

## CONSENT AGENDA ITEMS November 2016

**Purpose:**

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

**Note:**

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

**A. CEO November 2016 Report**

• **Progress Reports**

- ▶ HS/EHS Monthly Attendance
- ▶ HS/EHS Enrollment Report
- ▶ HS/EHS Statistical Report
- ▶ Non-Federal Share (HS/EHS)
- ▶ Cluster Monthly Disability
- ▶ Child Care Food Inspection Report
- ▶ Saint Lucie County Fire Inspection
- ▶ Polk County Fire Inspection (Lakeview Park)
- ▶ Child Care Facility Licenses (Lincoln Park)
- ▶ VPK Monitoring

• **Reimbursement Reports**

- ▶ DOH Child Care Food Reports
- ▶ ELC Reimbursement Report
- ▶ LIHEAP Financial Status Report
- ▶ Florida Non-Profit Housing
- ▶ EHEAP Financial Status Report
- ▶ CAT Final Report (Quarterly)
- ▶ CSBG Financial Status Report
- ▶ CSBG FOCAS Report (Quarterly)
- ▶ DOE Financial Report (EA)
- ▶ Housing Counseling Report
- ▶ Federal Financial Report (Quarterly)
- ▶ Federal Financial Report (Final)

• **Other Reports**

- ▶ Advisory Councils' Reports
- ▶ HS/EHS Policy Council Report
- ▶ Board Annual Fundraising Report  
*(Please check names on the following reports to identify persons, business, church, organization, etc., who contributed as a result of their solicitation)*
- ▶ Bureau of Labor Statistics Report (BLS)
- ▶ Multiple Worksite Report

**B. Other Information (SEE TAB 5)**

• **CORRESPONDENCE**

- ▶ 2017 CSBG Bridge Funding Agreement
- ▶ HHS/Notice of Award
- ▶ 2016/2017 Child Care Food Renewal
- ▶ Flat Iron Letter
- ▶ ACF/Overview of Findings
- ▶ Senior Connection Center/Reduction in EHEAP Funds
- ▶ DHHS/Change in Federal Reporting
- ▶ Danya Monitoring Review Schedule (2017)
- ▶ 2016 Indirect Cost Rate
- ▶ CEO Signature Resolution
- ▶ Board of Directors' Membership Vacancy
- ▶ Board of Directors' Membership Re-Appointments
- ▶ Board of Directors' Request for Membership Re-Appointments
- ▶ 2017 ALPI Holiday Calendar
- ▶ RIVHSA Certificate of Membership

▶ **UPCOMING MEETINGS/CONFERENCES**

▶ **BOARD & ADMINISTRATOR NEWSLETTER**

▶ **COMMITTEE REPORTING FORM**

**CHIEF EXECUTIVE OFFICER'S  
MONTHLY REPORT**



**NOVEMBER 2016**



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

<b>STRATEGIC PLAN PERFORMANCE INDICATORS</b>
<ol style="list-style-type: none"> <li>1. Conducted Senior Management Staff Meeting.</li> <li>2. Attended the NCAF Annual Training Conference and training along with designated Senior Management Staff members.</li> </ol> <p><b><i>Goal 1- Create Additional Educational Experiences and Opportunities for Staff</i></b></p> <ol style="list-style-type: none"> <li>3. Facilitated the revision and submission of the CCFP 2016-2017 and the Indirect Cost Proposal to secure approval notification in a timely manner.</li> <li>4. Facilitated the completion and distribution of the ALPI Fall Quarterly Newsletter.</li> </ol> <p><b><i>Goal 5 - Enhance program development for and service delivery to children and families</i></b></p>
<b>BOARD/MANAGEMENT TASKS &amp; TIMELINES</b>
<ol style="list-style-type: none"> <li>1. Facilitated the completion of the following Board Management Tasks and Professional Development Opportunities. <ul style="list-style-type: none"> <li>• 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 completed and submitted. (See Board for complete listing of reports)</li> <li>• Board member(s) training opportunities were provided via the, RIV Head Start Association Board Meeting and the NCAF Annual Training Conference.</li> <li>• Secure the acceptance of all the Agency's Employee Benefit &amp; Workers Comp Coverage, General Liability and Property Insurance Coverage Renewal package for 2016-2017, D&amp;O Renewal 10/01/16 Agricultural &amp; Labor Program Inc., Student Accident Policy Renewal 10/01/16 and Worker Compensation 11/1/2016-2017 renewal coverage</li> <li>• Secured engagement agreement for the Agency's Independent Audit and the Employee Retirement Program Independent Audit.</li> <li>• Secure Annual Retirement Actuary Report and prepared contribution distribution share payment for 2015-2016 into each employee retirement account.</li> </ul> </li> <li>2. Secured 2017 Annual Meeting Speaker's agreement and final preparation of the "Save the Date" notification information.</li> </ol>

**B. 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:**

<b>STRATEGIC PLAN PERFORMANCE INDICATORS</b>
<ol style="list-style-type: none"> <li>1. NCBW Board Meeting and Annual Meeting - Winter Haven, FL</li> <li>2. NHSA Board/Government Affairs Committee regarding Head Start – via Conference Call</li> <li>3. Attended NCAF Annual Training Conference – Austin, TX</li> </ol> <p><b><i>Goal 3 - Partner With Other Entities For More Efficient Service Delivery</i></b></p>

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

<b>PERFORMANCE INDICATOR(S)</b>
<ol style="list-style-type: none"> <li>1. CCFP approval Notification for 2016-2017</li> <li>2. Indirect Cost Rate approval Notification for 2016-2017.</li> <li>3. Agency Employee Benefit Coverage approval Notification for 2016-2017</li> <li>4. Head Start no finding notification regarding recent monitoring visits</li> </ol>

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

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

1. Agency's Worker's Compensation Coverage renewal cost rate for 2016-2017
2. St. Lucie County Lease Agreement Amendment for Garden City ( Queen Townsend )
3. General Liability and Property Insurance proposed increase rates for 2016-2017
4. CCFP Renewal pending contract revisions
5. Head Start 6/30 grant financial closeout report
6. Head Start Garden City Elem Facility Contract Revisions
7. DOE Pending reimbursement payments for LIHEAP and CSBG
8. HUD Budget Expenditure Authorization
9. Follow-up regarding Agency's 2015 IRS Tax Return pending report

**E. FUTURE MEETINGS/CONFERENCES****November**

- 18-20 ANNUAL BOARD & MANAGEMENT PLANNING RETREAT  
ORLANDO, FL
- 18 ALPI EXECUTIVE COMMITTEE MEETING  
ORLANDO, FL
- 20 ALPI BOARD OF DIRECTORS MEETING  
ORLANDO, FL
- 24 & 25 AGENCY'S THANKSGIVING HOLIDAY

**December**

- 5-8 NHTSA PARENT CONFERENCE  
SAN JUAN, PR
- 13 SENIOR DIRECTORS' MEETING  
LAKE ALFRED, FL
- 23 & 26 AGENCY'S CHRISTMAS HOLIDAY

**January**

- 2 AGENCY'S NEW YEAR HOLIDAY
- 10 SENIOR DIRECTORS' MEETING  
LAKE ALFRED, FL
- 19-21 ANNUAL STAFF TRAINING CONFERENCE  
ORLANDO, FL
- 20-21 ANNUAL CORPORATE MEETING AND LUNCHEON  
ORLANDO, FL

**February**

- 6-9 REGION IV HEAD START ANNUAL TRAINING CONFERENCE  
ATLANTA, GA
- 14 SENIOR DIRECTORS' MEETING  
LAKE ALFRED, FL
- 28 ANNUAL SHARED GOVERNANCE ORIENTATION  
WINTER HAVEN, FL





## THE AGRICULTURAL AND LABOR PROGRAM, INC. MANAGEMENT REPORTS November 2016

### **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 October 2016.

## CHILD DEVELOPMENT & FAMILY SERVICES DIVISION

### **Program Design and Management, Materials, Facilities, Equipment and Supplies**

- **Planning Communication and Reporting:** Areas of focus include the following:
  - ✓ Reviewed contract agreements with Quality Assurance manager to ensure that all on-going contracts are in place for services. Noted new contract agreements.
  - ✓ Annual Policy council Training was held October 17<sup>th</sup> through 19<sup>th</sup>, 2016. Mable Jones, Consultant, conducted the training. The Policy Council members elected officers and certified the meeting schedule. ALPI Board of Directors Representative to the Policy Council, Josephine Howard, participated in the training.
  - ✓ Staff continues to connect Operation Procedures to training activities. A refresher course in PROMIS, data collection software system was scheduled for specified staff. Technical Assistance Request was forwarded to CEO for approval of an additional Tab in PROMIS Data Collection system to tract Family Engagement activities and document outcome measures.
  - ✓ Child Care Food Program contract was under review for changes and documentation related to DOE request for additional program justification of cost. The request was under review by the CEO. The State software tracking system is a concern in tracking program outcome measures. The contract agreement was submitted on approval.
  - ✓ Attended FHSA directors meeting. The focus of the discussion was on Performance Standards. The discussion was conducted by Captain Bob, Region IV Director. He recommended the review of the new Performance Standards without reference to the old Performance Standards.
  
- **HUMAN RESOURCES**  
Coordinating with Human Resources Director to fill vacant position, review job descriptions to ensure that all human Resources requirements are met as changes occurs that effect compliance with standard operation requirement and regulations. All employment requirements to employ new staff and release staff as required.
  
- **PROGRAM GOVERNANCE**  
Policy council meeting/Training was conducted by Mable Jones as noted above.
  
- **EARLY CHILDHOOD DEVELOPMENT AND EDUCATION SERVICES MANAGER**
  - ✓ Provided training to Early Head Start caregivers on guidance and discipline for infants/toddlers. The objective of this training was to provide caregivers with an overview of infant/toddler guidance and discipline and how it will benefit children and staff.
  - ✓ Contacted Karen Cartwright from Early Learning Coalition pertaining to conducting VPK assessment after the VPK assessment period ends. Response was that the assessments are not required for children enrolling after the end period. This was shared with all center managers and directors.
  - ✓ Interviewed a teacher assistant for a teacher position. Candidate has the credentials to be promoted to a teacher.
  - ✓ Conducted classroom monitoring at Jumpstart and Frostproof centers. Jumpstart was fully staffed and utilized the playground area to provide activities for children. Noted that lesson plans for all classrooms were incomplete and scheduled a training to address the concern as well as requested lesson plans are emailed to me for review prior to implementation. Frostproof center is providing quality services through lesson planning and individualized activities.



- ✓ Conducted in-service to centers in St. Lucie County. In-service training was based on CLASS and touched on domains. Examples, strategies and tips were given to all teachers.
  - ✓ Worked on CDA renewals and initial CDA information for newly hired teacher assistants and caregivers. The goal is to have all newly hired staff meet the national CDA requirement in a timely manner.
  - ✓ Center visit to Frostproof CDC. Center visit consisted of following up with caregivers on questions on Teaching Strategies Gold and lesson plans.
  - ✓ Conducted in-service training in Polk County. Training topics were lesson plans, and teaching strategies gold assessment.
  - ✓ Conducted training to caregivers at Frostproof CDC. Training objectives were to define responsive caregiving and some of the critical components, describe the steps associated with providing powerful interactions and to describe how to extend conversations to support powerful interactions.
  - ✓ Worked on correcting teaching strategies gold information prior to pulling baseline child outcomes report. Corrections consisted of removing duplicate children, removing newly enrolled children and talking with caregivers about inputting correct levels for children based on color bands.
- **FAMILY & COMMUNITY PARTNERSHIPS MANAGER**
    - ✓ Attended, participated and served as the facilitator for the PROMIS training with Cleverex on October 11<sup>th</sup> and 12<sup>th</sup>. Had the opportunity to learn new ways to maneuver different areas in the system.
    - ✓ Traveled to Frostproof during the month of October on the 4<sup>th</sup> and 17<sup>th</sup>. Worked with the Family Services staff on enrollments, file reviews. Also, provided an overview of PROMIS to the Administrative Assistants.
    - ✓ Participated in the Head Start Awareness activity in St. Lucie County to get the community involved and aware of the services that Head Start provides to the children and families served.
    - ✓ Attended and participated in the Policy Council Orientation/Training with Mable Jones on October 17<sup>th</sup>-19<sup>th</sup>. Assisted with preparations for the meeting/trainings.
    - ✓ Met with the Family Support Coordinators to discuss file reviews and monitoring. Noted improvement areas
    - ✓ Provided orientation to two new Family Services Workers for St. Lucie County on October 26<sup>th</sup>-28<sup>th</sup>. Provided them with a training manual that included forms, handouts, standards, etc.
    - ✓ Assisted with the PROMIS system and assisted with correcting issues some of the centers were having with the new enrollments. Pulled reports and monitored the system to ensure enrollment was validated for both Early Head Start and Head Start.
    - ✓ Monitored and tracked attendance during the month and reported the monthly enrollment to the Office of Head Start for the month.
  - **CHILD CARE FOOD SERVICE COORDINATOR**
    - ✓ The Food Services Coordinator (FSC) completed the monthly food report to Deputy Director for approval & Finance Director for reimbursement. The FSC Reconciled agency Child Care Food vendor statement(s): Publix, Borden Dairy, McArthur's Dairy, Sysco Food Service, & Vero Chemical. Reviewed CCFP Personnel Activity Report (PAR). This is a contract require per Department of Health for anyone who's charging a portion of their salary to the Child Care Food Program Budget to ensure quality care in providing meals in the most effective way through program design and management, record keeping and effort reporting.
    - ✓ The month of October 2016, had several Health /Preventive Observances; including Head Start Awareness Month, National School Lunch Week, Child Health Day, Fire Prevention Week, FOOD DAY- a Day of Action against Hunger and National School Bus Safety Week. A newsletter referencing all health/preventive observances were emailed to directly operated centers and contracted centers. This information was also posted in the corporate employee lounge, and is on file in the child development department. End results, to ensure a healthy today & tomorrow for our well-being in Health and Nutrition education. This is on-going and is shared with our parents as our Nutrition update in parent engagement.
    - ✓ The FSC downloaded information from the USDA News Release Center for Nutrition Policy and Promotion (CNPP) lunched another phase of MyPlate, My State; an effort to celebrate homegrown pride, foods and recipes and bring communities together around healthy eating. Downloaded food safety information from The Partnership for Food Safety Education on preparing foods in a slow cooker. This countertop appliances cook foods slowly at low temperatures which allows the direct heat to destroy bacteria and make the slow cooker a safe process for cooking foods. Together A Food Safe America. Downloaded the USDA Press Release Celebrating Progress during National School Lunch Week and Farm to School Month. Downloaded USDA Press Release announcing the National Institute of Food and Agriculture (NIFA) providing Health and Safety Education for Rural Communities. Downloaded USDA Press Release announcing grant funds to increase the purchase of fruits and vegetables by



families and households participating in the Supplemental Nutrition Assistance Program (SNAP). End results, the governing bodies of Florida Agricultural are ensure the nutritional needs and feeding securities of all children are met, enlisting the help of CCFP Sponsors and child care providers to remodel healthy living.

- ✓ Participated in the agency staff training with PROMIS on agency tracking system. Conducted the agency Contract Management Plan training. Topic: Menu Planning & Meal Pattern Requirements. Reviewed the CCFP New Infant/Child Meal Pattern Requirements that went into effect Oct. 1, 2017. Made staff aware of the new requirements on unflavored milk provided in the child care setting. All milk provided by sponsor of CCFP will no longer be flavored.
  - ✓ Food Service Coordinator, Quality Assurance Compliance Contract manager, the Deputy Director, and Chief Executive Officer of the Agricultural and Labor Program, Inc., finalized all areas of concern with the Child Care Food Program Contract Renewal Process FY Oct. 1, 2016 through September 30, 2017. The Renewal Contract is officially APPROVED. End results compliance in all areas of program management and effort reporting in the Child Care Food Program.
  - ✓ Conducted the agencies first required contract monitoring FY October 1, 2016 through September 30, 2017 at the Francina Duval Head Start, On October 24, 2016 at the Garden Terrace Head Start. On October 26, 2016 at the George W. Truitt Head Start/Early Head Start. On October 28, 2016 at the Lincoln Park Head Start and on October 31, 2016 at the Frostproof CDC Early Head Start Center. Centers that were not monitored will be monitored in November 2016. Centers that have an on-site kitchen, a Safety and Sanitation Inspection were conducted. These centers are Frostproof CDC, George Truitt HS/EHS, and Lincoln Park Head Start. End result, to ensuring nutritional needs and Health and Safety Requirements of all children are met in our Child Care Food Program as designed and set forth by provider / Department of Health and Nutrition.
  - ✓ The Department of Health Division of Community Health Promotion, Bureau of Child Care Food Programs released the New Infant/Child Meal Pattern and Training Requirements for Child Care Food program, notified provider of full implementation of the new meal pattern. Working with staff updating all new requirements, ensuring program compliance.
- **QUALITY ASSURANCE CONTRACT COMPLIANCE CONTRACT MANAGER**
- ✓ Followed-up Monitoring with the owner of Jumpstart Development Center to address concerns relating to contract items needed to remain in compliance. Director is aware of what is expected.
  - ✓ Attended Child Care Food Program (CCFP) Training with Kevin Whalen, CCFP Specialist, to discuss Management Information Payment Systems in order to complete agency CCFP renewal.
  - ✓ Attended PROMIS training. The presenter, Patrick Weaver, very knowledgeable about the software and extremely helpful. He showed us how to get reports and how to make sure data is correct. He showed staff how to go in and clean up the system
  - ✓ Met with Dr. Joy Jackson, Director of Polk County Health Services. Purpose of the meeting was to develop a Memorandum of Understanding (MOU) with the Polk County Health Department for the children and families attending the Frostproof Child Development Center and Jumpstart Development Center. We are scheduled to meet again to finalize the MOU at a later date. We are both excited about the partnerships to benefit both agencies.
  - ✓ Attended the Annual Policy Council Training. This is an annual training that is a program requirement in order to be in compliance with Program Governance requirements of the Performance Standards. Ms. Jones, a motivational speaker, was able to get all the parents engaged and empowered to visualize themselves in a leadership position on the policy council and officers were elected. The training also included the New Performance Standards, Eligibility on the Final Rule and the Head Start Act
  - ✓ Attended the Early Learning Coalition Polk County. The Coalition enrolled 258 children during the month of September. They are currently enrolling children from the waiting list that was placed on the list in August. Presently serving 3, 276 children in VPK.
  - ✓ All VPK providers are required to administer the Florida VPK Assessment (AP1) during the first 30 calendar days of VPK class schedule and submit assessment data into Bright Beginnings within 45 days of VPK class schedule. Mary Ann Goodrich is also offering an interactive training called the VPK learning Circles to VPK Providers in Polk County. The next training will be held on Thursday, November 17, 2016 at the Early Learning Center of Polk County.
  - ✓ Attended FRDLS Screening.
  - ✓ ALPI Enrollment for the 2016-2017 School Year
    - Total Enrollment for Head Start 691 Total Funded Enrollment, 691
    - Total Enrollment for Early Head Start, 140 total Funded Enrollment, 140
    - Total Program Enrollment 831, Total Funded Enrollment 831



## HEAD START/EHS – St. Lucie County

### Program Design and Management, Facilities, Materials, and Equipment

#### **Planning/Communication/Internal Reporting:**

- Participated in the Senior Staff Meeting facilitated by Deloris Johnson, CEO on October 11, 2016. The meeting was to provide a status of the program operations. Reports included:
  - ✓ Head Start Awareness Celebration featuring PCN Learning Adventure Mobile Unit. Activity scheduled for October 17, 2016
  - ✓ Hurricane Matthew update/status of repairs
  - ✓ Modular Unit Disposition
  - ✓ DCF Background Requirements
  - ✓ Head Start Performance Standards Modular Trainings thru ECLKC.
  - ✓ Operating Budget Policy Council Orientation – October 17-19, 2016. Mable Jones will facilitate the orientation/training.
- Coordinated and facilitated Cleverex PROMIS 2012 Training on October 11-12, 2016. Management staff and clerical staff participated. This training was designed to provide an introduction of the updated 2012 version of the information system.
- Participated in the Directors Staff Meeting facilitated by Elizabeth Young, Deputy Director on October 19, 2016. The meeting was to discuss the following items including but were not limited to:
  - ✓ Enrollment and Attendance
  - ✓ Position Vacancies
  - ✓ Policy Council Orientation/Training
  - ✓ Federal Rules on Overtime/Exempt Employees/Overtime
- Continue to work on establishing collaboration efforts for a new partnership with Help Me Grow/211 of The Tri-County Area. This partnership will assist with the following that include but are not limited to:
  - ✓ Working with parents to complete the ASQ -3 Parent Questioner
  - ✓ Working closely with selected staff to review/analyze the screening results
  - ✓ Referring families to community resources or linking families to services
- Coordinated and facilitated the Head Start Program In-Service Training on October 12, 2016. Center-based activities/trainings were conducted by Management Staff. Center-based activities/trainings included the following:
  - ✓ Overview of CLASS Early Childhood Development/Preschool
  - ✓ Cleverex PROMIS 2012
  - ✓ Transportation Safety Policies and Procedures
  - ✓ Menu Planning and Meal Pattern Requirements
- Facilitated several informal desk audits to follow up on specific program benchmarks that included but were not limited to:
  - ✓ 45/90 Screenings status reports
  - ✓ Staff Interviews/Staff Orientations/New Hires
  - ✓ Facilities related issues
  - ✓ Case Management of Children files (cum files, medical information, etc.)
  - ✓ Updating Staff Files

#### **Community Relations/Collaborations:**

- Program Staff participated in several Community Relations/Collaboration activities to address various topics that impact the community as a whole; these activities included:
  - ✓ St. Lucie County School Board
  - ✓ Early Learning Coalition of St. Lucie County
  - ✓ HANDS Dental Coalition



- ✓ Communitywide Inclusion Collaborative Committee
- ✓ Health Department of St. Lucie County
- ✓ Help Me Grow/211 Help Line
- ✓ SafeSpace

#### Human Resources:

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

#### Computer Assisted Tutorial Program (CAT):

- Completed and submitted the final quarterly report for the 2015-2016 school year for the Computer Assisted Tutorial Program. A total of 113 Clients were served throughout the 2015-2016 program year that ended on September 30, 2016.
- The Computer Assisted Tutorial Program new program year 2016-2017 started October 1, 2016 and has served 42 children to date. The Program Coordinator has recruited new students from different center locations.
- The Program Coordinator attended and participated in the Children Services Council of St. Lucie County's Out of School Time Provider meeting held on October 26, 2016. Topics discussed included: recruitment and retention, academic support, and parental involvement. Professional Development classes were also offered to the group.
- The Program Coordinator facilitated a Staff Meeting on October 27, 2016. The meeting focused on program improvement, parent involvement, scheduling, and the use of several web based educational sites for the CAT Students

#### Program Governance:

- Coordinated and participated in the 2016-2017 selected Policy Council Orientation/Training facilitated by Mable Jones from the Jones Connection on October 17 & 18, 2016.
- On October 19, 2016, the Policy Council conducted the first Policy Council Meeting. Items for review and approval included but were not limited to the following:
  - ✓ Program Progress Reports
  - ✓ Program Financial Reports
  - ✓ Human Resources Report
  - ✓ Correspondence

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

- Teachers and Teacher Assistants participated in the Overview of CLASS Early Childhood Development/Preschool training provided by the Early Childhood Development Education Services Manager and the Early Childhood Education Coordinator on October 12, 2016. Staff received 2 training hours.
- Selected Management Staff and Administrative Assistants participated in the Cleverex PROMIS 2012 Training on October 11-12, 2016. Staff received 8-16 training hours.
- Transportation staff participated in the Transportation Safety Policies and Procedures training provided by the Transportation Coordinator on October 12, 2016. Staff received 6 training hours.
- The Kitchen Helpers participated in the Menu Planning and Meal Pattern Requirements training provided by the Child Care Food Services Coordinator on October 12, 2016. Staff received 6 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: cleaning carpets, replacing light bulbs and electric ballasts, etc.
- Continued to work on the sale of the Modular Unit in Port St. Lucie, Florida. As of today, we have two individuals (Church and Sherriff Department) that have shown an interest in the unit. We are waiting for their letter of interest to move forward with a recommendation of the disposition of the unit.
- The Facility Specialist purchased supplies from Home Depot on October 4-5, 2016 for Emergency Preparedness due to Hurricane Mathew.



- The Facility Specialist processed an Emergency Work Request in order to repair an Air Conditioning Unit at the Child Development and Family Services Center. Repairs were completed by Cherokee AC and Heat Solutions October 12, 2016 .
- The Facility Specialist and Maintenance Workers striped and waxed the floors in the Cafeteria/Auditorium on October 12, 2016.
- The Facility Specialist obtained bids from Grimes Heating and Air Conditioning, Cherokee Air Conditioning, and Heat Solutions for the replacement of an Air Conditioning Unit in at the George W. Truitt Family Services Center October 20, 2016.

#### **Health and Safety:**

- The Facilities Specialist as part of the weekly/monthly site visits/informal monitoring to all centers continues to ensure that all centers have the necessary cleaning supplies to perform daily sanitation activities as per the Daily Facility Checklist.
- The Facility Specialist distributed cleaning supplies to all the centers; supplies included: Garbage Bags, Paper Towels, Rinse Free, Bleach, Teachers Cleaning Towels, Cleaning Cloths, Toilet Paper, Disinfectant Spray, Kleenex, Gloves, Soap, Shoe Covers and other items as needed.

#### **Monitoring:**

- The Early Learning Coalition of St. Lucie County monitored the Francina Duval and Garden Terrace Head Start Centers. The centers were found in 100% compliance.
- The Food Services Coordinator, Hilda Walker monitored the Francina Duval, Garden Terrace, Garden Terrace and Lincoln Park Head Start Centers. No non-compliances were noted.
- The Florida Department of Health Child Care Food Program monitored the Lincoln Park Head Start Center and the George W. Truitt Family Services Center. The centers were found in 100% compliance.
- The St. Lucie County School Board conducted the required Annual Fire Inspections at the Queen Townsend Head Start Center II and the Child Development and Family Services Center. No violations were noted.

#### **Fiscal:**

- The program generated non-federal (In-Kind) during this reporting period from activities such as: Parents Volunteering, Professionals, and Donations from all the St. Lucie County Head Start/Early Head Start Centers.
- Processed fiscal related activities such as requisitions, purchase orders, invoices, and payroll.

#### **IT Support Services:**

- Continued to work closely with the agency's IT support staff in all IT related concerns and/or problems.

#### **Family and Community Partnerships:**

- The Family Support Services Coordinators continued to complete intake applications, verify applications, place families on the Head Start/Early Head Start waitlist and complete enrollment applications. Information was also provided to families about services provided in the local community.
- Family Support Services Coordinators continued to provide technical assistance to the Child Development Services Managers and the Family Services Workers with the verification of Intakes and any issues or concerns with PROMIS or the Enrollment Process.
- Family Support Services Coordinators attended and participated in the Head Start Awareness Celebration Event on October 17, 2016. Family Support Services Coordinators assisted with registration and greeted and assisted parents and guests. The Family Support Services Coordinators also used this event as a recruitment opportunity.
- Funded enrollment for the month of October for St. Lucie County consisted of 755. The break down is as follows: 691 preschool children; 56 infants/toddlers; and 8 pregnant women for a total of 755. There were 15 drops in the Head Start program and 3 drops in the Early Head Start program. A total of 18 new children were enrolled in the Head Start/Early Head Start Program. One Pregnant Mother dropped from the Pregnant Women Program and one was enrolled.

#### **Early Childhood and Health Services:**

- The Parent-Child Engagement to Promote School Readiness Folders (PCEPSR) for October 2016 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
- The Early Childhood Education Coordinator assisted with the Head Start Awareness Celebration event on October 17, 2016. The PNC Mobile Learning Adventure provided activities for parents with children under the age of 5; including an interactive kiosks, the What I Want to Be When I Grow Up photo station, crafts, and giveaways. Stations were also setup for staff from St. Lucie County Head Start/Early Head Start Centers to provide early childhood activities, instructions and materials. Several vendors participated during this event to include:
    - ✓ Parent Academy of St. Lucie County
    - ✓ Safe Space
    - ✓ Help Me Grow/211
    - ✓ A+ Therapy Pros
    - ✓ Suncoast Mental Health
    - ✓ FDLRS
    - ✓ Children Services Council of St. Lucie County
    - ✓ Healthy St. Lucie County
    - ✓ Early Learning Coalition of St. Lucie County
    - ✓ Voter Registration
    - ✓ All Inclusive Therapy
  - The Early Childhood Education Coordinator and the Early Childhood Development and Education Services Manager facilitated the Overview of CLASS Early Childhood Development/Preschool training during In-Service on October 12, 2016.
  - The Health Services Manager continued to follow-up on health concerns by submitting Health Summary information forms to physicians for additional follow-up and completing health alerts.
  - The Health Services Manager coordinated with Dermody Dental Services to provide dental exams for children from the George W. Truitt, Child Development and Family Services Center, Sunrise Country Preschool, and Loving Care Child Development Center. A total of fifty-seven (57) children were provided with dental services.
  - The Health Services Manager coordinated with HANDS Dental Services to provide dental exams for children from Francina Duval, Garden Terrace, Lincoln Park, George W. Truitt, Queen Townsend, and Learning Tree Centers. A total of one-hundred and nineteen (119) children were provided with dental services.
  - The Health Services Manager coordinated and facilitated the Pregnant Mother's Training on October 19, 2016. Topics discussed included: Substance Abuse and Prevention and Smoking during Pregnancy.
  - The Health Services Manager attended and participated in Keiser University Dietetics and Nutrition Advisory Board Meeting on October 29, 2016. Items discussed included but were not limited to the following: DN Objectives and Goals, Students Visits, Curriculum, and Plans for Expansion.
  - The Mental Health and Disabilities Specialist coordinated twelve (12) evaluations and submitted nineteen (19) referrals to Early Steps/Florida Diagnostic Learning Resources System (FDLRS) for children with concerns.
  - The Mental Health and Disabilities Specialist coordinated and attended two eligibility staffing with Early Steps/Florida Diagnostic Learning Resources System (FDLRS) for children that were referred for services and Individual Education Plans were developed.
  - As of October 2016 the following table represents the total number of children that have been determined as children with disabilities:

<b>FUNDED ENROLLMENT</b>		HEAD START		691
		EARLY HEAD START (St. Lucie 64)		64
Total 10%= 75 children				
<b>1</b>	Health Impairments		<b>13</b>	How many age 0?
<b>2</b>	Emotional/Behavior Disorders		<b>14</b>	How many age 1?
<b>3</b>	Speech/Language Impairments	35	<b>15</b>	How many age 2?
<b>4</b>	Mental Retardation		<b>16</b>	How many age 3?
<b>5</b>	Hearing Impairments/Deafness		<b>17</b>	How many age 4?
<b>6</b>	Orthopedic Impairments		<b>18</b>	How many age 5?
<b>7</b>	Visual Impairments/Blind		<b>19</b>	How many over income?
<b>8</b>	Learning Disabilities		<b>20</b>	How many pre-diagnosed?
<b>9</b>	Autism		<b>21</b>	How many dropped to date?
<b>10</b>	Traumatic Brain Injury		<b>22</b>	How many IEP's/IFSP current
<b>11</b>	Other Impairments	0	<b>23</b>	How many evaluated and found not eligible?
<b>12</b>	Total With Disabilities	35	<b>24</b>	How many suspected?

**TRANSPORTATION:**

- Transportation services were provided to 190 children to and from the centers for the month of October.
- Transportation Coordinator assisted with having repairs that included but were not limited to the following: over heating on Bus 3.
- Transportation Coordinator, Bus Drivers and Bus Monitors participated in the Head Start In-Service Training on October 12, 2016. The training topic was "Overview of Transportation Policies and Procedures".

**DEFICIENT AREA(S):** None**PROPOSED STRATEGY TO CORRECT DEFICIENCY (IES):** None**SPECIAL ACCOMPLISHMENTS:**

- 45 Day Screenings
- Head Start Awareness Celebrations
- PNC Learning Adventure Mobile Unit Children Activity

**BOARD RELATED ACTIVITIES:** None**CRITICAL CONCERNS / CHALLENGES:** None



**UPCOMING EVENTS:**

- Senior Management Meeting-November 8, 2016
- Policy Council Meeting-November 16, 2016
- Pregnant Mom Orientation/Training "Prenatal and Post Partum Health"-November 16, 2016
- Board of Directors Annual Retreat, Orlando, FL-November 19,2016
- Management Planning Meeting-November 22, 2016
- Head Start/Early Head Start In-Service Training-November 23, 2016
- Program Director's Meeting-November 28, 2016
- HMH/Public School Early Childhood Meeting-TBA
- Bridges Out of Poverty of St. Lucie Steering Committee Meeting-TB

**HEAD START/EHS – Polk County****Planning/Communication/Internal Reporting/ Governance**

- 10/11/16 Participated in Senior Directors Meeting discussion included: Board of Directors Retreat and Annual Meeting and 2016-2017 Budget
- Polk County ADA Attendance for the month October is 88%
- FCDC Enrollment 52; ( 3) Pregnant Moms; (1) openings;
- JumpStart EHS 16; (4) Pregnant Moms
- VPK (8); SR (3) (19) Childcare receiving aftercare services
- 10/6 & 10/7 program closed due to inclement weather; ELC & other partners notified of program closures; Polk County centers or families was not directly impacted by the weather.
- Management meeting and Staff meetings were held
- 10/10 Faded Fresh Barber Shop provided free haircuts to FCDC parents and children
- 10/11 Faded Fresh Barber Shop provided free haircuts to JumpStart families.
- 10/17-10/18 Policy Council Training for 2016-2017 program year
- 10/17/16 CareerSource Polk was on-site to provide resume assistance
- 10/19/16 Participated in Program Directors meeting & Policy Council

**Facilitated Program Directors Management Meeting discussion topics**

- Proposed 12/1/16 Exemption/Non-exempt Rules
- PROMIS updates and Training needs

**Parent meeting 10/25 discussions included but not limited to the following**

- Policy Council roles and responsibilities
- CSBG Presented on training and education opportunities

**Record Keeping & Reporting**

- Statistical reports attached for review
- Disability reports: 2 children with IFSP's and (6) referrals for FCDC & JumpStart; FCDC attached for review
- Health Alerts FCDC (10) & JumpStart (1)

**Human Resources**

- FCDC has the following vacancies: (2) EHS Caregiver & Facility Specialist
- Education Coordinator position was filled and the Operations Director is working closely with HR to address hiring needs.

