 05/11/2018 10:23:40

Reporting Period: 04/01/2018 - 04/30/2018

	Days Absent	Days Reimbursed	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
VOLUNTARY PRE-K	470	1734 Days	22797.60	0.00	0.00	22797.60
VPK REPORT TOTALS:			22797.60	0.00	0.00	22797.60

EARLY LEARNING COALITION OF ST. LUCIE
 584 NW UNIVERSITY BLVD STE350
 PORT ST LUCIE, FL 34986
 Final Provider Reimbursement Report

Report Date: 05/11/2018 10:25:52

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)

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Reimbursed	Days Provider	Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.	
=> Adjustments For Period: 04/01/2018 - 04/30/2018 <=>														
B17	XXX-XX-7153	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00	
	ALMORE, TERRENCE F	Adjustment Reason												
		MONTHLY 80/20 VPK ATTENDANCE												
		ADJUSTMENT		-14.25	Hours	4.48	.00			-63.84	0.00		-63.84	
B17	XXX-XX-8849	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00	
	CHATEAUNEUF, JOLENE	Adjustment Reason												
		MONTHLY 80/20 VPK ATTENDANCE												
		ADJUSTMENT		-3	Hours	4.48	.00			-13.44	0.00		-13.44	
B17	XXX-XX-9087	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00	
	DICKENSON, JAMAL A	Adjustment Reason												
		MONTHLY 80/20 VPK ATTENDANCE												
		ADJUSTMENT		-25.5	Hours	4.48	.00			-114.24	0.00		-114.24	
A17	XXX-XX-5267	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00	
	PEREZ, DAIRA	Adjustment Reason												
		MONTHLY 80/20 VPK ATTENDANCE												
		ADJUSTMENT		-6.75	Hours	4.48	.00			-30.24	0.00		-30.24	
A17	XXX-XX-1176	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00	
	WILSON, RUBIN	Adjustment Reason												
		MONTHLY 80/20 VPK ATTENDANCE												
		ADJUSTMENT		-6.75	Hours	4.48	.00			-30.24	0.00		-30.24	
60 TO <72 MONTH TOTALS										0.00	0.00	0.00	0.00	
TOTALS FOR PERIOD:										-56.25	HR Hours	-252.00	0.00	-252.00
										0	0 Days	0.00	0.00	
											-56.25 Hours	-252.00	-252.00	

EARLY LEARNING COALITION OF ST. LUCIE
 584 NW UNIVERSITY BLVD STE 350
 PORT ST LUCIE, FL 34986
 Final Provider Reimbursement Report

Report Date: 05/11/2018 10:25:52

Reporting Period: 04/01/2018 - 04/30/2018

	Days Absent	Days Reimbursed	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb
VOLUNTARY PRE-K	55	420 Days	5392.80	0.00	0.00	5392.80
MPK REPORT TOTALS:						
			5392.80	0.00	0.00	5392.80

EARLY LEARNING COALITION OF ST. LUCIE
 584 NW UNIVERSITY BLVD STE350
 FORT ST LUCIE, FL 34986
 Final Provider Reimbursement Report

Vendor # : 4149
 ALPI GARDEN TERRACE HEADSTART (XXXXXX41482)
 2292 AVENUE Q
 FORT PIERCE, FL 34950
 (772)468-0300

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

Reporting Period: 04/01/2018 - 04/30/2018

Class ID	Child	Eligibility Activity	Care Level	Days Absent	HR Days	HR Hours	Days Reimbursed	Provider Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
60 TO <72 MTH					TOTALS:	0	0	HR Days	0.00	0.00	0.00	0.00	0.00	0.00
						-87.75	HR Hours		-393.12	0.00				-393.12
TOTALS FOR PERIOD:						0	0 Days		-813.12	0.00		0.00		-813.12
							-181.5 Hours							
ALL PERIODS:						142	1192 Days		15207.36	0.00		0.00		15207.36
							3394.5 Hours							

Adjustments For Period: 04/01/2018 - 04/30/2018

EARLY LEARNING COALITION OF ST. LUCIE
 584 NW UNIVERSITY BLVD STE 350
 PORT ST LUCIE, FL 34986
 Final Provider Reimbursement Report

Report Date: 05/11/2018 10:34:08

Reporting Period: 04/01/2018 - 04/30/2018

	Days Absent	Days Reimbursed	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
VOLUNTARY PRE-K	142	1192 Days	15207.36	0.00	0.00	15207.36
VPK REPORT TOTALS:			15207.36	0.00	0.00	15207.36

EARLY LEARNING COALITION OF ST. LUCIE
 584 NW UNIVERSITY BLVD STE.350
 PORT ST LUCIE, FL 34986
 Final Provider Reimbursement Report

Report Date: 05/11/2018 10:35:12

Reporting Period: 04/01/2018 - 04/30/2018

	Days Absent	Days Reimbursed	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
VOLUNTARY PRE-K	48	441 Days	5533.92	0.00	0.00	5533.92
VPK REPORT TOTALS:						
			5533.92	0.00	0.00	5533.92

EARLY LEARNING COALITION OF ST. LUCIE
 584 NW UNIVERSITY BLVD STE350
 PORT ST LUCIE, FL 34986
 Final Provider Reimbursement Report

Vendor # : 4154
 ALPI LINCOLN PARK HEADSTART (XXXXXXXX448 5)
 2202 AVENUE Q
 FORT PIERCE, FL 34950
 (772)464-6061

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

Reporting Period: 04/01/2018 - 04/30/2018

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Reimbursed	Days Provider Reimbursed	Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
=> Adjustments For Period: 04/01/2018 - 04/30/2018 <=>													
A17	XXX-XX-2760	VOLUNTARY PRE-K											
	RANDOLPH, NYDIA L.	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR5	0	1HR Days	0	.00	.00	.00	0.00	0.00	0.00	0.00
					-10.5	Hours	4.48	.00		-47.04	0.00		-47.04
B17	XXX-XX-6031	VOLUNTARY PRE-K											
	ROBINSON, DEMONTRA	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR5	0	1HR Days	0	.00	.00	.00	0.00	0.00	0.00	0.00
					-3	Hours	4.48	.00		-13.44	0.00		-13.44
B17	XXX-XX-5668	VOLUNTARY PRE-K											
	RODRIGUEZ, DONNA	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR5	0	1HR Days	0	.00	.00	.00	0.00	0.00	0.00	0.00
					-3	Hours	4.48	.00		-13.44	0.00		-13.44
C17	XXX-XX-5632	VOLUNTARY PRE-K											
	THOMPSON, JAMILL, D	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR5	0	1HR Days	0	.00	.00	.00	0.00	0.00	0.00	0.00
					-6.75	Hours	4.48	.00		-30.24	0.00		-30.24
B17	XXX-XX-9109	VOLUNTARY PRE-K											
	VELASCO HERNANDEZ, STEPHANIE	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR5	0	1HR Days	0	.00	.00	.00	0.00	0.00	0.00	0.00
					-14.25	Hours	4.48	.00		-63.84	0.00		-63.84
A17	XXX-XX-5583	VOLUNTARY PRE-K											
	WELLS, TAKENDRA	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR5	0	1HR Days	0	.00	.00	.00	0.00	0.00	0.00	0.00
					-6.75	Hours	4.48	.00		-30.24	0.00		-30.24
60 TO -72 MTH TOTALS:										0.00	0.00	0.00	0.00
										-295.68	0.00		-295.68

EARLY LEARNING COALITION OF ST. LUCIE
 584 NW UNIVERSITY BLVD STE350
 PORT ST LUCIE, FL 34986
 Final Provider Reimbursement Report

Vendor # : 4154
 ALPI LINCOLN PARK HEADSTART (XXXXXXXX4148 5)
 2202 AVENUE Q
 FORT PIERCE, FL 34950
 (772)464-6061

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

Reporting Period: 04/01/2018 - 04/30/2018

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.	
					0	0	0	0	-581.28	0.00	0.00	-581.28	
					-129.75	Hours							
TOTALS FOR PERIOD:					0	0	0	0	-581.28	0.00	0.00	-581.28	
ALL PERIODS:					150	1134	Days	3272.25	Hours	14659.68	0.00	0.00	14659.68

Adjustments For Period: 04/01/2018 - 04/30/2018

EARLY LEARNING COALITION OF ST. LUCIE
 584 NW UNIVERSITY BLVD STE350
 PORT ST LUCIE, FL 34986
 Final Provider Reimbursement Report

Report Date: 05/11/2018 10:36:19

Reporting Period: 04/01/2018 - 04/30/2018

	Days Absent	Days Reimbursed	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
VOLUNTARY PRE-K	150	1134 Days	14659.68	0.00	0.00	14659.68
VPK REPORT TOTALS:			14659.68	0.00	0.00	14659.68

EARLY LEARNING COALITION OF ST. LUCIE
 584 NW UNIVERSITY BLVD STE350
 PORT ST LUCIE, FL 34986
 Final Provider Reimbursement Report

Vendor # : 4181
 ALPI CHILD DEV FAMILY SVCS CTR (XXXXXXXX4148 16)
 2202 AVENUE Q
 FORT PIERCE, FL 34950
 (772)879-4944

** LICENSED CENTER SUB ** BILLING GROUP 8 (BGR)

Reporting Period: 04/01/2018 - 04/30/2018

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.
				21	FT Days	21.00	.00	441.00	0.00	69.30	371.70
			PR3								
			ECONOMICALLY DISADVANTAGE								
			36 TO <48 MTH	21	FT Days			441.00	0.00	69.30	371.70
			TOTALS FOR PERIOD:					441.00	0.00	69.30	371.70

