



BOARD OF DIRECTORS MEETING
Garden Center of Winter Haven
 715 3rd Street, NW | Winter Haven, FL 33881
 April 22, 2023 | 10:00 A.M.
AGENDA

Quorum: Attendance meets quorum with Ten (10) voting members present.

| WHAT | PAGES | HOW | WHO |
|--|--|-------------------------|---------------------------------|
| 1. Call to Order Moment of Silence Mission Statement Roll Call | 2 | Present | Chairperson Secretary |
| 2. Public Comments (Limit two (2) minutes each) | | | |
| 3. Board of Directors Spotlight: Chairman William Holt | 4 | | |
| 4. Board and Administrator Newsletter's: February – April 2023 | 6-11 | | |
| 5. Secretary's Report Recommendation: Board of Director's Close Out Meeting Minutes - January 28, 2023 Nominating Committee Meeting Minutes: January 28, 2023 | 13-15 16 | Present/ Approve | Chairperson |
| 6. Consent Agenda: | 155-291 | Present/ Approve | Chairperson |
| 7. Committee Recommendations/Action/Ratification Items <ul style="list-style-type: none"> • Eastern Region Advisory Committee: Fundraising Activities (Action) • Central Region Advisory Committee: Jun3 24, 2023 (Action) • Budget and Finance Committee Report (Action) • Program Planning Committee Report (Action) • Retirement Committee Report (Action) • By-Laws/Membership Committee Report (Action) • Department of Economic Opportunity Budget Authority Issues (Action) • Head Start/Early Head Start Program Goals 2023-2024 (Action) • ALPI's Cost of Living Increase and 2023-2024 Salary Grade (Action) • Head Start/Early Head Start 2023 Cost of Living Increase, Quality Improvement Funds and One-Time Funding Guidance (Action) • Policy No 340: Vaccination Policy Revision: Head Start Universal Mask Removal (Action) • Lakeview Park Property Maintenance Ordinance Violation (Action) • Senior Connections EHEAP Funding Increase 2021-2023 (Action) • Department of Economic Opportunity Umbrella Agreement Modification three: October 1, 2020 – September 30, 2026 (Action) • Carryover of Head Start Funds, Grant Ending November 2022: \$473, 260 | 18-19 20-21 22 23-24 25-30 31-33 34-44 45-68 69-80 81-86 87-88 | Present/ Approve | Chairperson Committee CEO |
| 8. CEO Report | 89-154 | Present/ Approve | CEO |
| 9. Other Information | 292-343 | Present/ Information | Chairperson |
| 10. Other Business: | | Present/ Approve | Chairperson CEO |
| 11. Adjournment | | Present | Chairperson |

The ALPI's Mission Statement: The mission of The ALPI is to collaborate with community partners and deliver human service programs that empower the economically disadvantaged and others to be self-sufficient.

Community Action Promise: Community Action changes people's lives, embodies the spirit of hope, improves communities and makes America a better place to live.



Roll Call



The Agricultural and Labor Program, Inc.
 2023 Board of Directors
 Attendance Y-T-D Summary

| Name | Jan 2023 Closeout | Feb Orientation & Board Meeting | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan 2024 Closeout |
|---|-------------------|---------------------------------|-------|-------|-----|------|------|-----|------|-----|-----|-----|-------------------|
| 1. Emma Byrd | | P/P | | | | | | | | | | | |
| 2. Ra Shondra Croskey | P | P/P | | | | | | | | | | | |
| 3. Stacy Campbell-Domineck | P | P/P | | | | | | | | | | | |
| 4. Marjorie Gaskin | P | P/P | | | | | | | | | | | |
| 5. Linnes Finney, Jr., Esq. | | P/P | | | | | | | | | | | |
| 6. William Holt | P | P/P | | | | | | | | | | | |
| 7. Josephine Howard | P | P/P | | | | | | | | | | | |
| 8. Annette Jones | P | P/P | | | | | | | | | | | |
| 9. N'Kosi Jones | P | P/P | | | | | | | | | | | |
| 10. Tracy Maloy | P | P/P | | | | | | | | | | | |
| 11. Chester McNorton | P | P/P | | | | | | | | | | | |
| 12. Dr. Donna Mills | P | P/P | | | | | | | | | | | |
| 13. Melvin Philpot | P | P/P | | | | | | | | | | | |
| 14. Yolanda Robinson | P | P/P | | | | | | | | | | | |
| 15. David Rucker | A | P/P | | | | | | | | | | | |
| 16. Gena Spivey | P | P/P | | | | | | | | | | | |
| 17. Berniece Taylor | P | P/P | | | | | | | | | | | |
| 18. Ruby Willix | P | P/P | | | | | | | | | | | |
| 19. Vacant | | | | | | | | | | | | | |
| 20. Vacant | | | | | | | | | | | | | |
| 21. Vacant | | | | | | | | | | | | | |
| Grace Miller Board Emeritus (Non-Voting) | | | | | | | | | | | | | |
| Total Present | 15 | 18 | | | | | | | | | | | |

P = Present | E = Excused | A = Absent | [Grey Box] = No Meeting Held





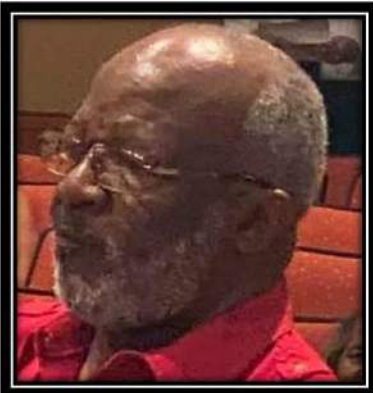
Board of Directors

Spotlight:

Chairman William

Holt





ALPI Board Chairperson Honored by Indian River County, Board of County Commissioners

On, February 21, 2023, Mr. William Holt, was honored by the Indian River County, Board of County Commissioners, for his pioneer spirit and civic contributions.

Mr. Holt was a founding member of the Education Foundation of Indian River, Leader of the Florida Head Start Program, a member of the School Readiness Coalition of Indian River County; he helped to establish the County recreation program and is the co-founder of Every Dream Has a Price, Inc., an organization dedicated to helping low-income families achieve home ownership. Mr. Holt also helped to establish the Martin Luther King, Jr., Boulevard in Indian Rover County, Florida.

Thank you, Chairman Holt, for your servant's heart not only to Indian River County, but to The Agricultural and Labor Program, Inc. Organizations and Communities, Nationally. Thank you for championing effective community action that disrupts the cycle of generational. **Congratulations! An Honor well deserved!**



Proclamation

HONORING WILLIAM HOLT

Whereas, Indian River County celebrates African American Pioneers who, through their service in the business, public, and elected arenas, have paved the way for this and future generations; and

Whereas, in 1992, William Holt was a founding member of the Education Foundation of Indian River County, which has helped thousands of students reach their full potential by funding programs and services that transform education and the classrooms where it occurs; and

Whereas, William incorporated Ross Small World Child Care Center to nurture hundreds of disadvantaged 0-to-4-year-old children in Gifford, a program so successful that he was asked to lead the Florida Head Start Program with its student enrollment of 38,000 and eventually become treasurer of the regional Head Start Association, covering agencies in eight southeastern states serving over 150,000 low-income children; and

Whereas, William was selected for the first School Readiness Coalition of Indian River County, providing parents with access to high-quality "early care" and education plus financial assistance for qualified families; and

Whereas, in 1994, William established the Certificate of Charter for the Gifford Central Little League Baseball Team and worked with the county recreation department to build a baseball field in Gifford; furthermore, he sponsored recreational football camps for more than 400 young players over a seven-year period, eventually assisting coach Billy Livings recruit over 100 players and a bevy of minority assistant coaches and mentors; and

Whereas, William was a co-founder of Every Dream Has A Price, Inc., which assists low-income families with either repairing their current homes or achieving the dream of first-time home ownership; additionally, he persisted over a two-year period in bringing the Family Dollar store chain into Gifford, "evening the playing field" for this low-income area and providing affordable shopping for those with less; and

Whereas, William was an instrumental liaison in the renaming of 45th Street in Gifford to Martin Luther King, Jr., Boulevard, a visual reminder for our kids of a revered Black leader who stood for justice and fairness.

Now, therefore, be it proclaimed by the Board of County Commissioners of Indian River County, Florida, that the pioneer spirit and civic contributions of William Holt have made a lasting impact on Indian River County and the Treasure Coast, and that the Board extends its sincere thanks for his outstanding efforts within our community.

Adopted this 21st day of February, 2023.

BOARD OF COUNTY COMMISSIONERS,
INDIAN RIVER COUNTY, FLORIDA



Joseph H. Earnest
Joseph H. Earnest, Chairman
Susan Adams
Susan Adams, Vice Chairman
Joseph E. Flescher
Joseph E. Flescher
Deryl Loar
Deryl Loar
Laura Moss
Laura Moss





Board Administrator Newsletter





February 2023

BOARD & ADMINISTRATOR

February 2023 • Volume 39, No. 6 Supplement

FOR BOARD MEMBERS

EDITOR: NICHOLAS KING

Experts argue boards need to focus on purpose to bolster impact

Experts in the philanthropy sector argue that nonprofit boards need to put their organization's purpose more front and center if they want to effectively address the various societal issues that lie at the heart of their missions.

Jim Taylor, vice president of leadership initiatives with BoardSource, who explained in a webinar on the nonprofit resources website BlueAvocado that his organization's latest major research effort—which culminated in its flagship report, *Leading With Intent*—found that the boards of philanthropic organizations were largely ill-equipped to govern the social good organizations for which they are responsible.

In the webinar, Taylor laid out the four key findings of the report:

- Boards are increasingly disconnected from the people and communities they serve, which makes it hard to establish trust among those communities and constituencies.
- Boards are ill-informed about the ecosystems in which they operate. In fact, the report found that just 25% of nonprofit boards prioritize knowledge of their organizations' field and/or work when recruiting new board members.
- Boards lack in racial and ethnic diversity—some 70% of nonprofit board members are white, and about a fifth of nonprofits have all-white boards. This has various negative impacts on boards effectiveness, including their ability to understand their operating environment and attract and retain talent.
- Boards are preoccupied with fundraising above all else. And while that is an important duty for boards, they are not putting nearly enough resources and priority to other duties such as setting the organization's strategic direction or improving their strategic thinking as a board.

Addressing these challenges will require a new mindset for boards that acknowledges a serious problem at the board level

due to a breakdown between what the board understands its role to be, who the board recruits in alignment with that role, and how the board prioritizes and makes its decisions, Taylor said.

To that end, he said, he said, boards should adopt the following core principles of purpose-driven board leadership:

- **Putting purpose before the organization.** According

to Taylor, boards need to prioritize the organization's mission, putting mission ahead of the organization itself. He explained that this is, in essence, a reframing of the "duty of loyalty" in a way that moves the organization away from viewing itself as the "center of its own gravity" and instead refocuses on how it can best steward its resources in service to its foundational purpose.

"It's about being loyal to the reasons the organization exists, and by extension, to the people and communities that the organization impacts," he said.

As an example, Taylor pointed to a theoretical organization working on a public health outreach initiative that is faced with data showing that the campaign is being negatively impacted by the organization's name association and branding. In short, the campaign might be more successful for the target community if the nonprofit's name and branding were removed. The cost of redoing the campaign would be high, forcing the organization to choose between what is best for the organization, budget-wise, and what is best for the community it serves.

"If the staff brings that question to the board, a purpose driven board would ensure that the conversation is not just about the budget implications, but also about what would best enable the organization to advance its core purpose," he said.

Boiled down, a traditional board would ask, what's best for our organization? While a purpose-driven board would ask, what's best for the desired social outcome we seek?

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BOARD & ADMINISTRATOR

Board focus

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- **Respecting the ecosystem.** This involves an acknowledgement that an organization's actions may positively—or negatively—impact its broader operating ecosystem and make a commitment to being a respectful and responsible ecosystem player. According to Taylor, this requires boards attaining the knowledge and perspective of the organization's role as part of a wider collection of groups working to address societal challenges. Boards then need to take into account the impacts of their decisions on that broader collective ecosystem, not just on their own organizations' operations.

As an example, Taylor used the case of an organization searching for a new location to roll out its physical programs and finds the ideal site. However, selecting the site might cause hardship, or even closure, for a smaller organization that does similar work, but has fewer resources.

"A traditional board would not consider the other organization's issues as a major factor. But a purpose-driven board would try to understand the potential disruption this could cause for the other organization, and ask whether this location would create the best outcome for the overall ecosystem," he said.

- **Adopting an equity mindset.** Boards need to commit to advancing equitable outcomes and investigating and avoiding the ways in which the organization's strategic and work could potentially reinforce systemic inequities. This must be applied across many areas and aspects of the organization, Taylor said, including:
 - Ensuring an equitable allocation of resources.
 - Programmatic oversight that can capture any disparate impacts of the organization's work and actions, based on race and other demographics.
 - Ensuring a diverse and inclusive board composition.

To illustrate this principle, Taylor used the example of a nonprofit that had developed a large job development program, that was very successful with white participants but largely ineffective with participants of color.

"In a scenario like this, a board would ask deep, reflective questions about the program, and would hold themselves and the staff accountable for doing some deep listening with the participants of color, and use those inputs from those participants to help the board develop a strategy for change," he said.

- **Recognizing the authorized voice and power bestowed on the organization and board.** According to Taylor, this involves board recognition that the organization's power and voice must be authorized by those who are directly impacted by the organization's work and programming. Board decisions should be made within the context of a solid understanding of a community's assets, needs, preferences and aspirations, Taylor explained. And, he noted, this also involves sharing power with individuals from that community by inviting them to join the board.

As Taylor explained, a traditional board might ask what "we" think is best in terms of its actions and programs—without thought to the ways in which the board's composition might influence its perspective—while a purpose-led board would ask whether, as a board, it is populated in a way that ensures its power is held by the community impacted by the organization's work. And, further, is the board doing all it can to understand what its stakeholders tell the organization is most important.

"This is the type of board that will create the most impactful solutions and action plans because it has the needs of the community represented in the board room itself," Taylor said.

For more information, the webinar can be viewed in full at <https://bit.ly/3G71aFn>. ■

More board support needed for fundraising staff

A survey of nonprofit development staff shows that a lack of support from senior management and the board is one of the main reasons they plan to leave their organizations.

That's one of several key findings from *What makes fundraisers tick? A Study of Identity, Motivation, and Well-being*, recently released by the U.K.-based Institute of Sustainable Philanthropy and Revolutionize International.

Per the report, nearly half of fundraisers in the United States and the United Kingdom—46%—plan to leave their current positions within the next two years. And 9% plan to leave the field entirely in that time. Those findings align with other research showing the nonprofit sector hemorrhaging development staff.

And while some of the most commonly cited "demotivating" factors for fundraisers relate to a lack of appreciation or value for

their work, three of the top 10 factors relate directly to senior leadership and boards:

1. 66% say they don't feel supported by senior management and/or the board.
2. 62% don't feel their senior management or boards trust them to do their work.
3. 60% cite unrealistic expectations from senior management and the board.

While there are a number of other issues that nonprofits should address to curb the exodus of fundraisers—not the least of which is a lack of professional development opportunities—the research is clear that boards and senior management can help by showing greater support and trust for their development staff, and setting reasonable goals for performance.

To access the report in full, visit <https://bit.ly/3v0eFA1>. ■





March 2023

BOARD & ADMINISTRATOR

March 2023 • Volume 39, No. 7
Supplement

FOR BOARD MEMBERS

EDITOR: NICHOLAS KING

Consider ‘devil’s advocates’ for board vacancies to ensure different viewpoints

When looking to fill a vacancy on your organization’s board, it’s common for recruitment efforts to focus on individuals with the same values and opinions as those already on the board. And in practice, this helps avoid the hassle of having too little agreement on critical issues and decisions, which can leave the organization unable to adapt quickly to changing operating conditions or forging ahead with a unified vision.

But experts argue that there is also a danger in having too much agreement—boards whose members have a “go along to get along” approach where no dissenting voices are heard nor lively discussions held. In these cases, individual board members might be withholding their true thoughts on a matter of importance, which can lead to poor decision-making because viable alternative—and potentially better—approaches are not brought forth for consideration.

Ideally, some experts argue, a board should consist of a majority in general agreement, as well as one—or a small number—of “devil’s advocates” that can communicate a differing viewpoint effectively and non-confrontationally.

• In a recent blog post on this topic, Eugene Fram, Professor Emeritus at Saunders College of Business at the Rochester Institute of Technology, explained that a devil’s advocate can benefit a nonprofit in a number of ways, including:

- They can help develop an enhanced vision that allows the organization to avoid the impact of disruptions by technology for social changes.
- They can help reduce the conflict that takes place between legacy-minded board members and those who want to reform or modify the organization.
- They can help set the tone for change within the organization.
- They can help demonstrate the importance of independent thinking and how it may impact the future of the organization.
- They can help entice board candidates and potential senior managers to join the nonprofit who might not otherwise be interested.

“While the need for a nonprofit board DA will be situational, every board needs to occasionally ask itself if a new one will add to its productivity,” Fram wrote.

“If the answer is ‘yes,’ then the challenging task is seeking one. Often an independent thinking DA can have productive visions that an acculturated majority on the board needs to consider. In these cases, a DA can be a significant asset,” he said.

For more information, visit Fram’s blog at <https://bit.ly/3ITcp6a>. ■

Tech advances looming for the nonprofit boardroom

Many in the philanthropy field can testify to the many ways in which digital technologies have made their operations more efficient and effective—especially in the areas of staff and board member recruitment, onboarding

and retention; program and services delivery; finance; communications; and administration. And experts say that more is still to come as 2023 gets underway.

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Tech

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In a blog post on his firm's website, Tim Vire, the senior manager of customer success at OnBoard, noted several technologies that may impact nonprofit and for-profit boards in the coming year. These include:

- Augmented reality and virtual reality. Whether it's hosting a meeting in a virtual boardroom using VR headsets or using AR glasses to overlay digital data on real-world charts and media, both of these technologies have many potential uses in training and assisting with technical tasks, Vire said.
- Blockchain. Most people are familiar with Blockchain in relation to its use in cryptocurrency. But it has potential for far more uses than that, Vire said, because it is a very secure way to store and transmit many types of information. That means it can be put to use to make documents secure—especially useful for legal and business-sensitive information such as contracts and strategic plans—and can help with securing operational aspects such as supply chain

management, regulatory compliance and foreign currency transactions, he said.

- Artificial intelligence. According to Vire, AI is already being used in automation and business analytics, among other areas, and may further be applied in areas such as forecasting customer and market behavior, fraud detection, and personalization when targeting advertising, sales, customer support and content generation.
- Robotic process automation. Similar to AI, RPA can be used to automate and/or streamline an array of business processes that aim to improve operational efficiency—freeing workers to concentrate on value-adding tasks, Vire said.

How many of these—and to what extent—your board adopts these and other new digital technologies will depend on your specific program and operational needs.

But boards of all types would do well to stay abreast of these new developments and their possible impacts on their organizations, Vire said.

For more information, visit <https://bit.ly/3QQ26S0>. ■

Ensure 'dissolution clause' still meets current needs

Most nonprofit boards are familiar with their organization's "purpose" clause—language in the articles of incorporation that states the organization's essential reason for being and intended mission.

Likely less familiar to boards, an organization's "dissolution" clause is also critically important, as it lays out what, exactly, will happen when the nonprofit ceases operations—something that happens for a variety of reasons to all types of nonprofits, but which many boards don't anticipate or plan for.

According to Benjamin Takis of SE4nonprofits, the dissolution clause may not reflect the wishes of a board facing if the organization has been in existence for some time. In fact, many charities that have been around for a while may have seen their missions shift over time, and with it, the strategies that will lead their asset distribution upon dissolution.

As Takis explained in a recent blog post, the dissolution clause must require that the nonprofit's assets remain dedicated to 501(c)(3) tax-exempt purposes in the event it dissolves.

According to Takis, there are two basic approaches to this:

- An "open-ended" requirement that the organization distribute any remaining assets "for 501(c)(3) purposes" upon dissolution. An example of this approach is provided by the IRS in the instructions for Form 1023 Instructions.

- A more specific requirement to distribute any remaining assets to one or more 501(c)(3) organizations upon dissolution.

- According to Takis, some organizations specify the recipient organizations in their articles of incorporation, or simply require that the recipient organizations share the same purpose or mission as the dissolving organization.

Both options have their merits. Regardless of which your organization takes, it should be kept up to date and reflect the thinking of the current board and its long-term strategy.

For more information, visit <https://www.se4nonprofits.com>. ■

Let's Talk Boards!

Facing a board problem? Our experts can help!

Let us know what issues you're facing, such as:

- Board micromanagement
- Lack of board engagement
- Confusion over roles and responsibilities

Contact us at nicholaskingllc@gmail.com





April 2023

BOARD & ADMINISTRATOR

April 2023 • Volume 39, No. 8
Supplement

FOR BOARD MEMBERS

EDITOR: NICHOLAS KING

Mind the limits on ‘related’ board members when looking to fill positions

When your organization is looking to fill an open spot on the board, it’s common to focus on those you know best—family members, coworkers, business partners and others in the social circles of current board members, leadership and staff. However, focusing solely on these sources of potential recruits could lead to regulatory problems and other issues, according to nonprofit consultant Amber Melanie Smith.

In a video on her YouTube channel where she discusses this topic, Smith explained that by law, organizations with 501(c)3 tax exempt status must be “publicly supported,” and means there’s a limit on the number of “related” board members allowed.

Smith said the IRS defines “related” board members as those who are related by:

- Blood—blood relatives such as siblings, parents, children or grandparents.
- Marriage—members who are related through marriage include spouses and in-laws.
- Business connection—members who are co-workers or co-workers of a business venture, serve on the board of the same company or have business relationships with (such as a vendor).

“At a bare minimum, the IRS requires that at least 51% of the board be made up of unrelated members,” Smith said. “The goal here of the IRS is to make sure that the general public and the community that the nonprofit serves has, essentially, a majority vote in how the organization is run, as opposed to one person, or one person and their related members.”

For the agency, Smith said, boards with too many related members pose special risks when it comes to conflict of interest.

“The IRS doesn’t believe that people who are related to one another are going to be able to act independently and without bias towards one another,” she said.

Board members are expected to act in the best interest of the organization and its mission, as opposed to what’s in the best interest of themselves or those they are related to.

According to Smith, the IRS will view “related” board members as a red flag that could possibly prevent the agency from granting tax-exempt status and/or increase scrutiny of established tax-exempt organizations.

Too many “related” board members will raise funder red flags as well, she said.

“It is a common question these days on grant applications to ask for a list of the nonprofit’s board members,” she said. Funders are looking to ensure that the organization is led by members of the general community, and that there is diversity on the board and that the perspectives of those in the community served by organization are represented.

“So, having one or more family members on your board could signal to a funder that you don’t necessarily have broader leadership, broader representation or broader perspectives from the community that you’re serving,” she said.

As well, the social networks that board members can draw upon when fundraising or otherwise advocating for the organization will be wider if there are limited related members, she noted.

And finally, she said, related board members are more impacted by interpersonal conflicts that arise in the boardroom—and beyond.

It’s common for boards with diverse viewpoints represented to have personal disagreements that can fester between board members. But those members can typically remove themselves from the conflict once the board meeting is done. Not so

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Limits

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with related board members, who may see board-related disagreements and conflicts carry over into their personal lives.

On the flip side, related board members who have personal

disagreements in their private lives may let such conflicts impact their interactions and duties as board members.

Either way, these are considerations that unrelated members do not have.

For more information, visit <https://bit.ly/3pfcKFc>. ■

Small boards, paired with advisory councils, may be the answer to 'ideal' board size

Philanthropy experts have diverse opinions when it comes to the question of the “ideal” board, with some arguing that smaller is better because of quicker decision-making capabilities, and others saying that larger boards are better because they have more capacity and can, therefore, handle more tasks and time-sensitive issues at once.

One option that doesn't get as much discussion—but could work well for many organizations—is a hybrid approach where the board itself is small (maybe a half dozen directors or so) but it is augmented with an advisory council that provides guidance to the board in an informal way.

In a recent blog post on this topic, experts at MissionMet, a board development and strategic planning consultancy, explained how the structure—and strictures—of an advisory council differ from your regular board.

“Councils typically differ from other groups like your board of directors or committees,” MissionMet said.

“A board is a more formal organizational body that requires clear management, officers, rules, etc. A smooth-running committee, too, has documented guidelines, a chair, and clear processes that help it address one topic or project (such as financial management, fund development, governance, board recruitment, etc.) By calling the advisory body a council you can communicate something entirely different: a group that provides guidance in a more informal way,” the company wrote.

MissionMet's experience has been that the less formal structure of an advisory council works best for small- and medium-sized nonprofits.

As an example, the company described one of their clients that has an especially effective advisory council of about 15 people that provide guidance on legal, indemnity, programmatic and fundraising topics. Critically, the council members never meet as a full group and don't have a chair or any officers, like what you'd see on a regular board or committee, but instead are a loosely organized group that the board and executive staff can call upon when needed.

“It works beautifully and doesn't create any unnecessary management responsibilities for the already taxed board and staff,” the group wrote. “With the advisory council's support, the organization always exceeds its fundraising goals and receives exceedingly high marks on its programs.”

One key thing to remember is that the council's role is not to make decisions—that's the purview of the board. Instead, it is meant to provide guidance on topics that the board itself identifies as areas that need additional insight and support—whether that's in the fundraising arena, governance, staff or board member recruitment and retention, or community engagement.

“Some councils play multiple roles and focus on multiple topics. It just depends on what you want and need,” MissionMet said. “Look around your organization and find the things that require additional insight. That's where you may find the purpose.”

Because the advisory council is separate from the board and has no formal decision-making powers, it can include people from a wide variety of areas and backgrounds. Of course, former board members are a wonderful place to start when putting together an advisory council, but many others would make a good fit as well, MissionMet said, including:

- Long-time volunteers with a good understanding of your nonprofit's mission and programming.
- Current donors looking to deepen their engagement with the organization but who aren't a good fit for the board, for one reason or another.
- Potential donors who you'd like to cultivate deeper relationships with.
- Diverse representatives of the community you serve who can provide insight through their own lens and unique experiences.

Really, MissionMet said, the council could be a good fit for anyone who cares deeply about the cause/issue your organization is focused on and has some valuable insight into the topics at hand.

For more information, visit <https://www.missionmet.com>. ■





Board of Directors Close-Out Meeting Minutes





Board of Directors Close-Out Meeting Minutes: January 28, 2023



BOARD OF DIRECTORS MEETING
Hyatt Regency Grand Cypress
One Grand Cypress Blvd. | Orlando, FL 32836
January 28, 2023 | 10:00 A.M.

| Board Members | | Board Members | | Board Members | | Staff Present | |
|-------------------------|---|------------------|---|--------------------------------|---|------------------|---|
| Emma Byrd | P | Annette Jones | P | Yolanda Robinson | P | Cheryl Burnham | P |
| Ra Shondra Croskey | P | Dr. N’Kosi Jones | P | David Rucker | A | Maria Crespo | P |
| Stacy Campbell-Domineck | P | Chester McNorton | P | Gena Spivey | P | Crystal Dames | P |
| Linnes Finney, Esq. | P | Tracy Maloy | P | Ruby Willix | P | Yolanda Garrett | P |
| Marjorie Gaskin | P | Dr. Donna Mills | P | | | Maria Guerrero | E |
| William Holt | P | Melvin Philpot | P | Board Support | | Dennis Gniewek | P |
| Josephine Howard | P | Berniece Taylor | P | Jonathan Thiele, Board Counsel | P | Pa Houa Lee-Yang | P |
| | | | | Arlene Dobison, CEO | P | Albert Miller | P |
| | | | | | | Myrna Rodriguez | P |
| | | | | | | Kathleen Winters | P |

The meeting was called to order by Chairman Holt at 10:00 A.M. A moment of silence was observed by all. The Mission Statement was read in unison: “The mission of The ALPI is to collaborate with community partners and deliver human service programs that empower the economically disadvantaged and others to be self-sufficient.”

Roll Call

A quorum was established.

Public Comments

None

Board of Directors Committee and Regional Advisory Quarterly Attendance Report

Information purposes only.