**Facilities**

- 9/27/16 Range Sprinkler Systems was serviced
- 9/17/16 Annual Grease Trap Serviced
- 9/20/16 Fire Extinguishers inspected
- Grounds & Pest Control were maintained the month of September & October
- A/C repair is pending for kitchen building #5
- Light fixtures were fixed; a/c repairs were made, and supplies were distributed

**Health & Safety**

- 100% of 45 day & 90 screenings were completed
- Oral exams and fluoride treatments were provided to FCDC children
- School Readiness & VPK immunizations are all complete
- HSM provided Sudden Infant Death Syndrome (SIDS) training

**Monitoring**

- CM completed monitoring at Jumpstart & FCDC
- VPK was monitored 9/22/16 no concerns noted (report attached)

**Fiscal**

- The program generated non-federal (in-kind) during the month of September that included volunteering from parents and professionals
- All financial invoices, requisitions, and payroll were submitted timely

**IT Support Services**

Operations Director submitted T.A.R. (Technical Assistant Request) in regards to the Network, PROMIS, FAX, & Phones Lines

**Family and Community Partnerships**

- Family Services Workers and Coordinators attended training in St. Lucie County
- Six (6) parents started working (2) started school at FCDC
- FCPM provided training on Time Management/Service Delivery
- 10/11 & 10/12 PROMIS Training

**Nurturing Fatherhood Program**

Next meeting scheduled for 11/10/16 Mr. George Grace who serves on President Obama's Fatherhood Program Committee

**Community Relations/Collaborations:** n/a**Early Childhood & Health Services**

EDECM Professional Development and In-Service Training on New Performance Standards

**Proposed Strategy to Correct Deficiency/(ies):** n/a**Special Accomplishments:** n/a**Board Related Activities:** n/a**Special Projects:** n/a**Critical Concerns/Challenges:**

Hiring staff in FCDC has been a challenge due to remote location, lack of transportation services to the Southern Region of Polk County; however working closely with HR to obtain qualified staff.

**UPCOMING EVENTS**

- FCDC Management Meeting 11/4/16
- FCDC Staff Meeting 11/7/16
- Parent Meeting 11/8/16
- Fatherhood Initiative Meeting 11/10/16
- FCDC Parent Meeting "Celebrating Children & Families" 11/15/16
- ELC Board Meeting 11/16/16
- Policy Council 11/16/16
- Senior Executive Meeting 11/18/16
- Board Governance Annual Retreat 11/19/16
- Professional Development 11/23/16



# COMMUNITY & ECONOMIC DEVELOPMENT SERVICES DIVISION

## ACTIVITIES SUMMARY

### *Deputy Director*

- Periodically met with Division Department Directors and Division Support Staff re: program status updates.
- Periodically reviewed Grants.gov for grant and funding announcements. **(Goal 3 Objective: Apply for grants in a timely manner when money is available.)**
- Prepared and submitted monthly division-wide report.
- Updated division-wide budget.
- Reviewed CSBG expenditures and modification.
- Reviewed and prioritized Job Descriptions.
- Prepared and submitted Quarter IV FOCAS Report to DEO.
- Prepared CSBG Budget worksheet for new Grant. **(Goal 3 Objective: Apply for grants in a timely manner when money is available.)**
- Prepared Housing Counseling Invoice for submittal to HUD. **(Goal 3 Objective: Apply for grants in a timely manner when money is available.)**
- Began working on IS Survey.
- Prepared funding bridge contract for CSBG. **(Goal 3 Objective: Apply for grants in a timely manner when money is available.)**
- Participated in phone conference with DEO regarding CSBG funding for 2016-2018 and requirements for submittal of grant application for CSBG. **(Goal 3 Objective: Apply for grants in a timely manner when money is available.)**
- Visited Avon Park Offices.
- Met with Continuum of Care director re: ESG Grant services. **(Goal 3 Objective: Apply for grants in a timely manner when money is available.)**
- Administered Oath of Office to SRAC members for 2016-2017.
- Prepared and submitted PCN's for COLA and PDIP increases.
- Corrected CM 20/20 errors. **(Goal 4 Objective: Continue to upgrade new technology.)**
- Repeatedly followed through with DEO Specialist re: LIHEAP and CSBG Payments.
- Reviewed and/or signed off on \$267,107 in Voucher/Check Requests including: \$125,071 in LIHEAP Crisis Energy and \$75,400 in LIHEAP Home Energy Assistance.

### *LIHEAP/Community Services Department Director*

- Senior Directors Meeting on *October 11, 2016* at the Corporate Office in Lake Alfred. **(Goal 1: Objective: Create Additional Educational Experiences and Opportunities for Staff.)**
- The Southern Region Advisory Council's Annual Meeting on *October 17, 2016* in Frostproof at the Lakeview Community Center.
- Cm2020 training was provided on *October 20, 2016* at New Horizons Complex in Auburndale, FL. **(Goal 1: Objective: Create Additional Educational Experiences and Opportunities for Staff.)**
- The Senior Connection Center (SCC) Project Directors Conference Call was on *October 20, 2016*. **(Goal 1: Objective: Create Additional Educational Experiences and Opportunities for Staff.)**
- LIHEAP/Community Service Department Staff Meeting on *October 27, 2016* at the Corporate Office in Lake Alfred, FL. **(Goal 1: Objective: Create Additional Educational Experiences and Opportunities for Staff.)**

### *CSBG/Economic Development Department Director*

- Heartland for Homeless in Highlands County. **(Goal 3 Objective: Partner on collaborative projects with other entities.)**
- Partnership Meeting in Lakeland, FL. **(Goal 3 Objective: Partner on collaborative projects with other entities.)**
- Partnership Training in Sebring, FL. **(Goal 3 Objective: Partner on collaborative projects with other entities.)**
- CIE annually monitoring at ATEC. **(Goal 3 Objective: Partner on collaborative projects with other entities.)**

**COLLABORATIONS*****Deputy Director***

- Met with Continuum of Care Director re: ESG Grant application. (**Goal 3 Objective: Apply for grants in a timely manner when money is available.**)
- Prepared for ALP Housing Development Corporation Board meeting.

***LIHEAP/Community Services Department Director***

- Peace River Center Goal 3 Objective: Partner on collaborative projects
- Clarke's House Goal 3 Objective: Partner on collaborative projects.
- Polk County Homeless Coalition Goal 3 Objective: Partner on collaborative projects.

***CSBG/Economic Development Department Director***

- Met with Continuum of Care Director re: ESG Grant application. (**Goal 3 Objective: Apply for grants in a timely manner when money is available.**)

**CONCERNS/CHALLENGES AND RESPONSE*****Deputy Director***

**Concern:** Delays in payment of CSBG and LIHEAP Invoices by DEO.

**Response:** Maintained email and telephone contact until payments were made.

***LIHEAP/Community Services Department Director***

**Concern:** Delay in receipt of funding from DEO (Department of Economic Opportunities)

**Response:** ENERGY FAIR EVENTS scheduled for Hendry/Glades Counties were postponed for the month of October, 2016. Energy Fair have been re-scheduled for December 1<sup>st</sup> and 2<sup>nd</sup> in Clewiston at the Harlem Civic Center.

***CSBG/Economic Development Department 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 Department 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***

- Prepared agenda for Housing Development Corporation Board meeting.
- Administered Oath of Office to SRAC members for 2016-2017.

***LIHEAP/Community Services Department Director***

Attended the Southern Region Advisory Council's Annual Meeting on *October 17, 2016* in Frostproof at the Lakeview Park Community Center.



**CSBG/Economic Development Director:** Nothing to report at this time.

## **SPECIAL PROJECTS**

### ***Deputy Director***

#### ***LIHEAP/Community Services Department Director***

Worked with the Southern Region Advisory Council's Scholarship Committee on the selection process for their first '2016' Seigler, Sims and Wade Scholarship Recipients, which was awarded at the SRAC's Annual Meeting on *October 17, 2016*.

#### ***CSBG/Economic Development Director***

Nothing to report at this time.

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

### ***Deputy Director***

- Senior Directors Meeting *October 11, 2016* at the Corporate Office in Lake Alfred.
- The Southern Region '2016' Annual Meeting on *October 17, 2016* at Lakeview Park Community Center in Frostproof.
- Meeting with Continuum of Care director in Avon Park, on *10/27/16*, re: ESG Grant.

#### ***LIHEAP/Community Services Department Director***

- Senior Directors Meeting *October 11, 2016* at the Corporate Office in Lake Alfred.
- The Southern Region '2016' Annual Meeting on *October 17, 2016* at Lakeview Park Community Center in Frostproof.
- SCC (Senior Connection Center) Project Directors Conference Call on *October 20, 2016*.
- LIHEAP/Community Services Department Staff Meeting on *October 27, 2016* at the Corporate Office in Lake Alfred.

#### ***CSBG/Economic Development Department Director***

- Senior Directors Meeting *October 11, 2016* at the Corporate Office in Lake Alfred.
- Meeting with Continuum of Care director in Avon Park, on *10/27/16*, re: ESG Grant.

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

### ***Deputy Director***

- Senior Directors Meeting on *November 18, 2016* in Orlando.
- '2016' Annual Board of Directors Planning Retreat in Orlando *November 18-20, 2016* at the Doubletree Hotel.
- ALP Housing Development Corporation Board of Directors meeting on *November 1, 2016*.

#### ***LIHEAP/Community Services Department Director***

- LIHEAP ENERGY FAIR in Lake Placid (Highlands County) on *November 1, 2016*.
- Decision 2016 webinar- The Impact on Low Income Programs on *November 17, 2016*.
- Senior Directors Meeting on *November 18, 2016* in Orlando.
- '2016' Annual Board of Directors Planning Retreat in Orlando *November 18-20, 2016* at the Doubletree Hotel.

#### ***CSBG/Economic Development Department Director***

- Senior Directors Meeting on *November 18, 2016* in Orlando.
- '2016' Annual Board of Directors Planning Retreat in Orlando *November 18-20, 2016* at the Doubletree Hotel.

## **OTHER**

### ***Deputy Director***

Nothing to report at this time.

***LIHEAP/Community Services Department Director:*** Nothing to report at this time.

**CSBG/Economic Development Department Director**

Nothing to report at this time.

**MAJOR GRANT EXPENDITURE SUMMARIES****Low Income Home Energy Assistance Program (03/01/16 thru 03/31/17)**

**Total Funding** = \$4,258,448

**Pro-Rated Funding (thru 09/30/16)** = \$2,293,010 (53.8%)

**Expended (as of 09/30/16)** = \$2,014,885 (47.3% of Total Funding)

**Crisis Energy** = \$715,243 out of \$1,164,276 (61.4% of pro-rata "Crisis" allocation.)

**Home Energy** = \$747,481 out of \$573,253 (130.1% of pro-rata "Home Energy" allocation)

**Performance:** By October, approximately 50% of the total funding should be expended. Due to delays in receipt of reimbursement from DEO, ALPI slowed the delivery of services towards the end of September. Once reimbursement is resolved, service will be escalated through energy fairs and other appropriate means in anticipation of expending all funds by close of contract in March, 2017.

**Emergency Home Energy Assistance Program (04/01/16 thru 03/31/17)**

**Total Funding** = \$114,623

**Pro-Rated Funding (as of 09/30/16)** = \$57,311 (50.0%)

**Expended (as of 09/30/16)** = \$57,021 (49.7% of Total Funding)

**Direct Services** = \$45,165 out of \$46,474 (97.2% of pro-rata allocation.)

**Performance:** Expenditures are "on track".

**Florida Non-Profit Housing (07/01/16 thru 06/30/17)**

**Total Funding** = \$49,394

**Pro-Rated Funding (as of 09/30/16)** = \$12,348 (25.0%)

**Expended (as of 09/30/16)** = \$7,585 (15.4% of Total Funding)

**Performance:** Contract was received in late July so expenditures remain sluggish. It is estimated that expenditures will catch-up within the next 2 months.

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

**Total Funding** = \$60,000

**Pro-Rated Funding (as of 09/30/16)** = \$15,000 (50.0%)

**Expended (as of 09/30/16)** = \$5,921 (9.9% of Total Funding)

**Performance:** Contract was received in late July so expenditures remain sluggish. It is estimated that expenditures will catch-up within the next 2 months.

**Community Services Block Grant (10/01/15 thru 12/31/16)**

**Total Funding** = \$1,284,681.

**Pro-Rated Funding (as of 09/30/16)** = \$1,027,774 (80.0 % of Total Funding)

**Expended (as of 09/30/16)** = \$1,243,378 (96.8% of Total Funding)

**Family Self-Sufficiency Direct Expenditures** = \$230,439 out of \$198,000 for 116.2% of pro-rata allocation.

**Emergency Assistance** = \$57,335 out of \$45,600 for 125.7% of pro-rata allocation.

**Performance:** This contract was modified and extended through 12/31/16; however, since the new contract is generally available as of 10/01/16 it is staff's intent to have all funds expended by late September or October, so expenditures are "on track" to be completed expended with the new grant (effective 10/01/16) picking up the costs for the last quarter.

**Chase Settlement Grant (10/01/15 thru 03/31/17)**

**Total Funding** = \$59,000.

**Pro-Rated Funding (as of 09/30/16)** = \$44,250 (75.0% of Total Funding)

**Expended (as of 09/30/16)** = \$28,749 (48.7% of Total Funding.)

**Emergency Assistance** = \$23,695 out of \$31,500 for 75.2% of pro-rata allocation.



**Performance:** The underexpenditure is a direct result of late receipt of contract. Staff continues to step up service delivery and anticipates expending all funds by December 31, 2016.

<b>MAJOR OUTCOMES – Division Programs Only</b> <b>ROMA Family Goals 1 and 6</b> <b>(07/01/16 through 10/31/16)</b>					
NPI	Description	CSBG/LIHEAP/EHEAP Clients		DOE/FNPH Clients TOTAL*	
		Seeking	Completing	Plan	Actual
1.1	Unemployed and obtained a job	12	10	n/a	n/a
	Employed and maintained a job for at least 90 days	15	5	n/a	n/a
	Employed and obtained an increase in employment income and/or benefits	8	5	n/a	n/a
1.2	Obtained skills/competencies required for employment	30	18	n/a	n/a
	Completed ABE/GED and received certificate	4	0	n/a	n/a
	Completed post-secondary education program and obtained certificate or diploma	13	2	n/a	n/a
	Enrolled children in before or after school programs	16	16	n/a	n/a
	Obtained access to reliable transportation and/or driver’s license	2	2	n/a	n/a
	Obtained safe and affordable housing	15	15	n/a	n/a
	Obtained food assistance	12	9	n/a	n/a
6.1	Independent Living for Senior Citizens (55 or older)	13	13	n/a	n/a
	Independent Living for Individuals with Disabilities	28	28	n/a	n/a
6.2	Received Home Energy Assistance other than LIHEAP	107	107	32	32
	Received rental assistance	58	58	2	2
	Received LIHEAP/EHEAP Crisis	1,363	1,363	n/a	n/a
	Received LIHEAP Home Energy	1,553	1,553	n/a	n/a
	Received Emergency Food Assistance	12	9	2	2
	Received Water Bill/Utilities Assistance	0	0	20	20
* = DOE/FNPH Contracts were delayed so little or no services were reported during this period.					

**SERVICE DELIVERY BY COUNTY – Division Programs**

**Units of Service, By County**  
(07/01/16 through 10/31/16)

County	LIHEAP/EHEAP Only*		CSBG Only*		DOE/FNPH Only**		Totals	
	Units of Service	Total Expended*	Units of Service	Total Expended*	Units of Service	Total Expended	Units of Service	Total Expended
Collier	230	\$53,925			n/a	n/a	230	\$52,925
Glades	37	\$10,140	15	\$8,254	n/a	n/a	52	\$18,394
Hendry	107	\$23,791	96	20,216	n/a	n/a	203	\$44,007
Highlands	316	\$76,467	111	\$31,019	1	100	428	\$107,586
Lake					1	\$250	1	\$250
Martin	63	\$20,650			n/a	n/a	63	\$20,650
Orange					2	\$300	2	\$300
Polk	1,567	\$523,270	386	\$90,257	10	\$1,521	1,963	\$615,048
St. Lucie	951	\$318,300			n/a	n/a	951	\$318,300
Volusia					25	\$5,391	25	\$5,391
<b>TOTAL</b>	<b>3,271</b>	<b>\$1,025,543</b>	<b>608</b>	<b>\$149,746</b>	<b>39</b>	<b>\$7,562</b>	<b>3,918</b>	<b>\$1,182,851</b>

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

\*\* = DOE and FNPH grants were not finalized in time for services to be rendered during this month.

## 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:**

Human Resources Director attended a seminar on "Criminal History Evaluation presented by Gretchen Lehman of Ogletree Law Group. It was sponsored by CareerSourcePolk at the Polk State College – Lakeland Campus

### **Goal 2 – Devise a Plan of Upward Mobility within the Agency (Objectives 2.1 & 2.2)/**

#### **2.1: Provide individual opportunities for creativity**

- CEO, Senior Directors, Educational Manager and Mental Health/Disabilities Specialist brainstormed about creative ways of having more than one session where all of the staff is together

#### **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.
  - Two promotions: Amanda Proulx from Teacher to Early Childhood Education Coordinator and Iris Seymour from Teacher Assistant to Teacher

### **Goal 3 – Partner with other entities for more service Delivery (Objective 3.1)**

- 3.1 Each member of the Senior Management Team will maintain active membership in at least one community service organization, attend meetings regularly, and use available opportunities to market ALPI's programs and seek support for the same.**

➤ Human Resources Director attended CareerSourcePolk seminar, Girls Inc. and City Commissioner 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:** (1) Client Specialist II & Work Experience/ongoing
- **Child Development & Family Services Division**
  - (4) Teacher Assistant – St. Lucie
  - (3) Teacher – St. Lucie
  - (1) Caregiver- St. Lucie
  - (2) Caregiver – Frostproof
  - (1) Facility Specialist – Frostproof
  - (1) Educational Coordinator-Frostproof
  - (1) IT/Data Management – Corporate
  - (1) Center Manager – St. Lucie
  - (1) Family Service Worker – St. Lucie
  - (1) Administrative Assistant – St. Lucie
  - (1) Transportation Coordinator – 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 partners:

- (1) Teacher Asst./St. Lucie (1) Maintenance Worker – St. Lucie
- (1) Caregiver/Frostproof (2) Family Service Worker – St. Lucie

**DAILY ACTIVITIES**

- Finalized 403B allocations and check written to VOYA
- Reviewed PCN for 1.8% increase and PDIP's for one-time payment. The turnover is still high in CDFC; we are still aggressively recruiting to fill these positions
- Annual evaluations - 100% in Human Resources
- Met with Deputy Director of Child Development during the month on different staff issues –
- Most draft job descriptions have been received
- All current and draft job descriptions are on ALPI H-Drive
- Coordinated meetings with our insurance representatives for General Liability and Worker Compensation insurance. Meeting went well and policies renewed with minimum increase
- Assisted with the ERAC planning and execution of a successful annual meeting
- Coordinated wellness activities for the agency – Breast Cancer awareness was observed on October 21<sup>st</sup> by having staff wear pink and each Center scheduled difference activities –
- Attended the Girls Inc. & City Commissioners meetings
- Attended CareerSource Polk seminar
- 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) all cases closed
- FMLA – processing request - Ongoing
- Unemployment Compensation Claims – (1)
- Grievances and employee concerns – (0)
- Liability Insurance and Loss Control – Ongoing
- Benefits Administration – Ongoing
- Retirement 403(b) Plan Request – on-going
- Monitoring and processing of bills – on going
- Review and processing of Timesheets – on- going
- Review of job descriptions – on going

**STATISTICS**

Employee Accidents	0
Child Accidents	0
Resignations	2
Involuntary Terminations	0
Lay-offs	0
New Hires	5
Transfers/Promotions	2

Temps & Substitute	0
Unemployment	1
Unemployment Hearings	0
Family Medical Leave	5
Disability Claims	0
Worker Compensation	0
Equal Opportunity Claims	0

### **CHALLENGE**

- Employee improvement plans: **Status:** 3 on plans
- Bi-Annual Driving Record are not always completed in a timely manner by all departments - **Status:** 100% completed
- Timely submission of paperwork– PCNs, Hiring Requisitions, Resignation/Termination notices, FMLA request - on-going – **Status:** 90% 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:** Turnover rate is still high in our St. Lucie County Child Development Centers. The transportation department is experiencing some issues – Transportation Coordinator resigned
- Directors ensuring staffing request and funding codes are correct and timely submitted – **Status:** 90% Improved – on going
- Directors and Managers monitor their Centers and become proactive in the prevention of accidents. **Status:** 90 % Improved – One child accident for 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 with the following Directors during the month, CD&FS Deputy Director, Program Directors
- Attended Girls Inc. meetings: Board and committee meetings
- Attended City Commissioners meetings
- Attended CareerSourcePolk roundtable seminar

### **SPECIAL ACCOMPLISHMENTS:**

- Draft Job descriptions. **Status:** 99% completed
- Background screenings under new rule– working with program directors to ensure background screenings are completed within the 9 month period
- Renewal of agency insurances – 100% completed
- Annual Performance Evaluation – 100% completed
- 6 month driving record -100% completed

## **OPERATIONS & QUALITY CONTROL**

### **DEPARTMENT ACTIVITIES SUMMARY**

- **GOVERNANCE**
  - ✓ Facilitated registration & travel arrangements for Board and/or Council participation @ the following meetings/conferences: RIVHS, NCAF, SEACAA & NHSA.  
**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.
  - ✓ Coordinated and facilitated the Central Region Advisory Council Annual Meeting.
  - ✓ Provided technical assistance to all Regional Advisory Councils' with the preparation of Annual Meetings and Elections.
  - ✓ Coordinated the services for the 2016 Independent Audit.
- **CORPORATE OFFICE**
  - ✓ Continued ongoing support to all divisions/departments via meetings, correspondence, purchasing, & signatures.
  - ✓ Coordinated the attendance of CEO (via conference registration and travel) at SEACAA & RIVHS.  
**Goal 3 – Partner w/other Entities for more efficient service delivery**
  - ✓ Coordinated the completion of reimbursement reports (LIHEAP, CSBG, CSC, Child Care Food, Non-Profit Housing, & DOE).
  - ✓ Facilitated the ongoing building and ground maintenance of the Central Office to ensure a healthy and safe work and service environment.



- ✓ Facilitated training opportunities for staff to receive professional development requisite.

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

- ✓ Submitted the requested revised draft job description.
- ✓ Submitted the completed PCN for 1.8% increase and PDIP's for one-time payment.
- ✓ Submitted the completed of annual Performance Evaluation for eligible employee.
- ✓ Facilitated the gathering and submission of documents to auditors for the completion of the Agency's and Housing Development Form 990.

- **LAKEVIEW PARK/FROSTPROOF**

Conducted inspection of ground & facility maintenance inclusive of service of fire extinguishers and range hood.

- **WORKSHOPS/MEETING ATTENDED**

CRAC Annual Meeting	October 1, 2016
Polk County Jury Duty	October 10-11, 2016

- **UPCOMING EVENTS:**

Senior Directors' Meeting	November 18, 2016
Annual Board Retreat	November 18-20, 2016
Executive Committee Meeting	November 18, 2016
Board of Directors Meeting	November 20, 2016

## Progress Reports



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**HS/EHS MONTHLY ATTENDANCE**

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AGRICULTURAL AND LABOR PROGRAM, INC.  
 FAMILY & COMMUNITY PARTNERSHIPS  
 ST. LUCIE COUNTY  
 2016-2017

MONTHLY ATTENDANCE REPORT

HEAD START- OCTOBER 2016 (17 DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
Queen Townsend II	237	237	3246	81%
ACDFSC	151	151	2181	85%
Lincoln Park	102	102	1487	86%
Garden Terrace	90	90	1290	84%
George W. Truitt	51	51	737	85%
Francina Duval	40	40	544	80%
Learning Tree	20	20	316	93%
<b>TOTALS</b>	<b>691</b>	<b>691</b>	<b>9,801</b>	<b>85%</b>

EARLY HEAD START-OCTOBER 2016 (17 DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
George W. Truitt	40	40	439	76%
ACDFSC	8	8	122	90%
Loving Care	8	8	120	88%
Sunrise	8	8	107	79%
<b>TOTALS</b>	<b>64</b>	<b>64</b>	<b>788</b>	<b>83%</b>

Family & Community Partnerships Manager

*Donita Brunson*

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AGRICULTURAL AND LABOR PROGRAM, INC.  
 FAMILY & COMMUNITY PARTNERSHIPS  
 POLK COUNTY  
 2016-2017

MONTHLY ATTENDANCE REPORT

EARLY HEAD START: AUGUST 2016 (20 DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
FROSTPROOF	56	56	836	80%
JUMPSTART	20	20	262	82%
<b>TOTALS</b>	<b>76</b>	<b>76</b>	<b>1,098</b>	<b>81%</b>

EARLY HEAD START: SEPTEMBER 2016 (20 DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
FROSTPROOF	56	56	887	85%
JUMPSTART	20	20	259	81%
<b>TOTALS</b>	<b>76</b>	<b>76</b>	<b>1,146</b>	<b>83%</b>

EARLY HEAD START: OCTOBER 2016 (18 DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
FROSTPROOF	56	56	785	82%
JUMPSTART	20	20	268	93%
<b>TOTALS</b>	<b>76</b>	<b>76</b>	<b>1,053</b>	<b>88%</b>

*Donita Brunson*

Family & Community Partnerships Manager

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**HS/EHS ENROLLMENT REPORT**

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04CH4739 - AGRICULTURAL & LABOR PROGRAM INC, THE

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### End-Of-Month Enrollment - October 2016

#### Total

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

#### Head Start

	<i>Operated this month</i>	<i>Last day of services provided</i>	<i>All clases/options in session</i>	<i>Reported Enrollment</i>	<i>Funded Enrollment</i>	<i>Status</i>
	Yes	Oct 31, 2016	Yes	691	691	Reported
Initially Reported:	On 11/01/2016 by Donita Brunson					
Last Updated:	On 11/01/2016 03:47:27 PM, EST by Donita Brunson					

#### Early Head Start

	<i>Operated this month</i>	<i>Last day of services provided</i>	<i>All clases/options in session</i>	<i>Reported Enrollment</i>	<i>Funded Enrollment</i>	<i>Status</i>
	Yes	Oct 31, 2016	Yes	140	140	Reported
Initially Reported:	On 11/01/2016 by Donita Brunson					
Last Updated:	On 11/01/2016 03:47:27 PM, EST by Donita Brunson					

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**HS/EHS STATISTICAL REPORT**

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# ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

<b>REPORT FOR THE MONTH OF:</b>   October 2016	
<b>CENTER:</b> ALPI FROSTPROOF/JUMPSTART Early Head Start	<b>DATE:</b> 10/27/2016

ERSEA	THIS MONTH	TO DATE	4 YEARS			
			EHS	3 YEARS	4 YEARS	TO DATE
1. Enrollment						
a. The number of EHS and HS Children served (As of 8/1)	76		3	8	161	
b. Of the number of HS children in A1, the number in the VPK program.	0		0	8	16	
c. Of the number of EHS and HS Children in A1, the number enrolled for a second year.	49		0	0	49	
2. Of the number of HS Children eligible for kindergarten						
3. Dropouts						
a. Number of EHS and HS children who have dropped	06		0	0	20	
b. Of the number in B1, the number who dropped prior to 45 days of attendance.	00		0	0	12	
4. Attendance/ADA					86%	

SERVICE DELIVERY	EHS	HS	THIS MONTH	TO DATE
<b>A. Family and Community Engagement</b>				
1. Total number of Head Start Families	07	0	07	75
a. Of these, the number of two parent families	07	0	07	34
b. Of these, the number of single parent families	0	0	0	36
c. Of these, the number of families receiving assistance under TANF Program	0	0	0	0
d. Of these, the number of families receiving Supplemental Security Income (SSI)	0	0	0	4
e. Of these, the number of families over income	0	0	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.)	08	0	08	17
b. Housing assistance such as subsidies, utilities, repairs, etc.	2	0	2	6
c. Counseling or mental health services	0	0	0	0
d. Education/Literacy/English as a Second Language	0	0	0	1
e. Adult education such as GED program and college education	2	0	2	5
f. Job Training	0	0	0	11
g. Substance abuse prevention or treatment	0	0	0	0
h. Child Abuse and Neglect Services/Training	0	0	0	1
i. Domestic violence services	0	0	0	0
j. Child support assistance	0	0	0	0
k. Health education	0	0	0	1

# ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

	0	0	0	0	0	0	0	0	0
	EHS		HS		THIS MONTH		TO DATE		
<b>Service DELIVERY cont'd</b>									
<b>B. Early Childhood Development and Health Services</b>									
1. Number of EHS and HS Children who have completed the following screenings:									
a. Height	0	0	0	0	0	0	0	0	0
b. Weight	0	0	0	0	0	0	0	0	0
c. Vision	0	0	0	0	0	0	0	0	0
d. Hearing	0	0	0	0	0	0	0	0	0
e. Speech/Language	0	0	0	0	0	0	0	0	0
f. Behavioral	0	0	0	0	0	0	0	0	0
g. Developmental	0	0	0	0	0	0	0	0	0
h. Blood Pressure	0	0	0	0	0	0	0	0	0
i. Hemoglobin	0	0	0	0	0	0	0	5	5
j. Lead	0	0	0	0	0	0	0	5	5
2. Of the number in B1, the number referred for follow up or diagnosed as needing treatment	0	0	0	0	0	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	0	0	0	0	0
4. The number of EHS and HS children receiving or received treatment for the following:	0	0	0	0	0	0	0	0	0
a. Anemia	0	0	0	0	0	0	0	0	0
b. Asthma	0	0	0	0	0	0	0	0	0
c. Hearing Difficulties	0	0	0	0	0	0	0	0	0
d. Overweight	0	0	0	0	0	0	0	0	0
e. Vision Problems	0	0	0	0	0	0	0	0	0
5. Number of EHS and HS children enrolled in Medicaid	07	0	0	0	0	0	0	78	78
6. Number of EHS and HS children with private insurance	0	0	0	0	0	0	0	1	1
7. Number of EHS and HS children with "Medical Home"	0	0	0	0	0	0	0	0	0
8. Number of EHS and HS children who have completed a professional dental examination	0	0	0	0	0	0	0	0	0
9. Of the children in B8, the number of children diagnosed as needing treatment	0	0	0	0	0	0	0	0	0
10. Of the children diagnosed in B9, the number of children who received or are receiving treatment	0	0	0	0	0	0	0	0	0
11. Of the children examined in B8, the number of children who received preventive (care X-ray Cleaning Only)	0	0	0	0	0	0	0	0	0
12. Number of EHS and HS children with up-to-date immunizations	17	0	0	0	0	0	0	17	102
13. Number of EHS and HS children with complete immunizations	0	0	0	0	0	0	0	0	0
14. Number of EHS and HS children with current physicals	17	0	0	0	0	0	0	17	104
15. Number of EHS and HS children receiving WIC services	0	0	0	0	0	0	0	0	0
16. Number of EHS and HS children receiving meals via Child Care Food Program	53	11	0	0	0	0	0	64	138
17. Number of teacher and caregivers home visits completed (1st)	53	0	0	0	0	0	0	53	53
18. Number of teacher and caregivers home visits completed (2nd)	0	0	0	0	0	0	0	0	0



# ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

		EHS	HS	THIS MONTH	TO DATE
19. Number of parent/teacher/ caregivers conferences completed	0			0	0
20. Number of EHS/HS with baseline assessments completed	53			0	53
21. Number of EHS/HS with mid-year assessments completed	0			0	0
22. Number of EHS/HS with final assessments completed	0			0	0
<b>SERVICE DELIVERY cont'd</b>		<b>EHS</b>	<b>HS</b>		
<b>C. Mental Health and Disabilities</b>					
1. Number of EHS and HS children with a diagnosed disability	2			2	2
2. Of the EHS and HS children in E1 with a diagnosed disability, the number with an IEP or IFSP	2			2	2
3. Of the EHS and HS children in E1 with a diagnosed disability, the number determined by LEA or Part C	2			2	2
4. Number of EHS and HS children with suspected disabilities	6**			6	6
5. Number of referred EHS and HS children awaiting testing or staffing	0			0	0
6. Number of EHS and HS children referred for mental health services outside of the program	0			0	0
7. Number of EHS and HS children the MH Professional Consultant with staff about child's behavior/mental health	0			0	0
8. Of the children in E7, the number the MH Professional provided three or more consultations.	0			0	0
9. Number of children the MH Professional consulted with the parent about their child's behavior/mental health.	0			0	0
10. Number of children the MH Professional provided an individual mental health assessment	0			0	0
11. Number of children the MH Professional facilitated a referral for mental health services	0			0	0
12. Number of MDT's meetings	0			0	0
13. Of the number of MDT meetings, the number of children the team determined to have a disability	0			0	0
1. Indicate the number of pregnant women who received the following services while enrolled in EHS					
a. Prenatal and postpartum health care				0	4
b. Mental health intervention and follow up				0	0
c. Substance abuse prevention				0	0
d. Substance abuse treatment				0	0
e. Prenatal education on fetal development				0	0
f. Information on the benefits of breastfeeding				1	1
1. Number of children receiving transportation services					
2. Number of field trips taken				0	0

