



PROGRAM PLANNING COMMITTEE MEETING
 Hampton Inn & Suites | 1985 Reynolds Dr., Fort Pierce
 June 14, 2019 | 7:00 p.m.
AGENDA

Committee Members: Vernon McQueen (Chair), Barbara Grace, Brenda Gray, Chester McNorton

WHAT	PAGE(S)	HOW	WHO
1. CALL TO ORDER MISSION STATEMENT ROLL CALL		Present	Chairperson
2. REPORTS & RECOMMENDATIONS ➤ Report: Committee Report of April 26, 2019 ➤ Report: Y-T-D Grant Reports <ul style="list-style-type: none"> ○ Performance ○ Fire Inspections ○ Progress/Reimbursement ➤ Report: Senior Connection Incorporated 2018 Contracts & Quality Assurance Monitoring Report ➤ Report: Early Learning Coalition of St. Lucie Monitoring Report ➤ Recommendation: DEO Modifications 2 & 5 Agreements (CSBG & LIHEAP) ➤ Recommendation: DEO WIOA Section 167 Application ➤ Recommendation: Permanent Supportive Housing Agreement	2-3 4-35 36-38 39-79 80-107 108-128 129-132 133 134-138	Present/Approve	Chairperson
3. ADJOURNMENT		Present	Chairperson

ALPI Mission Statement

The mission of The ALPI is to propose, implement and advocate developmental and human service delivery programs for socially and economically disadvantaged children and families and farmworkers.

Community Action Promise

Community Action changes people's lives, embodies the spirit of hope, improves communities and makes America a better place to live. We care about the entire community and we are dedicated to helping people to help themselves and each other.



THE AGRICULTURAL AND LABOR PROGRAM, INC.
BOARD COMMITTEE REPORT

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

Program Planning _____ April 26, 2019 _____
Name of Committee Date of Report

Members Present	Members Absent
<u>Brenda Gray</u> _____	<u>Vernon McQueen</u> _____
<u>Barbara Grace</u> _____	<u>Chester McNorton</u> _____
_____	<u>Cindy Ricker</u> _____
<u>Al Miller, Staff Liaison</u> _____	_____
<u>Myrna Rodriguez, Staff Liaison</u> _____	_____

Type of Report

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

Brief Statement of Committee's Issue/Area Reporting:

The committee met and discussed the following:

➤ **Items for Discussion**

- YTD Grant Reports
- Head Start/Early Head Start 2019-2020 Self-Assessment Results and IP
- Head Start/Early Head Start CLASS Observations
- Head Start/Early Head Start 2019-2020 Program Goals and Objectives
- Head Start/Early Head Start Selection Criteria
- 2019-2020 Funding Opportunities
 - CSBG Grant Award (Modification based on Notice of Fund Availability (NFA))
 - LIHEAP Notice of Grant Award (Modification based on Notice of Fund Availability (NFA))
 - 2019/2020 Belk Fundraiser (New Grant)
 - Permanent Housing Grant (Sub-Grant with Heartland Homeless Coalition)

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

➤ **Recommend that Board take the following actions, as appropriate:**

- Accept and/or approve the following Reports/Plans:
 - Head Start/Early Head Start 2019-2020 Self-Assessment Results and IP
 - Head Start/Early Head Start Class Observations
 - Head Start/Early Head Start Mid-Year Child Outcomes Report
 - Head Start/Early Head Start 2019-2020 Program Goals and Objectives
 - Head Start/Early Head Start 2019-2020 Selection Criteria

- Approve and/or ratify (as appropriate) submission of the below listed Grants, Amendments and/or Modification. Additionally, authorize Chief Executive Officer to execute any necessary documents or agreements concerning said Amendments/Modification.
 - CSBG Grant Award (Modification based on Notice of Fund Availability (NFA))
 - LIHEAP Notice of Grant Award (Modification based on Notice of Fund Availability (NFA))
 - 2019/2020 Belk Fundraiser (New Grant)
 - Permanent Housing Grant (Sub-Grant with Heartland Homeless Coalition)

**ALPI HEAD START/EARLY HEAD START
MONTHLY ATTENDANCE REPORT**

2018-2019

	# OF SCHOOL DAYS												TOTAL		
	15 DAYS	18 DAYS	22 DAYS	16 DAYS	15 DAYS	19 DAYS	16 DAYS	21 DAYS	22 DAYS	21 DAYS	22 DAYS	21 DAYS		22 DAYS	PRESENT
CENTERS: Head Start	Aug. 18	Sept. 18	Oct. 18	Nov. 18	Dec. 18	Jan. 19	Feb. 19	Mar. 19	Apr. 19	May. 19	June. 19	June. 19	June. 19	PRESENT	Percentage
Queen Townsend II (237)	2901	3548	4330	3229	2964	3207	3749	3061	4293	4054					
ADA	82%	84%	84%	86%	84%	85%	83%	86%	86%	78%					
ACDFSC (146)	1864	2346	2726	2041	1845	2077	2385	1952	2773	2665					
ADA	86%	90%	85%	88%	85%	89%	86%	89%	90%	83%					
Lincoln Park (105)	1404	1683	1962	1451	1336	1464	1773	1402	1953	1951					
ADA	90%	90%	85%	87%	85%	87%	89%	89%	89%	84%					
Garden Terrace (91)	1246	1450	1718	1284	1172	1250	1447	1194	1644	1660					
ADA	92%	89%	86%	89%	86%	86%	84%	88%	86%	83%					
George W. Truitt (53)	688	824	976	690	695	741	861	694	951	971					
ADA	87%	87%	84%	82%	88%	87%	86%	87%	89%	83%					
Francina Duval (39)	506	606	689	513	466	510	630	497	737	706					
ADA	87%	87%	81%	83%	80%	82%	85%	85%	90%	82%					
Learning Tree (20)	258	324	378	306	267	281	319	276	377	411					
ADA	86%	90%	86%	96%	89%	88%	84%	92%	90%	93%					
TOTAL PRESENT	8,867	10,781	12,779	9,514	8,745	9,530	11,164	9,076	12,728	12,418					
ADA FOR THE MONTH	88%	89%	85%	87%	86%	86%	85%	88%	89%	84%					

	# OF SCHOOL DAYS											TOTAL	
	15 DAYS	18 DAYS	22DAYS	16 DAYS	15 DAYS	16DAYS	19 DAYS	16 DAYS	21 DAYS	22 DAYS	21 DAYS		22 DAYS
CENTER: Early Head Start	Aug. 18	Sept. 18	Oct. 18	Nov. 18	Dec. 18	Jan. 19	Feb. 19	Mar. 19	Apr. 19	May. 19	June. 19	PRESENT	Percentage
George W. Truitt	626	625	691	498	478	525	774	601	847	791			
ADA	87%	87%	79%	78%	80%	82%	85%	78%	84%	75%			
ACDFSC	102	118	151	105	100	114	132	116	161	164			
ADA	85%	82%	86%	82%	84%	89%	87%	91%	96%	93%			
Queen Townsend II	99	127	155	108	107	115	118	101	133	132			
ADA	83%	89%	89%	84%	90%	90%	78%	79%	79%	75%			
Frostproof	627	810	983	737	747	833	873	760	1035	1022			
ADA	79%	87%	85%	84%	89%	93%	88%	85%	88%	87%			
Jumpstart	188	231	286	232	194	261	297	256	319	337			
ADA	79%	81%	82%	85%	72%	91%	87%	84%	80%	84%			
TOTAL PRESENT	1,642	1,911	2,266	1,680	1,626	1,848	2,194	1,834	2,495	2,446			
ADA FOR THE MONTH	83%	86%	85%	83%	83%	89%	85%	83%	85%	83%			



End-Of-Month Enrollment - May 2019

Total

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

Head Start

	<i>Operated this month</i>	<i>Last day of services provided</i>	<i>Reported Enrollment</i>	<i>Funded Enrollment</i>	<i>Grant Status</i>
	Yes	May 31, 2019	691	691	Reported
Initially Reported:	On 06/03/2019 by Donita Brunson				
Last Updated:	On 06/03/2019 04:25:34 PM, EST by Donita Brunson				

Early Head Start

	<i>Operated this month</i>	<i>Last day of services provided</i>	<i>Reported Enrollment</i>	<i>Funded Enrollment</i>	<i>Grant Status</i>
	Yes	May 31, 2019	140	140	Reported
Initially Reported:	On 06/03/2019 by Donita Brunson				
Last Updated:	On 06/03/2019 04:25:34 PM, EST by Donita Brunson				

ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

REPORT FOR THE MONTH OF: May, 2019		DATE:	5/31/19
CENTER: ERSEA			
		THIS MONTH	TO DATE
1. Enrollment			
a.	The number of EHS and HS Children served (As of 9/1).	EHS 1	4 YEARS 0
b.	Of the number of HS children in A1, the number in the VPK program.	5	6
c.	Of the number of EHS and HS Children in A1, the number enrolled for a second year.	0	0
2. Of the number of HS Children eligible for kindergarten		0	0
3. Dropouts			
a.	Number of EHS and HS children who have dropped	2	11
b.	Of the number in B1, the number who dropped prior to 45 days of attendance.	0	0
4. Attendance/ADA			
		0	15

		EHS	HS	THIS MONTH	TO DATE
SERVICE DELIVERY					
A. Family and Community Engagement					
1. Total number of Head Start Families					
a.	Of these, the number of two parent families	1	5	6	829
b.	Of these, the number of single parent families	0	1	1	170
c.	Of these, the number of families receiving assistance under TANF Program	1	4	5	685
d.	Of these, the number of families receiving Supplemental Security Income (SSI)	0	0	0	33
e.	Of these, the number of families over income	0	0	0	99
2. Total number of families identified as needing services or identified an interest in the following areas:					
a.	Emergency Crisis intervention/Assistance (food, clothing, shelter, etc.)	0	0	0	14
b.	Housing assistance such as subsidies, utilities, repairs, etc.	0	0	0	20
c.	Counseling or mental health services	0	0	0	28
d.	Education/Literacy/English as a Second Language	0	0	0	26
e.	Adult education such as GED program and college education	0	0	0	32
f.	Job Training	0	0	0	41
g.	Substance abuse prevention or treatment	0	0	0	36
h.	Child Abuse and Neglect Services/Training	0	0	0	0
i.	Domestic violence services	0	0	0	0
j.	Child support assistance	0	0	0	0
k.	Health education	0	0	0	94
l.	Assistance to families of incarcerated individuals	0	0	0	4
m.	Parent Education	0	0	0	730
n.	Marriage education	0	0	0	1
o.	Asset building services (such as financial education, opening savings and checking account etc.	0	0	0	0

ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

SERVICE DELIVERY cont'd	EHS	HS	THIS MONTH	TO DATE
B. Early Childhood Development and Health Services				
1. Number of EHS and HS Children who have completed the following screenings:				
a. Height	1	4	5	843
b. Weight	1	4	5	843
c. Vision	1	2	3	869
d. Hearing	1	2	3	873
e. Speech/Language	0	5	5	280
f. Behavioral	0	7	7	545
g. Developmental	6	4	10	424
h. Blood Pressure	0	3	3	827
i. Hemoglobin	0	0	0	839
j. Lead	0	0	0	823
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	94
b. Asthma	0	0	0	69
c. Hearing Difficulties	0	0	0	0
d. Overweight	0	0	0	51
e. Vision Problems	0	0	0	8
5. Number of EHS and HS children enrolled in Medicaid	1	5	6	839
6. Number of EHS and HS children with private insurance	0	0	0	23
7. Number of EHS and HS children with "Medical Home"	1	5	6	526
8. Number of EHS and HS children who have completed a professional dental examination	0	0	0	856
9. Of the children in B8, the number of children diagnosed as needing treatment	0	0	0	70
10. Of the children diagnosed in B9, the number of children who received or are receiving treatment	0	0	0	71
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	5	6	453
13. Number of EHS and HS children with complete immunizations	0	0	0	543
14. Number of EHS and HS children with current physicals	0	5	5	888
15. Number of EHS and HS children receiving WIC services	1	2	3	448
16. Number of EHS and HS children receiving meals via Child Care Food Program	0	0	0	0
17. Number of teacher and caregivers home visits completed (1 st)	0	0	0	620
18. Number of teacher and caregivers home visits completed (2 nd)	0	0	0	610
19. Number of parent/teacher/ caregivers conferences completed	0	0	0	702
20. Number of EHS/HS with baseline assessments completed	0	0	0	0
21. Number of EHS/HS with mid-year assessments completed	0	0	0	0
22. Number of EHS/HS with final assessments completed	0	0	0	0

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ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

SERVICE DELIVERY cont'd	EHS	HS	THIS MONTH	TO DATE
C. Father Engagement				
Number of father/father figures who were engaged in the following activities during this program:				
a) Family assessment	0	0	0	30
b) Family goal setting	0	0	0	25
c) Involvement in child's Head Start child development experiences (e.g. home visits, parent/teacher conf.)	0	0	0	40
d) Head Start program governance, such as participation in the Policy Council	0	0	0	9
e) Parenting education workshops	0	0	0	20
D. Mental Health and Disabilities				
1. Number of EHS and HS children with a diagnosed disability	4	2	6	76
2. Of the EHS and HS children in E1 with a diagnosed disability, the number with an IEP or IFSP	4	2	6	76
3. Of the EHS and HS children in E1 with a diagnosed disability, the number determined by LEA or Part C	4	2	6	76
4. Number of EHS and HS children with suspected disabilities	0	0	0	21
5. Number of referred EHS and HS children awaiting testing or staffing	0	0	0	24
6. Number of EHS and HS children referred for mental health services outside of the program	0	2	2	6
7. Number of EHS and HS children the MH Professional Consultant with staff about child's behavior/mental health	0	2	2	6
8. Of the children in E7, the number the MH Professional provided three or more consultations.	0	0	0	0
9. Number of children the MH Professional consulted with the parent about their child's behavior/mental health.	0	2	2	6
10. Number of children the MH Professional provided an individual mental health assessment	0	2	2	6
11. Number of children the MH Professional facilitated a referral for mental health services	0	0	0	3
12. Number of MDT's meetings	0	0	0	0
13. Of the number of MDT meetings, the number of children the team determined to have a disability	0	0	0	0
E. Pregnant Women Services				
1. Indicate the number of pregnant women who received the following services while enrolled in EHS				
a. Prenatal and postpartum health care			0	4
b. Mental health intervention and follow up			0	0
c. Substance abuse prevention			0	2
d. Substance abuse treatment			0	2
e. Prenatal education on fetal development			0	0
f. Information on the benefits of breastfeeding			0	0
F. Transportation				
1. Number of children receiving transportation services				
2. Number of field trips taken				
			1	192
			0	1
Comment:				
SIGNATURE: _____ JOB TITLE: Family Support Services Coordinator DATE: 5/31/19				

ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

REPORT FOR THE MONTH OF: May 2019		DATE: May 2019
CENTER: ALPI FROSTPROOF/JUMPSTART Early Head Start		

ERSEA	THIS MONTH	TO DATE
1. Enrollment		
a. The number of EHS and HS Children served (As of 8/1)	EHS 0	4 YEARS 108
b. Of the number of HS children in A1, the number in the VPK program.	0	0
c. Of the number of EHS and HS Children in A1, the number enrolled for a second year.	0	42
2. Of the number of HS Children eligible for kindergarten		
3. Dropouts		
a. Number of EHS and HS children who have dropped	2	34
b. Of the number in B1, the number who dropped prior to 45 days of attendance	0	03
4. Attendance/ADA	86% %	86%

SERVICE DELIVERY	EHS	HS	THIS MONTH	TO DATE
A. Family and Community Engagement				
1. Total number of Head Start Families	0		0	61
a. Of these, the number of two parent families	0		0	26
b. Of these, the number of single parent families	0		0	62
c. Of these, the number of families receiving assistance under TANF Program	0		0	0
d. Of these, the number of families receiving Supplemental Security Income (SSI)	0		0	4
e. Of these, the number of families over income	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.)	0		0	0
b. Housing assistance such as subsidies, utilities, repairs, etc.	0		0	5
c. Counseling or mental health services	0		0	0
d. Education/Literacy/English as a Second Language	0		0	0
e. Adult education such as GED program and college education	1		1	62

ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

f. Job Training	0								4
g. Substance abuse prevention or treatment	0							0	0
h. Child Abuse and Neglect Services/Training	0							0	0
i. Domestic violence services	0							0	0
j. Child support assistance	0							0	0
k. Health education	0							0	65
l. Assistance to families of incarcerated individuals	0							0	0
m. Parent Education	15							15	25
n. Marriage education	0							0	0
SERVICE DELIVERY cont'd		EHS	HS	THIS MONTH	TO DATE				
B. Early Childhood Development and Health Services									
1. Number of EHS and HS Children who have completed the following screenings:									
a. Height	0							0	108
b. Weight	0							0	108
c. Vision	0							0	0
d. Hearing	14							14	90
e. Speech/Language	14							14	90
f. Behavioral	14							14	90
g. Developmental Screening	14							14	90
* h. Blood Pressure	0							0	7
i. Hemoglobin	2							2	76
j. Lead	2							2	85
2. Of the number in B1, the number referred for follow up or diagnosed as needing treatment	0							0	6
3. Of the number referred in B2, the number who have completed follow up or received treatment	0							0	3
4. The number of EHS and HS children receiving or received treatment for the following:	0							0	0
a. Anemia	0							0	2
b. Asthma	0							0	5
c. Hearing Difficulties	0							0	1
d. Overweight	0							0	0
e. Vision Problems	0							0	2
5. Number of EHS and HS children enrolled in Medicaid	0							0	107
6. Number of EHS and HS children with private insurance	0							0	1
7. Number of EHS and HS children with "Medical Home"	0							0	108

ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

	EHS	HS	THIS MONTH	TO DATE
8. Number of EHS and HS children who have completed a professional dental examination	0		0	84
9. Of the children in B8, the number of children diagnosed as needing treatment	0		0	1
10. Of the children diagnosed in B9, the number of children who received or are receiving treatment	0		0	1
11. Of the children examined in B8, the number of children who received preventive (care X-ray, Cleaning Only)	0		0	0
12. Number of EHS and HS children with up-to-date immunizations	7		7	115
13. Number of EHS and HS children with complete immunizations	0		0	1
14. Number of EHS and HS children with current physicals	6		6	126
15. Number of EHS and HS children receiving WIC services	0		0	68
16. Number of EHS and HS children receiving meals via Child Care Food Program:	0		0	73
17. Number of teacher and caregivers home visits completed (1 st)	0		0	76
18. Number of teacher and caregivers home visits completed (2 nd)	0		0	76
19. Number of parent/teacher/ caregivers conferences completed	0		0	76
20. Number of EHS/HS with baseline assessments completed	0		0	76
21. Number of EHS/HS with mid-year assessments completed	0		0	56
22. Number of EHS/HS with final assessments completed	54		54	54
SERVICE DELIVERY cont'd	EHS	HS	THIS MONTH	TO DATE
C. Mental Health and Disabilities				
1. Number of EHS and HS children with a diagnosed disability	1		1	6
2. Of the EHS and HS children in E1 with a diagnosed disability, the number with an IEP or IFSP	0		0	5
3. Of the EHS and HS children in E1 with a diagnosed disability, the number determined by LEA or Part C	0		0	5
4. Number of EHS and HS children with suspected disabilities	0		0	5
5. Number of referred EHS and HS children awaiting testing or staffing	0		0	8
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	2		2	4
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	2
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	1
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	5
b. Mental health intervention and follow up			0	0
c. Substance abuse prevention			0	0
d. Substance abuse treatment			0	0

ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

e. Prenatal education on fetal development	0	5
f. Information on the benefits of breastfeeding	0	5
1. Number of children receiving transportation services	0	0
2. Number of field trips taken	0	0

SIGNATURE: Christine Wilson	JOB TITLE: CDSM	DATE: 5/31/2019
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MONTHLY NON-FEDERAL SHARE REPORT SUMMARY
(Due by the 7th of each month)

MONTH REPORTING: MAY 2019			
PROGRAM TYPE	HEAD START/FAMILY HEAD START		
GRANT #	61234120		
FA/PERIOD	Beginning	8/30/18	Ending 6/30/19

FRA TYPE	REFUNDING	TOTAL
CA Non-Federal	\$ 7,877,534.00	\$ 7,877,534.00
CA Non-Federal	\$ 1,920,364.00	\$ 1,920,364.00

MONTHLY DATE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	YTD	%
Y-CORRECTED	\$ 630,214.00	\$ 24,500.92	\$ 21,472.64	\$ 26,295.00	\$ 26,139.42	\$ 29,652.92	\$ 25,403.87	\$ 26,345.52	\$ 24,063.44	\$ 25,259.87	\$ 43,002.82	\$	\$ 294,181.22	6%
SPACE COST	\$ 571,190.00	\$ 47,565.83	\$ 47,565.83	\$ 47,565.83	\$ 47,565.83	\$ 47,565.83	\$ 47,565.83	\$ 47,295.83	\$ 47,295.83	\$ 47,595.43	\$ 47,595.83	\$	\$ 523,554.13	9%
OTHER	\$ 156,719.00	\$ 77,583.34	\$ 107,499.25	\$ 178,565.56	\$ 82,766.37	\$ 79,073.77	\$ 81,248.70	\$ 99,059.73	\$ 75,691.76	\$ 98,384.57	\$ 83,339.69	\$	\$ 924,006.36	12%
CASH	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	0%
TOTAL	\$ 1,358,123.00	\$ 149,650.09	\$ 176,539.72	\$ 252,425.39	\$ 155,401.12	\$ 155,292.42	\$ 154,216.30	\$ 172,700.98	\$ 147,051.93	\$ 171,240.27	\$ 173,672.21	\$	\$ 1,372,544.70	10%

CORRECTION: The additional amount of 97% participation is of \$30,095.29 for the May expense payment to St. Louis. However, this amount will be charged once the final reimbursement is received from the CBL. At that time, the May "CORRECT" category will be adjusted.

CERTIFICATION	DATE	6/20/19
PROGRAM OPERATIONS DIRECTOR: Myra Robinson	DATE	6/20/19
CERTIFIED BY: Myra Robinson	DATE	6/20/19

ESTIMATED VOLUNTEER PARTICIPANTS YEAR-TO-DATE

	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	YTD
Parents	0	307	370	399	327	327	871	1111	880	595	1992	1992	10043.00
Professionals	50	35	25	41	28	16	8	18	13	8	5	5	177.00
Hours	1811.95	1069.28	294.0	294.0	220.16	275.2	2159.02	2364.00	2043.73	2122.03	3874.5	3874.5	24186.16

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

CLUSTER MONTHLY DISABILITY REPORT
Local Program Information
2018-2019

CLUSTER CODE:

Agency Name: ALPI FROSTPROOF

Date Form Completed: 5/28/2019

TONI JONES

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

Person Completing This Form

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		1		How many age 1?
3	Speech/Language Impairments		0		15		4		How many age 2?
4	Mental Retardation		0		16		1		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		2		How many dropped to date?
10	Traumatic Brain Injury		0		22		6		How many IEP's/FSP current
11	Other Impairments		6		23		2		How many evaluated and Found not eligible?
12	Total With Disabilities		0		24		1		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: Sebastian Najera is a returning child with an IFSP. IFSP received for Angel Aponte on 1-08-19. Noel Quintero IFSP. Kamdyn Plair IFSP. Jaegar Andrews IFSP. I also referred Jasmine Arthur enrolled at Jumpstart 1-17-19 to FDLRS. Adan Cruz IFSP received.	