Secretary’s Report

Stacy Campbell-Domineck moved to accept/approve the Board of Directors Meeting Minutes of November 20, 2022. Seconded by Josephine Howard. The floor opened for questions. There were no questions. The motion carried unanimously.

Consent Agenda

Stacy Campbell-Domineck moved to accept/approve the Consent Agenda. Seconded by Melvin Philpot. The floor opened for questions. There were no questions. The motion carried unanimously.

Committee Recommendations/Action/Ratification

Public Elected Officials Appointments

Stacy Campbell-Domineck moved to accept/approve Commissioner Tim Stanley’s appointee RaShondra Croskey, Vice Mayor Jayne Hall’s appointee, Josephine Howard, Commissioner Emma Byrd, Commissioner Arnold Gaines appointee Marjorie Gaskin. Seconded by Dr. N’Kosi Jones. The floor opened for questions. There were no questions.







The motion carried unanimously.

Private Sector Board Appointments

Marjorie Gaskin moved to accept/approve the Private Sector appointments, Melvin Philpot, Chester McNorton, Gena Spivey, Stacy Campbell-Domineck, and Linnes Finney, Esq. Seconded by N’Kosi Jones. The floor opened for questions. There were no questions. The motion carried unanimously.

Agricultural and Labor Housing Development

Arlene Dobison, CEO provided the board with an update on New Horizons affordable housing homes, in Auburndale. Information included the upkeep or the lack thereof. The Housing Board gave the approval for the management company to apply for a rehab grant for the property. Mr. Philpot offered his assistance in the process.

ALPI Technical Education Center Annual License Renewal

Stacy Campbell-Domineck moved to accept/approve ALPI Technical Education Center annual license renewal. Seconded by N’kosi Jones. The floor opened for questions. There were no questions. The motion carried unanimously.

Bank of America Line of Credit Auto Renewal

Stacy Campbell-Domineck moved to accept/approve the Bank of America line of credit, auto renewal, of \$250,000. Seconded by Dr. Donna Mills. The floor opened for questions. There were no questions. The motion carried unanimously.

Notice of Award EHEAP Additional Funding 2021-2023

Josephine Howard moved to accept/ratify the notice of award for EHEAP Additional Funding 2021-2023. Seconded by Marjorie Gaskin. The floor opened for questions. There were no questions. The motion carried unanimously.

Head Start/Early Head Start Carryover Request

Dr. Donna Mills moved to accept/approve the Head Start/Early Head Start Carryover Request. Seconded by Chester McNorton. The floor opened for questions. There were no questions. The motion carried unanimously.

Board Counsel Renewal Contract

Josephine Howard moved to accept/approve the Board Counsel Renewal Contract, with an increase effective January of 2023. Seconded by Marjorie Gaskin. The floor opened for questions. There were no questions. The motion carried unanimously.

Summit Workers Compensation Audit

Stacy Campbell-Domineck moved to accept/ratify the Summit Workers Compensation Audit. Seconded by Dr. Donna Mills. The floor opened for questions. There were no questions. The motion carried unanimously.

Line of Credit Usage: Community Services Division

Stacy Campbell-Domineck moved to accept/approve the line of credit usage for the Community Services Division, due to the budget authority issues with the State, and delay in reimbursement of expenses. Seconded by Dr. N’Kosi Jones. The floor opened for questions. There were questions. The motion carried unanimously.

By-Laws Revision

Stacy Campbell-Domineck moved to accept/approve the By-Laws revision. Seconded by Josephine Howard. The floor opened for questions. There were no questions. The motion carried unanimously.





Emergency Rental Assistance, Additional Funding

Dr. N’Kosi Jones moved to accept/approve the additional \$1,150,000 funding to administer the Emergency Rental Assistance Program, from Polk County. Seconded by Josephine Howard. The floor opened for questions. There were no questions. The motion carried unanimously.

CEO Report

Stacy Campbell-Domineck moved to accept/approve the CEO’s Report. Seconded by Dr. Donna Mills. The floor opened for questions. There were no questions. The motion carried unanimously.

Other information

Arlene Dobison, CEO provided the board with the Universal Mask Mandate removal and the requirement to establish a mitigation policy, approved by Head Start Advisory Council within 60 Days.

Other Business

The Annual Report Presented.

Adjournment

Marjorie Gaskin moved to adjourn the meeting at 10:32 A.M. Seconded by Josephine Howard. The motion carried unanimously.

Respectfully Submitted By

Yolanda Robinson
Board Secretary

January 28, 2023
Date

DRAFT





Nominating Committee Meeting Minutes: January 28, 2023



NOMINATING COMMITTEE MEETING
 Hyatt Regency Grand Cypress
 One Grand Cypress Blvd. | Orlando, FL 32836
 January 28, 2023 | 10:30 A.M.

| Board Members | | Board Members | | Board Members | |
|-------------------------|---|------------------|---|--------------------------------|---|
| Stacy Campbell-Domineck | P | Dr. N'Kosi Jones | P | Gena Spivey | P |
| Ra Shondra Croskey | P | Chester McNorton | P | Linnes Finney, Esq. | P |
| Marjorie Gaskin | P | Dr. Donna Mills | P | Commissioner Emma Byrd | P |
| William Holt | P | Melvin Philpot | P | Tracy Maloy | P |
| Josephine Howard | B | Berniece Taylor | P | | |
| Ruby Willix | P | Yolanda Robinson | P | Board Support | |
| Annette Jones | P | David Rucker | A | Jonathan Thiele, Board Counsel | P |
| | | | | Arlene Dobison, CEO | P |

Call to Order

The meeting was called to order by Arlene Dobison, Chief Executive Officer, at 10:33 a.m.

Election Procedures

CEO Dobison read ALPI's Board Election Procedures and declared all offices for the Board of Directors vacant. These offices included the Chair, Vice Chair, Secretary, Assistant Secretary, and Treasurer.

CEO Dobison called the roll and announced that all members present may record one vote for each office. There were a total of 17 members present. David Rucker was absent.

CEO Dobison continued to read the Election Procedures, emphasizing that officers must win by a majority vote (50% +1).

CEO Dobison called on Nominating Committee Chair, Chester McNorton, to report on the activities of the Nominating Committee. Mr. McNorton read the minutes of the Nominating Committee and brought forth the recommendation, on behalf of the committee, to approve the following slate of officers for 2023 - 2025: Chair, William Holt; Vice Chair, Stacy Campbell-Domineck; Treasurer, Marjorie Gaskin, Secretary, Yolanda Robinson and Assistant Secretary, Josephine Howard.

The motion was seconded by Melvin Philpot. The floor was open for discussion. During discussion, CEO Dobison opened the floor for nominations, for any of the vacant officer positions. The floor was opened two additional times for nominations coming from the floor. Hearing no nomination from the floor, CEO Dobison asked for a motion to close on said names. Chester McNorton moved to close the floor for nominations. Seconded by Melvin Philpot. The floor opened for discussion. There was no additional discussion. Nomination from the floor closed.

CEO Dobison called for a vote. All voted and the motion was carried unanimously.

Adjournment

The meeting adjourned at 11:37 a.m.

Submitted by Arlene Dobison, CEO





Action/Ratification Items





Eastern Region: Fundraising Activities



THE AGRICULTURAL AND LABOR PROGRAM, INC. BOARD/ADVISORY COMMITTEE REPORT

INSTRUCTIONS: Complete and submit to the Board/Advisory Secretary after reporting to the board.

Eastern Region Advisory Committee
Board Committee/ Advisory Committee

03/20/2023
Date of report

| Members Present | Members Present | Members Absent |
|-----------------------------|-----------------------|------------------------------|
| 1. Bobby Byrd | 8. Beverly Richardson | 1. Betty Bradwell |
| 2. Francis Cooper | 9. Tiffany Wilder | 2. Angela Jules |
| 3. Mercadez Estime-Connelly | 10. | 3. Gena Spivey - EA |
| 4. Victoria Frazier | 11. | 4. Debra Williams |
| 5. Marjorie Gaskin | 12. | 5. |
| 6. Constance Griffin | 13. | Staff Liaison Present |
| 7. William Holt | 14. | 1. Donita Brunson |

Type of Report

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

Brief Statement of committee's issues / Area of Reporting

The ERAC met to discuss the upcoming events for the year including the ERAC 2023 Timelines. Items discussed included fundraising activities, membership issues, and scholarship for the four county area.

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

Chairperson William Holt called meeting to order at 6:42 p.m. A moment of silence was shared by all. The Mission Statement was recited by all attendees.

Roll call was made and the Secretary report for October 2022 meeting was moved by Marjorie Gaskin to approve with the necessary corrections, if any, 2nd by Beverly Richardson and approved.

Treasurer Report was made by Marjorie Gaskin and seconded by Constance Griffin. There were questions about what happened to the payment of \$1,000 for each of the two scholarship recipients. Our Liaison, Ms. Brunson will check into and report back to the Committee. Report was approved.

Scholarship update: Requesting \$200.00 per Committee member to meet our obligations for the three scholarships. Discussion of Community outreach and to get the word out to the High Schools and community. Requesting the Ad Letter from our CEO so that we can have ample time to request for advertisement in the annual souvenir book. Beverly Richardson paid \$50.00, and Tiffany Wilder paid \$80.00 to the Arie Lou Perkins Scholarship fund. The fundraising activities for this year will include Fish Fry at the Juneteenth event, Raffles tickets for Gas Cards and Restaurant cards, 65" Smart TV Raffle and a weekend getaway for two to the Bahamas. It was moved by Marjorie Gaskin to assess \$5 each for the Gas and Restaurant raffle cards, \$10.00 for the 65" Smart TV, and \$25.00 for the Bahamas Getaway, 2nd by Beverly Richardson and approved. This will be pending Board approval.





Ms. Gaskin stated that our assessment to the ALPI organization for this year will be \$85.00. This amount will be due no later than the first week in November 2023.

Mr. Holt gave an update on the 55th ALPI meeting that was held in January 2023 and the shared governance that was held in February 2023. He was very pleased with the attendance by ERAC members.

Motion to adjourn was made by Bobby Byrd, 2nd by Francis Cooper and approved. Meeting adjourned at 7:24 p.m.

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

I, Marjorie Gaskin, move to approve the following fundraising events: Gas, Restaurant, and TV raffles, Fish Fry, and weekend trip to the Bahamas.

Respectfully submitted,

Marjorie B Gaskin

Marjorie B Gaskin, Secretary





Central Region: June 2023 Picnic Lake Maude Park



Central Region Advisory Committee Meeting Corporate Office, Lake Alfred, FL

March 8, 2023 – 5:30 pm

MINUTES

Call to Order – Meeting was called to order by Johnnie McNair, Chairperson at 5:45 pm. A quorum was established.

Moment of Silence - Observed by all present.

Mission Statement - Read by everyone.

Roll Call by Annie Larkins, Secretary.

Members Present:

| | | |
|-----------------|------------------|-------------------|
| Vermell Brown | Earnestine Davis | Josephine Howard |
| Clora Dubose | Annie Larkins | Johnnie McNair |
| Patricia Salary | Marian Owens | Margaree B. Simon |
| Ruby Willix | Dartha Shuler | |

Members Absent:

| | |
|--------------|------------------|
| Beulah Jones | Jacqueline Rentz |
|--------------|------------------|

Others Present:

Al Miller, Staff Liaison

Secretary’s Report -

- **Approval of Minutes from 10/15/22.** A Motion to approve was made by Ms. Salary and seconded by Ms. Willix. Floor was opened for discussion. There were no changes requested. Motion was called and passed unanimously.

Other Correspondence

- The Chair reported there were no correspondence to be presented.

Scholarship Update

- The Chair and Ms Salary advised that all applications from the 2022 were incomplete so no scholarship was awarded in 2022. Members discussed to work toward awarding one scholarship this year and that each member would be asked to donate \$53,00. Other concerns relating to the scholarship program were raised by Ms. Howard. Ms. Howard advised holding future applicants to a higher standard with regards to knowing how to complete an application.





Council Discussions

- Working Committee Membership
 - The Chair confirmed that scholarship committee members includes Ms. Salary as Chair and Ms. Simon; Ms. Willix; Ms. Howard; and Ms. Larkins.
 - It was also confirmed that the government affairs members were comprised of Ms. McNair; Ms. Davis; Ms. Brown; and, Ms. Shuler.
 - Special events members were identified as Ms. Shuler; Ms. McNair; and, Ms. Rentz.
- Confirmation of Meeting Calendar: The calendar was reviewed and confirmed. Ms. Howard moved to schedule future meeting times at 5:00 pm on Wednesdays (time change only). Motions was seconded by Ms. Brown. After a brief discussion, the motion was called and passed unanimously. Ms. Miller advised council members that the Annual Meeting is no longer referred to as such. The purpose of the meeting is to elect the committee’s officers and wrap up any old business. Ms. Miller was requested to check if guests could be invited to the October meeting. Ms. Davis moved that the meeting be held on the first Saturday in October at 10:00 am. Ms. Howard seconded the motion. After brief discussion, the motion was called and passed unanimously.
- Tasks and Timelines: Discussed, no action required.
- Selection of CRAC Representative to FACA Conference: The selection of the CRAC representative for the upcoming FACA Conference, being held at the Wyndham Bonnet Creek Resort in Lake Buena Vista, was discussed. Ms. Shuler volunteered to attend as the representative. No other member expressed an interest so no motion was held.
- Review of Corporate Applications: No applications were presented.
- 2023 Family Picnic: This year the Central Region is in charge of the annual picnic to be held on Saturday, 22, 2023. Ms. Howard moved that the picnic be held at Lake Maude in Winter Haven. Ms. Brown seconded the motion. A discussion followed that, if Lake Maude was not available, Lake Barnett Park in Lakeland would be recommended. After further discussion, the motion was called and passed unanimously. Member volunteering to participate in the planning are scheduling a follow-up meeting to begin working on the picnic.

Board of Directors Update

- Ms. Willix stated that the Board meeting was held at the “B” Resort and Spa in Lake Buena Vista, Florida on February 25, 2023. Items discussed by the Board included the following:
 - Approval of the 2023 Community Action Plan;
 - Acceptance of the 2023 audited financial statements reporting no findings; and
 - Notice of Award of additional EHEAP Funds to be ratified and approved.

Unfinished Business

- No unfinished business was brought up for discussion.

Adjournment

- Hearing no further business, Ms. Shuler moved to adjourn. Ms. Salary seconded. Motion carried unanimously and was adjourned at 7:01 pm

Annie Larkins, Secretary

Date





Budget and Finance Committee



BUDGET AND FINANCE COMMITTEE ZOOM MEETING

Zoom Meeting: <https://us02web.zoom.us/j/85289107543>

Dial In: (929) 205-6099 | Meeting ID: 852 8910 7543

April 12, 2023 | 6:00 P.M.

AGENDA

Members: Marjorie Gaskin, Chairperson, Annette Jones, Vice-Chairperson, Josephine Howard, Stacy Campbell-Domineck, William Holt

A quorum is established with three (3) members present

| WHAT | PAGES | HOW | WHO |
|---|-------------------------------------|---------------------|---------------------------|
| 1. Call to Order Moment of Silence Mission Statement Roll Call | 3 | Present | Chairperson Secretary |
| 2. Secretary's Report Recommendation: Budget and Finance Committee Meeting Minutes: September 16, 2022 | 4-5 5 | Present/ Approve | Chairperson |
| 3. Committee Recommendations/Action/Ratification Items Action/Ratification <ul style="list-style-type: none"> • Fundraising Report Period Ended March 2023 • Financial Report Month Ended March 2023 • Department of Economic Opportunity Budget Authority • Office of Head Start COLA and Quality Improvement Funding Increase FY2023 | 6-35 7 9-26 28-29 31-35 | Present/ Approve | Committee Chairpersons |
| 4. Other Business: | | Present/ Approve | Chairperson CEO |
| 5. Adjournment | | Present | Chairperson |

The ALPI's Mission Statement

The mission of The ALPI is to collaborate with community partners and deliver human service programs that empower the economically disadvantaged and others to be self-sufficient.

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.





Department of Economic Opportunity Budget Authority Issues



The Agricultural and Labor Program, Inc. Executive Office Action Item(s)

| | |
|--|----------------------|
| Budget and Finance Committee | Date: April 12, 2023 |
| Impacted Program: Community Services and Economic Development Division | |

Subject: Customer Applications and Compensation for Community Services and Economic Development Division

Purpose: To discuss the correspondence received by DEO on the inability to reimburse Community Action Agencies for costs incurred.

Background Information:

An emergency meeting was scheduled with all Community Action Agencies, by DEO, to advise of their inability to reimburse community action agencies, until July of 2023, due to their exceeding of the approved authority appropriation, once again.

The State failed to request enough budget authority the remainder of this State's fiscal year. We were advised that there will no reimbursements until the new fiscal year, that begins in July of 2023.

Currently, ALPI submits reimbursements to the State, bi-monthly. Monthly expenditures total approximately \$1 million dollars. There is no possible way to cover this expense. An estimate of payroll and operational costs for the month are as follows:

- o CSBG and LIHEAP: Salaries and Wages to include Fringe Benefits: \$88,804
- o Indirect Costs: \$11,454
- o Operational Costs: \$85,989
- o **Total per month: \$186,247**

Proposed Action Needed:

To avoid laying off employees, it is my recommendation to use the line of credit approved by the board, to compensate employees (Salaries/Wages and Fringe benefits. If we do not receive correspondence, on the ceiling approval by DEO, by the end of February. It is my recommendation to lay off employees until such time the State is able to reimburse expenditures incurred.

| Action Needed | Budget and Finance Committee(s) | Board of Directors |
|--------------------|---------------------------------|--------------------|
| Recommendation (s) | X | |
| Approval | X | X |





Ron DeSantis
GOVERNOR



Meredith Ivey
ACTING SECRETARY

April 7, 2023

Dear Community Action Network Partners,

In the coming days, the Florida Department of Economic Opportunity (DEO) will reach the limit of its fiscal year 2022-2023 state legislative budget appropriation authority for four programs:

1. Low-Income Home Energy Assistance Program (LIHEAP);
2. Low-Income Household Water Assistance Program (LIHWAP); and
3. Weatherization Assistance Program; and
4. Community Services Block Grant (CSBG) program.

Demand for these programs has exceeded budget authority far earlier than expected, and this has occurred despite the significant supplemental budget authority that the Legislature granted just a couple months ago.

To that end, this letter serves as notice that DEO will work with each of you to ensure that any outstanding invoices for the above mentioned federally funded programs are submitted by no later than Friday, April 13, 2023. Invoices received by this date will be considered and prioritized for payment in this ongoing fiscal year.

Our staff will be in contact with each of you by close of business on Monday, in order to discuss further. If you have any questions or need assistance in the meantime, please contact Debbie Smiley at (850) 717-8450 or by email at debbie.smiley@deo.myflorida.com.

Sincerely,

Benjamin M. Melnick
Deputy Secretary for Community Development

Florida Department of Economic Opportunity | Caldwell Building | 107 E. Madison Street | Tallahassee, FL 32399
(850) 245.7105 | www.FloridaJobs.org | www.Twitter.com/FLDEO | www.Facebook.com/FLDEO

An equal opportunity employer/program. Auxiliary aids and service are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TTD equipment via the Florida Relay Service at 711.





Head Start/Early Head Start Program Goals 2023-2024

1

CHILD DEVELOPMENT AND FAMILY SERVICES DIVISION

HEAD START AND EARLY HEAD START

BOARD OF DIRECTORS MEETING APRIL 22, 2023

ACTION ITEMS

2

**Review Head Start/Early Head Start
2023-2024 Program Goals and
Objectives**

| | |
|--------|--|
| GOAL 1 | The program will utilize, integrate and implement the newly revised Head Start Early Learning Outcomes Framework and Florida's Early Learning and Development Standards to ensure that children receive high-quality comprehensive services. |
| GOAL 2 | The program will provide engagement activities that support the importance of the parent's roles as their child's first teacher. |
| GOAL 3 | The program will build relationships with schools and community service professionals to serve families in more comprehensive ways. |
| GOAL 4 | The program will collaborate with community partners to address the health concerns of all children and families. |
| GOAL 5 | The program will create opportunities for staff to identify goals and develop professional practices that result in staff retention. |





1. Service and Recruitment Area

a. Identify the service and recruitment area for proposed program operations: ALPI's Head Start/Early Head Start Program targeted areas, are those considered to be the highest concentrated poverty areas in Martin, St. Lucie and Polk Counties. The program recruitment meets the needs of the children and the families to include low-income working families in accordance with the community assessment and other pertinent community data in the three counties. The program will continue to serve the areas where the neediest families have been identified, ensuring that the neediest, such as those experiencing homelessness or who are in foster care, benefit from the program. ALPI will provide Head Start and Early Head Start Services to 947 children and their families in Martin, St. Lucie, and Polk Counties. In Martin, 117 preschool children will receive Head Start services, and 32 infants/toddlers will receive Early Head Start services. In St. Lucie, 642 children will receive Head Start services, and 80 infants/toddlers/pregnant women will receive Early Head Start services. In Polk, 76 infants/toddlers and pregnant women will receive Early Head Start services. ALPI will continue to operate the Head Start and Early Head Start Program in the highest poverty concentrated communities in the three counties as the designated service areas including, Stuart, Port Salerno, Jensen Beach, Hobe Sound, and Indiantown, Martin County; Fort Pierce, and Port St. Lucie, St. Lucie County; and, Frostproof, Lake Wales, and near surrounding communities, in Polk County.

Review Community Target Areas to be Served by ALPI Head Start/Early Head Start in 2023-2024

In Martin County, Florida, The ALPI is in the second year of its Head Start and Early Head Start Program operations. In 2020, ALPI was awarded funding to provide services to 132 preschool children, infants, and toddlers in five cities/towns in the county.

In St. Lucie County, Florida, ALPI has operated the Head Start Program since 1968 and the Early Head Start Program since 2000, located in the southeastern section; we have provided services in Fort Pierce and Port St. Lucie to the most vulnerable children and their families. In the Cities of Port St. Lucie and Fort Pierce, these two cities serve four (4) of its highest poverty concentrated zip codes.

In Polk County, Florida, ALPI is currently providing Early Head Start services since 2010 in the areas of Frostproof and Lake Wales, Florida. Although, ALPI operates in those two cities/towns, the services are extended to other near surrounding areas within Polk County.

ALPI's Head Start and Early Head Start Program, annually updates the Selection Criteria in accordance with the new Federal Poverty Guidelines, and weighs the priority based on the neediest families including family income, homelessness, placement in foster care, child's age, special education needs for services and early intervention. The program will continue to collaborate with community partners to promote and maximize recruitment efforts through the referral support system for children and their families in the targeted areas.

b. Provide evidence to demonstrate that the proposed area is the area of greatest need: In Martin County, Florida, according to the most recent Martin County, Florida demographics data available from the US Census Bureau released in the American Community Survey in December of 2020, the population in 2019 was estimated at 159,065, with an overall poverty level of 8.6%. Martin County population has increased by 8.7%. 4.1% were under the age of 5, 3.9% were between the ages of 5-9, 16.2% were under the age of 18, and 31.5% were under the age of 65 and over. The breakdown by race and ethnicity was, White at 88.1%, Black or African American at 5.7%, Asian at 1.4%, two or more races at 4.2%, and Hispanic or Latino at 13.6%. <https://www.barchart.com/Profile/Community/Polk-County-FL-Demographics-Data.html>

In St. Lucie County, Florida, according to the most recent St. Lucie County, Florida demographics data available from the US Census Bureau released in the American Community Survey in December of 2020, the population in 2019 was estimated at 312,947, with an overall poverty level of 10.5%. St. Lucie County population has increased, by 12.7%. 5.0% were under the age of 5, 19.5% were under the age of 18, and 24.7% were under the age of 65 and over. Breakdown by race and ethnicity was, White at 73.6%, Black or African American at 20.2%, Asian at 2%, two or more races at 4.3%, and Hispanic or Latino at 19%.

In Polk County, Florida, according to the most recent Polk County, Florida demographics data available from the US Census Bureau released in the American Community Survey in December of 2020, the population in 2019 was estimated at 686,218; with an overall poverty level of 14%. Polk County population has increased by 14%. Polk County's population is around 18.4% age 14 or younger, while almost 50% of the population falls between ages 25-64. According to the 2020 Polk County Community Health Assessment, 5.4% is under the age of 5, 11.1% between ages of 5-14, 11.8% between ages of 15-24. Breakdown by race and ethnicity was, White at 77.1%, Black or African American at 15.3%, Native at 0.4%, Other race at 5.5%, and Hispanic or Latino at 22.5%.

As part of the program's efforts toward continuous improvement, the program will provide parents with the opportunity to meet their established goals and needs. The program will maintain collaborations with the local agencies and organizations to include Parent Academy, Children Services Council, 211 Helpline, Healthy Start, HANDS Clinic, LEA, Early Steps, Help Me Behave, WIC, Tri-County WH Behavioral Health, Public School, State Colleges, Universities, etc.

Review ALPI Head Start/Early Head Start 2023-2024 Community Resources Plan

The program will collaborate with the Florida Department of Child Welfare; Foster Care and Homelessness; Homelessness Services Councils; and other homeless services agencies to recruit families. The program will develop flyers, announcements, and notices, in multiple languages to attract families of a) dual language learners; b) children with disabilities; c) homeless children and their families; and d) families with children in foster care. Through the program's collaborations with the local LEA and Early Steps (Part C Agency), and other agencies serving children with disabilities, to recruit at a minimum of 10 percent of children with disabilities. The program will use a computerized selection criteria system to select families; the criterion is designed utilizing the federal poverty guidelines.

Additionally, the program will work with services providers to include the public schools to identify and provide homeless children with a smooth transition into school and receive the support services for academic success.

The program will also provide parents with community resources where parents can obtain needed screenings, serve as liaison with children's physicians, facilitate health fairs, and help parents with transportation needs and translations. The program will facilitate two health fairs prior to the beginning of school year to connect with families, community resources, such as the Health Department, WIC, Healthy Start, Healthy Families, HANDS Dental Clinic, LEA, and Early Steps.

The program in collaboration with the program's Health Services Advisory Committee will address health concerns that have an impact on the child(ren)'s, develop and/or update policies and procedures as deemed necessary, etc.





Review of Program's Quarterly Monitoring Reports

January 2023
Department of Children and Families (DCF): During this reporting period, several ALPI Head Start, Early Head Start, and Contracted facilities were monitored/inspected. The following represents the outcomes/compliance:

- 1/19/2023 Gertrude Walden Child Care Center 100% compliance
- 1/23/2023 Loving Care Child Development Center 100% compliance
- 1/24/2023 Francina Duval Head Start Center 100% compliance
- 1/24/2023 Lincoln Park Head Start Center 100% compliance
- 1/24/2023 George W. Truitt Family Services Center 100% compliance

February 2023
Department of Children and Families (DCF): During this reporting period, only one ALPI Head Start, Early Head Start, contracted facility we monitored/inspected. The following represents the outcomes/compliance:

- 2/28/2023 Banner Lake Early Learning Center 100% compliance

March 2023
Department of Child and Families (DCF): During this reporting period, ALPI Head Start/Early Head Start Centers and one contracted center were monitored/inspected. The following represents the outcomes/compliance:

- On 3/21/2023, the ALPI Frostproof Child Development Center was monitored/inspected. One area was out of compliance due to the collapse of time between annual inspections by the Fire Marshal, which was classified as a **Class 3 violation**. Nevertheless, it was validated that the annual inspection was done. Therefore, it was marked as corrected onsite.
- On 3/22/2023, the ALPI Frostproof Child Development Center was visited by a DCF Investigator to clear two pending non-compliances; 1) was due to staff calling DCF stating that there was no operable water, and 2) allegations made regarding an employee. Both non-compliances were cleared. However, a DCF Facility Inspection report dated 11/16/2022 reflected the non-compliance **Class 2 violation** for not having operable water was posted/published under the Public Records DCF site on 3/21/2023.
- On 3/22/2023, the Hobe Sound Early Learning Center, contracted site was monitored/inspected achieving 100% compliance.
- On 3/27/2023, the ALPI Queen Townsend Head Start Center II was monitored/inspected achieving 100% compliance.