SIGNATURE: Christine Wilson	JOB TITLE: CDSM	DATE: 10/27/16
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# ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

<b>REPORT FOR THE MONTH OF:</b> October, 2016	<b>DATE:</b> 11/3/16
<b>CENTER:</b> All centers combined – St. Lucie	

ERSEA	THIS MONTH				TO DATE
	EHS	3 YEARS	4 YEARS	11	
<b>1. Enrollment</b>					
a. The number of EHS and HS Children served (As of 9/1).	1	6	11	18	810
b. Of the number of HS children in A1, the number in the VPK program.	0	0	11	11	427
c. Of the number of EHS and HS Children in A1, the number enrolled for a second year.	0	0	0	0	294
<b>2. Of the number of HS Children eligible for kindergarten</b>					
<b>3. Dropouts</b>					
a. Number of EHS and HS children who have dropped	3	7	5	15	84
b. Of the number in B1, the number who dropped prior to 45 days of attendance.	1	0	0	1	53
<b>4. Attendance/ADA</b>					

SERVICE DELIVERY	EHS			HS			THIS MONTH			TO DATE
	1	16	17	1	3	13	1	4	13	
<b>A. Family and Community Engagement</b>										
<b>1. Total number of Head Start Families</b>										
a. Of these, the number of two parent families	1	3	4	1	3	13	1	4	13	588
b. Of these, the number of single parent families	0	0	0	0	0	0	0	0	0	50
c. Of these, the number of families receiving assistance under TANF Program	0	0	0	0	0	0	0	0	0	76
d. Of these, the number of families receiving Supplemental Security Income (SSI)	0	0	0	0	0	0	0	0	0	0
e. Of these, the number of families over income	0	0	0	0	0	0	0	0	0	0
<b>2. Total number of families identified as needing services or identified an interest in the following areas:</b>										
a. Emergency Crisis intervention/Assistance (food, clothing, shelter, etc.)	1	7	8	1	7	10	1	8	10	10
b. Housing assistance such as subsidies, utilities, repairs, etc.	0	6	6	0	6	7	0	6	7	7
c. Counseling or mental health services	2	3	5	2	3	6	2	5	6	6
d. Education/Literacy/English as a Second Language	0	3	4	0	3	4	0	3	4	4
e. Adult education such as GED program and college education	1	22	23	1	22	28	1	23	28	28
f. Job Training	1	15	16	1	15	23	1	16	23	23
g. Substance abuse prevention or treatment	0	0	0	0	0	0	0	0	0	0
h. Child Abuse and Neglect Services/Training	0	0	0	0	0	0	0	0	0	0
i. Domestic violence services	0	0	0	0	0	1	0	0	1	1
j. Child support assistance	0	0	0	0	0	0	0	0	0	0
k. Health education	3	14	17	3	14	17	3	17	17	17
l. Assistance to families of incarcerated individuals	0	0	0	0	0	0	0	0	0	0
m. Parent Education	7	78	85	7	78	161	7	85	161	161
n. Marriage education	0	0	0	0	0	0	0	0	0	0



# ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

SERVICE DELIVERY cont'd	EHS	HS	THIS MONTH	TO DATE
<b>B. Early Childhood Development and Health Services</b>				
1. Number of EHS and HS Children who have completed the following screenings:				
a. Height	1	18	19	746
b. Weight	1	18	19	746
c. Vision	0	10	10	743
d. Hearing	0	10	10	743
e. Speech/Language	0	8	21	159
f. Behavioral	0	65	65	334
g. Developmental	0	31	31	157
h. Blood Pressure	0	32	32	711
i. Hemoglobin	0	76	76	724
j. Lead	0	89	89	724
2. Of the number in B1, the number referred for follow up or diagnosed as needing treatment				
3. Of the number referred in B2, the number who have completed follow up or received treatment				
4. The number of EHS and HS children receiving or received treatment for the following:				
a. Anemia	0	0	0	0
b. Asthma	0	0	0	0
c. Hearing Difficulties	0	0	0	0
d. Overweight	0	0	0	0
e. Vision Problems	0	0	0	0
5. Number of EHS and HS children enrolled in Medicaid	1	17	18	628
6. Number of EHS and HS children with private insurance	1	2	3	16
7. Number of EHS and HS children with "Medical Home"	1	10	11	790
8. Number of EHS and HS children who have completed a professional dental examination	1	95	96	756
9. Of the children in B8, the number of children diagnosed as needing treatment	0	10	10	107
10. Of the children diagnosed in B9, the number of children who received or are receiving treatment	0	0	0	0
11. Of the children examined in B8, the number of children who received preventive (care X-ray Cleaning Only)	0	0	0	0
12. Number of EHS and HS children with up-to-date immunizations	1	11	12	432
13. Number of EHS and HS children with complete immunizations	0	6	6	363
14. Number of EHS and HS children with current physicals	1	15	16	795
15. Number of EHS and HS children receiving WIC services	1	9	10	442
16. Number of EHS and HS children receiving meals via Child Care Food Program	0	0	0	0
17. Number of teacher and caregivers home visits completed (1 <sup>st</sup> )	8	560	568	568
18. Number of teacher and caregivers home visits completed (2 <sup>nd</sup> )	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	8	560	568	568
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
<b>C. Mental Health and Disabilities</b>				
1. Number of EHS and HS children with a diagnosed disability	0	4	4	35
2. Of the EHS and HS children in E1 with a diagnosed disability, the number with an IEP or IFSP	0	4	4	35
3. Of the EHS and HS children in E1 with a diagnosed disability, the number determined by LEA or Part C	0	4	4	35
4. Number of EHS and HS children with suspected disabilities	0	21	21	60
5. Number of referred EHS and HS children awaiting testing or staffing	0	21	21	60
6. Number of EHS and HS children referred for mental health services outside of the program	0	0	0	0
7. Number of EHS and HS children the MH Professional Consultant with staff about child's behavior/mental health	0	0	0	5
8. Of the children in E7, the number the MH Professional provided three or more consultations.	0	0	0	0
9. Number of children the MH Professional consulted with the parent about their child's behavior/mental health.	0	0	0	5
10. Number of children the MH Professional provided an individual mental health assessment	0	0	0	5
11. Number of children the MH Professional facilitated a referral for mental health services	0	0	0	0
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
<b>D. Pregnant Women Services</b>				
1. Indicate the number of pregnant women who received the following services while enrolled in EHS				
a. Prenatal and postpartum health care			0	7
b. Mental health intervention and follow up			0	0
c. Substance abuse prevention			7	7
d. Substance abuse treatment			0	0
e. Prenatal education on fetal development			0	0
f. Information on the benefits of breastfeeding			0	0
<b>E. Transportation</b>				
1. Number of children receiving transportation services			0	170
2. Number of field trips taken			0	0
<b>Comments:</b>				

SIGNATURE:	<i>Lisandra Concepcion</i>	JOB TITLE:	Family Support Services Coordinator	DATE:	11/7/16
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**NON-FEDERAL SHARE (HS/EHS)**

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

MONTH REPORTING: August 2016	
PROGRAM TYPE	HEAD START/EARLY HEAD START
GRANT #	04CH4739
FAA PERIOD	Beginning 7/1/2016 Ending 6/30/2017

FAA TYPE	REFUNDING	TOTAL
**FAA AWARD	\$ 7,414,082.00	\$ 7,414,082.00
25% MATCH	\$ 1,853,521.00	\$ 1,853,521.00

MONTHLY TYPE	August	September	October	November	December	January	February	March	April	May	June	Y-T-D	BALANCE	%
VOLUNTEERS	\$ 603,095.00	\$ 64,115.12	\$ 95,511.17	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 183,878.62	\$ 419,216.38	30%
SPACE COST	\$ 549,179.00	\$ 45,764.91	\$ 46,764.91	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 183,056.64	\$ 366,122.36	33%
OTHER	\$ 701,247.00	\$ 91,772.41	\$ 88,619.29	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 238,910.18	\$ 462,338.82	34%
CASH	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%
<b>TOTAL</b>	<b>\$ 1,853,521.00</b>	<b>\$ 201,649.44</b>	<b>\$ 230,895.37</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 605,645.44</b>	<b>\$ 1,247,675.56</b>	<b>33%</b>

CERTIFICATION	DATE
PROGRAM OPERATIONS DIRECTORS: Myra Rodriguez	11/8/2016
CERTIFIED BY:	DATE

Comments: Under "OTHER" Category of this report includes a projected reimbursement for VPK of \$84,710.97 for the month of October 2016.

**ESTIMATED VOLUNTEER PARTICIPANTS YEAR-TO-DATE**

	August	September	October	November	December	January	February	March	April	May	June	Y-T-D
Parents	831	694	634									2759.00
Professionals	50	20	20									90.00
Hours		2157.5	5647.55	7056.85								14861.90

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



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**CLUSTER MONTHLY DISABILITY**

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**CLUSTER MONTHLY DISABILITY REPORT**  
**Local Program Information**  
**2016**

CLUSTER CODE:

Agency Name: ALPI FROSTPROOF

Date Form Completed: 10/24/2016

TONI JONES  
 Person Completing This Form

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

Information from all Delegates included  YES  NO  N/A

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

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: Jha'Qharee Chester and Naomi Word referral was mailed 9-02-16. Brad'Jacob Robey referra mailed 9-12-16. Jumpstart-Denim Armstead, Acaree Mathis and Gabriel Ruiz referral mailed 9-15-16. 10-20-16 Avrielle Bonds (JS) was referred to ES. Lucas Cendeno and Adriana Gallegos currently have IFSP's.	



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**CHILD CARE FOOD INSPECTION REPORT**

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<b>Name and Address of Center:</b> Francina Duval HS	<b>Child Care Food Program SITE REVIEW FORM</b> (For Use by Sponsors of Affiliated and Unaffiliated Centers)	<b>Name of Sponsoring Organization:</b> ALPI
<b>Required Visit: (circle one)</b> ①      2      3      F/U		<b>Reviewer's Name:</b> Hilda Walker

Refer to Instructions Before Completing the Review						
<b>DCF License #/Religious Accreditation Info:</b> C195L0058	<b>Exp. Date</b> 7/6/17	<b>Capacity</b> 40	<b>Enrollment</b> 40	<b>Date of Review</b> 10.21.16	<b>Arrival Time</b> 10:AM	<b>Departure Time</b> 2PM
<b>Meals Approved to Claim:</b> B MS L AS S ES	<b>Meal Observed:</b> B MS L AS S ES <input type="checkbox"/> Non-Meal Review (U's only)			<b>Date of Last Site Review:</b> _____ <b>Date of Last F/U Review:</b> <u>NONE</u> <b>CAP Required</b> Yes ___ No <input checked="" type="checkbox"/> <b>Failed 5-Day Test</b> Yes ___ No <input checked="" type="checkbox"/>		

RECORD KEEPING/ELIGIBILITY REQUIREMENTS	YES	NO	N/A	COMMENTS
1. The center has a current license and operates within its licensed capacity, age limits, and staff/child ratios.	✓			
2. The center has a current license/permit/certificate, which allows for operation of food service.	✓			Date of last inspection: <u>9/22/2016</u>
3. The center has an up-to-date enrollment roster for this fiscal year.	✓			
4. Copies of completed Free and Reduced-Price applications are on file at the center for every child.	✓			
5. Current and complete Enrollment Forms and CCFP Child Participation Forms are on file for every child.	✓			
6. Complete and accurate Infant Feeding Forms are on file for each child under the age of 12 months, if applicable.			✓	<u>Head Start</u>
7. If for-profit, the center has the required number of low-income children enrolled to be eligible for the CCFP.		✓		
8. The center is taking daily attendance on an approved form and attendance records are accurately maintained for all enrolled children.	✓			
9. The center retains program records for the current fiscal year plus the prior three years (or number of years on program if less than three years).	✓			
10. If the center receives catered meal service, a current catering contract is on file that meets DOH policies.	✓			
11. The center followed proper procurement procedures (formal or informal) to secure a catered meal service contract.	✓			
12. If the initial meal service contract totals \$50,000 or more, the center submitted required documents to the sponsor for DOH written approval before signing contract.	✓			

PHYSICAL ENVIRONMENT/FOOD AND NUTRITION	YES	NO	N/A	COMMENTS
13. Employees, volunteers, and/or substitutes handling food do not show signs of communicable disease.	✓			
14. Employees, volunteers, substitutes and children wash their hands properly, frequently, and at appropriate times.	✓			
15. Food is obtained from approved sources that meet federal and state health standards.	✓			
16. Refrigeration units are maintained at 41° F or below and freezers are maintained at 0° F or below.	✓			
17. Cleaning supplies are stored separately from food.	✓			
18. There is no evidence of rodent or insect infestation.	✓			
19. Potentially hazardous foods are maintained, and (if catered), delivered at the proper temperatures.	✓			
20. Prepared food is stored in clean, covered containers that are clearly labeled and marked with date of preparation.	✓			
21. Proper procedures are followed for washing, rinsing, sanitizing utensils, food preparation equipment, and food contact surfaces.	✓			



When observing a meal, answer all questions in the following section.

If this is a non-meal review (Sponsors of Unaffiliated Centers only), answer questions marked with an asterisk (\*) and mark all others "N/A".

MEAL OBSERVATION	YES	NO	N/A	COMMENTS				
22. Posted Menu: <i>Captain's Pletta Coleslaw, Diced Pears M.I.K.</i>				Observed Meal: <i>Lunch</i> <input checked="" type="checkbox"/> Same as posted menu				
23. The observed meal was served at the proper time.	<input checked="" type="checkbox"/>							
24. The observed meal corresponds to the posted menu.	<input checked="" type="checkbox"/>							
25. The observed meal contains all required components, served in the required quantities. If no, list any missing and/or inadequate components:	<input checked="" type="checkbox"/>							
26. If using commercially processed/main dish combination foods, the center is following regulatory guidelines.*		<input checked="" type="checkbox"/>						
27. Ready-to-eat cereal products served contain no more than 10 grams of sugar, per serving.*	<input checked="" type="checkbox"/>							
28. The center is following CCFP policy pertaining to sweet grain/bread products on the posted menu.*	<input checked="" type="checkbox"/>							
29. Juice is served no more than once a day.*	<input checked="" type="checkbox"/>							
30. Fresh, frozen, or canned fruits and/or vegetables are served at least twice a week at breakfast and twice a week at snack.*	<input checked="" type="checkbox"/>							
31. Low-fat (1%) and/or fat-free (skim) milk is being served to children age 2 and older.*	<input checked="" type="checkbox"/>							
32. The observed meal contains a variety of colors, textures, etc.	<input checked="" type="checkbox"/>							
33. The center follows regulatory requirements for feeding infants.*			<input checked="" type="checkbox"/>	<i>Head Start</i>				
34. If applicable, parent notes and/or medical statements are maintained on file authorizing menu substitutions.*								
35. An accurate meal count is taken at the point of service and recorded within one hour of meal service.*	<input checked="" type="checkbox"/>							
36. If required, the center records meal counts by name.*		<input checked="" type="checkbox"/>						
37. If taking meal counts by name, or by individual classrooms, the site consolidates them on the Monthly Meal Count Record form on a daily basis.*		<input checked="" type="checkbox"/>						
TRAINING AND MONITORING	YES	NO	N/A	COMMENTS				
38. Program staff has attended required sponsor training.	<input checked="" type="checkbox"/>							
39. Issues of non-compliance noted on previous reviews have been completely and permanently corrected.			<input checked="" type="checkbox"/>					
CIVIL RIGHTS	YES	NO	N/A	COMMENTS				
40. The organization allows equal access to its center and provides meals regardless of race, color, national origin, sex, age or disability.	<input checked="" type="checkbox"/>							
41. The "And Justice for All" poster is posted in a conspicuous place.	<input checked="" type="checkbox"/>							
42. The WIC flyer and Building for the Future letter are posted in a conspicuous place or distributed to parents.	<input checked="" type="checkbox"/>							
43. Record meal count by child's racial/ethnic categories below:								
<b>Ethnicity</b> (Combined ethnicity total should equal the observed meal count)			<b>Race</b> (Children can be counted in more than one race category; combined race total can be more than combined ethnicity total but cannot be less)					
HISPANIC OR LATINO	NOT HISPANIC OR LATINO	ETHNICITY TOTAL =	AMERICAN INDIAN or ALASKAN NATIVE	WHITE	BLACK or AFRICAN AMERICAN	ASIAN	NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER	RACE TOTAL =
<i>7</i>	<i>25</i>	<i>32</i>		<i>2</i>	<i>21</i>		<i>11</i>	<i>32</i>
44. If any civil rights problems are identified in questions #40-43 above, please provide an explanation. If none are identified, leave this section blank or write "N/A".								
<i>N/A</i>								

**5-DAY TEST**

45. Meal count on day of review 32 Do not complete for a non-meal review (U's only)

Record meal counts for the same meal type observed on the day of the visit for each of the previous 5 consecutive meal service days. Use the 5 previous weekend day meal counts for weekend reviews.

$$\boxed{34} + \boxed{33} + \boxed{36} + \boxed{32} + \boxed{33} = \boxed{168.00} \text{ Meal Count Total} \div 5 = \boxed{33.6} \text{ Average} \times .85 = \boxed{28.56}$$

Dates: 10/13 10/14 10/18 10/19 10/20

46. Is the number of meals served on the day of the review equal to or greater than 85% of the average? Yes  No   
If "Yes", the center "passed" the 5-Day test. If "No", obtain an explanation.

47. If #46 was answered "No," was the explanation provided adequate? Yes  (Center "passed" 5-Day Test)  
No  (Center "failed" 5-Day Test; CAP and follow-up are required)

**5-DAY RECONCILIATION**

48.

Date 2016	Enrollment Total	Attendance Total	Total Meal Counts					
			Breakfast	Morning Snack	Lunch	Afternoon Snack	Supper	Evening Snack
9/26	40	27	27		27	27		
27		37	37		37	37		
28		35	35		35	35		
29		35	35		35	35		
30		30	30		30	30		

49. Do any meal counts for the five consecutive days reviewed exceed the center's licensed capacity or ratio limits? Yes  No   
If yes, is the center approved to provide the same meal type(s) during different shifts? Yes  No

50. Do any meal counts for the five consecutive days reviewed exceed the documented enrollment or attendance for those days? Yes  No

**Note: If meal counts, enrollment records and attendance records cannot be reconciled, a meal disallowance may be necessary.**

REVIEW AND SUMMARY	YES	NO	N/A	COMMENTS
51. Is a disallowance required?		<input checked="" type="checkbox"/>		
52. Is a Corrective Action Plan (CAP) required?		<input checked="" type="checkbox"/>		
53. Is a Follow-Up review required?		<input checked="" type="checkbox"/>		
54. Is a Warning Letter being issued? (Sponsors of Unaffiliated Centers only)		<input checked="" type="checkbox"/>		



<u>ITEM #</u>	<u>REVIEW SUMMARY</u>

A corrective action plan (CAP) addressing the issues of noncompliance identified above must be received by the sponsor by close of business on \_\_\_\_\_. The CAP must describe those actions being taken to correct each issue of noncompliance and the date by which each issue of noncompliance will be corrected.

TRAINING MATERIALS PROVIDED: Conducted one on one with teaching staff referencing combination foods.

Center Representative: Tenika Johnson

Date 10-21-16

Sponsor Representative: Hilda Walker

Date 10.21.2016

Sponsor's Second Party Check: \_\_\_\_\_

Date \_\_\_\_\_

<b>Name and Address of Center:</b> Garden Terrace		<b>Child Care Food Program SITE REVIEW FORM</b> (For Use by Sponsors of Affiliated and Unaffiliated Centers)			<b>Name of Sponsoring Organization:</b> OLFH		
<b>Required Visit: (circle one)</b> ①      2      3      F/U					<b>Reviewer's Name:</b> Hilda Walker		
<b>Refer to Instructions Before Completing the Review</b>							
<b>DCF License #/Religious Accreditation Info:</b> C19SL0051		<b>Exp. Date</b> 1/11/2017	<b>Capacity</b> 94	<b>Enrollment</b>	<b>Date of Review</b> 10.24.16	<b>Arrival Time</b> 10AM	<b>Departure Time</b> 2PM
<b>Meals Approved to Claim:</b> B MS L AS S ES		<b>Meal Observed:</b> B MS L AS S ES <input type="checkbox"/> Non-Meal Review (U's only)			<b>Date of Last Site Review:</b> 9-7-16 <b>Date of Last F/U Review:</b> N/A <b>CAP Required</b> Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> <b>Failed 5-Day Test</b> Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>		
<b>RECORD KEEPING/ELIGIBILITY REQUIREMENTS</b>				YES	NO	N/A	<b>COMMENTS</b>
1. The center has a current license and operates within its licensed capacity, age limits, and staff/child ratios.				✓			
2. The center has a current license/permit/certificate, which allows for operation of food service.				✓			Date of last inspection: 8-2-2016
3. The center has an up-to-date enrollment roster for this fiscal year.				✓			
4. Copies of completed Free and Reduced-Price applications are on file at the center for every child.				✓			
5. Current and complete Enrollment Forms and CCFP Child Participation Forms are on file for every child.				✓			
6. Complete and accurate Infant Feeding Forms are on file for each child under the age of 12 months, if applicable.						✓	Head Start
7. If for-profit, the center has the required number of low-income children enrolled to be eligible for the CCFP.					✓		
8. The center is taking daily attendance on an approved form and attendance records are accurately maintained for all enrolled children.				✓			
9. The center retains program records for the current fiscal year plus the prior three years (or number of years on program if less than three years).				✓			
10. If the center receives catered meal service, a current catering contract is on file that meets DOH policies.				✓			
11. The center followed proper procurement procedures (formal or informal) to secure a catered meal service contract.				✓			
12. If the initial meal service contract totals \$50,000 or more, the center submitted required documents to the sponsor for DOH written approval before signing contract.				✓			
<b>PHYSICAL ENVIRONMENT/FOOD AND NUTRITION</b>				YES	NO	N/A	<b>COMMENTS</b>
13. Employees, volunteers, and/or substitutes handling food do not show signs of communicable disease.				✓			
14. Employees, volunteers, substitutes and children wash their hands properly, frequently, and at appropriate times.				✓			
15. Food is obtained from approved sources that meet federal and state health standards.				✓			
16. Refrigeration units are maintained at 41° F or below and freezers are maintained at 0° F or below.				✓			
17. Cleaning supplies are stored separately from food.				✓			
18. There is no evidence of rodent or insect infestation.				✓			
19. Potentially hazardous foods are maintained, and (if catered), delivered at the proper temperatures.				✓			
20. Prepared food is stored in clean, covered containers that are clearly labeled and marked with date of preparation.				✓			
21. Proper procedures are followed for washing, rinsing, sanitizing utensils, food preparation equipment, and food contact surfaces.				✓			



When observing a meal, answer all questions in the following section.  
 If this is a non-meal review (Sponsors of Unaffiliated Centers only), answer questions marked with an asterisk (\*) and mark all others "N/A".

MEAL OBSERVATION	YES	NO	N/A	COMMENTS
22. Posted Menu: Teriyaki Beef Nuggets w/ Brown Rice & Fall Garden Salad Fruit, Milk				Observed Meal: Lunch <input checked="" type="checkbox"/> Same as posted menu
23. The observed meal was served at the proper time.	<input checked="" type="checkbox"/>			
24. The observed meal corresponds to the posted menu.	<input checked="" type="checkbox"/>			
25. The observed meal contains all required components, served in the required quantities. If no, list any missing and/or inadequate components:	<input checked="" type="checkbox"/>			
26. If using commercially processed/main dish combination foods, the center is following regulatory guidelines.*	<input checked="" type="checkbox"/>			
27. Ready-to-eat cereal products served contain no more than 10 grams of sugar, per serving.*	<input checked="" type="checkbox"/>			
28. The center is following CCFP policy pertaining to sweet grain/bread products on the posted menu.*	<input checked="" type="checkbox"/>			
29. Juice is served no more than once a day.*	<input checked="" type="checkbox"/>			
30. Fresh, frozen, or canned fruits and/or vegetables are served at least twice a week at breakfast and twice a week at snack.*	<input checked="" type="checkbox"/>			
31. Low-fat (1%) and/or fat-free (skim) milk is being served to children age 2 and older.*	<input checked="" type="checkbox"/>			
32. The observed meal contains a variety of colors, textures, etc.	<input checked="" type="checkbox"/>			
33. The center follows regulatory requirements for feeding infants.*			<input checked="" type="checkbox"/>	Head Start
34. If applicable, parent notes and/or medical statements are maintained on file authorizing menu substitutions.*	<input checked="" type="checkbox"/>			
35. An accurate meal count is taken at the point of service and recorded within one hour of meal service.*	<input checked="" type="checkbox"/>			
36. If required, the center records meal counts by name.*			<input checked="" type="checkbox"/>	
37. If taking meal counts by name, or by individual classrooms, the site consolidates them on the Monthly Meal Count Record form on a daily basis.*			<input checked="" type="checkbox"/>	

TRAINING AND MONITORING	YES	NO	N/A	COMMENTS
38. Program staff has attended required sponsor training.	<input checked="" type="checkbox"/>			
39. Issues of non-compliance noted on previous reviews have been completely and permanently corrected.			<input checked="" type="checkbox"/>	

CIVIL RIGHTS	YES	NO	N/A	COMMENTS
40. The organization allows equal access to its center and provides meals regardless of race, color, national origin, sex, age or disability.	<input checked="" type="checkbox"/>			
41. The "And Justice for All" poster is posted in a conspicuous place.	<input checked="" type="checkbox"/>			
42. The WIC flyer and Building for the Future letter are posted in a conspicuous place or distributed to parents.	<input checked="" type="checkbox"/>			

43. Record meal count by child's racial/ethnic categories below:

Ethnicity (Combined ethnicity total should equal the observed meal count)			Race (Children can be counted in more than one race category; combined race total can be more than combined ethnicity total but cannot be less)					
HISPANIC OR LATINO	NOT HISPANIC OR LATINO	ETHNICITY TOTAL =	AMERICAN INDIAN or ALASKAN NATIVE	WHITE	BLACK or AFRICAN AMERICAN	ASIAN	NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER	RACE TOTAL =
3	75	78	3	1	67		7	78

44. If any civil rights problems are identified in questions #40-43 above, please provide an explanation. If none are identified, leave this section blank or write "N/A"  
 N/A

**5-DAY TEST**

45. Meal count on day of review 78 Do not complete for a non-meal review (U's only)

Record meal counts for the same meal type observed on the day of the visit for each of the previous 5 consecutive meal service days. Use the 5 previous weekend day meal counts for weekend reviews.

$$\boxed{77} + \boxed{79} + \boxed{83} + \boxed{77} + \boxed{78} = \boxed{394} \text{ Meal Count Total} \text{ Divided by } 5 = \boxed{78.80} \text{ Average} \times .85 = \boxed{66.98}$$

Dates: 10/14 10/18 10/19 10/20 10/21

46. Is the number of meals served on the day of the review equal to or greater than 85% of the average? Yes  No   
 If "Yes", the center "passed" the 5-Day test. If "No", obtain an explanation.

47. If #46 was answered "No," was the explanation provided adequate? Yes  (Center "passed" 5-Day Test)

No  (Center "failed" 5-Day Test; CAP and follow-up are required)

**5-DAY RECONCILIATION**

48.

Date	Enrollment Total	Attendance Total	Total Meal Counts					
			Breakfast	Morning Snack	Lunch	Afternoon Snack	Supper	Evening Snack
<u>2010</u>								
<u>9/11</u>		<u>83</u>	<u>83</u>		<u>83</u>	<u>83</u>		
<u>2</u>		<u>76</u>	<u>76</u>		<u>76</u>	<u>76</u>		
<u>6</u>		<u>79</u>	<u>79</u>		<u>79</u>	<u>79</u>		
<u>7</u>		<u>77</u>	<u>77</u>		<u>77</u>	<u>77</u>		
<u>8</u>		<u>82</u>	<u>82</u>		<u>82</u>	<u>82</u>		

49. Do any meal counts for the five consecutive days reviewed exceed the center's licensed capacity or ratio limits? Yes  No   
 If yes, is the center approved to provide the same meal type(s) during different shifts? Yes  No

50. Do any meal counts for the five consecutive days reviewed exceed the documented enrollment or attendance for those days? Yes  No

**Note: If meal counts, enrollment records and attendance records cannot be reconciled, a meal disallowance may be necessary.**

REVIEW AND SUMMARY	YES	NO	N/A	COMMENTS
51. Is a disallowance required?		<input checked="" type="checkbox"/>		
52. Is a Corrective Action Plan (CAP) required?		<input checked="" type="checkbox"/>		
53. Is a Follow-Up review required?		<input checked="" type="checkbox"/>		
54. Is a Warning Letter being Issued? (Sponsors of Unaffiliated Centers only)		<input checked="" type="checkbox"/>		



<u>ITEM #</u>	<u>REVIEW SUMMARY</u>

A corrective action plan (CAP) addressing the issues of noncompliance identified above must be received by the sponsor by close of business on \_\_\_\_\_. The CAP must describe those actions being taken to correct each issue of noncompliance and the date by which each issue of noncompliance will be corrected.

TRAINING MATERIALS PROVIDED: \_\_\_\_\_

Center Representative: Santha Monroe

Date 10-24-16

Sponsor Representative: Hilda Hoffman

Date 10-24-2016

Sponsor's Second Party Check: \_\_\_\_\_

Date \_\_\_\_\_

<b>Name and Address of Center:</b> Lincoln Park MS	<b>Child Care Food Program SITE REVIEW FORM</b> (For Use by Sponsors of Affiliated and Unaffiliated Centers)	<b>Name of Sponsoring Organization:</b> ALPI
<b>Required Visit: (circle one)</b> 1      2      3      F/U		<b>Reviewer's Name:</b> Hilda Walker

**Refer to Instructions Before Completing the Review**

<b>DCF License #/Religious Accreditation Info:</b> C19SL0076	<b>Exp. Date</b> 10/25/17	<b>Capacity</b> 108	<b>Enrollment</b> 91	<b>Date of Review</b> 10.28.16	<b>Arrival Time</b> 10:30	<b>Departure Time</b> 3PM
<b>Meals Approved to Claim:</b> <input checked="" type="checkbox"/> MS <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> AS   S   ES	<b>Meal Observed:</b> <input checked="" type="checkbox"/> MS   L   AS   S   ES <input type="checkbox"/> Non-Meal Review (U's only)			<b>Date of Last Site Review:</b> 5/23/2016 <b>Date of Last F/U Review:</b> N/A <b>CAP Required</b> Yes ___ No <input checked="" type="checkbox"/> <b>Failed 5-Day Test</b> Yes ___ No <input checked="" type="checkbox"/>		

RECORD KEEPING/ELIGIBILITY REQUIREMENTS	YES	NO	N/A	COMMENTS
1. The center has a current license and operates within its licensed capacity, age limits, and staff/child ratios.	✓			
2. The center has a current license/permit/certificate, which allows for operation of food service.	✓			Date of last inspection: 9/19/2016
3. The center has an up-to-date enrollment roster for this fiscal year.	✓			
4. Copies of completed Free and Reduced-Price applications are on file at the center for every child.	✓			
5. Copies of current and complete Enrollment Forms and CCFP Child Participation Forms are on file at the center for every child.	✓			
6. Copies of complete and accurate Infant Feeding Forms are on file at the center for each child under the age of 12 months, if applicable.			✓	Head Start
7. If for-profit, the center has the required number of low-income children enrolled to be eligible for the CCFP.			✓	
8. The center is taking daily attendance on an approved form and copies of attendance records are accurately maintained at the center for all enrolled children.	✓			
9. The center retains program records for the current fiscal year plus the prior three years (or number of years on program if less than three years).	✓			
10. If the center receives catered meal service, a current catering contract is on file that meets DOH policies.	✓			
11. The center followed proper procurement procedures (formal or informal) to secure a catered meal service contract.	✓			
12. If the initial meal service contract totals \$50,000 or more, the center submitted required documents to the sponsor for DOH written approval before signing contract.	✓			
PHYSICAL ENVIRONMENT/FOOD AND NUTRITION	YES	NO	N/A	COMMENTS
13. Employees, volunteers, and/or substitutes handling food do not show signs of communicable disease.	✓			
14. Employees, volunteers, substitutes and children wash their hands properly, frequently, and at appropriate times.	✓			
15. Food is obtained from approved sources that meet federal and state health standards.	✓			
16. Refrigeration units are maintained at 41° F or below and freezers are maintained at 0° F or below.	✓			
17. Cleaning supplies are stored separately from food.	✓			
18. There is no evidence of rodent or insect infestation.	✓			
19. Potentially hazardous foods are maintained, and (if catered), delivered at the proper temperatures.	✓			
20. Prepared food is stored in clean, covered containers that are clearly labeled and marked with date of preparation.	✓			
21. Proper procedures are followed for washing, rinsing, sanitizing utensils, food preparation equipment, and food contact surfaces.	✓			



When observing a meal, answer all questions in the following section. If this is a non-meal review (Sponsors of Unaffiliated Centers only), answer questions marked with an asterisk (\*) and mark all others "N/A".