Child Care Facility Information

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

- DCF Standards
- DCF & SR Standards
- SR Standards

Inspection Information

Type: Routine Date: 05/20/2019 Arrival/Departure Time: 09:39 AM to 10:40 AM
 Staff Present: 17 Children Present: 91 Onsite Visit: Yes

INSPECTION CHECKLIST

GENERAL REQUIREMENTS

- | | |
|--|---------------|
| 01. License Displayed/Citation Posted/Advertising s.402.3125(1)(a), F.S. | Compliance |
| 02. Minimum Age Requirements CCF Handbook, Section 2.2 | Compliance |
| 03. Ratio Sufficient CCF Handbook, Section 2.3 | Compliance |
| <u>Compliance Comments</u> | |
| Threes: 3 16, 2 14, 2 15 | |
| Fours: 2 17, 2 16, 2 13 | |
| 04. Supervision CCF Handbook, Section 2.4 | Compliance |
| 05. Transportation CCF Handbook, Section 2.5 | Not Monitored |
| <u>Not Monitored Comments</u> | |
| The bus is not parked at this site. The children transported from this site are picked up and dropped off as part of an established route. Documents are kept at ALPI Queen Townsend. Standards #5 & #6 are NM | |
| 06. Driver's License, Physician Certification & First Aid/CPR Training CCF Handbook, Section 2.5 and CCF Handbook, Section 7.4 | Compliance |
| 07. Vehicle Insurance and Inspection CCF Handbook, Section 2.5.4 | Compliance |
| 08. Seat Belts/Child Restraints CCF Handbook, Section 2.5.4 and CCF Handbook, Section 2.5.5 | Not Monitored |
| 09. Planned Activities CCF Handbook, Section 2.6 | Compliance |
| 10. Field Trip Permission CCF Handbook, Section 2.7 | Compliance |
| 11. Child Discipline CCF Handbook, Section 2.8 | Compliance |

PHYSICAL ENVIRONMENT

- | | |
|---|------------|
| 12. Facility Environment CCF Handbook, Section 3.1 | Compliance |
| 13. Toxic Substances, Hazardous Materials and Weapons CCF Handbook, Section 3.2 | Compliance |
| 14. Lighting, Temperature, and Ventilation CCF Handbook, Section 3.3 | Compliance |
| 15. Licensed Capacity CCF Handbook, Section 3.4 | Compliance |
| 16. Indoor Floor Space CCF Handbook, Section 3.4 | Compliance |



Name: A L P I Lincoln Park HS Center License #: C195L0076
Address: 1400 Avenue M, Fort Pierce FL 34950-3227
Type: Routine Date: 05/20/2019

17. Outdoor Play Area/Fencing CCF Handbook, Section 3.6	Compliance
18. Bedding and Linens CCF Handbook, Section 3.6	Compliance
19. Nap/Sleep Space Requirements CCF Handbook, Section 3.6.2 <u>Not Monitored Comments</u> The children were not napping at the time of this inspection.	Not Monitored
20. Crib Requirements CCF Handbook, Section 3.6 <u>Not Applicable Comments</u> There are no infants or toddlers enrolled. This is a Head Start Program serving children 3 years old through 5 years old. Standards that apply specifically to infants or toddlers will be marked NA.	Not Applicable
21. Restrooms and Bath Facilities CCF Handbook, Section 3.7	Compliance
22. Operable Phone CCF Handbook, Section 3.8.1	Compliance
23. Fire Drills & Emergency Preparedness CCF Handbook, Section 3.8 <u>Compliance Comments</u> The log documents that a fire drill was conducted on 5/14/19 with 18 adults and 87 children present. The extinguishers expire 10/2019.	Compliance
FOOD AND NUTRITION	
24. Food Preparation Area CCF Handbook, Section 3.9	Compliance
25. Meals and Snacks CCF Handbook, Section 3.9	Compliance
26. Meal and Snack Menus CCF Handbook, Section 3.9.3 & Section 7	Compliance
27. Catered Food and Food Provided by Outside Sources CCF Handbook, Section 7 & Section 3.9.3	Compliance
28. Bottles, Breastmilk, Formula and Infant Food CCF Handbook, Section 3.9	Not Applicable
SANITATION AND EQUIPMENT	
29. Health and Sanitation CCF Handbook, Section 3.8, 3.9, and 3.10	Compliance
30. Diapering CCF Handbook, Section 3.10 <u>Not Applicable Comments</u> There are no children in diapers enrolled.	Not Applicable
31. Indoor Equipment CCF Handbook, Section 3.11	Compliance
32. Outdoor Equipment CCF Handbook, Section 3.12	Compliance
TRAINING	
33. Training Requirements CCF Handbook, Section 4	Compliance
34. Credentialed Staff CCF Handbook, Section 4.6 & 4.7	Compliance



Name: A L P I Lincoln Park HS Center License #: C195L0076
 Address: 1400 Avenue M Fort Pierce FL 34950-3227
 Type: Routine Data: 05/20/2019

HEALTH REQUIREMENTS

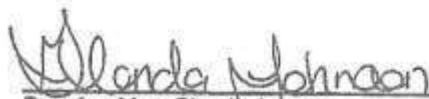
- 35. Communicable Disease Control CCF Handbook, Section 6.1 Compliance
- 36. CPR Requirements CCF Handbook, Section 4.2.4 Compliance
Compliance Comments
 All staff members have current CPR/FA training.
- 37. First Aid Requirements CCF Handbook, Section 4.2.4 and 6.2 Compliance
- 38. Emergency Telephone Numbers CCF Handbook, Section 6.3 Compliance
- 39. Accident/ Incident Notification and Documentation CCF Handbook, Section 6.3 & 6.4 Compliance
- 40. Medication CCF Handbook, Section 6.5 Compliance

RECORD KEEPING

- 41. Immunization Records CCF Handbook, Section 7.1 Compliance
Compliance Comments
 All children's files have been reviewed previously. Today 3 newly enrolled children's files were reviewed.
- 42. Student Health and Records CCF Handbook, Section 7.2 Compliance
- 43. Enrollment Information CCF Handbook, Section 7.3 & s. 402.3054(2), F.S. Compliance
Compliance Comments
 The program has documentation to verify parents were provided Distracted Adult information during April 2019.
- 44. Personnel Records CCF Handbook, Section 7.4 Compliance
- 45. Background Screening Documents CCF Handbook, Section 7.4.1 Compliance
- 46. Daily Attendance CCF Handbook, Section 7.5 Compliance

ENFORCEMENT

- 47. Access/Child Safety CCF Handbook, Section B Compliance


 Received by: Glenda Johnson
 Date: 05/20/2019


 Inspected by: Kathleen Walters
 Date: 05/20/2019



Child Care Facility Information

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

- DCF Standards
- DCF & SR Standards
- SR Standards

Inspection Information

Type: Renewal Date: 05/02/2019 Arrival/Departure Time: 02:00 PM to 03:45 PM
 Staff Present: 23 Children Present: 97 Onsite Visit: Yes
 [School Readiness Inspection]

INSPECTION CHECKLIST

GENERAL REQUIREMENTS

- | | |
|--|------------|
| <p>01. License Displayed/Citation Posted/Advertising s.402.3125(1)(a), F.S.</p> | Compliance |
| <p>02. Minimum Age Requirements CCF Handbook, Section 2.2 (Form OEL-SR-6202, Section 2 Minimum Age Requirements, Page 13)</p> | Compliance |
| <p>03. Ratio Sufficient CCF Handbook, Section 2.3 (Form OEL-SR-6202, Section 3 Ratios, Page 13)</p> <p><u>Compliance Comments</u>
 Twos & Threes 2:7
 Threes 2:7
 Fours 2:16 1:12, 3:16,
 Fours & Fives 2:13, 2:8
 Three & Five 2:16</p> | Compliance |
| <p>04. Supervision CCF Handbook, Section 2.4 (Form OEL-SR-6202, Section 5 Supervision, Pages 16-17)</p> | Compliance |
| <p>05. Transportation CCF Handbook, Section 2.5 (Form OEL-SR-6202, Section 6 Transportation, Pages 17-19)</p> <p><u>Compliance Comments</u>
 Logs were viewed Required documentation is maintained A copy of the transportation procedure was given to the director today.</p> | Compliance |
| <p>06. Driver's License, Physician Certification & First Aid/CPR Training CCF Handbook, Section 2.5 and CCF Handbook, Section 7.4 (Form OEL-SR-6202, Section 6 Transportation, Page 17-19)</p> | Compliance |
| <p>07. Vehicle Insurance and Inspection CCF Handbook, Section 2.5.4 (Form OEL-SR-6202, Section 6 Transportation, Page 17-19)</p> | Compliance |
| <p>08. Seat Belts/Child Restraints CCF Handbook, Section 2.5.4 and CCF Handbook, Section 2.6.5 (Form OEL-SR-6202, Section 6 Transportation, Pages 17-19)</p> | Compliance |
| <p>09. Planned Activities CCF Handbook, Section 2.6 (Form OEL-SR-6202, Section 7 Planned Activities, Pages 19-20)</p> | Compliance |
| <p>10. Field Trip Permission CCF Handbook, Section 2.7 (Form OEL-SR-6202, Section 8 Field Trip Activity, Pages 20-21)</p> | Compliance |
| <p>11. Child Discipline CCF Handbook, Section 2.8 (Form OEL-SR-6202, Section 9 Child Discipline, Pages 21-22)</p> | Compliance |

PHYSICAL ENVIRONMENT

- | | |
|--|------------|
| <p>12. Facility Environment CCF Handbook, Section 3.1 (Form OEL-SR-6202, Section 10 Physical Environment, Pages 22-23)</p> | Compliance |
|--|------------|



- | | |
|--|----------------|
| 13. Toxic Substances, Hazardous Materials and Weapons CCF Handbook, Section 3.2 (Form OEL-SR-6202, Section 10 Physical Environment, Pages 22-23) | Compliance |
| 14. Lighting, Temperature, and Ventilation CCF Handbook, Section 3.3 (Form OEL-SR-6202, Section 10 Physical Environment, Pages 23-24) | Compliance |
| 15. Licensed Capacity CCF Handbook, Section 3.4 (Form OEL-SR-6202, Section 1 - Capacity, Page 10) | Compliance |
| 16. Indoor Floor Space CCF Handbook, Section 3.4 (Form OEL-SR-6202, Section 1 - Capacity, Page 10),(Form OEL-SR-6202, Section 1.1 Indoor Floor Space, Pages 11-12) | Compliance |
| 17. Outdoor Play Area/Fencing CCF Handbook, Section 3.5 (Form OEL-SR-6202, Section 7 Planned Activities, Pages 19-20),(Form OEL-SR-6202, Section 10.7 Outdoor Play Area and Section 10.8 Fencing, Pages 25-26) | Compliance |
| 18. Bedding and Linens CCF Handbook, Section 3.6 (Form OEL-SR-6202, Section 12.4 Bedding and Linens, Page 29),(Form OEL-SR-6202, Section 10.4 Nap and Sleep Space(s)/Safe Sleep Practices, Page 24) | Compliance |
| 19. Nap/Sleep Space Requirements CCF Handbook, Section 3.6.2 (Form OEL-SR-6202, Section 12.4 Bedding and Linens, Page 29),(Form OEL-SR-6202, Section 10.4 Nap and Sleep Space(s)/Safe Sleep Practices, Page 24) | Compliance |
| 20. Crib Requirements CCF Handbook, Section 3.6 (Form OEL-SR-6202, Section 12.4 Bedding and Linens, Page 29),(Form OEL-SR-6202, Section 10.4 Nap and Sleep Space(s)/Safe Sleep Practices, Page 24) | Not Applicable |
| <u>Not Applicable Comments</u>
This is a Head Start Program serving children 2yrs old - 5 yrs old. There are no infants or young toddlers enrolled. | |
| 21. Restrooms and Bath Facilities CCF Handbook, Section 3.7 (Form OEL-SR-6202, Section 10.6 Bathrooms and Sinks, Page 25) | Compliance |
| 22. Operable Phone CCF Handbook, Section 3.8.1 (Form OEL-SR-6202, Section 14.2 Fire Safety, Page 33) | Compliance |
| 23. Fire Drills & Emergency Preparedness CCF Handbook, Section 3.8 (Form OEL-SR-6202, Section 14 Fire Safety and Emergency Preparedness and Response, Pages 32-34) | Compliance |
| <u>Compliance Comments</u>
The counselor observed a fire drill on 8/30/15. There were 23 adults and 140 children present. Extinguishers expire 10/2019. | |
| FOOD AND NUTRITION | |
| 24. Food Preparation Area CCF Handbook, Section 3.9 (Form OEL-SR-6202, Section 17.1 Food Preparation Area and Section 17.2 Food Storage, Pages 37-38) | Compliance |
| 25. Meals and Snacks CCF Handbook, Section 3.9 (Form OEL-SR-6202, Section 17.1 Food Preparation Area and Section 17.2 Food Storage, Pages 37-38),(Form OEL-SR-6202, Section 17 Food and Nutrition Services, Pages 36-42) | Compliance |
| 26. Meal and Snack Menus CCF Handbook, Section 3.9.3 & Section 7 | Compliance |
| 27. Catered Food and Food Provided by Outside Sources CCF Handbook, Section 7 & Section 3.9.3 | Compliance |



28. Bottles, Breastmilk, Formula and Infant Food CCF Handbook, Section 3.9 (Form OEL-SR-6202, Section 5 Supervision, Pages 16-17),(Form OEL-SR-6202, Section 17.4 Breastmilk, Infant Formula and Food, Pages 40-41) Not Applicable

Not Applicable Comments

There are no infants or young toddlers enrolled

SANITATION AND EQUIPMENT

29. Health and Sanitation CCF Handbook, Section 3.6, 3.9, and 3.10 (Form OEL-SR-6202, Section 12 Health and Sanitation, Page 28) Compliance

30. Diapering CCF Handbook, Section 3.10 (Form OEL-SR-6202, Section 5 Supervision, Pages 16-17),(Form OEL-SR-6202, Section 12.3 Diapering, Pages Not Monitored

Not Monitored Comments

There are no children in diapers enrolled at this time.

31. Indoor Equipment CCF Handbook, Section 3.11 (Form OEL-SR-6202, Section 11 Equipment and Furnishings, Pages 26-27) Compliance

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

TRAINING

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

Non-Compliance Description

33-12 Program personnel did not complete training requirements prior to unsupervised contact with or care of children or if supervised within 90 days of beginning employment or service with the program. (Section 18 1) [SR]

Comments

There is no verification on file that a bus monitor has completed the required School Readiness training required for either the driver or additional person on the vehicle. See supplemental for name.

Due Date 05/23/2019

Violation Level 1 2

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

HEALTH REQUIREMENTS

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

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

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

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

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



Name: ALPI Child Development and Family Services Center License #: C195L0144
Address: 198 NW Marlon Ave, Port Saint Lucie FL 34983-1667
Type: Renewal Date: 05/02/2019

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

RECORD KEEPING

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

Compliance Comments

Fifty-five children's files were reviewed

42. Student Health and Records CCF Handbook, Section 7.2 (Form OEL-SR-6202, Section 19.2 Record Keeping/Childrens Files, Page 47),(Form OEL-SR-6202, Section 19.2 Record Keeping/Childrens Files, Page 48),Enrollment Information (Form OEL-SR-6202, Section 19.2 Record Keeping/Childrens Files, Page 47) Compliance

Compliance Comments

Fifty-five children's files were reviewed.

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

Compliance Comments

The Distracted Adult flyer was provided to parents. Parents have signed verifying they were provided this information. Verification for April 2019 is on file.

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

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

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

ENFORCEMENT

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

SCHOOL READINESS

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

Received by: Crystal Damas
Date: 05/02/2019

Inspected by: Kathleen Walters
Date: 05/02/2019



Name: ALPI Child Development and Family Services Center License #: C195L0144
Address: 198 NW Marlon Ave, Port Saint Lucie FL 34983-1667
Type: Renewal Date: 05/02/2019

SUPPLEMENTAL INSPECTION SHEET

Comments:

Winesome Campbell is the bus monitor; there is no verification she has completed the required School Readiness training.

Received by: Crystal Damas
Date: 05/02/2019

Inspected by: Kathleen Walters
Date: 05/02/2019



Child Care Facility Information

Name: A L P I George W Truitt Family Services Center
 ID Number: C19SL0057
 Address: 1814 N 13th St, Fort Pierce FL 34950-2134
 Phone Number: (772) 464-4452 Capacity: 208
 Owner/Director/Staff Responsible: Donna Hammond

- DCF Standards
- DCF & SR Standards
- SR Standards

Inspection Information

Type: Renewal Date: 05/03/2019 Arrival/Departure Time: 10:55 AM to 12:30 PM
 Staff Present: 21 Children Present: 88 Onsite Visit: Yes
 [School Readiness Inspection]

INSPECTION CHECKLIST

GENERAL REQUIREMENTS

- | | |
|---|------------|
| 01. License Displayed/Citation Posted/Advertising s.402.3125(1)(a), F.S. | Compliance |
| 02. Minimum Age Requirements CCF Handbook, Section 2.2 (Form OEL-SR-6202, Section 2 Minimum Age Requirements, Page 13) | Compliance |
| 03. Ratio Sufficient CCF Handbook, Section 2.3 (Form OEL-SR-6202, Section 3 Ratios, Page 13)

<u>Compliance Comments</u>
Infants 2:8
Ones & Twos 1:8, 2:8
Twos & Threes 1:8, 2:7, 2:5
Threes 2:13
Fours & Fives 2:15, 1:10 | Compliance |
| 04. Supervision CCF Handbook, Section 2.4 (Form OEL-SR-6202, Section 5 Supervision, Pages 16-17) | Compliance |
| 05. Transportation CCF Handbook, Section 2.5 (Form OEL-SR-6202, Section 6 Transportation, Pages 17-19) | Compliance |
| 06. Driver's License, Physician Certification & First Aid/CPR Training CCF Handbook, Section 2.5 and CCF Handbook, Section 7.4 (Form OEL-SR-6202, Section 6 Transportation, Page 17-19) | Compliance |
| 07. Vehicle Insurance and Inspection CCF Handbook, Section 2.5.4 (Form OEL-SR-6202, Section 6 Transportation, Page 17-19) | Compliance |
| 08. Seat Belts/Child Restraints CCF Handbook, Section 2.5.4 and CCF Handbook, Section 2.5.5 (Form OEL-SR-6202, Section 6 Transportation, Pages 17-19)

<u>Compliance Comments</u>
The bus is not parked at this site. The children transported from this site are picked up and dropped off as part of an established route. Logs and the vehicle are kept at the main office site at ALPI Queen Townsend II Center. | Compliance |
| 09. Planned Activities CCF Handbook, Section 2.6 (Form OEL-SR-6202, Section 7 Planned Activities, Pages 19-20) | Compliance |
| 10. Field Trip Permission CCF Handbook, Section 2.7 (Form OEL-SR-6202, Section 8 Field Trip Activity, Pages 20-21) | Compliance |
| 11. Child Discipline CCF Handbook, Section 2.8 (Form OEL-SR-6202, Section 9 Child Discipline, Pages 21-22) | Compliance |

PHYSICAL ENVIRONMENT



Name: A L P | George W Truitt Family Services Center License #: C195L0057
 Address: 1814 N 13th St, Fort Pierce FL 34950-2184
 Type: Renewal Date: 05/03/2019

- | | |
|---|------------|
| 12. Facility Environment CCF Handbook, Section 3.1 (Form OEL-SR-6202, Section 10 Physical Environment, Pages 22-23) | Compliance |
| 13. Toxic Substances, Hazardous Materials and Weapons CCF Handbook, Section 3.2 (Form OEL-SR-6202, Section 10 Physical Environment, Pages 22-23) | Compliance |
| 14. Lighting, Temperature, and Ventilation CCF Handbook, Section 3.3 (Form OEL-SR-6202, Section 10 Physical Environment, Pages 23-24) | Compliance |
| 15. Licensed Capacity CCF Handbook, Section 3.4 (Form OEL-SR-6202, Section 1 - Capacity, Page 10) | Compliance |
| 16. Indoor Floor Space CCF Handbook, Section 3.4 (Form OEL-SR-6202, Section 1 - Capacity, Page 10),(Form OEL-SR-6202, Section 1.1 Indoor Floor Space, Pages 11-12) | Compliance |
| 17. Outdoor Play Area/Fencing CCF Handbook, Section 3.5 (Form OEL-SR-6202, Section 7 Planned Activities, Pages 19-20),(Form OEL-SR-6202, Section 10.7 Outdoor Play Area and Section 10.8 Fencing, Pages 25-26) | Compliance |
| 18. Bedding and Linens CCF Handbook, Section 3.6 (Form OEL-SR-6202, Section 12.4 Bedding and Linens, Page 29),(Form OEL-SR-6202, Section 10.4 Nap and Sleep Space(s)/Safe Sleep Practices, Page 24) | Compliance |
| 19. Nap/Sleep Space Requirements CCF Handbook, Section 3.6.2 (Form OEL-SR-6202, Section 12.4 Bedding and Linens, Page 29),(Form OEL-SR-6202, Section 10.4 Nap and Sleep Space(s)/Safe Sleep Practices, Page 24) | Compliance |
| 20. Crib Requirements CCF Handbook, Section 3.6 (Form OEL-SR-6202, Section 12.4 Bedding and Linens, Page 29),(Form OEL-SR-6202, Section 10.4 Nap and Sleep Space(s)/Safe Sleep Practices, Page 24) | Compliance |
| 21. Restrooms and Bath Facilities CCF Handbook, Section 3.7 (Form OEL-SR-6202, Section 10.6 Bathrooms and Sinks, Page 25) | Compliance |
| 22. Operable Phone CCF Handbook, Section 3.8.1 (Form OEL-SR-6202, Section 14.2 Fire Safety, Page 33) | Compliance |
| 23. Fire Drills & Emergency Preparedness CCF Handbook, Section 3.5 (Form OEL-SR-6202, Section 14 Fire Safety and Emergency Preparedness and Response, Pages 32-34) | Compliance |

Compliance Comments

A fire drill was conducted today during this inspection. The staff (21) and children (88) evacuated in an organized and timely manner. Face-to-name verification was performed. The extinguishers expire 10/2019.

FOOD AND NUTRITION

- | | |
|--|------------|
| 24. Food Preparation Area CCF Handbook, Section 3.9 (Form OEL-SR-6202, Section 17.1 Food Preparation Area and Section 17.2 Food Storage, Pages 37-38) | Compliance |
| 25. Meals and Snacks CCF Handbook, Section 3.9 (Form OEL-SR-6202, Section 17.1 Food Preparation Area and Section 17.2 Food Storage, Pages 37-38),(Form OEL-SR-6202, Section 17 Food and Nutrition Services, Pages 36-42) | Compliance |

Compliance Comments

C. Foods that are associated with young children's choking incidents must not be served to children under 4 years of age; such as, but not limited to, whole/round hot dogs, popcorn, chips, pretzel nuggets, whole grapes, nuts, cheese cubes and any food that is of similar shape and size of the trachea/windpipe. Food for infants must be cut into pieces 1/4 inch or smaller, food for toddlers must be cut into pieces 1/2 inch or smaller to prevent choking.



Name: A L P I George W Truitt Family Services Center License #: C195L0057
Address: 1814 N 13th St, Fort Pierce FL 34950-2184
Type: Renewal Date: 05/03/2019

- | | |
|---|------------|
| 26. Meal and Snack Menus CCF Handbook, Section 3.9.3 & Section 7 | Compliance |
| 27. Catered Food and Food Provided by Outside Sources CCF Handbook, Section 7 & Section 3.9.3 | Compliance |
| 28. Bottles, Breastmilk, Formula and Infant Food CCF Handbook, Section 3.9 (Form OEL-SR-6202, Section 5 Supervision, Pages 16-17),(Form OEL-SR-6202, Section 17.4 Breastmilk, infant Formula and Food, Pages 40-41) | Compliance |

SANITATION AND EQUIPMENT

- | | |
|---|------------|
| 29. Health and Sanitation CCF Handbook, Section 3.6, 3.9, and 3.10 (Form OEL-SR-6202, Section 12 Health and Sanitation, Page 28) | Compliance |
| 30. Diapering CCF Handbook, Section 3.10 (Form OEL-SR-6202, Section 5 Supervision, Pages 16-17),(Form OEL-SR-6202, Section 12.3 Diapering, Pages 26-27) | Compliance |
| 31. Indoor Equipment CCF Handbook, Section 3.11 (Form OEL-SR-6202, Section 11 Equipment and Furnishings, Pages 26-27) | Compliance |
| 32. Outdoor Equipment CCF Handbook, Section 3.12 (Form OEL-SR-6202, Section 11 Equipment and Furnishings, Pages 26-27) | Compliance |

TRAINING

- | | |
|---|------------|
| 33. Training Requirements CCF Handbook, Section 4 (Form OEL-SR-6202, Section 18 Training Requirements, Pages 26-27) | Compliance |
| 34. Credentialed Staff CCF Handbook, Section 4.6 & 4.7 | Compliance |

HEALTH REQUIREMENTS

- | | |
|---|------------|
| 35. Communicable Disease Control CCF Handbook, Section 6.1 (Form OEL-SR-6202, Section 13 Health-Related Requirements, Pages 30-31) | Compliance |
| 36. CPR Requirements CCF Handbook, Section 4.2.4 (Form OEL-SR-6202, Section 13.4 First Aid and Cardiopulmonary Resuscitation Pages 31-32) | Compliance |
| 37. First Aid Requirements CCF Handbook, Section 4.2.4 and 6.2 (Form OEL-SR-6202, Section 13.4 First Aid and Cardiopulmonary Resuscitation Pages 31-32) | Compliance |
| 38. Emergency Telephone Numbers CCF Handbook, Section 6.3 (Form OEL-SR-6202, Section 15 Emergency Procedures and Notification, Pages 34-35) | Compliance |
| 39. Accident/ Incident Notification and Documentation CCF Handbook, Section 6.3 & 6.4 (Form OEL-SR-6202, Section 15 Emergency Procedures and Notification, Page 35) | Compliance |
| 40. Medication CCF Handbook, Section 6.5 (Form OEL-SR-6202, Section 16 Medication, Pages 35-36) | Compliance |

RECORD KEEPING



Name: A L P I George W Truitt Family Services Center License #: C195L0057
 Address: 1814 N 13th St, Fort Pierce FL 34950-2184
 Type: Renewal Date: 05/03/2019

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

Compliance Comments

Thirty children's files were reviewed.

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

Compliance Comments

Thirty children's files were reviewed.

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

Compliance Comments

The Distracted Adult Brochure was provided to parents and signed verification of receipt from them is on file for April 2019.

44. Personnel Records CCF Handbook, Section 7.4 (Form OEL-SR-6202, Section 19.2 Record Keeping/Childrens Files, Page 47)

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

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

ENFORCEMENT

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

SCHOOL READINESS

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

Compliance Comments

Infants 2 B, both teachers have an active credential.


 Received by: Donna Hammond
 Date: 05/03/2019


 Inspected by: Kathleen Wallers
 Date: 05/03/2019



Name: A L P I George W Truitt Family Services Center License #: C19SL0057
Address: 1814 N 13th St, Fort Pierce FL 34950-2184
Type: Renewal Date: 05/03/2019

SUPPLEMENTAL INSPECTION SHEET

Comments:

Bus monitor, Theresa Williams, has 40-hour introductory training completed, meets SR requirement for bus monitor.