Child Care For Period: 04/01/2018 - 04/30/2018

XXX-XX-5040
 SAVAGE, MONTANA H

EARLY LEARNING COALITION OF ST. LUCIE
 584 NW UNIVERSITY BLVD STE350
 PORT ST LUCIE, FL 34986
 Final Provider Reimbursement Report

Report Date: 05/09/2018 03:44:52

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

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

Reporting Period: 04/01/2018 - 04/30/2018

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.
				21	PT Days	13.85	.00	2,40	0.00	50.40	240.45
			2YR	21	PT Days	13.85	.00	2,40	0.00	50.40	240.45
		24 TO <36 MTH	TOTALS:	21	PT Days			290.85	0.00	50.40	240.45
		TOTALS FOR PERIOD:		21	Days			290.85	0.00	50.40	240.45

Child Care For Period: 04/01/2018 - 04/30/2018

XXX-XX-2755
 BRITT, JERMIAN R

ECONOMICALLY DISADVANTAGE

ST. LUCIE COUNTY MONTHLY REPORTS

May 2018

DEPARTMENT OF CHILDREN AND FAMILIES
License Renewals

LIHEAP FINANCIAL STATUS REPORT



Logged in as AI Miller | User Level : Agency Administrator

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Agency Detail Programs/Contracts Reports Contractor Training Organizational Standards LIHEAP

Contracts > Contract Detail > FSR Listing > Edit FSR

Edit FSR

Version 2.0

Agency : Agricultural and Labor Program, Inc.
 Program : Low Income Home Energy Assistance Program (LIHEAP)
 Contract # : 17EA-0F-07-63-08-001

Return To FSRs Print FSR

* indicates a required field

Reporting Period:	3 2018-3 2018	Invoice #:	17EA00112
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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)	\$4,601,343.00	\$301,894.79	\$4,397,805.40	\$203,537.60
GRANTEE ADMINISTRATIVE EXPENSE				
2. Salaries including Fringe, Rent, Utilities, Travel, Other (Total cannot exceed 8% of Line 1)	\$387,412.00	\$5,787.05	\$387,412.00	\$0.00
GRANTEE OUTREACH EXPENSE				
3. Salaries including Fringe, Rent, Utilities, Travel, Other (Cannot Exceed 15% of Line 1 minus Line 2)	\$635,790.00	\$80,940.19	\$635,790.00	\$0.00
DIRECT CLIENT ASSISTANCE				
4. Home Energy Assistance Payments (Must be at least 25% of Line 1)	\$1,893,988.00	\$112,965.11	\$1,804,559.50	\$89,428.50
5. Crisis Benefits Payments	\$1,684,153.00	\$102,202.44	\$1,570,043.90	\$114,109.10
6. Weather Related/Supply Shortage (Must be at least 2% of Line 1)	\$0.00	\$0.00	\$0.00	\$0.00
7. SUBTOTAL (Lines 4-6)	\$3,578,141.00	\$215,167.55	\$3,374,603.40	\$203,537.60
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)	\$4,601,343.00	\$301,894.79	\$4,397,805.40	\$203,537.60

CASH POSITION

1. Total grant funds received from DEO Y-T-D	\$4,414,777.92
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)	\$301,894.79

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 Executive Offi	* Signature		Date	4/12/2018	<input checked="" type="checkbox"/>
Current Authority	\$4,601,343.00	Type of Assistance		NUMBER OF HOUSEHOLDS				
Year-to-Date Disbursed	\$4,414,777.92			Approved Workplan	Served with these Funds	Served to Date		
Available Authority	\$186,565.08	Summer Home Energy	2963	0	2624			
Payment Number		Winter Home Energy	3027	620	3225			
Payment Amount		Summer Crisis	2309	0	1624			
Approved		Winter Crisis	2513	667	3327			
Date		Weather Related	0	0	0			
TOTALS :			10812	1287	10800			

**Certification & Data
Supplement Form
Low Income Home Energy Assistance Program (LIHEAP/LEA)**

Agency Name: The Agricultural and Labor Program, Inc.
 Notice of Funding Availability (NFA) #: 036346
 Financial Activity (FA) #: FA-271293
 Amount of Financial Activity: \$ 49,165.41
 Reporting Period (Month & Year): 4/1/2018

Type of Assistance	Approved Workplan	Served w/these Funds	Served to Date
Summer Home Energy	2400	1	1
Winter Home Energy	2610		
Summer Crisis	2100		
Winter Crisis	2101		
Weather Related	242		
TOTALS:	9453	1	1

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.

Futhermore, Recipient hereby certifies that it has been open and operating during its normal business hours for the month of APRIL, as described in Attachment F, Warranties and Representation of the FY2018 LIHEAP Agreement.

Authorized Agency Representative:



Date:

5/31/2018

Financial Activity
FA-271293

Financial Activity Type: Notice of Fund Availability
 Expenditure: 036346 - Low Income Home Energy Assistance (LIHEAP) - 20...
 Reporting Time Period Start: 4/1/2018

Financial Activity Name
FA-271293

Status
New

Notice of Fund Availability
036346 - Low Income Home Energy Assistance (LIHEAP) - 2018 (/grant/s/subrecipient-agreement/a06f4000002Zo0IAC/036346-low-income-home-energy-assistance-liheap-2018)

Reporting Time Period Start
4/1/2018

Notice of Fund Availability Start Date
10/1/2017

Reporting Time Period End
4/30/2018

NFA ID
036346

Requested Date

Total Award Amount
\$3,971,408.00

Approved Date

Prior LTD Expenditure
\$0.00

Funds Expended
\$0.00

Long Contract Number
17EA-0F-07-63-08-001

Name	Cost Category Name	Activity	Cost Code	Dir Client Svcs	Funds Expended
FACC - 522793	Direct Client Assistance	Crisis Benefit Payments		✓	0.00
FACC - 522792	Direct Client Assistance	Home Energy Assistance Payments		✓	200.00
FACC - 522794	Direct Client Assistance	Weather Related/Supply Shortage		✓	0.00
FACC - 522790	Grantee Administrative Expense	Salaries Including Fringe, Rent, Utilities, Travel, Other		✓	17,863.36
FACC - 522796	Grantee Leveraging Expense	Crisis Assistance		✓	0.00
FACC - 522795	Grantee Leveraging Expense	Home Energy Assistance		✓	0.00
FACC - 522791	Grantee Outreach Expense	Salaries Including Fringe, Rent, Utilities, Travel, Other		✓	31,102.05
Grand Total:					\$49,165.41

Recipient hereby certifies that it has been open and operating during its normal business hours for the month of April, as described in Attachment F, Warranties and Representations, of the FY2018 LIHEAP Agreement.

County Expenditures

Save

Fin Activity County Expenditure Name	SR County Name	County Funds Expenditure	County Expenditure
FA CTY ALLO - 005679	St. Lucie	\$496,794.92	<input type="text" value="0.00"/>
FA CTY ALLO - 005680	Polk	\$856,158.99	<input type="text" value="0.00"/>
FA CTY ALLO - 005681	Martin	\$136,841.21	<input type="text" value="0.00"/>
FA CTY ALLO - 005682	Hendry	\$124,124.09	<input type="text" value="0.00"/>
FA CTY ALLO - 005683	Glades	\$78,081.79	<input type="text" value="0.00"/>
FA CTY ALLO - 005684	Collier	\$212,626.57	<input type="text" value="0.00"/>
FA CTY ALLO - 005685	Highlands	\$226,988.06	<input type="text" value="0.00"/>
Grand Total:			\$ 0.00

[BWR Household Data \(0\)](#) New

[Files \(0\)](#) Add Files

Upload Files

[Financial Activity County Expenditures \(6+\)](#) New

FINANCIAL ACTIVITY COUNTY EXPENDITURE: FIN ACTIVITY COUNTY EXPENDITURE NAME	
FA CTY ALLO - 005679 (/grant/s/detail/a0of4000002wm3dAAA)	▼
FA CTY ALLO - 005680 (/grant/s/detail/a0of4000002wm3eAAA)	▼
FA CTY ALLO - 005681 (/grant/s/detail/a0of4000002wm3fAAA)	▼
FA CTY ALLO - 005682 (/grant/s/detail/a0of4000002wm3gAAA)	▼
FA CTY ALLO - 005683 (/grant/s/detail/a0of4000002wm3hAAA)	▼
FA CTY ALLO - 005684 (/grant/s/detail/a0of4000002wm3iAAA)	▼
View All	



**Certification & Data
Supplement Form
Low Income Home Energy Assistance Program (LIHEAP/LEA)**


Agency Name: The Agricultural and Labor Program, Incorporated (ALPI)
 Notice of Funding Availability (NFA) #: 36346
 Financial Activity (FA) #: FA-271293
 Amount of Financial Activity: \$ 153,904.36
 Reporting Period (Month & Year): May-18

Type of Assistance	Approved Workplan	Served w/these Funds	Served to Date
Summer Home Energy	2,400	147	148
Winter Home Energy	2,610		
Summer Crisis	2,100	158	158
Winter Crisis	2,101		
Weather Related	242		
TOTALS:	9,453	305	306

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.

Futhermore, Recipient hereby certifies that it has been open and operating during its normal business hours for the month of May, 2018, as described in Attachment F, Warranties and Representation of the FY2018 LIHEAP Agreement.