MEAL OBSERVATION	YES	NO	N/A	COMMENTS				
22. Posted Menu: <u>Cheese Grits</u> <u>Wheat toast, Fruit Cocktail</u> <u>Milk</u>				Observed Meal: <input checked="" type="checkbox"/> Same as posted menu <u>Breakfast</u>				
23. The observed meal was served at the proper time.	<input checked="" type="checkbox"/>							
24. The observed meal corresponds to the posted menu.	<input checked="" type="checkbox"/>							
25. The observed meal contains all required components, served in the required quantities. If no, list any missing and/or inadequate components:	<input checked="" type="checkbox"/>							
26. If catered, the observed meal meets all requirements of the Catering Contract, including delivery, receipt and service. (Refer to Catering Contract Checklist).	<input checked="" type="checkbox"/>							
27. If using commercially processed/main dish combination foods, the center is following regulatory guidelines.*		<input checked="" type="checkbox"/>						
28. Ready-to-eat cereal products served contain no more than 10 grams of sugar, per serving.*	<input checked="" type="checkbox"/>							
29. The center is following CCFP policy pertaining to sweet grain/bread products on the posted menu.*	<input checked="" type="checkbox"/>							
30. Juice is served no more than once a day.*	<input checked="" type="checkbox"/>							
31. Fresh, frozen, or canned fruits and/or vegetables are served at least twice a week at breakfast and twice a week at snack.*	<input checked="" type="checkbox"/>							
32. Low-fat (1%) and/or fat-free (skim) milk is being served to children age 2 and older.*	<input checked="" type="checkbox"/>							
33. The observed meal contains a variety of colors, textures, etc.	<input checked="" type="checkbox"/>							
34. The center follows regulatory requirements for feeding infants.*			<input checked="" type="checkbox"/>	<u>Head Start</u>				
35. If applicable, parent notes and/or medical statements are maintained on file authorizing menu substitutions.*		<input checked="" type="checkbox"/>						
36. An accurate meal count is taken at the point of service and recorded within one hour of meal service.*	<input checked="" type="checkbox"/>							
37. If required, the center records meal counts by name.*			<input checked="" type="checkbox"/>					
38. If taking meal counts by name, or by individual classrooms, the site consolidates them on the Monthly Meal Count Record form on a daily basis.*			<input checked="" type="checkbox"/>					
TRAINING AND MONITORING	YES	NO	N/A	COMMENTS				
39. Program staff has attended required sponsor training.	<input checked="" type="checkbox"/>							
40. Issues of non-compliance noted on previous reviews have been completely and permanently corrected.			<input checked="" type="checkbox"/>					
CIVIL RIGHTS	YES	NO	N/A	COMMENTS				
41. The organization allows equal access to its site and provides meals regardless of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.	<input checked="" type="checkbox"/>							
42. The "And Justice for All" poster is posted in a conspicuous place.	<input checked="" type="checkbox"/>							
43. The WIC flyer and Building for the Future letter are posted in a conspicuous place or distributed to parents.	<input checked="" type="checkbox"/>							
44. Record meal count by child's racial/ethnic categories below:								
<b>Ethnicity</b> (Combined ethnicity total should equal the observed meal count)			<b>Race</b> (Children can be counted in more than one race category; combined race total can be more than combined ethnicity total but cannot be less)					
HISPANIC OR LATINO	NOT HISPANIC OR LATINO	ETHNICITY TOTAL =	AMERICAN INDIAN or ALASKAN NATIVE	WHITE	BLACK or AFRICAN AMERICAN	ASIAN	NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER	RACE TOTAL =
<u>9</u>	<u>85</u>	<u>94</u>	<u>9</u>	<u>3</u>	<u>59</u>		<u>23</u>	<u>94</u>
45. If any civil rights problems are identified in questions #41-44 above, please provide an explanation in the Review Summary.					<input checked="" type="checkbox"/> N/A			



5-DAY TEST

46. Meal count on day of review 94 Do not complete for a non-meal review (U's only)

Record meal counts for the same meal type observed on the day of the visit for each of the previous 5 consecutive meal service days. Use the 5 previous weekend day meal counts for weekend reviews.

$$\boxed{88} + \boxed{92} + \boxed{96} + \boxed{91} + \boxed{91} = \boxed{458.00} \text{ Divided by } 5 = \boxed{91.6} \times .85 = \boxed{77.86}$$

Meal Count Total      Average

Dates: 10/21   10/24   10/25   10/26   10/27

47. Is the number of meals served on the day of the review equal to or greater than 85% of the average? Yes  No   
 If "Yes", the center "passed" the 5-Day test. If "No", obtain an explanation.

48. If #47 was answered "No," was the explanation provided adequate? Yes  (Center "passed" 5-Day Test)  
 No  (Center "failed" 5-Day Test; CAP and follow-up are required)

8-DAY RECONCILIATION

49.

Date	Enrollment Total	Attendance Total	Total Meal Counts					Supper	Evening Snack
			Breakfast	Morning Snack	Lunch	Afternoon Snack			
2016									
9/7	102	93	93		93	93			
8		90	90		90	90			
9		86	86		86	86			
12		93	93		93	93			
13		87	87		87	87			

50. Do any meal counts for the five consecutive days reviewed exceed the center's licensed capacity or ratio limits? Yes  No   
 If yes, is the center approved to provide the same meal type(s) during different shifts? Yes  No

51. Do any meal counts for the five consecutive days reviewed exceed the documented enrollment or attendance for those days? Yes  No

Note: If meal counts, enrollment records and attendance records cannot be reconciled, a meal disallowance may be necessary.

REVIEW AND SUMMARY	YES	NO	N/A	COMMENTS
52. Is a disallowance required?		/		
53. Is a Corrective Action Plan (CAP) required?		/		
54. Is a Follow-Up review required?		/		
55. Is a Warning Letter being issued? (Sponsors of Unaffiliated Centers only)		/		



<u>ITEM #</u>	<u>REVIEW SUMMARY</u>

A corrective action plan (CAP) addressing the issues of noncompliance identified above must be received by the sponsor by close of business on \_\_\_\_\_. The CAP must describe those actions being taken to correct each issue of noncompliance and the date by which each issue of noncompliance will be corrected.

TRAINING MATERIALS PROVIDED: \_\_\_\_\_

Center Representative: Charlene Smith

Date 10/28/16

Sponsor Representative: H. S. de la Raza

Date 10/28/2016

Sponsor's Second Party Check: \_\_\_\_\_

Date \_\_\_\_\_



**Child Care Food Program  
Safety and Sanitation Inspector  
Checklist**

Center Name: George Truitt HS /EHS Date: 10/26/2016

Center Address: 1814 North 13<sup>th</sup> Street Fort Pierce, FL 34950 Food Service Staff Emma Coleman

Arrival Time: 10: AM Departure Time: 3: PM Site Supervisor Donna Hammond

**Site Review**

1. Kitchen Area			
	Yes	No	Comments
a. Floors clean and in safe condition	✓		
b. Employees instructed in proper methods of lifting, hand line and transporting heavy containers.	✓		
c. Garbage can covered when not in use and emptied daily.	✓		
d. Proper tools available for opening boxed	✓		
e. No evidence of rodents or insects	✓		
2. Dry Storage Area			
	Yes	No	Comments
a. Shelving adequate to hold weight of stored items.	✓		
b. Safe ladder or stool provided for reaching top shelves.	✓		
c. Properly functioning fire extinguishers located near or in kitchen.	✓		
d. All food and food related items stored at least 6 - inches off floor.	✓		
e. Loose and unwrapped foods stored and labeled with identity and date opened in rodent and insect proof containers.	✓		
f. Bins, containers, etc. completely emptied and cleaned before refilling.	✓		
g. Staple foods stored and labeled in glass, metal or rigid plastic containers with tight fitting lids.	✓		
h. No harmful chemicals or cleaning supplies stored near food items.	✓		
3. Refrigerator and Freezers			
	Yes	No	Comments
a. Shelving is clean and in safe condition.	✓		
b. Appliance lights properly functioning and guarded.	✓		
c. Properly functioning thermometer in both refrigerator and freezer.	✓		
d. Temperature 40°F (5) or below in refrigerator.	✓		
e. Temperature 0°F (32c) or below in freezer.	✓		
f. Interior free or accumulated spilled food.	✓		
g. Foods placed so air can circulate freely.	✓		
h. No offensive odors.	✓		
i. Raw foods not stored above prepared foods.	✓		



j. All leftover or pre-prep items are labeled and covered properly.	✓		
k. Food items are used in a 1 <sup>st</sup> .in 1 <sup>st</sup> .out basis.	✓		
<b>4. Food Preparation Area</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
a. Equipment that is not in use is unplugged.	✓		
b. Floors, counter tops, cabinets, walls, and ceilings are cleaned and sanitized regularly (cleaning schedule posted).	✓		
c. Employees trained to operate equipment properly and safely.	✓		
d. Employees pick up or clean up all dropped or spilled items immediately.	✓		
e. Thorough cleaning and sanitizing of work areas and food preparations and cooking equipment.	✓		
f. Lighting fixtures clean, in good repair and adequate for the work area.	✓		
<b>5. Food Service Area</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
a. Temperature of hot food maintained at 150°F or above.	✓		
b. Temperature of cold food maintained at 40°F or below.	✓		
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.	✓		
<b>6. Dining Area</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
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.	✓		
<b>7. Dish Washing Area</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
a. Chairs and table area 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.			
<b>8. Personal Hygiene and Health</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
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.	✓		
<b>9. Bathroom Facilities</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
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: Breakfast

MEAL Component	FOOD ITEM	QUANTITY DELIVERED	FOOD QUALITY
MILK	1% low fat & Formula	Food is prepared on-site	Very good children & staff enjoyed
MEAT / MEAT ALT		Enough to feed	
FRUIT / VEGETABLES	Applesauce	total # of enrolled children	staff enjoyed
BREAD / BREAD ALT	Raisin Bread		
OTHER			

Total meals served to enrolled children:  
 Number of meals served to program adults:  
 Number of meals served to non-program adults:

70  
 14  
 0  


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 85

Total meals served:

11. Observation / strengths found during review:

Kitchen is very clean. Trained staff on the New Infant/Child Meal Pattern Requirements and gave copy/handout for review instructed staff to continue with the new meal pattern practices. New Meal pattern requirements will become effective Oct. 1, 2017, and we will be ready prior to effective date. All charts posted, temp charts, daily cleaning checklist, three trier skin, wash, rinse & sanitized noted. FIFO (First in/first out) is noted. This center is equipped with an on-site kitchen.

12. Problems found during review:

None.

Site Manager: [Signature]  
 Site Reviewer: [Signature]

Date: 10/26/2016

Date: 10/26/2016





**Child Care Food Program  
Safety and Sanitation Inspection  
Checklist**

Center Name: Lincoln Park HS Date: 10/28/2016

Center Address: 1400 Avenue M / Fort Pierce, FL 34950 Food Service Staff Araceli Espinsa

Arrival Time: 10: AM Departure Time: 3: PM Site Supervisor Charlene Smith

**Site Review**

1. Kitchen Area	Yes	No	Comments
a. Floors clean and in safe condition	✓		
b. Employees instructed in proper methods of lifting, hand line and transporting heavy containers.	✓		
c. Garbage can covered when not in use and emptied daily.	✓		
d. Proper tools available for opening boxed	✓		
e. No evidence of rodents or insects	✓		
2. Dry Storage Area	Yes	No	Comments
a. Shelving adequate to hold weight of stored items.	✓		
b. Safe ladder or stool provided for reaching top shelves.	✓		
c. Properly functioning fire extinguishers located near or in kitchen.	✓		
d. All food and food related items stored at least 6 - inches off floor.	✓		
e. Loose and unwrapped foods stored and labeled with identity and date opened in rodent and insect proof containers.	✓		
f. Bins, containers, etc. completely emptied and cleaned before refilling.	✓		
g. Staple foods stored and labeled in glass, metal or rigid plastic containers with tight fitting lids.	✓		
h. No harmful chemicals or cleaning supplies stored near food items.	✓		
3. Refrigerator and Freezers	Yes	No	Comments
a. Shelving is clean and in safe condition.	✓		
b. Appliance lights properly functioning and guarded.	✓		
c. Properly functioning thermometer in both refrigerator and freezer.	✓		
d. Temperature 40°F (5) or below in refrigerator.	✓		
e. Temperature 0°F (32c) or below in freezer.	✓		
f. Interior free or accumulated spilled food.	✓		
g. Foods placed so air can circulate freely.	✓		
h. No offensive odors.	✓		
i. Raw foods not stored above prepared foods.	✓		



j. All leftover or pre-prep items are labeled and covered properly.	✓		
k. Food items are used in a 1 <sup>st</sup> .in 1 <sup>st</sup> .out basis.	✓		
<b>4. Food Preparation Area</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
a. Equipment that is not in use is unplugged.	✓		
b. Floors, counter tops, cabinets, walls, and ceilings are cleaned and sanitized regularly (cleaning schedule posted).	✓		
c. Employees trained to operate equipment properly and safely.	✓		
d. Employees pick up or clean up all dropped or spilled items immediately.	✓		
e. Thorough cleaning and sanitizing of work areas and food preparations and cooking equipment.	✓		
f. Lighting fixtures clean, in good repair and adequate for the work area.	✓		
<b>5. Food Service Area</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
a. Temperature of hot food maintained at 150°F or above.	✓		
b. Temperature of cold food maintained at 40°F or below.	✓		
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.	✓		
<b>6. Dining Area</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
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.	✓		
<b>7. Dish Washing Area</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
a. Chairs and table area 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.			
<b>8. Personal Hygiene and Health</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
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.	✓		
<b>9. Bathroom Facilities</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
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: Breakfast

MEAL Component	FOOD ITEM	QUANTITY DELIVERED	FOOD QUALITY
MILK	1% low fat & Formula	Food is prepared <u>SLC</u>	<u>Very good</u>
MEAT / MEAT ALT	<u>Cheese</u>	<u>Enough to feed</u>	<u>i. enjoyable</u>
FRUIT / VEGETABLES	<u>Fruit Courtails</u>	<u>94 + staff</u>	
BREAD / BREAD ALT	<u>Grits / <del>Wheat</del> toast</u>		
OTHER			

Total meals served to enrolled children:  
 Number of meals served to program adults:  
 Number of meals served to non-program adults:

94  
12  
0

Total meals served:

106

11. Observation / strengths found during review:

On-site kitchen but meals prepared by the St. Lucie county school district. I trained staff on the New Infant/Child Meal Pattern Requirements of unflavored milk, which must be effective today. Staff received this information on Oct. 12, 2016. New Meal pattern requirements will become effective Oct. 1, 2017, and we will be ready prior to effective date. Temperature is recorded on daily delivery ticket, cleaning checklist posted, three trier skin, wash, rinse & sanitized noted. FIFO (First in/first out) for snack items only noted.

12. Problems found during review:

None.

Site Manager: Charlene Smith  
 Site Reviewer: Hilda Walker

Date: 10/28/2016  
 Date: 10/28/2016

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**ST. LUCIE COUNTY FIRE INSPECTION REPORT**

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# Comprehensive Fire Safety, Casualty Safety and Sanitation Report

District: St. Lucie County

Office of:

South Transportation & Maintenance Complex  
325 N.W. Commerce Park Drive  
Port St. Lucie, 34986  
772 340-7100  
District Inspector: Jeff Schultz  
Inspector #: 132538

Facility: ALPI Center  
FISH#: \_\_\_\_\_  
Address: 198 N.W. Marion Avenue  
Port St. Lucie, 34983  
772 466-2631

Facility Type: Other (PK-5)

Local Municipal Inspection Authority:

Generic Fire Dept  
Edit this later to correct  
Ft. Pierce?, 34945

Fiscal Year: 2016-2017

Inspection Date: 10/25/2016

Scheduled Reinspection Date: 01/23/2017

Actual Reinspection Date:

Print Date: 10/27/2016

**Legend:**

Priority: Category:

- 1 = Serious A = Fire Safety
- 2 = High B = Casualty Safety and Sanitation
- 3 = Moderate
- 4 = Low
- 5 = Minimal

**Citations from Code:**

89A-58 = Fire Safety Standards and Requirements for Educational and Ancillary Facilities and Plants (F.A.C.)  
SREF = State Requirements for Educational Facilities (1999)  
NFPA = National Fire Protection Association

**Deficiency Type and Corrective Action Planned and Schedule:**

- O = Operation of Plant -- School Responsibility to complete within 7 days of receipt of inspection report
- M = Maintenance of Plant -- 90 days to complete after Inspection Date
- C = Capital Outlay -- June 30 of fiscal year or becomes part of Plan of Correction

Complete:  
Y = Yes  
N = No

Validated = Correction verified by a certified inspector

**Fire Exit Drill Requirements:**

- NFPA 101-15.7.2.2 (1): At least one fire exit drill shall be conducted every month the facility is in session.
- NFPA 101-15.7.2.2 (3): One additional fire exit drill shall be required within the first 30 days of operation.

**Certifications of Compliance with Florida Statutes:**

District HAS complied with section 1013.12(1)(c) of Florida Statutes regarding plan of action and schedule for correction of each fire safety deficiency.  
Local Authority HAS complied with section 1013.12(2)(c) of Florida Statutes regarding plan of action and schedule for correction of each fire safety deficiency.  
Required Exit Drills Completed as of this inspection date.

**Signatures:**

Signature of Facility Administrator Acknowledging Awareness of Discovered Deficiencies: <u><i>Qua Audin</i></u>	Date: <u>10-28-16</u>
Signature of Facility Administrator Verifying Required Exit Drills Completed (if applicable): <u><i>Qua Audin</i></u>	Date: <u>10-28-16</u>
Signature of School District Inspector Reporting Deficiencies: <u><i>Jeff Schultz</i></u>	Date: <u>10-27-16</u>
Signature of Local Municipal Inspection Authority Reporting Deficiencies (if applicable): _____	Date: _____

**Comprehensive Fire Safety, Casualty  
Safety and Sanitation Report**

Fiscal Year: 2016-2017

Facility: ALPI Center

Date Inspected: 10/25/2016

Citation	Priority Category	Bldg Room	State Bldg Nbr	Deficiency Description and Corrective Action Required <i>Inspector's Notes, if any.</i> Location of Deficiency, if specified.	Defic Type Violat ion Code	Prev Years Cited	Work Order # Est Complet ion Date	Date Corrected Date Validated	Complete
NFPA 101-7.9.2.2	2 A	001 104	0	Repair/replace emergency light Classroom	M 204	0	11/26/2016	10/27/2016 10/27/2016	Y
69A-58.004(5)(i)		099	0	No Deficiency	O NVO	0	11/3/2016	10/26/2016	Y
69A-58.004(5)(i)		99-244	0	No Deficiency	O NVO	0	11/3/2016	10/26/2016	Y
69A-58.004(5)(i)		99-245	0	No Deficiency	O NVO	0	11/3/2016	10/26/2016	Y
69A-58.004(5)(i)		99-317	0	No Deficiency	O NVO	0	11/3/2016	10/26/2016	Y

Number of Serious Fire Safety Citations: 0

Total number of Fire Safety, Casualty Safety and Sanitation Citations: 5  
Total Number of Already Completed and Validated Items: 5



# Comprehensive Fire Safety. Casualty Safety and Sanitation Report

District: St. Lucie County

Office of:  
South Transportation & Maintenance Complex  
325 N.W. Commerce Park Drive  
Port St. Lucie, 34986  
772 340-7100

Facility: Garden City/ALPI Queen Townsend II  
FISH #: 56-00010-00010  
Address: 2202 Avenue Q  
Ft. Pierce, 34950  
772 468-6277

Fiscal Year: 2016-2017  
Inspection Date: 10/25/2016  
Scheduled Reinspection Date: 01/23/2017

Actual Reinspection Date:

Local Municipal Inspection Authority:

Generic Fire Dept  
Edit this later to correct  
Ft. Pierce?, 34945

Print Date: 10/27/2016

**Legend:**

Priority: Category:

- 1 = Serious A = Fire Safety
- 2 = High B = Casualty Safety and Sanitation
- 3 = Moderate
- 4 = Low
- 5 = Minimal

**Citations from Code:**

69A-58 = Fire Safety Standards and Requirements for Educational and Ancillary Facilities and Plants (F.A.C.)  
SREF = State Requirements for Educational Facilities (1999)  
NFPA = National Fire Protection Association

**Deficiency Type and Corrective Action Planned and Schedule:**

- O = Operation of Plant -- School Responsibility to complete within 7 days of receipt of inspection report
- M = Maintenance of Plant -- 90 days to complete after Inspection Date
- C = Capital Outlay -- June 30 of fiscal year or becomes part of Plan of Correction

Complete:  
Y = Yes  
N = No

Validated = Correction verified by a certified inspector

**Fire Exit Drill Requirements:**

- NFPA 101-15.7.2.2 (1): At least one fire exit drill shall be conducted every month the facility is in session.
- NFPA 101-15.7.2.2 (3): One additional fire exit drill shall be required within the first 30 days of operation.

**Certifications of Compliance with Florida Statutes:**

District HAS complied with section 1013.12(1)(c) of Florida Statutes regarding plan of action and schedule for correction of each fire safety deficiency.  
Local Authority HAS complied with section 1013.12(2)(c) of Florida Statutes regarding plan of action and schedule for correction of each fire safety deficiency  
Required Exit Drills Completed as of this inspection date.

**Signatures:**

Signature of Facility Administrator Acknowledging Awareness of Discovered Deficiencies: *Quia Curbish* Date: 10-28-16  
Signature of Facility Administrator Verifying Required Exit Drills Completed (if applicable): *Quia Curbish* Date: 10-28-16  
Signature of School District Inspector Reporting Deficiencies: *APB* Date: 10-28-16  
Signature of Local Municipal Inspection Authority Reporting Deficiencies (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

**Comprehensive Fire Safety, Casualty  
Safety and Sanitation Report**

Date Inspected: 10/25/2016

Fiscal Year: 2016-2017

Facility: Garden City/ALPI Queen Townsend II

Citation	Priority Category	Bldg Room	State Bldg Nbr	Deficiency Description and Corrective Action Required <i>Inspector's Notes, If any.</i> Location of Deficiency, if specified.	Defic Type Violat n Code	Prev Years Cited	Work Order # Est Comple Date	Date Corrected Date Validated	Complete
69A-58.004(5)(i)		000	0	No Deficiency	O NVO	0	11/3/2016	10/26/2016	Y
	5 A	001 100	0	No Deficiency	-	0			N
69A-58.004(5)(i)		002	0	No Deficiency	O NVO	0	11/3/2016	10/26/2016	Y
69A-58.004(5)(i)		003	0	No Deficiency	O NVO	0	11/3/2016	10/26/2016	Y
69A-58.004(5)(i)		005	0	No Deficiency	O NVO	0	11/3/2016	10/26/2016	Y
69A-58.004(5)(i)		006	0	No Deficiency	O NVO	0	11/3/2016	10/26/2016	Y
69A-58.004(5)(i)		008	0	No Deficiency	O NVO	0	11/3/2016	10/26/2016	Y
69A-58.004(5)(i)		010	0	No Deficiency	O NVO	0	11/3/2016	10/26/2016	Y



**Comprehensive Fire Safety, Casualty  
Safety and Sanitation Report**

Date Inspected: 10/25/2016

Fiscal Year: 2016-2017

Facility: Garden City/ALPI Queen Townsend II

Citation	Priority Category	Bldg Room	State Bldg Nbr	Deficiency Description and Corrective Action Required <i>Inspector's Notes, if any.</i> Location of Deficiency, if specified.	Defic Type Violet n Code	Prev Years Cited	Work Order # Est Comple Date	Date Corrected Date Validated	Complete
69A-58.004(5)(i)		011	0	No Deficiency - -	O NVO	0	11/3/2016	10/26/2016	Y
69A-58.004(5)(i)		012	0	No Deficiency - -	O NVO	0	11/3/2016	10/26/2016	Y
69A-58.004(5)(i)		013	0	No Deficiency - -	O NVO	0	11/3/2016	10/26/2016	Y

Number of Serious Fire Safety Citations: 0

Total number of Fire Safety, Casualty Safety and Sanitation Citations: 11

Total Number of Already Completed and Validated Items: 10

Occupancy Name: Alpi Queen Tansand  
 Building Location: Headstart Center  
 Agent/Owner: 2202 Ave. Q  
 Date of Inspection: 11-8-16

Occupancy Type: ED  
 Contact Person: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 After Hours Phone: \_\_\_\_\_

Monitoring Company: 1st. Fire & Security  
 Sprinklers/Standpipes: \_\_\_\_\_  
 Number of Floors: 1  
 Inspector: Brian Pittman  
 ST LUCIE COUNTY  
 FIRE MARSHAL'S OFFICE  
 5160 NW Milner Drive  
 Port St. Lucie, FL 34983  
 772-621-3322 FAX 772-621-3604

1.	EXITS Insufficient number Exit signs not illuminated Doors inoperable Improper locks/latches Obstructed access Access width not adequate No emergency egress lights	_____
2.	ELECTRICAL Improper use of extension cords Panel box/meter not accessible Panel box - open penetrations Electrical Room - improper storage Improper wiring or fixtures	_____
3.	BUILDING AND CONTENTS Housekeeping/improper trash Improper storage of flammables Unprotected openings in firewalls Penetrations in ceilings or walls Pressurized cylinders not secure	_____
4.	DAY CARE FACILITIES Adequate staff not present Improper locks on closets/bath doors Electrical receptacles uncovered Teaching/artwork over 20% Improper storage of clothing	_____
5.	FIRE PROTECTION EQUIPMENT Fire extinguishers - improper # Annual inspection tag Improper type/size of extinguisher Poor condition of cylinder Improper location Extinguisher cabinets and brackets	_____
6.	HOOD SYSTEM Semi annual inspection complete Improper use of UL listed filters Grease accumulation Improper coverage	_____
7.	SPRINKLERS System flow test completed Maintain minimum of 18" clearance Valves opened and supervised Fire Department Connection Fire sprinkler riser Annual inspection tag	_____
8.	STANDPIPES/HOSE STATION/RISERS Signs of rust or leaking Fire Department Connection obstructed Fire hose out of date Valves not secured or tampered Hose station doors a. Sticking closed b. Glass broken Fire hose pressure reducing washers missing Signs of rust or leaking	_____
9.	FIRE PUMPS Not being run by drop in pressure Piping showing signs of rust/leaking Not maintaining maintenance records Packing leaking excessively/need adjustment No storage allowed in pump room	_____
10.	GENERATORS Not maintaining maintenance records Not being run weekly for 30 minute period No storage allowed in room	_____
11.	STAIRWELLS Doors not self closing and/or positive latching Floor level sign missing Roof access sign missing	_____
12.	TRASH/LINEN CHUTES Chute door not self closing or positive latching Waste chute terminal room hopper door not self closing and/or positive latching Fusible link missing/wrong temperature rating	_____
13.	FIRE ALARM SYSTEM Inspection Tag Inspection Reports Fire Alarm Permit # Devices Pull station horn/strobe inspections	_____
14.	ALF/GROUP HOMES License current Secondary egress Evacuation capabilities complete Adequate staff Improper number of clients	_____

NO VIOLATIONS NOTED X

NO VIOLATIONS

*(Large handwritten signature/initials)*

Failure to correct these violations by compliance date may result in the filing of civil and/or criminal charges according to Florida State Statute 633.

X Campbell  
 Signature Represents  
 Receipt of Notification

Reinspection Date



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**POLK COUNTY FIRE INSPECTION  
(LAKEVIEW PARK)**

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# Site Survey Report

Location: CINTAS FIRE 636525  
Loc: F32  
Route: 07

Receipt No.: 0F32587328  
Receipt Date.: 10/18/2016  
Payment Term: NET 10 DAYS  
Customer No: 13231  
Receipt Type: CHG-S  
PO No:  
Service Visit No: 3926607

Remit To:

CINTAS FIRE 636525  
P.O. BOX 636525  
CINCINNATI, OH 452636525  
(813) 621-6094

Bill To:

LAKEVIEW PARK COMMUNITY C  
AGRICULTURAL LABOR PROGRA  
PO BOX 3126  
WINTERHAVEN, FL 33885

Serviced:

LAKEVIEW PARK COMMUNITY C  
38 KING BLVD  
FROSTPROOF, FL 33843

Seq	Description	Location	Mfg	Mfg Year	Next Exch	Serial No
0	KITCHEN SYSTM WET CHEM	Hood	ANSUL	0	0	

Surveyed By: Pokorowski, Richard  
Date Completed: 10/18/2016

**Maintain With Your Fire and Safety Records - Thank You for Your Business**



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**CHILD CARE FACILITY LICENSE**

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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: C19SL0076

Name of Facility: ALPI Lincoln Park Head Start Center

Address: 1400 Avenue M

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

October 26, 2016 Through October 25, 2017

This license may be revoked or suspended for cause.

Maximum Licensed Capacity: 108

Hours of Operation:

Table with 7 columns: Day, Mon, Tue, Wed, Thu, Fri, Sat, Sun and corresponding time ranges (e.g., 07:00AM to 05:30PM).

Signature of Tom Baer

Region Administrator or Designee

CF-FSP 5115



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**VPK MONITORING FORMS**

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## VOLUNTARY PREKINDERGARTEN PROGRAM MONITORING TOOL

*VPK Site: Alpi Frostproof Child Development Center	Phone: 863-635-3396	Fax:
*Address: 701 Hopson Rd Frostproof, FL 33843		
*Director: Christine Wilson	Exp. Date: 01/01/19	
*License: Annual	Exp. Date: 03/31/17	
*Met Current Readiness Rate	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

OBJECTIVE 1:	Compliance	Non-Comp.
Reasonable access to records	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Student Attendance (months reviewed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments: August, September		
*Parental Choice Certificate (months reviewed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments: August		

OBJECTIVE 2:	Compliance	Non-Comp.
*Staff to child ratio for VPK classroom(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
# VPK 6    # Non VPK 3		
Comments: 1 teacher with 9 children		

OBJECTIVE 3:	Listed on VPK 11	
	Yes	No
*Assigned Credentialed Lead Teacher Name	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assistant Teacher Name in VPK Classroom(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments: Assigned Assistant Shirley Watts is present in the classroom		

OBJECTIVE 4:	Compliance	Non-Comp.
*Stated Curriculum is being used in the VPK classroom(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments: Creative Curriculum is being used in the classroom		

OBJECTIVE 5:	Compliance	Non-Comp.
VPK performance standards domains observed during this visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments: Children are participating in a literacy activity reviewing the letter M, sound and words that begin with the letter M.		



**\*State Requirement**

<b>OBJECTIVE 6:</b>	<b>Yes</b>	<b>No</b>
*Following Class Schedule	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class times: 9:15 Language and Literacy		

<b>OBJECTIVE 7:</b>	<b>Yes</b>	<b>No</b>
*Evidence of Implementing Improvement Plan (if applicable)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments: NA		

<b>OBJECTIVE 8:</b>	<b>Yes</b>	<b>No</b>
1. Centers are clearly defined	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Shelves and containers are labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Daily schedule posted for adults	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Daily schedule posted for children	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Evidence of literacy activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Lesson plan for the day/evidence of domains	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Notes on Observations/VPK Assessment\***

VPK Assessment was discussed. AP 1 has been completed and data has been entered into Bright Beginnings.

If you have any questions or concerns regarding the VPK Assessment contact Karen Hallman at 863-577-2450 ext. 307. If you have any questions regarding VPK contracts, provider portal, staff credential or trainings contact Ashley Sholtz at ashleysholtz@elcpolk.org or ext. 313

Follow-up visit recommended: Yes  No  If yes, date \_\_\_\_\_

I acknowledge receipt of a copy of this report and agree to make all recommended changes in order to stay in compliance with the VPK program. I understand that a follow up visit will be conducted to verify the correction of the found deficiencies.

I shall rectify all deficiencies cited in this report immediately and expect a recheck within 14 days of the date of this report. Failure to correct, or keep deficiencies corrected, discovered during this monitoring may result in transfer of children, suspended payments, financial penalties and/or contract termination, at the sole discretion of the Coalition.