Received by: Donna Hammond
Date: 05/03/2019

Inspected by: Kathleen Walters
Date: 05/05/2019



Child Care Facility Information

Name: Jumpstart Development Center
 ID Number: C10PO0664
 Address: 1066 Pine Ave, Lake Wales FL 33853-4929
 Phone Number: (863) 679-3250 Capacity: 57
 Owner/Director/Staff Responsible: Kiuwana Shipman

- DCF Standards
- DCF & SR Standards
- SR Standards

Inspection Information

Type: Routine Date: 04/17/2019 Arrival/Departure Time: 07:50 AM to 10:45 AM
 Staff Present: 6 Children Present: 11 Onsite Visit: Yes

INSPECTION CHECKLIST

GENERAL REQUIREMENTS

01. License Displayed/Citation Posted/Advertising s.402.3125(1)(a), F.S.	Compliance
02. Minimum Age Requirements CCF Handbook, Section 2.2	Compliance
03. Ratio Sufficient CCF Handbook, Section 2.3 <u>Compliance Comments</u> 1:4:infant / 1:4 (3&4 year old's) / 1:3 2 year old's	Compliance
04. Supervision CCF Handbook, Section 2.4	Compliance
05. Transportation CCF Handbook, Section 2.5 <u>Not Applicable Comments</u> At the time of the inspection, the provider stated they do not provide transportation for children. The provider is reminded that if they choose to provide transportation to contact the office prior.	Not Applicable
06. Driver's License, Physician Certification & First Aid/CPR Training CCF Handbook, Section 2.5 and CCF Handbook, Section 7.4 <u>Not Applicable Comments</u> At the time of the inspection, the provider stated they do not provide transportation for children.	Not Applicable
07. Vehicle Insurance and Inspection CCF Handbook, Section 2.5.4 <u>Not Applicable Comments</u> At the time of the inspection, the provider stated they do not provide transportation for children.	Not Applicable
08. Seat Belts/Child Restraints CCF Handbook, Section 2.5.4 and CCF Handbook, Section 2.5.5 <u>Not Applicable Comments</u> At the time of the inspection, the provider stated they do not provide transportation for children.	Not Applicable
09. Planned Activities CCF Handbook, Section 2.6	Compliance
10. Field Trip Permission CCF Handbook, Section 2.7 <u>Not Applicable Comments</u> At the time of the inspection, the provider stated that if they participate in field trip activities, the parents are required to drive their own children to location	Not Applicable
11. Child Discipline CCF Handbook, Section 2.8	Compliance
 <h3>PHYSICAL ENVIRONMENT</h3> 	
12. Facility Environment CCF Handbook, Section 3.1	Compliance
13. Toxic Substances, Hazardous Materials and Weapons CCF Handbook, Section 3.2	Compliance



Name: Jumpstart Development Center License #: C10P00654
Address: 1068 Pine Ave, Lake Wales FL 33853-4929
Type: Routine Date: 04/17/2019

14. Lighting, Temperature, and Ventilation CCF Handbook, Section 3.3	Compliance
15. Licensed Capacity CCF Handbook , Section 3.4	Compliance
16. Indoor Floor Space CCF Handbook, Section 3.4	Compliance
17. Outdoor Play Area/Fencing CCF Handbook, Section 3.5	Compliance
18. Bedding and Linens CCF Handbook, Section 3.6	Compliance
19. Nap/Sleep Space Requirements CCF Handbook, Section 3.6.2	Compliance
20. Crib Requirements CCF Handbook, Section 3.6	Compliance
21. Restrooms and Bath Facilities CCF Handbook, Section 3.7	Compliance
22. Operable Phone CCF Handbook, Section 3.8.1	Compliance
23. Fire Drills & Emergency Preparedness CCF Handbook, Section 3.8	Compliance

FOOD AND NUTRITION

24. Food Preparation Area CCF Handbook, Section 3.9	Compliance
25. Meals and Snacks CCF Handbook, Section 3.9	Compliance
26. Meal and Snack Menus CCF Handbook, Section 3.9.3 & Section 7	Compliance
27. Catered Food and Food Provided by Outside Sources CCF Handbook, Section 7 & Section 3.9.3	Not Applicable
<u>Not Applicable Comments</u> At the time of the inspection, the provider stated that all children receive a meal from the child care facility.	
28. Bottles, Breastmilk, Formula and Infant Food CCF Handbook, Section 3.9	Compliance

SANITATION AND EQUIPMENT

29. Health and Sanitation CCF Handbook, Section 3.6, 3.9, and 3.10	Compliance
30. Diapering CCF Handbook, Section 3.10	Compliance
31. Indoor Equipment CCF Handbook, Section 3.11	Compliance
32. Outdoor Equipment CCF Handbook, Section 3.12	Compliance

TRAINING

33. Training Requirements CCF Handbook, Section 4	Noncompliance
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Name: Jumpstart Development Center License #: C10PO0664
 Address: 1068 Pine Ave, Lake Wales FL 33853-4929
 Type: Routine Date: 04/17/2019

Non-Compliance Description

33-09 The facility did not have documented proof that all staff were trained and knowledgeable within 30 days of employment in [the use of fire extinguishers], CCF Handbook, Section 4.2.3 and 4.2.5

Comments

At the time of the inspection the staff listed on the supplemental does not have fire extinguisher training.

Due Date 05/16/2019

Violation Level Class 5

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

HEALTH REQUIREMENTS

35. Communicable Disease Control CCF Handbook, Section 6.1 Compliance

36. CPR Requirements CCF Handbook, Section 4.2.4 Compliance

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

38. Emergency Telephone Numbers CCF Handbook, Section 6.3 Compliance

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

40. Medication CCF Handbook, Section 6.5 Not Applicable

Not Applicable Comments

At the time of the inspection, the provider stated they do not dispense medication to children, including diaper rash cream.

RECORD KEEPING

41. Immunization Records CCF Handbook, Section 7.1 Noncompliance

Non-Compliance Description

41-02 The Florida Certificate of immunization was not acceptable in that [The form was not current (expired)] CCF Handbook, Section 7.1 (Section 19-2, number 2) [SR]

Comments

At the time of the inspection, the child listed on the supplement had an expired immunization record on file.

Due Date Completed at time of inspection

Violation Level Class 3

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

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

44. Personnel Records CCF Handbook, Section 7.4 Compliance

45. Background Screening Documents CCF Handbook, Section 7.4.1 Compliance

46. Daily Attendance CCF Handbook, Section 7.5 Compliance

ENFORCEMENT

47. Access/Child Safety CCF Handbook, Section 8 Compliance



Name: Jumpstart Development Center License #: C10PO0664
Address: 1068 Pine Ave, Lake Wales FL 33853-4929
Type: Routine Date: 04/17/2019

Received by: Kiuwana Shipman
Date: 04/17/2019

Inspected by: Dawn Altman
Date: 04/17/2019



Child Care Facility Information

Name: Jumpstart Development Center
 ID Number: C10PO0664
 Address: 1068 Pine Ave, Lake Wales FL 33853-4929
 Phone Number: (863) 679-3250 Capacity: 57
 Owner/Director/Staff Responsible: Desk Review

DCF Standards
 DCF & SR Standards
 SR Standards

Inspection Information

Type: Reinspection Date: 05/21/2019 Arrival/Departure Time: 09:28 AM to 09:35 AM
 Staff Present: 0 Children Present: 0 Onsite Visit: No

INSPECTION CHECKLIST

GENERAL REQUIREMENTS

- | | |
|--|---------------|
| 01. License Displayed/Citation Posted/Advertising s.402.3125(1)(a), F.S. | Not Monitored |
| 02. Minimum Age Requirements CCF Handbook, Section 2.2 | Not Monitored |
| 03. Ratio Sufficient CCF Handbook, Section 2.3 | Not Monitored |
| 04. Supervision CCF Handbook, Section 2.4 | Not Monitored |
| 05. Transportation CCF Handbook, Section 2.5 | Not Monitored |
| 06. Driver's License, Physician Certification & First Aid/CPR Training CCF Handbook, Section 2.5 and CCF Handbook, Section 7.4 | Not Monitored |
| 07. Vehicle Insurance and Inspection CCF Handbook, Section 2.5.4 | Not Monitored |
| 08. Seat Belts/Child Restraints CCF Handbook, Section 2.5.4 and CCF Handbook, Section 2.5.5 | Not Monitored |
| 09. Planned Activities CCF Handbook, Section 2.6 | Not Monitored |
| 10. Field Trip Permission CCF Handbook, Section 2.7 | Not Monitored |
| 11. Child Discipline CCF Handbook, Section 2.8 | Not Monitored |

PHYSICAL ENVIRONMENT

- | | |
|---|---------------|
| 12. Facility Environment CCF Handbook, Section 3.1 | Not Monitored |
| 13. Toxic Substances, Hazardous Materials and Weapons CCF Handbook, Section 3.2 | Not Monitored |
| 14. Lighting, Temperature, and Ventilation CCF Handbook, Section 3.3 | Not Monitored |
| 15. Licensed Capacity CCF Handbook, Section 3.4 | Not Monitored |
| 16. Indoor Floor Space CCF Handbook, Section 3.4 | Not Monitored |
| 17. Outdoor Play Area/Fencing CCF Handbook, Section 3.5 | Not Monitored |
| 18. Bedding and Linens CCF Handbook, Section 3.6 | Not Monitored |



Name: Jumpstart Development Center License #: C10PO0664
Address: 106B Pine Ave, Lake Wales FL 33853-4929
Type: Reinspection Date: 05/21/2019

19. Nap/Sleep Space Requirements CCF Handbook, Section 3.6.2	Not Monitored
20. Crfb Requirements CCF Handbook, Section 3.6	Not Monitored
21. Restrooms and Bath Facilities CCF Handbook, Section 3.7	Not Monitored
22. Operable Phone CCF Handbook, Section 3.8.1	Not Monitored
23. Fire Drills & Emergency Preparedness CCF Handbook, Section 3.8	Not Monitored

FOOD AND NUTRITION

24. Food Preparation Area CCF Handbook, Section 3.9	Not Monitored
25. Meals and Snacks CCF Handbook, Section 3.9	Not Monitored
26. Meal and Snack Menus CCF Handbook, Section 3.9.3 & Section 7	Not Monitored
27. Catered Food and Food Provided by Outside Sources CCF Handbook, Section 7 & Section 3.9.3	Not Monitored
28. Bottles, Breastmilk, Formula and Infant Food CCF Handbook, Section 3.9	Not Monitored

SANITATION AND EQUIPMENT

29. Health and Sanitation CCF Handbook, Section 3.6, 3.9, and 3.10	Not Monitored
30. Diapering CCF Handbook, Section 3.10	Not Monitored
31. Indoor Equipment CCF Handbook, Section 3.11	Not Monitored
32. Outdoor Equipment CCF Handbook, Section 3.12	Not Monitored

TRAINING

33. Training Requirements CCF Handbook, Section 4	Compliance
<u>Compliance Comments</u> At the time of the reinspection, the child care counselor received via email a certificate of fire extinguisher training for the staff listed on the supplemental. This puts the provider back into compliance for this standard.	
34. Credentialed Staff CCF Handbook, Section 4.6 & 4.7	Not Monitored

HEALTH REQUIREMENTS

35. Communicable Disease Control CCF Handbook, Section 6.1	Not Monitored
36. CPR Requirements CCF Handbook, Section 4.2.4	Not Monitored
37. First Aid Requirements CCF Handbook, Section 4.2.4 and 6.2	Not Monitored



Name: Jumpstart Development Center License #: C10PO0664
Address: 1068 Pine Ave, Lake Wales FL 33853-4929
Type: Reinspection Date: 05/21/2019

- | | |
|---|---------------|
| 38. Emergency Telephone Numbers CCF Handbook, Section 6.3 | Not Monitored |
| 39. Accident/ Incident Notification and Documentation CCF Handbook, Section 6.3 & 6.4 | Not Monitored |
| 40. Medication CCF Handbook, Section 6.5 | Not Monitored |

RECORD KEEPING

- | | |
|---|---------------|
| 41. Immunization Records CCF Handbook, Section 7.1 | Not Monitored |
| 42. Student Health and Records CCF Handbook, Section 7.2 | Not Monitored |
| 43. Enrollment Information CCF Handbook, Section 7.3 & s. 402.3054(2), F.S. | Not Monitored |
| 44. Personnel Records CCF Handbook, Section 7.4 | Not Monitored |
| 45. Background Screening Documents CCF Handbook, Section 7.4.1 | Not Monitored |
| 46. Daily Attendance CCF Handbook, Section 7.5 | Not Monitored |

ENFORCEMENT

- | | |
|---|---------------|
| 47. Access/Child Safety CCF Handbook, Section 8 | Not Monitored |
|---|---------------|

Received by: Desk Review
Date: 05/21/2019

Inspected by: Dawn Altman
Date: 05/21/2019

St. Lucie Fire Inspection Report

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



Fire Marshal
Captain Debbie Knupp
772-621-3322

A1 - REQUIRED ANNUAL Assigned To BOYER, Wayne on 5/6/2019

Start Date: _____ Completion Date: _____
Business Name: ALPI - CHILD DEVELOPMENT & FAMILY SERV Business Phone: _____
Address: 198 NW MARION AVE
Port Saint Lucie, FL 34952

**A fire inspection conducted by the
SLCFD Fire Marshal's Office
on the above date and time revealed the following:**

Violations	Date Found	Date Cleared	Fee
NO VIOLATION			
NO VIOLATION FOUND			\$0.00
Standard:			
Long Desc: NO VIOLATION			

Signatures

Recipient:

Christal Damer

Inspector

Wayne Boyer

WAYNE Boyer

ALPI SPRINKLING DIVISION

Occupancy Name: HEAD SHOP Occupancy Type: Dance Monitoring Company: ST LUCIE COUNTY
 Building Location: 1035 S 27th St Contact Person: Diana Sprinklers/Standpipes: 1 FIRE MARSHAL'S OFFICE
 Agent/Owner: ALPI Business Phone: 708-2031 Number of Floors: 1 5160 NW Milner Drive
 Date of Inspection: 1/10/10 After Hours Phone: 708-2031 Inspector: Cox 2936 Port St. Lucie, FL 34983
 772-621-3322 FAX 772-621-3604

NO	VIOLATIONS NOTED	STANDPIPES/HOSE STATION/RISERS	STAIRWELLS	TRASH/LINEN CHUTES	FIRE ALARM SYSTEM	ALF GROUP HOMES
1		EXITS Insufficient number Exit signs not illuminated Doors inoperable Improper locks/flitches 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/arrowk 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 lupper 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

[Handwritten signatures and initials over the table rows]

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.

Signature Represents _____ Reinspection Date _____
 Receipt of Notification _____

**REQUEST FOR PAYMENT
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	TYPE OF REPORT : Advance Request _____ Reimbursement Request <input checked="" type="checkbox"/>	CONTRACT # <u>EH-18/19 - ALPI</u> Contract Period <u>10/01/2018 - 09/30/2019</u> REQUEST PERIOD <u>1 4/1/19-4/30/19</u> Report # <u>3</u> PSA # <u>6</u> INVOICE # _____
---	--	---

CERTIFICATION: I hereby certify that this request to the best of my knowledge to be complete and correct and conforms with the terms of the above contract.

Prepared by: [Signature] Date: 5/2/19 Approved by: [Signature] Date: 5-9-19

PART A: BUDGET SUMMARY	Administration Services	Outreach Services	Crisis Services	Weather Related	Administration Weather Related	TOTAL
1. Approved Contract Amount	\$2,295.00	\$28,743.00	\$147,156.00	\$0.00	\$0.00	\$178,194.00
2. Previous Funds Received for Contract Period	\$1,784.28	\$4,385.15	\$19,053.84	\$0.00	\$0.00	\$25,223.27
3. Contract Balance (line 1 minus line 2)	\$510.72	\$24,357.85	\$128,102.16	\$0.00	\$0.00	\$152,970.73
4. Previous Funds Requested but Not Received for Contract Period	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Contract Balance (line 3 minus line 4)	\$510.72	\$24,357.85	\$128,102.16	\$0.00	\$0.00	\$152,970.73

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)	\$0.00	\$1,001.73	\$17,541.96	\$0.00	\$0.00	\$18,543.69
3. TOTAL	\$0.00	\$1,001.73	\$17,541.96	\$0.00	\$0.00	\$18,543.69

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)	\$0.00	\$1,001.73	\$17,541.96	\$0.00	\$0.00	\$18,543.69

PART D: SERVICE INFORMATION

Number of individuals served with crisis assistance during the report month: _____ 58

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

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


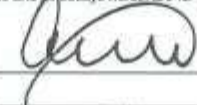
Certification statement: Contractor hereby certifies that it has been open and operating during its normal business hours for the reporting month, as described in the Statement of Work section, of the EHEAP contract.

DOEA FORM 106P
revised 4/6/17

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

PROVIDER NAME, ADDRESS, PHONE# AND FEID# THE AGRICULTURAL AND LABOR PROGRAM, INC 300 LYNCHBURG ROAD LAKE ALFRED, FL 33850-2576 (863) 956-3491 FEID # 59-1634148	Program Funding Source : EHEAP (Emergency Home Energy Assistance for the Elderly Program)	THIS REPORT PERIOD FROM: 04/01/2019 TO: 04/30/2019 CONTRACT PERIOD: 10/1/2018 03/30/2019 CONTRACT # EH-18/19-ALP REPORT # 3 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: 5/9/19 Approved by:  Date: 5-9-19

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	\$178,184.00	\$18,543.69	\$20,650.50	11.59%
2. Interest on Agreement Funds	\$0.00	\$0.00	\$0.00	0.00%
3. TOTAL AGREEMENT AMOUNT	\$178,184.00	\$18,543.69	\$20,650.50	11.59%

PART B : EXPENDITURES	1. Approved Budget	2. Expenditures For This Report	3. Expenditures Year to Date	4. Percent of Approved Budget
1. Administration	\$2,285.00	\$0.00	\$2,285.00	100.00%
2. Outreach	\$28,743.00	\$1,001.73	\$6,111.78	21.26%
3. Crisis Services	\$147,156.00	\$17,541.96	\$36,595.80	24.87%
4. Weather Related Services	\$948.00	\$0.00	\$0.00	0.00%
5. Weather Related Administration	\$0.00	\$0.00	\$0.00	0.00%
6. TOTAL EXPENDITURES	\$178,184.00	\$18,543.69	\$44,992.58	25.25%

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

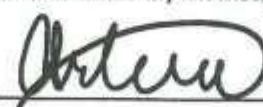
Agency Name: The Agricultural and Labor Program, Incorporated
 Reporting Period (Month & Year): April 2019
 Total Amount for this Reporting Period: \$75,424.18

* Notice of Funding Availability (NFA) #:	NFA #1	NFA #2	NFA #3	
Financial Activity (FA) #:	036566	037965		
Amount of Financial Activity:	286491			
	\$32,737.07	\$42,687.11	\$0.00	

Type of Assistance	Achieved This Month	Total Year to Date
CSBG Dollars Expended This Month	\$75,424.18	\$773,738.61
# of Individuals Assisted with CSBG Dollars This Month	7	284
# of Individuals Achieving Outcome in Module 4 FNPI, Section A, Goals 1-7.	3	27

Furthermore, Recipient hereby certifies that it has been open and operating during its normal business hours for the month of April, 2019, as described in Attachment F, Warranties and Representation of the FY2018 CSBG Agreement.

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.

Authorized Agency Representative: 
 Date: 28-May-19

*If your reimbursement request for this reporting period applies to more than one Notice of Funding Availability (NFA) and Financial Activity (FA) you must provide the detail in the spaces provided above.

updated 6/27/2018

April 2019 New Contract	Hourly Rate	Employer-paid taxes hourly rate*	Hrly Leave Allocation rate*	Employer-paid benefits hourly rate*	Total hourly rate	Monthly total hours billed	Total billed
Case Mgmt.							
Salaries/Services Cost							
Ebony Louis							
RR Hourly Rate (79%)	\$ 19.28	0.4731	2.58	\$ 3.24	\$25.57	85.32	\$2,181.63
HP Hourly Rate (21%)	\$ 19.28	0.4731	2.58	\$ 3.24	\$25.57	22.68	\$579.93
Patricia Astorga							
RR Hourly Rate (65%)	\$ 19.28	0.4731	2.58	\$ 3.24	\$25.57	23.40	\$596.34
HP Hourly Rate (35%)	\$ 19.28	0.4731	2.58	\$ 3.24	\$25.57	12.60	\$322.18
Total Services Costs							\$3,682.08
Administrative costs							
Pa Houa Lee-Yang (supervisor)	\$ 31.18	0.7649	4.42	\$ 5.78	\$ 42.14	14.80	\$623.67
Office Spaces							
Moore Haven Office rent: 25% of \$400	\$ 100.00						\$100.00
Avon Park Office rent: 75% of \$750	\$ 562.50						\$562.50
Total Office rent:							\$662.50
Office supplies:	\$ -						\$0.00
Travel Log	Mileage Rate	Traveled Dates		Total Mileage Billed	Amount Billed		
Staff Ebony Louis March 2019	0.445	3/6, 7, 8, 11, 12, 13, 15, 18, 20, 20, 21, 25, 26, 28, & 29/2019	.445 x 571	254.1	\$ 254.10		\$254.10
Staff Patricia Astorga	0.445		.445 x	0	\$ -		\$0.00
Total mileage							\$254.10
Total administrative costs							\$1,540.27
Total ALPI Invoice: April 2019 New Contract							\$5,222.35

**EARLY LEARNING COALITION OF
ST. LUCIE COUNTY**

- VPK April 2019 Reimbursement Reports

Provider Name	AddressLine1	Service Period	Classroom	Childs Name	Care Level	Days Absent	Days Present	Days to be Paid	Total Instructional Hours	Hours Absent	Hours Attended	Hours Paid	Rate	Payment Amount
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	AF18 - A	Backford, Rachael	PR4	4	17	21	63	12	51	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	AF18 - A	Budkam, Destiny	PR5	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	AF18 - A	Bucknor, Ky'Mani	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	AF18 - A	Butler, Andrea	PR5	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	AF18 - A	Calderon, Jose	PR5	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	AF18 - A	DeLeon, Janiah	PR5	3	18	21	63	9	54	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	AF18 - A	Edwin, kayden	PR5	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	AF18 - A	Francis, Amere	PR4	5	16	20	63	15	48	60	\$4.49	\$269.40

ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	AF18 - A	Harmer, Brantley	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	AF18 - A	Kianes, Josiah	PR4	4	17	21	63	12	51	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	AF18 - A	Melhado, Eduardo	PR4	3	18	21	63	9	54	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	AF18 - A	Miller, Donique	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	AF18 - A	Montanez, Santino	PRS	3	18	21	63	9	54	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	AF18 - A	Nieto, Daniel	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	AF18 - A	Olivier, Ryan	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	AF18 - A	Paul, Tabriya	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	AF18 - A	Philestin, Jocelynn	PRS	2	19	21	63	6	57	63	\$4.49	\$282.87

ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	AF18 - A	Williams, Alysia	PRS	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	AF18 - A	Total	Total	33	345	377	1,134.00	99	1,035.00	1,131.00	\$80.82	\$5,078.19
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	BF18 - B	Casillas, Phoenix	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	BF18 - B	connallon, kara	PL5	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	BF18 - B	Escobar Fuentes, Emily	PR4	5	10	12	45	15	30	37.5	\$4.49	\$168.37
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	BF18 - B	francois, nathan	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	BF18 - B	Gracia, Brielle	PRS	3	18	21	63	9	54	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	BF18 - B	Joseph, Delton	PL5	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	BF18 - B	Louissaint, Anyia	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87

ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	BF18 - B	Mervilus, Jaylends	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	BF18 - B	nicolas, Josselyne	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	BF18 - B	NORELIA, TRISTON	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	BF18 - B	Ordonez, Jasmine	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	BF18 - B	Petit-Blanc, Ni'ya	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	BF18 - B	Polk, Trenton	PRS	10	11	13	63	30	33	41.25	\$4.49	\$185.21
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	BF18 - B	Richard, Paris	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	BF18 - B	sauveur, Brianna	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	BF18 - B	Shretah, Falasteen	PRS	7	14	17	63	21	42	52.5	\$4.49	\$235.72

ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	BF18 - B	Souter, Ethan	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	BF18 - B	White, Martin	PR4	5	16	20	63	15	48	60	\$4.49	\$269.40
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	BF18 - B	Total	Total	37	335	356	1,116.00	111	1,005.00	1,073.25	\$80.82	\$4,818.88
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	CF18 - C	antunez, dylan	PR4	3	18	21	63	9	54	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	CF18 - C	Burton hendricks, Trinity	PR4	3	18	21	63	9	54	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	CF18 - C	Chedda, Brian	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	CF18 - C	Covington, Jibril	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	CF18 - C	Davis, Isiah	PR4	8	13	16	63	24	39	48.75	\$4.49	\$218.89
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	CF18 - C	Desir, Christal	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87

ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	CF18 - C	Dorminer, Alayna	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	CF18 - C	Gamble, Dwayne	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	CF18 - C	Joseph, Gabriella	PR5	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	CF18 - C	Louiscat, Matthew	PR5	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	CF18 - C	Marsh, Zoey	PR4	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	CF18 - C	Navarrete, Anderson	PR5	3	18	21	63	9	54	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	CF18 - C	pascoe, shevon	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	CF18 - C	Richard, Aallyah	PR5	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	CF18 - C	Rosario, Jonas	PR5	1	20	21	63	3	60	63	\$4.49	\$282.87

ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	CF18 - C	Rosario, Sahil	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	CF18 - C	Spratley, Isabella	PRS	6	15	18	63	18	45	56.25	\$4.49	\$252.56
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	CF18 - C	Wesley, Kalani	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	CF18 - C	Total	Total	30	348	370	1,134.00	90	1,044.00	1,113.00	\$80.82	\$4,997.37
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	DF18 - D	Alfred Torres, Yulitzi	PRS	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	DF18 - D	Cunningham, Israel	PRS	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	DF18 - D	Dany, Ziona	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	DF18 - D	Doxa, Nathaniel	PRS	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	DF18 - D	Jean, Tarwinsky	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87

ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	DF18 - D	Joissaint, Amari	PRS	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	DF18 - D	Mabout, Austin	PRS	3	18	21	63	9	54	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	DF18 - D	Solomon, Sophia	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	DF18 - D	Total	Total	11	157	168	504	33	471	504	\$35.92	\$2,262.96
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	EF18 - E	Adams, Jayceon	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	EF18 - E	Adelson, Jada	PRS	4	17	21	63	12	51	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	EF18 - E	aristy, Isiah	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	EF18 - E	Cruz, Angel	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	EF18 - E	Clark, Deriona	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87

ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	EF18 - E	De Los Angeles, Gianna	PR4	5	16	20	63	15	48	60	\$4.49	\$269.40
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	EF18 - E	Gomez, Sofia	PRS	4	17	21	63	12	51	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	EF18 - E	Guerrier, Jeremiah	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	EF18 - E	Harmer, Karsen	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	EF18 - E	Juarez, Isas	PRS	4	17	21	63	12	51	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	EF18 - E	Lopez, Annalicia	PRS	7	14	17	63	21	42	52.5	\$4.49	\$235.72
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	EF18 - E	Magron, Javoni	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	EF18 - E	Nofal, Omar	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	EF18 - E	O'Connor, Jordan	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87

ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	EF18 - E	Prieto, Mackenzie	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	EF18 - E	Reaper, Jared	PR4	4	17	21	63	12	51	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	EF18 - E	Thermidor, maleah	PR5	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	EF18 - E	Walker Jr, D'Andre	PR5	9	12	15	63	27	36	45	\$4.49	\$202.05
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	EF18 - E	Total	Total	44	334	367	1,134.00	132	1,002.00	1,102.50	\$80.82	\$4,950.22
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	FF18 - F	Adamson, Jamell	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	FF18 - F	Altema, Jonathan	PR5	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	FF18 - F	Bibikoni Sanchez, Liamy	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	FF18 - F	Boromee, Macayele	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87

ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	FF18 - F	Edmond, Shanya	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	FF18 - F	Laguerra, Victoria	PR5	6	15	18	63	18	45	56.25	\$4.49	\$252.56
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	FF18 - F	Louis, Jr., Richardson	PR4	4	17	21	63	12	51	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	FF18 - F	Mineto, Isabella	PR5	4	17	21	63	12	51	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	FF18 - F	Perez, Andrea	PR5	7	14	17	63	21	42	52.5	\$4.49	\$235.72
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	FF18 - F	Perez, David	PR4	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	FF18 - F	Queen, Hassan	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	FF18 - F	Rosemond, Jostua	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	FF18 - F	Saintilien, Jaylah	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87

ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	FF18 - F	Seide, Gabriella	PR4	3	18	21	63	9	54	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	FF18 - F	VOLTAIRE, Tyree	PR4	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	FF18 - F	Walker, Mi/Anthony	PR5	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	FF18 - F	Yang, Yuna	PR5	8	13	16	63	24	39	48.75	\$4.49	\$218.89
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	FF18 - F	Total	Total	40	317	345	1,071.00	120	951	1,039.50	\$76.33	\$4,667.35
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	19-Apr	Total	Total	Total	195	1,836	1,983	6,093.00	585	5,508.00	5,963.25	\$435.53	\$26,774.97
ALPI Child Development and Family Services Center	198 N.W. Marion Avenue	Total	Total	Total	Total	195	1,836	1,983	6,093.00	585	5,508.00	5,963.25	\$435.53	\$26,774.97
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	AF18 - A	Bennett, Aalyah	PR5	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	AF18 - A	Bythwood, Avianna	PR5	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	AF18 - A	Errante Parrino, Lexi	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87

ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	AF18 - A	Johnson, Amir	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	AF18 - A	Martin- Resendiz, Julio	PRS	0	71	71	63	0	63	63	\$4.49	\$282.87
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	AF18 - A	Oliver Lopez, Ketznel	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	AF18 - A	Sanchez- Hernandez, Nicolle	PR4	7	14	17	63	21	42	52.5	\$4.49	\$235.72
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	AF18 - A	Shoaff, Blake	PRS	5	16	20	63	15	48	60	\$4.49	\$269.40
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	AF18 - A	Total	Total	12	156	163	504	36	468	490.5	\$35.92	\$2,202.34
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	BF18 - B	Campbell, Jeremi	PRS	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	BF18 - B	Charles, Tamara	PLS	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	BF18 - B	Cruz, Mikhi	PR4	14	7	8	63	42	21	26.25	\$4.49	\$117.86

ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	BF18 - B	DeLaCruz- Martinez, Alani	PR4	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	BF18 - B	Fuentes Campos, Yixon	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	BF18 - B	Gooden, Rondraivious	PR5	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	BF18 - B	Hayes, Chanel	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	BF18 - B	Jones, Tahari	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	BF18 - B	Knowles, sevyn	PR4	3	18	21	63	9	54	63	\$4.49	\$282.87
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	BF18 - B	Luna, Nicolas	PR5	4	17	21	63	12	51	63	\$4.49	\$282.87
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	BF18 - B	McPhall, Ne'Vaeh	PR5	3	18	21	63	9	54	63	\$4.49	\$282.87
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	BF18 - B	Ramirez, Henry	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87

ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	BF18 - B	Rodriguez, Alissia	PRS	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	BF18 - B	Simon, Nathaniel	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	BF18 - B	Vasquez Navarro, Marvin	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	BF18 - B	Vega, Abdel	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	BF18 - B	Wilks, Kaitlyn	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	BF18 - B	Total	Total	34	323	344	1,071.00	102	969	1,034.25	\$76.33	\$4,643.78
ALPI Francina Duval Head Start Center	1035 South 27th Circle	19-Apr	Total	Total	Total	46	479	507	1,575.00	138	1,437.00	1,524.75	\$112.25	\$6,846.12
ALPI Francina Duval Head Start Center	1035 South 27th Circle	Total	Total	Total	Total	46	479	507	1,575.00	138	1,437.00	1,524.75	\$112.25	\$6,846.12
ALPI Garden Terrace Head Start Center	1110 N 32ND ST	19-Apr	AF18 - A	Denmark Thompson, Tianna	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Garden Terrace Head Start Center	1110 N 32ND ST	19-Apr	AF18 - A	Fuller, Ayya	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Garden Terrace Head Start Center	1110 N 32ND ST	19-Apr	AF18 - A	Garcia Zelaya, Ariel	PRS	7	14	17	63	21	42	52.5	\$4.49	\$235.72

ALPI Garden	1110 N 32ND	19-Apr	AF18 - A	Total	61	317	355	1,134.00	183	951	1,069.50	\$80.82	\$4,802.05
Terrace Head	ST												
Start Center				Total									
ALPI Garden	1110 N 32ND	19-Apr	BF18 - B	Bradley, Raliyah	5	16	20	63	15	48	60	\$4.49	\$269.40
Terrace Head	ST												
Start Center				PR5									
ALPI Garden	1110 N 32ND	19-Apr	BF18 - B	Brevil, Layssa	2	19	21	63	6	57	63	\$4.49	\$282.87
Terrace Head	ST												
Start Center				PR4									
ALPI Garden	1110 N 32ND	19-Apr	BF18 - B	Celisca, Kenisha	0	21	21	63	0	63	63	\$4.49	\$282.87
Terrace Head	ST												
Start Center				PR4									
ALPI Garden	1110 N 32ND	19-Apr	BF18 - B	Howse, Serenity	3	18	21	63	9	54	63	\$4.49	\$282.87
Terrace Head	ST												
Start Center				PR4									
ALPI Garden	1110 N 32ND	19-Apr	BF18 - B	Ingram, Chance	2	19	21	63	6	57	63	\$4.49	\$282.87
Terrace Head	ST												
Start Center				PR4									
ALPI Garden	1110 N 32ND	19-Apr	BF18 - B	Jackson, Tyronne	5	16	20	63	15	48	60	\$4.49	\$269.40
Terrace Head	ST												
Start Center				PR5									
ALPI Garden	1110 N 32ND	19-Apr	BF18 - B	Jones, Amir	3	18	21	63	9	54	63	\$4.49	\$282.87
Terrace Head	ST												
Start Center				PR4									
ALPI Garden	1110 N 32ND	19-Apr	BF18 - B	Jones, Jaelyn	0	21	21	63	0	63	63	\$4.49	\$282.87
Terrace Head	ST												
Start Center				PR4									
ALPI Garden	1110 N 32ND	19-Apr	BF18 - B	Kelly, Travis	1	20	21	63	3	60	63	\$4.49	\$282.87
Terrace Head	ST												
Start Center				PR5									
ALPI Garden	1110 N 32ND	19-Apr	BF18 - B	Kimmons, Cornell	5	16	20	63	15	48	60	\$4.49	\$269.40
Terrace Head	ST												
Start Center				PR5									
ALPI Garden	1110 N 32ND	19-Apr	BF18 - B	King, Martavious	3	18	21	63	9	54	63	\$4.49	\$282.87
Terrace Head	ST												
Start Center				PR5									
ALPI Garden	1110 N 32ND	19-Apr	BF18 - B	Lazcano- Garnas, Giancarlo	2	19	21	63	6	57	63	\$4.49	\$282.87
Terrace Head	ST												
Start Center				PR5									
ALPI Garden	1110 N 32ND	19-Apr	BF18 - B	Mallory, Jaharii	1	20	21	63	3	60	63	\$4.49	\$282.87
Terrace Head	ST												
Start Center				PR5									

ALPI Garden	1110 N 32ND	19-Apr	8F18 - B	Petiffrere, K'Nard	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
Terrace Head	ST													
Start Center														
ALPI Garden	1110 N 32ND	19-Apr	8F18 - B	Pittman, Justice	PRS	2	19	21	63	6	57	63	\$4.49	\$282.87
Terrace Head	ST													
Start Center														
ALPI Garden	1110 N 32ND	19-Apr	8F18 - B	Rawlings, Mariah	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87
Terrace Head	ST													
Start Center														
ALPI Garden	1110 N 32ND	19-Apr	8F18 - B	Reeves, Tavares	PR4	4	17	21	63	12	51	63	\$4.49	\$282.87
Terrace Head	ST													
Start Center														
ALPI Garden	1110 N 32ND	19-Apr	8F18 - B	Weathers, Romelo	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
Terrace Head	ST													
Start Center														
ALPI Garden	1110 N 32ND	19-Apr	8F18 - B	Wright, Shylan	PR4	7	14	17	63	21	42	52.5	\$4.49	\$235.72
Terrace Head	ST													
Start Center														
ALPI Garden	1110 N 32ND	19-Apr	8F18 - B	Total	Total	46	353	392	1,197.00	138	1,059.00	1,177.50	\$85.31	\$5,286.97
Terrace Head	ST													
Start Center														
ALPI Garden	1110 N 32ND	19-Apr	CF18 - C	Barnes, Art'Derilus	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
Terrace Head	ST													
Start Center														
ALPI Garden	1110 N 32ND	19-Apr	CF18 - C	Bryant, Christian	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
Terrace Head	ST													
Start Center														
ALPI Garden	1110 N 32ND	19-Apr	CF18 - C	Cash, Jah'mere	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87
Terrace Head	ST													
Start Center														
ALPI Garden	1110 N 32ND	19-Apr	CF18 - C	Gonzalez, Emeraldalida	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
Terrace Head	ST													
Start Center														
ALPI Garden	1110 N 32ND	19-Apr	CF18 - C	Jack, Devarius	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
Terrace Head	ST													
Start Center														
ALPI Garden	1110 N 32ND	19-Apr	CF18 - C	Jenkins, Chasity	PR4	2	19	21	63	6	57	63	\$4.49	\$282.87
Terrace Head	ST													
Start Center														
ALPI Garden	1110 N 32ND	19-Apr	CF18 - C	Johnson, Da'Miya	PRS	2	19	21	63	6	57	63	\$4.49	\$282.87
Terrace Head	ST													
Start Center														

ALPI Garden Terrace Head Start Center	1110 N 32ND ST	19-Apr	CF18 - C	Jones, Heaven	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Garden Terrace Head Start Center	1110 N 32ND ST	19-Apr	CF18 - C	King, Cameron	PR4	13	8	10	63	39	24	30	\$4.49	\$134.70
ALPI Garden Terrace Head Start Center	1110 N 32ND ST	19-Apr	CF18 - C	Mellis, Shakari	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Garden Terrace Head Start Center	1110 N 32ND ST	19-Apr	CF18 - C	Orgill, Ariel	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Garden Terrace Head Start Center	1110 N 32ND ST	19-Apr	CF18 - C	Rene, Carel	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Garden Terrace Head Start Center	1110 N 32ND ST	19-Apr	CF18 - C	Reynolds, Eunice	PRS	3	18	21	63	9	54	63	\$4.49	\$282.87
ALPI Garden Terrace Head Start Center	1110 N 32ND ST	19-Apr	CF18 - C	Robinson, Tristan	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Garden Terrace Head Start Center	1110 N 32ND ST	19-Apr	CF18 - C	Sawyer, James	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Garden Terrace Head Start Center	1110 N 32ND ST	19-Apr	CF18 - C	Searchwell, Darnien	PRS	5	16	20	63	15	48	60	\$4.49	\$269.40
ALPI Garden Terrace Head Start Center	1110 N 32ND ST	19-Apr	CF18 - C	Sirmons, Messiah	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Garden Terrace Head Start Center	1110 N 32ND ST	19-Apr	CF18 - C	Surrin, Marcelyn	PR4	5	16	20	63	15	48	60	\$4.49	\$269.40
ALPI Garden Terrace Head Start Center	1110 N 32ND ST	19-Apr	CF18 - C	Thekisme, Kayonne	PRS	8	13	16	63	24	39	48.75	\$4.49	\$218.89
ALPI Garden Terrace Head Start Center	1110 N 32ND ST	19-Apr	CF18 - C	Total	Total	43	356	381	1,197.00	129	1,068.00	1,143.75	\$85.31	\$5,135.44
ALPI Garden Terrace Head Start Center	1110 N 32ND ST	19-Apr	Total	Total	Total	150	1,026	1,128	3,528.00	450	3,078.00	3,390.75	\$251.44	\$15,224.46
ALPI Garden Terrace Head Start Center	1110 N 32ND ST	Total	Total	Total	Total	150	1,026	1,128	3,528.00	450	3,078.00	3,390.75	\$251.44	\$15,224.46

ALPI George W. Truitt Family Services Center	1814 N 13TH ST	19-Apr	AF18 - A	Britt, Emitrus	PRS	7	14	17	63	21	42	52.5	\$4.49	\$235.72
ALPI George W. Truitt Family Services Center	1814 N 13TH ST	19-Apr	AF18 - A	Doe, Zaccharus	PRS	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI George W. Truitt Family Services Center	1814 N 13TH ST	19-Apr	AF18 - A	Green, Amirah	PRS	6	15	18	63	18	45	56.25	\$4.49	\$252.56
ALPI George W. Truitt Family Services Center	1814 N 13TH ST	19-Apr	AF18 - A	Jackson, Derrick	PR4	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI George W. Truitt Family Services Center	1814 N 13TH ST	19-Apr	AF18 - A	Lee, Aminah	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI George W. Truitt Family Services Center	1814 N 13TH ST	19-Apr	AF18 - A	Messer- Martin, Zachary	PRS	1	13	14	42	3	39	42	\$4.49	\$188.58
ALPI George W. Truitt Family Services Center	1814 N 13TH ST	19-Apr	AF18 - A	Paterson, James	PRS	3	18	21	63	9	54	63	\$4.49	\$282.87
ALPI George W. Truitt Family Services Center	1814 N 13TH ST	19-Apr	AF18 - A	Smith, Cortriyah	PRS	3	18	21	63	9	54	63	\$4.49	\$282.87
ALPI George W. Truitt Family Services Center	1814 N 13TH ST	19-Apr	AF18 - A	Stubbs- Johnson, Issauna	PR4	6	15	18	63	18	45	56.25	\$4.49	\$252.56
ALPI George W. Truitt Family Services Center	1814 N 13TH ST	19-Apr	AF18 - A	Walker, Tristan	PR4	3	18	21	63	9	54	63	\$4.49	\$282.87

ALPI George W. Truitt Family Services Center	1814 N 13TH ST	19-Apr	BF18 - B	PR4	6	15	18	63	18	45	56.25	\$4.49	\$252.56
ALPI George W. Truitt Family Services Center	1814 N 13TH ST	19-Apr	BF18 - B	PR5	3	18	21	63	9	54	63	\$4.49	\$282.87
ALPI George W. Truitt Family Services Center	1814 N 13TH ST	19-Apr	BF18 - B	PR5	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI George W. Truitt Family Services Center	1814 N 13TH ST	19-Apr	BF18 - B	PR5	3	18	21	63	9	54	63	\$4.49	\$282.87
ALPI George W. Truitt Family Services Center	1814 N 13TH ST	19-Apr	BF18 - B	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI George W. Truitt Family Services Center	1814 N 13TH ST	19-Apr	BF18 - B	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI George W. Truitt Family Services Center	1814 N 13TH ST	19-Apr	BF18 - B	PR5	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI George W. Truitt Family Services Center	1814 N 13TH ST	19-Apr	BF18 - B	PR5	4	17	21	63	12	51	63	\$4.49	\$282.87
ALPI George W. Truitt Family Services Center	1814 N 13TH ST	19-Apr	BF18 - B	PR5	3	18	21	63	9	54	63	\$4.49	\$282.87

ALPI George W. Truitt Family Services Center	1814 N 13TH ST	19-Apr	BF18 - B	Williams, Anthony	PRS	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI George W. Truitt Family Services Center	1814 N 13TH ST	19-Apr	BF18 - B	Wilson, Kayden	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI George W. Truitt Family Services Center	1814 N 13TH ST	19-Apr	BF18 - B	Total	Total	47	331	367	1,134.00	141	993	1,106.25	\$80.82	\$4,967.06
ALPI George W. Truitt Family Services Center Provider Total	1814 N 13TH ST Total	19-Apr	Total	Total	Total	81	521	581	1,806.00	243	1,563.00	1,754.25	\$130.21	\$7,876.57
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	AF18 - A	Brown Jr, Anthony	PR4	5	16	20	63	15	48	60	\$4.49	\$269.40
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	AF18 - A	Brown, Zariyah	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	AF18 - A	Charlemagne, Aaliyah	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	AF18 - A	Clark, Giovanni	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	AF18 - A	Clark, Tramane	PRS	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	AF18 - A	Eglau, Adasha	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87

ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	AF18 - A	Amelia Elliott,	PR5	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	AF18 - A	Gloria Escobedo- Guillen,	PR5	3	18	21	63	9	54	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	AF18 - A	Axel Garcia Lopez,	PR5	4	17	21	63	12	51	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	AF18 - A	Jamesha Irwin,	PR4	4	17	21	63	12	51	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	AF18 - A	King, Tamoria	PR5	3	18	21	63	9	54	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	AF18 - A	Emmalyncha Louis,	PR5	4	17	21	63	12	51	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	AF18 - A	Tyerra McArthur,	PR5	3	18	21	63	9	54	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	AF18 - A	Ethan Morales Gomez,	PR5	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	AF18 - A	Noah Ocean,	PR5	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	AF18 - A	Za'Cameron Pierre,	PR5	9	12	15	63	27	36	45	\$4.49	\$202.05
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	AF18 - A	Ja'Naehia Pierre,	PR5	0	21	21	63	0	63	63	\$4.49	\$282.87

ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	AF18 - A	Total	48	330	370	1,134.00	144	990	1,110.00	\$80.82	\$4,983.90
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	BF18 - B	Adams Jr, Montravius	5	16	20	63	15	48	60	\$4.49	\$269.40
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	BF18 - B	Avriett, Davian	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	BF18 - B	Caldwell III, Cornelius	6	15	18	63	18	45	56.25	\$4.49	\$252.56
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	BF18 - B	Gama Garcia, Isaac	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	BF18 - B	Harrington, Willie	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	BF18 - B	Haynes, Mar'Shelle	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	BF18 - B	Ingram, I'Zariah	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	BF18 - B	Jean, Jordamy	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	BF18 - B	Jeantilus, Lawrensky	3	18	21	63	9	54	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	BF18 - B	King, Sariyah	2	19	21	63	6	57	63	\$4.49	\$282.87

ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	BF18 - B	Lopez Pineda, Angelique	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	BF18 - B	Martinez, Jesus	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	BF18 - B	Mcgee, Ja'nyiah	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	BF18 - B	Mitchell, Brandy	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	BF18 - B	Perez Ramos, Leslie	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	BF18 - B	Smith, Rahkkael	PR4	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	BF18 - B	Suces, Shelbey	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	BF18 - B	Suffrin, Maya	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	BF18 - B	Total	Total	29	349	374	1,134.00	87	1,047.00	1,124.25	\$80.82	\$5,047.88
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	CF18 - C	Avriett, D'Nilah	PR5	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	CF18 - C	Braceley, Ja'Nayia	PR4	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	CF18 - C	Brown, Airiyei	PR4	4	17	21	63	12	51	63	\$4.49	\$282.87

ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	CF18 - C	Cole, Jonathan	PRS	10	11	13	63	30	33	41.25	\$4.49	\$185.21
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	CF18 - C	Fleurmont, Violet	PR4	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	CF18 - C	Johnson, Jeremiah	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	CF18 - C	Louis Juste, Daphnaica	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	CF18 - C	McDuffie, Adryannah	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	CF18 - C	McMahan, Allen	PRS	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	CF18 - C	McPhee, Kamiah	PRS	12	9	11	63	36	27	33.75	\$4.49	\$151.54
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	CF18 - C	Paschal, Davonte	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	CF18 - C	Powell, Aryanna	PRS	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	CF18 - C	Ryals, kamuren	PRS	12	9	11	63	36	27	33.75	\$4.49	\$151.54
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	CF18 - C	Sands, Jason	PR4	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	CF18 - C	Thompson, Quen	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87

ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	CF18 - C	Valdez, Maydely	PR5	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	CF18 - C	wade, shynice	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Lincoln Park Head Start Center	1400 AVENUE M	19-Apr	CF18 - C	Total	Total	55	302	329	1,071.00	165	906	990.75	\$76.33	\$4,448.47
ALPI Lincoln Park Head Start Center Provider	1400 AVENUE M	19-Apr	Total	Total	Total	132	981	1,073	3,339.00	396	2,943.00	3,225.00	\$237.97	\$14,480.25
Total	Total	Total	Total	Total	Total	132	981	1,073	3,339.00	396	2,943.00	3,225.00	\$237.97	\$14,480.25
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	AF18 - A	Bailey, Antonio	PR5	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	AF18 - A	Caballero Galvez, Brando	PR5	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	AF18 - A	Dukes, Timarrion	PR5	5	16	20	63	15	48	60	\$4.49	\$269.40
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	AF18 - A	Guzman- Esquivel, Jayden	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	AF18 - A	Haugabook, Avion	PR4	4	17	21	63	12	51	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	AF18 - A	Ingram, Anirha	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	AF18 - A	Moss, La'Royal	PR4	2	19	21	63	6	57	63	\$4.49	\$282.87

ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	AF18 - A	Porter, Zy'Neria	PR5	5	16	20	63	15	48	60	\$4.49	\$269.40
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	AF18 - A	Sanchez, Christian	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	AF18 - A	Sauveur, Kiana	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	AF18 - A	Stocklin, Jaiden	PR4	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	AF18 - A	Thompson, Lauren	PR5	8	13	16	63	24	39	48.75	\$4.49	\$218.89
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	AF18 - A	Ward, Bri'Niyah	PR5	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	AF18 - A	White, A'marah	PR4	4	17	21	63	12	51	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	AF18 - A	Williams, Sage	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	AF18 - A	Total	Total	33	282	308	945	99	846	924.75	\$67.35	\$4,152.13
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	BF18 - B	Aguilar, Logan	PR4	9	12	15	63	27	36	45	\$4.49	\$202.05
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	BF18 - B	Bertrand, Malik	PR5	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	BF18 - B	Buckins, Kendell	PR5	1	20	21	63	3	60	63	\$4.49	\$282.87

ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	BF18 - B	Clayton, Ta'Mar	PR4	6	15	18	63	18	45	56.25	\$4.49	\$252.56
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	BF18 - B	Crawford, Majustici	PR5	3	18	21	63	9	54	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	BF18 - B	Darville, Latrayvia	PR5	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	BF18 - B	Gaskin, Ja'Zariah	PR5	7	14	17	63	21	42	52.5	\$4.49	\$235.72
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	BF18 - B	Jean-Gillies, Kamden	PR4	5	16	20	63	15	48	60	\$4.49	\$269.40
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	BF18 - B	Johnson, Ar'Monie	PR4	11	10	12	63	33	30	37.5	\$4.49	\$168.37
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	BF18 - B	Martin Jr, Kedrick	PR5	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	BF18 - B	Mobley, Joslyn	PR5	0	21	21	63	0	63	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	BF18 - B	Ontiveros, Ricardo	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	BF18 - B	Rhynes, Shanelle	PR5	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	BF18 - B	Robinson, Laila	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	BF18 - B	Rollins, Jaselle	PR5	3	18	21	63	9	54	63	\$4.49	\$282.87

ALPI Queen Townsend Head Start Center II ALPI Queen	2202 AVENUE Q	19-Apr	8F18 - B	St Hilaire, Azariah	PR4	0	21	21	63	0	63	63	\$4.49	\$282.87
Townsend Head Start Center II ALPI Queen	2202 AVENUE Q	19-Apr	BF18 - B	Williams, Marcus	PR5	0	21	21	63	0	63	63	\$4.49	\$282.87
Townsend Head Start Center II ALPI Queen	2202 AVENUE Q	19-Apr	BF18 - B	Total	Total	52	305	334	1,071.00	156	915	1,007.25	\$76.33	\$4,522.54
Townsend Head Start Center II ALPI Queen	2202 AVENUE Q	19-Apr	CF18 - C	Calhoun, Akira	PR5	1	20	21	63	3	60	63	\$4.49	\$282.87
Townsend Head Start Center II ALPI Queen	2202 AVENUE Q	19-Apr	CF18 - C	Edouard, Jonathan	PR5	0	21	21	63	0	63	63	\$4.49	\$282.87
Townsend Head Start Center II ALPI Queen	2202 AVENUE Q	19-Apr	CF18 - C	Francois, Elijah	PR4	3	18	21	63	9	54	63	\$4.49	\$282.87
Townsend Head Start Center II ALPI Queen	2202 AVENUE Q	19-Apr	CF18 - C	Hernandez Trejo, David	PR5	3	18	21	63	9	54	63	\$4.49	\$282.87
Townsend Head Start Center II ALPI Queen	2202 AVENUE Q	19-Apr	CF18 - C	Hunt, Brooklynn	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
Townsend Head Start Center II ALPI Queen	2202 AVENUE Q	19-Apr	CF18 - C	Ingram- knowles, K'Shia	PR4	2	19	21	63	6	57	63	\$4.49	\$282.87
Townsend Head Start Center II ALPI Queen	2202 AVENUE Q	19-Apr	CF18 - C	Jean Francois, Kimberly	PR4	4	17	21	63	12	51	63	\$4.49	\$282.87
Townsend Head Start Center II ALPI Queen	2202 AVENUE Q	19-Apr	CF18 - C	Joseph, Gaelle	PR5	0	21	21	63	0	63	63	\$4.49	\$282.87
Townsend Head Start Center II	2202 AVENUE Q	19-Apr	CF18 - C	Julien, Berline	PR5	2	19	21	63	6	57	63	\$4.49	\$282.87

ALPI Queen Townsend Head Start Center II ALPI Queen	2202 AVENUE Q	19-Apr	DF18 - D	Grant, Kamaron	PRS	2	19	21	63	6	57	63	\$4.49	\$282.87
Townsend Head Start Center II ALPI Queen	2202 AVENUE Q	19-Apr	DF18 - D	Gutierrez, Mariah	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
Townsend Head Start Center II ALPI Queen	2202 AVENUE Q	19-Apr	DF18 - D	Ilori, Ja'Nyia	PRS	0	21	21	63	0	63	63	\$4.49	\$282.87
Townsend Head Start Center II ALPI Queen	2202 AVENUE Q	19-Apr	DF18 - D	Jones, Ty'stacia	PRS	3	18	21	63	9	54	63	\$4.49	\$282.87
Townsend Head Start Center II ALPI Queen	2202 AVENUE Q	19-Apr	DF18 - D	Millan, Jairo	PR4	2	19	21	63	6	57	63	\$4.49	\$282.87
Townsend Head Start Center II ALPI Queen	2202 AVENUE Q	19-Apr	DF18 - D	Pocop Brown, Katalina	PR4	1	20	21	63	3	60	63	\$4.49	\$282.87
Townsend Head Start Center II ALPI Queen	2202 AVENUE Q	19-Apr	DF18 - D	Quintero, Jazlynn	PRS	3	18	21	63	9	54	63	\$4.49	\$282.87
Townsend Head Start Center II ALPI Queen	2202 AVENUE Q	19-Apr	DF18 - D	Robinson, Tamiyah	PR4	4	17	21	63	12	51	63	\$4.49	\$282.87
Townsend Head Start Center II ALPI Queen	2202 AVENUE Q	19-Apr	DF18 - D	Shoy, Sebastian	PRS	4	17	21	63	12	51	63	\$4.49	\$282.87
Townsend Head Start Center II ALPI Queen	2202 AVENUE Q	19-Apr	DF18 - D	Smith, Lollani	PR4	4	17	21	63	12	51	63	\$4.49	\$282.87
Townsend Head Start Center II ALPI Queen	2202 AVENUE Q	19-Apr	DF18 - D	Wade, Sam'ylia	PRS	7	19	21	63	6	57	63	\$4.49	\$282.87
Townsend Head Start Center II	2202 AVENUE Q	19-Apr	DF18 - D	White, Joseph	PR4	5	16	20	63	15	48	60	\$4.49	\$269.40

ALPI Queen Townsend Head Start Center II ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	FF18 - F	Gray, Kalia	PRS	3	18	21	63	9	54	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	FF18 - F	Jersey, Natalia	PRS	3	18	21	63	9	54	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	FF18 - F	Maldonado Cordova, Juliano	PR4	3	18	21	63	9	54	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	FF18 - F	Parker, Tyrea	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	FF18 - F	Sanders, Aaliyah	PRS	7	14	17	63	21	42	52.5	\$4.49	\$235.72
ALPI Queen Townsend Head Start Center II ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	FF18 - F	Simmons, Sanaa	PRS	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	FF18 - F	Wilson, Jayden	PRS	7	14	17	63	21	42	52.5	\$4.49	\$235.72
ALPI Queen Townsend Head Start Center II ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	FF18 - F	Total	Total	41	232	255	819	123	696	768.75	\$58.37	\$3,451.68
ALPI Queen Townsend Head Start Center II ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	GF18 - G	Brooks, William	PRS	1	20	21	63	3	60	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	GF18 - G	Brown, Kourtlyn	PR4	2	19	21	63	6	57	63	\$4.49	\$282.87
ALPI Queen Townsend Head Start Center II	2202 AVENUE Q	19-Apr	GF18 - G	Brunson, Innocence	PRS	8	13	16	63	24	39	48.75	\$4.49	\$218.89



May 2, 2019

Mr. William Holt, Chair
The Agricultural and Labor Program, Inc.
300 Lynchburg Road
Lake Alfred, FL 33850

Re: 2018 Contracts and Quality Assurance Monitoring Report

Dear Mr. Holt:

Senior Connection Center, Inc. has completed the annual Contracts and Quality Assurance Monitoring of the federally funded programs and services provided through The Agricultural and Labor Program, Inc. The purpose of the monitoring is to determine if these programs are in compliance with applicable federal and state rules, regulations, statutes, and guidelines, and to ensure that an effective service delivery system is in place, which meets the needs of the seniors authorized to receive these services.