Authorized Agency Representative:



Date:

6-6-18

[Home \(/Grant/S/\)](#)
[Reports \(/Grant/S/Report/Report/Recent\)](#)
[Previously Served Households \(/Grant/S/Previously-Served-Households\)](#)
[BWR Household Data Entry \(/Gra](#)

Financial Activity
FA-273710

[Edit](#)
[Submit for Approval](#)
[Reimbursement PDF](#)

Financial Activity Type: Notice of Fund Availability
 Reimbursement: 036346 - Low Income Home Energy Assistance (LIHEAP) - 20...
 Reporting Time Period Start: 5/1/2018

Financial Activity Name
FA-273710

Status
New

Notice of Fund Availability
036346 - Low Income Home Energy Assistance (LIHEAP) - 2018 (/grant/s/subrecipient-agreement/a06f4000002Zo0AAC/036346-low-income-home-energy-assistance-liheap-2018)

Reporting Time Period Start
5/1/2018


Notice of Fund Availability Start Date
10/1/2017

Reporting Time Period End
5/31/2018


NFA ID
036346

Requested Date

Total Award Amount
\$5,721,135.00

Approved Date 

Prior LTD Expenditure
\$0.00

Funds Expended 
\$0.00

Long Contract Number
17EA-OF-07-63-08-001

Contract Number Name
E1953

Records saved.

Financial Activity Cost Categories

Name	Cost Category Name	Activity	Cost Code	Budget Remaining	Funds Requested
FACC - 529214	Direct Client Assistance	Crisis Benefit Payments		\$1,394,715.04	46,227.96
FACC - 529213	Direct Client Assistance	Home Energy Assistance Payments		\$1,521,633.99	46,096.01
FACC - 529215	Direct Client Assistance	Weather Related/Supply Shortage		\$79,860.00	0.00
FACC - 529211	Grantee Administrative Expense	Salaries Including Fringe, Rent, Utilities, Travel, Other		\$279,740.98	21,932.30
FACC - 529217	Grantee Leveraging Expense	Crisis Assistance		\$0.00	0.00
FACC - 529216	Grantee Leveraging Expense	Home Energy Assistance		\$0.00	0.00
FACC - 529212	Grantee Outreach Expense	Salaries Including Fringe, Rent, Utilities, Travel, Other		\$443,222.81	39,648.09

Grand Total: \$153,904.36

County Expenditures


Error:Your allocations must match the Financial Activity Grand Total.

Save

Fin Activity County Expenditure Name	SR County Name	County Funds Expenditure	County Expenditure
FA CTY ALLO - 006117	St. Lucie	\$496,794.92	449.23
FA CTY ALLO - 006118	Polk	\$856,158.99	85,884.81
FA CTY ALLO - 006119	Martin	\$136,841.21	0.00
FA CTY ALLO - 006120	Hendry	\$124,124.09	0.00
FA CTY ALLO - 006121	Glades	\$78,081.79	0.00
FA CTY ALLO - 006122	Collier	\$212,626.57	0.00
FA CTY ALLO - 006123	Highlands	\$226,988.06	5,989.93
			Grand Total: \$92,323.97

[BWR Household Data \(0\)](#) New

[Files \(0\)](#) Add Files



[Financial Activity County Expenditures \(6+\)](#) New

FINANCIAL ACTIVITY COUNTY EXPENDITURE: FIN ACTIVITY COUNTY EXPENDITURE NAME	
FA CTY ALLO - 006117 (/grant/s/detail/a0of4000002yOmFAAU)	▼
FA CTY ALLO - 006118 (/grant/s/detail/a0of4000002yOmFAAU)	▼
FA CTY ALLO - 006119 (/grant/s/detail/a0of4000002yOmGAAU)	▼
FA CTY ALLO - 006120 (/grant/s/detail/a0of4000002yOmHAAU)	▼
FA CTY ALLO - 006121 (/grant/s/detail/a0of4000002yOmIAAU)	▼
FA CTY ALLO - 006122 (/grant/s/detail/a0of4000002yOmJAAU)	▼

[View All](#)



FLORIDA NON-PROFIT HOUSING

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

MONTHLY REQUEST

DATE SUBMITTED: 23-Apr-18
FOR THE MONTH OF: March, 2018

AMOUNT OF THIS REQUEST \$ \$1,855.66

	BUDGET LINE ITEM	APPROVED BUDGET	CUM. COST PRIOR PERIOD	ACTUAL COST THIS PERIOD	CUM. COST TO DATE	BAL. OF BUDGET
500	Salaries	\$1,563.00	\$1,060.40	\$324.10	\$1,384.50	\$178.50
505	Fringes	\$391.42	\$284.30	\$85.94	\$370.24	\$21.18
52000	Workmen's Comp.	\$29.70	\$22.38	\$7.00	\$29.38	\$0.32
57810	Housing Assist. Payment	\$24,000.00	\$19,037.32	\$1,402.76	\$20,440.08	\$3,559.92
52300	Travel	\$157.98	\$0.00	\$0.00	\$0.00	\$157.98
990	Sub-Total	\$26,142.10	\$20,404.40	\$1,819.80	\$22,224.20	\$3,917.90
597	Indirect	\$257.90	\$214.07	\$35.86	\$249.93	\$7.97
	Total Cost	\$26,400.00	\$20,618.47	\$1,855.66	\$22,474.13	\$3,925.87


SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

23-Apr-18
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: 18-May-18
FOR THE MONTH OF: April, 2018

AMOUNT OF THIS REQUEST \$ \$625.30

	BUDGET LINE ITEM	APPROVED BUDGET	CUM. COST PRIOR PERIOD	ACTUAL COST THIS PERIOD	CUM. COST TO DATE	BAL. OF BUDGET
500	Salaries	\$1,563.00	\$1,384.50	\$139.03	\$1,523.53	\$39.47
505	Fringes	\$391.42	\$370.24	\$37.42	\$407.66	-\$16.24
52000	Workmen's Comp.	\$29.70	\$29.38	\$3.02	\$32.40	-\$2.70
57810	Housing Assist. Payment	\$24,000.00	\$20,440.08	\$421.96	\$20,862.04	\$3,137.96
52300	Travel	\$157.98	\$0.00	\$0.00	\$0.00	\$157.98
990	Sub-Total	\$26,142.10	\$22,224.20	\$601.43	\$22,825.63	\$3,316.47
597	Indirect	\$257.90	\$249.93	\$23.87	\$273.80	-\$15.90
	Total Cost	\$26,400.00	\$22,474.13	\$625.30	\$23,099.43	\$3,300.57



SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

18-May-18

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: 18-Jun-18
FOR THE MONTH OF: May, 2018

AMOUNT OF THIS REQUEST \$ \$412.61

	BUDGET LINE ITEM	APPROVED BUDGET	CUM. COST PRIOR PERIOD	ACTUAL COST THIS PERIOD	CUM. COST TO DATE	BAL. OF BUDGET
500	Salaries	\$1,563.00	\$1,523.53	\$195.54	\$1,719.07	-\$156.07
505	Fringes	\$391.42	\$407.66	\$30.94	\$438.60	-\$47.18
52000	Workmen's Comp.	\$29.70	\$32.40	\$4.17	\$36.57	-\$6.87
57810	Housing Assist. Payment	\$24,000.00	\$20,862.04	\$250.00	\$21,112.04	\$2,887.96
52300	Travel	\$157.98	\$0.00	\$0.00	\$0.00	\$0.00
990	Sub-Total	\$26,142.10	\$22,825.63	\$480.65	\$23,306.28	\$2,835.82
597	Indirect	\$257.90	\$273.80	-\$68.04	\$205.76	\$52.14
	Total Cost	\$26,400.00	\$23,099.43	\$412.61	\$23,512.04	\$2,887.96


SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

18-Jun-18
DATE

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

EHEAP FINANCIAL STATUS REPORT

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

PROVIDER NAME, ADDRESS, PHONE# and FEID#	TYPE OF REPORT :	CONTRACT # <u>EH-17/18 - ALPI</u> Contract Period <u>04/01/2017 - 03/31/2018</u>
THE AGRICULTURAL AND LABOR PROGRAM, INC 300 LYNCHBURG ROAD LAKE ALFRED, FL 33850-2576 (863) 956-3491 FEID # 59-1634148	Advance Request _____ Reimbursement Request <u>X</u>	REQUEST PERIOD <u>3/1/2018-3/31/18</u> Report # <u>10</u> PSA # <u>6</u> 6 INVOICE #

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: [Signature] Date: 4/15/18 Approved by: [Signature] Date: 4/15/18

PART A: BUDGET SUMMARY	Administration Services	Outreach Services	Crisis Services	Weather Related	Administration Weather Related	TOTAL
1. Approved Contract Amount	\$1,963.00	\$17,390.00	\$105,955.00	\$0.00	\$0.00	\$125,308.00
2. Previous Funds Received for Contract Period	\$300.22	\$13,349.85	\$83,272.47	\$0.00	\$0.00	\$96,922.54
3. Contract Balance (line 1 minus line 2)	\$1,662.78	\$4,040.15	\$22,682.53	\$0.00	\$0.00	\$28,385.46
4. Previous Funds Requested but Not Received for Contract Period	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Contract Balance (line 3 minus line 4)	\$1,662.78	\$4,040.15	\$22,682.53	\$0.00	\$0.00	\$28,385.46
PART B: CONTRACT FUNDS REQUEST						
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)	-\$32.20	-\$291.53	\$3,020.46	\$0.00	\$0.00	\$2,696.73
3. TOTAL	-\$32.20	-\$291.53	\$3,020.46	\$0.00	\$0.00	\$2,696.73
PART C: NET FUNDS REQUESTED						
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)	-\$32.20	-\$291.53	\$3,020.46	\$0.00	\$0.00	\$2,696.73

PART D: SERVICE INFORMATION

Number of individuals served with crisis assistance during the report month: _____ 2

Number of individuals ineligible or denied assistance during the report month: _____ 0

Number of individuals served by referral to other community resources for energy assistance during the report month: _____ 0

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.