Polk County Fire Rescue: During this reporting period an annual fire inspection was conducted:
 • On 3/22/2023, the Frostproof Child Development Center was visited by the Polk County Fire Rescue to conduct the annual inspection of several buildings. During the inspection, two buildings were found to have a violation. Violation #1, Storage building, the Fire alarm panel was in trouble mode. This violation was corrected on 3/14/2023, and Violation #2, Kitchen building, a back door does not open. The vendor is currently waiting for permits. The work is expected to be completed in the 1st week of April 2023.

Early Learning Coalition: During this reporting period, two ALPI Head Start/Early Head Start Centers were audited by the Early Learning Coalition of St. Lucie County. The two centers were found to have findings in the following areas:

- VPK Program: The Coalition found the parent's sign-in/out sheets to have parent's initials instead of the full signature, arrival, and departure times. After submitting supporting documentation to validate the corrections, the two centers achieved 100% compliance.
- SR Program: Parent's copy fees. After submitting supporting documentation that validates free services for enrolled children, the two centers achieved 100% compliance.

Review Head Start/Early Head Start Policy Council Membership Recruitment and Organization

POLICIES
 a) ALPI establish and maintain a Policy Council at the agency level and is responsible for the direction of the Head Start and Early Head Start program, including program design and operations, long/short-term planning goals and objectives, taking into account the annual communitywide strategic planning, needs assessment and self-assessment.

b) Composition – ALPI's Policy Council composition consist of parents of children who are currently enrolled in the Head Start and Early Head Start program, which constitute the majority (74%) of the members of the policy council, and members at large of the community served by the program who may include parents of children who were formerly enrolled in the program and one Board of Directors (governing body) representative.
 ALPI establish and maintain a process that ensures that members of the policy council do not have a conflict of interest in accordance with Head Start Act. No staff or members of their immediate families will serve on the policy council except parents who occasionally substitute as staff.

c) Duties and Responsibilities –

(1) ALPI's Policy Council is responsible for activities specified §642(c)(2)(D) of the Head Start Act; which activities shall approve and submit to the Board of Directors (governing body) decisions to include the following:

- Activities that support the active involvement of parents in supporting program operations, including policies to ensure that the program is responsive to the community and parent's needs;
- Program recruitment, selection, and enrollment priorities;
- Applications for funding and amendments to applications for funding for programs prior to submission of the applications;
- Budget planning for program expenditures, including policies for reimbursement and participation in policy council activities;
- Bylaws for the operation of the policy council;
- Program personnel policies and decisions regarding the employment of program staff, consistent with the Head Start Act §642(1)(E)(iv)(IX), including but are not limited to the following:
 - Personnel policies and procedures, including policies and procedures regarding the hiring, evaluation, compensation, and termination of the Executive Director, Head Start Director, Director of Human Resources, Chief Fiscal Officer, and any other person in an equivalent position with the agency;
 - Personnel policies regarding the hiring, evaluation, termination, and compensation of employees.
- Developing procedures for how members of the policy council will be elected
- Recommendations on the selection of delegate agencies and the service areas of such agencies.

(2) The Policy Council uses ongoing monitoring results, data on school readiness goals, other information described in §1302.102, and information described in section (642)(d)(2) of the Head Start Act to conduct its responsibilities to include but are not limited to:

- Financial statements including credit card expenditures
- Program progress summaries reports
- Program enrollment and attendance reports including children partially enrolled in subsidize care
- Meals and snacks provided through the Child Care Food Program/USDA
- Financial audit
- Program annual self-assessment report and improvement plan
- Agency's communitywide strategic planning, and needs assessment of the program including annual updates
- Communication and guidance from the funders
- The annual Program Information Report (PIR).

d) Term
 (1) A member will serve for one-year term
 (2) If the member intends to serve for another year, she or he will stand for re-election
 (3) The Policy Council at the agency level in its bylaws will include how many one-year terms, not to exceed five terms, a person may serve
 (4) The program seats the successor policy council, before the existing policy council is dissolved (October).

e) Reimbursement
 The program will reimburse low-income parents participating in the policy council for reasonable expenses incurred if necessary.





**Review Head Start/Early Head Start
2022-2023 Self-Assessment Results**

Self-Assessment Report

I. Introduction

a. Briefly describe your program

The Agricultural and Labor Program, Inc. (ALPI), provides a high-quality comprehensive early childhood education Head Start and Early Head Start Program designed to be responsive to the needs of the children and families in Martin, St. Lucie, and Polk County, Florida. The Program serves children birth to 5 years, as well as pregnant women, with emphasis on the transition from Early Head Start to Head Start, and from Head Start to public school. The program operates center-based services across counties, serving 947 eligible children including, preschool, infants, toddlers, and pregnant women, to include children with disabilities.

The Program designated service areas include, Stuart, Jensen Beach, Hobe Sound, Port Salerno, and Indiantown, Martin County, Florida; Port St. Lucie and Fort Pierce, St. Lucie County, Florida; and Frostproof, Lake Wales, and other near surrounding areas in Polk County, Florida.

In Martin County, the Program serves 117 Head Start preschoolers, and 32 Early Head Start infants, and toddlers; In St. Lucie – 642 Head Start preschoolers, and 80 Early Head Start, infants, toddlers, and pregnant women; and Polk – 76 Early Head Start, infants, toddlers, and pregnant women.

The Program maintains collaborations with community partners, and early childhood education providers to maximize resources and to prepare children and families with the transition to public education, as well as to provide health, mental health, disabilities, and other services to meet the needs of the enrolled children and their families.

The Program has developed and implemented a School Readiness Plan that is in alignment with the federal and state school readiness expectations, and utilizes the research-based Creative Curriculums to deliver the education and child development program services. The Program uses Teaching Strategies GOLD (TSG), to conduct ongoing assessments of the children learning gains. The Program gathers and analyzes school readiness data three times per year, from various resources to include TSG, VPK Assessments, CLASS observations, and other relevant information to measure progress made towards meeting the program goals and objectives, as well as the federal and state school readiness expectations.

b. Provide a context for your Self-Assessment process

The Program Annual Self-Assessment, is the process to review and evaluate the program progress towards the goals and objectives described in the Head Start and Early Head Start grant application. The program uses this process to measure the effectiveness of the service delivery systems, to measure accountability, and assess the alignment with regulations and requirements.

This process allows ALPI to take a closer look at the effectiveness of the program strengths, and the areas of improvement and innovation. This process helps staff to engage in a comprehensive review of data collected through ongoing monitoring and the continuous quality improvement efforts for achieving the program goals and objectives that ensure the delivery of effective, and high-quality program services. The Program Annual Self-Assessment process provides ALPI, data of the following:

- The effectiveness of program ongoing oversight of the governing body and policy council;
- The effectiveness of its systems in facilitating compliance throughout the program year with required standards; regulations and requirements;
- The level of effectiveness of the professional development and family engagement in promoting school readiness;
- Determining the rate of progress towards meeting the goals and objectives set forth in the grant application;
- Confirm that the program has met "time sensitive" requirements outlined in the Head Start Program Performance Standards and regulations;
- Develop strategies for continuous program improvement;
- Allow the management team, and service delivery systems, to make the necessary course of corrections, and to evaluate changes and challenges.

**Review Head Start/Early Head Start
2022-2023 Self-Assessment Results
Continue**

II. Methodology

a. Describe the design of your Self-Assessment and identify the members

The Program utilized the National Center on Program Management and Fiscal Operations Orientation to the Self-Assessment Process in Head Start information, and the Focus Area Two Monitoring Protocol to orientate and train participants. The team composition included, Board and Policy Council members, Community members, parents, and Management staff. The orientation and training took place on day-one, followed by small group/team discussion on the team's expected activities.

The methodology used to collect data for the purpose of, determining the program effectiveness of ALPI's Management Systems in facilitating the progress towards the program's goals and objectives, and compliance with Head Start Program Performance Standards, State and agency requirements were as follows:

- Data tours to, include,
 - Evidence of internal and external ongoing monitoring and reporting practices
 - Analysis of School Readiness data, including Teaching Strategies GOLD Ongoing Assessments, Voluntary Pre-K Assessments, STAR Assessments, and CLASS
 - Eligibility of families
 - Services to families
 - Community engagement
- Classrooms exploration and observations
 - Learning environment settings
 - Health and safety practices
 - Child/teacher interactions
- Discussion with staff
 - Procedures vs practices
 - Professional development and staff support
 - Challenges and course of correction
 - Continuous improvement efforts

b. Provide the Self-Assessment time frame

Starting with the program planning for the Program Annual Self-Assessment to the implementation process, the period was approximately two months. The Program Annual Self-Assessment was conducted on May 17-20, 2022.

c. List the data collection tools used

The program data collection tools used, included, but not limited to the following:

- Focus Area 2 Monitoring Protocol
- Fiscal Management System
- MyHeadstart Data-based System
- Teaching Strategies GOLD Assessment System
- VPK Assessment System
- STAR Assessment System
- CLASS Observation System
- External and internal monitoring data

d. List any additional information used during the Self-Assessment

Grant Application Goals and Objectives
Community Assessment
Program Annual Report





**Review Head Start/Early Head Start
2022-2023 Self-Assessment Results
Continue**

III. Key Insights

a. Describe the strengths of the program

Board of Directors – Evidence of, oversight/monitoring, reporting, training, etc.
 Policy Council – Evidence of participation, monitoring, reporting, training, etc.
 Community engagement – resources to children, families, and staff.
 Health and Safety protocols across program
 Teacher/child interactions
 Conscious Discipline approach

b. Describe systemic issues

Through the Self-Assessment process, which included classroom observations, data tours, staff discussions, and the evaluation of planning and oversight based on the planning, and oversight systems, the team determined that there were no systemic issues; however, the team found improvement areas. The improvement areas are outlined under the recommendation section of this report.

c. Discuss the progress of the program in meeting its goals and objectives

The Program continues its efforts towards meeting the program's goals and objectives as described in the grant application through the data collection, data tours, observations, trainings, professional development, monitoring and reporting activities. The following represents the progress towards meeting the goals and objectives, including, but not limited to:

- Goal 1:
- The program has integrated the ELOF, and utilizes the Individualized Professional Development Portfolio, as well as other federal, state and local professional development opportunities to improve staff knowledge, skills, and practices in the delivery of quality comprehensive services to children.
 - The program continues to aggregate school readiness data to analyze areas of concerns and develop improvement strategies to implement.
 - The program continues to monitor all classrooms to assess the teacher/child quality interactions.
- Goal 2:
- The program continues to provide a monthly calendar of activities that promote parent/child engagement and school readiness.
 - The program continues to provide monthly parent meeting and has increase parent participation and activities promoting the parent's role as the child's first teacher.
 - The program continues to provide online educational resources promoting school readiness and parent engagement.
- Goal 3:
- The program implemented the Conscious Discipline Parent Curriculum, and continues to provide training to parents.
 - The program continues providing resources supporting their roles as their child's first teacher.
 - The program continues community collaborations to improve services delivery.
 - The program continues working with public schools promoting smooth transition.
- Goal 4:
- The program has extended community partnership to address health concerns.
 - The program has provided services in various ways to promoting the health and safety among children, parents, and staff.
 - The program has extended mental health services and resources to parents, and staff.
- Goal 5:
- The program continues to extended professional development opportunities with external and internal resources for staff to improve their knowledge, skills, and expertise.
 - The program extended mentoring and coaching through a partnership to improve curriculum implementation, school readiness, and professional development.

**Review Head Start/Early Head Start
2022-2023 Self-Assessment Results
Ends**

IV. Recommendations

a. Recommend areas for program improvement

Based on the results of the Program Annual Self-Assessment and the alignment of the Head Start Management Systems Wheel of the 12-program management, planning, and oversight systems, it was determined that there were no systemic areas of concern; however, there were program areas of improvement. These areas included:

Active supervision approach

Increase the training/professional development activities, i.e., active supervision, learning environments, dual language settings/approach; Identify how we will monitor this to ensure compliance. **Steps to improvement:**

- Provide monthly refresher webinars/training on the 15-minutes suites
- Conduct weekly/monthly coaching sessions to evaluate progress
- Conduct monthly monitoring activities to follow up on coaching and progress towards achieving the desired outcome.

Classroom management

Increase the mentoring/coaching practices to improve the teacher/child interactions, classroom management, instructional support, and school readiness in Head Start and Early Head Start classrooms. **Steps to improvement:**

- Develop a job improvement plan for individual classroom staff based on gathered data, i.e., class observations, school readiness, etc.
- Conduct weekly/monthly coaching sessions to evaluate new skills and practices progress.

Dual language materials

Purchase more dual language classroom materials; to enhance the learning environment and provide additional opportunities in the classrooms for dual language learners and teachers. **Steps to improvement:**

- Provide training on learning environment and dual-language Head Start Program Performance Standards exceptions.
- Provide training on materials usage in alignment with the Curriculum

Documenting service delivery

Retrain family services staff on how to document contact and follow-ups properly. **Steps to improvement:**

- Provide refresher training on recordkeeping/documentation on service delivered
- Conduct weekly/monthly monitoring of children/families cum files and MyHeadstart system on the service delivery in accordance with policies and procedures.

Fiscal Management

Strengthen Internal Control Policies and Procedures. **Steps to improvement:**

- Review fiscal management policies and procedures to ensure alignment with the Head Start Act, 45CFR § 75.303 Internal Controls, and 45 CFR 75.430 Human Resources
- Revise, update, and develop policies
- Obtain approvals
- Train on the revised, updated, and developed policies.





The Agricultural and Labor Program, Inc.
2023-2024 SELECTION CRITERIA SCALE

11

Review ALPI Head Start/Early Head Start 2022-2023 Criteria for Recruitment, Selection and Enrollment Priorities

Child's Name: _____ EHS _____ HS _____

| ELIGIBILITY TYPE | POINTS | Updated after 6 months |
|---|---------------------|------------------------|
| Homeless (as defined by McKinney-Vento Act) | 100 | |
| Public Assistance (TANF/SSI) | 100 | |
| Foster Child | 80 | |
| Below or at the HHS poverty guidelines | 80 | |
| INCOME | POINTS | POINTS |
| Income is between 100% - 130% of the HHS poverty guidelines | 55 | |
| Income is over 130% of the HHS poverty guidelines | 35 | |
| AGE (By Compulsory School Age) – Head Start | | |
| Age 3 by September 1, 2023 | 75 | |
| Age 4 by September 1, 2023 | 65 | |
| AGE (By Compulsory School Age) – Early Head Start | | |
| Birth to 36 months | 75 | |
| OTHER FACTORS | Mark all that Apply | Mark all that Apply |
| Displaced Worker or Unemployed | 35 | |
| Single, Working Parent | 45 | |
| Transition from Early Head Start/ Sibling in Program | 35 | |
| Child receiving services (Behavioral plan, treatment/plan of care, etc.) must be documented | 25 | |
| Inter-agency Referral from Healthy Start | 10 | |
| Emergency evacuation/re-location due to disaster | 10 | |
| Legal / Temporary Guardianship | 10 | |
| Referral from another EHS/HS program out of service area | 5 | |
| Teen Parent (At time of application) | 5 | |
| DISABILITY (Must be Documented) | POINTS | POINTS |
| Documented disability with IEP from LEA- (HS) | 120 | |
| Referred by Part C- Disability IFSP- (EHS) | 120 | |

Total _____

Staff Signature: _____ Date: _____

IF on Waitlist over 6- 12months

Verified/Updated Score: _____ Date: _____

Updated 3/2023

12

Approve Proposed Grant Applications

| | |
|---|--------------|
| FY 2023-2024: Head Start/Early Head Start Grant Applications This funding is to serve 947 children and their families in the three-county services areas | \$10,942,862 |
| FY 2023-2024: ARP Budget Revision Request & Budget Period 12-Month Extension These two requests are due to the delays experienced due to vendors staffing shortage, materials delays, etc. | \$728,086 |
| FY 2022-2023: Head Start/Early Head Start Cost-of-Living Adjustment (COLA) This funding is to provide a permanent increase of no less than the 5.6% adjustment to the pay scale for each Head Start/Early Head Start position. | \$557,517 |
| FY 2022-2023: Head Start/Early Head Start Quality Improvement (QI) This funding is to be used for quality improvement investments in according with HS Act, 640 (a)(5), etc. | \$224,085 |
| FY 2022-2023: Head Start/Early Head Start Program Improvement (One-Time) Request This funding request will be to support program improvement needs that cannot be supported by the agency budget. | \$310,000 |
| Disaster Recovery Funding This funding request will be to conduct minor facility upgrades at the Frostproof Child Development Center due to Hurricane Ian | \$240,000 |





ALPI's Cost of Living Increase, Professional Development Incentive, One-Time Essential Pay Incentive and 2023 -2024 Salary Grade

Cost of Living and Professional Development Incentives Allocation Plan

Effective July 1, 2023, eligible employees were approved by the ALPI Board of Directors to receive up to and not to exceed a 5.6 % Cost of Living Adjustment (COLA) increase and if funds are available, eligible employees will receive an additional one-time essential pay incentive, and/or a one-time professional development incentive payment (PDIP) as indicated below. **Education and/or Professional Certificates or training hours must be completed by the end of 2022-2023 fiscal year (July 1, 2022 – June 30, 2023).**

| Code | Criteria | # of Eligible Employees | Rate of % | | | Total Increase | | |
|------|---|--|-----------|-------|-------|----------------|----------|--|
| | | | COLA | PDIP | PDCI | Permanent | One-Time | * One-Time Disaster Recovery Incentive (Tentative) |
| 1 | Obtained an applicable Bachelor Degree in a specified College Major (i.e. Social Work, Business Administration, Early Childhood Education, etc.) and obtained 15 or more Professional Training hours in an approved Professional Development Training area. | Eligible HS Teaching Staff | 5.6% | 2.50% | | 5.6% | 2.50% | 4.50% |
| 2 | Obtained an applicable AA Degree in a specified College Major (i.e. Social Work, Business Administration, Early Childhood Education, etc.) and obtained 15 or more Professional Training hours in an approved Professional Development Training area. | Eligible Teaching Staff | 5.6% | 1.50% | | 5.6% | 1.50% | 4.50% |
| 3 | Obtained an applicable Professional Certificate in a specified Area (i.e. National Infant & Toddler CDA, ECE/VPK, Accounting, etc.) or obtained 15 or more Professional Training hours in an approved Professional Development Training area. | All Eligible Program, Department Staff | 5.6% | 1.50% | | 5.6% | 1.50% | 4.50% |
| 4 | Obtained an applicable Professional Leadership Certificate in a specified Area and obtained 15 or more Professional Training hours in an approved Professional Development Training area. | All Eligible Program Department Managers | 5.6% | 2.50% | | 5.6% | 2.50% | 4.50% |
| 5 | Participation/leadership role in Professional Development and Community Involvement activities (i.e., Regional Advisory Council meetings, Head Start/Early Head Start Policy Council meetings, Head Start Policy Committee meetings, NR/ATECH Advisory Committee meetings, ALHDC Board meetings, Other community services boards/advisory committees, etc.) and obtained 15 or more Professional Training hours in an approved Professional Development Training area. | All Eligible Senior Program/Department Directors, Deputy Directors | 5.6% | 2.50% | 3.00% | 5.6% | 5.50% | 4.50% |
| 6 | Eligible for Cost of Living only (apply to all eligible employees who did not meet the criteria in the above applicable codes). | TBA | 5.6% | | | 5.6% | 0% | 0% |

Due Date: APCN for each eligible employee along with all applicable documentation (i.e. Performance Evaluation, Degree, Professional certification, etc.), must be submitted by **November 3, 2023** for approval consideration.
 * ALPI Head Start/Early Head Start New Program Year December 2022 – November 2023, due to expansion award.
 * Essential Pay Incentive: Only during the impact of a Disaster Recovery Event where employees are required to work.
 *All incentives are subject to funds availability.

Revised: 7/01/2023





The Agricultural and Labor Program
SALARY SCHEDULE FOR CLASSIFIED PERSONNEL

| PAY GRADE | CLASSIFICATION LEVEL | POSITION(S) | CLASSIFICATION GENERAL FUNCTION | SALARY RANGE | | |
|-----------|----------------------|---|--|----------------------------|-------------------------------|----------------------------|
| | | | | 2022 ENTRY LEVEL HRLY RATE | 2023 HRLY RATE ADJ. 5.6% COLA | 2023 ENTRY LEVEL HRLY RATE |
| G1 | General Series | Substitute Teacher Assistant Work Experience | Positions with limited work experience in a training status. | \$ 10.45 | \$ 0.59 | \$ 11.04 |
| G2 | General Series | Bus Monitor Teacher Assistant I | Positions performing basic skilled work with limited experience. | \$ 15.00 | \$ 0.84 | \$ 15.84 |
| G3 | General Series | Clerk Receptionist I Kitchen Helper Teacher Assistant II | Positions performing basic skilled functions with experience. | \$ 15.00 | \$ 0.84 | \$ 15.84 |
| G4 | General Series | Data Entry Operator Teacher Assistant III | Positions with skilled administrative clerical and instructional assistance functions. | \$ 15.00 | \$ 0.84 | \$ 15.84 |
| G5 | General Series | Family Service Worker I Receptionist II Client Service Assistant Administrative Assistant Maintenance Worker Cook Instructional After School Aide | Positions performing supportive and administrative functions requiring specialized training and/or skills. | \$ 15.00 | \$ 0.84 | \$ 15.84 |
| G6 | General Series | Office Services Assistant I Client Services Assistant Instructor After School Bus Driver | Positions with high-level skills performing component and/or office management assistance functions | \$ 15.00 | \$ 0.84 | \$ 15.84 |
| G7 | General Series | Client Service Assistant II Family Service Worker II Bookkeeper I Office Supervisor I Office Support Specialist | Positions with specialized/skilled functions and/or program services functions. | \$ 15.82 | \$ 0.89 | \$ 16.71 |
| G8 | General Series | Project Coordinator (CAT) Human Resources Assistant | Positions with specialized/skilled functions and/or program services functions. | \$ 17.85 | \$ 1.00 | \$ 18.85 |
| G9 | General Series | Bookkeeper II Client Service Spec. Office Supervisor II Office Support Specialist II | Positions with office management, limited supervisory and/or service delivery functions. | \$ 19.84 | \$ 1.11 | \$ 20.95 |





The Agricultural and Labor Program
SALARY SCHEDULE FOR CLASSIFIED PERSONNEL

| PAY GRADE | CLASSIFICATION LEVEL | POSITION(S) | CLASSIFICATION GENERAL FUNCTION | SALARY RANGE | | |
|-----------|---------------------------------|--|---|----------------------------|-------------------------------|----------------------------|
| | | | | 2022 ENTRY LEVEL HRLY RATE | 2023 HRLY RATE ADJ. 5.6% COLA | 2023 ENTRY LEVEL HRLY RATE |
| S1 | Supervision & Management Series | Maintenance Supervisor | Positions with specialized/skilled functions and/or program services delivery assistance functions. | \$ 15.00 | \$ 0.84 | \$ 15.84 |
| S2 | Supervision & Management Series | Family Support Services Coord. Food Service Coord. Mental Health Disabilities Spec. Early Childhood Edu.Coord. Facilities Spec. Infant/Toddler Health Disability Spec. IT/Data Management Spec. Transportation Coord. | Positions with high-level skills performing component and/or program management assistance functions. | \$ 19.80 | \$ 1.11 | \$ 20.91 |
| S3 | Supervision & Management Series | Client Specialist II | Positions with specialized/skilled functions and/or program services delivery management functions. | \$ 22.09 | \$ 1.24 | \$ 23.33 |
| S4 | Supervision & Management Series | Child Development Center Coord. IT Data Analyst | Positions with office management, supervisory and/or major service delivery and management functions. | \$ 22.54 | \$ 1.26 | \$ 23.80 |
| S5 | Supervision & Management Series | Senior Accountant I Client Service Specialist III Human Resource Mgr. Human Resource Generalist IT/Data Management Mgr. Child Development Services Mgr. Early Childhood Dev & Education Mgr. Family &Community Partnership Mgr. | Positions with office management, supervisory and/or major service delivery and management functions. | \$ 24.32 | \$ 1.36 | \$ 25.68 |
| S6 | Supervision & Management Series | Executive Office Mgr. Senior Accountant II Division Senior Managers | Position with management and supervisory responsibilities that's related to the management oversight of assigned program/ agency operation. | \$ 27.98 | \$ 1.57 | \$ 29.55 |

The Agricultural and Labor Program
SALARY SCHEDULE FOR CLASSIFIED PERSONNEL

| PAY GRADE | CLASSIFICATION LEVEL | POSITION(S) | CLASSIFICATION GENERAL FUNCTION | SALARY RANGE | | |
|-----------|----------------------|--|---|----------------------------|-------------------------------|----------------------------|
| | | | | 2022 ENTRY LEVEL HRLY RATE | 2023 HRLY RATE ADJ. 5.6% COLA | 2023 ENTRY LEVEL HRLY RATE |
| E1 | Executive Series | Division Director Compliance Officer | Positions with supervisory, departmental and/or major program management level responsibilities impacting agency-wide service delivery and/or technical operations functions. | \$ 34.63 | \$ 1.94 | \$ 36.57 |
| E2 | Executive Series | Budget & Finance Dir. Chief Operating Officer Human Resources Director | Positions with developmental management responsibilities impacting agency-wide financial and/or Division management functions. | \$ 38.72 | \$ 2.17 | \$ 40.89 |
| PAY GRADE | CLASSIFICATION LEVEL | POSITION(S) | CLASSIFICATION GENERAL FUNCTION | SALARY RANGE | | |
| L1 | Instructional Series | Substitute Teacher | State ECD Certification | \$ 12.38 | \$ 0.69 | \$ 13.07 |
| L2 | Instructional Series | Caregiver II | CDA (National Preschool or Infant&Toddlers Cert) | \$ 15.00 | \$ 0.84 | \$ 15.84 |
| L3 | Instructional Series | Teacher III Caregiver III | Associate Degree (Elem. Ed.,ECE or related field + 18 hours ECE courses) | \$ 16.81 | \$ 0.94 | \$ 17.76 |
| L4 | Instructional Series | Teacher IV Caregiver IV | Bachelor's Degree (Elem. Ed.,ECE or related field + 18 hours ECE courses) | \$ 19.34 | \$ 1.08 | \$ 20.42 |
| L5 | Instructional Series | Teacher V Caregiver V | Bachelor's Degree (Elem. Ed.,ECE or related field + 18 hours ECE courses) Certificate | \$ 24.15 | \$ 1.35 | \$ 25.50 |





Head Start/Early Head Start 2023 Cost of Living Increase and Quality Improvement Funding Guidance



The Agricultural and Labor Program, Inc. Executive Office Action Item(s)

| | |
|---|----------------------|
| Budget and Finance Committee | Date: April 12, 2023 |
| Impacted Program: Head Start/Early Head Start | |

Subject: COLA and Quality Improvement increases available for FY2023

Purpose: To discuss the correspondence received by DEO on the inability to reimburse Community Action Agencies for costs incurred.

Background Information: The Consolidated Appropriations Act, 2023, contains an increase for Head Start of \$960 million over the Fiscal Year(FY) 2022 level. This includes a cost-of-living adjustment (COLA) of \$596 million and a \$262 million Quality Improvement investment. The COLA supports a 5.60 percent adjustment above FY 2022 funding levels to increase the pay scales of Head Start and Early Head Start staff, including vacant positions, fringe benefits, and to offset higher operating costs. Quality Improvement funds are allocated proportionately based on federal funded enrollment levels, with additional adjustments given to smaller grant recipients to allow for a meaningful investment, as permitted by the Act.

Proposed Action Needed:

These permanent increases are effective at the start of the FY 2023 budget period and are retroactive if this period has already commenced. Allocations are subject to adjustment if changes are made to annual funding/enrollment levels.