The monitoring process this year included a review of the programmatic and fiscal requirements for these programs and services, which was accomplished using an expanded desk review, as well as an on-site visit.

Enclosed for your review is a copy of the monitoring report. As a result of the monitoring, it was determined that The Agricultural and Labor Program, Inc. is in compliance with the applicable federal and state rules, regulations, statutes, guidelines, and policies and procedures governing these programs. There are no findings, recommendations or corrective actions requiring your attention.

We appreciate the quality of services your organization provides to the seniors and their caregivers who reside in Polk County. As always, your staff was very cooperative and helpful throughout the monitoring process. Should you have any questions regarding this report, please contact us.

Sincerely,

Charlotte K. McHenry
President/CEO

Enclosure(s)

- cc: Board of Directors, SCC
- Advisory Council, Chair, SCC
- Arlene Dobison, Chief Executive Officer, ALPI
- Katie Parkinson, Chief Operating Officer, SCC
- Phil Hollister, Director of Contracts & Quality Assurance, SCC

Senior Connection Center, Inc.
Contracts and Quality Assurance Monitoring Report
2018 Contract Year

Agency: The Agricultural and Labor Program, Inc. (ALPI)

Programs: Master Contract
Emergency Home Energy Assistance Program (EHEAP)

Director: Arlene Dobison, Executive Director

Board Chairperson: Mr. William Holt, Chair

Date of On-Site Monitoring: April 3, 2019

Date of Monitoring Report: May 2, 2019

I. Introduction and Summary

Senior Connection Center, Inc. (SCC) conducted an annual Contracts and Quality Assurance Monitoring of the federally funded elderly services programs awarded to this subrecipient during the 2018 contract year. The monitoring was conducted in accordance with commonly accepted procedures used to monitor federal and state funded programs.

The monitoring and review of the programs included inquiries of staff, observations of practices, examination of selected records, and other documentation and/or observations obtained through the expanded desk review process, which was conducted throughout the contract year. It should be noted that the tests of compliance used for this monitoring were not comprehensive in scope, and may not have identified all deficiencies.

A copy of the Contracts and Quality Assurance Monitoring Checklist is attached to this report for your review. It identifies the items included in this monitoring review, and the compliance status of each item.

II. Contract and Program Review

The Florida Department of Elder Affairs (DOEA) provides federal and state funding for programs and services to older adults throughout the state of Florida by contracting these funds with designated, regional Area Agencies on Aging. Senior Connection Center, Inc. is the designated Area Agency on Aging for the Planning and Service Area which includes Hillsborough, Polk, Manatee, Highlands, and Hardee counties (PSA 6). SCC provides management and oversight of these services and funds through contracts with local service providers in each county.

The ultimate goal of these programs and services is to provide home and community-based services which provide a continuum of care to assist older adults aged 60 and over, and who may be at risk of nursing home placement, to live in the least restrictive environment suitable

for their needs, ensuring the maximum independence and dignity for the individual and support for their caregivers.

At the time of this monitoring, SCC provided funding to The Agricultural and Labor Program, Inc. (ALPI), as follows:

- **2018-2019 Emergency Home Energy Assistance Program (EHEAP) - \$178,184.00**
Services: Energy vendor payments made to resolve emergency home energy crises
- **2018-2020 Master Contract (MASTER) - \$0.00**
Services: Federal and state regulations and requirements governing all of the above referenced contracts

III. Findings

a. Previous Monitoring Findings and Recommendations:

The 2017 monitoring process resulted in no findings or recommendations.

b. 2018 Monitoring Findings and Recommendations:

The 2018 monitoring process resulted in no findings or recommendations.

IV. Issues and Challenges

ALPI has continued to demonstrate flexibility when faced with unexpected changes. Despite having staffing challenges, ALPI continues to promote their programs through outreach and education, while providing quality service to seniors in Polk County.

During the on-site visit, ALPI discussed their concerns about Polk County clients' insufficient access to transportation. The local bus service does not have a stop that is in close proximity to the ALPI office. The stop in the area is 2 miles away from their location. This has been a significant challenge for clients who need to go to ALPI's main office to complete an EHEAP application. They have to rely on acquaintances, neighbors, or family to drive them and in some instances, they are expected to provide costly financial compensation for these trips.

ALPI has alternate EHEAP service sites because Polk County encompasses a large area, but there is still a need for improved coordinated transportation. This would help more seniors get the assistance they need when they have a utility crisis.

V. Innovations and Improved Performance

No innovations or improved performance were identified for this report.

VI. Noteworthy Grants, Awards, Management, or Service Activities

No grants, awards, management, or service activities were identified for this report.

VII. Technical Assistance

No technical assistance requests were identified for this report.

VIII. Best Practices

No new best practices were identified for this report.

IX. Summary

Overall, this SCC monitoring has confirmed that ALPI is in compliance with the federal and state regulations and requirements governing the programs and services reviewed during this monitoring.

SCC appreciates the efforts being made by ALPI staff to provide these critically needed services to seniors residing in Polk County, and to ensure that the services are being provided in a high quality manner. SCC staff is available to assist your organization in any way that will help you to continue to provide quality services to these seniors and their caregivers.

As always, the staff of ALPI were accommodating and professional in preparing for this monitoring. SCC appreciates their continued commitment and dedication to serving the needs of Polk County's elders.

Submitted By: Doretta Johnson Date: 5/2/19

Reviewed By: Paul Horne Date: 5/2/19

SENIOR CONNECTION CENTER, INC.
CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST

AGENCY: The Agricultural and Labor Program, Inc.		MONITOR: Duretta Johnson					
PROGRAMS: 2018/2020 Master Contract, 2018/2019 EHEAP		DATE: May 2, 2019					
AREA OF REVIEW		Program*	Desk Review	On Site Review	In Compliance		Comments
* Item covers all programs unless identified otherwise					YES	NO	
A. PREVIOUS ON-SITE MONITORING							
A1.	The provider has effectively addressed all recommendations and/or corrective actions cited in the previous monitoring.		X		X		No recommendations or corrective actions were cited in the previous 2017 monitoring.
B. MASTER CONTRACT COMPLIANCE							
B1.	A Civil Rights Compliance Questionnaire (DOEA forms 101A and B) has been properly completed and the provider is complying with all federal civil rights requirements.		X		X		SCC Documentation ^A
B2.	The provider has complied with any requests to allow public access to records.		X		X		SCC Documentation ^A - No requests for public access to records were received.
B3.a	The provider has submitted a current Certificate of Insurance to SCC, or if provider is a political subdivision of the state, a letter per section 768.28(2), F.S., verifying adequate liability insurance coverage.		X		X		SCC Documentation ^A
B3.b	The provider has fidelity bond coverage for employees handling funds and signing checks.		X		X		SCC Documentation ^A
B4.	The provider is complying with Chapter 427 F.S. and Chapter 41-2 F.A.C. regarding transportation of clients.		X			X	
B5.	The provider is complying with section 216.347, F.S. prohibiting the expenditure of contract funds to lobby the legislature, a judicial branch, or a state agency and has signed and completed the Certification Regarding Lobbying form.		X		X		SCC Documentation-Master Contract
B6.	All records are retained for at least 6 years after termination of the contract(s).		X		X		SCC Documentation-Master Contract
B7.	The provider has signed and is in compliance with the Verification of Employment Status Certification regarding the use of the E-Verify System.		X		X		SCC Documentation-Master Contract

**SENIOR CONNECTION CENTER, INC.
CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST**

AREA OF REVIEW		Program*	Desk Review	On Site Review	In Compliance		Comments
					YES	NO	
* Item covers all programs unless identified otherwise							
B8.	If the provider is receiving federal funds, the provider has signed and is in compliance with the federal Assurances and Certifications for Non-Construction Programs.		X		X		SCC Documentation-Master Contract
B9.	The provider has established safeguards to prohibit employees, board members, management, and subcontractors from using their positions for personal gain or conflict of interest.		X		X		SCC Documentation-Master Contract
B10.a	The provider has properly completed the certification regarding debarment, suspension, ineligibility, and voluntary exclusion if the contract contains federal funding in excess of \$25,000.		X		X		SCC Documentation-Master Contract
B10.b	The provider's independent auditor completed a certification regarding debarment, suspension, ineligibility, and voluntary exclusion if required to audit contracts containing federal funds.		X		X		SCC Documentation* - Certification dated 02/07/19
B11.	The provider has a contingency plan to ensure services to clients in the event it is unable to perform its duties (i.e. Disaster Plan).		X		X		SCC Documentation
B12.	If the contract is for \$1 million or more of goods or services, the provider has signed and is in compliance with the Certification Regarding Scrutinized Companies Lists.		X		X		SCC Documentation-Master Contract
B13.	If applicable, the provider is in compliance with the provisions for using electronic records and signatures (approved by SCC).		X			X	SCC Documentation - Provider does not use electronic signatures.
C. CONFIDENTIALITY REQUIREMENTS							
C1.	The provider has signed and is in compliance with the HIPAA Business Associate Agreement.		X		X		SCC Documentation-Master Contract
C2.	The provider has signed HIPAA Business Associate Agreements with all vendors and subcontractors to whom it provides protected health information, holding them to the same restrictions and conditions.		X			X	
C3.	Procedures exist to ensure that clients are made aware of their right to confidentiality.		X		X		SCC Documentation*

**SENIOR CONNECTION CENTER, INC.
CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST**

AREA OF REVIEW		Program*	Desk Review	On Site Review	In Compliance		Comments
					YES	NO	
* Item covers all programs unless identified otherwise							
C4.	All client/staff information is maintained in file cabinets that can be/are secured.			X	X		
C5.	The Agency has written policies and procedures in place to ensure security and privacy of information.	SGR/OAA	X		X		SCC Documentation
C6.	The Notice of Privacy policy is posted in Agency's lobby.	SGR/OAA		X	X		
C7.	Personal Health Information is disposed of by an in-house shredding machine or document shredding vendor.			X	X		
C8.	Documentation that staff has been trained and retrained if applicable on HIPAA requirements.	SGR/OAA	X		X		SCC Documentation^
D. HUMAN RESOURCE MANAGEMENT							
D1.	SCC was provided current organizational chart with names of staff members.		X		X		SCC Documentation^
D2.	Provider maintains a satisfactory Personnel Policies and Procedures Manual.		X		X		SCC Documentation^
D3.	Provider maintains satisfactory personnel files.			X	X		
D4.	Provider has submitted, and is in compliance with, the Background Screening "Affidavit of Compliance - Employer" form.		X		X		SCC Documentation^
D5.	Documentation verifies provider utilizes a method, system, or log confirming initial Level 2 background screening results were received as "Eligible" within the <i>DOEA-Aging Network</i> Clearinghouse for all "direct service providers," in accordance with sections 430.0402 and 435, F.S and Appendix E of the <i>DOEA Programs and Services Handbook</i> . The provider's method, system, or log confirms tracking results over time to ensure rescreenings are conducted every five (5) years and terminated employees are removed.			X	X		

SENIOR CONNECTION CENTER, INC.
CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST

AREA OF REVIEW	Program*	Desk Review	On Site Review	In Compliance		Comments
				YES	NO	
<p>* Item covers all programs unless identified otherwise</p> <p>Provider staff background screening verification - Review two (2) randomly selected employee files to ensure appropriate screenings have been completed. Verify the files contain documentation of one (1) of the following screening methods:</p> <p>- if the screening was completed <u>before</u> 08/2015, a copy of the DOEA Background Screening Approval Letter AND the DOEA Appointment Form <u>or</u> the "Affidavit of Compliance - Employee" form (form changed, effective 04/2012)</p> <p>D6. - If the screening was completed <u>after</u> 08/2015, 1) a copy of the "Eligibility Statement" from the Background Screening Clearinghouse showing <u>DOEA/Aging Network</u> eligibility and employment history from the DOEA (page states "Background Screening Result" at the top), 2) the Privacy Policy signed and dated prior to the Level 2 screening being initiated, <u>AND</u> 3) the "Affidavit of Compliance - Employee" form signed and dated after the receipt of the Eligibility Determination Notification</p>			X			
<p>D7. The provider is promoting the use of volunteers as prescribed in section 430.07, F.S.</p>	SGR/OAA	X		X		SCC Documentation*
<p>D8. Volunteers - Review two (2) randomly selected volunteer files for documentation provided on hours, assignments, training, and background screening. Verify the files contain documentation of one (1) of the following screening methods:</p> <p>- If the screening was completed <u>before</u> 08/2015, a copy of the DOEA Background Screening Approval Letter AND the DOEA Appointment Form <u>or</u> the "Affidavit of Compliance - Employee" form (form changed, effective 04/2012)</p> <p>- If the screening was completed <u>after</u> 08/2015, 1) a copy of the "Eligibility Statement" from the Background Screening Clearinghouse showing <u>DOEA/Aging Network</u> eligibility and employment history from the DOEA (page states "Background Screening Result" at the top), 2) the Privacy Policy signed and dated prior to the Level 2 screening being initiated, <u>AND</u> 3) the "Affidavit of Compliance - Employee" form signed and dated after the receipt of the Eligibility Determination Notification</p>	SGR/OAA		X		X	

**SENIOR CONNECTION CENTER, INC.
CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST**

AREA OF REVIEW		Program*	Desk Review	On Site Review	In Compliance			Comments
					YES	NO	N/A	
* Item covers all programs unless identified otherwise								
The provider has written procedures for background screening processes and routine monitoring as it pertains to provider staff, volunteers, and subcontractors. The procedures sufficiently cover background screening requirements and oversight, and are followed.			X		X			SCC Documentation ⁶
D9.			X					
D10.	The provider routinely and comprehensively monitors background screenings of subcontractors' "direct service providers" and requires appropriate corrective action from subcontractors, as needed.		X				X	
D11.	Subcontractors' staff background screening verification - Review of background screening documentation for selected "direct service providers" to ensure appropriate screenings have been completed.		X				X	
E. SPONSORSHIP								
E1.	The provider is complying with section 286.25, F.S. regarding sponsorship, patent, and copyright requirements.		X		X			SCC Documentation ⁶
E2.	All non-governmental organizations adhere to the sponsorship clause as stated in the Master Contract. (i.e. Are logos of DOEA and SCC included on all printed materials which mention programs funded through both entities, and are the logos comparable size to the logos of their own organization?)		X		X			
E3.	If the recipient is a governmental entity, the agency requests compliance with the sponsorship clause.		X				X	
F. ACCOUNTING								
F1.	Provider has an accounting policy and procedures manual and the provider auditor has no findings related to accounting procedures.		X		X			SCC Documentation ⁶
F2.	Provider has a financial management system capable of providing accurate accounting and grant data and the chart of accounts identifies program expenses and revenues separately for each program covered in this monitoring.		X		X			SCC Documentation ⁶ - Chart of Accounts
F3.	If applicable, the provider has and uses a sales tax exemption number.		X		X			SCC Documentation - Certificate # 85-8012667623C-6; Expiration Date: 10/31/21
G. CONSUMER CO-PAY								
G1.	Consumer co-pay amounts are appropriately calculated based on the requirements, invoices are sent to the client monthly, and client payments are received regularly.	CCE/ADI	X					X
G2.	Co-pays received are on target per the budgeted amounts.	CCE/ADI	X					X

SENIOR CONNECTION CENTER, INC.
CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST

AREA OF REVIEW		Program*	Desk Review	On Site Review	In Compliance		Comments
					YES	NO	
* Item covers all programs unless identified otherwise							
H. PROGRAM INCOME							
H1.	OAA clients are appropriately informed of voluntary contributions.	OAA	X			X	
H2.	Provider has submitted all general ledger summaries, deposit slips, or other documentation supporting the collection of all OAA program income for Titles III-B, III-C1, III-C2, III-E, III-EG, and III-ES for the contract period month specified.	OAA	X			X	
H3.	Actual program income amounts are on target with projected program income amounts.	OAA	X			X	
I. SUBCONTRACTS AND ASSIGNMENTS							
I1.	All subcontracts and/or assignments have been reviewed and approved by SCC.	SGR/OAA	X			X	Provider has no subcontracts.
I2.	The provider has developed a policy regarding the frequency and type of monitorings to ensure compliance and accountability of subcontracts with state and federal requirements.	SGR/OAA	X			X	
I3.	Monitoring reports are issued to subcontractors within a reasonable time upon completion of the desk review or on-site visits.	SGR/OAA	X			X	
I4.	The provider followed up on monitoring issues with subcontractors in a timely manner, and all issues were resolved.	SGR/OAA	X			X	
I5.	Any disallowed costs or paybacks were received from subcontractors.	SGR/OAA	X			X	
I6.	All subcontractor monitoring reports have been forwarded to SCC within 45 business days of the date the monitoring report was issued.	SGR/OAA	X			X	
J. REVIEW AND AUDIT							
J1.	An independent audit was done in the last year.		X			X	SCC Documentation - Fiscal period ending 06/30/17; Due 03/31/18
J2.	The audit was received in a timely manner by SCC.		X			X	SCC Documentation - Received 01/05/18
J3.	If required, a single audit was conducted in accordance with OMB Circular A-133 and section 215.97, F.S.		X			X	

SENIOR CONNECTION CENTER, INC.
CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST

AREA OF REVIEW		Program*	Desk Review	On Site Review	In Compliance			Comments
					YES	NO	N/A	
* Item covers all programs unless identified otherwise								
J4.	Any deficiencies or findings were corrected.		X		X			SCC Documentation - No deficiencies or findings were noted in the audit report.
K. PROPERTY AND EQUIPMENT								
The provider has written procedures for recording property and equipment, and the provider auditor has no findings related to property and equipment procedures.								
K1.	Retirements and disposals of equipment purchased with SCC funds are approved by SCC and properly recorded.		X		X			SCC Documentation ^A - No retirements/disposals of equipment purchased with SCC funds were made.
K2.	Approval is received from SCC prior to purchasing equipment with SCC program funds.		X					SCC Documentation ^A - No property/equipment was purchased with grant funds.
K3.	Equipment purchased with SCC program funds was physically identified and located.			X				No property/equipment was purchased with grant funds.
K4.	The provider complies with the Department of Elder Affairs procedures for purchasing Information Technology Resources (ITR).		X					Provide does not use program funds to purchase ITR.
L. PURCHASING								
The provider has written procedures for purchasing and they are followed, and the provider auditor has no findings related to purchasing procedures.								
L1.	Whenever possible or required, competitive bidding procedures are used. Confirm any competitive bidding within the past year.		X		X			
L2.	Non-competitive procurement and use of sole source are justified and documented whenever it was not feasible to contract under competitive bid procedures in accordance with 287, F.S. Confirm any non-competitive bidding within the past year.		X					
L3.								
M. CASH DISBURSEMENTS								
The provider has written cash disbursement procedures and they are followed, and the provider auditor has no findings related to cash disbursement procedures.								
M1.	The provider is complying with section 112.061, F.S., or has stricter policies, regarding business travel reimbursement.		X		X			SCC Documentation ^A
M2.	Surplus cash generated from previous contracts is tracked separately and used as program income.		X		X			SCC Documentation ^A - Standard mileage rate of .445 cpm
M3.	If units were incorrectly charged to the contract(s) or the provider has been overpaid, the provider arranged to reimburse SCC immediately upon discovery by either the provider, SCC, or the provider's independent auditor.		X					SCC Documentation ^A
M4.								

SENIOR CONNECTION CENTER, INC.
CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST

AREA OF REVIEW		Program*	Desk Review	On Site Review	In Compliance		Comments
* Item covers all programs unless identified otherwise					YES	NO	
N. RECEIVABLES/REVENUE							
The provider has written procedures for accounts receivable (A/R) and cash receipts and the provider auditor has no findings related to receivables and cash transactions.							
N1.			X		X		SCC Documentation^
O. MATCH (CASH AND IN-KIND)							
Documentation is maintained for match.							
O1.			X			X	
Voluntary contributions are used for program income and not for cost sharing or match requirements.							
O2.		OAA	X			X	
P. BUDGETS							
Agency-wide and SCC-funded program budgets are maintained and compared to actual on at least a quarterly basis.							
P1.			X		X		SCC Documentation^
Budget and financial statements are reviewed by the governing board on a regular basis.							
P2.			X		X		
Q. PAYROLL							
The provider has written payroll procedures, and the provider auditor has no findings related to payroll procedures.							
Q1.			X		X		SCC Documentation^
All employees charged to SCC-funded programs use time sheets.							
Q2.			X		X		SCC Documentation
The provider is current with the payment of all payroll taxes.							
Q3.			X		X		SCC Documentation^ - Form 941
R. SYSTEMS MANAGEMENT							
The provider maintains written policies and procedures for systems management.							
R1.			X		X		SCC Documentation^
The provider maintains staff with knowledge of information systems and CIRTS.							
R2.			X		X		
Procedures are in place to maintain system security.							
R3.			X		X		SCC Documentation
The provider maintains a system for routine back up of data and software to recover from losses or outages of the computer system in accordance with 44-4-070, F.A.C.							
R4.			X		X		SCC Documentation
S. CIRTS							
The provider is current on all data entry required for the Client Information, Registration, and Tracking System (CIRTS).							
S1.			X		X		SCC Documentation

**SENIOR CONNECTION CENTER, INC.
CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST**

AREA OF REVIEW		Program*	Desk Review	On Site Review	In Compliance			Comments
					YES	NO	N/A	
* Item covers all programs unless identified otherwise								
S2.	Clients served during the contract year are active and authorized to receive services.		X		X			SCC Documentation
S3.	The provider maintains alternate plans for capturing and reporting data if CIRTS is down for an extended period of time.		X		X			SCC Documentation*
S4.	CIRTS reports are utilized as a management tool by the provider. Subrecipients run monthly CIRTS reports and verify consumer and service data in CIRTS is accurate.	SGR/OAA	X		X			SCC Documentation*
S5.	Providers must enter all required data per the Department's CIRTS Policy guidelines for consumers and services in the CIRTS database. The data must be entered into CIRTS before the provider submits their request for payment and expenditure reports to SCC.	SGR/OAA	X		X			
S6.	Provider submits monthly CIRTS tracking log to SCC and clears exceptions in a timely manner.	SGR/OAA	X				X	
T. UNIT RATE TRACKING								
T1.	Units reported on monthly invoices are accurate and consistent with CIRTS, internal tracking reports, and service logs.		X		X			SCC Documentation*
T2.	If applicable, signed service delivery records are available to validate client receipt of services.		X		X			SCC Documentation* - EHEAP client case files
T3.	Contract expenditure rates and unit achievement levels are appropriate for this point in the contract year.		X		X			SCC Documentation
T4.	The provider frequently monitors the actual cost of a unit of service and implements corrective action as needed.		X		X			
T5.	The provider obtains prior SCC approval for material aid (MATE/MATV) purchases of \$500.00 or more, and approval documentation is maintained.		X				X	
U. REPORTS								
U1.	The provider submits all required reports on a timely basis.		X		X			SCC Documentation
U2.	Required reports are accurate and mathematically correct.		X		X			SCC Documentation
U3.	Provider utilizes the monthly Surplus/Deficit Report to monitor contract achievement levels, implements corrective actions as needed, and effectively manages their allocations by program.		X		X			SCC Documentation
V. STAFF DEVELOPMENT & TRAINING								
V1.	The training received year-to-date correlates with the training schedule outlined in the current SPA.	SGR/OAA	X		X			

SENIOR CONNECTION CENTER, INC.
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AREA OF REVIEW		Program*	Desk Review	On Site Review	In Compliance		Comments
* Item covers all programs unless identified otherwise					YES	NO	
W2.	Training efforts are coordinated with other agencies.	SGR/OAA	X			X	
W3.	Documentation of training received year-to-date is either listed in staffs' personnel files or maintained in a separate binder.	SGR/OAA	X		X		
W4.	Training is calculated by individual staff to ensure required number of hours are achieved.	SGR/OAA	X			X	
W5.	Memory Disorder Clinic has provided or is scheduled to provide 4 hours of in-service training to ADI and adult day care providers annually.	SGR/OAA	X			X	
W. HEALTH/SAFETY/LICENSURE							
W1.	Project facilities and services are accessible to all handicapped persons.	SGR/OAA		X			
W2.a	All fire inspection reports for pertinent buildings are current (i.e. administrative offices and all Agency buildings with services funded through SGR or OAA).	SGR/OAA	X		X		SCC Documentation*
W2.b	Are there any deficiencies noted on the current fire inspection report(s)?	SGR/OAA	X			X	SCC Documentation* - No deficiencies
W2.c	All deficiencies noted on the current fire inspection report(s) were corrected.	SGR/OAA	X			X	SCC Documentation* - No deficiencies
W3.a	All required licenses are current.	SGR/OAA	X			X	
W3.b	ADC sites providing RESFA are licensed specialized Alzheimer's services adult day care centers, licensed by AHCA in accordance with section 429.918, F. S. and Chapter 59A-6, F. A. C.	ADI	X			X	
X. INCIDENTS, GRIEVANCES, COMPLAINT PROCEDURES							
X1.	Provider maintains an Unusual/Adverse Incident Policy and Procedure. An incident log is maintained for review.	SGR/OAA	X		X		SCC Documentation*
X2.	Provider notifies SCC of any and all serious or major adverse incidents involving an agency-funded client, or the discovery of conditions that may materially affect the subcontractor's or their subcontractor's ability to perform the services required.	SGR/OAA	X		X		SCC Documentation
X3.	Review Adverse Incident Log. Ensure appropriate and timely follow-up was provided resolving the issue to the client's satisfaction.	SGR/OAA	X			X	SCC Documentation* - No adverse incidents occurred during the contract year.