**RECEIPTS AND EXPENDITURE REPORT
EMERGENCY HOME ENERGY ASSISTANCE PROGRAM**

PROVIDER 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	Program Funding Source : EHEAP (Emergency Home Energy Assistance for the Elderly Program)	THIS REPORT PERIOD FROM: 03/01/2018 TO: 03/31/2018 CONTRACT PERIOD: 4/1/2017 3/31/2018 CONTRACT # EH-17/18-ALPI REPORT # 10 PSA# 6		
<p>CERTIFICATION : I certify to the best of my knowledge and belief that this report is complete and all outlays herein are for purposes set forth in the contract.</p> <p>Prepared by : <u><i>CEL Miller</i></u> Date : <u>4/15/18</u> Approved by : <u><i>A. [Signature]</i></u> Date : <u>4/15/18</u></p>				
PART A : BUDGETED INCOME/ RECEIPTS	1. Approved Budget	2. Actual Receipts For This Report	3. Total Receipts Year to Date	4. Percent of Approved Budget
1. Agreement Amount	\$125,308.00	\$96,922.54	\$96,922.54	77.35%
2. Interest on Agreement Funds	\$0.00	\$0.00	\$0.00	0.00%
3. TOTAL AGREEMENT AMOUNT	\$125,308.00	\$96,922.54	\$96,922.54	77.35%
PART B : EXPENDITURES	1. Approved Budget	2. Expenditures For This Report	3. Expenditures Year to Date	4. Percent of Approved Budget
1. Administration	\$1,963.00	-\$32.20	\$269.02	13.85%
2. Outreach	\$17,390.00	-\$291.53	\$13,058.32	75.09%
3. Crisis Services	\$105,955.00	\$3,020.46	\$85,229.63	80.44%
4. Weather Related Services	\$0.00	\$0.00	\$0.00	0.00%
5. Weather Related Administration	\$0.00	\$0.00	\$0.00	0.00%
6. TOTAL EXPENDITURES	\$125,308.00	\$2,696.73	\$98,555.97	78.65%

EHEAP EXPENDITURE SUMMARY

Provider: ALPI

Report Period: 3/1/2018-3/31/2018

Budget Category	Line Item	Description	Ck #, D.D., EFT	Amount
Administration	50000	SALARIES		\$ 9.49
	50500	FRINGE BENEFITS		\$ (54.28)
	52000	DIRECT FRINGE W/C		\$ 1.12
	52100	PROFESSIONAL SERVICES		\$ 52.18
	52300	TRAVEL		\$ 0.98
	53000	OFFICE SUPPLIES		\$ 8.69
	53600	TELEPHONE		\$ 10.67
	53800	POSTAGE		\$ 10.36
	59700	INDIRECT COST		\$ (71.41)
		TOTAL ADMINISTRATION	\$	(32.20)
Outreach	50000	SALARIES		\$ 820.64
	50500	FRINGE BENEFITS		\$ 314.49
	52000	DIRECT FRINGE W/C		\$ 18.65
	52300	TRAVEL		\$ -
	52900	PRINTING		\$ 53.56
	53000	OFFICE SUPPLIES		\$ 0.36
	53600	UTILITIES		\$ 14.81
	53600	TELEPHONE		\$ (1,587.93)
	53700	DATA COMMUNICATIONS		\$ 5.58
	53800	POSTAGE		\$ 6.22
	59700	INDIRECT		\$ 62.09
		TOTAL OUTREACH	\$	(291.53)

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

PROVIDER NAME, ADDRESS, PHONE# and FEID#	TYPE OF REPORT :	CONTRACT # <u>EH-18/19 - ALPI</u> Contract Period <u>04/01/2018 - 03/31/2019</u>
THE AGRICULTURAL AND LABOR PROGRAM, INC 300 LYNCHBURG ROAD LAKE ALFRED, FL 33850-2576 (863) 956-3491 FEID # 59-1634148	Advance Request _____ Reimbursement Request <u>X</u>	REQUEST PERIOD <u>4/1/2018-4/30/18</u> Report # <u>01</u> PSA # <u>6</u> 6 INVOICE #

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: [Signature] Date: 5/7/18 Approved by: [Signature] Date: 5/7/18

PART A: BUDGET SUMMARY	Administration Services	Outreach Services	Crisis Services	Weather Related	Administration Weather Related	TOTAL
1. Approved Contract Amount	\$1,963.00	\$17,390.00	\$106,955.00	\$0.00	\$0.00	\$125,308.00
2. Previous Funds Received for Contract Period	\$300.22	\$13,349.85	\$83,272.47	\$0.00	\$0.00	\$96,922.54
3. Contract Balance (line 1 minus line 2)	\$1,662.78	\$4,040.15	\$22,682.53	\$0.00	\$0.00	\$28,385.46
4. Previous Funds Requested but Not Received for Contract Period	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Contract Balance (line 3 minus line 4)	\$1,662.78	\$4,040.15	\$22,682.53	\$0.00	\$0.00	\$28,385.46
PART B: CONTRACT FUNDS REQUEST						
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)	\$273.56	\$375.96	\$0.00	\$0.00	\$0.00	\$649.52
3. TOTAL	\$273.56	\$375.96	\$0.00	\$0.00	\$0.00	\$649.52
PART C: NET FUNDS REQUESTED						
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)	\$273.56	\$375.96	\$0.00	\$0.00	\$0.00	\$649.52

PART D: SERVICE INFORMATION

Number of individuals served with crisis assistance during the report month: _____ 0

Number of individuals ineligible or denied assistance during the report month: _____ 0

Number of individuals served by referral to other community resources for energy assistance during the report month: _____ 0

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.

**RECEIPTS AND EXPENDITURE REPORT
EMERGENCY HOME ENERGY ASSISTANCE PROGRAM**

PROVIDER 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	Program Funding Source : EHEAP (Emergency Home Energy Assistance for the Elderly Program)	THIS REPORT PERIOD FROM: 04/01/2018 TO: 04/30/2018 CONTRACT PERIOD: 4/1/2018 3/31/2019 CONTRACT # EH-18/19-ALPI REPORT # 1 PSA# 6		
CERTIFICATION : I certify to the best of my knowledge and belief that this report is complete and all outlays herein are for purposes set forth in the contract. Prepared by: <u><i>C. J. Bunk</i></u> Date: <u>5/7/18</u> Approved by: <u><i>[Signature]</i></u> Date: <u>5/7/18</u>				
PART A : BUDGETED INCOME/ RECEIPTS	1. Approved Budget	2. Actual Receipts For This Report	3. Total Receipts Year to Date	4. Percent of Approved Budget
1. Agreement Amount	\$125,308.00	\$96,922.54	\$96,922.54	77.35%
2. Interest on Agreement Funds	\$0.00	\$0.00	\$0.00	0.00%
3. TOTAL AGREEMENT AMOUNT	\$125,308.00	\$96,922.54	\$96,922.54	77.35%
PART B : EXPENDITURES	1. Approved Budget	2. Expenditures For This Report	3. Expenditures Year to Date	4. Percent of Approved Budget
1. Administration	\$1,963.00	\$273.56	\$541.58	27.59%
2. Outreach	\$17,390.00	\$375.98	\$13,434.28	77.25%
3. Crisis Services	\$105,955.00	\$0.00	\$85,229.63	80.44%
4. Weather Related Services	\$0.00	\$0.00	\$0.00	0.00%
5. Weather Related Administration	\$0.00	\$0.00	\$0.00	0.00%
6. TOTAL EXPENDITURES	\$125,308.00	\$649.52	\$99,205.49	79.17%

EHEAP EXPENDITURE SUMMARY

Provider: ALPI

Report Period: 4/1/2018-04/30/2018

Budget Category	Line Item	Description	Ck #, D.D., EFT	Amount
Administration	50000	SALARIES		\$ 185.46
	50500	FRINGE BENEFITS		\$ 50.11
	52000	DIRECT FRINGE W/C		\$ 3.91
	52100	PROFESSIONAL SERVICES		\$ -
	52300	TRAVEL		\$ -
	53000	OFFICE SUPPLIES		\$ -
	53800	TELEPHONE		\$ -
	53800	POSTAGE		\$ -
	59700	INDIRECT COST		\$ 34.08
	TOTAL ADMINISTRATION			
Outreach	50000	SALARIES		\$ 260.92
	50500	FRINGE BENEFITS		\$ 70.00
	52000	DIRECT FRINGE W/C		\$ 5.81
	52300	TRAVEL		\$ -
	52900	PRINTING		\$ -
	53000	OFFICE SUPPLIES		\$ -
	53500	UTILITIES		\$ -
	53600	TELEPHONE		\$ -
	53700	DATA COMMUNICATIONS		\$ -
	53800	POSTAGE		\$ -
59700	INDIRECT		\$ 39.23	
TOTAL OUTREACH				\$ 375.96

CSBG FINANCIAL STATUS REPORT

**Certification & Data
Supplement Form
Community Services Block Grant (CSBG/SBG)**

Agency Name: The Agricultural and Labor Program, Incorporated
 Notice of Funding Availability (NFA) #: NFA 036566 - Community Services Block Grant (CSBG)
 Financial Activity (FA) #: FA-271696
 Amount of Financial Activity: \$73,792.92
 Reporting Period (Month & Year): May-18

Type of Assistance	Achieved This Month	Total Year to Date
CSBG Dollars Expended This Month	\$73,792.92	\$128,205.03
# of Individuals Assisted with CSBG Dollars This Month	36	57
# of Individuals Achieving Outcome in NPI 1.1 A-D	13	14
TOTALS:	49	71

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.