Recipients are strongly encouraged to commit to sustained quality improvement investments, such as further increasing wages of Head Start/Early Head Start educational staff. However, grant recipients have the flexibility to use these funds to support the greatest local needs, consistent with Section 640(a)(5) of the Act.

| Funding Type | Head Start | Early Head Start |
|----------------------------------|------------|------------------|
| Cost-of-Living Adjustment (COLA) | \$374,712 | \$182,805 |
| Quality Improvement (QI) | \$214,813 | \$79,272 |
| Total Funding | | \$851,602 |

Program Improvement (One-Time) Requests: Grant recipients encountering program improvement needs that cannot be supported by the agency budgets or other resources are invited to apply for one-time funding. This funding must be applied for separately through the appropriate supplemental amendment type in HSES. Program Improvement requests generally include but not limited to facility projects (construction, purchase, or major renovations requiring 1303 applications or minor repairs and enhancements), are prioritized and, issued funding subject to the availability of funds. If a program improvement request is submitted, please allow for additional time for a final

| Action Needed | Budget and Finance Committee(s) | Board of Directors |
|--------------------|---------------------------------|--------------------|
| Recommendation (s) | X | |
| Approval | X | X |





CHILD DEVELOPMENT AND FAMILY SERVICES DIVISION

FUNDING APPROVAL

ARP BUDGET REVISION & BUDGET PERIOD 12-MONTH EXTENSION

COST-OF-LIVING ADJUSTMENT (COLA)

QUALITY IMPROVEMENT (QI)

PROGRAM IMPROVEMENT ONE-TIME FUNDING REQUEST





BOARD OF DIRECTORS FUNDING APPROVAL

March 22, 2023

| | |
|--|-----------|
| ARP Budget Revision Request & Budget Period 12-Month Extension | \$728,086 |
| Head Start/Early Head Start Cost-of-Living Adjustment (COLA) | \$557,517 |
| Head Start/Early Head Start Quality Improvement (QI) | \$224,085 |
| Head Start/Early Head Start Program Improvement (One-Time) Request | \$310,000 |





ADMINISTRATION FOR CHILDREN & FAMILIES

Office of Head Start | 330 C St., SW, 4th Floor, Washington DC 20201 | eclkc.ohs.acf.hhs.gov

March 09, 2023

Grant No. 04CH011151

Dear Head Start Grant Recipient:

The Consolidated Appropriations Act, 2023, contains an increase for Head Start of \$960 million over the Fiscal Year (FY) 2022 level. This includes a cost-of-living adjustment (COLA) of \$596 million and a \$262 million Quality Improvement investment. The COLA supports a 5.60 percent adjustment above FY 2022 funding levels to increase the pay scales of Head Start and Early Head Start staff, including vacant positions, fringe benefits, and to offset higher operating costs. Quality Improvement funds are allocated proportionately based on federal funded enrollment levels, with additional adjustments given to smaller grant recipients to allow for a meaningful investment, as permitted by the Act.

The following table reflects the COLA and Quality Improvement increases available for FY 2023.

| Funding Type | Head Start | Early Head Start |
|----------------------------------|------------|------------------|
| Cost-of-Living Adjustment (COLA) | \$374,712 | \$182,805 |
| Quality Improvement (QI) | \$214,813 | \$79,272 |
| Total Funding | | \$851,602 |

Please note, these permanent increases are effective at the start of the FY 2023 budget period and are retroactive if this period has already commenced. Allocations are subject to adjustment if changes are made to annual funding/enrollment levels. Applicable to recipients operating both a Head Start and Early Head Start program, allocations for each funding type by program **must** be budgeted accordingly in application submissions.

Application Submission Requirements

The supplemental application is due **April 21, 2023** (except for recipients that have yet to submit their FY 2023 Non-Competing New (NCN) or Non-Competing Continuation (NCC) application. In these instances, the due date for COLA and Quality Improvement funds will be the due date for the NCN or NCC application) and must be submitted in the [Head Start Enterprise System \(HSES\)](#). To apply, please select the **Financials** tab, **Grant Application** tab, **Fiscal Year 2023**, and add the **'Supplement – COLA and Quality Improvement'** amendment type. No other supplemental application type will be accepted for this funding opportunity.

Recipients that have not yet submitted their FY 2023 NCN or NCC application may include their COLA and Quality Improvement allocations in the annual application. If included, the NCN or NCC must contain separate project narratives and budget justifications for COLA and Quality Improvement as outlined in guidance described later in this notice. All supporting documentation for COLA and Quality Improvement must be clearly identified and uploaded in the 'Application and Budget Justification Narrative' folder under the 'Documents' tab within the NCN or NCC.

For additional information on the allowable uses of COLA and Quality Improvement funding, refer to Program Instruction ACF-PI-HS-23-02.





Contents of 'Supplement – COLA and Quality Improvement' Application

Applications must include separate project narratives and detailed budget justifications for each funding type, COLA and Quality Improvement, and by program, Head Start and/or Early Head Start. Each narrative must use 12-point font, and not exceed 10 pages. All narratives, budget justifications, and other supporting documentation must be uploaded into respective folders within the **Documents** tab of the application.

For COLA, the following must be demonstrated:

- A permanent increase of no less than the required 5.6 percent adjustment to the pay scale for each Head Start/Early Head Start position, including current employees and unfilled vacancies subject to the provisions of Sections 653 and 640(j) of the Head Start Act;
- A rationale and supporting documentation detailing agency policies and procedures if a position is receiving less than the required COLA percentage or differential COLA increases;
- The provision of a no less than 5.6 percent increase to all delegate agencies and partners or justification if less than the required percentage or differential increases are provided to delegate agencies and partners;
- Written confirmation that increases will be applied retroactively to the start of the FY 2023 budget period with a description of how funds will be distributed to affected employees, if applicable;
- The planned uses for any portion of the COLA funds to offset higher operating costs, once the 5.6 percent increase is provided to all staff, delegates and partners.

For Quality Improvement, the following must be demonstrated:

- Investments are consistent with Sec. 640(a)(5) of the Act (except programs are not bound by the requirements that at least 50 percent of the funds be used for staff compensation or that no more than 10 percent of funds be used on transportation. For more information on allowable activities as outlined in the Act, please see Attachment A);
- Investments made in Quality Improvement should be ongoing; description and written confirmation that funds will be used for ongoing purposes consistent with Section 640(a)(5) of the Act;
- If funds are used for staff wages, written confirmation that increases will be applied retroactively to the start of the FY 2023 budget period with a description of how funds will be distributed to all affected employees.
- If funds are used for one-time activities in the FY 2023 budget period, describe plans for how the funds will be allocated in the subsequent budget period.

Recipients are strongly encouraged to commit to sustained quality improvement investments, such as further increasing wages of Head Start/Early Head Start educational staff. However, grant recipients have the flexibility to use these funds to support the greatest local needs, consistent with Section 640(a)(5) of the Act.

Declination of Funds

If any portion of the funding identified above will not be requested, a statement regarding this decision must be submitted through HSES Correspondence no later than the date the application is due. The subject line of the HSES Correspondence should read –"[recipient grant number] [recipient name] –declination of [all or portion] COLA/QI funds". As a reminder, these funds are permanent increases to the Head Start and Early Head Start base funding levels. A declination of any portion of the funds may impact budgets for subsequent years.





Application's Budget Tab Requirements

Data entered on the **Budget** tab within the application populates the SF-424A. Funding for both, COLA and Quality Improvement, must be included and within the appropriate program, Head Start or Early Head Start.

Non-Federal Match

The budget and detailed budget justification must include each source of non-federal match, including estimated amount per source and the valuation methodology. Flexibilities continue for waiver requests of the non-federal match requirement through the public health emergency due to the COVID-19 pandemic. If a non-federal match waiver is being request, a value of \$0 must be entered in Section C of the SF-424A of the application. No additional justification is required, and the issuance of a notice of award constitutes approval of the request.

Supporting Documents

Signed statements of the Governing Body and Policy Council Chairs along with Governing Body and Policy Council minutes documenting each group's participation in the development and approval of the application must be provided. Through the public health emergency, at a minimum a statement confirming approval by Governing Body and Policy Council members available for contact will be accepted.

Upon expiration of the public health emergency, flexibilities for application requirements including requests for non-federal match waivers and Governing Body and Policy Council approvals will no longer be in effect. Applications submitted after the expiration must meet the full requirements.

The application must be submitted on behalf of the Authorizing Official registered in the HSES. **Incomplete applications will not be processed.**

Please ensure the application contains all of the required information. For questions or assistance, please contact Carolyn Tricoche, Head Start Program Specialist, at 404-562-7908 or carolyn.tricoche@acf.hhs.gov or Lucy Blakney, Grants Management Specialist, at 770-378-1593 or lucy.blakney@acf.hhs.gov.

Program Improvement (One-Time) Requests

Grant recipients encountering program improvement needs that cannot be supported by the agency budgets or other resources are invited to apply for one-time funding. This funding must be applied for separately through the appropriate supplemental amendment type in HSES. Program Improvement requests generally include but not limited to facility projects (construction, purchase, or major renovations requiring 1303 applications or minor repairs and enhancements), are prioritized and, issued funding subject to the availability of funds. If a program improvement request is submitted, please allow for additional time for a final decision. For questions regarding program improvement needs and requests, please contact the regional office.

For technical assistance in preparing the application, please contact the HSES Help Desk at help@hsesinfo.org or 1-866-771-4737.

Sincerely,
The Office of Head Start





Attachment A

Allowable Uses of Quality Improvement Funds as Specified in the Head Start Act

1. To improve the compensation (including benefits) of educational personnel, family service workers, and child counselors, as described in Sections [644\(a\)](#) and [653](#) of the Head Start Act, in the manner determined by the Head Start agencies (including Early Head Start agencies) involved, to support the following —
 - ensure that compensation is adequate to attract and retain qualified staff for the programs involved in order to enhance program quality;
 - improve staff qualifications and assist with the implementation of career development programs for staff that support ongoing improvement of their skills and expertise; and
 - provide education and professional development to enable teachers to be fully competent to meet the professional standards established under [Sec. 648A\(a\)\(1\)](#) of the Act, including—
 - providing assistance to complete postsecondary course work;
 - improving the qualifications and skills of educational personnel to become certified and licensed as bilingual education teachers, or as teachers of English as a second language; and
 - improving the qualifications and skills of educational personnel to teach and provide services to children with disabilities
2. To support staff training, child counseling, and other services necessary to address the challenges of children from immigrant, refugee, and asylee families; homeless children; children in foster care; children with limited English proficiency; children of migrant or seasonal farmworker families; children from families in crisis; children referred to Head Start programs (including Early Head Start programs) by child welfare agencies; and children who are exposed to chronic violence or substance abuse.
3. To ensure that the physical environments of Head Start programs are conducive to providing effective program services to children and families, and are accessible to children with disabilities and other individuals with disabilities.
4. To employ additional qualified classroom staff to reduce the child-to-teacher ratio in the classroom and additional qualified family service workers to reduce the family-to-staff ratio for those workers.
5. To ensure that Head Start programs have qualified staff that promote the language skills and literacy growth of children and that provide children with a variety of skills that have been identified, through scientifically based reading research, as predictive of later reading achievement.
6. To increase hours of program operation, including the following —
 - conversion of part-day programs to full-working day programs; and
 - increasing the number of weeks of operation in a calendar year.
7. To improve community wide strategic planning and needs assessments for Head Start programs and collaboration efforts for such programs, including outreach to children described in no. 2 above.
8. To transport children in Head Start programs safely.
9. To improve the compensation and benefits of staff of Head Start agencies, in order to improve the quality of Head Start programs.





| | | |
|--|---|------------------------------|
| ACF Administration for Children and Families | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES | |
| | 1. Log No. ACF-PI-HS-23-02 | 2. Issuance Date: 02/21/2023 |
| | 3. Originating Office: Office of Head Start | |
| | 4. Key Words: Consolidated Appropriations Act; Appropriations; Fiscal Year 2023; Funding Increase; Cost of Living Adjustment; Quality Improvement | |

PROGRAM INSTRUCTION

SUBJECT: FY 2023 Head Start Funding Increase

INSTRUCTION:

President Biden signed the Consolidated Appropriations Act, 2023, into law on December 29, 2022. The funding level for programs under the Head Start Act (the Act) is \$11,996,820,000, an increase of \$960 million over fiscal year (FY) 2022. This increase includes \$596 million to provide all Head Start, Early Head Start, and Early Head Start-Child Care (EHS-CC) Partnership grant recipients a 5.6% cost-of-living adjustment (COLA), \$262 million for quality improvement, and \$100 million for expansion of Head Start, Early Head Start, and EHS-CC Partnership programs. The total appropriation also includes \$8 million for Tribal College and University Head Start (TCU-HS) Partnership programs, of which \$2 million is an increase over the FY 2022 funding level.

This Program Instruction (PI) primarily provides information about COLA and quality improvement funds available to all Head Start, Early Head Start, and EHS-CC Partnership grant recipients. Grant recipients subject to competition for continued funding through the Designation Renewal System (DRS) are entitled to COLA funds through the end of their current award. However, the Administration for Children and Families reserves the right to delay decisions on quality improvement funding until DRS competition decisions are final. State collaboration grants are not eligible for COLA or quality improvement funding due to the statutory cap on their funding in the Head Start Act.

FY 2023 Quality Improvement

Each grant recipient will be allocated an amount of quality improvement funding proportionate to their federal funded enrollment — approximately \$280 for each Head Start funded enrollment slot and \$420 for each Early Head Start funded enrollment slot. There will be a minimum floor established to ensure all recipients are able to make a meaningful investment in quality, consistent with [Sec. 640\(a\)\(4\)\(C\)](#) of the Act.

A program may apply to use quality improvement funds for activities consistent with Sec. 640(a)(5), as outlined in [Attachment A](#), except that any amount of these funds may be used on any of the activities specified in such section. In other words, programs are not bound by the requirement in Sec. 640(a)(5)(A) that at least 50% of quality improvement funds be used for staff compensation or the requirement in Sec. 640(a)(5)(B)(vii) that no more than 10% of quality improvement funds be used on transportation. However, the Office of Head Start (OHS) strongly encourages grant recipients to





prioritize quality improvement funding to increase compensation for staff (wages and benefits) to help recruit and retain a qualified Head Start workforce. OHS also strongly encourages recipients to consider investments to support and strengthen the mental health of children, families, and staff in the program.

A well-compensated staff is integral to delivering high-quality services for children and families. The Head Start workforce plays a critical role in fulfilling the Head Start mission by supporting the holistic development of children and economic stability for families. While staff qualifications have steadily increased in the last 10 years, compensation and benefits have not followed suit. Many Head Start programs have struggled to recruit and retain qualified staff with the ongoing early care and education workforce shortage. High-quality services for children and families are disrupted by high turnover rates and a shortage of frontline staff, particularly teachers, assistant teachers, home visitors, family child care providers, family service workers, transportation staff, and staff who provide mental and behavioral health services. Increasing compensation is a key strategy to promote recruitment and retention of qualified staff and ensure programs are competitive employers in their local communities. Improved retention of staff also helps to ensure high-quality classroom and home learning environments, promote healthy developmental outcomes for children, and strengthen relationships with families. In September 2022, OHS released Information Memorandum [ACF-IM-HS-22-06](#) directing Head Start grant recipients to permanently increase salaries for the purposes of recruiting and retaining staff. Head Start grant recipients are strongly encouraged to use quality funds to advance a strategy to permanently increase wages and benefits.

OHS recognizes that many Head Start grant recipients are serving children and families with enhanced mental health needs. Increased symptoms of anxiety and depression, coupled with the impact of trauma, grief, and loss during the pandemic, has elevated the importance of supporting children's social and emotional well-being, as well as the mental well-being of adults who care for them. It is essential that children, staff, and families receive necessary supports for mental health and wellness as an integral part of program services. OHS strongly encourages programs to consider ways to use quality improvement funding to invest in mental health supports at all levels of the program, including mental health consultation to support Head Start teachers in managing challenging behavior and supporting children.

Examples of investments that would reflect these OHS priorities and also align with allowable uses of quality improvement funding as specified in the Act may include, but are not limited to, the following:

- Increase compensation, particularly for positions that are not receiving competitive wages and benefits (including consideration of elementary school compensation), experiencing higher rates of turnover, challenging to fill, or preventing programs from reaching full enrollment.
- Increase career opportunities for entry level staff through support for increased credentials and commensurate compensation increases, including through scholarships, mentors, and coaches.
- Support staff wellness with regularly scheduled breaks and access to employee assistance services.
- Improve preventive mental health screening, assessment, and interventions.
- Enhance mental health consultation — including hiring of additional mental health professionals — to better support staff and improve the organizational approach to identifying mental health needs and integrating supports and services for children, families, and staff.
- Hire additional qualified classroom staff or floaters to lower ratios, enhance adult-child relationships, and ensure staff can have breaks during the day.
- Hire additional qualified family services staff or home visitors to decrease caseloads and enhance family-staff relationships and improve quality of responsive, individualized services.
- Provide ongoing coaching and support to staff to address stress, burnout, and related turnover.





- Provide training on trauma-informed approaches to all staff, governing boards, and Policy Councils, and ensure training is accompanied with coaching and opportunities for reflective practice and supervision.
- Enhance transportation services to promote more regular participation by children and families in services designed to support development and learning and address trauma.

Finally, while grant recipients should prioritize ongoing, sustained investments in quality improvements, OHS does acknowledge that one-time investments in FY 2023 may be necessary. Grant recipients encountering one-time program improvement needs that cannot be addressed with existing program funds are invited to apply for supplemental funding. See below for further discussion on one-time program improvement funding requests.

FY 2023 COLA

Each grant recipient may apply for a COLA increase of 5.6% of the FY 2022 base funding level. Base funding excludes training and technical assistance funds and any one-time funding received during FY 2022.

Programs must use COLA funds to permanently increase the salaries of Head Start staff. This includes salaries of current staff and unfilled vacancies. Programs may consider a permanent uniform percent increase to the Head Start pay scale or differential COLA increases to the pay scale across position types within the program. For instance, in some programs, higher paid positions may already be receiving wages competitive with comparable positions in the community. In these instances, programs may choose to provide a smaller COLA to these positions. Programs could also think about providing a larger COLA to lower paid positions that are not currently receiving a wage sufficient to cover costs of living, or that are very challenging to fill due to low wages. Such positions may need more of an increase to support more competitive wages that are comparable with similar jobs in the community, including the consideration of salaries paid to staff in local elementary schools. If a grant recipient chooses to apply COLA differentially across positions, they must explain this choice in their application.

Sections [653](#) and [640\(j\)](#) of the Act provide further guidance on the uses and limitations of COLA funds. Sec. 653 restricts compensation to a Head Start employee that is higher than the average rate of compensation paid for substantially comparable services in the area where the program is operating. Any grant recipient concerned that they cannot increase salaries for staff due to wage comparability issues should ensure public school salaries for elementary school staff are included in their considerations. Sec. 653 also prohibits any Head Start employee from being compensated at a rate that exceeds that of an Executive Schedule Level II position, including employees being paid through indirect costs. Sec. 640(j) of the Act requires that compensation of Head Start employees be improved regardless of whether the agency has the ability to improve the compensation of staff employed by the agency that do not provide Head Start services. Head Start grant recipients must provide delegate agencies and other partners an equivalent increase to adjust salaries and wages scales. If a grant recipient proposes to apply differential COLA increases between delegates or partners, they must justify this in their application. COLA funds must be applied from the start of a recipient's FY 2023 budget period, which may need to be retroactively applied.

As specified in [45 CFR §1302.90](#), each grant recipient is required to establish written personnel policies and procedures that are approved by the governing body and Policy Council. They must be





made available to all staff. Personnel policies and procedures should be reviewed as they may contain information relevant to this COLA.

Any remaining funds may be applied to fringe benefits costs or used to offset increased operating costs in other areas of the budget. This includes increased costs in rent, utilities, facilities maintenance and insurance, contractual arrangements, vehicle fuel and maintenance, and supplies.

Application Requirements for COLA and Quality Improvement Funding

Grant recipients must request COLA and quality improvement funds through an application in the Head Start Enterprise System. A funding guidance letter will be issued shortly to specify each funding level and additional instructions on how to apply for these funds.

Expansion of Head Start, Early Head Start, and EHS-CC Partnerships

One hundred million dollars is available to support new grants for Head Start, Early Head Start, and EHS-CC Partnership programs to increase access to high-quality early education services. Funding will be awarded by September 2024. A notice of funding opportunity is expected in fall 2023. More information on this opportunity will be available later this year.

TCU-HS Partnership Program Funding

Two million dollars is available to support TCU-HS partnership programs. Per [Sec. 648\(g\)](#) of the Head Start Act, such funding is intended to support tribal colleges and universities to implement efforts to strengthen career pathways and degree obtainment for Head Start staff, in partnership with American Indian and Alaska Native Head Start agencies. A competitive funding opportunity will be posted in spring or summer 2023. Funding will be awarded by the end of September 2023.

One-time Program Improvement Funding Requests

Grant recipients encountering program improvement needs related to health and safety should contact their Regional Office and submit supplemental applications throughout the year as needs emerge. Programs must plan for major costs and should not be reliant on supplemental requests for major maintenance and purchases. Supplemental requests are intended for pressing program improvement needs that cannot be addressed with existing operational funds through careful planning, for instance if a recipient has an unexpected facility issue due to harsh climate or unexpected loss of equipment. These applications are addressed by priority and there is no guarantee on the availability of funds for supplemental requests.

Please direct any questions regarding this PI to your regional office.

Thank you for your work on behalf of children and families.

/ Tala Hooban /

Tala Hooban
Acting Director
Office of Head Start





Policy No: 340 Vaccination Policy Revision: Head Start/Early Head Start Universal Mask Removal:



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Vaccination Policy

340 Vaccination Policy

I. Purpose

Vaccination is a vital tool to reduce the presence and severity of COVID-19 cases in the workplace, in communities, and in the nation as a whole. The Agricultural and Labor Program, Inc. (ALPI) has adopted this policy to encourage employees to receive their vaccination to safeguard the health of our employees from the hazard of COVID-19.

II. Policy

Covered Employees

This policy applies to all ALPI employees, including part-time employees, seasonal employees, and employees hired on or after the effective date of the policy. This policy also does not apply to employees contracted from staffing agencies, volunteers, or independent contractors.

Exceptions

The employees specified below do not need to comply with this policy, unless the circumstances of their employment change such that they no longer fall into one of the following categories:

- a. Who do not report to a workplace where other individuals (such as coworkers or clients) are present;
- b. Who work exclusively outdoors.

III. Procedure

All employees are encouraged to get fully vaccinated to protect people against COVID-19, save lives and reduce widescale social disruption

IV. Eligibility

All employees are encouraged to provide ALPI documentation of their vaccination. Proof of vaccination status can be submitted via Crowd Pass, ALPI's vaccination portal.

Acceptable proof of vaccination status is:

- a. The record of immunization from a healthcare provider or pharmacy;
- b. A copy of the COVID-19 Vaccination Record Card;
- c. A copy of medical records documenting the vaccination;
- d. A copy of immunization records from a public health, state, or tribal immunization information system; or





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- e. A copy of any other official documentation that contains the type of vaccine administered, date(s) of administration, and the name of the healthcare professional(s) or clinic site(s) administering the vaccine(s).

Proof of vaccination generally should include the employee's name, the type of vaccine administered, the date(s) of administration, and the name of the healthcare professional(s) or clinic site(s) that administered the vaccine. In some cases, state immunization records may not include one or more of these data fields, such as clinic site; in those circumstances, ALPI will still accept the state immunization record as acceptable proof of vaccination.

Any employee who knowingly supplies false statements or documentation may be subject to ALPI's disciplinary policies.

V. Notification of COVID-19 and Removal from the Workplace

ALPI requires employees to promptly notify The Human Resources Department Staff when they have tested positive for COVID-19 or have been diagnosed with COVID-19 by a licensed healthcare provider.

Employees who are sick or experience COVID-19 symptoms while at home or at work should communicate those to the Human Resources Department Staff pursuant to Policy number 545 Sick Leave.

In the event an employee must be removed from the workplace due to COVID-19, leave may be administered according to ALPI's leave policies (i.e. Sick Leave, Family Medical Leave) and will require validated documentation.

Removal from the Workplace

ALPI will immediately remove an employee from the workplace if they have received a positive COVID-19 test or have been diagnosed with COVID-19 by a licensed healthcare provider (i.e., immediately send them home or to seek medical care, as appropriate).

Return to Work Criteria

For any employee removed because they are COVID-19 positive, ALPI will keep them removed from the workplace until they meet one of the following criteria:





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- a. The employee receives a negative result on a COVID-19 nucleic acid amplification test (NAAT) following a positive result on a COVID-19 antigen test by a licensed healthcare provider;
- b. Meets the return to work criteria in CDC's "Isolation Guidance"; or
- c. Submits a written recommendation to return to work from a licensed healthcare provider.

Under CDC's "Isolation Guidance," asymptomatic employees may return to work once five (5) days have passed since the positive test, and symptomatic employees may return to work after all the following are true:

- a. At least five (5) days have passed since symptoms first appeared, and
- b. At least 24 hours have passed with no fever without fever-reducing medication, and
- c. Other symptoms of COVID-19 are improving (loss of taste and smell may persist for weeks or months and need not delay the end of isolation).

If an employee has severe COVID-19 or an immune disease, ALPI will follow the guidance of a licensed healthcare provider regarding return to work.

To return to work, an employee removed because they were COVID-19 positive shall submit documentation meeting the criteria of this policy to the Human Resources Department Staff, from a licensed healthcare provider;

VI. COVID-19 Testing

An antibody test does not satisfy the requirements of this section.

Employees who have received a positive COVID-19 test, or have been diagnosed with COVID-19 by a licensed healthcare provider, are not required to undergo COVID-19 testing for 90 days following the date of their positive test or diagnosis.

Face Coverings

ALPI encourages all employees, regardless of vaccination status, to wear a face covering.

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Vaccination Policy

Face coverings must:

- a. Completely cover the nose and mouth;
- b. Be made with two or more layers of a breathable fabric that is tightly woven (i.e., fabrics that do not let light pass through when held up to a light source);
- c. Be secured to the head with ties, ear loops, or elastic bands that go behind the head. If gaiters are worn, they should have two layers of fabric or be folded to make two layers;
- d. Fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face; and
- e. Be a solid piece of material without slits, exhalation valves, visible holes, punctures, or other openings.

Acceptable face coverings include clear face coverings or cloth face coverings with a clear plastic panel that, despite the non-cloth material allowing light to pass through, otherwise meet these criteria and which may be used to facilitate communication with people who are deaf or hard-of-hearing or others who need to see a speaker's mouth or facial expressions to understand speech or sign language respectively.

It is encouraged for employees to wear face coverings over the nose and mouth when indoors and when occupying a vehicle with another person for work purposes.

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VII. Confidentiality and Privacy

All medical information collected from individuals, including vaccination information, test results, and any other information obtained as a result of testing, will be treated in accordance with applicable laws and policies on confidentiality and privacy.

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¶
a. When an employee is alone in a room with floor to ceiling walls and a closed door.¶
b. For a limited time, while an employee is eating or drinking at the workplace or for identification purposes in compliance with safety and security requirements.¶
c. When an employee is wearing a respirator or facemask.¶
d. Where ALPI has determined that the use of face coverings is infeasible or creates a greater hazard (i.e. when it is important to see the employee's mouth for reasons related to their job duties, when the work requires the use of the Employee's uncovered mouth, or when the use of a face covering presents a risk of serious injury or death to the employee).¶
¶

See Termination Policy 285





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Vaccination Policy

340 Vaccination Policy

I. Purpose

Vaccination is a vital tool to reduce the presence and severity of COVID-19 cases in the workplace, in communities, and in the nation as a whole. The Agricultural and Labor Program, Inc. (ALPI) has adopted this policy to encourage employees to receive their vaccination to safeguard the health of our employees from the hazard of COVID-19.

II. Policy

Covered Employees

This policy applies to all ALPI employees, including part-time employees, seasonal employees, and employees hired on or after the effective date of the policy. This policy also does not apply to employees contracted from staffing agencies, volunteers, or independent contractors.

Exceptions

The employees specified below do not need to comply with this policy, unless the circumstances of their employment change such that they no longer fall into one of the following categories:

- a. Who do not report to a workplace where other individuals (such as coworkers or clients) are present;
- b. Who work exclusively outdoors.

III. Procedure

All employees are encouraged to get fully vaccinated to protect people against COVID-19, save lives and reduce widescale social disruption

IV. Eligibility

All employees are encouraged to provide ALPI documentation of their vaccination. Proof of vaccination status can be submitted via Crowd Pass, ALPI's vaccination portal.