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AREA OF REVIEW		Program*	Desk Review	On Site Review	In Compliance		Comments
					YES	NO	
* Item covers all programs unless identified otherwise							
Grievance procedures are documented and followed as outlined in the Master Contract and the current DOE Programs and Services Handbook.							
X4.	Were there any grievances filed as of the date of this review?	SGR/OAA	X		X		SCC Documentation*
X5.	If grievance(s) were filed during the contract year, was the grievance procedure followed?	SGR/OAA	X			X	SCC Documentation* - No grievances have been filed.
X6.	Provider maintains a separate Complaint Policy and Procedure. A complaint log is maintained for review.	SGR/OAA	X			X	
X7.	Review Complaint Log. Ensure appropriate and timely follow-up was provided resolving the issue to the client's satisfaction.	SGR/OAA	X		X		SCC Documentation* - No complaints have been filed.
X8.		SGR/OAA	X			X	
Y. ADULT PROTECTIVE SERVICES (APS)							
The provider is complying with the provisions of Chapter 415, F.S. for reporting abuse, neglect, and exploitation.							
Y1.	APS High Risk Referrals are being served within 72 hours as mandated.	CCE/APS	X		X		SCC Documentation*
Y2.	Provider is compliant with Notice of Instruction #042717 High-Risk APS Client File Review Procedures and has submitted APS case file reviews monthly.	CCE/APS	X			X	
Y3.	The provider maintains a policy stating that an employee who knows, or has reasonable cause to suspect, that a child, aged person, or disabled adult is or has been abused, neglected, or exploited, shall immediately report such knowledge or suspicion to the State of Florida's central abuse registry and tracking system on the statewide toll free telephone number 1-800-96 abuse.	CCE/APS	X			X	
Y4.	APS client case files contain complete and correct documentation.	CCE/APS	X			X	
Y5.	Lead Agency has effective communication and cooperation with DCF/APS representatives to address client issues and data exceptions.	CCE/APS	X			X	
Y6.	Lead Agency is effectively utilizing the ARTT system including the completion of sections 30, 31, 36, and 37 within 72 hours.	CCE/APS	X			X	
Y7.		CCE/APS	X			X	
Z. PRIORITY CRITERIA							
Z1.	The provider is correctly prioritizing clients for OAA services.	OAA	X			X	

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AREA OF REVIEW		Program*	Desk Review	On Site Review	In Compliance			Comments
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* Item covers all programs unless identified otherwise								
Z2.	The priority criteria for service delivery as indicated in the current contract is followed. (A review of CIRTS data shows the provider is serving clients most in need of services.)	SGR	X				X	
AA. TARGETING								
Outreach/Education activities are being conducted to target OAA services to older individuals with greatest economic and social needs, low-income minority individuals, and older individuals in rural areas.								
AA1.		OAA	X				X	
AA2.	Targeted zip codes provided by SCC are utilized effectively.	OAA	X				X	
AA3.	Provider correctly and completely uses SCC's Targeting Plan documentation forms.	OAA	X				X	
AA4.	Projected units of outreach and/or education are on target for the year.	OAA	X				X	
BB. WAITLIST								
The waitlist is maintained and reviewed in accordance with the guidelines established by DOEA and SCC.								
CC. OUTCOME MEASURES								
<i>All outcome measures are to be achieved as detailed below:</i>								
CC1.	Percent of APS referrals who are in need of immediate services to prevent further harm who are served within 72 hours (97%).	CCE/APS	X				X	
CC2.	Percent of elders assessed with high or moderate risk environments who improved their environment score (79.3%).	SGR/OAA	X				X	
CC3.	Percent of new service recipients with high-risk nutrition scores whose nutritional status improved (86%). For informational purposes only.	SGR/OAA	X				X	
CC4.	Percent of new service recipients whose ADL assessment score has been maintained or improved (65%).	SGR/OAA	X				X	
CC5.	Percent of new service recipients whose IADL assessment score has been maintained or improved (62.3%).	SGR/OAA	X				X	
CC6.	Percent of customers who are at imminent risk of nursing home placement who are served with community-based services (90%).	SGR/OAA	X				X	
* Required for all providers that complete 701 assessments								

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					YES	NO	N/A	
* Item covers all programs unless identified otherwise								
CC7.	Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor) (90%).	SGR/OAA	X				X	
DD. SERVICE DELIVERY EVALUATION BY PROVIDER (Observed)								
DD1.	The actual delivery of each funded service has been observed during this contract year.	SGR/OAA	X				X	
DD2.	Client concerns regarding service delivery are resolved if found during the review process.	SGR/OAA	X				X	
DD3.	If applicable, sites have been visited or are scheduled to be visited during the year.	SGR/OAA	X				X	
DD4.	Clients were interviewed regarding client satisfaction with services.	SGR/OAA	X				X	
DD6.	Client concerns raised during the interviews are resolved/documented.	SGR/OAA	X				X	
EE. SERVICE DELIVERY EVALUATION BY SCC (Observed)								
EE1.a	Client home visits were completed.	SGR					X	
EE1.b	Clients were interviewed regarding client satisfaction with services.	SGR					X	
EE1.c	Client concerns raised during the interviews are resolved/documented.	SGR					X	
EE2.a	Adult Day Care (ADC) site(s) have been visited.	SGR/OAA					X	
EE2.b	All required licenses and inspections are current and posted including AHCA, Health Department, and Fire Marshall.	SGR/OAA					X	
EE2.c	Clients were interviewed regarding client satisfaction with ADC services.	SGR/OAA					X	
EE2.d	Client concerns raised during the interviews are resolved/documented.	SGR/OAA					X	
EE3.a	Congregate meal site(s) have been visited.	OAA					X	
EE3.b	Clients were interviewed regarding client satisfaction with services.	OAA					X	
EE3.c	Client concerns raised during the interviews are resolved/documented.	OAA					X	
EE4.a	Home Delivered Meal (HDM) route(s) have been observed.	OAA					X	
EE4.b	Clients along the routes were interviewed regarding client satisfaction with services.	OAA					X	

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CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST

AREA OF REVIEW		Program*	Desk Review	On Site Review	In Compliance		Comments
					YES	NO	
* Item covers all programs unless identified otherwise							
EE4.c	Client concerns raised during the interviews are resolved/documentated.	OAA					X
EE5.a	The HDM route drivers were observed delivering meals.	OAA					X
EE5.b	The HDM route drivers were interviewed for knowledge of the route policy and procedures, training, and client interaction.	OAA					X
FF. AVAILABILITY OF DOCUMENTS							
Items Requested for Review:							
FF1.	Operational Procedures Manual	SGR/OAA	X			X	
FF2.	Personnel Policies and Procedures Manual	SGR/OAA	X			X	
FF3.	Financial Policies and Procedures Manual	SGR/OAA	X			X	
FF4.	Program Income Policy and Procedures	OAA	X			X	
FF5.	Adverse Incident FilerLog	SGR/OAA	X			X	
FF6.	Service Subcontracts and Monitoring Reports	SGR/OAA	X			X	
FF7.	Staff Development and Training Plan (e.g. schedules, agendas, sign-in sheets, handouts)	SGR/OAA	X			X	
FF8.	Quality Assurance Documentation (completed client satisfaction surveys and compiled report of findings)	SGR/OAA	X			X	
FF9.	Safety/Licensure Compliance (e.g. Adult Day Care Center license if funded through OAA)	SGR/OAA	X			X	
FF10.	Current Fire Inspection Reports (i.e. administrative offices and all Agency buildings with services funded through OAA)	SGR/OAA	X			X	
ADDITIONAL Items Requested only if there are changes:							
FF11.	Current Board Roster (Non-Governmental entity only)	SGR/OAA	X			X	
FF12.	Articles of Incorporation (Non-Governmental entity only)	SGR/OAA	X			X	
FF13.	Corporate Bylaws (if applicable) (Non-Governmental entity only)	SGR/OAA	X			X	
FF14.	Advisory Council By Laws and Membership (if applicable)	SGR/OAA	X			X	
FF15.	Staffing Plan (position descriptions, pay plan)	SGR/OAA	X			X	
FF16.	Interagency Agreements	SGR/OAA	X			X	
FF17.	Affirmative Action Plan	SGR/OAA	X			X	
FF18.	Americans with Disabilities Act Assurance	SGR/OAA	X			X	

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					YES	NO	N/A	
* Item covers all programs unless identified otherwise								
GG. CLIENT CASE FILE REVIEW								
GG1.	All original client case files and related documentation requested were available for review.	SGR/OAA	X			X		EHEAP client case files are addressed in I12.
GG2.	Provider submitted four brief client case summaries of clients served during contract year. (Two clients from I1B and two clients from I1E.) Legal providers will submit redacted client summaries.	OAA LEGALS ONLY	X			X		
GG3.	RESFA clients have a documented diagnosis of Alzheimer's disease or a dementia-related disorder (ADRD) from a licensed physician, licensed physician assistant, or a licensed advanced practice registered nurse, and this documentation is maintained by the provider.	ADI	X			X		
HH. NUTRITION PROGRAM REVIEW								
HH1.	Copy of the contract agreement and license and/or registration of the dietitian(s) planning and coordinating nutrition program services.	OAA	X			X		
HH2.	Copy of current certification for the Certified Food Protection Manager for each meal site who oversees storage, display, and serving of food. The CPM does not have to be on site during meals unless the site operates a kitchen with 3 or more employees.	OAA	X			X		
HH3.	Copy of current food service vendor contract(s), including the required provisions set forth in the current DOE A Programs and Services Handbook.	OAA	X			X		
HH4.	Copy of provider's annual monitoring reports of the caterer(s) or food service vendor(s).	OAA	X			X		
HH5.	Documentation of provider quarterly monitoring of meal sites for 2018. To include NPCR forms and corrective actions for deficiencies noted (if any).	OAA	X			X		
HH6.	Observation of selected meal sites and review of selected client records indicate meal participants have a current 701A, 701B, or 701C assessment.	OAA		X		X		
HH7.	Documentation of dietitian-approved menu substitution lists and logs of any substitutions made for 2018.	OAA	X			X		

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					YES	NO	N/A	
* Item covers all programs unless identified otherwise								
HH8.	Documentation of dietician-approved menus, signed and dated, including computer analysis for 2018. Note: All menus must be approved at least four calendar weeks prior to implementation.	OAA	X			X		
HH9.	Referral procedures for Nutrition Counseling.	OAA	X			X		
HH10.	Nutrition care plans for clients with a high-risk nutritional score (higher than 5.5 on the assessment tool).	OAA	X			X		
HH11.	Documentation of compliance with meal temperature requirements to include food delivery time and daily menu item temperature logs.	OAA	X			X		
HH12.	Policy and procedures regarding collection and recording voluntary consumer contributions for meals.	OAA	X			X		
HH13.	Clients are informed they are under no obligation to contribute toward meals, and practices are conducive to ensuring contributions toward meals are voluntary and confidential.	OAA	X			X		
HH14.	Documentation of nutrition service provider training on safe and sanitary handling of food during preparation (where applicable), storage, and delivery for provider staff, volunteers, and home delivered meal drivers in 2018.	OAA	X			X		
HH14.	Documentation that training on prevention of food borne illness was provided by a registered dietician, or a competent Certified Food Protection Manager under the direction of the dietician.	OAA	X			X		
HH15.	Documentation that a qualified dietician developed an annual and monthly nutrition education plan for 2018, including subject matter, presenters, and materials to be used.	OAA	X			X		
HH16.	Documentation of monthly nutrition education to congregate meal site participants in 2018, including 1) materials used and 2) sign-in sheets with the a) date of the presentation, b) name and title of presenter, c) subject matter, d) length, and e) number of persons in attendance. If the presenter is not a qualified dietician, provider maintains documentation of presenter's 1) training from the dietician, 2) qualifications, 3) and experience.	OAA	X			X		
HH17.	Documentation of monthly nutrition education to home delivered meal clients in 2018, including 1) materials distributed, 2) dates of distributions, and 3) distribution lists showing the number of clients receiving the information each month	OAA	X			X		

SENIOR CONNECTION CENTER, INC.
CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST

	AREA OF REVIEW	Program*	Desk Review	On Site Review	In Compliance		Comments
					YES	NO	
	* Item covers all programs unless identified otherwise						
HH18.	Documentation of provider's registered dietician's monitoring of every food service vendor sanitation inspection report, completed at least annually	OAA	X			X	
HH19.	Documentation of provider's registered dietician's review and approval of corrective action plans of food service vendors for all significant or high priority findings on sanitation inspection reports.	OAA	X			X	
HH20.	Provider informs SCC of temporary and permanent congregate meal site closures and obtains SCC approval for the establishment of additional sites.	OAA	X			X	
HH21.	Provider notifies and receives approval from SCC prior to resuming services and billing when there is a break in service at a meal site.	OAA	X			X	
II.	EHEAP PROGRAM REVIEW						
	Documentation of provider's internal EHEAP Policies & Procedures Manual, energy vendor agreements, client payment logs (approved and denied), outreach plan information, and other documentation requested on the supplemental EHEAP Monitoring Checklist	EHEAP	X		X		SCC Documentation^
II2.	All original client case files and related documentation requested were available for review.	EHEAP	X		X		SCC Documentation^
II3.	EHEAP intake site visit completed by SCC.	EHEAP	X		X		EHEAP intake site visited on 02/13/19.
JJ.	CONSUMER SATISFACTION SURVEYS (Mailed)						
JJ1.	Client evaluation surveys were mailed in a timely manner.	SGR/OAA	X			X	
JJ2.	The survey return rate was satisfactory.	SGR/OAA	X			X	
JJ3.	Overall findings were excellent or very good.	SGR/OAA	X			X	
JJ4.	Client concerns noted on the surveys were resolved/documented.	SGR/OAA	X			X	
JJ5.	A compiled report of survey results were analyzed and submitted to SCC.	SGR/OAA	X			X	
KK.	LEGAL PROGRAM REVIEW						
KK1.	Documentation legal assistance subcontractors are licensed in accord with statute.	OAA	X			X	
KK2.	Documentation legal assistance subcontractors are Legal Service Corporation (LSC) funded providers or were coordinated through an LSC, as appropriate.	OAA	X			X	

**SENIOR CONNECTION CENTER, INC.
CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST**

AREA OF REVIEW		Program*	Desk Review	On Site Review	In Compliance		Comments
					YES	NO	
* Item covers all programs unless identified otherwise							
KK3.	Documentation (such as minutes, agendas, sign-in sheets, action plans) that AAA conducted joint planning meetings with legal service providers to identify target groups, priority legal issues, and outreach mechanisms.	OAA	X			X	
KK4.	Documentation that OFLAP-JS reports are submitted timely.	OAA	X			X	
LL. PROVIDER ISSUES AND CHALLENGES							
LL1.	Unique issues, challenges, or special concerns of the Director were identified by the provider to submit with the desk review response. Items submitted will be discussed during the on-site monitoring visit.		X		X		
MM. PROVIDER INNOVATIONS AND IMPROVED PERFORMANCE							
MM1.	Innovations and improved performance issues were identified by the provider to submit with the desk review response. Items submitted will be discussed during the on-site monitoring visit.		X			X	None were identified for this report.
MM2.	Noteworthy grants, awards, management, or service activities since the last monitoring visit were identified by the provider to submit with the desk review response. Items submitted will be discussed during the on-site monitoring visit.		X			X	None were identified for this report.
NN. TECHNICAL ASSISTANCE REQUESTS							
NN1.	Technical assistance needs or requests were identified by the provider to submit with the desk review response. Items submitted will be discussed during the on-site monitoring visit.		X			X	None were identified for this report.
OO. BEST PRACTICES							
OO1.	Best practices were identified by the provider to submit with the desk review response. Items submitted will be discussed during the on-site monitoring visit.		X			X	None were identified for this report.
Notes:							
SPA = Service Provider Application							
SCC Documentation = indicates item(s) on file with SCC from previous provider submissions.							
SCC Documentation* = indicates item(s) submitted by the provider for this monitoring.							

SENIOR CONNECTION CENTER, INC.
CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST

AGENCY: The Agricultural and Labor Program, Inc.		MONITOR: Duretta Johnson			
PROGRAM: 2018/2019 Emergency Home Energy Assistance for the Elderly (EHEAP)		DATE: May 2, 2019			
AREA OF REVIEW	Desk Review	On Site Review	In Compliance		Comments
			YES	NO N/A	
A. PREVIOUS ON-SITE MONITORING					
A1.	The provider has effectively addressed all recommendations and/or corrective actions cited in the previous monitoring.	X		X	No recommendations or corrective actions were cited in the previous 2017 monitoring.
B. STAFF CRITERIA					
B1.	Documentation verifies provider utilizes a method, system, or log confirming initial Level 2 background screening results were received as "Eligible" within the <i>DOEA-Aging Network</i> Clearinghouse for all "direct service providers," in accordance with sections 430.0402 and 435, F.S and Appendix E of the DOEA Programs and Services Handbook. The provider's method, system, or log confirms tracking results over time to ensure rescreenings are conducted every five (5) years and terminated employees are removed.		X		
B2.	Provider staff background screening verification - Review two (2) randomly selected employee files to ensure appropriate screenings have been completed. Verify the files contain documentation of one (1) of the following screening methods: - If the screening was completed <i>before</i> 08/2015, a copy of the DOEA Background Screening Approval Letter AND the DOEA Appointment Form <u>or</u> the "Affidavit of Compliance - Employee" form (form changed, effective 04/2012) - If the screening was completed <i>after</i> 08/2015, 1) a copy of the "Eligibility Statement" from the Background Screening Clearinghouse showing <i>DOEA/Aging Network</i> eligibility and employment history from the DOEA (page states "Background Screening Result" at the top), 2) the Privacy Policy signed and dated prior to the Level 2 screening being initiated, AND 3) the "Affidavit of Compliance - Employee" form signed and dated after the receipt of the Eligibility Determination Notification		X		

**SENIOR CONNECTION CENTER, INC.
CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST**

	AREA OF REVIEW	Desk Review	On Site Review	In Compliance			Comments
				YES	NO	N/A	
B3.	Documentation of staff training conducted at least annually and as often as needed for new staff.	X		X			SCC Documentation^
C. PROGRAM CRITERIA							
C1.	There is documentation on file that the service provider has obtained an agreement from each energy supplier to assure that the requirements in Section 2605(b)(7) of Public Law 97-35 are met.	X		X			SCC Documentation
C2.	There is documentation available to verify that Vendor Payment Agreements are reviewed by both parties at least every five (5) years.	X		X			SCC Documentation^
C3.	Client files have been established and are in order with current applicable forms and documentation of need.	X		X			SCC Documentation^
C4.	The provider has an <i>internal</i> EHEAP Policies & Procedures Manual used for program administration.	X		X			SCC Documentation^
C5.	Procedures are established that clearly provide guidance for each staff responsible for implementation of the Program.	X		X			SCC Documentation
C6.	Procedures are established and followed that track benefit payments and identify staff members authorizing and making payments.	X		X			SCC Documentation
C7.	Procedures are established for overpayment and recoupment of overpayment.	X		X			SCC Documentation
C8.	Procedures are established to prioritize clients based on highest home energy needs and lowest household income.	X		X			SCC Documentation
C9.	Procedures include use of funds for repairs to heating/cooling equipment.	X		X			SCC Documentation
C10.	Procedures establish what constitutes an emergency.	X		X			SCC Documentation
C11.	Procedures address conditions of eligibility.	X		X			SCC Documentation
C12.	The provider has procedures in place to ensure EHEAP funds are budgeted and expended to allow for energy assistance benefits in both the heating and cooling seasons and to ensure that this is a twelve-month program. Procedures should include referral to other community agencies when funds budgeted for a particular time period is exhausted, if consumers are subsequently denied.	X		X			SCC Documentation

SENIOR CONNECTION CENTER, INC.
 CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST

AREA OF REVIEW	Desk Review	On Site Review	In Compliance			Comments
			YES	NO	N/A	
C-13. Procedures address the use of EHEAP funds for clients who are on oxygen support or a "Lifeline Program."	X		X			SCC Documentation
C-14. The provider has a procedure in place to assure that an eligible household receives no more than one payment of \$600 or less during one heating and cooling season.	X		X			SCC Documentation
C-15. Procedures indicate that homeowners and renters are treated equitably under this contract.	X		X			SCC Documentation
C-16. The Provider has a procedure in place and/or documentation of informing potential clients of times and places to apply for assistance.	X		X			SCC Documentation
C-17. The CIRTS report "EHEAP Summary" is submitted to SCC by the 7th of the month following the end of the quarter reported. (Months due: January, April, July, October)	X		X			SCC Documentation
C-18. All local cooperating agencies that are in regular contact with the low income population, especially agencies and groups serving the elderly, disabled, homebound, migrants and migrants farm workers have been informed about the program.	X		X			SCC Documentation
C-19. The local media has been informed about the availability of funds in the Program. A description of all interactions between the agency and the media concerning EHEAP is kept in an agency file. All announcements include the beginning of the program with information stating how, where, and when to apply, as well as the benefits available and eligibility criteria.	X		X			SCC Documentation^
C-20. Agency staff conducts home visits to prospective applicants that are homebound and request and need assistance at home in completing the application.	X		X			SCC Documentation
C-21. Agency staff provides information about the local weatherization program to all persons who request it, including organizations that provide outreach activities.	X		X			SCC Documentation^

SENIOR CONNECTION CENTER, INC.
CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST

AREA OF REVIEW	Desk Review	On Site Review	In Compliance			Comments
			YES	NO	N/A	
C22. The agency does not exclude applicants from program participation, deny program benefits or otherwise discriminate based on race, color, national origin, sex, disability, age, religion or political belief.	X		X			SCC Documentation
C23. The agency does not charge applicants for any portion of the services received.	X		X			SCC Documentation
C24. The agency adheres to the rules of confidentiality as outlined in the Master Contract, Section 17.	X		X			SCC Documentation
C25. All applicants who are <i>approved</i> are notified of their right to appeal within 15 working days of <i>crisis resolution</i> , while all applicants who were <i>denied</i> are notified of their right to appeal within 15 working days of <i>receiving the application</i> .	X		X			SCC Documentation
C26. There is documentation to verify that appropriate action is taken to resolve emergencies within 18 hours of the application for applicants approved for a crisis benefit.	X		X			SCC Documentation^-. Case File Review
C27. There is documentation on file that the agency provided each recipient via mail or in person, a dated notice of approval or denial of assistance.	X		X			SCC Documentation^-. Case File Review
C28. A supervisory or edit staff review is conducted on all authorization forms for accuracy before submission for payment. Verification of the review is indicated on the worksheet.	X		X			SCC Documentation^-. Case File Review
C29. The provider has included DOEA and SCC logos on any brochures or printed material regarding the EHEAP program. (Copies of media ads/press releases, pamphlets and brochures submitted)	X		X			SCC Documentation^
C30. A review of a random selection of completed application forms for the heating and cooling seasons revealed that all recipients were eligible per the eligibility criteria.	X		X			SCC Documentation^-. Case File Review
C31. The provider maintains and follows a procedure to ensure that applicants that reside in ineligible households as defined (LIHEAP manual section 3-6 or 3-7) do not receive EHEAP funds.	X		X			SCC Documentation

**SENIOR CONNECTION CENTER, INC.
CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST**

AREA OF REVIEW	Desk Review	On Site Review	In Compliance			Comments
			YES	NO	N/A	
C32. Documentation validates that payments to the energy providers are made within 45 days (or contractual agreement) of the application's approval.	X		X			SCC Documentation^ - Case File Review
C33. Documentation demonstrates the MOU with all service area LIHEAP providers, including interagency MOU's, are reviewed and renewed at least every five years.	X			X		ALPI is the LIHEAP provider for Polk County.
C34. Documentation demonstrates the MOU with all service area Weatherization Assistance Programs are reviewed and renewed at least every five years.	X		X			SCC Documentation
C35. Policies regarding the detection and prevention of fraud and abuse of program funds.	X		X			SCC Documentation
C36. Policies that address serving family members and employees.	X		X			SCC Documentation
C37. Procedures for computer system backup and recovery.	X		X			SCC Documentation
C38. Policies which must encourage households to seek assistance prior to incurring non-energy penalties such as disconnect/reconnect fees, additional deposits, interest, or late payments.	X		X			SCC Documentation
C39. The agency has written consumer appeal procedures that provide an opportunity for a fair administrative hearing at the provider level, to individuals whose application for assistance are denied, or whose applications are not acted upon with reasonable promptness.	X		X			SCC Documentation
C40. Annual Outreach Plan Survey has been submitted within 30 days of the contract execution date. Survey appropriately documents planned outreach activities and tracking information.	X		X			SCC Documentation
D. IN-TAKE SITE EVALUATION BY SCC (Observed)						
D1. Observation of client intake process.		X	X			Application Processing Site visited on 02/13/19
D2. Program notice or sign is conspicuously posted in the area where EHEAP applications are received stating: "No money, cash or checks will be requested or received from customers in this EHEAP office. If an employee asks for money, report this to the agency executive director or department head."		X	X			

SENIOR CONNECTION CENTER, INC.
 CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST

AREA OF REVIEW	Desk Review	On Site Review	In Compliance			Comments
			YES	NO	N/A	
D3. There are a sufficient number of applications, brochures and forms to operate the program.		X	X			
D4. Site has alternate Resource Guide on hand of other energy assistance service providers.		X	X			
D5. Intake site facilitates client confidentiality and service access. Client confidentiality during intake process adequately assured.		X	X			
D6. Intake site has written policies and procedures in place to ensure security and privacy of information.		X	X			
D7. All client/staff information is maintained in file cabinets that can be/are secured.		X	X			
D8. Intake locations meet ADA access guidelines.		X	X			
D9. Does intake site accept walk-ins? Schedule Appointments?		X	X			
D10. Site follows policies and procedures for conducting home visits to home-bound elders, for completion of the program application or eligibility determination when other assistance is not available.		X	X			
D11. Written consumer appeal procedures are provided to clients to ensure an opportunity for a fair administrative hearing at the provider level, to elders whose applications for assistance are denied, or whose applications are not acted upon with reasonable promptness.		X	X			
Notes:						
SPA = Service Provider Application						
SCC Documentation = indicates item(s) on file with SCC from previous provider submissions.						
SCC Documentation* = indicates item(s) submitted by the provider for this monitoring.						