1 Ashley Sholtz \_\_\_\_\_ 9/22/2016 \_\_\_\_\_ 9:45am \_\_\_\_\_  
 Coalition Staff Date Time  
Ashley Sholtz \_\_\_\_\_ 9/22/16 \_\_\_\_\_  
 Director/Owner/Operator Date

\*Program Year: 2016-2017

\*Provider ID 59-1634148

SR  VPK

Date: 10-19-16



### Early Learning Coalition Visitation Form for Child Care Sites

Site Name: HLPI Garden Terrace Director: Sandra Monroe

Time In/Out: 10:40-11:25 Resource Specialist: Lina Floyd

**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:**

Conducted VPK monitoring

**Technical Assistance:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reminders:**

\_\_\_\_\_

Sandra Monroe  
Site Representative Signature

Lina Floyd  
ELC Resource Specialist Signature





### VPK - Monitoring Form

Site Name ALPI - Garden Terrace Classroom: B Date: 10-19-16

Observation/Documentation Time: 10/2 Instructional Hours:  540 hours  300 hours

- |  | N.A                                 | Comp                                | Non-Comp                         |
|--|-------------------------------------|-------------------------------------|----------------------------------|
| *1) License Expiration <u>1-11-17</u>                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| *2) Accrediting Agency/Expiration _____                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>         |
| *3) Credentialed Director: <u>Sandra Monroe</u>            |                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| *4) Teacher: <u>Yvelande Virgile</u>                       |                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| *5) Teacher Asst: <u>T. Trisha Mond</u>                    |                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>19</u> children |                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
|  |                                     |                                     | Class Ratio: <u>1:11 or 2:20</u> |

- \*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>Anderson Orquell</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Treva Williams</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Kelaysia Henry</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

9) Observation:  
The children are in circle. Today is family reading day. A parent is reading a story. He finishes and another parent takes over. There are two read different stories to the children.

10) Technical Assistance  Requested  Given  NA For: \_\_\_\_\_

Compliant  Non-Compliant For: \_\_\_\_\_

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

Resource Specialist Date of Return n/a  
 Site Representative Signature [Signature]

ELC Resource Specialist Signature [Signature]

\* Denotes Compliance Issue



### VPK - Monitoring Form

Site Name ALPI Garden Terrace Classroom: D Date: 10-19-16

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

- |  | N/A                                 | Comp                                | Non-Comp                 |
|--|-------------------------------------|-------------------------------------|--------------------------|
| *1) License Expiration <u>1-11-17</u>                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *2) Accrediting Agency/Expiration                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| *3) Credentialed Director: <u>Sandra Moural</u>            |                                     | <input type="checkbox"/>            | <input type="checkbox"/> |
| *4) Teacher: <u>Giabelle McCaskey</u>                      |                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *5) Teacher Asst: <u>Kateisha Charney</u>                  |                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>17</u> children |                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|  |                                     | Class Ratio: <b>1:11 or 2:20</b>    |                          |

- \*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>Marhaila Summers</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Jessica Maddy</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Jessica Williams</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

9) Observation:  
The children are in circle. Miss Giabelle does word  
reading out with the children. A parent comes in  
and reads the book "Hug" to the children. Miss  
Giabelle returns to circle after the parent is finished  
she reads the story "Neighborhood Helpers"

10) Technical Assistance  Requested  Given  NA For: \_\_\_\_\_

Compliant  Non-Compliant For: \_\_\_\_\_

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

Resource Specialist Date of Return  
10/19/16  
Laura Moore  
 Site Representative Signature

Lina Floyd  
 ELC Resource Specialist Signature

\* Denotes Compliance Issue





### VPK - Monitoring Form

Site Name ALPI Garden Terrace Classroom: C Date: 10-19-16

Observation/Documentation Time: 10/2 Instructional Hours:  540 hours  300 hours

- |  | N/A                                 | Comp                                | Non-Comp                 |
|--|-------------------------------------|-------------------------------------|--------------------------|
| *1) License Expiration <u>1/1/17</u>                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *2) Accrediting Agency/Expiration _____                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| *3) Credentialed Director: <u>Sandra Monroe</u>            |                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *4) Teacher: <u>Jakkea Whithead</u>                        |                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *5) Teacher Assi: <u>Rosa Mitchner</u>                     |                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>15</u> children |                                     |                                     |                          |
| Class Ratio: <u>1:11 or 2:20</u>                           | <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>Amarajah Rawlings</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Karaysia Jenkins</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Jelani Edwards</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

9) Observation:

The children are in circles. Several parents have just finished reading to the children. There is a class of music and movement activity with the children. When they are finished the children go to the rest room then head up to go outside.

10) Technical Assistance  Requested  Given  NA For: \_\_\_\_\_

Compliant  Non-Compliant For: \_\_\_\_\_

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

Resource Specialist Date of Return  
10/19/16

Site Representative Signature  
[Signature]

[Signature]  
ELC Resource Specialist Signature

\* Denotes Compliance Issue

SR  VPK

Date: 10-19-16



### Early Learning Coalition Visitation Form for Child Care Sites

Site Name: ALPI-Francina Duval Director: Temeka Johnson

Time In/Out: 10<sup>00</sup> - 10<sup>30</sup> Resource Specialist: Lina Lloyd

<b>Reason For Visit:</b>	
<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:**

Conducted VPK monitoring  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Technical Assistance:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reminders:**

\_\_\_\_\_  
\_\_\_\_\_

Temeka Johnson  
Site Representative Signature

Lina Lloyd  
ELC Resource Specialist Signature





### VPK - Monitoring Form

Site Name ALP1 Francina Duval Classroom: A Date: 10-19-16

Observation/Documentation Time: 10/5 Instructional Hours:  540 hours  300 hours

- |  | N/A                      | Comp                                | Non-Comp                         |
|--|--------------------------|-------------------------------------|----------------------------------|
| *1) License Expiration <u>7-6-17</u>                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| *2) Accrediting Agency/Expiration _____                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>         |
| *3) Credentialed Director: <u>Temeka Johnson</u>           |                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| *4) Teacher: <u>Bernadine Marshall</u>                     |                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| *5) Teacher Asst: <u>Lakesha Jordan</u>                    |                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>15</u> children |                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
|  |                          |                                     | Class Ratio: <u>1:11 or 2:20</u> |

- \*7) Curriculum Compliance: A - J Curriculum: 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
<del>Anthony</del> <u>Jenny Regis</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Jermaine Neal</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Jada Blackney-Thompson</u>	<input type="checkbox"/>	<input type="checkbox"/>

9) Observation:  
The children are in centers Miss Bernadine is working with a small group with the Towerfiles and Miss Lakesha is playing shape bingo with a small group. Three children are working with magnets and 2 are working with pattern blocks on child in messy

10) Technical Assistance  Requested  Given  N/A For: \_\_\_\_\_

Compliant  Non-Compliant For: \_\_\_\_\_

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

Resource Specialist Date of Return n/a  
 Site Representative Signature [Signature]

ELC Resource Specialist Signature [Signature]

\* Denotes Compliance Issue



### VPK - Monitoring Form

Site Name ALPI Francesca Duval Classroom: B Date: 10-19-16

Observation/Documentation Time: 10/5 Instructional Hours:  540 hours  300 hours

- |   | N/A                                 | Comp                                | Non-Comp                         |
|---|-------------------------------------|-------------------------------------|----------------------------------|
| *1) License Expiration <u>7-6-16</u>                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| *2) Accrediting Agency/Expiration _____                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>         |
| *3) Credentialed Director: <u>Tameka Johnson</u>          |                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| *4) Teacher: <u>Roshae Adams</u>                          |                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| *5) Teacher Asst: <u>Tameka Johnson</u>                   |                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>6</u> children |                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
|   |                                     |                                     | Class Ratio: <u>1:11 or 2:20</u> |

\*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>Anthony Owea</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Caedyn Wheeler</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Murphy Martin</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

9) Observation:  
The children are in centers. One child is doing sand play with seashells. One child is at the computer. Two children are in blocks. Two children are in puzzles. Seven children are doing a magnet fishing game with letter recognition. One child is in therapy. Two children are in dramatic play.

10) Technical Assistance  Requested  Given  N/A For: \_\_\_\_\_

Compliant  Non-Compliant For: \_\_\_\_\_

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

n/a  
 Resource Specialist Date of Return  
[Signature]  
 Site Representative Signature

[Signature]  
 ELC Resource Specialist Signature

\* Denotes Compliance Issue



## Reimbursement Reports

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**DOH CHILD CARE FOOD REPORTS**

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# Florida Department of Health

10/18/2016 83  
8:33AM

## Child Care Food Program

### Child Care Center Claim

S - 501    Region: C    RPS: 6    Fiscal Year: 2016    Termination Date: \_\_\_\_\_  
 Add'l Doc Required: \_\_\_\_\_    ADR Reason: \_\_\_\_\_    Meal Disallowance: \_\_\_\_\_  
 Legal Name: AGRICULTURE/ LABOR PROG. INC.    FEIN: 591634148001  
 D/B/A: AGRICULTURE/ LABOR PROG. INC.  
 Mailing Address: P.O. BOX 3126 WINTER HAVEN, FL 33885  
 Program Manager: YOUNG, ELIZABETH    Phone: (863) 956-3491    Ext: 231  
 Email: eyoung@alpi.org

#### Claim Information

Status: Submitted    Entered By: 0501  
 Claim Month/Year: 9/2016    Date Received: 10/18/2016  
 Revision #: 0  
 Operating Days: 20    Average Daily Participation: 681

#### Sites Operated:

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

#### Children Enrolled by Category:

Free 754    Reduced 0    Non-needly 0    Total 754

#### Meals Claimed:

Breakfast	Morning Snack	Lunch	Afternoon Snack	Supper	Evening Snack
<u>13,597</u>	<u>0</u>	<u>13,597</u>	<u>13,566</u>	<u>0</u>	<u>0</u>

Operating Expenditures	\$81,534.00	Meal Earnings:	\$77,884.15
Administrative Expenditures	\$6,435.00	Cash-In-Lieu:	\$3,127.31
Total Expenditures	\$87,969.00	Total Earnings:	\$81,011.46
Income	\$0.00	Adjustments:	\$0.00
		Total Reimbursement:	\$81,011.46

# Florida Department of Health

10/18/2016 84  
8:33AM

## Child Care Food Program

### Child Care Center Claim

AN: 501 Fiscal Year: 2016 Claim Month/Year: 9/2016 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	\$16,158.60	\$648.60	\$16,807.20
23889/23889	ALPI FRANCINA C DUVA	1035 S. 27TH CIRCLE	\$3,982.35	\$159.85	\$4,142.20
23890/23890	ALPI FROSTPROOF CHIL	701 HOPSON RD.	\$6,127.36	\$247.02	\$6,374.38
23899/23899	ALPI GARDEN TERRACE	1110 N. 32ND STREET	\$9,139.35	\$366.85	\$9,506.20
23898/23898	ALPI GEORGE W. TRUIT	1814 NORTH 13TH STREET	\$8,308.50	\$333.50	\$8,642.00
23892/23892	ALPI LINCOLN PARK HE	1400 AVENUE M	\$10,388.49	\$416.99	\$10,805.48
23902/23902	ALPI QUEEN TOWNSEND	2202 AVENUE Q	\$23,779.50	\$954.50	\$24,734.00
			<b>\$77,884.15</b>	<b>\$3,127.31</b>	<b>\$81,011.46</b>



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
Surgeon General and Secretary

**Vision:** To be the Healthiest State in the Nation

**CHILD CARE FOOD PROGRAM  
POLICY MEMORANDUM**

Date: August 9, 2016

To: Independent Child Care Centers, Sponsoring Organizations of Centers, Afterschool Meals Programs, and Homeless Children Nutrition Program Contractors

From: Maria Williamson, MS, RD, LD *mw*  
Chief, Bureau of Child Care Food Programs

SUBJECT: Reimbursement Rates Effective July 1, 2016

The USDA has announced the new meal reimbursement rates and cash-in-lieu of commodities rate. Below are the Child Care Food Program reimbursement rates for meals effective from July 1, 2016 through June 30, 2017.

Type of Meal Served	Free	Reduced-Price	Non-Needy	Cash in Lieu of Commodities
Breakfast	\$1.71	\$1.41	\$0.29	N/A
Lunch and Supper	\$3.16	\$2.76	\$0.30	\$0.2300
Snack	\$0.86	\$0.43	\$0.07	N/A

If you have any questions, you may contact your Policy Specialist at (850) 245-4323.

**Florida Department of Health**

Division of Community Health Promotion • Bureau of Child Care Food Programs  
4052 Bald Cypress Way, Bin A-17 • Tallahassee, FL 32399-1727  
PHONE: 850.245.4323 • FAX 850.414.1622 • EMAIL: [ccfp@flhealth.gov](mailto:ccfp@flhealth.gov)  
WEBSITE: [www.floridahealth.gov/ccfp](http://www.floridahealth.gov/ccfp)



**Accredited Health Department**  
Public Health Accreditation Board

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**ELC REIMBURSEMENT REPORT**

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

Report Date: 10/12/2016 11:52:38

Vendor #: ALP10  
 ALPI FROSTPROOF CHILD DEVELOPMENT CENTER (591634148 2)  
 701 HOPSON ROAD  
 FROSTPROOF, FL 33843  
 (863)635-3396

Final Provider Reimbursement Report

VOLUNTARY PRE-K (VPK)

Reporting Period: 09/01/2016 - 09/30/2016

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.
-> Child Care For Period: 09/01/2016 - 09/30/2016 <-													
AF16 AIB-15-1791	BECERRA, ARIANNA I	VOLUNTARY PREK	PR4	0	15	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
		Care Level Change	PR5	1	45	FEE Hours	4.40	.00	.00	198.00	0.00	0.00	198.00
			PR4	0	2	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
		Terminated 09/03/2016	PR4	0	6	FEE Hours	4.40	.00	.00	26.40	0.00	0.00	26.40
		PARENT WITHDREW CHILD	PR4	2	20	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
		VOLUNTARY PREK	PR4	0	60	FEE Hours	4.40	.00	.00	264.00	0.00	0.00	264.00
AF16 LXB-15-3646	BRITTEN, LAWRENCE	VOLUNTARY PREK	PR4	2	20	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
		VOLUNTARY PREK	PR4	0	60	FEE Hours	4.40	.00	.00	264.00	0.00	0.00	264.00
AF16 350-39-8588	FALCON SALGADO, JOSE L	VOLUNTARY PREK	PR4	2	20	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
		VOLUNTARY PREK	PR4	0	60	FEE Hours	4.40	.00	.00	264.00	0.00	0.00	264.00
AF16 849-68-5390	LOPEZ, KAELYNN H	VOLUNTARY PREK	PR4	0	20	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
		VOLUNTARY PREK	PR4	0	60	FEE Hours	4.40	.00	.00	264.00	0.00	0.00	264.00
AF16 161-47-0894	MORRISON, GABRIELLA R	VOLUNTARY PREK	PR4	0	20	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
		VOLUNTARY PREK	PR4	0	60	FEE Hours	4.40	.00	.00	264.00	0.00	0.00	264.00
AF16 739-57-2476	PADILLA, AIDAN M	VOLUNTARY PREK	PR4	0	2	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
		Care Level Change	PR5	2	6	FEE Hours	4.40	.00	.00	26.40	0.00	0.00	26.40
			PR5	2	18	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
			PR5	0	54	FEE Hours	4.40	.00	.00	237.60	0.00	0.00	237.60

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

Report Date: 10/12/2016 11:52:38

Vendor #: ALP10  
 ALP1 FROSTPROOF CHILD DEVELOPMENT CENTER (591634148 2)  
 701 HOPSON ROAD  
 FROSTPROOF, FL 33843  
 (863)635-3396

Final Provider Reimbursement Report

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

Reporting Period: 09/01/2016 - 09/30/2016

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.
=> Child Care For Period: 09/01/2016 - 09/30/2016 <													
AF16 778-21-8706	QUINTERO, EMMA E	VOLUNTARY PREK	PR4	10	20	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
					60	FEE Hours	4.40	.00	.00	264.00	0.00	0.00	264.00
AF16 196-95-5652	VALDEZ, ALEX M	VOLUNTARY PREK	PR4	0	20	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
					60	FEE Hours	4.40	.00	.00	264.00	0.00	0.00	264.00
Classroom AF16 Totals:													
				17	142	HR Days				0.00	0.00	0.00	0.00
						426	HR Hours			1874.40	0.00	0.00	1874.40
TOTALS FOR PERIOD:													
				17	142	Days				1874.40	0.00	0.00	1874.40
						426	Hours						



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

Report Date: 10/12/2016 11:52:38

Vendor #: ALP10  
ALPI FROSTPROOF CHILD DEVELOPMENT CENTER (591634148 2)  
701 HOPSON ROAD  
FROSTPROOF, FL 33843  
(863)635-3396

Final Provider Reimbursement Report

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

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Days Reimbursed	Provider Rate	Gold Seal Rate	Parent Fee	Reporting Period: 09/01/2016 - 09/30/2016				
									Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.	
AF16 778-21-8706	QUINTERO, EMMA E	VOLUNTARY PREK	PR4	0	HR Days -22.5	.00 4.40	.00 .00	.00 .00	0.00 -99.00	0.00 0.00	0.00 0.00	0.00 -99.00	
Classroom AF16 Totals:					0	HR Days -22.5	HR Hours 403.5	0.00	-99.00	0.00	0.00	-99.00	
TOTALS FOR PERIOD:					0	0 Days -22.5 Hours	142 Days 403.5 Hours	0.00	-99.00	0.00	0.00	1775.40	-99.00
ALL PERIODS:					17	142 Days 403.5 Hours			1775.40	0.00	0.00	1775.40	

Payee ALPI FROSTPROOF CHILD DEVELOPMENT CENTER  
Vendor ID ALP10 Account #:

23170  
10/25/2016

Invoice	Description	Discount	Amount
ALP10-VPK-00358	VPK	\$0.00	\$1,775.40

Electronic Payment Notification

Total : \$0.00 \$1,775.40

Electronic Payment Notification

✓ ALPI FROSTPROOF CHILD DEVELOPMENT CENTER  
701 HOPSON RD  
FROSTPROOF, FL 33843

VOID

Payee ALPI FROSTPROOF CHILD DEVELOPMENT CENTER  
Vendor ID ALP10 Account #:

23170  
10/25/2016

Invoice	Description	Discount	Amount
ALP10-VPK-00358	VPK	\$0.00	\$1,775.40

Electronic Payment Notification

Total : \$0.00 \$1,775.40



4472 OKEECHOBEE RD.  
FORT PIERCE, FL 34947

Final Provider Reimbursement Report

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

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

Reporting Period: 09/01/2016 - 09/30/2016

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: 09/01/2016 - 09/30/2016 <==													
		48 TO <60 MTH	TOTALS:	0	0	HR Days				0.00	0.00	0.00	0.00
					-85.5	HR Hours				-382.18	0.00		-382.18
		TOTALS FOR PERIOD:		0	0	Days				-382.18	0.00	0.00	-382.18
						Hours							
		TOTALS FOR PERIOD:		96	591	Days				7864.97	0.00	0.00	7864.97
						Hours							

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

Report Date: 10/18/2016 10:22:23

Reporting Period: 09/01/2016 - 09/30/2016

	Days Absent	Days Reimbursed	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
VOLUNTARY PRE-K VPK REPORT TOTALS:	96	591 Days	7864.97	0.00	0.00	7864.97



4472 OKEECHOBEE RD.  
FORT PIERCE, FL 34947

Final Provider Reimbursement Report

Vendor #: 4154  
ALPI LINCOLN PARK HEADSTART (XXXXXX4148 5)  
2202 AVENUE Q  
FORT PIERCE, FL 34950  
(772)464-6061

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

Reporting Period: 09/01/2016 - 09/30/2016

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Reimbursed	Days Provider Reimbursed	Rate	Provider Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
=> Adjustments For Period: 09/01/2016 - 09/30/2016 <==														
B16	XXX-XX-8919	VOLUNTARY PRE-K	PR4	0	HR Days	.00	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	BENJAMIN, TYWAN L	Adjustment Reason			Hours	4.47	.00	.00	.00	.00	-33.53	0.00	0.00	-33.53
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT		-7.5										
A16	XXX-XX-8137	VOLUNTARY PRE-K	PR4	0	HR Days	.00	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	FULTON, ANDARIOUS	Adjustment Reason			Hours	4.47	.00	.00	.00	.00	-50.29	0.00	0.00	-50.29
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT		-11.25										
48 TO <60 MTH TOTALS:														
				0	HR Days						0.00	0.00	0.00	0.00
					HR Hours						-83.82	0.00		-83.82
A16	XXX-XX-6174	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	JONES, JA'MARION J	Adjustment Reason			Hours	4.47	.00	.00	.00	.00	-16.76	0.00	0.00	-16.76
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT		-3.75										
60 TO <72 MTH TOTALS:														
				0	HR Days						0.00	0.00	0.00	0.00
					HR Hours						-16.76	0.00		-16.76
TOTALS FOR PERIOD:														
				0	0 Days						-100.58	0.00	0.00	-100.58
					-22.5 Hours									
ALL PERIODS:														
				75	1060 Days						14114.02	0.00	0.00	14114.02
					3157.5 Hours									

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

Report Date: 10/18/2016 12:00:43

Reporting Period: 09/01/2016 - 09/30/2016

	Days Absent	Days Reimbursed	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
VOLUNTARY PRE-K VPK REPORT TOTALS:	75	1060 Days	14114.02	0.00	0.00	14114.02



4472 OKEECHOBEE RD.  
FORT PIERCE, FL 34947  
Final Provider Reimbursement Report

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

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

Reporting Period: 09/01/2016 - 09/30/2016

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.
C16	XXX-XX-1811	VOLUNTARY PRE-K	PR4	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	WILBUR, JAYDEN	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT		-7.5	Hours	4.47	.00	.00	.00	-33.53	0.00	0.00	-33.53
48 TO <60 MTH TOTALS:													
				0	HR Days	0	.00	.00	.00	0.00	0.00	0.00	0.00
				-66.75	HR Hours					-298.39	0.00	0.00	-298.39
E16	XXX-XX-1984	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	CASTRO, AXEL	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT		-3.75	Hours	4.47	.00	.00	.00	-16.76	0.00	0.00	-16.76
C16	XXX-XX-9579	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	KLAESSEN SANTOS, EIFELLINA	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT		-7.5	Hours	4.47	.00	.00	.00	-33.53	0.00	0.00	-33.53
B16	XXX-XX-7461	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	TAYLOR, URJIAH J	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT		-6.75	Hours	4.47	.00	.00	.00	-30.17	0.00	0.00	-30.17
60 TO <72 MTH TOTALS:													
				0	HR Days	0	.00	.00	.00	0.00	0.00	0.00	0.00
				-18	HR Hours					-80.46	0.00	0.00	-80.46
TOTALS FOR PERIOD:													
				0	0 Days					-378.85	0.00	0.00	-378.85
					-84.75 Hours								

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

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

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

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Days Reimbursed	Provider Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
ALL PERIODS:												
				143	1875 Days				24885.59	0.00	0.00	24885.59
					5567.25 Hours							



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

Report Date: 10/18/2016 10:09:03

Reporting Period: 09/01/2016 - 09/30/2016

	Days Absent	Days Reimbursed	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
VOLUNTARY PRE-K VPK REPORT TOTALS:	143	1875 Days	24885.59	0.00	0.00	24885.59

4472 OKEECHOBEE RD.  
FORT PIERCE, FL 34947

Final Provider Reimbursement Report

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

VOLUNTARY PRE-K (VPK)

\*\* GS CENTER NON-SUB \*\*

Reporting Period: 09/01/2016 - 09/30/2016

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: 09/01/2016 - 09/30/2016 <==													
C16 XXX-XX-1651		VOLUNTARY PRE-K											
	BRACELEY, JERMARIO A	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR4	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
					Hours	4.47	.00	.00		-50.29	0.00		-50.29
B16 XXX-XX-0245		VOLUNTARY PRE-K											
	CLAIR-BOSTON, ZHION M	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR4	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
					Hours	4.47	.00	.00		-83.81	0.00		-83.81
B16 XXX-XX-5389		VOLUNTARY PRE-K											
	LOTT, MONICA A	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR4	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
					Hours	4.47	.00	.00		-201.15	0.00		-201.15
B16 XXX-XX-1976		VOLUNTARY PRE-K											
	PAUL, DEMETRIUS	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR4	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
					Hours	4.47	.00	.00		-50.29	0.00		-50.29
B16 XXX-XX-9980		VOLUNTARY PRE-K											
	ROBINS, JESSE O	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR4	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
					Hours	4.47	.00	.00		-16.76	0.00		-16.76
C16 XXX-XX-9583		VOLUNTARY PRE-K											
	ROSSON, TAMIA E	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR4	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
					Hours	4.47	.00	.00		-16.76	0.00		-16.76
C16 XXX-XX-9988		VOLUNTARY PRE-K											
	SUTTON, ZYHYON S	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR4	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
					Hours	4.47	.00	.00		-26.82	0.00		-26.82



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

Report Date: 10/18/2016 11:56:53

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

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

Reporting Period: 09/01/2016 - 09/30/2016

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Reimbursed	Days Reimbursed	Provider Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
=> Adjustments For Period: 09/01/2016 - 09/30/2016 <==													
B16	XXX-XX-1056	VOLUNTARY PRE-K											
	WILLIAMS, TRISTAN I	Adjustment Reason	PR4	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT		-11.25	Hours	4.47	.00	.00		-50.29	0.00		-50.29
48 TO <60 MTH TOTALS:													
				0	HR Days	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				-111	HR Hours					-496.17	0.00		-496.17
TOTALS FOR PERIOD:													
				0	0 Days					-496.17	0.00	0.00	-496.17
					-111 Hours								
ALL PERIODS:													
				121	1100 Days					14321.88	0.00	0.00	14321.88
					3204 Hours								

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

Report Date: 10/18/2016 11:56:53

Reporting Period: 09/01/2016 - 09/30/2016

	Days Absent	Days Reimbursed	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
VOLUNTARY PRE-K	121	1100 Days	14321.88	0.00	0.00	14321.88
VPK REPORT TOTALS:						
			14321.88	0.00	0.00	14321.88



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

Report Date: 10/19/2016 08:53:46

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

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

Reporting Period: 09/01/2016 - 09/30/2016

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Reimbursed	Days Provider Reimbursed	Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
=> Adjustments For Period: 09/01/2016 - 09/30/2016 <==												
E16 XXX-XX-7702	SAVELLI, JOSEPH	VOLUNTARY PRE-K Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR4	0	HR Days Hours	4.47	.00	.00	0.00	0.00	0.00	0.00
A16 XXX-XX-8904	SCOTT, QUINTAVIOUS L	VOLUNTARY PRE-K Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR4	0	HR Days Hours	4.47	.00	.00	0.00	0.00	0.00	0.00
F16 XXX-XX-8793	SMITH, CHASITY	VOLUNTARY PRE-K Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR4	0	HR Days Hours	4.47	.00	.00	0.00	0.00	0.00	0.00
H16 XXX-XX-0262	STANLEY, AZHYRIA C	VOLUNTARY PRE-K Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR4	0	HR Days Hours	4.47	.00	.00	0.00	0.00	0.00	0.00
D16 XXX-XX-8196	VANN, VONTAVIUS M	VOLUNTARY PRE-K Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR4	0	HR Days Hours	4.47	.00	.00	0.00	0.00	0.00	0.00
H16 XXX-XX-2149	WILEY, LARRY D	VOLUNTARY PRE-K Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR4	0	HR Days Hours	4.47	.00	.00	0.00	0.00	0.00	0.00
48 TO <60 MTH TOTALS:												0.00
0												0.00
-123												0.00
-549.84												0.00

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

Vendor # : 4161  
 ALPI QUEEN TOWNSEND HEAD START CENTER II (XXXXXX4148 17)  
 2202 AVENUE Q  
 FORT PIERCE, FL 34950  
 (772)429-8889

\*\* LICENSED CENTER SUB \*\* VOLUNTARY PRE-K (VPK) Reporting Period: 09/01/2016 - 09/30/2016

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: 09/01/2016 - 09/30/2016 <==													
G16	XXX-XX-8066	VOLUNTARY PRE-K	PR5	0		HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
	ELLIS, CIARA O	Adjustment Reason				Hours	4.47	.00		-16.76	0.00		-16.76
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT											
C16	XXX-XX-9478	VOLUNTARY PRE-K	PR5	0		HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
	WILLIAMS, BRIANNA T	Adjustment Reason				Hours	4.47	.00		-26.82	0.00		-26.82
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT											
60 TO <72 MTH TOTALS:										0.00	0.00	0.00	0.00
TOTALS FOR PERIOD:										-593.42	0.00	0.00	-593.42
ALL PERIODS:										28546.51	0.00	0.00	28546.51



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

Report Date: 10/19/2016 08:53:46

Reporting Period: 09/01/2016 - 09/30/2016

	Days Absent	Days Reimbursed	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
VOLUNTARY PRE-K	202	2173 Days	28546.51	0.00	0.00	28546.51
VPK REPORT TOTALS:						
			28546.51	0.00	0.00	28546.51

4472 OKEECHOBEE RD.  
FORT PIERCE, FL 34947

Final Provider Reimbursement Report

Vendor #: 4150  
ALPI GEORGE W TRUITT HEADSTART (XXXXXX41483)  
2202 AVENUE Q  
FORT PIERCE, FL 34950  
(772)464-4452

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

Reporting Period: 09/01/2016 - 09/30/2016

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: 09/01/2016 - 09/30/2016 <==													
A16	XXX-XX-9362	VOLUNTARY PRE-K	PR4	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	BRUNSON, DEMARIO	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			Hours	4.47	.00	.00	.00	-16.76	0.00	0.00	-16.76
A16	XXX-XX-7226	VOLUNTARY PRE-K	PR4	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	COOPER, HARMONY	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			Hours	4.47	.00	.00	.00	-50.29	0.00	0.00	-50.29
A16	XXX-XX-0937	VOLUNTARY PRE-K	PR4	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	GRIFFIN, ANTHONY	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			Hours	4.47	.00	.00	.00	-50.29	0.00	0.00	-50.29
B16	XXX-XX-0968	VOLUNTARY PRE-K	PR4	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	LEE, IVYONNA L	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			Hours	4.47	.00	.00	.00	-16.76	0.00	0.00	-16.76
B16	XXX-XX-0633	VOLUNTARY PRE-K	PR4	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	LUCAS, MIA	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			Hours	4.47	.00	.00	.00	-16.76	0.00	0.00	-16.76
A16	XXX-XX-4883	VOLUNTARY PRE-K	PR4	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	MADDOX, LAVORRIS	Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			Hours	4.47	.00	.00	.00	-3.35	0.00	0.00	-3.35
48 TO <60 MTH TOTALS:										0.00	0.00	0.00	0.00
										-34.5	0.00	0.00	-154.21



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

Report Date: 10/18/2016 11:59:34

Vendor #: 4150  
 ALPI GEORGE W TRUITT HEADSTART (XXXXXXXX1483)  
 2202 AVENUE Q  
 FORT PIERCE, FL 34950  
 (772)464-4452

VOLUNTARY PRE-K (VPK)

Reporting Period: 09/01/2016 - 09/30/2016

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Days Reimbursed	Provider Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
=> Adjustments For Period: 09/01/2016 - 09/30/2016 <==												
TOTALS FOR PERIOD:                    0                    0 Days                    0 Days                    -154.21                    0.00                    0.00                    -154.21												
ALL PERIODS:                    57                    604 Days                    1777.5 Hours                    7945.43                    0.00                    0.00                    7945.43												

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

Report Date: 10/18/2016 11:59:34

Reporting Period: 09/01/2016 - 09/30/2016

	Days Absent	Days Reimbursed	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
VOLUNTARY PRE-K VPK REPORT TOTALS:	57	604 Days	7945.43	0.00	0.00	7945.43



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

Report Date: 10/14/2016 10:23:30

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

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

Reporting Period: 09/01/2016 - 09/30/2016

Class ID	Child	Eligibility Activity	Care Level	Days Reimbursed	Provider Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
=> Child Care For Period: 09/01/2016 - 09/30/2016 <==											
ECONOMICALLY DISADVANTAGE											
XXX-XX-9529	ECKLES, BRIAN T	Fee Change	TOD	2	14.60	2.19	3.15	29.20	4.38	6.30	27.28
		Fee Change	TOD	1	19.50	2.93	6.30	19.50	2.93	6.30	16.13
		Fee Change	TOD	13	14.60	2.19	3.15	189.80	28.47	40.95	177.32
		Fee Change	TOD	1	19.50	2.93	6.30	19.50	2.93	6.30	16.13
		Fee Change	TOD	5	14.60	2.19	3.15	73.00	10.95	15.75	68.20
				2	FT Days			39.00	5.86	12.60	32.26
				20	PT Days			292.00	43.80	63.00	272.80
12 TO <24 MTH TOTALS:											
ECONOMICALLY DISADVANTAGE											
XXX-XX-1684	RICKS, ERIYONNA J	Fee Change	PR3	2	13.50	2.03	1.65	27.00	4.06	3.30	27.76
		Fee Change	PR3	1	18.00	2.70	3.30	18.00	2.70	3.30	17.40
		Fee Change	PR3	13	13.50	2.03	1.65	175.50	26.39	21.45	180.44
		Fee Change	PR3	1	18.00	2.70	3.30	18.00	2.70	3.30	17.40
		Fee Change	PR3	5	13.50	2.03	1.65	67.50	10.15	8.25	69.40
				2	PT Days			27.00	4.06	3.30	27.76
				1	FT Days			18.00	2.70	3.30	17.40
				13	PT Days			175.50	26.39	21.45	180.44
				1	FT Days			18.00	2.70	3.30	17.40
				5	PT Days			67.50	10.15	8.25	69.40
ECONOMICALLY DISADVANTAGE											
XXX-XX-1854	SINGLETON JR, DARNELL L	Fee Change	PR3	2	13.50	2.03	1.65	27.00	4.06	3.30	27.76
		Fee Change	PR3	1	18.00	2.70	3.30	18.00	2.70	3.30	17.40
		Fee Change	PR3	13	13.50	2.03	1.65	175.50	26.39	21.45	180.44
		Fee Change	PR3	1	18.00	2.70	3.30	18.00	2.70	3.30	17.40
		Fee Change	PR3	5	13.50	2.03	1.65	67.50	10.15	8.25	69.40
				2	PT Days			27.00	4.06	3.30	27.76
				1	FT Days			18.00	2.70	3.30	17.40
				13	PT Days			175.50	26.39	21.45	180.44
				1	FT Days			18.00	2.70	3.30	17.40
				5	PT Days			67.50	10.15	8.25	69.40
				4	FT Days			72.00	10.80	13.20	69.60
				40	PT Days			540.00	81.20	66.00	555.20
36 TO <48 MTH TOTALS:											

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

Report Date: 10/14/2016 10:23:30

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

BILLING GROUP 8 (BG8)

\*\* GS CENTER SUB \*\*

Reporting Period: 09/01/2016 - 09/30/2016

Class ID	Child	Eligibility Activity	Care Level	Days Reimbursed	Provider Rate	Gold Seal Rate	Parent Fec	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
TOTALS FOR PERIOD:											
				66 Days				943.00	141.66	154.80	929.86

→ Child Care For Period: 09/01/2016 - 09/30/2016 <



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**LIHEAP FINANCIAL STATUS REPORT**

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Agency : Agricultural and Labor Program, Inc.