Furthermore, Recipient hereby certifies that it has been open and operating during its normal business hours for the month of May 2018, as described in Attachment F, Warranties and Representation of the FY2018 CSBG Agreement.

Authorized Agency Representative:



Deloris Johnson, Chief Executive Officer

Date:

6/18/2018

DOE FINANCIAL REPORT (EA)

OTHER REPORTS

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted HHS-ADMINISTRATION FOR CHILDREN & FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	Page	1	of	2
pages					

3. Recipient Organization (Name and complete address including Zip code)
**AGRICULTURAL & LABOR PROGRAM, INC
 PO BOX 3126
 WINTER HAVEN, FL, 33880**

4a. DUNS Number 040210163	4b. EIN 1591634148A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final <input type="checkbox"/> Month	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
-------------------------------------	--------------------------------	---	---	---

8. Project/Grant Period From: (Month, Day, Year) To: (Month, Day, Year)	9. Reporting Period End Date (Month, Day, Year) MARCH 31, 2018
--	--

10. Transactions Cumulative
 (Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	2,092,307.97
b. Cash Disbursements	2,177,166.18
c. Cash on Hand (line a minus b)	-84,858.21

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	
e. Federal share of expenditures	
f. Federal share of unliquidated obligations	
g. Total Federal share (sum of lines e and f)	
h. Unobligated balance of Federal funds (line d minus g)	

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:							

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Gniewek, Dennis Finance Director	c. Telephone (Area code, number and extension) 863-956-3491x210
	d. Email address dgniewek@alpi.org
b. Signature of Authorized Certifying Official Dennis Gniewek	e. Date Report Submitted (Month, Day, Year) APRIL 20, 2018
14. Agency use only:	

Standard Form 425 - Revised 8/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0049 Page 198
Expiration Date: 01/31/2019

1. Federal Agency and Organizational Element to Which Report is Submitted HHS-ADMINISTRATION FOR CHILDREN & FAMILIES		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: Agricultural and Labor Program, Inc. Street1: 300 Lynchburg Rd. Street2: City: Lake Alfred County: Polk State: FL: Florida Province: Country: USA: UNITED STATES ZIP / Postal Code: 33850			
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	
040210163	591634148		
6. Report Type	7. Basis of Accounting	8. Project/Grant Period	9. Reporting Period End Date
<input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	From: 07/01/2014 To: 06/30/2019	03/31/2018
10. Transactions (Use lines a-c for single or multiple grant reporting)			Cumulative
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts			2,092,307.97
b. Cash Disbursements			2,177,166.18
c. Cash on Hand (line a minus b)			-84,858.21
(Use lines d-o for single grant reporting)			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			7,414,082.00
e. Federal share of expenditures			5,440,858.21
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			5,440,858.21
h. Unobligated balance of Federal Funds (line d minus g)			1,973,223.79
Recipient Share:			
i. Total recipient share required			1,871,785.00
j. Recipient share of expenditures			1,182,138.43
k. Remaining recipient share to be provided (line i minus j)			689,646.57
Program Income:			
l. Total Federal program income earned			0.00
m. Program Income expended in accordance with the deduction alternative			0.00
n. Program Income expended in accordance with the addition alternative			0.00
o. Unexpended program income (line l minus line m or line n)			0.00

11. Indirect Expense

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Provisional	16.50	07/01/2017	06/30/2018	16.50	474,986.68	519,661.26
g. Totals:				16.50	474,986.68	519,661.26

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

The Agricultural and Labor Program Line 12

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, section 1001)

a. Name and Title of Authorized Certifying Official

Prefix: First Name: Middle Name:
 Last Name: Suffix:
 Title:

b. Signature of Authorized Certifying Official



c. Telephone (Area code, number and extension)

d. Email Address

e. Date Report Submitted

14. Agency use only:

The Agricultural and Labor Program, Inc.

Federal Financial Report

3/31/2018

Line 12 Remarks: Explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

T/TA \$99,701 USDA Food \$522,468 Administration \$859,383

OTHER REPORTS

ADVISORY COUNCILS' REPORTS



COUNCIL/COMMITTEE MEETING REPORT FORM

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

Central Region Advisory Council _____

May 9, 2018 _____

COUNCIL/COMMITTEE

DATE

Type of Report

- Reporting/Updating
- Recommending Board Action
- Recommending Policy Changes

Brief Statement of Council's Issue/Area Reporting:

- I. **CALL TO ORDER:** The Meeting was called to order @ 5:40 p.m. by Chairperson Glenda Jones.
- II. **MISSION STATEMENT:** Read in unison
- III. **ROLL CALL:** See Attendance Roster and Sign-In Sheet
Chair Glenda Jones, said "Today We Salute All Mothers!"
- IV. **SECRETARY'S REPORT:** The minutes were approved as presented
Josephine Howard moved to accept the Secretary's Report
- V. **BOARD REPRESENTATIVE REPORT:** Ruby Willix
- Picnic – June 30, 2018 in Sanford, FL
- VI. **NEW BUSINESS**
- **2018 Committees' Assignments**

Scholarship	Special Events	Membership	Gov't Affairs	Nominating	Comm Relations
Patricia Salary (C) Linda Bailey Jennie Calhoun Patricia Gamble Josephine Howard Annie Larkins Margaree Simon Ruby Willix	Johnnie McNair (C) Earnestine Davis Patricia Gamble Hollis Jackson Glenda Jones Doris Parker Margaree Simon Dorothy Spencer	Annie Larkins (C) Hollis Jackson Glenda Jones Doris Parker Elizabeth Scaife Dorothy Spencer	Josephine Howard (C) Vermell Brown Earnestine Davis Clora Dubose Glenda Jones Marian Owens Doris Parker Mary Shepherd Datha Shular	Jacqueline Rentz (C) Louvenia Crumity Earnestine Davis Josephine Howard Johnnie McNair Doris Parker Elizabeth Scaife	Elizabeth Scaife (C) Linda Bailey Vermell Brown Clora Dubose Marian Owens Dorothy Spencer

- **Membership Committee Chair & Council Chair Report**
 - ✓ Dawnetta Haynes-Wearing referred by Ms. Linda Bailey –
This application was moved to be tabled at the next meeting. There is currently one opening on the Council to replace Mrs. Jackson.
- **Government Affairs Committee Chair Report:** Josephine Howard
See separate sheet
Review Advisory 2018-2019 Legislative Agenda Plan.
- **Scholarship Committee Report**
Deadline – July 6, 2018
Vermell Brown - \$30.00
Ruby Willix - \$20.00
Josephine Howard - \$30.00
Patricia Salary - \$30.00
Total Collected on 5/9/18 - \$110.00

VII. OTHER BUSINESS

VIII. ADJOURNMENT

The meeting adjourned at 6:40 p.m.

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?) N/A

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. N/A

The Agricultural and Labor Program, Inc.
Central Region Advisory Council
May 9, 2018

Name	Signature	Email Address
Glenda Jones	<i>Glenda Jones</i>	nsc1glenda@netscape.net
Dorothy Spencer	Absent	jerihaynes@aol.com
Josephine Howard	<i>Josephine Howard</i>	jolizhow13@yahoo.com
Patricia Gamble		gambpt@aol.com
Hollis Jackson	Absent	
Jennie Calhoun	<i>Jennie Calhoun</i>	calhounj.63@gmail.com
Louvenia Crumity		
Earnestine Davis	<i>Earnestine Davis</i>	
Clora Dubose	<i>Clora Dubose</i>	
Annie Larkins	<i>Annie Larkins</i>	annielarkins44@verizon.net
Johnnie McNair	Excused	jsugarmac1@hotmail.com
Doris Parker	Excused	dorisp9235@gmail.com
Jacqueline Rentz		jorentz@hotmail.com
Marian Owens	<i>Marian Owens</i>	
Elizabeth Scaife	<i>Elizabeth Scaife</i>	
Margaree Simon	Excused	margaree3@yahoo.com
Ruby Willix	<i>Ruby Willix</i>	rubywillix@comcast.net
Patricia Salary	<i>Patricia Salary</i>	asalary10@gmail.com
Mary Shepherd	<i>Mary Shepherd</i>	maryshepherd1948@gmail.com
Darth Shular	<i>Darth Shular</i>	msdshular@gmail.com
Vermell Brown	<i>Vermell Brown</i>	vermellbrown35@gmail.com
Sandra Henry	Excused	
Linda Bailey	Absent	bmunchnstuff@aol.com



The Agricultural and Labor Program, Inc.
2017-2018 CRAC Attendance Roster
 (Scheduled Meetings: October, March, May, August)

Council Member	Oct 2017	Jan 2018 Agency's 50 th	Feb Agency's Shared Gov.	Mar	May	Aug	Sept (TBD)
Linda Bailey	P	P	P	P	A		
Vermell Brown	P	E	P	P	P		
Jennie Calhoun	P	E	P	P	P		
Louvenia Crumity	P	E	E	E	E		
Earnestine Davis	P	P	P	P	P		
Clora Dubose	P	E	E	P	P		
Patricia Gamble	P	P	E	P	P		
Sandra Henry	P	P	E	E	E		
Josephine Howard	P	P	P	E	P		
Hollis Jackson	P	E	E	P	A		
Glenda Jones	P	P	P	P	P		
Annie Larkins	P	P	P	A	P		
Johnnie McNair	P	P	P	P	E		
Marian Owens	P	P	P	P	P		
Doris Parker	P	P	P	P	E		
Jacqueline Rentz	P	P	E	A	A		
Patricia Salary	P	P	P	P	P		
Elizabeth Scaife	P	E	P	P	P		
Mary Shepherd	P	P	P	P	P		
Dorothy Shular	P	E	P	P	P		
Margaree Simon	P	E	P	P	E		
Dorothy Spencer	P	E	P	P	A		
Ruby Willix	P	P	P	P	P		
Total Present	23	14	17	18	14		

P = Present

E = Excused

A = Absent



COUNCIL/COMMITTEE MEETING REPORT FORM

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

Eastern Region Advisory
COUNCIL/COMMITTEE

May 21, 2018
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 ERAC met to discuss the upcoming events for this year including the ERAC 2018 Timelines. Items discussed included membership, fundraising activities, annual meeting, and scholarship for the four counties.