EARLY LEARNING COALITION OF ST. LUCIE
Monitoring Reports

STATEWIDE SCHOOL READINESS PROVIDER CONTRACT MONITORING TOOL – Tier 2

Attachment A

EARLY LEARNING COALITION OF St. Lucie

Coalition Staff/Monitor: Kalina Sheppard Monitoring Date: 05/07/2019 Program Year: 2018 - 2019

I. PARTIES AND TERMS OF THE CONTRACT

Provider Name (I-1): ALPI Queen Townsend Head Start Center II

Location Address (I-1): 2202 Avenue O, Fort Pierce, FL 34950

Provider EIN (I-1): 59-1634148 Dates of Contract (I-3): 07/01/2018 - 06/30/2019

1. Not transferred/assigned contract

Assessment activity - Does the ownership information match who is listed on the contract? If they match, then they are in compliance.

Yes No *Did the provider obtain written approval of the coalition if it transferred or assigned its contract to another entity, corporation, or owner?*
(I-6)
N/A

Notes: _____

II. PROVIDER ELIGIBILITY

1. Provider type and services (informational)

(check all that apply) (II-7 and III-18)

- Child care facility
- Faith-based child care provider
- Family day care home
- Informal child care provider
- Large family child care home
- Before-school
- Public school or nonpublic school
- After-school
- Full-time
- Part-time
- Extended-day
- Extended-year

2. Licensed or legally operating

Assessment activity -

- 1. Access the DCF Child Care Administration, Regulation and Enforcement System (CARES) website or local licensing inspection reports and conduct a provider search for the provider in question.

STATEWIDE SCHOOL READINESS PROVIDER CONTRACT MONITORING TOOL – Tier 2

Attachment A

EARLY LEARNING COALITION OF St. Lucie

Coalition Staff/Monitor: Kalina Sheppard

Monitoring Date: 05/07/2019

Program Year: 2018 - 2019

2. To determine if a private after school program or private summer camp, exempt from licensing, is legally operating, review level two background screenings for all center personnel. Review the provider's contract for the operating status and review the provider's final reimbursement report to verify that only children who are 5 years of age on or before September 1 and older are receiving service.
3. Review the Division of Public Assistance Fraud (DPAF) Dispositions Report available on the OEL coalition zone to verify that the provider, or an owner, officer, or board director thereof, has not been convicted of, found guilty of, or pled guilty or nolo contendere to, regardless of adjudication, public assistance fraud pursuant to s. 414.39, F.S., within the last five (5) years and is not acting as the beneficial owner for someone who has been convicted of, found guilty of, or pled guilty or nolo contendere to, regardless of adjudication, public assistance fraud pursuant to s. 414.39, F.S., within the last five (5) years.
4. Verify that the provider is not on the United States Department of Agriculture National Disqualified List nor does the provider share an officer or board director with a provider that is on the United States Department of Agriculture National Disqualified List.
5. Verify that informal providers meet state and federal requirements to be an eligible provider.
6. Verify that provider has successfully or in the process of successfully completing previous corrective actions or terms of probation due to noncompliance determinations from a prior contract.
7. Verify that provider or an owner, officer, or board director thereof, has not had their eligibility to provider School Readiness services revoked. For multi-site PROVIDERS, such as corporate chains or school districts, eligibility revocation is per site and not all locations unless specifically determined otherwise by the coalition.

Yes No *Is the provider licensed or legally operating? (Verification needed) (II-7)*

License / Licensed Exempt ID: C19SL0161

Expiration Date: 12/22/2019

If no, explain: _____

Notes: _____

III. PROVIDER RESPONSIBILITIES

1. Child care

Assessment activity -

1. Does written address match physical address? If yes, provider is in compliance. If not, provider is not in compliance.
2. Has mail been returned by the carrier indicating wrong address? If it has then not in compliance. If it has not, then in compliance.

Yes No *Did the provider enroll SR children in accordance with the services established by the coalition on the childcare (payment) certificate indicating authorized hours of care and are the sampled children at the physical location identified on the enrollment/attendance certification form? (III-*

Form OEL-SR 20M

Statewide School Readiness Provider Contract Monitoring Tool – Attachment A

March 2017

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STATEWIDE SCHOOL READINESS PROVIDER CONTRACT MONITORING TOOL – Tier 2

Attachment A

EARLY LEARNING COALITION OF St. Lucie

Coalition Staff/Monitor: Kalina Sheppard

Monitoring Date: 05/07/2019

Program Year: 2018 - 2019

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8, 9) For sampled files, if the error rate is 10% or higher, this will constitute a finding for this criterion that will count toward the high risk assessment identified in section D above. All non-compliance observations will still require corrections, regardless of the error rate percentage.

2. Healthy and safe environment (for 2.a through 2.c, select the provider type that applies)

Health and Safety requirements are specifically addressed in each provider type attachment. (III-11)

* If any violations are observed while conducting onsite visit, report observations to DCF or local licensing agency.

a. Licensed Provider, Licensed-Exempt Provider, Faith-Based Provider (religious-exempt), and Registered Providers Responsibilities

Assessment activity - View a copy of their most recent DCF or local licensing agency inspection report, Form OEL-SR-6201.

Yes No Is the provider providing a healthy and safe environment pursuant to s. 402.303(5), (6), and (7), as applicable, and as verified pursuant to Rule 6M-4.620(2)(a), FAC?

Notes: _____

b. Public and Non-Public Schools Responsibilities

Assessment activity - View a copy of their most recent DCF or local licensing agency inspection report, Form OEL-SR-6203.

Yes No Is the provider providing a healthy and safe environment pursuant Rule 6M-4.620(2)(b), FAC?

c. Informal, Large Family Child Care Home, and Family Day Care Home Provider Responsibilities

Assessment activity - View a copy of their most recent DCF or local licensing agency inspection report, Form OEL-SR-6205.

Yes No N/A Is the provider providing a healthy and safe environment pursuant to Rule 6M-4.620(2)(c), FAC?

Notes: _____

3. Developmentally appropriate curriculum

Yes No N/A Is the provider using an approved Developmentally Appropriate Curriculum (as it specified in OEL-SR 20 and Attachment C of Form OEL-SR 20M)? (III-13)

Curriculum used: Creative Curriculum Edition or date: 2nd Edition

Curriculum used: _____ Edition or date: _____

Curriculum used: _____ Edition or date: _____

Character Development Program included in curriculum? Yes No N/A For school age programs only

STATEWIDE SCHOOL READINESS PROVIDER CONTRACT MONITORING TOOL – Tier 2

Attachment A
EARLY LEARNING COALITION OF St. Lucie

Coalition Staff/Monitor: Kalina Sheppard Monitoring Date: 05/07/2019 Program Year: 2018 - 2019

4. A character development program

Yes No *Is the provider using the character development program as it identified in OEL-SR 20? (III-14)*
N/A *For school age programs only*

Program used: Creative Curriculum Edition or date: 2nd Edition

5. Unlimited parental access

Yes No *Does the provider afford parents unlimited access to their children during normal hours of provider operation when children are in the care of the provider? (III-24)*

ATTENDANCE REPORTING

April 2019 Month(s) validated for attendance

6. Daily sign-in/sign-out sheets

Assessment activity - Review sign-in/sign-out logs for children in sample. Some non-compliance observations may not result in questioned cost but will require technical assistance.

Yes No *Are the parent sign-in/sign-out daily attendance forms completed in accordance with rule (6M-4.500(1)-(4), FAC)? (III-20) For sampled files, if the error rate is 10% or higher, this will constitute a finding for this criterion that will count toward the high risk assessment identified in section D above. All non-compliance observations will still require corrections, regardless of the error rate percentage.*

Yes No *Did the observation result in a disallowed cost? Indicate amount* \$0.00

Indicate any discrepancies found (including disallowed costs): **(VII-51)**

Provider does not have any School Readiness students at this time.

7. Enrollment/Attendance Certifications

Assessment activity - Review enrollment/attendance certifications for children in sample and compare to the sign-in/sign-out forms. Observe and record attendance in each classroom sample and then compare them to the sign in sheets to make sure the sign in sheets are accurately reflecting children present. Some non-compliance observations may not result in questioned cost but will require technical assistance.

Yes No *Are the provider's monthly enrollment/attendance certifications completed in accordance with rule (6M-4.500(1)-(4), FAC)? (III-20) For sampled files, if the error rate is 10% or higher, this will constitute a finding for this criterion that will count toward the high risk*

STATEWIDE SCHOOL READINESS PROVIDER CONTRACT MONITORING TOOL – Tier 2

Attachment A

EARLY LEARNING COALITION OF St. Lucie

Coalition Staff/Monitor: Katina Sheppard

Monitoring Date: 05/07/2019

Program Year: 2018 - 2019

assessment identified in section D above. All non-compliance observations will still require corrections, regardless of the error rate percentage.

Yes No Did the observation result in a disallowed cost? Indicate amount \$0.00

Indicate any discrepancies found (including disallowed costs): (VII-51)

Provider does not have any School Readiness students at this time

8. Reporting absences

Assessment activity - Review sign-in/sign-out log for children in sample. From the selected sample, determine which children were absent. Once a determination has been made, ask the provider for documentation that supports communication with DCF or the parent concerning absences as applicable. Determine if procedures were followed to substantiate compliance with attendance reporting.

Yes No *If applicable, did the provider notify the coalition if a child was absent for five (5) consecutive days with no contact from parent by the close of the fifth (5th) day, according to rule? (III-21) For sampled files, if the error rate is 10% or higher, this will constitute a finding for this criterion that will count toward the high risk assessment identified in section D above. All non-compliance observations will still require corrections, regardless of the error rate percentage.*

N/A

9. Rilya Wilson Act (s. 39.604, F.S.)

When an at-risk child has an unexcused absence or seven consecutive days of excused absences, the school readiness provider shall notify the Department of Children and Families or community-based lead agency and the early learning coalition.

Assessment activity - Review sign-in/sign-out log for at-risk children in sample. From the selected sample, determine which children were absent. Once a determination has been made, ask the provider for documentation that supports communication with DCF or the parent concerning absences as applicable. Determine if procedures were followed to substantiate compliance with attendance reporting.

Yes No *If applicable, did the provider abide by the provisions of the Rilya Wilson Act for each at-risk child under the age of school entry by documenting any notification contact made with the DCF or community-based agencies' case manager? (III-22) For sampled files, if the error rate is 10% or higher, this will constitute a finding for this criterion that will count toward the high risk assessment identified in section D above. All non-compliance observations will still require corrections, regardless of the error rate percentage.*

N/A

Indicate any discrepancies found:

Form OEL-SR 20M

Statewide School Readiness Provider Contract Monitoring Tool – Attachment A

March 2017

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STATEWIDE SCHOOL READINESS PROVIDER CONTRACT MONITORING TOOL – Tier 2

Attachment A

EARLY LEARNING COALITION OF St. Lucie

Coalition Staff/Monitor: Kalina Sheppard

Monitoring Date: 05/07/2019

Program Year: 2018 - 2019

Notes:

IV. ACCESS

1. Access to facility

Yes No Does the provider allow coalition staff (contractor or sub-contractor) or OEL staff immediate access to facility per contract? (V-34)

Immediate is defined in the context of what someone would see as reasonable time

to grant access to the site. Monitoring staff should take into consideration eating time and staff available (without disrupting normal operations and teacher/student ratios), etc.

2. Access to records

Yes No Does the provider allow coalition staff (contractor or sub-contractor) or OEL staff immediate access to records per contract? (V-35)

Immediate is defined in the context of what someone would see as reasonable time to grant access to the site. Monitoring staff should take into consideration eating time and staff available (without disrupting normal operations and teacher/student ratios), etc.

Notes:

V. MAINTENANCE OF RECORDS, DATA AND CONFIDENTIALITY

1. Family data and confidentiality agreements

Assessment activity - Review confidentiality agreements signed by provider staff.

Yes No Does provider protect child & family data and have staff complete confidentiality agreements in accordance with provider contract? (VI-36)

The monitor should select a sample of staff to review during on-site visits.

2. Attendance record maintenance

Yes No Does the provider maintain records of sampled children, including sign in and sign out documentation, enrollment and attendance certifications, documentation to support excused absences and proof of parent co-payments for children funded by the SR program per contract? (VI-37) For sampled files, if the error rate is 10% or higher, this will constitute a finding for this criterion that will count toward the high risk assessment identified in section D above. All non-compliance observations will still require corrections, regardless of the error rate percentage.

Form OEL-SR 20M

Statewide School Readiness Provider Contract Monitoring Tool – Attachment A

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STATEWIDE SCHOOL READINESS PROVIDER CONTRACT MONITORING TOOL – Tier 2

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EARLY LEARNING COALITION OF St. Lucie

Coalition Staff/Monitor: Kalina Sheppard

Monitoring Date: 05/07/2019

Program Year: 2018 - 2019

3. Maintain records for five years

Assessment activity - Review sample of 5 child records (including payment certificates, sign in and sign out documentation, enrollment and attendance certifications, documentation to support excused absences and proof of parent co-payments) to include children who were terminated or who were enrolled and paid for 5 years prior to the date of the onsite visit

Yes No N/A Does the provider maintain the above mentioned records for audit purposes for a period of five (5) years from the date of the last reimbursement request for that fiscal year or until the resolution of any audit findings or any litigation related to this Contract, whichever occurs last? (VI-37) For sampled files, if the error rate is 10% or higher, this will constitute a finding for this criterion that will count toward the high risk assessment identified in section D above. All non-compliance observations will still require corrections, regardless of the error rate percentage.

Yes No Did the observation result in a disallowed cost? Indicate amount \$0.00

Indicate any discrepancies found (including disallowed costs): (VII-51)

Notes: Provider does not have any School Readiness students at this time.

VI. COMPENSATION AND FUNDING

1. Private pay rate

Assessment activity - Review most recent provider CCR&R update or other provider communication regarding private pay to the coalition and compare to what the provider currently reports as its private pay rate.

Yes No Did the provider report changes to the coalition to its private pay rate no later than the close of business on the day of the change? (VII-43)

Yes No Is the provider's rates for SR services equal to or less than the provider's private pay rate?

2. Rates and Fees for Parents

Assessment activity - Review private pay information that the provider gives to parents. Verify that a list of fees is available to parents and if applicable the type of written notice given if there is a different between the private pay rate and the SR rate. Parents of children in the sample may also be interviewed.

Yes No Did the provider provide the parent with a list of any fees it charges and, if applicable, written notice of the difference between the private pay rate and SR reimbursement, prior to the parent enrolling his/her child? (VII-44)

3. Military Subsidies

Assessment activity - Review sampled children for military affiliation.

Yes No N/A Did the provider notify the coalition if it received military subsidy payments through or from the Child Care Aware of America (formerly NACCRRR) or any legal successor organizations, on behalf of any child enrolled in the provider's SR program? (VII-45)

Form OEL-SR 20M

Statewide School Readiness Provider Contract Monitoring Tool – Attachment A

March 2017

Page 11 of 20

STATEWIDE SCHOOL READINESS PROVIDER CONTRACT MONITORING TOOL – Tier 2

Attachment A
EARLY LEARNING COALITION OF St. Lucie

Coalition Staff/Monitor: Kalina Sheppard Monitoring Date: 05/07/2019 Program Year: 2018 - 2019

4. Parent copayment collection

Assessment activity - Review documentation that validates parent copayment collection by provider for children in sample.

Yes No Does the provider have a method for documenting and collecting the required copayment and issuing receipts to parents? (VII-46) For sampled files, if the error rate is 10% or higher, this will constitute a finding for this criterion that will count toward the high risk assessment identified in section D above. All non-compliance observations will still require corrections, regardless of the error rate percentage.

5. Head Start Agencies

Assessment activity - Review sampled children sign in/sign out log for evidence that children attended above and beyond the scheduled Head Start program hours.

Yes No N/A If applicable, is the provider's Head Start program in addition to and not in substitution for its school readiness program? (VII-52)

6. Title 20 Schools

Assessment activity - Review sampled children sign in/sign out log for evidence that children attended above and beyond the scheduled public school program hours.

Yes No N/A If applicable, is the provider's public school program in addition to and not in substitution for its school readiness program? (VII-53)

Notes:

VII. NONDISCRIMINATION

1. Discrimination

Yes No Has the coalition received any formal complaints regarding this provider related to discrimination against children on the basis of race, national origin, ethnic background, sex, religious affiliation, or disability or regarding discrimination against staff persons on the basis of religion? (IX-55)

VIII. NOTIFICATION

1. Timely unusual incident reporting

Yes No Did the coalition verify that the provider reported unusual incidents on file during the visit to the coalition by no later than the close of business on the day of the incident? An unusual incident is defined in Form OEL-SR 20 (October 2016) at number 70 as incorporated by reference in Rule 6M-4.610, F.A.C. (XI-70)

N/A

2. Written notification of incident

Yes No Did the provider submit a written report of the incident on file during the visit to the coalition within three business days? (XI-70)

N/A

Form OEL-SR 20M

Statewide School Readiness Provider Contract Monitoring Tool – Attachment A

March 2017

Page 12 of 20

STATEWIDE SCHOOL READINESS PROVIDER CONTRACT MONITORING TOOL – Tier 2

Attachment A

EARLY LEARNING COALITION OF St. Lucie

Coalition Staff/Monitor: Kalina Shoppard

Monitoring Date: 05/07/2019

Program Year: 2018 - 2019

Notes:

IX. Insurance

1. Worker's compensation insurance

Yes No N/A Waiver (if applicable, obtain a copy of the waiver)

Does the provider have Workers' Compensation insurance that covers the term of the contract? (III-19)

2. Reemployment assistance insurance

Yes No N/A

Does the provider have Reemployment assistance insurance that covers the term of the contract? (III-19)

3. General liability insurance

Yes No

Did the coalition verify that the provider maintained general liability insurance (including transportation insurance if applicable) and provided the coalition with written evidence of coverage? (OEL-SR20 L, FFN, LE)

N/A

4. Homeowner's liability insurance or homeowner's insurance policy (for informal providers)

Yes No

Did the coalition verify that the provider maintained home owner's insurance and provided the coalition with written evidence of coverage? (OEL-SR20 FFN)

N/A

5. Insurance changes

Assessment activity - Verify proof of insurance. If provider demonstrates current insurance information then they are compliant.

Yes No

Did the provider submit advance written notice of cancellation or changes to insurance coverage a minimum of ten (10) calendar days to the coalition? (OEL-SR20 L, FFN, LE)

N/A

Notes:

STATEWIDE SCHOOL READINESS PROVIDER CONTRACT MONITORING TOOL – Tier 2

Attachment A

EARLY LEARNING COALITION OF St. Lucie

Coalition Staff/Monitor: Kalina Sheppard Monitoring Date: 05/07/2019 Program Year: 2018 - 2019

X. MONITORING REVIEW ACKNOWLEDGEMENTS

Follow-up required? Yes No Date Due:

Description of follow-up required: (if additional space is needed, use Overall Compliance Observations section)

Acknowledged by:

Kalina Sheppard, Contract Compliance Specialist
Printed Name and Title of Coalition Representative

Kalina Sheppard
Signature of Coalition Representative

05/07/2019
Date

Acknowledged by:

Ellen Bradley
Printed Name and Title of SR Program Provider Representative

[Signature]
Signature of SR Program Representative

5/7/19
Date

STATEWIDE SCHOOL READINESS PROVIDER CONTRACT MONITORING TOOL – Tier 2

Attachment A

EARLY LEARNING COALITION OF St. Lucie

Coalition Staff/Monitor: Katina Sheppard Monitoring Date: 05/07/2019 Program Year: 2018 - 2019

OVERALL COMPLIANCE OBSERVATIONS

Overall compliance observations met.

Provider waives all fees for parents. There are no parent fees or any fees collected at the site.

ATTACHMENT B – MINIMUM ANNUAL SAMPLE SIZE FOR PROVIDERS

# of Providers	Minimum Sample Size	# of Providers	Minimum Sample Size
<20	75%	475	106
30	25	500	108
35	28	525	109
40	31	550	110
45	34	575	111
50	37	600	112
55	38	625	113
60	39	650	114
65	40	675	115
70	42	700	116
75	44	725	116
80	47	750	117
85	50	775	117
90	53	800	118
95	56	900	119
100	58	1,000	121
110	62	1,500	122
120	65	2,000	123
130	68	2,500	124
140	70	3,000	125
150	72	3,500	126
160	74	4,000	127
170	76	4,500	128
180	78	5,000	129
190	80	5,500	130
200	81	6,000	131
210	82	6,500	132
220	83	7,000	133
230	84	7,500	134
240	85	8,000	135
250	86	8,500	136
260	87	9,000	137
270	88	9,500	138
280	89	10,000	139
290	90	11,750	140
300	91	12,500	141
325	93	13,750	142
350	95	15,000	144
375	98	16,750	145
400	100	17,500	146
425	102	18,750	148
450	103	>20,000	150

ATTACHMENT C – SCHOOL READINESS CURRICULUM APPROVAL PROCESS – MONITORING CRITERIA

Section 1002.88 (1)(f), Florida Statutes, requires school readiness providers to "implement one of the curricula approved by the office that meets child development standards." The information below is a guide for monitoring curriculum use and implementation.

Requirements	Examples of Indicators	Results
<p>Providers must select the approved version, year, or edition list on the most current Approved School Readiness Curricula List.</p> <p>A copy of the curriculum should remain on-site at the provider and be accessible to teachers.</p>	<p>Selection may be verified by</p> <ul style="list-style-type: none"> Written attestation from provider Copy of purchase receipt Visual confirmation 	
<p>Curriculum Implementation</p> <p>Review lesson plan and/or interview for evidence of curriculum implementation to ensure alignment to the Florida Early Learning and Developmental Standards: Birth to Five.</p>	<p>Examples of Indicators</p> <p>Lesson plan review</p> <ul style="list-style-type: none"> Are learning activities representative of all early learning domains? Are activities both child guided and teacher guided? Does the schedule allow for a variety of learning experiences including play, large group, small group, and outdoor time? Are there opportunities for flexibility? <p>Interview/observation:</p> <ul style="list-style-type: none"> Talk about the curriculum you use How does the curriculum meet the needs of children in your program? How do you think the curriculum promotes learning for young children? How do the children respond to the curriculum? Tell me about the training you have received on this curriculum? How do you involve families? 	
<p>If a lesson plan is not available for review, implementation may be verified through interview and/or observation.</p>		

Additional Comments

Follow-up Required

ATTACHMENT D – SCHOOL READINESS PROVIDER MONITORING CHART

Risk Indicator	SR Program Risk Assessment	Enter x for each area of non-compliance*	Comments
#1	I. PARTIES AND TERMS OF THE CONTRACT a. Not transferred/assigned contract II. PROVIDER ELIGIBILITY a. Provider type and services (informational)	NA	
#2	b. Licensed or legally operating		
#3	III. PROVIDER RESPONSIBILITIES a. Child care*		
#4	b. Healthy and safe environment		
#5	c. Developmentally appropriate curriculum		
#6	d. A character development program		
#7	e. Unlimited parental access		
#8	f. Daily sign-in/sign-out sheets*, disallowed cost indicator		
#9	g. Enrollment/Attendance Certifications*, disallowed cost indicator		
#10	h. Reporting absences*		
#11	i. Riley Wilson Act*		
#12	IV. ACCESS a. Access to facility		
#13	b. Access to records		
#14	V. MAINTENANCE OF RECORDS, DATA AND CONFIDENTIALITY a. Family data and confidentiality agreements		
#15	b. Attendance records maintenance*		
#16	c. Maintain records for five years*, disallowed cost indicator		

#17	VI. COMPENSATION AND FUNDING			
#18	a. Private pay rate			
#19	b. Rates and Fees for Parents			
#20	c. Military Subsidies			
#21	d. Parent copayment collection*			
#22	e. Head Start Agencies			
#23	f. Title 20 Schools			
#24	VII. NONDISCRIMINATION			
#25	a. Discrimination			
#26	VIII. NOTIFICATION			
#27	a. Timely unusual incident reporting			
#28	b. Written notification of incident			
#29	IX. Insurance			
	a. Worker's compensation insurance			
	b. Reemployment assistance insurance			
	c. General liability insurance (or Homeowner's liability insurance, informal providers only)			
	d. Insurance changes			
	X. MONITORING/REVIEW ACKNOWLEDGEMENTS - TOTAL NUMBER OF OVERALL COMPLIANCE OBSERVATIONS		Total #:-	Percentage of Questioned Cost:-
			29	0%

Note:

A provider that has seven or more findings as assessed by this monitoring tool, will be considered high-risk, (.25 x 29 = 7). Additionally, if 15 percent or more of the files for risk indicators 8, 9, and 16 in the selected sample result in a disallowed cost, that provider will be considered high-risk. For example, if three out of 20 files result in questioned cost, that provider will be considered high-risk.