Acceptable proof of vaccination status is:

- a. The record of immunization from a healthcare provider or pharmacy;
- b. A copy of the COVID-19 Vaccination Record Card;
- c. A copy of medical records documenting the vaccination;
- d. A copy of immunization records from a public health, state, or tribal immunization information system; or





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- e. A copy of any other official documentation that contains the type of vaccine administered, date(s) of administration, and the name of the healthcare professional(s) or clinic site(s) administering the vaccine(s).

Proof of vaccination generally should include the employee’s name, the type of vaccine administered, the date(s) of administration, and the name of the healthcare professional(s) or clinic site(s) that administered the vaccine. In some cases, state immunization records may not include one or more of these data fields, such as clinic site; in those circumstances, ALPI will still accept the state immunization record as acceptable proof of vaccination.

Any employee who knowingly supplies false statements or documentation may be subject to ALPI’s disciplinary policies.

V. Notification of COVID-19 and Removal from the Workplace

ALPI requires employees to promptly notify The Human Resources Department Staff when they have tested positive for COVID-19 or have been diagnosed with COVID-19 by a licensed healthcare provider.

Employees who are sick or experience COVID-19 symptoms while at home or at work should communicate those to the Human Resources Department Staff pursuant to Policy number 545 Sick Leave.

In the event an employee must be removed from the workplace due to COVID-19, leave may be administered according to ALPI’s leave policies (i.e. Sick Leave, Family Medical Leave) and will require validated documentation.

Removal from the Workplace

ALPI will immediately remove an employee from the workplace if they have received a positive COVID-19 test or have been diagnosed with COVID-19 by a licensed healthcare provider (i.e., immediately send them home or to seek medical care, as appropriate).

Return to Work Criteria

For any employee removed because they are COVID-19 positive, ALPI will keep them removed from the workplace until they meet one of the following criteria:





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- a. The employee receives a negative result on a COVID-19 nucleic acid amplification test (NAAT) following a positive result on a COVID-19 antigen test by a licensed healthcare provider;
- b. Meets the return to work criteria in CDC’s “Isolation Guidance”; or
- c. Submits a written recommendation to return to work from a licensed healthcare provider.

Under CDC’s “Isolation Guidance,” asymptomatic employees may return to work once five (5) days have passed since the positive test, and symptomatic employees may return to work after all the following are true:

- a. At least five (5) days have passed since symptoms first appeared, and
- b. At least 24 hours have passed with no fever without fever-reducing medication, and
- c. Other symptoms of COVID-19 are improving (loss of taste and smell may persist for weeks or months and need not delay the end of isolation).

If an employee has severe COVID-19 or an immune disease, ALPI will follow the guidance of a licensed healthcare provider regarding return to work.

To return to work, an employee removed because they were COVID-19 positive shall submit documentation meeting the criteria of this policy to the Human Resources Department Staff, from a licensed healthcare provider;

VI. COVID-19 Testing

An antibody test does not satisfy the requirements of this section.

Employees who have received a positive COVID-19 test, or have been diagnosed with COVID-19 by a licensed healthcare provider, are not required to undergo COVID-19 testing for 90 days following the date of their positive test or diagnosis.

Face Coverings

ALPI encourages all employees, regardless of vaccination status, to wear a face covering.

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Face coverings must:

- a. Completely cover the nose and mouth;
- b. Be made with two or more layers of a breathable fabric that is tightly woven (i.e., fabrics that do not let light pass through when held up to a light source);
- c. Be secured to the head with ties, ear loops, or elastic bands that go behind the head. If gaiters are worn, they should have two layers of fabric or be folded to make two layers;
- d. Fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face; and
- e. Be a solid piece of material without slits, exhalation valves, visible holes, punctures, or other openings.

Acceptable face coverings include clear face coverings or cloth face coverings with a clear plastic panel that, despite the non-cloth material allowing light to pass through, otherwise meet these criteria and which may be used to facilitate communication with people who are deaf or hard-of-hearing or others who need to see a speaker's mouth or facial expressions to understand speech or sign language respectively.

It is encouraged for employees to wear face coverings over the nose and mouth when indoors and when occupying a vehicle with another person for work purposes.

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VII. Confidentiality and Privacy

All medical information collected from individuals, including vaccination information, test results, and any other information obtained as a result of testing, will be treated in accordance with applicable laws and policies on confidentiality and privacy.

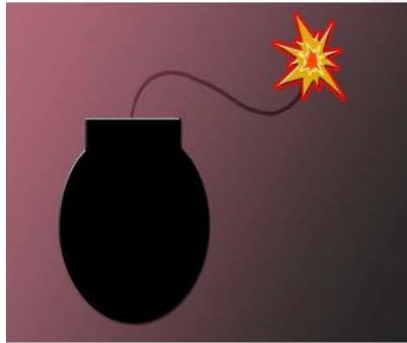
Deleted: The following are exceptions to ALPI's requirements for face coverings:¶
¶
a. When an employee is alone in a room with floor to ceiling walls and a closed door.¶
b. For a limited time, while an employee is eating or drinking at the workplace or for identification purposes in compliance with safety and security requirements.¶
c. When an employee is wearing a respirator or facemask.¶
d. Where ALPI has determined that the use of face coverings is infeasible or creates a greater hazard (i.e. when it is important to see the employee's mouth for reasons related to their job duties, when the work requires the use of the Employee's uncovered mouth, or when the use of a face covering presents a risk of serious injury or death to the employee).¶
¶

See Termination Policy 285





THE AGRICULTURAL AND LABOR PROGRAM, INC.



DISASTER RECOVERY GUIDE

(June 2020 Revisions
Proposed Changes January 2023)





COMMUNICABLE DISEASES RESPONSE

Purpose

The purpose of this plan is to outline decisions involving persons who have come in contact or have had a possible exposure to a communicable disease. Decisions shall be based on current and well-informed medical judgments concerning the disease, the risks of transmitting the illness to others, the symptoms and special circumstances of each individual who has a communicable disease, and a careful weighing of the identified risks and the available alternative for responding to an employee with a communicable disease.

Communicable diseases include, but are not limited to, measles, influenza, viral hepatitis-A (infectious hepatitis), viral hepatitis-B (serum hepatitis), human immunodeficiency virus (HIV infection), AIDS, AIDS-Related Complex (ARC), leprosy, Severe Acute Respiratory Syndrome (SARS), including the SARS-CoV-2 (coronavirus), Pandemic, tuberculosis etc.

The Agricultural and Labor Program may choose to broaden this definition within the best interest of the Organization and in accordance with information received through the Centers for Disease Control and Prevention (CDC). (Exhibit A)

The Agricultural and Labor Program will comply with all applicable statutes and regulations that protect the privacy of persons who have a communicable disease. Every effort will be made to ensure procedurally sufficient safeguards to maintain the personal confidence about persons who have communicable diseases.

Responsibilities of Employees

The Occupational Safety and Health Administration (OSHA) and The Centers for Disease Control and Prevention (CDC) have provided the following control and preventative guidance to all workers, regardless of exposure risk:

1. Frequently wash your hands with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing. When soap and running water are unavailable, use an alcohol-based hand sanitizer with at least 60% alcohol and rub hands together until they feel dry.
2. Avoid touching your eyes, nose, or mouth with unwashed hands.
3. Follow appropriate respiratory etiquette, which includes covering for coughs and sneezes by using your shoulder or inner elbow.
4. Avoid close contact with people who are sick.
5. Put distance between yourself and people, at least 6 feet (social distancing).
6. Avoid hand shaking.
7. ~~Encouraged to wear~~ a cloth face cover when in contact with people but remember the cloth face cover is not a substitute for social distancing.
8. ~~Employees are encouraged to clean~~ and disinfect frequently touched surfaces daily to include but not limited to tables, doorknobs, light switches, counter tops, handles, desk, phones, keyboards, toilets, faucets, sinks, vehicle steering wheels, vehicle door handles, vehicle gear shifters, radio controls, tools, work equipment, etc. In addition, employees must familiarize themselves with the symptoms of a Communicable diseases, the below examples in not an inclusive list: (Exhibit A: Reportable Communicable_Diseases).
 - a. Coughing;
 - b. Fever;
 - c. Shortness of breath, difficulty breathing; and Chills, body aches, sore throat, headache, diarrhea, fatigue, nausea/vomiting, runny_nose, etc.

Safety is non-negotiable. The Agricultural and Labor Program reserves the right to exclude a person with a communicable disease from the workplace facilities, programs and functions if the organization finds that, based on a medical determination, such restriction is necessary for the welfare of the person who has the communicable disease and/or the welfare of others within the workplace. (Exhibit A)

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Protective Measures

The ALPI has instituted the following protective measures at all jobsites/offices.

General Safety Policies and Rules:

1. A Communicable Disease notice will be posted at all jobsites/offices relaying information on how to identify the symptoms and precautionary measures to take (Exhibit B).
2. Any employee/contractor/visitor showing symptoms of a Communicable Disease will be asked to leave the jobsite/office and return home.
 - a. Upon arriving at the office, employee/contractor/visitor will be required to complete a Communicable Disease Survey and have his/her temperature taken using a touch-free Infrared Thermometer. Any person displaying a temperature over 100.4 will be asked to leave (Exhibit (F)).
3. Employees must avoid physical contact with others and direct employees/contractors/visitors to increase personal space to at least six (6) feet, where possible.
 - a. No pushback, ridicule, or complaining about others embracing social distancing or the wearing of PPE on-the-job.
 - b. No compromises for colleagues who do not want to follow the required guidelines.
 - c. Do not hide illnesses because you do not want to miss work.
4. Employees are encouraged to clean work spaces, break and conference rooms, play areas, etc., following usage, frequently throughout the workday.
5. Employees should limit the use of co-worker's office equipment. To the extent office equipment must be shared, The ALPI will provide alcohol-based wipes or other appropriate cleaning agents to clean supplies before and after use.
6. Employees should limit use of co-worker's phones, desks, writing supplies, etc.
7. Employees are encouraged to minimize ride-sharing.
8. Use caution when using a common source of drinking water, such as a water dispenser, faucet, or water pitcher. Do not share communal ice.
9. The ALPI will provide all approved sanitizing agents, based on regulations.

Deleted: <#>All meetings will take place via Zoom Conferencing or via teleconferencing.¶
 <#>No congregating prior or after work shifts.¶
 <#>¶
 <#>Employees are required to stagger breaks and lunches, to comply with social distancing requirements.¶
 <#>¶

Employees interacting with the public:

1. When possible, most business will be conducted via online, e-mail or telephone, thereby limiting social interaction, when necessary.
 - a. Signs will be posted on doors stating that no walk-ins will be allowed along with flyers identifying symptoms and precautionary measures to take.
2. In the event that face-to-face contact is required, this will be done via appointment only. Visitors will be required to complete a Communicable Disease Survey and have his/her temperature taken using a touch-free Infrared Thermometer. Any person displaying visible symptoms and/or a temperature over 100.4 will be asked to leave (Exhibit F). NO additional visitors will be allowed into The ALPI offices, unless the applicant requires special accommodations, (limit one additional guest)

Deleted: all business

Employees entering occupied buildings and homes:

1. Prior to entering a client's home, the employee will screen the client, asking the following questions (Communicable Disease Survey). If the client answers "yes" to any of these questions, the employee is to refrain from entering the client's home (Exhibit F).
2. Have you been asked to self-quarantine or been confirmed positive for a Communicable Disease?
3. Are you currently experiencing, or recently experienced, any acute respiratory illness symptoms such as fever, cough, or shortness of breath?

Deleted: ¶
 Prior to packages being released for processing, packages will be sanitized and housed in a designated location for a minimum of 24 hours, before being handled.¶





4. Have you been in close contact with any persons who has been confirmed positive for a Communicable Disease?
5. Have you traveled internationally or domestically with in the last 14 days?
6. Have you been in close contact with any persons who have traveled internationally or domestically and are also exhibiting acute respiratory illness symptoms?
7. Employee will have client sign hold-harmless agreement (Exhibit G).
8. When employees perform home inspections, self-sufficiency visits, within occupied homes, office buildings, or other establishments, these work locations present unique hazards with regards to Communicable Disease exposures. All such employees should evaluate the specific hazards when determining best practices related to a Communicable Disease.
9. Employees should ask other occupants to keep a personal distance of six (6) feet at a minimum. Employees will wash or sanitize hands immediately before starting and after completing the work.

The ALPI Worksite Visitors:

1. All visitors, subcontractors or otherwise such as client family members, will be screened before entering the job site. If the visitor answers "yes" to any of the following questions, he/she should not be permitted to access the jobsite:
 - a. Have you been asked to self-quarantine or been confirmed positive for a Communicable Disease?
 - b. Are you currently experiencing, or recently experienced, any acute respiratory illness symptoms such as fever, cough, or shortness of breath?
 - c. Have you been in close contact with any persons who has been confirmed positive for Communicable Disease?
 - d. Have you traveled internationally or domestically within the last 14 days?
 - e. Have you been in close contact with any persons who have traveled internationally or domestically and are also exhibiting acute respiratory illness symptoms?
 - f. Site deliveries will be permitted but should be properly coordinated in line with The ALPI's Communicable Disease Response Plan.

Deleted: <#>Upon arrival, employees must plan to stay on jobsite for the day. Eliminating unnecessary departures from the jobsite will limit the potential to spread the Communicable Disease. Lunch, break snacks, and adequate hydration need to be brought to jobsite. ¶ <#> ¶

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Worksite Personal Protective Equipment and Work Practice Controls

1. Cloth face covers or masks are encouraged to be worn while on-site.

Deleted: <#>Gloves will be worn in certain circumstances, when applicable. ¶ <#> ¶

Worksite Cleaning and Disinfecting

1. Any trash collected from the jobsite must be removed daily.
2. Company Vehicles and equipment/tools will be cleaned daily.
3. The ALPI will provide alcohol-based wipes or other appropriate cleaning agents.

Deleted: <#>will be

Deleted: <#>at all times





Exhibit A

List of Reportable Diseases that Routinely include Contact Tracing and Monitoring of Contacts

| | | |
|---|---|---|
| Cholera | Novel Influenza | Severe Acute Respiratory Syndrome (SARS) and SARS- like Coronavirus |
| Diphtheria | Other diseases of urgent public health concern* | Smallpox |
| Invasive Disease caused by Haemophilus influenzae, type B | Pandemic Influenza | Tuberculosis |
| Hepatitis A | Pertussis | Typhoid Fever |
| Measles | Plague (Pneumonic) | Viral Hemorrhagic Fevers |
| Meningococcal Disease | Polio | Middle Easter Respiratory Syndrome |
| Rubella | | |

* In the context of this document, "other diseases of urgent public health concern" include significantly pathogenic emerging, novel or genetically modified infectious diseases that are potentially transmissible from person-to-person. This may include other reportable diseases during urgent investigation of disease clusters or outbreaks.

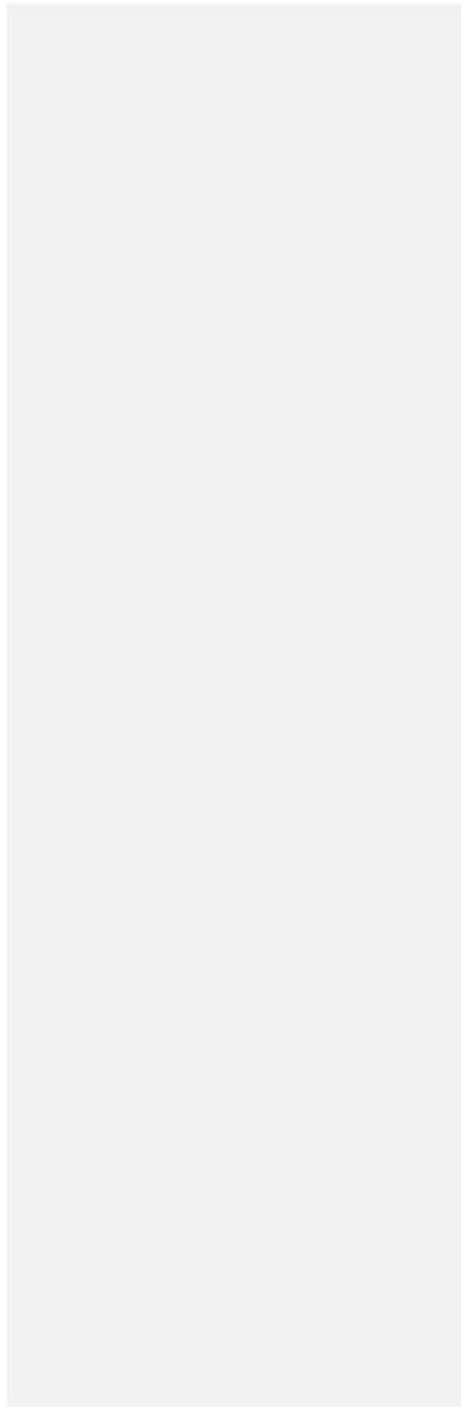




Exhibit B

10 things you can do to manage your COVID-19 symptoms at home.

If you have possible or confirmed COVID-19:

1. **Stay home** from work and school. And stay away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.



6. **Cover your cough and sneezes.**



2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.



7. **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



3. **Get rest and stay hydrated.**



8. As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a facemask.



4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.



9. **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.



5. For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.



10. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.



© 2020 Florida Department of Health

cdc.gov/coronavirus





Exhibit C

COVID-19 Basic Infection Prevention Measures

COVID-19, caused by a new coronavirus, is a respiratory illness that can spread from person to person. The following infection prevention measures may help prevent transmission on construction job sites.











| | |
|---|---|
|  | Stay home if you are sick. DO NOT WORK. |
|  | Wash hands frequently or provide alcohol-based hand rubs containing at least 60% alcohol. |
|  | Cover coughs and sneezes. |
|  | Practice social distancing — try to maintain 6 feet between each worker. |
|  | Reduce the size of any group at any one time to ten (10) people or less or LIMIT all in-person meetings. |
|  | Minimize ride-sharing. While in vehicle, employees must ensure adequate ventilation. |
|  | Avoid sharing tools with co-workers, if possible. |
|  | Clean and disinfect frequently used tools, equipment, and frequently touched surfaces (door handles, handrails, machinery controls, cell phones, tablets) on a regular basis. |
|  | If N95 respirator masks are not available, minimize dust and airborne contaminants by using engineering and work practice controls. |
|  | Use proper personal protective equipment (PPE) when cleaning and disinfecting, such as gloves and eye protection. |





Exhibit D

KEEPING OUR WORKSITES SAFE



DO NOT ENTER AN OFFICE OR JOBSITE IF YOU ARE SICK OR IF YOU HAVE BEEN ASKED TO QUARANTINE



WEAR A FACE MASK OR CLOTH FACE COVERINGS ALL TIMES ON THE SITE TO SLOW THE SPREAD



PRACTICE GOOD HYGIENE BY WASHING YOUR HANDS AND KEEP YOUR JOBSITE AND TOOLS CLEAN



LIMIT EXPOSURE TO OTHERS WITH SOCIAL DISTANCING AND WORKING IN SMALL GROUPS

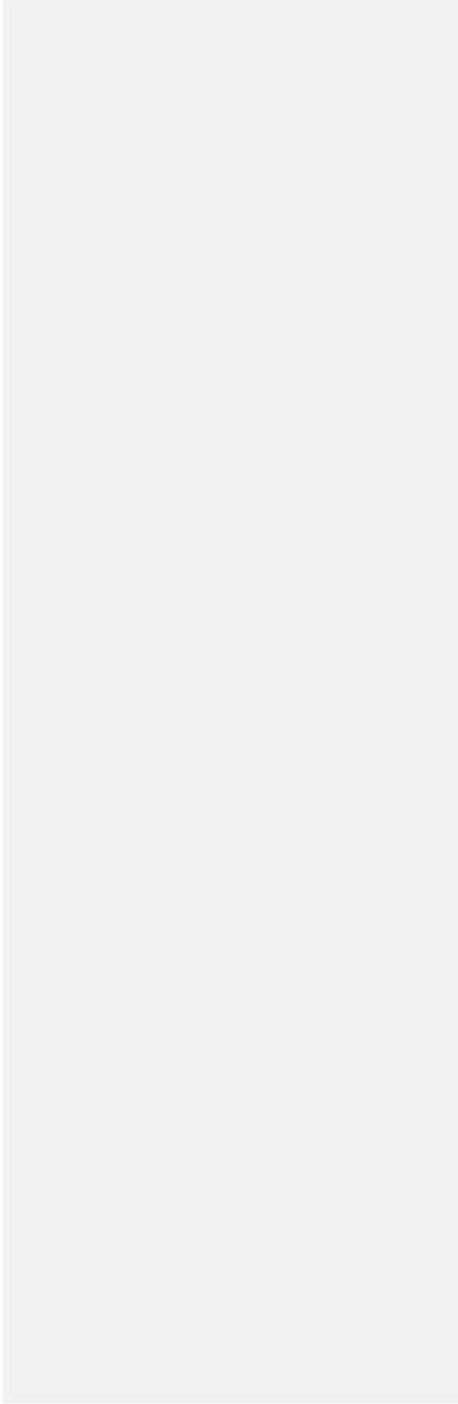




Exhibit E

Example daily log. Symptoms, signs, and timeframe will vary by disease.

Employee/Client Name: _____

| Daily Symptom and Temperature Log | | | | |
|--|--|--|--|--|
| Day 1 MM/DD/YYYY | Day 2 MM/DD/YYYY | Day 3 MM/DD/YYYY | Day 4 MM/DD/YYYY | Day 4 MM/DD/YYYY |
| Temp: ____:____ AM ____:____ PM | Temp: ____:____ AM ____:____ PM | Temp: ____:____ AM ____:____ PM | Temp: ____:____ AM ____:____ PM | Temp: ____:____ AM ____:____ PM |
| AM PM <input type="checkbox"/> <input type="checkbox"/> No Symptoms <input type="checkbox"/> <input type="checkbox"/> Fever <input type="checkbox"/> <input type="checkbox"/> Chills <input type="checkbox"/> <input type="checkbox"/> Weakness <input type="checkbox"/> <input type="checkbox"/> Headache <input type="checkbox"/> <input type="checkbox"/> Muscle Aches <input type="checkbox"/> <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> <input type="checkbox"/> Diarrhea ____times/Day <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> <input type="checkbox"/> Other _____ | AM PM <input type="checkbox"/> <input type="checkbox"/> No Symptoms <input type="checkbox"/> <input type="checkbox"/> Fever <input type="checkbox"/> <input type="checkbox"/> Chills <input type="checkbox"/> <input type="checkbox"/> Weakness <input type="checkbox"/> <input type="checkbox"/> Headache <input type="checkbox"/> <input type="checkbox"/> Muscle Aches <input type="checkbox"/> <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> <input type="checkbox"/> Diarrhea ____times/Day <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> <input type="checkbox"/> Other _____ | AM PM <input type="checkbox"/> <input type="checkbox"/> No Symptoms <input type="checkbox"/> <input type="checkbox"/> Fever <input type="checkbox"/> <input type="checkbox"/> Chills <input type="checkbox"/> <input type="checkbox"/> Weakness <input type="checkbox"/> <input type="checkbox"/> Headache <input type="checkbox"/> <input type="checkbox"/> Muscle Aches <input type="checkbox"/> <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> <input type="checkbox"/> Diarrhea ____times/Day <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> <input type="checkbox"/> Other _____ | AM PM <input type="checkbox"/> <input type="checkbox"/> No Symptoms <input type="checkbox"/> <input type="checkbox"/> Fever <input type="checkbox"/> <input type="checkbox"/> Chills <input type="checkbox"/> <input type="checkbox"/> Weakness <input type="checkbox"/> <input type="checkbox"/> Headache <input type="checkbox"/> <input type="checkbox"/> Muscle Aches <input type="checkbox"/> <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> <input type="checkbox"/> Diarrhea ____times/Day <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> <input type="checkbox"/> Other _____ | AM PM <input type="checkbox"/> <input type="checkbox"/> No Symptoms <input type="checkbox"/> <input type="checkbox"/> Fever <input type="checkbox"/> <input type="checkbox"/> Chills <input type="checkbox"/> <input type="checkbox"/> Weakness <input type="checkbox"/> <input type="checkbox"/> Headache <input type="checkbox"/> <input type="checkbox"/> Muscle Aches <input type="checkbox"/> <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> <input type="checkbox"/> Diarrhea ____times/Day <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> <input type="checkbox"/> Other _____ |

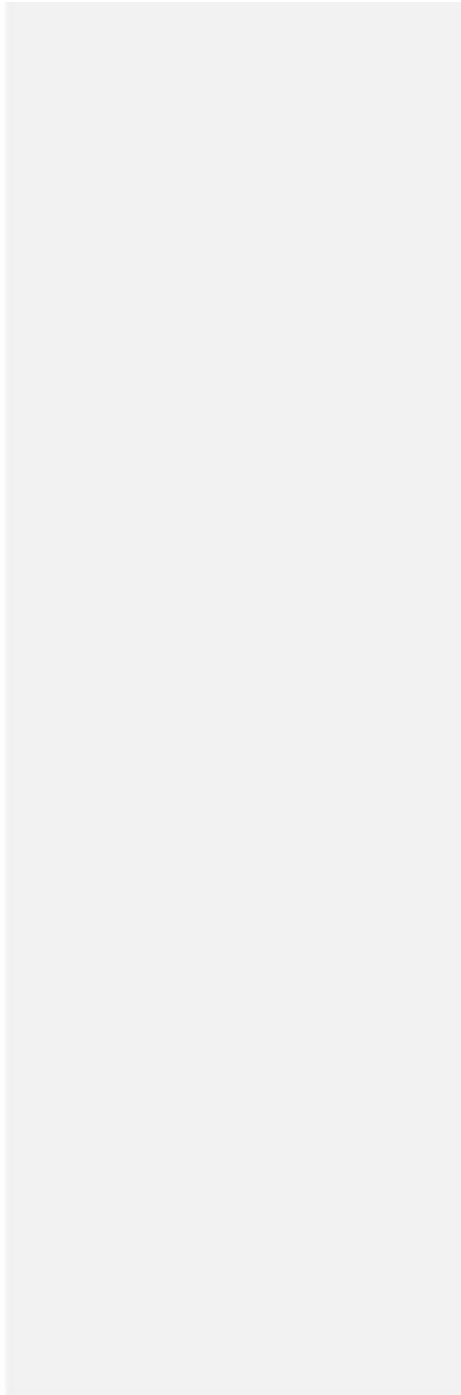





Exhibit F



The Agricultural and Labor Program, Inc.

Communicable Disease Employee/Client Survey

Employee/Client Information

| | |
|-------------|----------|
| Name | Date |
| Job title: | Manager: |
| Department: | Location |

Please complete all questions below.

1. Have you recently traveled to an area with known local spread of Communicable Disease?
 Yes No
2. Have you come into close contact (within 6 feet) with someone who has a laboratory confirmed Communicable Disease diagnosis in the past 14 days?
 Yes No
3. Do you have a fever (greater than 100.4 F or 38.0 C) OR symptoms of lower respiratory illness such as cough, shortness of breath, difficulty breathing or sore throat?
 Yes No

Please list Temperature within the last 6 hours:
 Temperature: _____ Date Taken: _____ Time Taken: _____
 Method Taken: _____

4. Are you an employee or attendee of a child or adult care facility?
 Yes No
5. Have you been self-quarantined or advised to quarantine within the last 14 days by a Licensed Physician?
 Yes No
6. If you answered yes to question 5, have you received a clearance to return to work? Please provide documentation.
 Yes No

Please return completed form to the HR Department.
 Yolanda Garrett, ygarrett@alpi.org (863) 956-3491





Exhibit G



The Agricultural and Labor Program, Inc.
Altering People, Changing Lives
Post Office Box 3126
Winter Haven, FL 33885
Tel: 863-956-3491 / Fax: 863-956-3357
Website: www.alpi.org

Communicable Disease Release and Hold-harmless Agreement

Communicable Diseases and associated government- mandated "shelter-in-place" and similar orders, in many communities underscore the risks associated with individuals inspecting or performing services at an occupied property, and the risks for homeowners of said property allowing individuals to enter the property they occupy.

I/we understand that personal contact with others, including, but not limited to, The Agricultural and Labor Program Inc. (The ALPI) employees performing inspections or services during Communicable Disease, involves a certain degree of risk that could result in illness, permanent disability, or death.