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?)

- Minutes of March 21, 2018 were approved as presented
- Approved the Treasurer Report with a current balance of \$750.70
- Excused Clarence Brown and Dr. Donna Mills from this meeting.
- Approved the seating of Mr. Mario Wilcox on ERAC Council.
- Received Scholarship applications as of today.
- Reviewed the ERAC Scholarship plan including bringing new Council members up to date.
- Debra Williams will be the chairperson for the Annual meeting.
- Treasurer report: \$750.70 as of April 27, 2017.
- Energy Fair to be held in Fort Pierce at Saint Mark MB Church July 10-11, 2018.
- Praise in the Park fundraiser is scheduled for June 23, 2018 with a cooking trailer for ERAC members to use presented by Mercedes Estime-Connelly.
- Approved corporate application for Annette Wilson-Brown.
- Mr. Holt gave the Board report.
- Birthday cards for Council Members having birthdays from April to June were presented to each person.
- The following monies were collected for the scholarship fund: Katherine Sims - \$50.00, William Holt - \$100.00 and Mercedes Estime-Connelly - \$20.00 for a total of \$170.00 to be reported at the next Board meeting.
- Received the Proclamation from the City of Fort Pierce that was given to Betty Bradwell.
- Noted that our Liaison, Ms. Christine Samuel, will be the official contact in case of an emergency.
- Motion to adjourn by Constance Griffin, 2nd by Katherine Sims, meeting adjourned at 7:28 p.m.

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.

Marjorie B. Gaskin

Marjorie B. Gaskin, Council Secretary



The Agricultural and Labor Program, Inc.
ERAC Meeting Sign-In

Staff Liaison: *Christine Lammie*

Date: May 21, 2018

Council Member	Mailing Address	Phone Number	Email Address	Signature
Bradwell, Betty	2905 Kingsley Dr Ft. Pierce, FL 34946	772-882-2676	bjbradwell52@gmail.com	<i>Betty Bradwell</i>
Brown, Clarence	31003 Ave. R Ft. Pierce, FL 34972	772-461-4449		
Byrd, Bobby	795 Bentcreek Dr. Ft. Pierce, FL 34947	H-772-221-2300 C-772-215-8259	bobbyb.5876@gmail.com	<i>Bobby Byrd</i>
Cooper, Frances	2606 Atlantic Ave. Ft. Pierce, FL 34947	H-772-464-2868 C-772-353-8554	clarkecf960@yahoo.com	<i>Frances Cooper</i>
Estime-Connelly, Mercadez	5220 Pinetree Dr. Ft. Pierce, FL 34982	H-772-742-8197 C-772-882-1062 W-772-442-7888	sweet.mercadez@vahoo.com eeestimee1rsc.edu	<i>[Signature]</i>
Gaskin, Marjorie	1511 N 21 st St. Ft. Pierce, FL 34950	H-772-464-0243 C-772-940-9365 C-772-475-3194	mbgaskin2@gmail.com	<i>Marjorie B. Gaskin</i>
Griffin, Constance	3500 Ave. S Ft. Pierce, FL 34947	C-772-882-1552	constance.griff@flhealth.gov cvgriffin62@gmail.com	<i>Constance Griffin</i>
Holt, William	4129 57 th Ave. Vero Bch, FL 32967	H-772-562-8377 C-772-538-4280	1946holt@gmail.com	<i>William Holt</i>
Jules, Ann	P.O. Box 1084 Ft. Pierce, FL 34950	C-772-708-8828	angelajules66@hotmail.com	
Mills, Donna	1330 SW Briarwood Dr PSL, FL 34986	H-772-336-7311 C-772-267-7364 W-772-429-3914	donna.mills@stlucieschools.org	
Porter, Margaret	1905 N 41 st St. Ft. Pierce, FL 34947	H-772-461-6422 C-772-332-2007	porter.margaret@ymail.com	<i>Margaret Porter</i>
Richardson, Beverly	3400 Ave S Ft. Pierce, FL 34950	H-772-595-0616 C-772-801-4268	beverlyrichardson772@gmail.com	<i>Beverly Richardson</i>
Sims, Katherine	5809 NW Gillespie Ave PSL, FL 34986	C-772-985-5791	C/O F Cooper clarkecf960@yahoo.com	<i>Katherine Sims</i>
Spivey, Gena	2310 SE Shelter Dr. PSL, FL 34952	H-772-398-0656 C-772-360-8840	genaspivey@att.net	<i>Gena L. Spivey</i>
Wilder, Tiffany	318 N 13 th St Ft. Pierce, FL 34950	C-772-882-0163	twbeauty23@gmail.com	
Williams, Debra	513 N 15 th St Ft. Pierce, FL 34950	H-772-460-9896 C-772-519-8017	dmlwibw58@gmail.com	<i>Debra Williams</i>
<i>Wilcox, Mario</i>	<i>1055 N 29th St, Ft. Pierce, FL 34947</i>	<i>772 985 3184</i>	<i>wilcoxinter275@yahoo.com</i>	<i>Mario Wilcox</i>

**EASTERN REGION ADVISORY COUNCIL
2018 ATTENDANCE ROSTER**

Council Members:	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Bradwell, Betty			P		P							
Brown, Clarence			**		EA							
Byrd, Bobby			EA		P							
Connoly-Estime, Mercedes			P		P							
Cooper, Frances			P		P							
Gaskin, Marjorie			P		P							
Griffin, Constance			P		P							
Holt, William			EA		P							
Jules, Angela			P		A							
Mills, Donna Dr.			A		EA							
Porter, Margaret			P		P							
Richardson, Beverly			P		P							
Sims, Katherine			P		P							
Spivey, Gena			EA		P							
Wilcox, Mario**					P							
Wilder, Tiffany			P		A							
Williams, Debra			P		P							
Total Present			11		13							

NOTE: ** Approved for Council



COUNCIL/COMMITTEE MEETING REPORT FORM

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

The Southern Region Advisory Council
COUNCIL/COMMITTEE

May 21, 2018
DATE

Members Present/Absent: *See Attach Meeting Attendance Roster*

Type of Report

- Reporting/Updating
 Recommending Board Action
 Recommending Policy Changes

Brief Statement of Committee's Issue/Area Reporting:

The following agenda items were reviewed at the Southern Region Advisory Council Meeting.

- Annette Jones, Scholarship Chair received one *Seigler, Sims & Wade* scholarship application. Copies were shared with Committee members present and one will be forwarded to absent member. Scholarship funds to date: \$450.00. *Bernice Lopez suggested a "Rummage Sale" and Food Tasting event to raise funds for their scholarship. It was motioned and seconded to present to the Board for approval. If approved the event will be scheduled for Saturday, October 6th at Lakeview Park Community Center.*
- In the absence of N'Kosi Jones, Annette Jones shared pictures of Lester Roberts with the Council. A token of appreciation for Mr. Roberts untiring service will be presented at the council's Annual Meeting in October. The review of additional pictures were discussed. It was suggested to consider SRAC group pictures taken at the Council Annual Meeting which included Mr. Roberts. Cheryl Burnham, Staff Liaison will follow up with Maria Crespo.
- Levonia Wynn gave the following update on Lakeview Park:
 - Improvements completed in '2017' include new entry way sign, landscaping and irrigation for the entryway and in partnership with Publix Super Market Charities, installation of park benches, picnic tables, trash receptacles and a gazebo.
 - Repairs have been completed to the Gazebo which was vandalized.
 - Submitted grant applications to provide free exterior paint and supplies to (20) eligible low/moderate income families and install landscaping for (5) elderly and/or disabled home owners. Grant applications were submitted to: GiveWell Community Foundation – 2018 Impact Polk; TD Bank Charitable Foundation; Lowes Charitable Foundation; and Walmart Foundation.
 - An application to State Farm Community Grant to resurface basketball court, install new bleachers and to create a 'Walking Trail' and Fitness stations was not funded.
 - Currently completing Bank of America Foundation grant application due June 2018.
- Barbara Grace, SRAC Chair encouraged the council to recruit community minded persons to join the SRAC. Corporate applications were given to all members in attendance.
- Annie Robinson, FACA (Florida Association of Community Action) Representative informed the council the FACA Training Conference was excellent, well organized, sessions were very informative and the evening events were fun and well attended.
- Cheryl Burnham, Staff Liaison shared the following 'housekeeping' items:
 - Annual Family Day Picnic in Sanford on June 30, 2018. Any council member requesting bus transportation will need to respond with request on or before May 30, 2018.
 - The SRAC missed the opportunity to attend the Annual Florence Villa CDC Banquet. Two tickets were reserved. In the future, volunteers must inform Chair and/or Staff Liaison if they will not be able to attend, therefore an alternate can be contacted.
 - The SRAC Community Award Recipient will be selected at the council August meeting.

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?) NA

- NA

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.

- The Southern Region Advisory Council is requesting Board Approval to host a *Rummage Sale and Food Tasting Feast* on October 6, 2018 to raise funds for their Scholarship Program.