*For sampled files, if the error rate is 10% or higher for risk indicators 8, 9, 10, 11, 13, 14, 15, 16, and 20, this will constitute a finding for this criterion that will count toward the high risk assessment identified in section D above. All non-compliance observations will still require corrections, regardless of the error rate percentage.

For assistance with reading or understanding tables, graphs or any portion of this document, please contact the Office of Early Learning at 1-866-357-3239.

EXHIBIT III

VOLUNTARY PREKINDERGARTEN PROVIDER MONITORING TOOL

Coalition staff/monitor: Kalina Sheppard Monitoring date: 05/07/2019
Program year: 2018 - 2019

PROVIDER PROGRAM INFORMATION

Time in: 2:36 PM Time out: 3:07 PM

Provider name: ALPI Francina Duval Head Start Center Provider ID: 59-1634148

Location address: 1035 SE 27th Circle, Fort Pierce, FL 34950

Phone #: 772-461-0398

Director: Mary Brunson Director credential current: Yes No

Indicate expiration date: 01/14/2024

Current level two background screening clearance on file for director(s): Yes No

Low performing provider: Yes No

Implementing Improvement Plan if applicable: Yes No

AP2 Completed: Yes No N/A

Curriculum name on OEL-VPK 11A: Creative Curriculum

Using curriculum indicated on OEL-VPK 11A: Yes No

License/Gold Seal/Accreditation current (OEL-VPK 10): Yes No

Indicate expiration date: 08/01/2019

Files compliant with VPK Provider Contract record maintenance requirements

The provider maintains the following records for audit purposes for a period of five (5) years from the date of the last payment for that fiscal year or until the resolution of any audit findings or any litigation related to this Contract, whichever occurs last:

VPK instructor, substitute instructor and VPK director records: Yes No

VPK attendance records: Yes No

Records are backed up on a regular basis to safeguard against loss: Yes No

VPK child records: Yes No

EXHIBIT III

VOLUNTARY PREKINDERGARTEN PROVIDER MONITORING TOOL

Coalition staff/monitor: Katina Sheppard Monitoring date: 05/07/2019

Program year: 2018 - 2019

VPK CLASS REVIEW
(Duplicate this page for each class reviewed)

Program type: School year Summer

Class being monitored: Class A

Class schedule/a.m.-p.m. hours (as on OEL-VPK 11B): 8:00 am to 12:00 pm

Operating within approved schedule: Yes No

Instructor/substitute name: Ms. Ofelia Nava

Instructor listed on OEL-VPK 11A: Yes No Credentials current: Yes No

Current level two background screening clearance on file for lead instructor(s): Yes No

Secondary/substitute name: Ms. Silda Medina

Secondary/substitute listed on OEL-VPK 11A: Yes No

Secondary/substitute credentials current: Yes No

Current level two background screening clearance on file for secondary/substitute instructor(s):

Yes No

Total VPK students: 18

Total other students: 0

Meets instructor/student ratio: Yes No

Form OEL-VPK 02 on file for all VPK children included in the sample: Yes No

Implementation of pre- and post-assessment as required (review Bright Beginnings System and

child assessment booklets): AP1: Yes No AP3: Yes No

Comment: _____

EXHIBIT III

ATTENDANCE REVIEW

Month(s) being reviewed: April 2019

Daily attendance (evidence of daily record of VPK children's attendance in the program: sign-in or sign-out log or electronic attendance-tracking system): Yes No

Monthly attendance verification (OEL-VPK 03S or OEL-VPK 03L): Yes No

If No, indicate names of children with missing forms:

INSURANCE VALIDATION

Worker's Compensation Insurance

Does the private provider have Worker's Compensation Insurance in accordance with paragraph 8 of Form OEL-VPK 20PP (October 2016) that covers the term of the contract?

Yes No N/A

Reemployment Compensation Assistance

Does the private provider have Reemployment Compensation Assistance or Unemployment Compensation as required in accordance with paragraph 8 of Form OEL-VPK 20PP (October 2016) that covers the term of the contract?

Yes No N/A

General Liability Insurance

Does the private provider have proof that it maintained general liability insurance (including transportation coverage if applicable) in accordance with paragraphs 6 and 7 of Form OEL-VPK 20PP (October 2016) that covers the term of the contract? Yes No

If no for any of the above that apply, please determine and document the dates of lapsed coverage:

EXHIBIT III

All Requirements Met: Yes No If no, mark number of requirements not met below and indicate corrective action plan (CAP) due date.
Number of requirements not met: 0
CAP DUE DATE: N/A
CAP RECEIVED DATE: N/A
CAP APPROVED DATE: N/A
TECHNICAL ASSISTANCE PROVIDED: Yes No NA DATE: _____

Comments:

No issues or concerns. Compliance met in all areas.

Provider Representative Printed Name and Title: Mary A Brunson, Director
Provider Representative Signature: Mary A Brunson Date: 05/07/2019
Coalition Representative Printed Name and Title: Katina Sheppard, Compliance Contract Specialist
Coalition Representative Signature: Katina Sheppard Date: 05/07/2019

**MODIFICATION NUMBER TWO
OF AGREEMENT BETWEEN
THE FLORIDA DEPARTMENT OF ECONOMIC OPPORTUNITY
FFY 2017 COMMUNITY SERVICES BLOCK GRANT (CSBG) PROGRAM AND
THE AGRICULTURAL AND LABOR PROGRAM, INC.**

CFDA Number: 93.569

Agreement Number: 17SB-0D-07-63-08-101
FLAIR Contract Number: E1921

FEDERALLY FUNDED SUBGRANT AGREEMENT

THIS MODIFICATION Number Two is entered into between the State of Florida, Department of Economic Opportunity, with headquarters in Tallahassee, Florida, hereinafter referred to as "DEO," and The Agricultural and Labor Program, Inc., a Florida Not for Profit Corporation, hereinafter referred to as "Subrecipient" (each individually a "Party" and collectively "the Parties").

WHEREAS, DEO and Subrecipient have entered into Agreement Number 17SB-0D-07-63-08-101, in which DEO awarded Subrecipient *Two Million Seven Hundred Nineteen Thousand Three Hundred Eighty-Three Dollars and Thirty-Eight Cents (\$2,719,383.38)* in Community Service Block Grant (CSBG) funds ("the Agreement"); and

WHEREAS, Paragraph (4)(b) of the Agreement provides that "Modifications to this Agreement must be in writing, on DEO-approved forms, as applicable, and duly signed by the Parties"; and

WHEREAS, CSBG Federal Fiscal Year 2019 funds are available to increase the amount of funding granted to Subrecipient.

NOW, THEREFORE, in consideration of the mutual promises of the Parties contained herein, the Parties agree as follows:

1. Subparagraph (18)(a), FUNDING/CONSIDERATION, is hereby deleted in its entirety and replaced with the following:

"(a) This is a cost-reimbursement agreement. DEO awards Subrecipient *Three Million Nine Hundred Ninety-Four Thousand One Hundred Seventy-One Dollars and Sixty-Three Cents (\$3,994,171.63)*, subject to the terms and conditions of this Agreement, availability of funds and appropriate budget authority; however, Subrecipient may incur costs and submit for reimbursement only up to the Total (Revised) Funds Released dollar amount listed in Subrecipient's most recently DEO-issued Notice of Fund Availability (NFA). Each such NFA, and any attachments thereto, duly issued to Subrecipient by DEO, including, but not limited to its special terms, conditions, and instructions, is incorporated into the Agreement by reference."

2. To the extent there is any conflict between the provisions of this Modification, including any attachments and exhibits thereto, and the provisions of the Agreement, including any attachments and exhibits thereto, the provisions of this Modification shall supersede and control.

3. All provisions of the Agreement, including any attachments or exhibits thereto, not amended by or in conflict with this Modification, remain in full force and effect.

**STATE OF FLORIDA
DEPARTMENT OF ECONOMIC OPPORTUNITY
FEDERALLY FUNDED SUBGRANT AGREEMENT
SIGNATURE PAGE**

IN WITNESS WHEREOF, by signature below, the Parties agree to abide by the terms, conditions and provisions of the Agreement, as modified. This Modification shall be effective on the date last executed by the Parties.

**SUBRECIPIENT
THE AGRICULTURAL AND LABOR PROGRAM, INC.**

**STATE OF FLORIDA
DEPARTMENT OF ECONOMIC OPPORTUNITY**

By: _____
(Signature)

By: _____

Arlene Dobison, Chief Executive Officer
(Print/Type Name and Title Here)

Ken Lawson, Executive Director
Department of Economic Opportunity

Date: _____

Date: _____

59-1634148
Federal Identification Number

Approved as to form and legal
sufficiency, subject only to full and
proper execution by the Parties.

040210163
DUNS Number

Office of the General Counsel
Department of Economic Opportunity

17SB-0D-07-63-08-101
Agreement Number

By: _____

Approved Date: _____

**MODIFICATION NUMBER FIVE OF AGREEMENT BETWEEN
THE FLORIDA DEPARTMENT OF ECONOMIC OPPORTUNITY
FFY 2019 LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) AND
THE AGRICULTURAL AND LABOR PROGRAM, INCORPORATED**

CFDA Number: 93.568

Agreement Number: 17EA-0F-07-63-08-001
FLAIR Contract Number: E1953

FEDERALLY FUNDED SUBGRANT AGREEMENT

THIS MODIFICATION Number Five is entered into between the State of Florida, Department of Economic Opportunity, with headquarters in Tallahassee, Florida, hereinafter referred to as "DEO," and The Agricultural and Labor Program, Incorporated, a Florida Not for Profit Corporation, hereinafter referred to as "Subrecipient" (each individually a "Party" and collectively "the Parties").

WHEREAS, Paragraph (4)(b) of the Agreement provides that "[m]odifications to this Agreement must be in writing, on DEO-approved forms, as applicable, and duly signed by the Parties"; and

WHEREAS, DEO and Subrecipient have entered into Agreement Number 17EA-0F-07-63-08-001, in which DEO awarded Subrecipient **Ten Million Three Hundred Twenty-Two Thousand Four Hundred Seventy-Eight Dollars and Zero Cents (\$10,322,478.00)** in Low-Income Home Energy Assistance Program (LIHEAP) funds ("the Agreement"); and

WHEREAS, LIHEAP Federal Fiscal Year 2019 funds are available to increase the amount of funding granted to Subrecipient; and

NOW, THEREFORE, in consideration of the mutual promises of the Parties contained herein, the Parties agree as follows:

1. Subparagraph (18)(a), FUNDING/CONSIDERATION, is hereby deleted in its entirety and replaced with the following:

"(a) This is a cost-reimbursement agreement. DEO awards Subrecipient **Sixteen Million Seven Hundred Fifty-Four Thousand Seventy-Seven Dollars and Zero Cents (\$16,754,077.00)**, subject to the terms and conditions of this Agreement, availability of funds and appropriate budget authority; however, Subrecipient may incur costs and submit for reimbursement only up to the Total (Revised) Funds Released dollar amount listed in Subrecipient's most recently DEO-issued Notice of Fund Availability (NFA). Each such NFA, and any attachments thereto, duly issued to Subrecipient by DEO, including, but not limited to its special terms, conditions, and instructions, is incorporated into the Agreement by reference."

2. To the extent there is any conflict between the provisions of this Modification, including any attachments and exhibits thereto, and the provisions of the Agreement, including any attachments and exhibits thereto, the provisions of this Modification shall supersede and control.

3. All provisions of the Agreement, including any attachments or exhibits thereto, not amended by or in conflict with this Modification, remain in full force and effect.

**STATE OF FLORIDA
DEPARTMENT OF ECONOMIC OPPORTUNITY
FEDERALLY FUNDED SUBGRANT AGREEMENT
SIGNATURE PAGE**

IN WITNESS WHEREOF, by signature below, the Parties agree to abide by the terms, conditions, and provisions of the Agreement, as modified. This Modification shall be effective on the date last executed by the Parties.

**SUBRECIPIENT
THE AGRICULTURAL AND LABOR
PROGRAM, INCORPORATED**

**STATE OF FLORIDA
DEPARTMENT OF ECONOMIC OPPORTUNITY**

By: _____
(Signature)

By: _____

Arlene Dobison, Chief Executive Officer
(Print/Type Name and Title Here)

Ken Lawson
Executive Director

Date: _____

Date: _____

59-1634148
Federal Identification Number

Approved as to form and legal
sufficiency, subject only to full and
proper execution by the Parties.

040210163
DUNS Number

Office of the General Counsel
Department of Economic Opportunity

17EA-0F-07-63-08-001
Agreement Number

By: _____

Approved Date: _____

**FLORIDA DEPARTMENT OF EDUCATION
PROJECT APPLICATION**

Please return to: Florida Department of Education Office of Grants Management Room 332 Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	A) Program Name: Migrant and Seasonal Farmworkers Program WIOA Section 167 Statewide Emergency Assistance Discretionary/Continuation Fiscal Year 2019-2020 TAPS NUMBER: 20B002	DOE USE ONLY Date Received								
B) Name and Address of Eligible Applicant: The Agricultural and Labor Program, Incorporated 300 Lynchburg Rd. Lake Alfred, FL 33850		Project Number (DOE Assigned)								
C) Total Funds Requested: \$ 60,000 <hr/> DOE USE ONLY Total Approved Project: \$	D) Applicant Contact & Business Information <table border="1"> <tr> <td data-bbox="638 730 1036 814"> Contact Name: Arlene Dobison, Chief Executive Officer </td> <td data-bbox="1036 730 1429 814"> Telephone Numbers: (863) 956-3491, Ext. 206 </td> </tr> <tr> <td data-bbox="638 814 1036 867"> Fiscal Contact Name: Dennis Gniewek, Finance Director </td> <td data-bbox="1036 814 1429 867"> (863) 956-3491, Ext. 210 </td> </tr> <tr> <td data-bbox="638 867 1036 961"> Mailing Address: PO Box 3126 Winter Haven, FL 33885 </td> <td data-bbox="1036 867 1429 961"> E-mail Addresses: ADobison@ALPLORG DGniewek@ALPLORG </td> </tr> <tr> <td data-bbox="638 961 1036 1045"> Physical/Facility Address: 300 Lynchburg Rd. Lake Alfred, FL 33850 </td> <td data-bbox="1036 961 1429 1045"> DUNS number: 040210163 FEIN number: 59-1634148 </td> </tr> </table>		Contact Name: Arlene Dobison, Chief Executive Officer	Telephone Numbers: (863) 956-3491, Ext. 206	Fiscal Contact Name: Dennis Gniewek, Finance Director	(863) 956-3491, Ext. 210	Mailing Address: PO Box 3126 Winter Haven, FL 33885	E-mail Addresses: ADobison@ALPLORG DGniewek@ALPLORG	Physical/Facility Address: 300 Lynchburg Rd. Lake Alfred, FL 33850	DUNS number: 040210163 FEIN number: 59-1634148
Contact Name: Arlene Dobison, Chief Executive Officer	Telephone Numbers: (863) 956-3491, Ext. 206									
Fiscal Contact Name: Dennis Gniewek, Finance Director	(863) 956-3491, Ext. 210									
Mailing Address: PO Box 3126 Winter Haven, FL 33885	E-mail Addresses: ADobison@ALPLORG DGniewek@ALPLORG									
Physical/Facility Address: 300 Lynchburg Rd. Lake Alfred, FL 33850	DUNS number: 040210163 FEIN number: 59-1634148									
<p align="center">CERTIFICATION</p> <p>I, <u>Arlene Dobison, Chief Executive Officer</u>, (Please Type Name) as the official who is authorized to legally bind the agency/organization, do hereby certify to the best of my knowledge and belief that all the information and attachments submitted in this application are true, complete and accurate, for the purposes, and objectives, set forth in the RFA or RFP and are consistent with the statement of general assurances and specific programmatic assurances for this project. I am aware that any false, fictitious or fraudulent information or the omission of any material fact may subject me to criminal, or administrative penalties for the false statement, false claims or otherwise. Furthermore, all applicable statutes, regulations, and procedures; administrative and programmatic requirements; and procedures for fiscal control and maintenance of records will be implemented to ensure proper accountability for the expenditure of funds on this project. All records necessary to substantiate these requirements will be available for review by appropriate state and federal staff. I further certify that all expenditures will be obligated on or after the effective date and prior to the termination date of the project. Disbursements will be reported only as appropriate to this project, and will not be used for matching funds on this or any special project, where prohibited.</p> <p>Further, I understand that it is the responsibility of the agency head to obtain from its governing body the authorization for the submission of this application.</p>										
E) _____ Signature of Agency Head	_____ Chief Executive Officer Title	_____ Date								

FY2019 - 20

**Permanent Supportive Housing for Chronically Homeless Individuals Grant
Program Operating Agreement**

Between

Heartland Coalition for the Homeless and The Agricultural Labor Program Inc.

This Agreement: between the Heartland Coalition for the Homeless (HCH) (hereinafter called the Grant Manager Agency) and The Agricultural Labor Program Inc. (ALPI (hereinafter called the Operations Agency).

This agreement is governed by title IV of the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11301 et seq. (the "Act") and the Continuum of Care Program Rule 9 the "Rule".

Whereas: The Grant Management Agency (HCH) was awarded the Permanent Supportive Housing for Chronically Homeless Individual Grant from the Florida Department of Children Service Office on Homelessness (hereinafter called "DCF") for the 2019-20 Permanent Supportive Housing for Chronically Homeless Individuals Grant to implement assisting with helping to end chronic homelessness, through an array of programs for housing and support services that combined HUS's resources for creating permanent rental housing for chronically homeless persons.

Whereas: The Grant Management Agency (HCH) declared it Intent to provide such funding to the Operations Agency (HFH) for its use in implementing the Permanent Supportive Housing Grant for Chronically Homeless Individual Grant;

Whereas: The Operating Agency (HFH) has agreed to implement the Permanent Supportive Housing for Chronically Homeless Individuals Grant in accordance with applicable DCF regulations in partnership with the Grant Management Agency and provide service to Hendry, Glades and Okeechobee Counties;

Whereas: The Grant Management Agency (HCH) was awarded this grant by the DCF (Program Grant Number: FL0643L4H171701 FY2017) This agreement shall remain in effect until termination either:

- 1) by agreement of the parties
- 2) by HUD alone, acting under the authority of 21 CFR578.107
- 3) upon expiration of the final performance period for all projects funded under this Agreement
- 4) upon expiration of the period of availability of funds for all project funded under this Agreement

Now, Therefore: in consideration of the matters set forth above and below, the Management Agency (HCH) and the Operations Agency (ALPI) agrees to:

1. To ensure to operation of the project (s) in accordance with the provision of the Act and all requirements of the Rule.
2. To monitor and report the progress of the project (s) to the Grant Management Agency (HCH), monthly.
3. To ensure, to maximum extent practicable, that individuals and families experiencing homelessness are afforded supportive services for the project (s).

4. To take the educational needs of children into account when families are placed in housing and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's' education.
5. To follow the written standards for providing Continuum of Care assistance developed by the Continuum of Care, including those required by the Rule.
6. To comply with such other terms and conditions as HUD may have established in the applicable Notice of Funds Availability.

Section 1 – Purpose of Program Operating Plan: The purpose of this Program Operating Agreement is to set forth the terms and conditions under which the Grant Management Agency shall provide funds to the Operation Agency for the Permanent Supportive Housing for Chronically Homeless Individual Grant. This Program Operating Agreement sets forth the responsibilities of the Operations Agency. In this Agreement, Operations Agency assumes full responsibility for adherence to all applicable laws, assurances, regulations, and guidelines associated with the Program Grant Number: FL0643L4H171701 FY2017 which includes authorization for the Grant Management Agency to implement the Permanent Supportive Housing for Chronically Homeless Individual Grant.

Section 2 – Applicable Laws, Assurances, Regulations, and Guidelines: The financial assistance which is the subject of the Program Operations Agreement is authorized by DCF Contract FL0643L4H171701 FY2017, to Heartland Coalition for the Homeless (HCH). All activities undertaken by the Operating Agency will be pursuant to this contract which is included at Attachment A to this Agreement.

Several provision in the DCF contract are included in this Operating Agreement to ensure that both parties incorporate the provisions listed below as well all other provisions in Contract FL0643L4H171701 FY2017 into grant implementation;

- A. **Records Retention:** Requirements include maintaining all records for a period of six years after completion of the contract. All records must be return to the Grant Management Agency upon completion of this Grant.
- B. **Incident Reporting:** Pursuant to DCF and the grant Operating Agency, policies, the Operation Agency must report all incidents which involves clients or staff receiving or delivering service under this grant 24 hours to the Executive Director of the Grant Management Agency. Incidents include:
 1. Termination or reassignment of staff implementing this grant.
 2. Injuries to clients while on the premises of office of Operating Agency service which require hospitalization.
 3. Law enforcement activity related to clients and/or staff which results in onsite law enforcement presence and /or charges being filed.
- C. **Financial Consequences Related to Non-Performance:** Should the Grant Management Agency receive a financial penalty for nonperformance of this grant, the Operating Agency' budget will be reduced by the same amount.

Section 3 – Income Eligibility and Residence Eligibility: The Permanent Supportive Housing for Chronically Homeless Individual Grant will serve households with 30% A.M.I. or lower in the State of Florida. Eligible clients living in Highlands, Desoto and Hendry counties may receive service under this agreement. Clients must have lived in the service area for six (6) month or longer.

Section 4 – Chronically Homelessness: Chronically Homelessness will be defined as meeting the HUD definition whereas HUD adopted the Federal definition which defines a chronically homeless person as either:

1. An unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR
2. An unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years.

Individuals and or families served by the Permanent Supportive Housing for Chronically Homeless Individual will be housed due to chronic homelessness. They may have been evicted or have been continuously homeless for a year or more. (HUD defines "homeless" as "a person sleeping in a place not meant for human habitation (e.g. living on the streets for example) or living in a homeless emergency shelter) or has had four (4) episodes of homelessness in the last three (3) years.

Note: person coming from transitional housing are not considered chronically homeless.

A disabling condition as defined by HUD is "a diagnosable substance abuse disorder, a serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions."

In addition, "a disabling condition limits an individual's ability to work or perform one or more activities of daily living."

Section 5 – Statement of Program Priorities: The primary emphasis of the individuals and or families served by the Permanent Supportive Housing for Chronically Homeless individuals will show evidence based of utilizing "housing first" as defined as an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive service is offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Individuals or families will be assisted to find housing with access to rent application, deposit, utility payments, monthly rent and utility subsidy for clients with 12-months leases.

Also, a targeted qualified case manager is to complete intake, assessment, eligibility qualification (Income, disability, and chronic homelessness history), household budget, documentation of financial assistance required, inspection of rental housing; ongoing case management to support self-sufficiency and stable housing and full Homeless Management Information System (HMIS) Implementation for each household.

The Homeless Management Information System (HMIS) is a computerized data collection tool specifically designed to capture client-level, system-wide information over time on the characteristics and service needs of men, women and children experiencing homelessness.

Section 6 – Grant Award, Uses and Goals for Households Served: The attachment entitled Exhibit 1 describes the grant award, uses and goals for households served. The Grant Management Agency will complete payment for eligible financial assistance to landlords, utility companies, and other entities

after submission of client files documenting eligibility, need, financial assistance, landlord and utility obligations, and housing inspections.

Section 7 – Cost Reimbursement and Eligible Uses: The Operations Agency understands and agrees that a request for disbursement is to be made based on cost reimbursement. The Operation Agency shall submit the following to the Grant Management Agency on the schedule summarized below: Request should include:

- a. Request for reimbursement
- b. Support documentation of eligible expenses and proof of payment (Invoices, cancelled checks, payroll record)
- c. Timesheets for all personnel supported with CoC funds clearly delineating the time spent on the Permanent Supportive Housing for Chronically Homeless Individual Grant

Grant billing for eligible expenses will be submitted no later than the 10th of each month following the previous operating month to the Grant Management Agency to be included in the billing to DCF for previous month's expensed. Billing received after that date will be included in the next month's billing to DCF.

Requests for eligible financial assistance for eligible clients will be submitted on a schedule determined by the Grant Management Agency's Executive Director to assure proper review of supporting documentation and client file (s) and enough time to issue checks to vendors.

The Grant Management Agency will assume responsibility for payment of eligible financial assistance directly to vendors.

Section 8 – Reporting Requirements: Monthly, the Operations Agency will provide the Grant Management agency a report summarizing the total amount of match payments made of any direct service expended with the service area.

Section 9 – HMIS Participation: Operations Agency will demonstrate HMIS participation by complying with Grant Management Agency' HMIS Policies and Procedures, including achievement of the following HMIS performance milestone (s):

- a. Entry of all required CoC Project Specific Data Elements within 72 hours of client's program entry date.
- b. Maintaining a minimum 95% data completion rate for all CoC grant Specific Data Elements for all clients served by the project throughout the grant period.

Section 10 – Standardized Client Files: Operations Agency agrees to maintain all records required by Grant Management Agency. These records shall include individual client files which contain all the documents listed in the standardized Client Case Management File.

Section 11 – Additional Terms: This agreement shall be subject to the following additional terms:


- a. Operation Agency agrees to indemnify and hold harmless Grant Management Agency from and against all liability, claims, demands and proceedings and cost of actions, including attorney's

fees, whether suit is filed, of any kind and nature arising or growing out of or in any way connected with the performance of this agreement by Operating Agency.

- b. This agreement shall be construed in accordance with the laws of the State of Florida. It is agreed that if any part of this agreement is held to be invalid by a court of competent jurisdiction; such invalidity shall not affect the validity of any other parts of this agreement.
- c. Nothing in this agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between Grant Management Agency and Operating Agency shall always remain an independent contractor with respect to the services performed in this agreement.
- d. Operating Agency agrees to employ/hire a qualified case manager with the qualifications, knowledge, skills, and abilities to perform the duties of a PSH case manager; the case manager shall have a Bachelor's Degree or Associates with three (3) years' experience in the human service field; experience with case management, supportive housing or a related field preferred. Knowledge of Fair Housing laws, mental health, substance abuse, and homelessness; sound judgment and decision making.
- e. Operating Agency shall permit Grant Management Agency to conduct on-site monitoring visits quarterly or as scheduled by Grant Management Agency.
- f. This agreement may be amended by written consent by either party with a thirty (30) days' notice prior to the amendment.
- g. This Program Operating Agreement constitutes the entire agreement between the parties hereto. This Program Operating Agreement may be amended only by a written agreement executed by the parties and shall remain in effect if the funds are available.


Brenda Gray, Executive Director
Heartland Coalition for the Homeless

5-1-2019
Date


The Agricultural Labor Program Inc

5.9.19
Date