I, the undersigned, do understand and agree that The ALPI is allowed access to my residence at the following address:

| | | |
|---------|------|----------|
| Address | City | Zip Code |
|---------|------|----------|

I do hereby for myself, my heirs or personal representative, assigns, or any other person claiming under me, remise, waive, release, forever discharge, and agree to indemnify and hold harmless The Agricultural and Labor Program, The ALPI employees, and the individual volunteers as causes of actions, damages, claims of negligence, and demands whatsoever may be acquired by reason of injury, damage, or harm to me or my property which may occur directly or indirectly as a result of any activity in connection with The Agricultural and Labor Program, Inc.

Signed: _____ Date: _____
Signed: _____ Date: _____
Witnessed: _____ Date: _____





| | | |
|--|---|------------------------------|
| ACF Administration for Children and Families | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES | |
| | 1. Log No. ACF-PI-HS-23-01 | 2. Issuance Date: 01/06/2023 |
| | 3. Originating Office: Office of Head Start | |
| | 4. Key Words: COVID-19; Health Services Management; Safety Practices; Head Start Program Performance Standards; Safe Environments; Program Planning | |

PROGRAM INSTRUCTION

TO: Head Start and Early Head Start Grant Recipients and Delegate Agencies

SUBJECT: Supplementary Information on Establishing an Evidence-based COVID-19 Mitigation Policy

INSTRUCTION:

In January 2023, the Administration for Children and Families (ACF) published its Final Rule, [Mitigating the Spread of COVID-19 in Head Start Programs](#). This Final Rule removes the universal masking requirement for individuals 2 years and older. It does not address the vaccination requirement from the [Interim Final Rule with Comment Period \(IFC\)](#), so the Head Start Program Performance Standards (HSPPS) at 45 CFR §§[1302.93](#) and [1302.94](#) remain in effect. The Final Rule requires Head Start programs to have an evidence-based COVID-19 mitigation policy, developed in consultation with their Health Services Advisory Committee (HSAC).

This Program Instruction (PI) provides supplementary information to support grant recipients in developing the required evidence-based COVID-19 mitigation policy.

HSPPS Requirements

To protect children, families, and staff from infection and illness, [45 CFR §1302.47\(b\)\(9\)](#) requires Head Start programs to have an evidence-based COVID-19 mitigation policy developed in consultation with their HSAC that can be scaled up or down based on the impacts or risks of COVID-19 in the community.

All Head Start and Early Head Start programs are required to establish and maintain an HSAC ([45 CFR §1302.40\(b\)](#)). The HSAC is an advisory group usually composed of local health providers, like pediatricians, nurses, nurse practitioners, dentists, nutritionists, and mental health providers. Head Start staff and parents also serve on the HSAC.

This Final Rule requires programs to have established an evidence-based COVID-19 mitigation policy in consultation with their HSAC by March 7, 2023.

Evidence-based Policy





As stated in the Final Rule, *evidence-based* is an umbrella term that refers to using the best research evidence (e.g., found in health sciences literature) and clinical expertise (e.g., what health care providers know) in content development.¹ Integrating the best available science with the knowledge and considered judgements from stakeholders and experts benefits Head Start children, families, and staff.²

The COVID-19 mitigation policy should be informed by objective evidence and findings from research and expert recommendations from public health authorities such as the U.S. Centers for Disease Control and Prevention (CDC) and state, tribal, local, and territorial health departments. Head Start programs have various sources to consider, including but not limited to:

- CDC guidance, including [general COVID-19 information](#) and early care and education (ECE) program-specific guidance, such as [Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning](#).
- State, tribal, local, and territorial health departments, universities, and professional health organizations
- Caring for Our Children health and safety standards
 - [9.2.3.2: Policy Development for Care of Children and Staff Who Are Ill](#)
 - [9.2.4.4: Written Plan for Seasonal and Pandemic Influenza](#)

The Early Childhood Learning and Knowledge Center features an interactive module to support Head Start programs in learning how to find and use up-to-date, trustworthy, and consistent health information. Programs may access [How to Find Science-informed and Evidence-based Health Information](#) to explore five steps to help determine if information is current and accurate when developing an evidence-based policy.

Grant recipients are not limited to the considerations outlined below when developing their evidence-based policy.

Considerations for an Evidence-based COVID-19 Mitigation Policy

Mitigation Strategies

As stated in the Final Rule, in the context of COVID-19, *mitigation* refers to measures taken to reduce or lower SARS-CoV-2 transmission, infection, or disease severity. Other terms used for this same concept are “risk reduction strategies” or “prevention strategies.”

An evidence-based COVID-19 mitigation policy should use multiple strategies at the same time, such as masking, ventilation, and staying at home when sick. Current evidence suggests the

¹ Adapted from Office of Disease Prevention. Evidence-based practices and programs. National Institutes of Health <https://prevention.nih.gov/research-priorities/dissemination-implementation/evidence-based-practices-programs>

² Adapted from European Centre for Disease Control and Prevention. Evidence-based methodologies for public health – How to assess the best available evidence when time is limited and there is lack of sound evidence. Stockholm: ECDC; 2011. https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/1109_TER_evidence_based_methods_for_public_health.pdf





importance of a layered approach whereby one strategy is “layered” upon another because they are more effective in minimizing the impact of SARS-CoV-2 than when using one strategy alone.³ When developing their policy, Head Start programs should consider the [risk factors](#) for their staff and the families served, strategies to be used when the impact of COVID-19 changes in the community, and how the risk of exposure could change depending on the Head Start services provided.

COVID-19 Community Levels

CDC developed the [COVID-19 Community Levels](#) to help individuals, agencies, and organizations make choices on what precautions to take based on the level of disease burden in their community. It provides county-level data for each U.S. state and territory, determined by a combination of three metrics that are updated weekly — new COVID-19 hospital admissions per 100,000 population in the past seven days, the percent of staffed inpatient beds occupied by COVID-19 patients (seven-day average), and new COVID-19 cases per 100,000 population in the past seven days. Using these data, the COVID-19 Community Level is classified as low, medium, or high. Grant recipients should consider using this data and guidance to inform their evidence-based COVID-19 mitigation policy. Layered prevention strategies should also be able to be increased when community risk is higher (e.g., when COVID-19 Community Level has increased).

COVID-19 Vaccination

At this time, the national vaccination requirements at 45 CFR §§[1302.93](#) and [1302.94](#) remain in effect for staff, certain contractors, and volunteers in Head Start programs in states that are not subject to permanent⁴ or preliminary⁵ court injunctions. There is no federal requirement to go further. However, all programs still have the discretion to require, promote, and encourage COVID-19 vaccines for staff, subject to tribal, state, and local laws. ACF strongly encourages that all staff, contractors, and volunteers be up-to-date on their [COVID-19 vaccinations](#) given the proven benefits for individual and community safety, including reduced incidences of severe illness, hospitalization, and death.

OHS also wants to make sure all families can obtain accurate information about the [COVID-19 vaccine](#) and encourages programs to address in their mitigation policy how they can help families and children access the vaccines. Programs may still consider COVID-19 vaccination in

³ Center for Disease Control and Prevention. “*Science Brief: Indicators for Monitoring COVID-19 Community Levels and Making Public Health Recommendations.*” August, 2022. Retrieved from: <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/indicators-monitoring-community-levels.html>

⁴ The U.S. Department of Health and Human Services (HHS) received notice that as of Sept. 21, 2022, following a decision by the United States District Court for the Western District of Louisiana, implementation and enforcement of [Vaccine and Mask Requirements to Mitigate the Spread of COVID-19 in Head Start Programs](#), 86 Fed. Reg. 68052 (Nov. 30, 2021) (the “Interim Final Rule” or “IFC”), is permanently enjoined in the following 24 states: Alabama, Alaska, Arizona, Arkansas, Florida, Georgia, Indiana, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Utah, West Virginia, and Wyoming. Head Start, Early Head Start, and Early Head Start-Child Care Partnership grant recipients in those 24 states are not required to comply with the IFC.

⁵ As of Dec. 31, 2021, following a decision by the United States District Court for the Northern District of Texas, implementation and enforcement of the IFC is preliminarily enjoined in Texas.





their evidence-based policy, including ways to provide access and increase uptake of vaccines among Head Start staff, contractors, volunteers, and children and families.

Prioritizing Strategies

Per CDC, Head Start programs should consider local context when developing and implementing a response to COVID-19 conditions. Factors to consider include:

- Age of population served
- People with disabilities
- People at risk of getting very sick
- Equity
- Availability of resources
- Communities served
- Pediatric-specific considerations

A fuller discussion of each of these factors can be found in CDC's [Operational Guidance for K-12 Schools and Early Childhood Programs to Support Safe In-person Learning](#).

Responsive to Changing Conditions

The intent of this policy is to make sure programs can adapt to changing circumstances and conditions of COVID-19 while still protecting the health of children, families, and staff. The requirement for having an evidence-based COVID-19 mitigation policy specifies that it needs to allow for programs' response to be scaled up or down based on the impact of COVID-19 in the community. It gives Head Start programs more flexibility to adapt to the changing circumstances and conditions of the virus and be responsive to the unique challenges and needs of their communities.

Given the unpredictable and evolving nature of COVID-19, Head Start programs may go through periods where the impact of COVID-19 is low, medium, or high. Programs' COVID-19 mitigation policy should specify what prevention strategies or combination of strategies will be used when the impacts or risks of COVID-19 increases or decreases, and how the policy is communicated to children, families, and staff. Programs can also decide to place requirements related to COVID-19 mitigation policies as needed. For example, a program may choose to require universal masking when there are higher levels of transmission or burden in the community, consistent with CDC guidance. We include additional considerations for the communication of the policy below.

Additional Precautions

While local context is critical, Head Start programs may also want to consider additional precautions regardless of the level of impact from COVID-19 at that time and in consideration of the needs of the communities that programs serve. As noted in CDC's guidance to K-12 schools and ECE settings, program administrators should work with health departments in their jurisdiction to consider other local conditions and factors when deciding to implement prevention





measures. Pediatric-specific indicators, such as vaccination rates among children, pediatric-specific health care capacity, pediatric hospitalizations, and pediatric emergency visits, can help with deciding on which mitigation strategies to use. Head Start programs may consider the extent to which children or staff are at increased risk for severe disease from COVID-19 or have family members at increased risk for severe disease. ECE programs may choose to implement universal indoor mask use, for example, to meet the needs of the families they serve, which could include people at risk for getting very sick with COVID-19.

Programs should also consider how their COVID-19 mitigation policy protects children with disabilities, children who are immunocompromised, and children at higher risk of severe complications, as well as layered mitigation strategies to make sure children can safely continue to attend the program in person. For example, programs may consider additional mitigation measures, such as more extensive mask use or increasing ventilation, if there are children who cannot safely wear a mask because of their disability, as defined by Section 504 of the Rehabilitation Act of 1973. The U.S. Department of Education's [Disability Rights](#) webpage provides guidance and resources for schools and ECE programs to make sure students with disabilities continue to receive the services and supports they are entitled to so they have successful in-person educational experiences.

Communication Plan

COVID-19 mitigation policies should include a strong communication plan consistent with [45 CFR §1302.41\(b\)\(2\)](#) to make sure staff and families are prepared to navigate the ongoing conditions of COVID-19. Programs should consider:

- Who communicates to staff and families?
- What should be communicated?
- When are communications shared and with what frequency? How does the timing for communications relate to changing COVID-19 conditions in the community?
- How will it be communicated? For example, programs may have signs outside classrooms and the building if masks are required or recommended.
- Is the communication accessible to individuals with disabilities?

Evolving guidance comes from various federal, state, tribal, local, and territorial authorities, in addition to CDC. Employers should be prepared to communicate changes in protocols as far in advance as possible to staff and families.

Please direct any questions regarding this PI or the requirement that Head Start programs have an evidence-based COVID-19 mitigation policy to your regional office.

Thank you for your work on behalf of children and families.

/ Tala Hooban /

Tala Hooban
Acting Director





Lakeview Park Property Maintenance Ordinance Violation

**POLK COUNTY, FLORIDA
CODE ENFORCEMENT
NOTICE OF PROPERTY MAINTENANCE ORDINANCE VIOLATION**

Polk County,
vs. Petitioner,

AGRICULTURAL AND LABOR PROGRAM INC

Respondent(s)/

Case Number: CNU-2023-249

Code Investigator: Jessica Phillips

Phone #: 863-860-4446

Sent Via: Certified Mail 7021 2720 0000 0855 9688
7021 2720 0000 0855 9671

Date: 03/23/2023

Owner:
AGRICULTURAL AND LABOR PROGRAM INC
PO BOX 3126
WINTER HAVEN, FL 33885-3126

Additional Owner(s):
AGRICULTURAL AND LABOR PROGRAM INC
C/O ARLENE DOBISON (RA)
300 LYNCHBURG ROAD
LAKE ALFRED, FL 33850

Violation Address: FORT MEADE RD, FROSTPROOF, FL 33843 **Parcel ID#:** 283206000000011000

NOTICE IS HEREBY GIVEN that the property referenced above has been inspected and is declared to be in violation of Polk County Ordinance 08-047.

| County Code | Description | Corrective Action |
|-----------------------|---|--|
| Ord. 08-047 6.a, b | (a) Open Storage and/or (b) Accumulation of Junk and Debris | Remove all junk, trash, debris, outside storage from property or store in a completely enclosed building. Call Waste and Recycling to schedule a Special pick-up at (863)284-4319. They will not pick-up any construction and/or demolition debris, hazardous materials, tires or whole house clean-outs from an eviction. No pick-ups will be done at a vacant lot. |

The violations must be corrected by 04/07/2023. It shall be the violator's responsibility to contact the Code Enforcement Office after the violation(s) are corrected. Failure to contact the Code Enforcement Office after correcting the violations will result in a \$100 mobilization fee, Sheriff Deputy fees (if scheduled), and other administration costs/fees incurred by the County being assessed against the property as costs for abating the nuisance if a vendor and/or Sheriff Deputy is cancelled after arriving at the property.

Failure to abate the violation will result in Polk County abating it, the costs of which action shall be assessed against the property. All cost and expenses incurred by the County to abate the violation will be assessed against the property as a first lien equal to a lien for nonpayment of property taxes. The costs and expenses will include amounts charged by County vendors to abate the nuisance along with other costs incurred by the County. The current amounts charged by County vendors are reflected on the below table of fees. The fees are subject to change without further notice. The costs for abatement of distressed or abandoned vehicles shall include the amounts charged by the towing company to remove the vehicles. If the Notice of Property Maintenance Ordinance Violations included additional violations you shall be responsible for the amounts charged to the County to correct those violations. In addition you will be responsible for the costs of a Sheriff Deputy scheduled for the abatement.





| | |
|---|---|
| Per Acre Rate for Overgrowth Clearing under 36" | \$100 Mobilization Fee +\$600/Acre |
| Per Acre Rate for Overgrowth Clearing over 36" | \$100 Mobilization Fee +\$800/Acre |
| Per Ton Rate for Debris and Junk Removal | \$100 Mobilization Fee + \$400/Ton Removed + Disposal Costs |

If the violation(s) recurs or if the violation(s) is a recurrence of a previous violation, notwithstanding whether the abatement is effected by the owner of Polk County, the owner shall be responsible for all costs incurred by Polk County for the original violation(s) and recurrence of the violations(s), including without limitation, all vendor, administrative, and operating costs.

NOTICE OF OWNER'S RIGHT TO APPEAL: Property owner has the right to appeal this Notice of Violation within ten (10) days of posting by filing a written request along with a certified check or money order for \$25 at the Polk County Code Enforcement Special Magistrate Office in the Polk County Administration Building at 330 W. Church Street, Bartow, Florida, or the appeal may be mailed to the Polk County Code Enforcement Special Magistrate Office at P.O. Box 9005, Drawer CS03, Bartow, Florida, 33831-9005

NOTICE OF OWNER'S RIGHT TO REQUEST EXTENSION: Property owner may request in writing or email a request for an extension of time to comply within ten (10) days of the date of the notice. Owner will state the reason for the request and send by regular mail. Mail to: *Polk County Code Enforcement Division or your Code Investigator, P.O. Box 9005, Drawer CS03, Bartow, Florida, 33831-9005* OR email to CodesAdmin@polk-county.net. Your request may be hand delivered to the Code Enforcement Office in the Polk County Administration Building at 330 W. Church Street, Bartow, Florida. If request is not granted within five (5) days, the request shall be deemed denied.

If you are a victim of illegal dumping, please contact the Polk County Sheriff's office at (863)298-6200 to file a report and provide the PCSO case number to your Investigator for an extension of time to have the items removed. You are still responsible to have the items removed from your property at your own expense.

Code Enforcement Investigator

Jessica Phillips, Code Investigator 863-860-4446

Polk County Code Enforcement, Drawer CS03, P.O. Box 9005, Bartow, Florida, 33831-9005
 Phone (863) 534-6054 Fax: (863) 534-6073





Dumping Issues on ALPI Property
Lakeview Park Community
Frostproof, FL

April 6, 2023





Samuel [REDACTED]

[REDACTED]





Samuel [REDACTED]

[REDACTED]





[Redacted], Frostproof, FL (Lakeview Park)

1. The orange line represents the "boundary line". The land to the **right** of the orange line is ALPI property.
2. There were at least (3) commercial trucks here (18 wheelers), which have been moved by the owner to a random open field across the street, privately owned by someone else.
3. This owner was actively cleaning up when the inspection took place, on November 13, 2023.

62 Marshall Lane, Frostproof, FL





Walter [REDACTED]

[REDACTED]





Walter [REDACTED]

[REDACTED]





Earl [REDACTED]

[REDACTED]





Occupant Name Unknown

[REDACTED], Frostproof, FL





Jacqueline [REDACTED]

[REDACTED]

This was reported to me, after having taken pictures.

Occupants purchased new trampoline and placed it inside their yard. The “old and broken” trampoline, was thrown outside the back fence.





Annie [REDACTED]

[REDACTED] Lakeview Park)

1. The orange line represents the "boundary line". The land to the **right** of the orange line is ALPI property.
2. The fence is clearly on ALPI property, on two sides (NE, SE).
3. This location also has a shed, on ALPI property, that is not pictured in this 2020 satellite image.
4. They also have at least one small boat on ALPI property.

This is the outline of the fence.





Senior Connection EHEAP Funding Increase 2021-2023 Amended Contract



February 24, 2023

Ms. Arlene Dobison, Chief Executive Officer
The Agricultural and Labor Program, Inc.
300 Lynchburg Road
Lake Alfred, FL 33850

Re: Notice of Award of Additional 2021-2023 EHEAP Funds - Polk

Dear Ms. Dobison:

Senior Connection Center, Inc. (SCC) has approved an award of additional 2021-2023 Emergency Home Energy Assistance Program (EHEAP) funds to The Agricultural and Labor Program, Inc. for Polk County in the amount(s) shown below. This award is the result of a statewide increase in Year 3 EHEAP funding (04/01/23-09/30/23), which has been allocated according to the approved funding formula. Also, please note that your Weather Related Supply Shortage (WRSS) funds from Year 2 have been released and transferred into the Crisis Benefits category. The Year 2 WRSS funds have to be spent before March 31, 2023.

Year 2 - (04/01/22-03/31/23)

| | <u>Current Contract</u> | <u>Transfers</u> | <u>Revised Contract</u> |
|--------------------|-------------------------|---------------------|-------------------------|
| EHEAP – Admin. | \$2,620.02 | \$0.00 | \$2,620.02 |
| EHEAP – Outreach | \$23,964.69 | \$0.00 | \$23,964.69 |
| EHEAP – Benefits | \$158,729.84 | \$3,519.05 | \$162,248.89 |
| EHEAP – WRSS | <u>\$3,519.05</u> | <u>(\$3,519.05)</u> | <u>\$0.00</u> |
| Total EHEAP | \$188,833.60 | \$0.00 | \$188,833.60 |

Year 3 - (04/01/23-09/30/23)

| | <u>Year 3 Contract</u> | <u>Increase In Funding</u> | <u>Revised Contract</u> |
|--------------------|------------------------|----------------------------|-------------------------|
| EHEAP – Admin. | \$2,620.02 | \$49.88 | \$2,669.90 |
| EHEAP – Outreach | \$23,964.69 | \$379.13 | \$24,343.82 |
| EHEAP – Benefits | \$130,895.84 | \$2,094.05 | \$132,989.89 |
| EHEAP – WRSS | <u>\$3,519.05</u> | <u>\$53.88</u> | <u>\$3,572.93</u> |
| Total EHEAP | \$160,999.60 | \$2,576.94 | \$163,576.54 |

Please sign, date, and email one copy of the amendment to Kristina Melling, Director of Contracts and Quality Assurance. If you have any questions concerning this amendment, please contact Kristina at extension 5585.

Sincerely,

Charlotte K. McHenry
President/CEO

cc: Kristina Melling, Director of Contracts and Quality Assurance

The Area Agency on Aging serving Hillsborough, Manatee, Polk, Highlands and Hardee Counties
8928 Brittany Way • Tampa, FL 33619 • Phone: 813.740.3888 • Fax: 813.623.1342 • www.SeniorConnectionCenter.org





THIS AMENDMENT, entered into between Senior Connection Center, Inc., hereinafter referred to as the "agency", and The Agricultural and Labor Program, Inc., hereinafter referred to as the "subrecipient", amends Contract No. EH-21/23-ALPI.

The purpose of this amendment is to:

- 1) increase Section 3, Contract Amount, by \$2,576.94;
- 2) increase Section 5, Source of Funds, by \$2,576.94; and
- 3) revise and replace Attachment V and Attachment VI, Budget Summary.

1. Section 3, is hereby amended to read:

3. Contract Amount

The agency agrees to pay for services according to the conditions of ATTACHMENT I an amount not to exceed \$512,353.21, subject to the availability of funds.

2. Section 5, is hereby amended to read:

5. Source of Funds

The costs of services paid under any other contract or from any other source are not eligible for reimbursement under this contract. The funds awarded to the subrecipient pursuant to this contract are in the state grants and aids appropriations and consist of the following:

| Program Title | Funding Source | CFDA # | Fund Amounts |
|--|--|--------|---------------------|
| Emergency Home Energy Assistance Program | U.S. Department of Health and Human Services | 93.568 | \$512,353.21 |
| TOTAL FUNDS CONTAINED IN THIS CONTRACT: | | | \$512,353.21 |

3. ATTACHMENT V and ATTACHMENT VI, is hereby replaced with the revised ATTACHMENT V and ATTACHMENT VI, Budget Summary, attached hereto.

This amendment shall be effective on the last date that the amendment is signed by both parties.

All provisions in the contract and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the contract.

This amendment and all its attachments are hereby made a part of the contract.





AMENDMENT 007

Contract No. EH-21/23-ALPI

Amendment Page 2

IN WITNESS WHEREOF, the parties hereto have caused this 5 page amendment to be executed by their officials thereunto duly authorized.

SUBRECIPIENT: The Agricultural and Labor Program, Inc.

AGENCY: Senior Connection Center, Inc.

SIGNED
BY: _____

SIGNED
BY: _____

NAME: Arlene Dobison

NAME: Georgiana Goodson

TITLE: CEO

TITLE: Chair, Board of Directors

DATE: February 27, 2023

DATE: 03/02/2023

FEDERAL ID NUMBER: 59-1634148
FISCAL YEAR END DATE: 6/30





AMENDMENT 007

Contract No. EH-21/23-ALPI

Amendment Page 3

ATTACHMENT III

EMERGENCY HOME ENERGY ASSISTANCE PROGRAM

BUDGET SUMMARY

PSA 6

Original
Amendment X

SUBRECIPIENT: The Agricultural and Labor Program, Inc.

| | <u>2021-2022</u> <u>REVISED</u> <u>AWARD*</u> |
|---|--|
| 1. Administration** | \$2,547.03 |
| 2. Outreach ** | \$23,924.53 |
| 3. EHEAP Benefits (Crisis) | \$133,471.51 |
| 4. Weather-Related/Supply Shortage *** | <u>\$0.00</u> |
| 5. Total | \$159,943.07 |
| 6. Projected minimum number of Individuals to be served: | 470 |
| 7. Projected minimum number of Individuals to be served (Weather- Related/Supply Shortage): | N/A |

NOTE: Eligible households may be provided with more than one benefit, totaling no more than \$5,000.00 until a written notice is provided by the agency. The minimum number of individuals to be served crisis energy assistance may reflect duplicated consumers if a consumer receives multiple benefits.

*Revised Award to be spent by **May 31, 2022**. Please note this date may be extended by the Department of Economic Opportunity and will be communicated via email by the agency.

** Allowable administrative and outreach expenses are defined in **ATTACHMENT III, EXHIBIT A**. Funds budgeted for administration and outreach may be used for emergency energy assistance benefits upon approval of the agency and a contract amendment.

*** Weather Related/Supply Shortage funds were not utilized in 2021, therefore the funds were transferred to Crisis Assistance.





AMENDMENT 007

Contract No. EH-21/23-ALPI

Amendment Page 4

ATTACHMENT V

EMERGENCY HOME ENERGY ASSISTANCE PROGRAM

BUDGET SUMMARY

PSA 6

Original
Amendment X

SUBRECIPIENT: The Agricultural and Labor Program, Inc.

| | <u>2022-2023</u> <u>AWARD*</u> |
|---|---|
| 1. Administration** | \$2,620.02 |
| 2. Outreach ** | \$23,964.69 |
| 3. EHEAP Benefits (Crisis) | \$162,248.89 |
| 4. Weather-Related/Supply Shortage *** | <u>\$0.00</u> |
| 5. Total | \$188,833.60 |
| 6. Projected minimum number of Individuals to be served: | 474 |
| 7. Projected minimum number of Individuals to be served (Weather- Related/Supply Shortage): | N/A |

NOTE: Eligible households may be provided with more than one benefit, totaling no more than \$5,000.00 until a written notice is provided by the agency. The minimum number of individuals to be served crisis energy assistance may reflect duplicated consumers if a consumer receives multiple benefits.

***Award allocated for April 1, 2022 to March 31, 2023.**

** Allowable administrative and outreach expenses are defined in **ATTACHMENT III, EXHIBIT A**. Funds budgeted for administration and outreach may be used for emergency energy assistance benefits upon approval of the agency and a contract amendment.

*** Weather Related/Supply Shortage funds were not utilized during this contract period, therefore the funds were transferred to Crisis Assistance.





AMENDMENT 007

Contract No. EH-21/23-ALPI

Amendment Page 5

ATTACHMENT VI

EMERGENCY HOME ENERGY ASSISTANCE PROGRAM

BUDGET SUMMARY

PSA 6

Original
Amendment X

SUBRECIPIENT: The Agricultural and Labor Program, Inc.

| | <u>2023</u> <u>AWARD*</u> |
|---|--|
| 1. Administration** | \$2,669.90 |
| 2. Outreach ** | \$24,343.82 |
| 3. EHEAP Benefits (Crisis) | \$132,989.89 |
| 4. Weather-Related/Supply Shortage *** | <u>\$3,572.93</u> |
| 5. Total | \$163,576.54 |
| 6. Projected minimum number of Individuals to be served: | 481 |
| 7. Projected minimum number of Individuals to be served (Weather- Related/Supply Shortage): | N/A |

NOTE: Eligible households may be provided with more than one benefit, totaling no more than \$5,000.00 until a written notice is provided by the agency. The minimum number of individuals to be served crisis energy assistance may reflect duplicated consumers if a consumer receives multiple benefits.

***Award allocated for April 1, 2023 to September 30, 2023.** Please note this date may be extended by the Department of Economic Opportunity and will be communicated via email by the agency.

**Allowable administrative and outreach expenses are defined in ATTACHMENT III, EXHIBIT A. Funds budgeted for administration and outreach may be used for emergency energy assistance benefits upon approval of the agency and a contract amendment.

***Weather Related/Supply Shortage funds are set-aside for emergency assistance. These funds must be held in this budget line item category until December 15th of the program year, for use in response to a possible disaster. Directives for the Weather-Related/Supply Shortage funds are identified in ATTACHMENT III, EXHIBIT B and EXHIBIT C.