The Agricultural and Labor Program, Inc.
 Southern Region Advisory Council
 May 21, 2018

Name	Signature	E-Mail Address
Barbara Grace	<i>Barbara Grace</i>	akagrace@bellsouth.net
Kimberly Ross		rossixnine@zero.net
Annie Robinson	<i>Annie Robinson</i>	arobinson@ecmhsp.org
Noemi Cruz	<i>Noemi Cruz</i>	noemiyulio@yahoo.com
John Ash	<i>John Ash</i>	
Katie Clarke		
Minister Kelly Paul Galati	<i>[Signature]</i>	Kpgalati@me.com
Ruth A. Gay	<i>Ruth A. Gay</i>	JG1400@Nova.Edu
Rosa Hampton	<i>Rosa Hampton</i>	rhampton54@yahoo.com
La Vita A Holmes		Kwikrelease863@gmail.com
Annette Jones	<i>[Signature]</i>	annettejon@gmail.com
N'Kosi Jones		jones nkosi@yahoo.com
Bernice Lopez	<i>[Signature]</i>	LopezBernice1107@gmail.com
Emma Malcolm	<i>Emma Malcolm</i>	
Tracy Maloy	<i>Tracy Maloy</i>	Williamtracy2959@gmail.com
Beverly Sloan		
Terry Wellington	<i>Terry Wellington</i>	twel195211@yahoo.com

The Agricultural and Labor Program, Inc.
2017-2018 SRAC Attendance Roster
(Scheduled Meetings: October, March, May, August)

Name	October 2017 Annual Meeting	March 2018	May 2018	August 2018
John Ash	P	P	P	
Katie Clarke	P	<i>Via telephone</i>	E	
Noemi R. Cruz	P	E	P	
Minister Kelly Paul Galati	P	A	P	
Ruth Gay	P	E	P	
Barbara Grace	P	P	P	
Rosa Hampton	P	P	P	
LaVita Holmes	P	E	E	
Annette Jones	P	P	P	
N'Kosi Jones	P	P	E	
Bernice Lopez	P	<i>Via telephone</i>	P	
Emma Malcolm	P	A	P	
Tracy Maloy	P	P	P	
Lester Roberts	A Resigned			
Annie Robinson	P	P	P	
Kimberly Ross	P	E	E	
Beverly Sloan	A	A	A	
Terry Wellington	P	A	P	
Total Present	17	9	12	0

P = Present

E = Excused

A = Absent



THE AGRICULTURAL AND LABOR PROGRAM, INC. BOARD COMMITTEE REPORT

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

Northern Region & ATEC Advisory Council
Name of Committee

Monday May 21, 2018
Date of Report

Members Present

Donald Tillman, Chair

Charles Harris

Evelyn Seabrook

Marva Hawkins

Constance Anderson, Secretary

Sheila Dixon, Asst. Secretary

Pa Houa Lee-Yang, Staff Liaison

David Rucker

Members Absent

Chester McNorton (Excused)

Nereida Jackson (Excused)

Type of Report

Reporting/Updating

Recommending Board Action

Recommending Policy Changes

Brief Statement of Committee's Issue/Area Reporting:

- Second quarterly NRAC & ATEC Advisory Council Meeting on Monday May 21, 2018

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?)

- Secretary's Report – Motion to accept the minutes by E. Seabrook; second by C. Harris
- Treasurer's Report – Money needed for the picnic will be \$6,000 to purchase items. Need someone to Chair the purchases of the items. D. Rucker mad the motion; second by E. Seabrook
- Old Business
 - Picnic
 - Review of the flyers for the picnic
 - Location reviewed by M. Hawkins directions will be sent out in the mail
 - Meeting Dates:
 - May 21, 2018 (Sanford)
 - August 13, 2018 (DeLand)

- Oct. 13, 2018 (Annual Meeting...location...TBD by May 2018 meeting)
- June 23, 2018 (Annual Picnic in Sanford/NRAC&ATEC Hosting)
- Contract for DJ
 - D. Tillman has a contract for the DJ, see for hours.
- Scholarship Update
 - S. Dixon reported that there were no applications received after meeting with Seminole High School. S. Dixon will follow up with the school to see why none were received. We will need to collect more funds to continue to offer more scholarships.
- Annual Picnic
 - If transportation to picnic is needed please notify P. Lee-Yang so that it can be arranged
 - Chairperson requested that supplies be purchased for the picnic; D. Rucker, S. Dixon and C. Harris will take that responsibility.
 - D. Tillman will donate Five (5) cases of water
 - P. Lee-Yang will get the t-shirts for the picnic
- New Business
 - D. Tillman will be developing SOP
 - ATEC will be moving to a different unit the monthly cost will remain the same at \$1,200
 - Annual Meeting October 13, 2018 meeting possible locations in Lake County, E. Seabrook will check the location. C. Harris will check on location on Mt. Dora Community Center. Need to identify a speaker for meeting.
 - Upcoming Events
 - ALPI Annual Picnic June 30,2018
 - Other Business
 - Membership Drive
 - Meeting adjourn at 8:03 pm








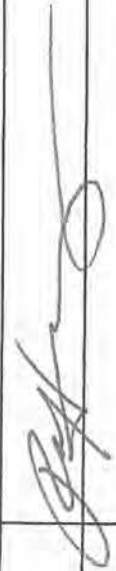
Recommendation for Board Action, if any (State in the form of a motion(s) to be acted upon by the full Board):

- No Board Action at this time.

THE AGRICULTURAL AND LABOR PROGRAM, INC.
 NORTHERN REGION ADVISORY COUNCIL

May 21, 2018

SIGN-IN SHEET

NAME	ADDRESS	TELEPHONE	SIGNATURE
DONALD TILLMAN, CHAIRPERSON NRAC	930 Saint George Street Orlando, FL 32805	Work: (407) 905-3710 ext. 2311 Cell: (407) 924-1950	
CHESTER MCNORTON, VICE CHAIRPERSON NRAC	644 Magnolia Ave. Daytona Beach, FL 62114	O: (386) 740-3232 C: (386) 341-7586	
CONSTANCE ANDERSON, SECRETARY/CO-CHAIR SPECIAL EVENTS COMMITTEE	2480 Crawford Drive Sanford, FL 32771	Home: (407) 323-5475 Cell: (407) 314-9324	
EVELYN SEABROOK, CO-CHAIR SPECIAL EVENTS COMMITTEE	2506 Carmel Lane Eustis, FL 32726	Home: (352) 589-9704 Cell: (352) 267-2168	
MARVA HAWKINS, TREASURER NRAC	P O BOX 492 Sanford, FL 32772	Home: (407) 322-5418 Cell: (407) 419-4234	
CHARLES HARRIS, JR., PARLIAMENTARIAN NRAC	6607 Old Hwy 441 south Mt. Dora, FL 32757	Home: (352) 383-5867 Cell: (352) 223-7683	
SHEILA DIXON, NRAC MEMBER	3651 Ronda Drive Deltona, FL 32738	Home: (407) 330-2876 Cell: (407) 314-1067	
DAVID RUCKER, NRAC MEMBER	4557 Frisco Circle Orlando, FL	Home: (407) 299-7672 Cell: (407) 247-8876	
NEREIDA JACKSON, NRAC MEMBER	Center of Business Excellence 846 Saxon Road Orange City, FL 32763	(973) 819-9215	
Pa Houa Lee-Yang, Staff Liaison	ALPI 300 Lynchburg Rd.	(863)956-3491 Ext. 218	



NORTHERN REGION ADVISORY COUNCIL & ATEC

2017-2018 Attendance Roster
 (Scheduled Meetings: October, March, May, August)

Name	Oct 2018 Annual Mtg	Feb 2018 Shared Governance Orientation	Mar 2018	May 2018	Aug 2018
Donald Tillman		P	P	P	
Constance Anderson		P	P	P	
Charles Harris, Jr.		P	P	P	
Marva Hawkins		E	E	P	
Evelyn Seabrook		P	P	P	
Shelia Dixon		P	P	P	
David Rucker		A	E	P	
Chester McNorton		P	E	A	
Nereida Jackson		A	P	A	
Pa Houa Lee-Yang, Staff Liaison		P	P	P	
Total Present	11	6	7		

P = Present

E = Excused

A= Absent

■ = No Meeting Held

**HEAD START / EARLY HEAD START
POLICY COUNCIL
REPORT**



COUNCIL/COMMITTEE MEETING REPORT FORM

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

Policy Council
COUNCIL/COMMITTEE

June 1, 2018
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 Monthly Meeting was held on May 16, 2018. The items for review and approval included but are not limited to:
 - Program Progress Reports
 - Program Financial Reports
 - Parent Committee Reports
 - Policy Council Minutes
 - Human Resources New Hires & Terminations
 - FY 2018 Funding applications: One-Time Program Improvement, HS/EHS Expansion & EHS-CC Partnership, and COLA.

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 are necessary?)
Not 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.
Not 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
May 16, 2018

MINUTES

1. CALL TO ORDER

Shaquita Wilcox, Policy Council Vice-Chairperson called the meeting to order at 12:37 p.m.

2. ROLL CALL

Shaquita Wilcox, Policy Council Vice-Chairperson conducted the roll call. Members present: George Prince, Zynia Swoope, Tammy Rovito, Jackie Castaneda, Shannyn Serrano, Keonia Shaquita Coats, Shaquita Wilcox, Raquel Bizzell, and Richauna Williams.

Community Representatives present: Felicia Sweeting-Harris, Karen Bailey, Donna Gibson and Dr. Patricia Smith.

Alternates present: Brittany Nickerson with voting rights.

Member excused: Josephine Howard.

A quorum was established.

Staff present: Myrna Rodriguez.

3. MISSION STATEMENT

Policy Council Members read the Mission Statement.