## Low Income Home Energy Assistance Program (LIHEAP )

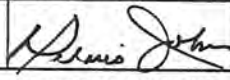
Program : Low Income Home Energy Assistance Program (LIHEAP )

## FINANCIAL STATUS REPORT

Contract # : 16EA-OF-07-63-08-001

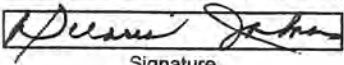
Reporting Period:	9 2016-9 2016	Invoice #:	16EA0017	
LIHEAP FUNDS				
BUDGET CATEGORIES	Budget Allocation (A)	Current Month (B)	Total To Date (C)	Unexpended Balance (D) (A-C)
<b>REVENUE AND FUNDING</b>				
1. LIHEAP FUNDS (No Leveraging Funds)	\$4,258,448.00	\$305,729.07	\$2,036,768.82	\$2,221,679.18
<b>GRANTEE ADMINISTRATIVE EXPENSE</b>				
2. Salaries including Fringe, Rent, Utilities, Travel, Other (Total cannot exceed 8% of Line 1)	\$314,432.00	\$40,663.16	\$209,336.76	\$105,095.24
<b>GRANTEE OUTREACH EXPENSE</b>				
3. Salaries including Fringe, Rent, Utilities, Travel, Other (Cannot Exceed 15% of Line 1 minus Line 2)	\$639,122.00	\$113,617.72	\$354,179.49	\$284,942.51
<b>DIRECT CLIENT ASSISTANCE</b>				
4. Home Energy Assistance Payments (Must be at least 25% of Line 1)	\$1,064,612.00	\$82,077.41	\$751,930.96	\$312,681.04
5. Crisis Benefits Payments	\$2,155,113.00	\$69,370.78	\$721,321.61	\$1,433,791.39
6. Weather Related/Supply Shortage (Must be at least 2% of Line 1)	\$85,169.00	\$0.00	\$0.00	\$85,169.00
7. SUBTOTAL (Lines 4-6)	\$3,304,894.00	\$151,448.19	\$1,473,252.57	\$1,831,641.43
<b>GRANTEE LEVERAGING EXPENSE</b>				
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)	\$4,258,448.00	\$305,729.07	\$2,036,768.82	\$2,221,679.18
<b>CASH POSITION</b>				
1. Total grant funds received from DEO Y-T-D				\$2,006,002.72
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)				\$305,729.07

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

Name (Please Type):	Deloris Johnson	Title:	Chief Exec. Officer	Signature		Date:	10/11/2016
Current Authority	\$4,258,448.00	Type of Assistance		NUMBER OF HOUSEHOLDS			
Year-to-Date Disbursed	\$2,006,002.72			Approved Workplan	Served with these Funds	Served to Date	
Available Authority	\$2,252,445.28	Summer Home Energy	1700	263	2402		
Payment Number		Winter Home Energy	1701	0	0		
Payment Amount		Summer Crisis	3141	221	2268		
Approved		Winter Crisis	3142	0	0		
Date		Weather Related	258	0	0		
		TOTALS:	9942	484	4670		

Recipient hereby certifies that it has been open and operating during its normal business hours for the month of September, as described in Attachment F, Warranties and Representations, of the FY2016 LIHEAP Agreement.

Deloris Johnson  
Printed Name

  
Signature

10/11/2016  
Date



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**FLORIDA NON-PROFIT HOUSING**

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

**MONTHLY REQUEST**

**DATE SUBMITTED:** 30-Sep-16  
**FOR THE MONTH OF:** SEPTEMBER, 2016

**AMOUNT OF THIS REQUEST \$** \$5,201.43

	BUDGET LINE ITEM	APPROVED BUDGET	CUM. COST PRIOR PERIOD	ACTUAL COST THIS PERIOD	CUM. COST TO DATE	BAL. OF BUDGET
500	Salaries	\$2,500.00	\$0.00	\$225.92	\$225.92	\$2,274.08
505	Fringes	\$625.00	\$0.00	\$51.49	\$51.49	\$573.51
52000	Workmen's Comp.	\$57.00	\$0.00	\$4.98	\$4.98	\$52.02
57810	Housing Assist. Payment	\$44,000.00	\$2,384.13	\$4,878.18	\$7,262.31	\$36,737.69
52300	Travel	\$805.00	\$0.00	\$0.00	\$0.00	\$805.00
990	Sub-Total	\$47,987.00	\$2,384.13	\$5,160.57	\$7,544.70	\$40,442.30
597	Indirect	\$413.00	\$0.00	\$40.86	\$40.86	\$372.14
	<b>Total Cost</b>	<b>\$48,400.00</b>	<b>\$2,384.13</b>	<b>\$5,201.43</b>	<b>\$7,585.56</b>	<b>\$40,814.44</b>

  
SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

30-Sep-16  
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:** 10-Oct-16  
**FOR THE MONTH OF:** SEPTEMBER, 2016

**AMOUNT OF THIS REQUEST \$** \$4,951.43

	BUDGET LINE ITEM	APPROVED BUDGET	CUM. COST PRIOR PERIOD	ACTUAL COST THIS PERIOD	CUM. COST TO DATE	BAL. OF BUDGET
500	Salaries	\$2,500.00	\$0.00	\$225.92	\$225.92	\$2,274.08
505	Fringes	\$625.00	\$0.00	\$51.49	\$51.49	\$573.51
52000	Workmen's Comp.	\$57.00	\$0.00	\$4.98	\$4.98	\$52.02
57810	Housing Assist. Payment	\$44,000.00	\$2,384.13	\$4,628.18	\$7,012.31	\$36,987.69
52300	Travel	\$805.00	\$0.00	\$0.00	\$0.00	\$805.00
990	Sub-Total	\$47,987.00	\$2,384.13	\$4,910.57	\$7,294.70	\$40,692.30
597	Indirect	\$413.00	\$0.00	\$40.86	\$40.86	\$372.14
	<b>Total Cost</b>	<b>\$48,400.00</b>	<b>\$2,384.13</b>	<b>\$4,951.43</b>	<b>\$7,335.56</b>	<b>\$41,064.44</b>

  
SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

16-Oct-16  
DATE

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



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## EHEAP

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**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: 9/01/2016 TO: 9/30/2016  CONTRACT PERIOD: 4/1/2016 3/31/2017  CONTRACT # EH-16/17-ALPI REPORT # 6 PSA# 6
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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:  Date: 9/30/16 Approved by:  Date: 9/30/16

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	\$114,623.00	\$37,463.12	\$37,463.12	32.68%
2. Interest on Agreement Funds	\$0.00	\$0.00	\$0.00	0.00%
3. TOTAL AGREEMENT AMOUNT	\$114,623.00	\$37,463.12	\$37,463.12	32.68%

PART B : EXPENDITURES	1. Approved Budget	2. Expenditures For This Report	3. Expenditures Year to Date	4. Percent of Approved Budget
1. Administration	\$1,743.00	\$133.66	\$906.80	52.03%
2. Outreach	\$17,384.00	\$4,045.95	\$10,879.72	62.58%
3. Crisis Services	\$92,948.00	\$ 9,654.41	\$ 45,165.18	48.59%
4. Weather Related Services	\$2,548.00	\$0.00	\$0.00	0.00%
5. Weather Related Administration	\$0.00	\$0.00	\$0.00	0.00%
6. TOTAL EXPENDITURES	\$114,623.00	\$13,834.02	\$56,951.70	49.69%

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

116

<b>CONTRACTOR NAME, ADDRESS, PHONE# and FEID#</b>  <b>THE AGRICULTURAL AND LABOR PROGRAM, INC</b> <b>300 LYNCHBURG ROAD</b> <b>LAKE ALFRED, FL 33850-2576</b> <b>(863) 956-3491</b> <b>FEID # 59-1634148</b>	<b>TYPE OF REPORT :</b>  Advance Request _____  Reimbursement Request <input checked="" type="checkbox"/>	This Request Period <u>9/01/2016 - 9/30/2016</u> PSA # <u>6</u> Report # <u>6</u> Contract # <u>EH-16/17 - ALPI</u> Contract Period <u>04/01/2016 - 03/31/2017</u>
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**CERTIFICATION:** I hereby certify that this request to the best of my knowledge to be complete and correct and conforms with the terms of the above contract.

Prepared by: *Paul Beunk* Date: 9/30/16 Approved by: *Pauline John* Date: 9/30/16

PART A: BUDGET SUMMARY	ADMINISTRATION SERVICES	OUTREACH SERVICES	CRISIS SERVICES	WEATHER RELATED	ADMINISTRATION WEATHER RELATED	TOTAL
1. Approved Contract Amount	\$1,743.00	\$17,384.00	\$92,948.00	\$2,548.00	\$0.00	\$114,623.00
2. Previous Funds Received for Contract Period	\$610.08	\$5,502.17	\$31,350.87	\$0.00	\$0.00	\$37,463.12
3. Contract Balance (line 1 minus line 2)	\$1,132.92	\$11,881.83	\$61,597.13	\$2,548.00	\$0.00	\$77,159.88
4. Previous Funds Requested and Not Received for Contract Period	\$163.06	\$1,331.60	\$4,159.90	\$0.00	\$0.00	\$5,654.56
5. Contract Balance (line 3 minus line 4)	\$969.86	\$10,550.23	\$57,437.23	\$2,548.00	\$0.00	\$71,505.32

PART B: CONTRACT FUNDS REQUEST	ADMINISTRATION SERVICES	OUTREACH SERVICES	CRISIS SERVICES	WEATHER RELATED	ADMINISTRATION WEATHER RELATED	TOTAL
1. Anticipated Cash Needs (1st - 2nd month, Attach Justification)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Net Expenditures For Month (DOEA Form 106P, Part B, Line 6)	\$133.66	\$4,045.95	\$9,654.41	\$0.00	\$0.00	\$13,834.02
3. TOTAL	\$133.66	\$4,045.95	\$9,654.41	\$0.00	\$0.00	\$13,834.02

PART C: NET FUNDS REQUESTED	ADMINISTRATION SERVICES	OUTREACH SERVICES	CRISIS SERVICES	WEATHER RELATED	ADMINISTRATION WEATHER RELATED	TOTAL
1. Less Advance Applied	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. TOTAL FUNDS REQUESTED (Part B, Line 3 minus Part C, Line 1)	\$133.66	\$4,045.95	\$9,654.41	\$0.00	\$0.00	\$13,834.02

**PART D: SERVICE INFORMATION**

Number of individuals (units) served with crisis energy assistance during the report month: 30

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: 10/01/2016 TO: 10/31/2016 CONTRACT PERIOD: 4/1/2016 3/31/2017 CONTRACT # EH-16/17-ALPI REPORT # 7 PSA# 6
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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: *Ray Bunker* Date: 10/28/16 Approved by: *Dillon Johnson* Date: 10/28/16

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	\$110,874.00	\$43,117.68	\$43,117.68	38.89%
2. Interest on Agreement Funds	\$0.00	\$0.00	\$0.00	0.00%
<b>3. TOTAL AGREEMENT AMOUNT</b>	<b>\$110,874.00</b>	<b>\$43,117.68</b>	<b>\$43,117.68</b>	<b>38.89%</b>

PART B : EXPENDITURES				
	1. Approved Budget	2. Expenditures For This Report	3. Expenditures Year to Date	4. Percent of Approved Budget
1. Administration	\$1,378.00	\$155.29	\$1,062.09	77.07%
2. Outreach	\$16,877.00	\$1,322.75	\$12,202.47	72.30%
3. Crisis Services	\$90,119.00	\$ 9,790.44	\$ 54,955.62	60.98%
4. Weather Related Services	\$2,500.00	\$0.00	\$0.00	0.00%
5. Weather Related Administration	\$0.00	\$0.00	\$0.00	0.00%
<b>6. TOTAL EXPENDITURES</b>	<b>\$110,874.00</b>	<b>\$11,268.48</b>	<b>\$68,220.18</b>	<b>61.53%</b>

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

118

<b>CONTRACTOR NAME, ADDRESS, PHONE# and FEID#</b>  THE AGRICULTURAL AND LABOR PROGRAM, INC 300 LYNCHBURG ROAD LAKE ALFRED, FL 33850-2576 (863) 956-3491 FEID # 59-1634148	<b>TYPE OF REPORT :</b>  Advance Request _____  Reimbursement Request <input checked="" type="checkbox"/>	This Request Period <u>10/01/2016 - 10/31/2016</u> PSA # <u>6</u> Report # <u>7</u> Contract # <u>EH-16/17 - ALPI</u> Contract Period <u>04/01/2016 - 03/31/2017</u>
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**CERTIFICATION:** I hereby certify that this request to the best of my knowledge to be complete and correct and conforms with the terms of the above contract.

Prepared by: [Signature] Date: 10/28/16 Approved by: [Signature] Date: 10/28/16

PART A: BUDGET SUMMARY	ADMINISTRATION SERVICES	OUTREACH SERVICES	CRISIS SERVICES	WEATHER RELATED	ADMINISTRATION WEATHER RELATED	TOTAL
1. Approved Contract Amount	\$1,378.00	\$16,877.00	\$90,119.00	\$2,500.00	\$0.00	\$110,874.00
2. Previous Funds Received for Contract Period	\$773.14	\$6,833.77	\$35,510.77	\$0.00	\$0.00	\$43,117.68
3. Contract Balance (line 1 minus line 2)	\$604.86	\$10,043.23	\$54,608.23	\$2,500.00	\$0.00	\$67,756.32
4. Previous Funds Requested and Not Received for Contract Period	\$133.66	\$4,045.95	\$9,654.41	\$0.00	\$0.00	\$13,834.02
5. Contract Balance (line 3 minus line 4)	\$471.20	\$5,997.28	\$44,953.82	\$2,500.00	\$0.00	\$53,922.30

PART B: CONTRACT FUNDS REQUEST	ADMINISTRATION SERVICES	OUTREACH SERVICES	CRISIS SERVICES	WEATHER RELATED	ADMINISTRATION WEATHER RELATED	TOTAL
1. Anticipated Cash Needs (1st - 2nd month, Attach Justification)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Net Expenditures For Month (DOEA Form 105P, Part B, Line 6)	\$155.29	\$1,322.75	\$9,790.44	\$0.00	\$0.00	\$11,268.48
3. TOTAL	\$155.29	\$1,322.75	\$9,790.44	\$0.00	\$0.00	\$11,268.48

PART C: NET FUNDS REQUESTED	ADMINISTRATION SERVICES	OUTREACH SERVICES	CRISIS SERVICES	WEATHER RELATED	ADMINISTRATION WEATHER RELATED	TOTAL
1. Less Advance Applied	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. TOTAL FUNDS REQUESTED (Part B, Line 3 minus Part C, Line 1)	\$155.29	\$1,322.75	\$9,790.44	\$0.00	\$0.00	\$11,268.48

**PART D: SERVICE INFORMATION**

Number of individuals (units) served with crisis energy assistance during the report month: 31

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.



EHEAP EXPENDITURE SUMMARY

Provider: ALPI

Report Period: 10/1/2016 - 10/31/2016

Budget Category	Line Item	Description	Ck #, D.D., EFT	Amount
Administration	50000	SALARIES		104.54
	50500	FRINGE BENEFITS	\$	32.30
	52000	DIRECT FRINGE W/C	\$	2.33
	52300	TRAVEL	\$	-
	59700	INDIRECT	\$	16.12
<b>TOTAL ADMINISTRATION</b>				\$ 155.29
Outreach	50000	SALARIES	\$	680.41
	50500	FRINGE BENEFITS	\$	209.10
	52000	DIRECT FRINGE W/C	\$	15.22
	52300	TRAVEL	\$	-
	52900	PRINTING	\$	49.01
	53000	OFFICE SUPPLIES	\$	10.96
	53500	UTILITIES	\$	57.83
	53600	TELEPHONE	\$	106.94
	53700	DATA COMMUNICATIONS	\$	54.63
	53800	POSTAGE	\$	33.40
	59700	INDIRECT	\$	105.25
	<b>TOTAL OUTREACH</b>			

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## **CSBG FINANCIAL STATUS REPORT**

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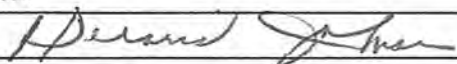
Agency : Agricultural and Labor Program, Inc.

## Community Services Block Grant Program (CSBG)

Program : Community Services Block Grant Program (CSBG)

## MONTHLY FINANCIAL STATUS REPORT

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

Reporting Period:	July 2016-July 2016	Invoice #:	16SB00110	
<b>TOTAL EXPENDITURES</b>				
<b>BUDGET CATEGORIES</b>	<b>Budget Allocation (A)</b>	<b>Current Month (B)</b>	<b>Total To Date (C)</b>	<b>Unexpended Balance (D) (A-C)</b>
1. CSBG Grant Funds	\$1,110,027.00	\$121,490.51	\$944,831.93	\$165,195.07
2. Cash Match	\$0.00	\$0.00	\$0.00	\$0.00
3. In-Kind Match	\$0.00	\$0.00	\$0.00	\$0.00
4. Total Match (Line 2 + Line 3)	\$0.00	\$0.00	\$0.00	\$0.00
5. Total Funds (Line 1 + Line 4)	\$1,110,027.00	\$121,490.51	\$944,831.93	\$165,195.07
CSBG FUNDS ONLY BELOW THIS LINE (No Match Funds)				
<b>ADMINISTRATIVE EXPENSES</b>				
6. Recipient Administrative Expenses (Salaries, Rent, Utilities, Travel, Other)	\$166,504.00	\$7,474.62	\$166,504.00	\$0.00
7. Sub-Recipient Administrative Expenses (Salaries, Rent, Utilities, Travel, Other)	\$0.00	\$0.00	\$0.00	\$0.00
8. Total Administrative Expenses (Line 6 + Line 7)	\$166,504.00	\$7,474.62	\$166,504.00	\$0.00
9. Administrative Expense Percentage (Line 8 divided by Line 1)	15.00	Cannot Exceed 15% of CSBG Allocation		
<b>Program Expenses</b>				
10. Recipient Direct Client Assistance Expenses	\$513,295.00	\$46,730.50	\$447,231.73	\$66,063.27
11. Recipient Other Program Expenses (Salaries, Rent Utilities, Travel, Other)	\$283,228.00	\$38,958.84	\$263,305.20	\$19,922.80
12. Subtotal Recipient Program Expenses (Line 10 + Line 11)	\$796,523.00	\$85,689.34	\$710,536.93	\$85,986.07
13. Sub-Recipient Direct Client Assistance Expense	\$147,000.00	\$28,326.55	\$67,791.00	\$79,209.00
14. Sub-Recipient Other Program Expenses (Salaries, Rent, Utilities, Travel, Other)	\$0.00	\$0.00	\$0.00	\$0.00
15. Subtotal Sub-Recipient Program Expenses (Line 13 + Line 14)	\$147,000.00	\$28,326.55	\$67,791.00	\$79,209.00
16. Total Program Expense (Line 12 + Line 15)	\$943,523.00	\$114,015.89	\$778,327.93	\$165,195.07
17. Secondary Admin. Expense	\$0.00	\$0.00	\$0.00	\$0.00
18. Grand Total Expense (Line 8 + Line 16 + Line 17)	\$1,110,027.00	\$121,490.51	\$944,831.93	\$165,195.07
<b>CASH POSITION</b>				
1. Total grant funds received from DEO Y-T-D				\$830,341.56
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)				\$121,490.51
I certify that I am authorized to sign financial reports and the information provided herein is true and accurate to the best of my knowledge.				
Name (Please Type) :	Title :	Date :		
Deloris Johnson	Chief Executive Officer	8/17/2016		
Signature 				
Current Authority	\$832,520.00	<b>Totals</b>	<b>Achieved This Month</b>	<b>Total Year to Date</b>
Year-to-Date Disbursed	\$832,520.00	CSBG Dollars Expended This Month	\$121,490.51	\$944,831.93
Available Authority	\$0.00			
Payment Number		# of Individuals Assisted with CSBG Dollars this Month	158	1969
Payment Amount		# of Individuals Achieving Outcome in NPI 1.1 A-D	7	142
Approved				
Date				

Recipient hereby certifies that it has been open and operating during its normal business hours for the month of July, as described in Attachment F, Warranties and Representations, of the FY2016 CSBG Agreement.

Deloris Johnson  
Printed Name

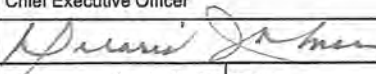
  
Signature

8/17/2016  
Date



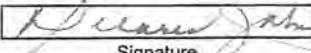
Agency : Agricultural and Labor Program, Inc.  
 Program : Community Services Block Grant Program (CSBG )  
 Contract # : 16SB-0D-07-63-08-001

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

Reporting Period:	August 2016-August 2016	Invoice #:	16SB00111	
<b>TOTAL EXPENDITURES</b>				
<b>BUDGET CATEGORIES</b>	<b>Budget Allocation (A)</b>	<b>Current Month (B)</b>	<b>Total To Date (C)</b>	<b>Unexpended Balance (D) (A-C)</b>
1. CSBG Grant Funds	\$1,110,027.00	\$89,544.38	\$1,034,376.31	\$75,650.69
2. Cash Match	\$0.00	\$0.00	\$0.00	\$0.00
3. In-Kind Match	\$0.00	\$0.00	\$0.00	\$0.00
4. Total Match (Line 2 + Line 3)	\$0.00	\$0.00	\$0.00	\$0.00
5. Total Funds (Line 1 + Line 4)	\$1,110,027.00	\$89,544.38	\$1,034,376.31	\$75,650.69
CSBG FUNDS ONLY BELOW THIS LINE (No Match Funds)				
<b>ADMINISTRATIVE EXPENSES</b>				
6. Recipient Administrative Expenses (Salaries, Rent, Utilities, Travel, Other)	\$166,504.00	\$0.00	\$166,504.00	\$0.00
7. Sub-Recipient Administrative Expenses (Salaries, Rent, Utilities, Travel, Other)	\$0.00	\$0.00	\$0.00	\$0.00
8. Total Administrative Expenses (Line 6 + Line 7)	\$166,504.00	\$0.00	\$166,504.00	\$0.00
9. Administrative Expense Percentage (Line 8 divided by Line 1)	15.00	Cannot Exceed 15% of CSBG Allocation		
<b>Program Expenses</b>				
10. Recipient Direct Client Assistance Expenses	\$513,295.00	\$66,063.27	\$513,295.00	\$0.00
11. Recipient Other Program Expenses (Salaries, Rent Utilities, Travel, Other)	\$283,228.00	\$19,922.80	\$283,228.00	\$0.00
12. Subtotal Recipient Program Expenses (Line 10 + Line 11)	\$796,523.00	\$85,986.07	\$796,523.00	\$0.00
13. Sub-Recipient Direct Client Assistance Expense	\$147,000.00	\$3,558.31	\$71,349.31	\$75,650.69
14. Sub-Recipient Other Program Expenses (Salaries, Rent, Utilities, Travel, Other)	\$0.00	\$0.00	\$0.00	\$0.00
15. Subtotal Sub-Recipient Program Expenses (Line 13 + Line 14)	\$147,000.00	\$3,558.31	\$71,349.31	\$75,650.69
16. Total Program Expense (Line 12 + Line 15)	\$943,523.00	\$89,544.38	\$867,872.31	\$75,650.69
17. Secondary Admin. Expense	\$0.00	\$0.00	\$0.00	\$0.00
18. Grand Total Expense (Line 8 + Line 16 + Line 17)	\$1,110,027.00	\$89,544.38	\$1,034,376.31	\$75,650.69
<b>CASH POSITION</b>				
1. Total grant funds received from DEO Y-T-D				\$715,902.57
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)				\$89,544.38
I certify that I am authorized to sign financial reports and the information provided herein is true and accurate to the best of my knowledge.				
* Name (Please Type) :	* Title :	* Date :		
Deloris Johnson	Chief Executive Officer	9/16/2016		
Signature				
Current Authority	\$832,520.00	<b>Totals</b>	<b>Achieved This Month</b>	<b>Total Year to Date</b>
Year-to-Date Disbursed	\$832,520.00	CSBG Dollars Expended This Month	\$89,544.38	\$1,034,376.31
Available Authority	\$0.00			
Payment Number		* # of Individuals Assisted with CSBG Dollars this Month	308	2277
Payment Amount		* # of Individuals Achieving Outcome in NPI 1.1 A-D	3	145
Approved				
Date				

Recipient hereby certifies that it has been open and operating during its normal business hours for the month of August, as described in Attachment F, Warranties and Representations, of the FY2016 CSBG Agreement.

Deloris Johnson  
Printed Name

  
Signature

9/16/2016  
Date



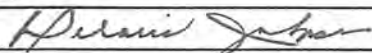
Agency : Agricultural and Labor Program, Inc.

## Community Services Block Grant Program (CSBG)

Program : Community Services Block Grant Program (CSBG)

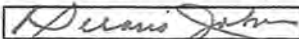
## MONTHLY FINANCIAL STATUS REPORT

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

Reporting Period:	September 2016-September 2016	Invoice #:	16SB00112	
<b>TOTAL EXPENDITURES</b>				
<b>BUDGET CATEGORIES</b>	<b>Budget Allocation (A)</b>	<b>Current Month (B)</b>	<b>Total To Date (C)</b>	<b>Unexpended Balance (D) (A-C)</b>
1. CSBG Grant Funds	\$1,284,681.00	\$161,057.11	\$1,195,433.42	\$89,247.58
2. Cash Match	\$0.00	\$0.00	\$0.00	\$0.00
3. In-Kind Match	\$0.00	\$0.00	\$0.00	\$0.00
4. Total Match (Line 2 + Line 3)	\$0.00	\$0.00	\$0.00	\$0.00
5. Total Funds (Line 1 + Line 4)	\$1,284,681.00	\$161,057.11	\$1,195,433.42	\$89,247.58
CSBG FUNDS ONLY BELOW THIS LINE (No Match Funds)				
<b>ADMINISTRATIVE EXPENSES</b>				
6. Recipient Administrative Expenses (Salaries, Rent, Utilities, Travel, Other)	\$178,474.00	\$11,970.00	\$178,474.00	\$0.00
7. Sub-Recipient Administrative Expenses (Salaries, Rent, Utilities, Travel, Other)	\$0.00	\$0.00	\$0.00	\$0.00
8. Total Administrative Expenses (Line 6 + Line 7)	\$178,474.00	\$11,970.00	\$178,474.00	\$0.00
9. Administrative Expense Percentage (Line 8 divided by Line 1)	13.89	Cannot Exceed 15% of CSBG Allocation		
<b>Program Expenses</b>				
10. Recipient Direct Client Assistance Expenses	\$622,859.00	\$76,688.82	\$589,983.82	\$32,875.18
11. Recipient Other Program Expenses (Salaries, Rent Utilities, Travel, Other)	\$336,348.00	\$53,120.00	\$336,348.00	\$0.00
12. Subtotal Recipient Program Expenses (Line 10 + Line 11)	\$959,207.00	\$129,808.82	\$926,331.82	\$32,875.18
13. Sub-Recipient Direct Client Assistance Expense	\$147,000.00	\$19,278.29	\$90,627.60	\$56,372.40
14. Sub-Recipient Other Program Expenses (Salaries, Rent, Utilities, Travel, Other)	\$0.00	\$0.00	\$0.00	\$0.00
15. Subtotal Sub-Recipient Program Expenses (Line 13 + Line 14)	\$147,000.00	\$19,278.29	\$90,627.60	\$56,372.40
16. Total Program Expense (Line 12 + Line 15)	\$1,106,207.00	\$149,087.11	\$1,016,959.42	\$89,247.58
17. Secondary Admin. Expense	\$0.00	\$0.00	\$0.00	\$0.00
18. Grand Total Expense (Line 8 + Line 16 + Line 17)	\$1,284,681.00	\$161,057.11	\$1,195,433.42	\$89,247.58
<b>CASH POSITION</b>				
1. Total grant funds received from DEO Y-T-D				\$1,139,585.74
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)				\$145,095.26
I certify that I am authorized to sign financial reports and the information provided herein is true and accurate to the best of my knowledge.				
Name (Please Type) :	Title :	Date :		
Deloris Johnson	Chief Executive Officer	10/19/2016		
Signature 				
Current Authority	\$1,284,681.00	<b>Totals</b>	<b>Achieved This Month</b>	<b>Total Year to Date</b>
Year-to-Date Disbursed	\$1,139,585.74	CSBG Dollars	\$161,057.11	\$1,195,433.42
Available Authority	\$145,095.26	Expended This Month		
Payment Number		# of Individuals Assisted with CSBG Dollars this Month	296	2573
Payment Amount				
Approved		# of Individuals Achieving Outcome in NPI 1.1 A-D	4	149
Date				

Recipient hereby certifies that it has been open and operating during its normal business hours for the month of September, as described in Attachment F, Warranties and Representations, of the FY2016 CSBG Agreement.