Department of Economic Opportunity Umbrella Agreement Modification Number Three: October 1, 2020 – September 30, 2026

DocuSign Envelope ID: 9640CDC0-1EB8-443A-A4DD-9F6A9E59488C

Agreement #: E1990

MODIFICATION NUMBER THREE OF AGREEMENT BETWEEN THE FLORIDA DEPARTMENT OF ECONOMIC OPPORTUNITY AND THE AGRICULTURAL AND LABOR PROGRAM, INCORPORATED

On March 3, 2021, the State of Florida, Department of Economic Opportunity (“DEO”), and the The Agricultural and Labor Program, Incorporated (“Subrecipient”), a Florida Not for Profit Corporation, entered into Subgrant Agreement E1990 (“Agreement”). DEO and Subrecipient are sometimes referred to herein individually as a “Party” and collectively as “the Parties.”

WHEREAS, Section 4 of the Agreement provides that any amendment to the Agreement shall be in writing and executed by the Parties thereto; and

WHEREAS, the Agreement was previously amended on April 9, 2021 and April 25, 2022; and

WHEREAS, the Parties wish to amend the Agreement as set forth herein;

NOW THEREFORE, in consideration of the mutual covenants and obligations set forth herein, the receipt and sufficiency of which are hereby acknowledged, the Parties agree to the following:

1. Section 1., **PERIOD OF AGREEMENT**, of the Agreement is hereby deleted in its entirety and replaced with the following:

“1. PERIOD OF AGREEMENT

The Effective Date of this Agreement is October 1, 2020. This Agreement ends on September 30, 2026 (the “Expiration Date”), unless otherwise terminated as set forth herein. This Agreement terminates, supersedes, and replaces any prior agreement in effect between DEO and the Subrecipient regarding the subject matter set forth herein as of the Effective Date. The period between the Effective Date and the Expiration Date or the termination date is the “Agreement Period”.”

2. All other terms and conditions of the Agreement remain in full force and effect.

[Rest of page left intentionally blank]





DocuSign Envelope ID: 9640CDC0-1EB8-443A-A4DD-9F6A9E59488C

Agreement #: E1990

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

IN WITNESS THEREOF, by signature below, the Parties agree to abide by the terms, conditions, and provisions of Agreement E1990 as amended. This Amendment is effective on September 30, 2023.

SUBRECIPIENT
THE AGRICULTURAL AND
LABOR PROGRAM, INCORPORATED

STATE OF FLORIDA
DEPARTMENT OF ECONOMIC OPPORTUNITY

By: 
(Signature)

By: 
02B8B3C192F443...

Arlene Dobison, CEO
(Print/Type Name and Title Here)

Meredith Ivey, Acting Secretary
Department of Economic Opportunity

Date: March 30, 2023

Date: 4/7/2023


59-1634148
Federal Identification Number

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

KSJHBDQ8ZM9
UEI Number

Office of the General Counsel
Department of Economic Opportunity

E1990
Agreement Number

By: 
A45D1E9D97684B4...

Approved Date: 4/3/2023





The Agricultural and Labor Program, Inc.

Chief Executive Officer Report

April 2023

Helping People. Changing Lives.





Office of Head Start Five – Year Non Competitive Grant Determination



ADMINISTRATION FOR **CHILDREN & FAMILIES**

Office of Head Start | 330 C St., SW, 4th Floor, Washington DC 20201 | eclkc.ohs.acf.hhs.gov

March 02, 2023

The Agricultural & Labor Program, Inc.

Re: Grant No. 04CH011151

Dear Head Start Grant Recipient:

The Office of Head Start (OHS) has determined that your program is currently eligible for a non-competitive five year grant award to operate the Head Start program. This new award will be issued at the completion of your current project. If the current grant ends on a date that does not align with the annual funding month, please contact the Regional Office to learn about the available options to accommodate such alignment.

Should your program meet one of the conditions specified under [45 CFR Part 1304.11](#) prior to your new award, your agency must report to your Regional Office using HSES Correspondence within 10 working days of occurrence. If OHS determines that your agency has met one of the conditions under [45 CFR Part 1304.11](#) prior to award, your designation will change and you will receive notice that your organization will instead be required to compete for funding.

You must file a complete Form SF-429 with Attachment A ([Real Property Status Report](#)) to establish the existence of property subject to a federal interest for which your organization (or a delegate agency) holds title prior to award and must be filed even if such property does not exist.

Thank you for your continued work on behalf of children and families. Please direct questions to your Regional Office.

Sincerely,

/Shawna Pinckney/

Shawna Pinckney
Acting Deputy Director
Office of Head Start





Low-Income Household Water Assistance Program Success Stories



The Agricultural and Labor Program, Inc. LIHWAP Success Story

The Low-Income Household Water Assistance Program (LIHWAP) provides funds to assist low-income households with water and wastewater bills. The primary goal of LIHWAP is to retain the continuity of water services to low-income households, in Florida, with an emphasis on prevention of disconnection and restoration of water services to households whose water services were previously disconnected.

The Agricultural and Labor Program, Inc. (ALPI) has many success stories, however we are sharing two customers where if it had not been for the assistance provided, would not have the resources to connect services or reconnect disconnected services.

Customer Success Story One, Single Elderly Woman:

In our line of work, we advocate on behalf of our customers as they continue to make life decisions, because of a limited income. Do I pay my rent, do I pay for my required medications, should I purchase food to eat, or should I pay my utility bill? At the time of connecting with ALPI, the customer was depressed and upset as she had been without water for several days and had no means of getting their service restored. ALPI's staff immediately assisted the customer with completing an application and submitting the required documents to determine eligibility. The customer qualified, received assistance and we immediately contacted the water provider, to ensure water services would be restored.

This elderly woman, overwhelmed with gratitude, could do nothing but cry upon learning of the assistance and the amount of the assistance. The assistance removed a barrier that allowed the customer to not make life decisions with her health and life necessities.

Customer Success Story Two, Single Mother of Six

A homeless single mother of six, was fortunate to improve her living conditions by finding housing. Unfortunately, due to limited finances, she was unable to obtain electricity and water. She had no resources and no organization she visited could not assist. Almost two weeks without electricity and water, the customer learned of The Agricultural and Labor Program, Inc. in hopes of receiving assistance. Upon completion of an application and the determination of eligibility, we were able to get the customer utilities and water connected. To ensure the connection, after making the commitments, ALPI staff contacted both the electric and water vendors to ensure services would be connected, on the day of commitment.

The customer thanked ALPI, for the assistance, and the children were heard screaming "we can finally take a bath."

ALPI continues to change people's lives, we embody the spirit of hope, we improve communities, and we continue to make America a better place to live.





Child Development and Family Services Division

2022-2023 SCHOOL YEAR



HEAD START/ EARLY HEAD START STATISTICAL

CHILD DEVELOPMENT AND FAMILY SERVICES DIVISION

March 2023





Program Compliance/Monitoring

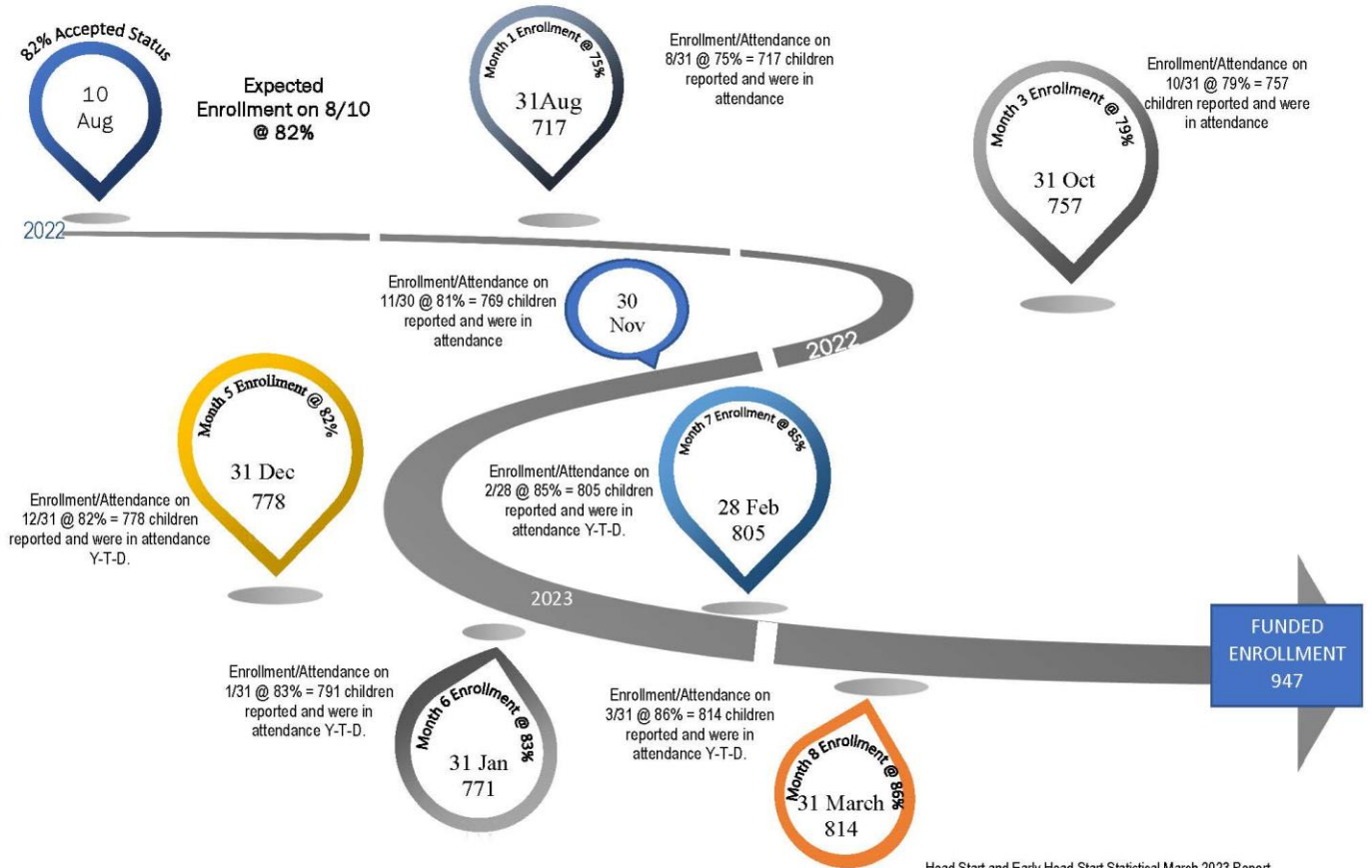
- Polk County Fire Rescue conducted its Annual Fire Inspection, at the Frostproof Child Development Center on March 2, 2023. There were two non-compliances:
 - Violation one (1): The Fire Alarm Pane, corrected on March 14, 2023;
 - Violation two (2) The back door, in the kitchen unable to open. It is expected that the work will be completed the first week of April, due to permit requirements. A reinspection is scheduled for April 7, 2023.
- The Early Learning Coalition of St. Lucie County conducted its Statewide School Readiness Provider Contract Monitoring. The centers chosen were Lincoln Park and George W. Truitt Family Services Center. The centers were found in compliance after supporting documentation was submitted to validate initial findings on March 15, 2023.
- The Florida Department of Children and Families conducted its annual license renewal inspection/monitoring at the Frostproof Child Development Center on March 21, 2023. There was one area found out of compliance and classified as a Class three (3) Violation. The finding was corrected onsite.
- The Florida Department of Children and Families conducted a monitoring at the Frostproof Child Development Center on March 22, 2023, to clear two pending non-compliances. The non-compliances were regarding inoperable water and allegations regarding an employee. Both non-compliances were corrected and cleared. The non-compliance regarding inoperable water was classified as a Class two (2) Violation and posted under Public Records on March 21, 2023.
- The Florida Department of Children and Families conducted its annual license renewal inspection and monitoring at the Hobe Sound Early Learning Center on March 22, 2023. Hobe Sound Early Learning Center is a day care partner. The center was found 100% compliance.





2022-2023 SCHOOL YEAR

2022-2023 School Year Tracking Enrollment



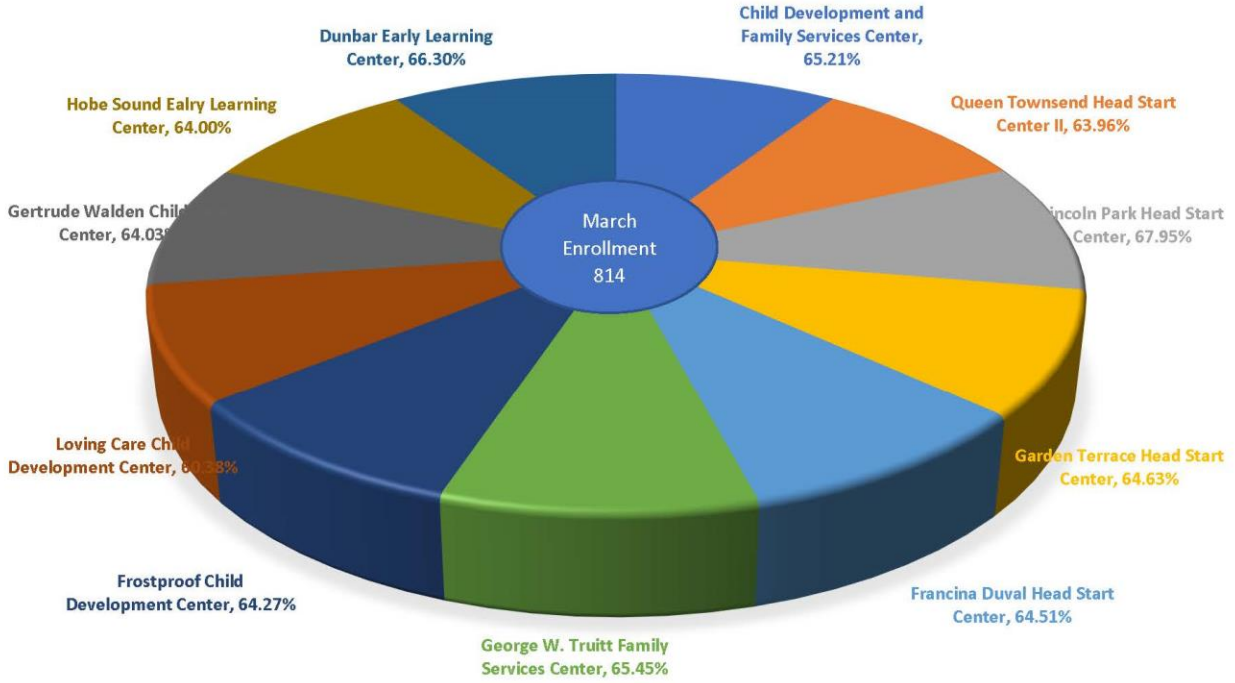
Head Start and Early Head Start Statistical March 2023 Report





2022-2023 SCHOOL YEAR

MARCH 2023 ATTENDANCE BY CENTER



No centers met the 85% ADA Threshold during the month of March due Spring Break week.



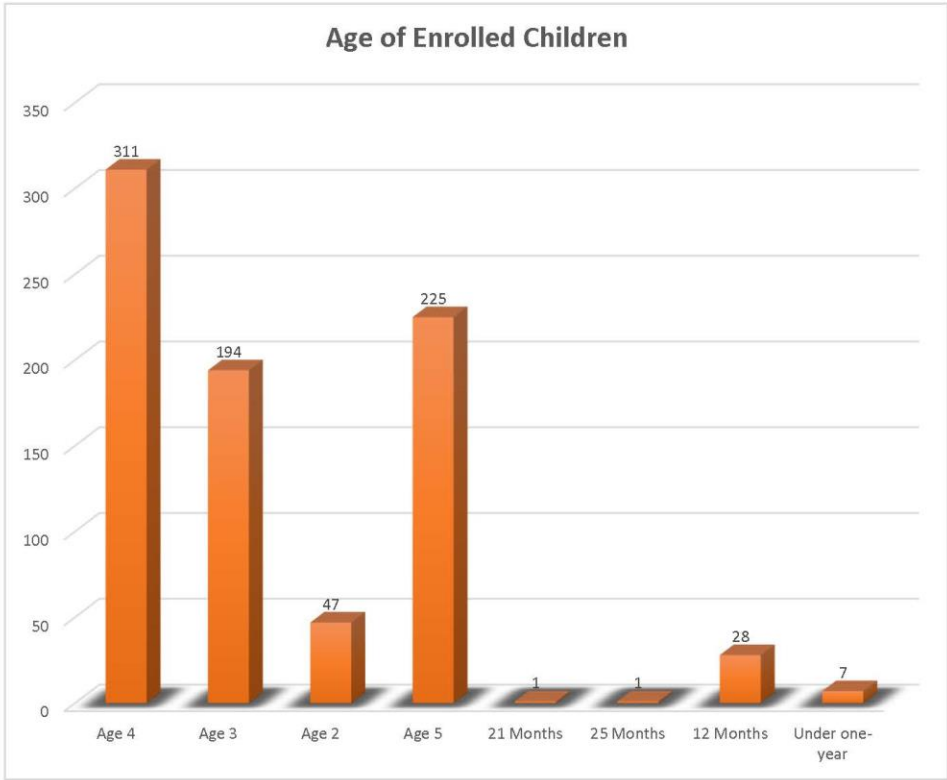
Head Start and Early Head Start Statistical March 2023 Report

1302.16 Attendance. (a) Promoting regular attendance. A program must track attendance for each child. (b) Managing systematic program attendance issues. If a program’s monthly average daily attendance rate falls below 85 percent, the program must analyze the causes of absenteeism to identify any systematic issues that contribute to the program’s absentee rate. The program must use this data to make necessary changes in a timely manner as part of ongoing oversight and correction as described in §1302.102(b) and inform its continuous improvement efforts as described in §1302.102(c).





2022-2023 SCHOOL YEAR



GOAL
Meet Funded
Enrollment: 947

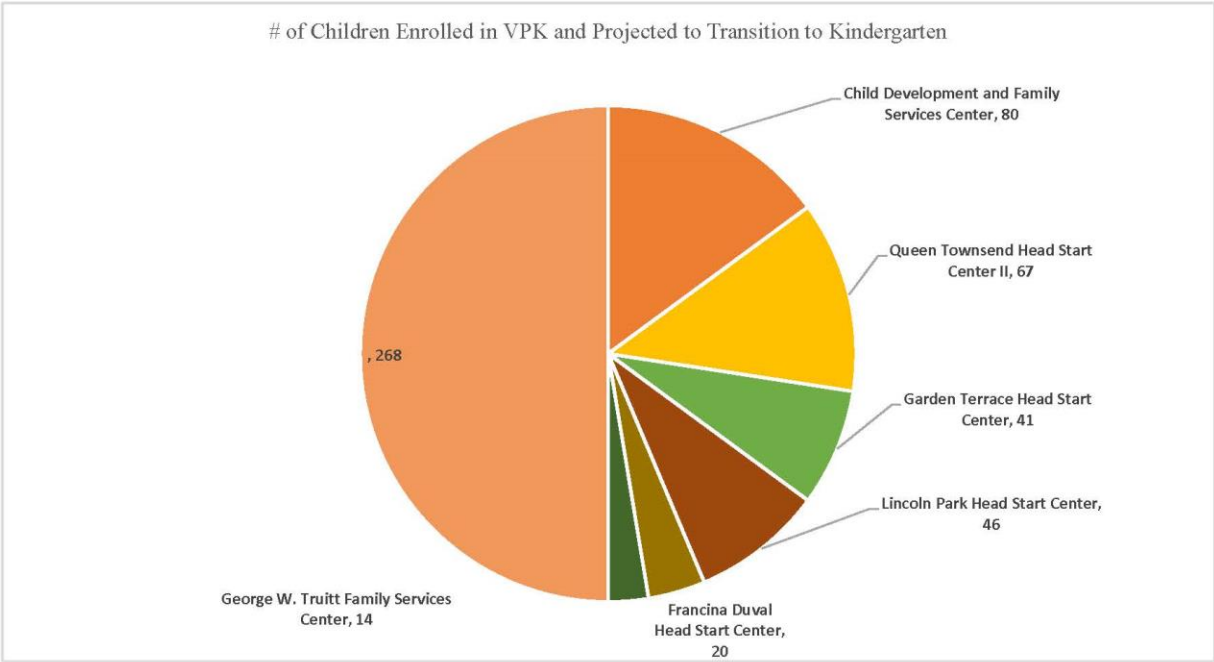
March 2023
814
Enrollment

Head Start and Early Head Start Statistical March 2023 Report





2022-2023 SCHOOL YEAR



As of March 2023, the program is projected to transition to the public school 268 children participating in the Head Start Program; these children are also enrolled in the Voluntary Pre-K (VPK) program receiving an additional 3 hours of instructional teaching.

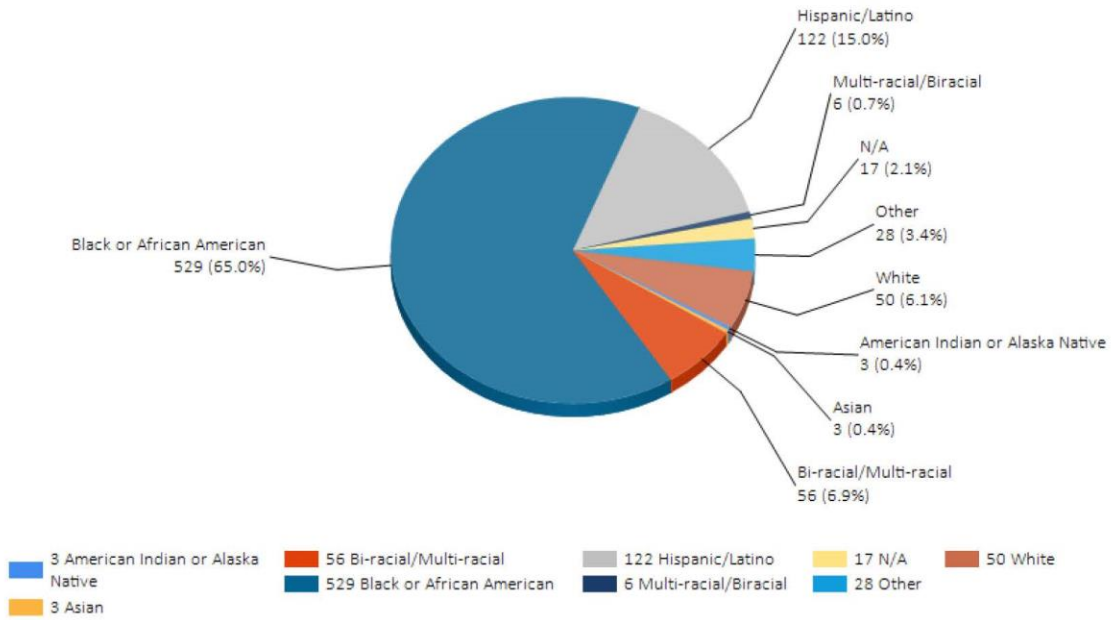
GOAL
Meet Projected
Enrollment: 300

Head Start and Early Head Start Statistical March 2023 Report





2022-2023 SCHOOL YEAR



Child Race Demographics - Pie Chart

Total Number of: 814

March 2023
814 Enrollment

GOAL
Meet Funded
Enrollment: 947

Head Start and Early Head Start Statistical March 2023 Report



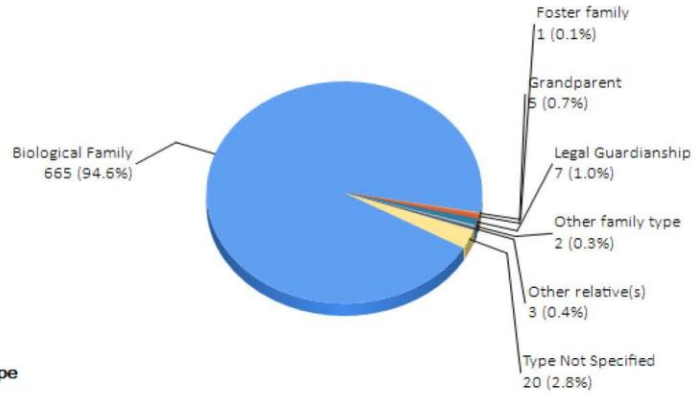


2022-2023 SCHOOL YEAR

Total Families 703

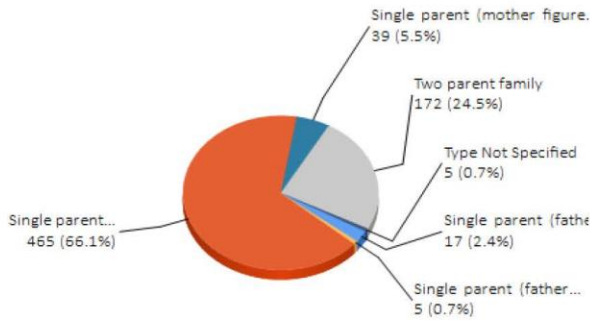
- Biological Family
- Foster family
- Grandparent
- Legal Guardianship
- Other family type
- Other relative(s)
- Type Not Specified

Family Type



Parent Type

- Single parent (father figure only)
- Single parent (father figure only) living w/partner
- Single parent (mother figure only)
- Single parent (mother figure only) living w/partner
- Two parent family
- Type Not Specified



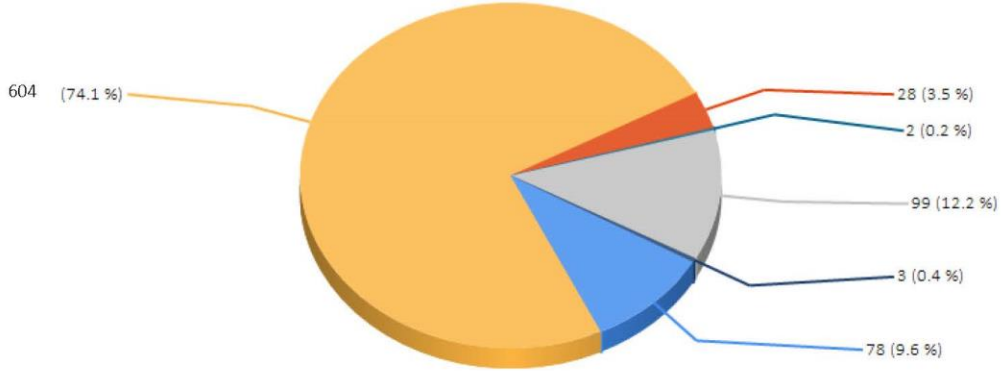
Head Start and Early Head Start Statistical March 2023 Report





2022-2023 SCHOOL YEAR

Primary Language Spoken by Children



■ Creole 78
 ■ English 604
 ■ Not Specified 28
 ■ Other 2
 ■ Spanish 99
 ■ Vietnamese 3

Languages

| | | |
|---------------|------------|--------|
| Creole | 78 | 9.4% |
| English | 604 | 74.2% |
| Not Specified | 28 | 3.5% |
| Other | 2 | 0.2% |
| Spanish | 99 | 12.54% |
| Vietnamese | 3 | 0.4% |
| Total: | 814 | |

Total children served in March 2023, is
814

GOAL
 Meet Funded
 Enrollment: 947

Head Start and Early Head Start Statistical March 2023 Report



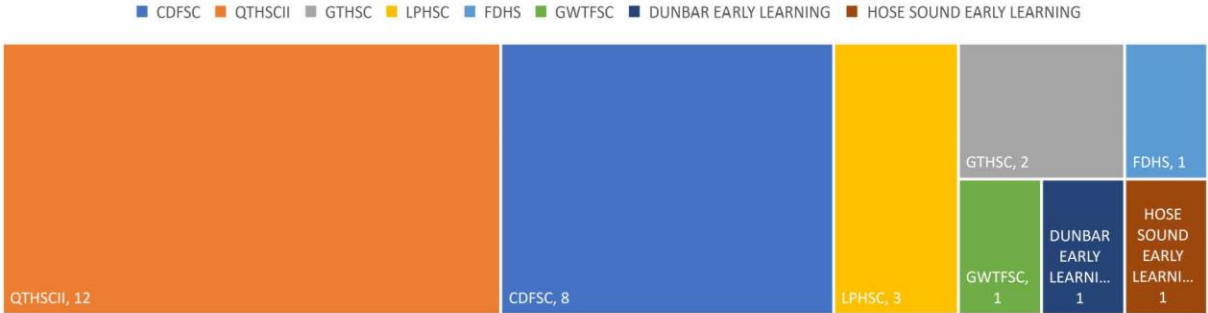


2022-2023 SCHOOL YEAR

GOAL
Meet 10% Children
with Disabilities: 95

NO CHANGES IN DISABILITIES

29 CHILDREN WITH DISABILITIES



MARCH 2023 WAITLIST

| Current Head Start Waitlist by Category | |
|---|----|
| Category A: Homeless | 0 |
| Category C: Public Assistance | 33 |
| Category D: Low Income | 27 |
| Category E: Over Income (100-130%) | 5 |
| Category F: Other (Above 130% income) | 70 |
| Current Early Head Start Waitlist by Category | |
| Category A: Homeless | 0 |
| Category C: Public Assistance | 15 |
| Category D: Low Income | 77 |
| Category E: Over Income (100-130%) | 12 |
| Category F: Other (Above 130% income) | 36 |
| Category X: No Income Information | 1 |

Head Start and Early Head Start Statistical March 2023 Report

1302.14 Selection process. (b) Children eligible for services under IDEA. (1) A program must ensure at least 10 percent of its total funded enrollment is filled by children eligible for services under IDEA, unless the responsible HHS official grants a waiver.