4. SECRETARY'S REPORT

Shaquita Wilcox, asked members if there were any questions regarding the minutes from April 18, 2018. No questions or corrections were made.

Zynia Swoope made a motion to approve the Secretary's Report as presented. Donna Gibson seconded. Motion carried.

5. CONSENT AGENDA

Shaquita Wilcox, asked members if there were any questions regarding the Consent Agenda items. No questions or concerns were made.

Zynia Swoope made a motion to approve the Consent Agenda as presented. Donna Gibson seconded. Motion carried.

6. POLICY COUNCIL COMMITTEES

Personnel/Grievance Committee: Myrna Rodriguez presented and distributed the Human Resources list of new hires and terminations dated May 16, 2018 for review and approval. The Human Resources listing of new hires included: 3 Teacher Assistants and 1 Administrative Assistant. Termination included: 2 Teacher Assistants.

Dr. Patricia Smith made a motion to approve the Policy Council Human Resources Listing as presented. Donna Gibson seconded. Motion carried. (The original Human Resources Listings are on file with the minutes).

Grants/Fiscal Committee: Myrna Rodriguez presented the Financial Reports and provided an overview of the reports to include: Program Financial Report, Sunshine Account, Food Program Reimbursement, and the Non-Federal Share.

In addition, Ms. Rodriguez presented the funding requests based on the FY 2018 Funding Increase:

- One-Time Program Improvement for Health and Safety Needs of \$387,700.00;
- Head Start/Early Head Start Expansion in St. Lucie County;
- EHS-CC Partnership in Polk County; and
- COLA of 2.6% to increase staff salaries, fringe benefits and operating cost.

Donna Gibson made a motion to approve the Financial Reports, and the funding requests to include the One-time Program Improvement, Head Start/Early Head Start Expansion in St. Lucie County, EHS-CC Partnerships in Polk County and the COLA 2.6% to increase staff salaries, fringe benefits, and operating cost as presented. Karen Bailey seconded. Motion carried.

7. REPORT

Shannyn Serrano reported that she was not able to attend the Board Meeting on April 28, 2018.

8. OLD BUSINESS

Myrna Rodriguez provided an update regarding the NAEYC on-site visits at the ALPI Queen Townsend Head Start Center II and the ALPI Child Development and Family Services Center. Ms. Rodriguez indicated that both centers did very well and that the ALPI Child Development and Family Services Center was the only center that received the certificate for accreditation, the ALPI Queen Townsend Head Start Center II will be revisited in September 2018 as a follow up visit due to three of the seven classroom portfolios needing more evidence added into the portfolios.

Ms. Rodriguez also informed the members that currently the ALPI Garden Terrace Head Start and the George W. Truitt Family Services Centers are going thru the on-site visits. Ms. Rodriguez stated that she will provide an update at the next meeting.

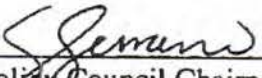
9. NEW BUSINESS

Myrna Rodriguez distributed the Program Instruction ACF-PI-HS-18-03 regarding Consolidated Appropriations Act; Appropriation; Fiscal Year (FY) 2018; Funding Increase; Cost of Living Adjustment (COLA) and reference the funding requests approved under the Grant/Fiscal Committee of this minutes.

In addition, Jackie Castaneda shared that during the last parent committee meeting at the Child Development and Family Services Center parents were informed that next year there will be no more Moving up Ceremonies and/or Cap/Gown pictures. Myrna Rodriguez assured Ms. Castaneda and the Policy Council Members that it was a misunderstanding and that the Moving up Ceremonies and the Cap/Gown pictures will continue. Ms. Rodriguez stated that she will follow-up with the staff regarding this matter.

10. ADJOURNMENT

The meeting was adjourned at 1:30 p.m.



Policy Council Chairperson

**AGRICULTURAL AND LABOR PROGRAM, INC.
2017-2018 POLICY COUNCIL MONTHLY MEETING ATTENDANCE**


CENTER	NAME	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT
Lincoln Park Head Start	Tammy Rovito	P	P	E	P	P	P	P	P				
Lincoln Park Head Start	Zynia Swoope	P	P	P	P	P	P	P	P				
Garden Terrace Head Start	Keonia Shaquina Coats			P	P	A	A	A	P				
Garden Terrace Head Start	Jasmin Pritchett					P	P	P	A				
Queen Townsend HSC II	Lonnie Melvin	P	P	P	P	P	P	P	A				
Queen Townsend HSC II	Jacques Thompson					A	A	A	A				
Child Development & Family Services	Shannyn Serrano	P	P	P	E	P	P	P	P				
Child Development & Family Services	Jackie Castaneda	P	P	P	P	E	P	P	P				
Francina Duval Head Start	George Prince					p	p	P	P				
George W. Truitt Family Services	Shaquita Wilcox	P	P	P	P	P	p	P	P				
George W. Truitt Family Services	Raquell Bizzell	P	P	A	A	A	A	A	P				
Frostproof Child Development	Richauna Williams	P	E	P	P	P	E	E	P				
EHS Contracted Site St. Lucie	Karoline Soto	P	A	A	A	A	A	A	A				
HS Contracted Site St. Lucie	Kerrian Jacobs	A	A	A	A	A	A	A	A				
Community Representative	Felicia Sweeting-Harris					P	P	P	P				
Community Representative	Karen Bailey						P	P	P				
Community Representative	Donna Gibson	P	P	P	P	P	E	P	P				
Community Representative	Dr. Patricia Smith	A	P	A	P	A	A	A	P				
Board Representative	Josephine Howard	P	P	P	P	P	E	P	E				

Total Representatives Present: 13 13 9 10

CENTER	NAME	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT
ALTERNATES													
Lincoln Park Head Start	Sierra Baker												
Lincoln Park Head Start	Clemeshia Thomas												
Garden Terrace Head Start	Brittany Nickerson					P		P	P				
Garden Terrace Head Start	Jennifer Ford												
Queen Townsend HSC II	Elizabeth Carrillo												
Queen Townsend HSC II	Shandria William												
Child Development & Family Services	Johanna Collazos												
Child Development & Family Services	Josefina Cordova Perez												
Francina Duval Head Start	TBA					P							
George W. Truitt Family Services	Tychus Doe												
George W. Truitt Family Services	Elizabeth Granados												
Frostproof Child Development	Tanakia Malcolm-Word		P			P	P						
EHS Contracted Site St. Lucie	TBA												
HS Contracted Site St. Lucie	Arnclia Isaac												

P - PRESENT

E - EXCUSE A - ABSENT

 **NO MEETING**

MULTIPLE WORKSITE REPORT

Multiple Worksite Report

Summary of your account on the web - Apr 27, 2018

UI Account Number: 0020435850

State: Florida

Legal Name: THE AGRICULTURAL AND LABOR PROGRAM

Quarter ending: Quarter ending March 31, 2018

Worksite	Description	Jan	Feb	Mar	Quarterly Wages
THE AGRICULTURAL AND LABOR PROGRAM	GEORGE W. TRUITT FAMILY SERVICES	23	22	23	160,128
THE AGRICULTURAL AND LABOR PROGRAM	FROSTPROOF CDC	27	27	27	228,190
THE AGRICULTURAL AND LABOR PROGRAM	ALPI CORPORATE OFFICE	27	26	26	410,642
THE AGRICULTURAL AND LABOR PROGRAM	GARDEN TERRACE HEAD START	16	16	16	113,256
THE AGRICULTURAL AND LABOR PROGRAM	LINCOLN PARK HEAD START	16	14	16	108,958
THE AGRICULTURAL AND LABOR PROGRAM	FRANCINA DUVAL HEAD START	7	7	7	56,479
THE AGRICULTURAL AND LABOR PROGRAM	AVON PARK	2	2	2	10,748
THE AGRICULTURAL AND LABOR PROGRAM	PROJECT ACHIEVE	2	2	2	14,558
THE AGRICULTURAL AND LABOR PROGRAM	MS CHILD DEV/ FAM SVCS CENTER	36	33	34	216,811
THE AGRICULTURAL AND LABOR PROGRAM	QUEEN TOWNSEND II	57	56	56	478,220
Total of all worksites		213	205	209	1,797,990

BOARD ANNUAL FUNDRAISING REPORT

**THE AGRICULTURAL AND LABOR PROGRAM, INC
2018 BOARD OF DIRECTORS**

	Assessed	Contributed To Date	Balance Due
Katie Clark	1,000.00	165.00	835.00
Sheila Dixon	1,000.00	35.00	965.00
Kim Johnson	1,000.00	-	1,000.00
Kimberly Ross	1,000.00	1,000.00	-
Marjorie Gaskin	1,000.00	210.00	790.00
Marva Hawkins	1,000.00	1,400.00	(400.00)
William Holt	1,000.00	1,120.00	(120.00)
Josephine Howard	1,000.00	700.00	300.00
Pat Gamble	1,000.00	175.00	825.00
Annette Jones	1,000.00	120.00	880.00
Glenda Jones	1,000.00	270.00	730.00
Chester McNorton	1,000.00	500.00	500.00
Vernon McQueen	1,000.00	9,000.00	(8,000.00)
Vacant	1,000.00	-	1,000.00
Stacy Campbell-Domineck	1,000.00	1,000.00	-
David Walker(deceased)	1,000.00	95.00	905.00
Barbara Grace	1,000.00	105.00	895.00
Ruby Willix	1,000.00	105.00	895.00
Shannyn Serrano	1,000.00	-	1,000.00
LaVita Holmes	1,000.00	1,000.00	-
Vacant	1,000.00	-	1,000.00
Total	21,000.00	17,000.00	4,000.00

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

6/19/2018