Deloris Johnson  
Printed Name

  
Signature

10/19/2016  
Date



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**CSBG QUARTERLY FOCAS REPORT**

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# FFY 2016 CSBG QUARTERLY FOCAS REPORT

**STEP 1: Complete contact information**

GRANTEE: The Agricultural and Labor Program, Incorporated (ALPI)

CONTACT: Pa Houa Lee-Yang, CSBG/Economic Development Director

AGREEMENT NUMBER: 16SB-OD-07-63-08-001

PHONE: (863) 956-3491, ext. 218

EMAIL: pyang@aipi.org

**STEP 3: Enter the total number of individuals and families served during the quarter**

**NUMBER OF CLIENTS SERVED**

	Units Expected To Be Achieved		Actual Year-to-Date		Actual Year-to-Date Percent Achvd		1st Quarter Units Achieved this Quarter		2nd Quarter Units Achieved this Quarter		3rd Quarter Units Achieved this Quarter		4th Quarter Units Achieved this Quarter	
	Expected	Achieved	Year-to-Date	Percent	Percent	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
Total Number of Individuals Served	37,449	27,263	72.8%		8.647	7,982	4,643	5,991						
Total Number of Families Served	12,435	9,168	73.7%		3,124	307	3,598	2,139						

**STEP 4: Enter your quarterly expenditures by category**

**EXPENDITURES REPORT**

Table 1 Expenditures by Category	Units Expected To Be Achieved		Actual Year-to-Date		Actual Year-to-Date Percent Achvd		1st Quarter Units Achieved this Quarter		2nd Quarter Units Achieved this Quarter		3rd Quarter Units Achieved this Quarter		4th Quarter Units Achieved this Quarter	
	Expected	Achieved	Year-to-Date	Percent	Percent	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
A. Community Services Block Grant	1,284,681	1,265,660	98.5%		192,377	316,162	291,989	465,132						
B. Federal Government Resources other than CSBG	18,397,662	14,886,234	80.9%		7,225,264	3,598,589	2,482,349	1,980,032						
C. State Resources (Non-federal, state-appropriated funds)	2,116,276	1,638,635	77.4%		581,369	492,400	361,242	203,624						
D. Local Government Resources	103,599	85,686	82.7%		16,928	14,804	21,691	32,263						
E. Private Sector Resources	2,152,541	2,281,303	106.0%		656,220	991,423	617,223	16,437						
<b>TOTAL NON-CSBG RESOURCES (Federal+State+Local Government+Private Sector)</b>	<b>22,770,078</b>	<b>18,891,958</b>	<b>83.0%</b>		<b>8,479,761</b>	<b>5,097,216</b>	<b>3,482,505</b>	<b>1,632,355</b>						
<b>TOTAL CSBG Funds</b>	<b>1,284,681</b>	<b>1,265,660</b>	<b>98.5%</b>		<b>192,377</b>	<b>316,162</b>	<b>291,989</b>	<b>465,132</b>						
<b>TOTAL AGENCY BUDGET</b>	<b>24,054,759</b>	<b>20,157,518</b>	<b>83.8%</b>		<b>8,672,158</b>	<b>5,413,378</b>	<b>3,774,494</b>	<b>2,297,488</b>						

**STEP 5: Complete NPI's 1-6 below**

**OUTCOMES**

NPI	Units Expected To Be Achieved		Actual Year-to-Date		Actual Year-to-Date Percent Achvd		1st Quarter Units Achieved this Quarter		2nd Quarter Units Achieved this Quarter		3rd Quarter Units Achieved this Quarter		4th Quarter Units Achieved this Quarter	
	Expected	Achieved	Year-to-Date	Percent	Percent	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
<b>1.1 Employment</b>														
A. Unemployed and obtained a job	97	58	59.8%		8	18	16	16						
B. Employed and maintained a job for at least 90 days	22	53	240.9%		1	5	29	18						
C. Employed and obtained an increase in employment income and/or benefits	20	32	160.0%		1	4	10	17						
D. Achieved "living wage" employment and benefits	0	0			0	0	0	0						
<b>1.2 Employment Supports</b>														
A. Obtained skills/competencies required for employment	80	62	103.3%		9	10	9	34						
B. Completed ABE/GED and received certification or diploma	25	94	376.0%		1	0	4	89						
C. Completed post-secondary education program and obtained certificate or diploma	35	44	125.7%		9	8	10	17						
D. Enrolled children in before or after school programs	550	563	106.0%		552	13	16	2						
E. Obtained care for child or other dependent	842	469	55.7%		0	465	2	2						
F. Obtain access to reliable transportation and/or driver's license	5	4	80.0%		0	1	1	2						
G. Obtained health care services for themselves or a family member	1,000	1,028	102.8%		898	102	26	2						
H. Obtained and/or maintained safe and affordable housing	50	36	72.0%		5	5	11	15						
I. Obtained food assistance	190	205	107.9%		59	131	6	9						
J. Obtained non-emergency LIHEAP energy assistance	15	2	13.3%		1	1	0	0						
K. Obtained non-emergency WX energy assistance	0	0			0	0	0	0						
L. Obtained other non-emergency assistance (State/local/private energy programs. Do Not include LIHEAP or WX)	20	26	130.0%		2	8	8	8						
Other Obtained identification or work permit documentation for employment (social security card, work permit, etc.)	0	0			0	0	0	0						



**STEP 4: Enter your quarterly expenditures by category**  
**EXPENDITURES REPORT**

**1.3) Economic Asset Enhancement and Utilization**

Enhancement	Units Expected To Be Achieved	Actual Year-to-Date Units Achieved	Actual Year-to-Date Percent Achvd	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
				Achieved	Percent	Achieved	Oppor	Achieved	Oppor	Achieved	Oppor
A. Participants in tax preparation programs who qualified for any type of Federal or State tax credit.	0			0		0		0		0	
B. Participants obtaining court-ordered child support payments.	0			0		0		0		0	
C. Number enrolled in telephone lifeline and/or energy discounts with agency assistance.	0			0		0		0		0	
<b>Utilization</b>											
D. Participants demonstrating ability to complete and maintain a budget for over 90 days	0			0		0		0		0	
E. Participants opening an Individual Development Account (IDA) or other savings account	0			0		0		0		0	
F. Participants who increased their savings through IDA or other savings account	0			0		0		0		0	
G. Number capitalizing a small business with accumulated savings	0			0		0		0		0	
H. Number pursuing post-secondary education with savings	0			0		0		0		0	
I. Number purchasing a home with accumulated savings	0			0		0		0		0	
J. Number purchasing other assets with accumulated savings	0			0		0		0		0	

**2.1 Community Improvement and Revitalization**

A. Jobs created, or saved, from reduction or elimination in the community	Proj	Oppor	Achvd	%	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
					Achieved	Oppor	Achieved	Oppor	Achieved	Oppor	Achieved	Oppor
B. Accessible "living wage" jobs created, or saved from reduction or elimination in the community	0	0			0		0		0		0	
C. Safe and affordable housing units created in the community	0	0			0		0		0		0	
D. Safe, affordable housing units in the community preserved or improved through Community Action or advocacy	1	57	1	100.0%	57	0	0	0	0	0	0	0
E. Accessible, safe and affordable health care services/facilities for low-income people created or saved.	0	0			0		0		0		0	
F. Accessible, safe & affordable child care services/facilities for low-income people created or saved.	2	16	2	100.0%	16	0	0	0	0	0	0	0
G. Accessible before/after school program placement opportunities for low-income families created or saved.	5	504	5	100.0%	503	0	16	0	33	0	0	0
H. Accessible new/preserved/expanded transportation resources available to low-income people (public/private)	0	0			0		0		0		0	
I. Accessible new/preserved/increased educational and training placement opportunities for low-income people	1	20	1	100.0%	19	5	0	9	0	0	0	5

**2.2 Community Quality of Life and Assets**

A. Increase in community assets due to a change in law/regulation/policy, resulting in better quality of life	Proj	Oppor	Achvd	%	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
					Achieved	Oppor	Achieved	Oppor	Achieved	Oppor	Achieved	Oppor
B. Increase availability/preservation of community facilities (schools, libraries, community centers, etc.)	2	242	2	100.0%	237	0	0	0	0	0	0	0
C. Increase in the availability or preservation of community services to improve public health and safety	0	0			0		0		0		0	
D. Increase in the availability or preservation of commercial services within low-income neighborhoods	0	0			0		0		0		0	
E. Increase in or preservation of neighborhood quality-of-life resources	0	0			0		0		0		0	
<b>Total</b>					<b>121</b>	<b>117</b>	<b>117</b>	<b>117</b>	<b>117</b>	<b>117</b>	<b>117</b>	<b>117</b>

**2.3 Community Engagement**

A. Community members mobilized to participate in community revitalization and anti-poverty initiatives	Expected	Achieved	Percent	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
				Achieved	Oppor	Achieved	Oppor	Achieved	Oppor	Achieved	Oppor
<b>Hours donated by low-income people</b>											
a) Serve on the CAA Board of Directors	144	142	98.6%	54	40	34	14				
b) Serve on Head Start Policy Councils	575	348	60.5%	48	186	78	36				
c) Serve on Family Center / Parent Councils	0	0		0	0	0	0				
d) Serve on other CAA Advisory Boards, councils, or committees	648	624	96.3%	180	268	78	98				
e) Serve on other community advisory or governing boards or committees as a CAA representative	125	55	44.0%	16	18	9	12				
f) Assist with program activities and logistics	30,000	39,160	130.5%	4,550	23,354	11,256	0				
g) Participate in advocacy to meet agency and community goals	0	0		0	0	0	0				
h) Participate in advocacy to influence policies/practices of government and/or private entities	0	0		0	0	0	0				
i) Other CAA clients or low-income persons volunteer with the agency.	500	672	134.4%	8	388	276	0				
<b>Total volunteer hours from low income people</b>				<b>41,001</b>	<b>4,856</b>	<b>11,731</b>	<b>160</b>				
<b>Hours donated by non low-income people</b>											
a) General Public	0	0		0	0	0	0				
b) CAA non-low-income board members	400	321	80.3%	118	80	84	39				
c) Other non-profit or government agencies	0	0		0	0	0	0				
d) Business Community	100	91	91.0%	16	56	19	0				
e) Other	0	0		0	0	0	0				
<b>Total number of volunteer hours donated to the agency</b>				<b>41,413</b>	<b>4,990</b>	<b>11,834</b>	<b>199</b>				



STEP 4: Enter your quarterly expenditures by category

EXPENDITURES REPORT

	Units Expected To Be Achieved	Actual Year-to-Date Units Achieved	Actual Year-to-Date Percent Achvd	1st Quarter Units Achieved this Quarter	2nd Quarter Units Achieved this Quarter	3rd Quarter Units Achieved this Quarter	4th Quarter Units Achieved this Quarter
<b>3.1 Community Enhancement through Maximum Feasible Participation</b>							
A. Total number of volunteer hours donated by LOW-INCOME INDIVIDUALS only to Community Action (auto-populated)	Expected 31,992	Achieved 41,001	Percent 128.2%	Achieved 4,555	Achieved 24,254	Achieved 11,731	Achieved 160
<b>3.2 Community Empowerment Through Maximum Feasible Participation</b>							
A. Low-income people in formal, decision-making, community organizations, government, boards or councils	Expected 127	Achieved 117	Percent 92.1%	Achieved 84	Achieved 33	Achieved 0	Achieved 0
B. Number of low-income people acquiring businesses in their community as a result of Community Action	0			0	0	0	0
C. Number of low-income people purchasing their own home in their community as a result of Community Action	0			0	0	0	0
D. Low-income people in non-governance community activities/groups created/supported by Community Action	0			0	0	0	0
<b>4.1 Expanding Opportunities Through Community-Wide Partnerships</b>							
A. Non-Profit	18	19	100.0%	17	0	0	1
B. Faith Based	7	12	171.4%	12	0	0	0
C. Local Government	3	10	333.3%	10	0	0	0
D. State Government Entity	7	13	185.7%	12	0	0	1
E. Federal Government Entity	2	2	100.0%	2	0	0	0
F. For-Profit Business or Corporation	242	250	103.3%	250	0	0	0
G. Consortiums/Collaboration	1	2	200.0%	2	0	0	0
H. Housing Consortiums/Collaboration	0	1	100.0%	1	0	0	0
I. School Districts	2	2	100.0%	2	0	0	0
J. Institutions of post secondary education/training	2	4	200.0%	4	0	0	0
K. Financial/Banking Institutions	3	4	133.3%	4	0	0	0
L. Health Services Institutions	9	9	100.0%	9	0	0	0
M. State-wide associations or collaborations	2	2	100.0%	2	0	0	0
Others: Please identify:							
1)							
2)							
N. Total unduplicated number of organizations agency actively works with to expand resources & opportunities	298	329	110.4%	327	0	0	2

	Expected	Achieved	Percent	Achieved	Achieved	Achieved	Achieved
<b>5.1 AGENCY DEVELOPMENT - Agency Increases Its Capacity to Achieve Results Through Training</b>							
A. Number of Certified Community Action Professionals	0	1		0	0	0	1
B. Number of Nationally Certified ROMA Trainers	2	2	100.0%	2	0	0	0
C. Number of Family Development Certified Staff	2			0	0	0	0
D. Number of Child Development Certified Staff	2			0	0	0	0
E. Number of staff attending trainings	230	220	95.7%	121	61	2	36
F. Number of board members attending trainings	18	18	100.0%	16	2	0	0
G. Hours of staff in trainings	7,000	11,234	160.5%	1,011	1,916	3,007	5,300
H. Hours of board members in training	275	491	178.5%	96	36	275	84
<b>6.1 Independent Living</b>							
A. Senior Citizens (55 years old or older)	Expected 10	Achieved 28	Percent 280.00%	Achieved 1	Achieved 7	Achieved 8	Achieved 12
Individuals with Disabilities	20	47	235.00%	4	8	16	19
1. Ages 0 - 17	0			0	0	0	0
2. Ages 18 - 54	10	23	230.00%	4	2	11	6
3. Ages 55 and Over	10	24	240.00%	0	6	5	13
4. Age Unknown				0	0	0	0



**STEP 4: Enter your quarterly expenditures by category**

**EXPENDITURES REPORT**

	Units Expected To Be Achieved		Actual Year-to-Date Units Achieved	Actual Year-to-Date Percent Achvd	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter			
	Expected	Achieved			Achieved	Percent	Achieved	Percent	Achieved	Percent	Achieved	Percent	Achieved	Percent	Achieved	Percent	Achieved	Percent	Achieved	Percent
<b>6.2 Emergency Assistance</b>																				
A.	60	140	140	233.3%	49	0	0	0	86	0	0	0	0	0	0	0	0	0	0	
B.	17,000	16,301	16,301	95.9%	4,803	2,330	2,330	13,560	0	0	0	0	0	0	0	0	0	0	0	
C.	125	775	775	620.0%	42	14	14	390	0	0	0	0	0	0	0	0	0	0	0	
D.	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
E.	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
F.	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
G.	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
H.	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
I.	0	41	41		0	22	22	4	0	0	0	0	0	0	0	0	0	0	0	
J.	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
K.	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
L.	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<i>Other Provide transition assistance in order for person to receive emergency services</i>																				
<b>6.3 Child and Family Development</b>																				
<b>Infants and Children</b>																				
A.	830	954	954	114.9%	441	96	96	21	0	0	0	0	0	0	0	0	0	0	0	
B.	820	877	877	107.0%	775	102	102	0	0	0	0	0	0	0	0	0	0	0	0	
C.	1,200	1,100	1,100	91.7%	973	107	107	20	0	0	0	0	0	0	0	0	0	0	0	
D.	1,200	1,100	1,100	91.7%	973	107	107	20	0	0	0	0	0	0	0	0	0	0	0	
<b>Youth</b>																				
E.	50	140	140	280.0%	0	5	5	135	0	0	0	0	0	0	0	0	0	0	0	
F.	50	140	140	280.0%	0	5	5	135	0	0	0	0	0	0	0	0	0	0	0	
G.	50	140	140	280.0%	0	5	5	135	0	0	0	0	0	0	0	0	0	0	0	
H.	50	140	140	280.0%	0	5	5	135	0	0	0	0	0	0	0	0	0	0	0	
I.	50	140	140	280.0%	0	5	5	135	0	0	0	0	0	0	0	0	0	0	0	
<b>Adults</b>																				
J.	866	897	897	103.6%	531	335	335	0	0	0	0	0	0	0	0	0	0	0	0	
K.	866	897	897	103.6%	531	335	335	0	0	0	0	0	0	0	0	0	0	0	0	
<b>6.4 Family Supports</b>																				
A.	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
B.	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C.	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
D.	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
E.	66	108	108	163.6%	35	1	1	70	0	0	0	0	0	0	0	0	0	0	0	
F.	100	137	137	137.0%	45	50	50	40	0	0	0	0	0	0	0	0	0	0	0	
G.	10,000	15,021	15,021	150.2%	3,154	1,086	1,086	5,751	0	0	0	0	0	0	0	0	0	0	0	
H.	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
I.	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<i>Obtained other non-emergency energy program. Do NOT include LIHEAP or WX.</i>																				
<b>6.5 Service Counts</b>																				
A.	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
B.	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C.	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
D.	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
E.	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	



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**DOE/FJEP DISBURSEMENT REPORT**

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**Deloris C. Johnson**  
Chief Executive Officer

**Corporate Office**  
300 Lynchburg Road  
Lake Alfred, Florida 33850-2576  
(863) 956-3491  
Toll Free: 1 (800) 330-3491  
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E-Mail: admin@alpl.org

**ADMINISTRATION & OPERATIONS  
QUALITY CONTROL DIVISION**

**ADMINISTRATION SERVICES**

Budget & Finance  
Human Resources  
Operations and Quality Control  
IT/Computer Support & Marketing

**COMMUNITY SERVICES & ECONOMIC  
DEVELOPMENT DIVISION**

**CSBG Services**

Service Areas: Polk, Highlands  
and Hendry Counties

**Farmworker Emergency Services**

Service Areas: Statewide

**LIHEAP Services**

Service Areas: Polk, Collier,  
Glades, Hendry, Highlands, Martin,  
and St. Lucie Counties

**Housing Counseling Services**

Service Area: Polk County

**Training and Employment Services**

Service Area: Volusia County

**ALPI Technical Education Center**

Service Area: Volusia County

**CHILD DEVELOPMENT &  
FAMILY SERVICES DIVISION**

**Head Start Services**

Service Area: St. Lucie County

**Early Head Start Services**

Service Areas: Polk and St. Lucie Counties

**Child Care**

Service Areas: Polk (Frostproof)  
and St. Lucie Counties

**Child Care Food**

Service Areas: Polk (Frostproof)  
and St. Lucie Counties

**Eastern Region Administration Office**

2202 Avenue Q  
Ft. Pierce, FL 34950  
(772) 466-2631  
Toll Free: 1 (800) 791-3099  
Fax: (772) 464-3035

**FAX TRANSMITTAL**

This transmission consists of 3 pages  
(Including cover sheet)

DATE: 10/17/16

TIME: \_\_\_\_\_

To:

Name: Jennifer Ciardo

Company: FL Dept. of Ed. – Adult Migrant Office

Fax Number: 850 245 9194

From:

Name: Dennis Gniewek

Fax Number: (863) 956-3357

Telephone Number: (863) 956-3491

Message:

September 2016 DOE FA 599 for Grant 755-4057B-7CFE1

PROGRAMS AND SERVICES ARE FUNDED IN PART BY:



City of Ft. Pierce, County of St. Lucie, Department of Education (Adult Migrant Division), Florida Department of Health, Early Learning Coalition of Polk County,  
Florida Non-Profit Housing, Inc., St. Lucie County School Board and Early Learning Coalition of St. Lucie County, Inc.

**THE AGRICULTURAL AND LABOR PROGRAM, INC. — PROVIDING A CONSTANT FLOW OF COMMUNITY SERVICES SINCE 1968**  
AN EQUAL OPPORTUNITY EMPLOYER



**Deloris C. Johnson**  
Chief Executive Officer

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**ADMINISTRATION & OPERATIONS  
QUALITY CONTROL DIVISION**

**ADMINISTRATION SERVICES**  
Budget & Finance  
Human Resources  
Operations and Quality Control  
IT/Computer Support & Marketing

**COMMUNITY SERVICES & ECONOMIC  
DEVELOPMENT DIVISION**

**CSBG Services**  
**Service Areas:** Glades, Hendry,  
Highlands and Polk Counties

**Farmworker Emergency Services**  
**Service Areas:** Statewide

**LIHEAP Services**  
**Service Areas:** Collier, Glades, Hendry,  
Highlands, Martin, Polk, and  
St. Lucie Counties

**Housing Counseling Services**  
**Service Area:** Polk County

**Training and Employment Services**  
**Service Area:** Volusia County

**ALPI Technical Education Center**  
**Service Area:** Volusia County

**EHEAP Services**  
**Service Area:** Polk County

**CHILD DEVELOPMENT &  
FAMILY SERVICES DIVISION**

**Head Start Services**  
**Service Area:** St. Lucie County

**Early Head Start Services**  
**Service Areas:** Polk and St. Lucie Counties

**Child Care**  
**Service Areas:** Polk (Frostproof)  
and St. Lucie Counties

**Child Care Food**  
**Service Areas:** Polk (Frostproof)  
and St. Lucie Counties

**Computer Assisted Tutorial  
Program (CAT)**  
**Service Area:** St. Lucie County

**Eastern Region Administration Office**  
2202 Avenue Q  
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Toll Free: 1 (800) 791-3099  
Fax: (772) 464-3035



Jennifer Ciardo  
Florida Department of Education  
Comptroller's Office  
325 W. Gaines Street  
Room 901  
Tallahassee, FL. 32399-0400

October 17, 2016

Dear Ms. Ciardo:

Attached is the September 2017 Approved DOE FA-599 for project 755-4057B-7CFE1. If you have any questions, please call me at 863 956 3491 ext. 210.

Sincerely,

Dennis Gniewek  
Finance Director

PROGRAMS AND SERVICES ARE FUNDED IN PART BY:



United Way of Central Florida and United Way of St. Lucie County

**THE AGRICULTURAL AND LABOR PROGRAM, INC. — PROVIDING A CONSTANT FLOW OF COMMUNITY SERVICES SINCE 1968**  
AN EQUAL OPPORTUNITY EMPLOYER





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**HUD**  
**HOUSING COUNSELING REPORT**

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**Housing Counseling Agency Activity Report**

**U.S. Department of Housing and Urban Development**  
Office of Housing Counseling  
Federal Housing Commissioner

OMB Approval No:2502-02  
Exp. 04/30/2016

Read the instructions and Public Reporting Statement on the back of this form.

1. Counseling Agency Name		2. Reporting Period and Budget	
Agency Name ALPI		From:	10/01/2015
Agency ID:		To:	09/30/2016
Agency Type:		Date Submitted:	10/24/2016
Address:		Total Annual Housing Counseling Program Budget, All Sources:	
Parent Agency Name (if applicable)		\$	
Agency ID:			
Agency Type:			
		All Counseling and Education Activities	HUD Housing Counseling Grantees Only
			Counseling and Education Activities Attributed to HUD Housing Counseling Grant Funds - Actual, to date.
			Coun: Ed: Ac: Attribu: Hi: Coun: Fi: Annual
3. Ethnicity of Households			
a.	Hispanic	9	7
b.	Not Hispanic	68	59
c.	Chose not to respond	3	
<b>Section 3 Total:</b>		80	66
4. Race of Households			
Single Race			
a.	American Indian/Alaskan Native		
b.	Asian		
c.	Black or African American	39	34
d.	Native Hawaiian or Other Pacific Islander		
e.	White	32	27
Multi-Race			
f.	American Indian or Alaska Native <i>and</i> White		
g.	Asian <i>and</i> White		
h.	Black or African American <i>and</i> White		
i.	American Indian or Alaska Native <i>and</i> Black or African American		
j.	Other multiple race	6	5
k.	Chose not to respond	3	
<b>Section 4 Total:</b>		80	66
5. Income Levels			
a.	< 30% of Area Median Income (AMI)	45	38
b.	30 - 49% of AMI	11	9
c.	50 - 79% of AMI		



c.	50 - 79% of AMI	19	14
d.	80 - 100% of AMI		
e.	> 100% AMI	5	5
f.	Chose not to respond		
<b>Section 5 Total:</b>		80	66
<b>6. Rural Area Status</b>			
a.	Household lives in a rural area	2	2
b.	Household does not live in a rural area	77	64
c.	Chose not to respond	1	
<b>Section 6 Total:</b>		80	66
<b>7. Limited English Proficiency Status</b>			
a.	Household is Limited English Proficient		
b.	Household is not Limited English Proficient	80	66
c.	Chose not to respond		

<b>Section 7 Total:</b>		80	66
<b>8. Households Receiving Group Education, by Purpose</b>			
a.	Completed financial literacy workshop, including home affordability, budgeting and understanding use of credit		
b.	Completed predatory lending, loan scam or other fraud prevention workshop		
c.	Completed fair housing workshop		
d.	Completed homelessness prevention workshop		
e.	Completed rental workshop		
f.	Completed pre-purchase homebuyer education workshop		
g.	Completed non-delinquency post-purchase workshop, including home maintenance and/or financial management for homeowners		
h.	Completed resolving or preventing mortgage delinquency workshop		
i.	Completed other workshop		
<b>Section 8 Total:</b>		0	0
<b>9. Households Receiving One-on-One Counseling, by Purpose</b>			
a.	Homeless Assistance	1	
b.	Rental Topics	36	36
c.	Prepurchase/Homebuying	1	1
d.	Home Maintenance and Financial Management for Homeowners (Non-Delinquency Post-Purchase)	19	13
e.	Reverse Mortgage	1	1
f.	Resolving or Preventing Mortgage Delinquency or Default	22	15
<b>Section 9 Total:</b>		80	66
<b>Households Served Sections 8 and 9 Total:</b>		80	66
<b>10. Impact and Scope of One-on-One Counseling Services</b>			
a.	Households that received one-on-one counseling that also received group education services.		
	Households that received information on fair housing, fair		



b.	Households that received information on fair housing, fair lending and/or accessibility rights.			
c.	Households for whom counselor developed a sustainable household budget through the provision of financial management and/or budget services.			
d.	Households that improved their financial capacity (e.g. increased discretionary income, decreased debt load, increased savings, increased credit score) after receiving Housing Counseling Services.			
e.	Households that gained access to resources to help them improve their housing situation (e.g. down payment assistance, rental assistance, utility assistance, etc.) after receiving Housing Counseling Services.	52	47	
f.	Households that gained access to non-housing resources (e.g. social service programs, legal services, public benefits such as Social Security or Medicaid, etc) after receiving Housing Counseling Services.	3	1	
g.	Homeless or potentially homeless households that obtained temporary or permanent housing after receiving Housing Counseling Services.			
h.	Households that received rental counseling and avoided eviction after receiving Housing Counseling Services.			
i.	Households that received rental counseling and improved living conditions after receiving Housing Counseling Services.			
j.	Households that received prepurchase/homebuying counseling and purchased housing after receiving Housing Counseling Services.			
k.	Households that received reverse mortgage counseling and obtained a Home Equity Conversion Mortgage (HECM) after receiving Housing Counseling Services.			
l.	Households that received non-delinquency post-purchase counseling that were able to improve home conditions or home affordability after receiving Housing Counseling Services.			

Previous editions are obsolete.

Page 2 of 9

ref. Handbook 7610.1

form HUD-9902 (09/

m.	Households that prevented or resolved a mortgage default after receiving Housing Counseling Services.			
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**11. HUD Housing Counseling Grant(s) Data**

HUD Housing Counseling Grant or Sub-grant Application Number	Grant Type	HUD Housing Counseling Grant Amount
<b>Section 11 Total:</b>		
<b>HUD Point of Contact:</b>		



<b>12. Authorization</b>			
<b>Input Official</b>		<b>Agency Official</b>	
First Name:		First Name:	
Last Name:		Last Name:	
Title:		Title:	
Phone:		Phone:	

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**FEDERAL FINANCIAL REPORT**  
**(Final)**

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**FEDERAL FINANCIAL REPORT**  
(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted  DHHS/Region IV	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  04CH4739-02-00	Page of 1 pages
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3. Recipient Organization (Name and complete address including Zip code)  
 The Agricultural and Labor Program, Inc, 300 Lynchburg Rd., Lake Alfred, FL 33850

4a. DUNS Number 04-021-163	4b. EIN 59-1634148	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period (Month, Day, Year) From: 07/01/2014 To: 06/30/2019	9. Reporting Period End Date (Month, Day, Year) 06/30/2016
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10. Transactions Cumulative

*(Use lines a-c for single or combined multiple grant reporting)*

<b>Federal Cash (To report multiple grants separately, also use FFR Attachment):</b>	
a. Cash Receipts	7,284,907.00
b. Cash Disbursements	7,284,904.00
c. Cash on Hand (line a minus b)	0.00

*(Use lines d-o for single grant reporting)*

<b>Federal Expenditures and Unobligated Balance:</b>	
d. Total Federal funds authorized	7,284,907.00
e. Federal share of expenditures	7,284,907.00
f. Federal share of unliquidated obligations	
g. Total Federal share (sum of lines e and f)	7,284,907.00
h. Unobligated balance of Federal funds (line d minus g)	0.00

<b>Recipient Share:</b>	
i. Total recipient share required	1,821,227.00
j. Recipient share of expenditures	1,821,227.00
k. Remaining recipient share to be provided (line i minus j)	0.00

<b>Program Income:</b>	
l. Total Federal share of 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
	Provisional	16.50%	7/1/15	6/30/16	3,913,452.00	645,720.00	645,720.00
<b>g. Totals:</b>					<b>3,913,452.00</b>	<b>645,720.00</b>	<b>645,720.00</b>

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: TTA 129,372, Disability 72,872, USDA Food 701,366, Administration 368,294

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  Deloris Johnson, Chief Executive Officer	c. Telephone (Area code, number, and extension) (863) 956-3491 Ext 206  d. Email Address djohnson@alpi.org
b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year) 10/25/16
14. Agency use only:	

Standard Form 425 - Revised 10/11/2011  
 OMB Approval Number: 0348-0061  
 Expiration Date: 2/28/2015

**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.



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**FEDERAL FINANCIAL REPORT**  
**(Quarterly)**

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**FEDERAL FINANCIAL REPORT**

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>HHS-ADMINISTRATION FOR CHILDREN &amp; FAMILIES</b>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	Page 1	of 2
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3. Recipient Organization (Name and complete address including Zip code) <b>AGRICULTURAL &amp; LABOR PROGRAM, INC                  PO BOX 3126                  WINTER HAVEN, FL, 33880</b>
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4a. DUNS Number  <b>040210163</b>	4b. EIN  <b>1591634148A1</b>	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	7. Basis of Accounting  <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) To: (Month, Day, Year)	9. Reporting Period End Date (Month, Day, Year) <b>SEPTEMBER 30, 2016</b>
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>	
a. Cash Receipts	1,331,500.00
b. Cash Disbursements	1,399,949.64
c. Cash on Hand (line a minus b)	-68,449.64

(Use lines d-o for single grant reporting)

<b>Federal Expenditures and Unobligated Balance:</b>	
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)	
<b>Recipient Share:</b>	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	
<b>Program Income:</b>	
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)	

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense							
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  <b>Gniewek, Dennis                  Finance Director</b>	c. Telephone (Area code, number and extension) <b>863-956-3491x210</b>
	d. Email address <b>dgniewek@alpi.org</b>
b. Signature of Authorized Certifying Official  <b>Dennis Gnieweki</b>	e. Date Report Submitted (Month, Day, Year) <b>OCTOBER 20, 2016</b>
14. Agency use only:	

Standard Form 425 - Revised 6/28/2010  
 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.





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**CAT**  
**Final Quarterly Report**

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**Children's Services Council of St. Lucie County**

**2015-16 - Quarter 4 Reporting**

**ALPI**

**ALPI - Computer Assisted Tutorial (C.A.T.)**

**Form Packet Status:** Completed / Ready to Submit

**ALPI - Computer Assisted Tutorial (C.A.T.)**

**Quarterly Report**

**Outcome**

**Outcome Statement:**

90% of participants who participate in the program for at least 8 weeks will improve or maintain academic performance by measure of cumulative grade point average as measured by nine-week reports while enrolled in program. Baseline: grade point average as reported on (apply applicable) last end of year report card (for existing participants) or last report card prior to enrolling in program (for new participants).

**Progress**

The students who are participating in the program for at least 8 weeks have maintained and improved academic performance as measured by the students grades point average on their quarterly 9 weeks report cards while enrolled in the program.

	<b>Qtr 1</b>	<b>Qtr 2</b>	<b>Qtr 3</b>	<b>Qtr 4</b>	<b>Total for Year</b>
Actual Clients Achieving #	25	38	87	100	250
Actual Clients #	80	92	99	113	384
Actual Percent Achieving	31.25	41.30	87.88	88.50	65.10

**Outcome Statement:**

90% of participants will attend the program a minimum average of three days per week as measured by weekly attendance rosters.

**Progress**

All students actively enrolled in the program have attended a minimum average of 3 days per week as measured by the weekly attendance records.

	<b>Qtr 1</b>	<b>Qtr 2</b>	<b>Qtr 3</b>	<b>Qtr 4</b>	<b>Total for Year</b>
Actual Clients Achieving #	60	72	90	100	322



	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total for Year
Actual Clients #	80	92	99	113	384
Actual Percent Achieving	75.00	78.26	90.91	88.50	83.85

**Outcome Statement:**

**90% of participants enrolled in the program for at least 8 weeks will have less than 3 unexcused school absences during each nine week period as measured by report cards.**

**Progress**

During this reporting period, staff continue to actively work with the parents to reinforce the importance of attending school to aide in decreasing the number of unexcused school absences; ensuring the students receive an adequate amount of educational instruction to increase academic performance.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total for Year
Actual Clients Achieving #	60	72	93	107	332
Actual Clients #	80	92	99	113	384
Actual Percent Achieving	75.00	78.26	93.94	94.69	86.46

**Outcome Statement:**

**Increase the judgment, decision making and social interaction skills of participants enrolled in the program for at least 8 weeks so that 90 % of program participants will not have any new referrals to the Department of Juvenile Justice while enrolled in the program as measured by the Dept. of Juvenile Justice referral logs.**

**Progress**

Program staff in collaboration with local agencies continue to work together to promote a safe and positive environment for students participating in the program. During this reporting period intervention coaching activities were provided for students currently participating in the program. to date no referrals have been made to the Department of Juvenile Justice.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total for Year
Actual Clients Achieving #	60	92	96	113	361
Actual Clients #	80	92	96	113	381
Actual Percent Achieving	75.00	100.00	100.00	100.00	94.75

**ALPI - Computer Assisted Tutorial (C.A.T.)****Spotlight Success Story****Outcome Success story**

**Agency Contact for Success Story:** Kevin Singletary

**Phone Number for Success Story:** (772) 466-2631

**Geographic community represented by the success story:** Ford Pierce, FL 34950

**Restate the outcome the story links to:**

Increase the judgment, decision making and social interaction skills of participants enrolled in the program for at least 8 weeks so that 90% of program participants will not have any new referrals to the Department of Juvenile Justice.

**Success Story:**

Eddie Hankerson was selected as our success story this quarter. He entered the CAT Program in Fall of 2015. Eddie was a second grader at CA Moore Elementary. His teacher, Ms. Gardner on all report cards used the term enthusiastic or has great enthusiasm. Eddie has faced some challenges in the classroom as well as some behavior issues. Since his initial entrance into the CAT Program, he has new found attitude about his academic progress.

Eddie's behavior has been outstanding and he is setting an example for his peers and siblings. He now focuses on his homework and he is eager to assist the staff in any capacity. Eddie has shown academic improvement in Language Arts, Math, and his Personal Development. His mother Priscilla Spears has also noted his improved behavior and attitude at home as well.

Eddie is now on a path to success with the support of the CAT Program Staff, backing of his school teacher, and most importantly his family support structure.

**Permission to Use Publicly**

**Children's Services of St. Lucie County is granted permission to use the information provided on this form publicly.**

Yes



Program Name: \_\_\_\_\_ Agricultural and Labor Program, Inc. Computer Assisted Tutorial Program Reporting Quarter: \_\_\_\_\_ 4th Quarterly Report

Enter the total number served Year-to-date for each demographic category by zip code.

City FTP	Children Served Individually (match area sub-totals)		Hispanic	White	Asian Pacific Islander	Am Ind	Other	Male	Female	Birth - 4	age 5-9	age 10-14	age 15-17	age 18	Teen Parents	Families Served
	Black	Haitian														
34945																
34946	16							9	7		8	8				6
34947	31	1						17	14		24	7			1	16
34949																
34950	52		2				1	27	25		43	9				30
34951	8	1					2	6	2		5	3				4
34981																
34982	6							2	4		3	3				3
<b>Total</b>	<b>113</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>61</b>	<b>52</b>	<b>0</b>	<b>83</b>	<b>30</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>59</b>
PSL																
34952																
34953																
34983																
34984																
34986																
34957																
34987																
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>SLC Total</b>	<b>113</b>	<b>106</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>61</b>	<b>52</b>	<b>0</b>	<b>83</b>	<b>30</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>59</b>

Matching totals 113 Race/ethnicity 113 Gender 113 Age groups 113

## Other Reports



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**ADVISORY COUNCILS' REPORTS**

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## COUNCIL/COMMITTEE MEETING REPORT FORM

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

Central Region Advisory Council  
**COUNCIL/COMMITTEE**

October 1, 2016  
**DATE**

### SEE ATTACHED ATTENDANCE ROSTER

#### Type of Report

- Reporting/Updating  
 Recommending Board Action  
 Recommending Policy Changes

The Central Region Advisory Council held its' Annual Meeting on Saturday, October 1, 2016 which included a program and business Meeting. The Keynote Speaker was Shawn Kinsey of Winter Haven. This year's theme was "Building Unity in the Community". The meeting was well attended by corporate, staff and community members. Each 2014/2015 Council Member was presented with a "Volunteer Service" plaque for their untiring support and service during the program year.

#### **ANNUAL MEETING/ELECTION OF COUNCIL MEMBERSHIP**

The Business Meeting was called to order by Twila Smith, Staff Liaison by validating the corporate membership eligibility to vote using the Corporate Membership Roster, as well as, reviewed the 2016 Regional Advisory Council Election Procedures. The following seats were declared vacant: eight (8) three-year terms (2016-2019); one (1) two-year continuing terms; and two (2) one-year continuing terms. Through the Nominating Committee, five (5) said names were presented for the three-year terms (2016-2019). Louvenia Crumity moved to accept the Nominating Committee's recommendations. Patricia Gamble seconded. Motion carried. No nominations were made for the two-year continuing terms or the one-year continuing terms. The installation of the 2016-2017 CRAC Membership and election validation results were as follows:

2016-2019	2015-2018	2014-2017
Louvenia Crumity	VACANT	Clora Dubose
Earnestine Davis	Hollis Jackson	Glenda Jones
Patricia Gamble	Lillie Jackson	Annie Larkins
Josephine Howard	Doris Parker	Johnnie McNair
Clarence Grier	Jacqueline Rentz	Helen Rowe
VACANT	Margaree Simon	Elizabeth Scaife
VACANT	Dorothy Spencer	VACANT
VACANT	Ruby Willix	VACANT

#### **ELECTION OF OFFICERS**

Elizabeth Scaife closed nominations on the three (3) said names. Hollis Jackson seconded. Glenda Jones, Pat Gamble, & Johnnie McNair. The voting results were as follow:

- Johnnie McNair – 4
- Glenda Jones – 6
- Pat Gamble – 5

**Chairperson: Glenda Jones = 6 votes**

Patricia Gamble closed nominations on the one (1) said name. Elizabeth Scaife seconded.

**Vice Chairperson: Dorothy Spencer = 15 votes**

Patricia Gamble closed nomination on the one (1) said name. Glenda Jones seconded.

**Secretary – Josephine Howard = 15 votes**

Dorothy Spencer closed nomination on the one (1) said name. Hollis Jackson seconded.

**Treasurer – Patricia Gamble = 15 votes**

Glenda Jones closed nomination on the one (1) said name. Patricia Gamble seconded.

**Parliamentarian – Hollis Jackson = 15 votes**

**2016-2017 Officers:** Glenda Jones, Chairperson; Dorothy Spencer, Vice Chairperson; Josephine Howard, Secretary; Patricia Gamble, Treasurer; Hollis Jackson, Parliamentarian





**The Agricultural and Labor Program, Inc.**  
**2016-2017 CRAC Attendance Roster**  
 (Scheduled Meetings: October, March, May, August)

Council Member	Oct 2016 Annual Corporate Membership Meeting	Jan 2017 Agency's 49 <sup>th</sup> Annual Mtg	Feb Agency's Shared Gov. Orientation	Mar	May	Aug	Sept Special Events Planning Meeting (TBD)
Louvenia Crumity	P						
Earnestine Davis	E						
Clora Dubose	p						
Patricia Gamble	P						
Clarence Grier	E	RESIGNED					
Josephine Howard	E						
Hollis Jackson	P						
Lillie Jackson	E						
Glenda Jones	P						
Annie Larkins	P						
Johnnie McNair	E						
Doris Parker	P						
Jacqueline Rentz	E						
Helen Rowe	P						
Patricia Salary	p						
Elizabeth Scaife	P						
Margaree Simon	P						
Dorothy Spencer	P						
Lydia Thomas	P	RESIGNED					
Ruby Willix	E						
<b>Total Present</b>	<b>13</b>						

P = Present

E = Excused

A = Absent



## COUNCIL/COMMITTEE MEETING REPORT FORM

152

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

The Eastern Region Advisory Council

**COUNCIL/COMMITTEE**

October 15, 2016

**DATE**

**Members Present/Absent:** Attach Meeting Attendance Roster  
**Staff Liaison:** Christine Samuel

**Absent:** Mercedes Estime-Connelly, Kim Johnson

### Type of Report

- Reporting/Updating  
 Recommending Board Action  
 Recommending Policy Changes

### Brief Statement of Committee's Issue/Area Reporting:

The Eastern Region Advisory Council hosted its Annual Corporate Membership and Arie Lou Perkins Scholarship luncheon on October 15, 2016 at ALPI's Queen Townsend Training Center in Ft. Pierce. The theme: "ALPI...Paving The Way In Unity". The keynote speaker was Dr. Donna Mills, St. Lucie County School Board. She inspired the parents to be their child's first teacher. Ms. Khalia Brevett, Head Start parent shared her experience with ALPI and Head Start. Her story was amazing. All six of ALPI's Head Start Centers in St. Lucie County participated on the program Marjorie Gaskin, Scholarship chair and her committee has done an outstanding job with their fundraising activities to ensure they had enough money to grant 3 five hundred dollar scholarships. The scholarships were awarded to: Tyler Gather, Jane Clement and Naderia Davis. Each Advisory Member received a plaque for their volunteer service. Mrs. Marjorie Gaskin was also awarded a certificate of appreciation for her above and beyond performance. The meeting was well attended by corporate, parents, staff and community members. We had another success annual meeting luncheon program. At the meeting six corporate member applications were received.

### Election of Council members for: (3) year terms (2) year terms (1) year term

Christine Samuel, Staff Liaison facilitated the election process: The results of the Advisory Council members are: Mr. Williams Holt, Ms. Frances Cooper, Debra Williams, Fannie Moore, Tiffany Wilder and Beverly Richardson were all elected for 3year terms – 2016-2019. There were no candidates for the 2year and 1 year terms.

### Election of Officers for 2016-2017

The election of officers was conducted by Ms. Samuel. A slate of officers was submitted. A motion was made by Bobby Byrd and seconded by Gena Spivey to accept the slate. motion carried ; **Chairperson- William Holt; Vice Chairperson – Constance Griffin; Secretary -Marjorie Gaskin; Treasurer- Gena Spivey; Parliamentarian – Bobby Byrd**

**Board representative is: William Holt**

**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?)**

**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 review:**





**The Agricultural and Labor Program, Inc.  
2016-2017 ERAC Attendance Roster  
(Scheduled Meetings: October, March, May, August)**

<b>Council Member</b>	<b>Oct 2016 Annual Meeting</b>	<b>Jan 2017 Agency's 48<sup>th</sup> Annual Mtg</b>	<b>Feb 2017 Agency's Shared Gov. Orientation</b>	<b>March 20, 2017</b>	<b>May 15, 2017</b>	<b>Aug. 21, 2017</b>
Bradwell, Betty	P					
Byrd, Bobby	P					
Cooper, Frances	P					
Estime-Connelly, Mercadez	P					
Gaskin, Marjorie	P					
Griffin, Constance	P					
Holt, William	P					
Jules, Ann	E					
Moore, Fannie	P					
Porter, Margaret	P					
Richardson, Beverly	E					
Sims, Katherine	E					
Spivey, Gena	P					
Wilder, Tiffany	E					
Williams, Debra	E					
<b>TOTAL</b>	<b>10</b>					

**P = Present**

**E = Excused**

**A = Absent**

**REMOVED/NEW**



**ADVISORY COUNCIL/COMMITTEE  
MEETING REPORT FORM  
Northern Region Advisory Council  
Meeting Election Process**

Northern Region Advisory Council Annual Meeting

October 29, 2016

Date of Report

**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:**

- ✓ Election process for members
  - Elizabeth Young gave introduction regarding the election process
  - Identified members of the corporate membership list and passed out election ballots to those in attendance and on the corporate list of membership.
- ✓ Mrs. Young explained election of officers ballot and procedures for voting.
- ✓ Nominating committee's report given by Marva Hawkins.
- ✓ Nominating committee met on Friday, October 28, 2016.
- ✓ Members – Marva Hawkins, Shelia Dixon and Constance Anderson were the recommending officers for members for the Northern Region officers for 2017.
  - President: Donald Tillman
  - Vice President: Chester McNorton
  - Secretary: Constance Anderson
  - Assistant Secretary: Shelia Dixon
  - Treasurer: Marva Hawkins
  - Parliamentarian: Nereida Jackson
- ✓ Motion made by Marva Hawkins to accept the nominations from the nominating committee. Motion seconded by Shelia Dixon and motion carried by members to accept the nominations.
- ✓ Ballots were collected with three people added to the advisory council:
  - Nereida Jackson
  - Chester McNorton
  - Patricia James

**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





## NORTHERN REGION ADVISORY COUNCIL ANNUAL REPORT 2016

During the past year, the Northern Region Advisory Council continued to be dedicated and committed to the Agricultural and Labor Program Mission: To propose, implement and advocate developmental and human services delivery programs for socially and economically disadvantaged children and families as well as farm workers.

The Northern Region Advisory Council joined ALPI's three other advisory councils, Head Start Policy Councils and ATEC Council in the Annual board of Director's Program Governance Orientation. The Governance Orientation was held in Winter Haven, Florida at the Chain of Lakes Conference Complex February 27, 2016.

The Orientation emphasized compliance with the organization's mission and outlined the function of the Advisory Councils as well as the overall governance related function of the organization. Emphasis was placed on standard meeting dates and terms and function of the Advisory Councils.

As a result of the Orientation, and during the break-out discussion session, the Northern Region Advisory Council and the ATEC Council was charged with developing the merger of the Councils together to form one Northern Region Advisory Council. The merger of the Northern Region Advisory Council and ATEC was necessary because both councils are functioning in the board area location in the Northern Region of the ALPI Board of director's operational location; one ALPI council will better serve the needs of the Northern Region community.

As a result of the merger of the two councils, during their first meeting, the combined council began to focus on the following:

- Location of the meeting facility
- Reclaim past council members
- Focus on "making the difference in our communities"

The council's volunteer hours in the community include:

- Working with youth inmates
- Volunteering in public schools
- Federal government initiatives with the Office of Elections as Poll workers and greeters
- Volunteer in hospitals and assisting with many other activities and events in the community such as the Martin Luther King celebration., "Making a difference in our communities"

The total documented hours incurred in community work for the total membership is documented at 3,519 community services hours.

The Northern Region Advisory Council community service is looked upon as the Northern Region Advisory Council "On The Move." Services included:

- Volunteer community hours
- Engaging neighborhoods and community involvement
- Celebrating community service accomplishments
- Launching "First Scholarship Award"
- Merging of Northern Region Advisory Council (NRAC) and ALPI Technical Education Center (ATEC)





## COUNCIL/COMMITTEE MEETING REPORT FORM

157

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

The Southern Region Advisory Council

**COUNCIL/COMMITTEE**

October 17, 2016

**DATE**

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

### Type of Report

- Reporting/Updating  
 Recommending Board Action  
 Recommending Policy Changes

### Brief Statement of Committee's Issue/Area Reporting:

The Southern Region Advisory Council held its' Annual Meeting on Monday, October 17, 2016 at the Lake View Park Community Center in Frostproof, FL. The program was well attended by corporate, staff and community members.

Each '2015-2016' Council Members were presented with a "Volunteer Service" plaque for their untiring support and service during the program year.

The first *Seigler, Sims & Wade* Scholarships were given to: Destiny Smith from LaBelle, FL who is currently attending Florida Southwestern State College in LaBelle, and Ja'Quez Pugh from Clewiston, FL who is attending Full Sail University in Winter Park, FL. Both Scholarship recipients received \$500.00.

### **BUSINESS MEETING/ELECTION OF COUNCIL MEMBERSHIP:**

The election process was introduced by Staff Liaison, Cheryl Burnham. Corporate Members were validated via the SRAC Corporate Member Roster.

Al Miller, Deputy Director, Community Services/Economic Development Division facilitated the '2016-2017' election process for the SRAC. The following seats were declared vacant: Eight (8) three-year terms (2016-2019); two (2) seats for a continuing two-year term (2015-2018).

Six (6) seats were filled for the '2016-2019' three-year term:

The 2016-2017 Officers are as follows:

- Terry Wellington, Chairperson
- Kimberly Ross, Vice-Chairperson
- Annie Robinson, Secretary
- Noemi Cruz, Treasurer

Annie Robinson is the SRAC representative to the Board of Directors for '2016-2018'.

**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?)**

- 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.**

- NA

**The Agricultural and Labor Program, Inc.**  
**2015-2016 SRAC Attendance Roster**  
(Scheduled Meetings: October, March, May, August)

Name	October 2015 Annual Meeting	March 2016	May 2016	August 2016
John Ash	P			
Keith Brown	A			
Patricia Brown	A			
Annessa Chilous	A			
Katie Clarke	P			
Noemi R. Cruz	P			
Minister Kelly Paul Galati	P			
Ruth Gay	P			
Barbara Grace	P			
Rosa Hampton	P			
LaVita Holmes	P			
Annette Jones	P			
N’Kosi Jones	A			
Bernice Lopez	P			
Emma Malcolm	P			
Tracy Maloy	P			
Pamela Moxley	A			
Lester Roberts	P			
Annie Robinson	P			
Kimberly Ross	P			
Beverly Sloan	P			
Terry Wellington	P			
Total Present	17			

P = Present

E = Excused

A = Absent



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**HS/EHS POLICY COUNCIL REPORT**

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## COUNCIL/COMMITTEE MEETING REPORT FORM

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

Policy Council  
**COUNCIL/COMMITTEE**

November 7, 2016  
**DATE**

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

**Type of Report**

- Reporting/Updating  
 Recommending Board Action  
 Recommending Policy Changes

**Brief Statement of Committee's Issue/Area Reporting:**

- ✓ The newly elected Policy Council for the 2016-2017 Program Year was seated on October 17, 2016. Orientation/training was conducted by Mable Jones from the Jones Connection on October 17-18, 2016. Ms. Jones facilitated the election process. The elected officers are:
  - Corey Breon Williams, Chairperson & Board Representative
  - Nijona Patterson, Vice-Chairperson
  - Tychus Doe, Secretary
  - Rhonda Boston, Assistant Secretary
- ✓ The first Policy Council meeting was conducted on October 19, 2016. The items presented for review, discussion and approval include but are not limited to the following:
  - Program progress monthly reports
  - Program financial reports
  - Parent committee reports
  - Human Resources Reports (September 15, 2016-Action Ratified & October 19, 2016)

**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?)**  
 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 Governance Orientation/Training  
**ALPI Administrative Office**  
 2202 Avenue Q, Fort Pierce, FL  
 October 17-18, 2016

The Agricultural and Labor Program, Inc., and Mable Jones, from The Jones Connection facilitated and trained the newest elected Policy Council members for the 2016-2017 program year on Share Governance. Elizabeth Young, Division Deputy Director; Myrna Rodriguez and Aletha Stroder, Program Operations Directors greeted and welcomed participants.

**Present:** Corey Breon Williams, Haydian Allen, Nijona Patterson, Samantha Lindsay, Donna Gibson, Josephine Howard, Karen Bailey, Jasmine Prtchett, Satorial Calhoun, Tychus Doe, Juan Rushing, Danielle Parrish, and Bryana Barnett.

**Staff Present:** Elizabeth Young, Myrna Rodriguez, Aletta Stroder, and Bessie Armstrong.

Elizabeth Young welcomed all members and thanked them for their commitment and interest in being a part of the Policy Council. Mable Jones facilitated the instruction of participants. Ms. Jones provided an overview of the training materials that each participant had received. These materials included, but were not limited to the following: Program Governance Manual for Policy Council and Board of Directors, PowerPoint presentation, etc.

Mable Jones provided an overview of the materials covered in the Manual to include but not limited to:

- Leadership
  - New Thinking About Leadership
  - Characteristics of Leaders
- Communication Skills
  - Definition of Communication
  - Improving Communication Skills
- Program Governance
- New Head Start Performance Standards
  - Policy Council
  - Parent Committee
- Parent Committee Structure
  - Parent Community Responsibilities
- Parent, Family and Community Engagement Framework
- Organizing Effective Meetings

On the second day, Mable Jones opened up the meeting by welcoming everyone and asking new participants to introduce themselves. Mable Jones continued with the overview of the New Head Start Performance Standards.

Mable Jones provided a brief description of the election process emphasizing the responsibilities of the officers. The Policy Council membership and quorum was established. Ms. Jones opened the floor for nomination for Chairperson.

**Chairperson:** Corey Breon Williams, Nijona Patterson and Danielle Parrish were nominated. Nominations were closed. Approval by ballot voting Corey Breon Williams was elected Chairperson.

**Vice-Chairperson:** Nijona Patterson and Danielle Parish were nominated. Nominations were closed. Approval by ballot voting Nijona Patterson was elected Vice-Chairperson.

**Secretary:** Tychus Doe and Rhonda Boston were nominated. Nominations were closed. Approval by ballot voting Tychus Doe was elected Secretary.

**Assistant Secretary:** Rhonda Boston was nominated. Nomination was closed on the said name. Approval by ballot voting Rhonda Boston was elected Assistant Secretary.

**PC Board Representative:** Corey Breon Williams will represent the Policy Council at the Board of Directors Meetings as a voting member.

In closing Elizabeth Young congratulated elected members and welcomed and thanked them once again for their commitment to the program and the organization. Members were reminded of the upcoming Policy Council Meeting scheduled for October 19, 2016; at which time it will be the first business meeting.

\_\_\_\_\_  
Policy Council Chairperson

\_\_\_\_\_  
Date



**Agricultural and Labor Program, Inc.  
Head Start/Early Head Start Policy Council Meeting  
ALPI Administrative Office  
2202 Avenue Q, Fort Pierce, FL 34950  
October 19, 2016**

**MINUTES**

**1. CALL TO ORDER**

Corey Breon Williams, Policy Council Chairperson called the meeting to order at 12:49 p.m.

**2. ROLL CALL**

Tychus Doe, Policy Council Secretary conducted the roll call. Members present: Danielle Parrish, Brittney Thomas, Corey Breon Williams, Haydian Allen, Nijona Patterson, Rhonda Boston, Tychus Doe, and Juan Rushing.

Community Representative present: Donna Gibson, Karen Bailey, and Josephine Howard.

Policy Council Alternates present: Jacqueline Castaneda, Jasmin Prtchett, Antonia Jackson and Bryana Barnett.

A quorum was established.

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

**3. MISSION STATEMENT**

Nijona Patterson, Policy Council Vice-Chairperson read the Mission Statement.

**4. SECRETARY'S REPORT**

No minutes were presented at this time. Minutes from the Policy Council orientation will be presented at the next meeting on November 16, 2016.

**5. POLICY COUNCIL COMMITTEES**

Personnel/Grievance Committee: Elizabeth Young presented and distributed the Human Resources List of new hires and terminations for review, discussion and approval. The list included the approval of the September 15, 2016 Human Resources listing of new hires approved by the Policy Council Executive Committee: New hires –2 Teachers, 4 Teacher Assistants, 2 Caregivers, and 1 Maintenance Worker. The information such as names, qualifications, dates of hire, background clearance dates, etc. were read. The terminations included: 1 Administrative Assistant and 1 Caregiver.

Karen Bailey made a motion to approve the Policy Council Human Resources Listing as presented to include the ratification of the September 15, 2016 listing.

Josephine Howard seconded. Motion carried. (The original Human Resources Listing is on file with minutes).

Grants/Fiscal Committee: Myrna Rodriguez presented the Financial Reports. Ms. Rodriguez stated that the reports included the Financial Assistance Awards from the Department of Health and Human Services to serve 831 children and their families. Ms. Rodriguez provided an overview of the Awards and made an alignment with the funding amounts presented by Mable Jones at the Policy Council Orientation. In addition, Ms. Rodriguez introduced the Child Care Food Program Reimbursement for September 2016. Ms. Rodriguez provided an overview of the reimbursement. Ms. Rodriguez also stated there will be two additional reports the SunTrust Sunshine Account Statement and the Program Financial Report prepared based on the Financial Assistance Awards that will be presented at the next meeting on November 16, 2016. Ms. Rodriguez asked if there were any questions. All questions were answered.

Karen Bailey made a motion to approve the Financial Reports as presented. Donna Gibson seconded. Motion carried.

## **6. REPORTS**

Head Start/Early Head Start of St. Lucie County, Myrna Rodriguez reported. Ms. Rodriguez provided a brief overview of the report content and format and indicated that program benchmarks and timelines are in accordance with the grant application for Head Start and Early Head Start. Ms. Rodriguez asked if there were any questions regarding the enclosed Head Start/Early Head Start reports. All questions were answered.

Head Start/Early Head Start of Polk County, Aletta Stroder reported. Ms. Stroder stated the reports are the same format. Ms. Stroder asked if there were any questions regarding the enclosed Head Start/Early Head Start reports. All questions were answered.

Rhonda Boston made a motion to approve the reports as presented. Tychus Doe seconded. Motion carried.

## **7. PARENT COMMITTEE REPORTS**

Corey Breon Williams asked for members to review the enclosed reports. Mr. Williams stated that the reports will be enclosed as part of the monthly package.

Karen Bailey made a motion to approve the reports as presented. Haydian Allen seconded. Motion carried.

## **8. OLD BUSINESS**

None



## **9. NEW BUSINESS**

Myrna Rodriguez presented several documents for review and approval at the next Policy Council meeting. These documents included:

- Personnel Policies and Procedures and Standards of Conduct
- Fiscal Management Policies and Procedures
- Policy Council Bylaws
- Internal Dispute Policy and Procedure
- Parent/Community Complaint Procedure

## **10. ADJOURNMENT**

Josephine Howard made a motion to approve to adjourn the meeting. Rhonda Boston seconded. Motion Carried. The meeting adjourned at 2:00 p.m.

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Policy Council Chairperson

**AGRICULTURAL AND LABOR PROGRAM, INC.  
2016-2017 POLICY COUNCIL MONTHLY MEETING ATTENDANCE**

CENTER	NAME	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT
Lincoln Park Head Start	Brittney Thomas	P											
Lincoln Park Head Start	Nicole Sikes	A											
Garden Terrace Head Start	Rhonda Boston	P											
Garden Terrace Head Start	Nijona Patterson	P											
Queen Townsend HSC II	Cynthia Penton	A											
Queen Townsend HSC II	Raquel Garcia	A											
Child Development & Family Services	Correy Breon Williams	P											
Child Development & Family Services	Haydian Allen	P											
Francina Duval Head Start	Danielle Parrish	P											
George W. Truitt Family Services	Samantha Lindsay	A											
George W. Truitt Family Services	Tychus Doe	P											
Frostproof Child Development	Juan Rushing	P											
EHS Contracted Site St. Lucie	Jasmin Canion	A											
HS Contracted Site St. Lucie	Melissa Boatwright	A											
Community Representative	Crystal Mike	A											
Community Representative	Karen Bailey	P											
Community Representative	Donna Gibson	P											
Community Representative	Dr. Lisa Griffith	A											
Board Representative	Josephine Howard	P											


*Total Representatives Present: 11*

CENTER	NAME	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT
<b>ALTERNATES</b>													
Lincoln Park Head Start	Toni Morgan												
Lincoln Park Head Start	Zulma Rosario												
Garden Terrace Head Start	Kim Kleekley												
Garden Terrace Head Start	Jasmin Prtchett	P											
Queen Townsend HSC II	Magnolia Washington												
Queen Townsend HSC II	Rosahda Porter												
Child Development & Family Services	Marisa Paige Knyshka												
Child Development & Family Services	Jacqueline Castaneda	P											
Francina Duval Head Start	Antonia Jackson	P											
George W. Truitt Family Services	Sharee Harris												
George W. Truitt Family Services	Satorial Calhoun												
Frostproof Child Development	Byrana Barnett	P											
EHS Contracted Site St. Lucie	Gullene Timothies												
HS Contracted Site St. Lucie	Viola Strowbridge-Lloyd												

4

**P - PRESENT**

**E - EXCUSE A - ABSENT**

 **NO MEETING**



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**BOARD ANNUAL FUNDRAISING REPORT**

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**THE AGRICULTURAL AND LABOR PROGRAM, INC  
2016 BOARD OF DIRECTORS**

	<b>Assessed</b>	<b>Contributed To Date</b>	<b>Balance Due</b>
Katie Clark	1,000.00	275.00	725.00
Dorothy Curry	1,000.00	-	1,000.00
Kim Johnson	1,000.00	-	1,000.00
Kimberly Ross	1,000.00	850.00	150.00
Marjorie Gaskin	1,000.00	653.00	347.00
Marva Hawkins	1,000.00	1,000.00	-
William Holt	1,000.00	450.00	550.00
Josephine Howard	1,000.00	625.00	375.00
Pat Gamble	1,000.00	-	1,000.00
Glenda Jones	1,000.00	625.00	375.00
Patricia Brown	1,000.00	-	1,000.00
Chester McNorton	1,000.00	500.00	500.00
Vernon McQueen	1,000.00	9,375.00	(8,375.00)
Lester Roberts	1,000.00	75.00	925.00
Stacy Campbell-Domineck	1,000.00	1,500.00	(500.00)
David Walker	1,000.00	-	1,000.00
Annie Robinson	1,000.00	70.00	930.00
Ruby Willix	1,000.00	205.00	795.00
Cory Williams	1,000.00	-	1,000.00
LaVita Holmes	1,000.00	-	1,000.00
TBA	1,000.00	-	1,000.00
<b>Total</b>	<b>21,000.00</b>	<b>16,203.00</b>	<b>4,797.00</b>

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



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**BUREAU of LABOR STATISTICS REPORT**  
**(BLS)**

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**CES Report Number: 120476400****Thank you for reporting your October 2016 data!**

Your data have been received by BLS. Your Confirmation Number is **53512**. Please report again next month.

NOTE: If you made a data entry error or selected the incorrect month, click [Re-enter data for this month](#).  
The system will disregard your prior submission.

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CES Report Number: 120476400

## REVIEW PAY GROUP 1

Reporting for the pay period that includes the 12 <sup>th</sup> of September, 2016		Pay: Bi-weekly		Commissions: No Commissions	
	1	2	3	4	5
	Employee Count	Women Workers	Payroll, Excluding Commissions (Whole dollars)	Commissions Paid at Least Once a Month (Whole dollars)	Hours, Including Overtime (Whole hours)
All Workers	209	194	248,088		16,340
Nonsupervisory Workers	140		141,105		10,872
Reason for Large Changes	none				

CES Report Number: 120476400

## REVIEW PAY GROUP 1

Reporting for the pay period that includes the 12 <sup>th</sup> of October, 2016		Pay: Bi-weekly		Commissions: No Commissions	
	1	2	3	4	5
	Employee Count	Women Workers	Payroll, Excluding Commissions (Whole dollars)	Commissions Paid at Least Once a Month (Whole dollars)	Hours, Including Overtime (Whole hours)
All Workers	204	191	243,192		15,956
Nonsupervisory Workers	141		152,868		10,924
Reason for Large Changes				none	



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**MULTIPLE WORKSITE REPORT**

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## Select a UI Account

These are the UI Accounts that you report for in MWRWeb. Use the Select button to enter the data for any UI account.

	Status	State	UI Account Number	Legal Name	Remove
<input type="button" value="Select"/>	Finished	FL	0020435850	THE AGRICULTURAL AND LABOR PROGRAM	<input type="button" value="Remove"/>

### Paperwork Reduction Act Statement

We estimate that this form will take from 10 minutes to 60 minutes to complete per response, with an average of 22 minutes. This includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding these estimates or any aspect of this form, send them to the Bureau of Labor Statistics, Division of Administrative Statistics and Labor Turnover, Room 4840, 2 Massachusetts Avenue N.E., Washington, D.C. 20212. The OMB control number for this survey is 1220-0134 and it expires on 08/31/2019. Without a currently valid OMB number, BLS would not be able to conduct this survey.

If you have questions or comments, please send e-mail to: [mwr.helpdesk@bls.gov](mailto:mwr.helpdesk@bls.gov)

Version: 5.0.1

If you have questions or concerns about your data, please contact the appropriate State agency. State contacts can be found at <http://www.bls.gov/cew/cewmwr03.htm>.



Multiple Worksite Report

Summary of your account on the web - Oct 28, 2016

UI Account Number: 0020435850

State: Florida

Legal Name: THE AGRICULTURAL AND LABOR PROGRAM

Quarter ending: Quarter ending September 30, 2016

Worksite	Description	Jul	Aug	Sep	Quarterly Wages
THE AGRICULTURAL AND LABOR PROGRAM	1814 N 13TH ST GEORGE W. TRUITT FAMILY SERVICES	1	23	23	98882
THE AGRICULTURAL AND LABOR PROGRAM	701 HOPSON ROAD FROSTPROOF CDC	7	22	22	150275
THE AGRICULTURAL AND LABOR PROGRAM	300 LYNCHBURG RD ALPI CORPORATE OFFICE	46	41	39	460354
THE AGRICULTURAL AND LABOR PROGRAM	1110 N 32ND STREET GARDEN TERRACE HEAD START	3	14	15	59387
THE AGRICULTURAL AND LABOR PROGRAM	1400 AVENUE M LINCOLN PARK HEAD START	2	16	16	70907
THE AGRICULTURAL AND LABOR PROGRAM	1035 S 27TH CIRCLE FRANCINA DUVAL HEAD START	1	7	7	30860
THE AGRICULTURAL AND LABOR PROGRAM	1031 S DELANEY AVE AVON PARK	2	2	2	10394
THE AGRICULTURAL AND LABOR PROGRAM	1326 E INTL SPEEDW. PROJECT ACHIEVE	2	2	2	10035
THE AGRICULTURAL AND LABOR PROGRAM	1405 N 27TH STREET COMPUTER ASSISTED TUTORIAL	0	0	0	0
THE AGRICULTURAL AND LABOR PROGRAM	198 MARION AVE NV MS CHILD DEV/ FAM SVCS CENTER	2	22	22	99665
THE AGRICULTURAL AND LABOR PROGRAM	2202 AVENUE Q QUEEN TOWNSEND II	19	60	61	341943
Total of all worksites		85	209	209	1,332,702

## Summary of your Account on the Web

We have received the data that you submitted. You may wish to print this page for your records.

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

You have completed entering data for 1 of 1 accounts.

Enter data for another UI Account:

Worksite	Quarter ending September 30, 2016			Quarterly Wages
	Number of Employees			
<b>THE AGRICULTURAL AND LABOR PROGRAM</b> 1814 N 13TH ST FORT PIERCE, FL 34950 GEORGE W. TRUITT FAMILY SERVICES	Jul	Aug	Sep	
		1	23	23
<b>THE AGRICULTURAL AND LABOR PROGRAM</b> 701 HOPSON ROAD FROSTPROOF, FL 33843 FROSTPROOF CDC	Jul	Aug	Sep	
	7	22	22	\$150,275.00
<b>THE AGRICULTURAL AND LABOR PROGRAM</b> 300 LYNCHBURG RD LAKE ALFRED, FL 33850 ALPI CORPORATE OFFICE	Jul	Aug	Sep	
	46	41	39	\$460,354.00
<b>THE AGRICULTURAL AND LABOR PROGRAM</b> 1110 N 32ND STREET	Jul	Aug	Sep	



FORT PIERCE, FL  
 34947  
 GARDEN TERRACE HEAD START                      3                      14                      15                      \$59,387.00

**THE AGRICULTURAL AND LABOR PROGRAM**  
 1400 AVENUE M  
 FORT PIERCE, FL  
 34950  
 LINCOLN PARK HEAD START

Jul	Aug	Sep	
2	16	16	\$70,907.00

**THE AGRICULTURAL AND LABOR PROGRAM**  
 1035 S 27TH CIRCLE  
 FORT PIERCE, FL  
 34950  
 FRANCINA DUVAL HEAD START

Jul	Aug	Sep	
1	7	7	\$30,860.00

**THE AGRICULTURAL AND LABOR PROGRAM**  
 1031 S DELANEY AVE  
 AVON PARK, FL  
 33825  
 AVON PARK

Jul	Aug	Sep	
2	2	2	\$10,394.00

**THE AGRICULTURAL AND LABOR PROGRAM**  
 1326 E INTL SPEEDWAY BLVD #6  
 DELAND, FL  
 32724  
 PROJECT ACHIEVE

Jul	Aug	Sep	
2	2	2	\$10,035.00

**THE AGRICULTURAL AND LABOR PROGRAM**  
 1405 N 27TH STREET  
 FORT PIERCE, FL  
 34947  
 COMPUTER ASSISTED TUTORIAL

Jul	Aug	Sep	
0	0	0	\$0.00

**THE AGRICULTURAL AND LABOR PROGRAM**  
 198 MARION AVE NW

Jul	Aug	Sep	