1302.33 Child screenings and assessments. (a) Screening. (1) In collaboration with each child’s parent and with parental consent, a program must complete or obtain a current developmental screening to identify concerns regarding a child’s developmental, behavioral, motor, language, social, cognitive, and emotional skills within 45 calendar days of when the child first attends the program or, for the home-based program option, receives a home visit. A program that operates for 90 days or less must complete or obtain a current developmental screening within 30 calendar days of when the child first attends the program.

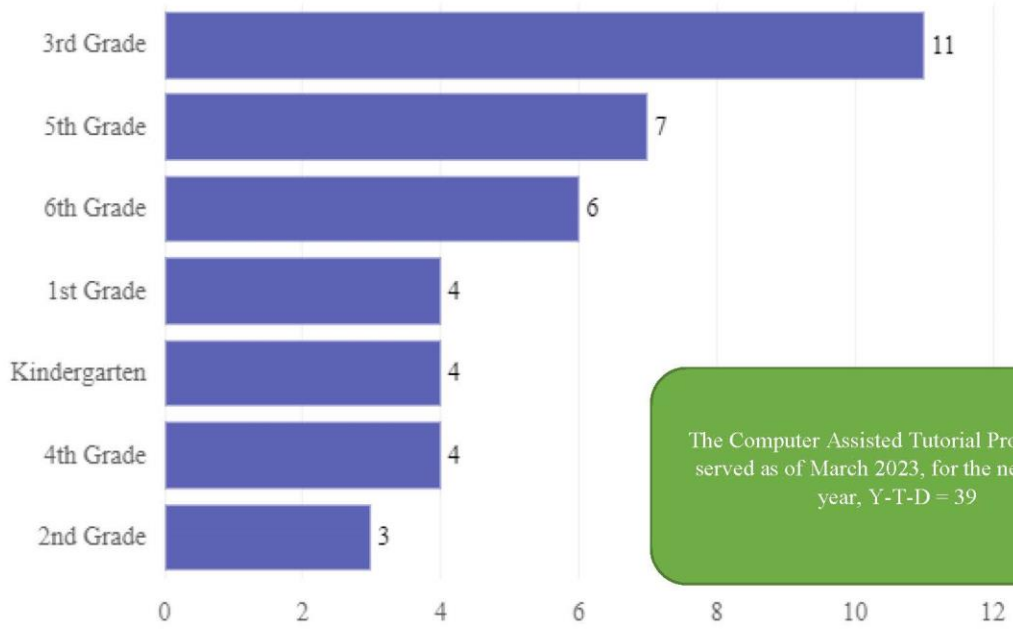




2022-2023 SCHOOL YEAR

TRACKING AFTERSCHOOL/SUMMER ENROLLMENT - COMPUTER TUTORIAL PROGRAM

NO CHANGE



The Computer Assisted Tutorial Program, has served as of March 2023, for the new school year, Y-T-D = 39

Head Start and Early Head Start Statistical March 2023 Report

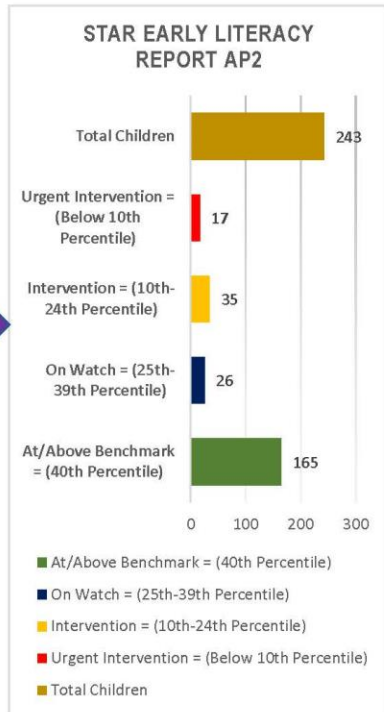
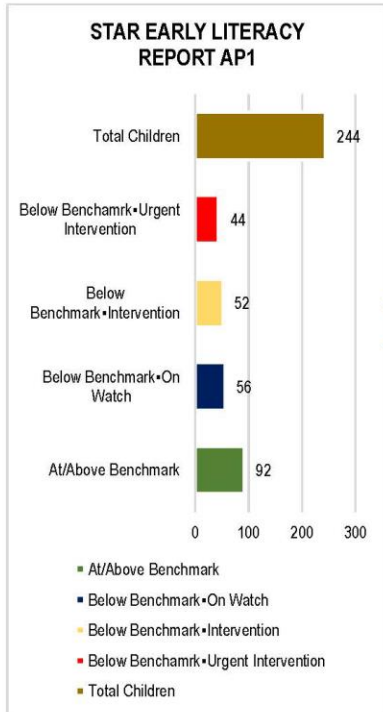




2022-2023 SCHOOL YEAR

2022-2023 SCHOOL READINESS RESULTS – DATA COLLECTION COMPARISON AP1 & AP2

Florida's Assessment of Student Thinking (FAST) using Star Early Literacy: The Coordinated Screening and Progress Monitoring Program is the statewide, standardized program known as Florida's Assessment of Student Thinking (FAST) using Star Early Literacy implemented in all VPK programs as required by s. 1002.68, F.S., that is used to assess student achievement of the performance standards established in s. 1002.67(1)(a), F.S., in early literacy and mathematics. ALPI has collected data on 243 children participating in the VPK Program as the mid-year benchmark; of which all participated in the STAR Early Literacy Assessment Period 2. The table below represents the comparison results:



GOAL:
 100% of the children to be At/Above Benchmark - 40th Percentile by 6/1/2023

Head Start and Early Head Start Statistical March 2023 Report





2022-2023 SCHOOL YEAR

2022-2023 SCHOOL READINESS RESULTS – DATA COLLECTION COMPARISON AP1 & AP2

Teaching Strategies GOLD (TSG) is an observational assessment for children birth through kindergarten. TSG assessment system measures the knowledge, skills, and behaviors that are most predictive of school success. ALPI has collected assessment data on 649 children enrolled in the Head Start and Early Head Start program. The following chart represents the comparison of Fall & Winter TSG School Readiness results.



GOAL:
100% of the children to be at Meeting or Exceeding Expectations by 6/1/2023

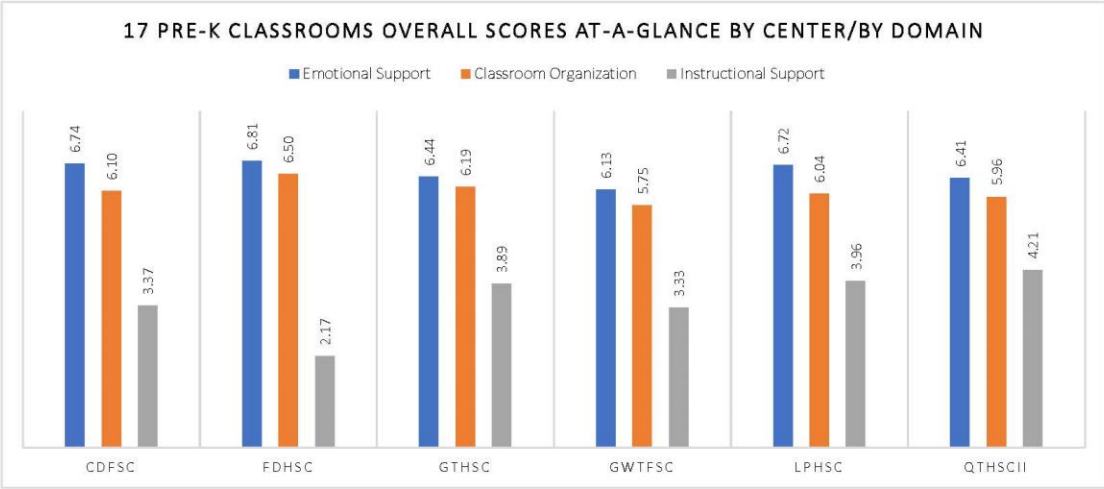
Head Start and Early Head Start Statistical March 2023 Report





2022-2023 SCHOOL YEAR

As of March 31, 2023, at least 75% of the Head Start and Early Head Start classrooms have been observed by the Early Learning Coalitions (St. Lucie and Polk); however, the graph below represents the data collected from the Pre-K CLASS observations conducted by the Early Learning Coalition of St. Lucie County, which they completed 17 Pre-K classroom observations utilizing the CLASS Assessment Tool as part of Florida's Rule requirements for the (VPK) and the School Readiness (SR) Program. The following tables represent scores by classroom/center/domain:



| Comparison Data – Based on HS 17 Pre-K Classrooms | OHS National 2020 Highest 10% | ALPI 2023 by Domain |
|---|-------------------------------|---------------------|
| Emotional Support | 6.32 | 6.59 |
| Classroom Organization | 6.17 | 6.09 |
| Instructional Support | 3.52 | 3.56 |



| | | | |
|----------------|-------------|----------------|-------------|
| September 2022 | \$73,270.71 | September 2022 | \$11,815.42 |
|----------------|-------------|----------------|-------------|





2022-2023 SCHOOL YEAR

FISCAL ACTIVITIES

- The Child Care Food Program (CCFP) application for FY 2023 was submitted and approved with a budget amount of \$782,469. However, the table below represents monthly reimbursements that overlap fiscal years 2022/2023.

| CCFP Reimbursement by Month | |
|-----------------------------|-------------|
| August 2022 | \$61,258.11 |
| September 2022 | \$66,996.59 |
| October 2022 | \$73,442.10 |
| November 2022 | \$53,895.55 |
| December 2022 | \$46,136.40 |
| January 2023 | \$72,055.00 |
| February 2023 | \$69,540.62 |

- The Voluntary Pre-K (VPK), and School Readiness (SR) from August thru February services, generated the following funding:

| VPK | | SR | |
|----------------|--------------|----------------|-------------|
| August 2022 | \$56,107.26 | August 2022 | \$7,175.42 |
| September 2022 | \$73,270.71 | September 2022 | \$11,815.42 |
| October 2022 | \$75,081.87 | October 2022 | \$11,011.22 |
| November 2022 | \$62,817.84 | November 2022 | \$12,622.84 |
| December 2022 | \$46,823.13 | December 2022 | \$8,094.96 |
| January 2023 | \$75,631.41 | January 2023 | \$14,266.02 |
| February 2023 | \$71,815.59 | February 2023 | \$13,272.80 |
| Y-T-D | \$461,547.81 | Y-T-D | \$78,258.68 |





Community Services and Economic Development Division

| Table 1: OUTCOMES – Division Programs Only (# of clients obtaining an outcome) (07/01/22 through 03/31/23) | | | |
|---|-------------------|----------------|------------|
| Description | CSBG Dept. | LIHEAP Dept. | |
| | CSBG, ESG, & ERAP | LIHEAP & EHEAP | DOE & FNPH |
| FNPI 1e: Unemployed adults who obtained employment at or above living wage | 3 | | |
| FNPI 2h: Number of individuals who obtained a recognized credential, certificate, or degree | 1 | | |
| FNPI 2z: Other education and cognitive outcome indicator | | | |
| FNPI 4b: Households who obtained safe and affordable housing. | | | |
| FNPI 4e: Households who avoided eviction | 1,578 | | 53 |
| FNPI 4f: Households who avoided foreclosure. | 13 | | |
| FNPI 4hh: Households receiving Utility Payment Assistance (including LIHEAP and LIHEAP Home Energy) | 936 | 9,839 | 26 |
| FNPI 5bb: Independent Living for Disabled Citizen | | | |
| FNPI 5cc: Independent Living for Senior Citizens | | | |
| FNPI 7d: Individuals received transportation assistance (i.e. gas cards) | 1 | | 0 |

| Table 2: Direct Assistance Paid thru July 1, 2022 thru March 31, 2023 | | | | | | | | |
|--|---------------|--------------------|----------------------|------------------|---------------|-----------------|---------------|---------------------|
| COUNTY | LIHEAP/EHEAP | | CSBG/ ERAP/ATEC Only | | DOE/FNPH Only | | TOTAL | |
| | # of Payments | Expended | # of Payments | Expended | # of Payments | Expended | # of Payments | Expended |
| Collier | 94 | \$77,777 | | | 23 | \$5,324 | 117 | \$9e.1-1 |
| Glades | 72 | \$60,454 | | | | | 72 | \$60,454 |
| Hendry | 389 | \$320,138 | 2 | \$145 | 4 | \$1,000 | 395 | \$321,583 |
| Highlands | 448 | \$490,904 | 53 | \$55,826 | | | 501 | \$54,730 |
| Hillsborough | | | | | 17 | \$4,158 | 17 | \$4,158 |
| Martin | 254 | \$221,384 | | | | | 254 | \$221.394 |
| Palm Beach | | | | | 9 | \$2,242 | 9 | \$2,242 |
| Polk | 565- | \$4,899,589 | 1,135 | \$4,006,720 | 12 | \$2,735 | 6,797 | \$8,909,044 |
| St. Lucie | 2932 | \$2,148,152 | 5 | \$4,313 | | | 2,936 | \$2,157,752 |
| Volusia | | | | | 19 | \$4,000 | 19 | \$4,000 |
| TOTAL | 9,839 | \$8,218,408 | 1,194 | 4,072,591 | 79 | \$19,459 | 11,117 | \$12,310,458 |

CONCERNS/CHALLENGES AND RESPONSE

Division Director

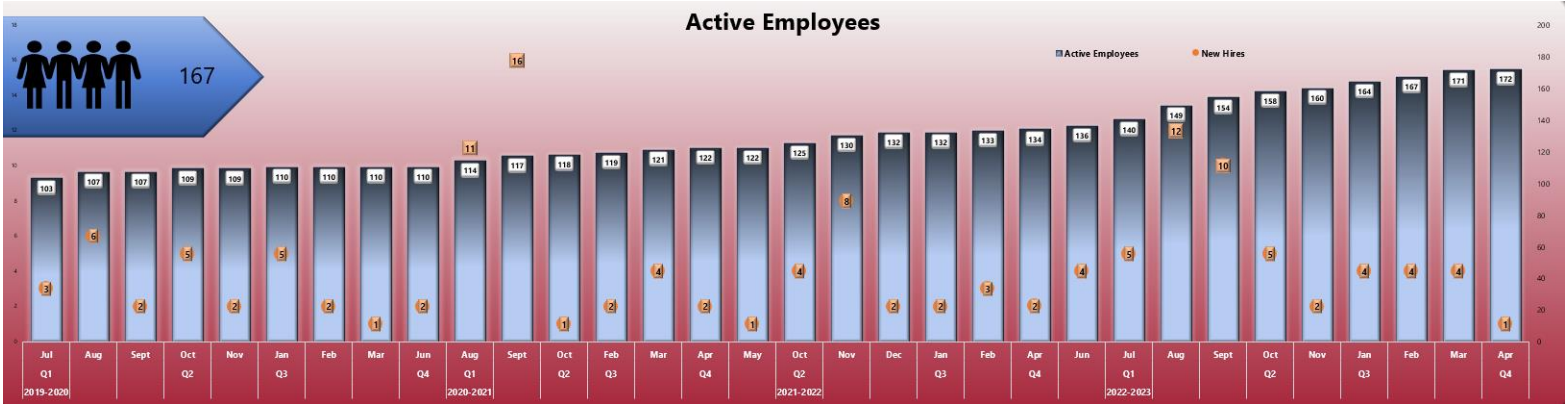
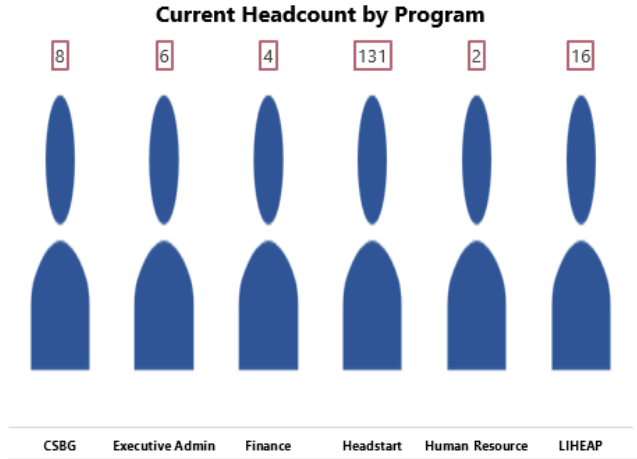
- **Concern/Challenge:** Implementing of water assistance has moved fairly slow. Two reimbursements were submitted, with a preparation for the third reimbursement.
- **Second Concern/Challenge:** The spending of LIHEAP 22. The grant has been extended through June of 2023. ALPI however is still working to expend the funds by April of 2023.





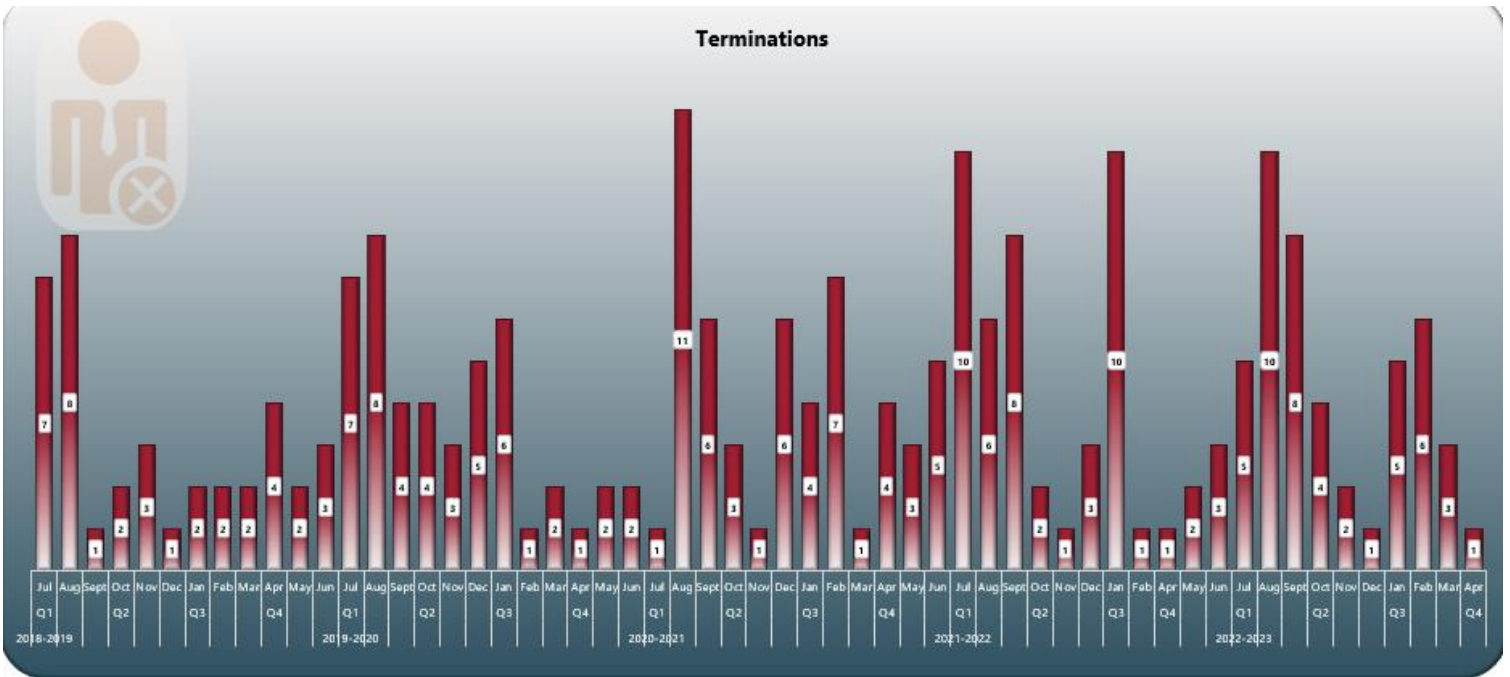
Human Resources Department

| Active Employee Count | |
|------------------------|-----|
| CSBG | 8 |
| Executive Admin | 6 |
| Finance | 4 |
| Headstart | 131 |
| Human Resource | 2 |
| LIHEAP | 16 |



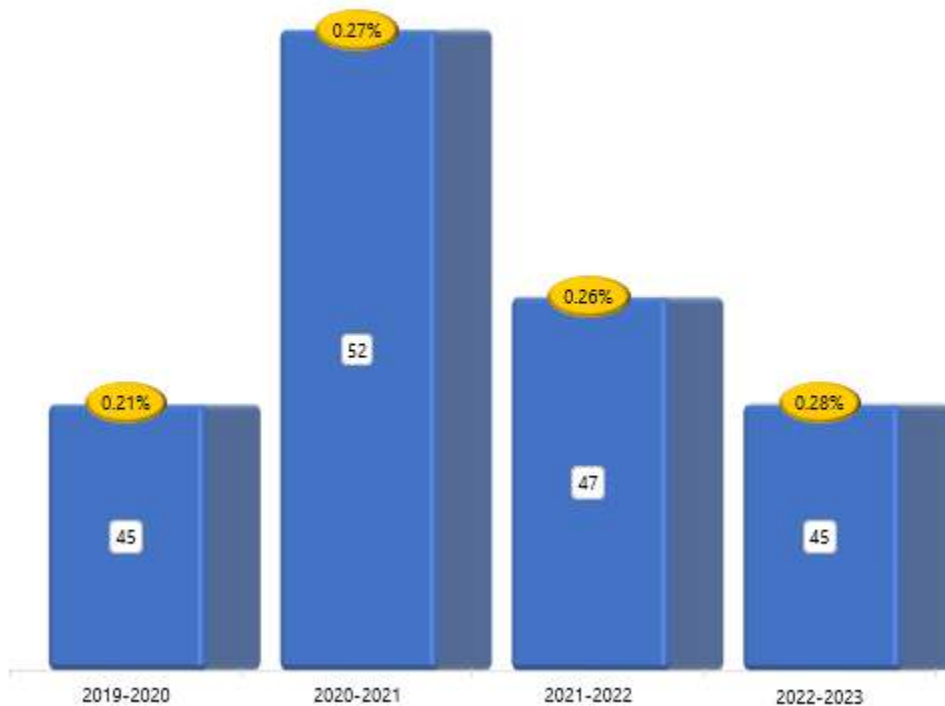


Terminations



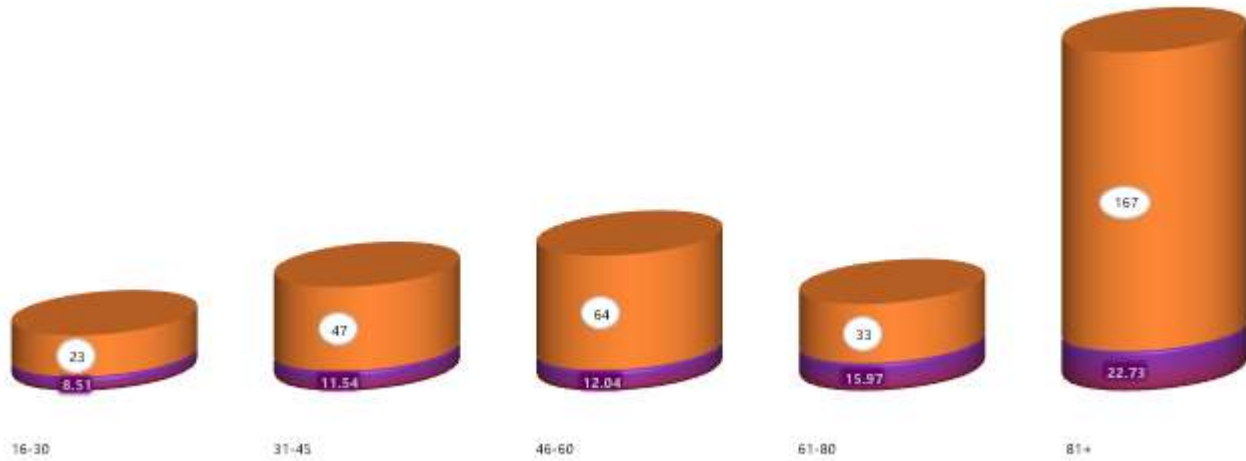
Attrition % by Fiscal Year

■ Terminations ■ Attrition%

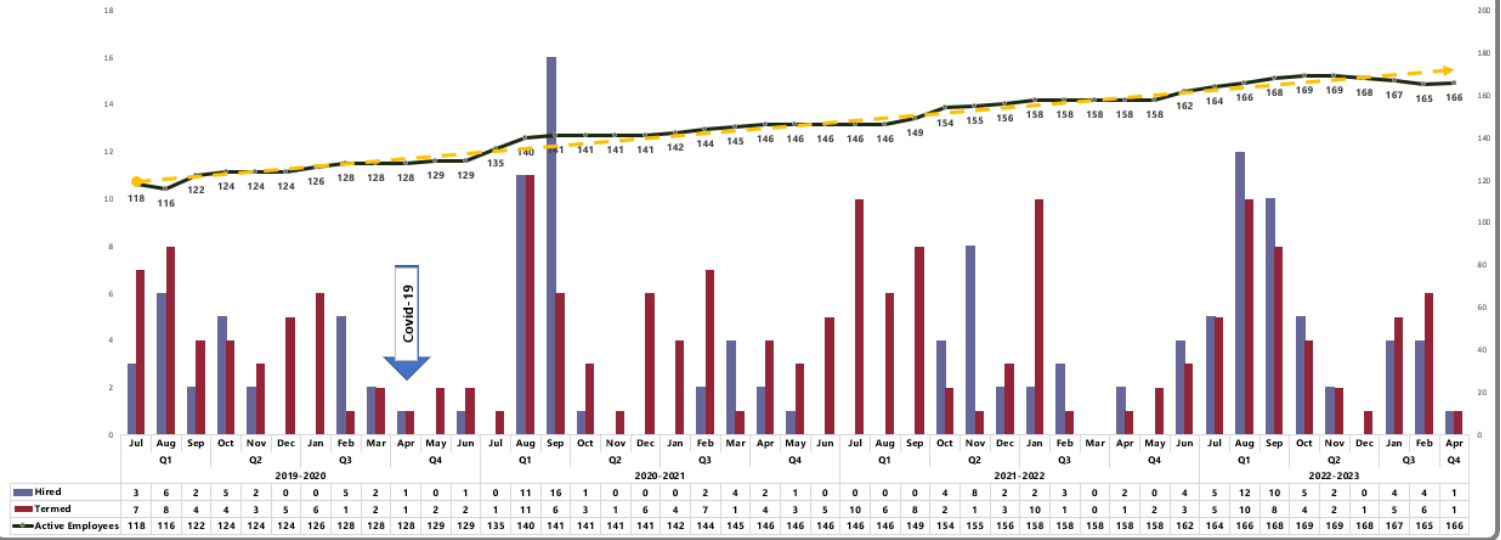




Average Years of Tenure



Active Employee Trend Pre Covid-19 Pandemic to Present





Open Positions

| Location | Department | Job Title | # of Positions | New or Replacing |
|------------------------|------------------|--------------------------------|----------------|------------------|
| Queen Townsend | Head Start | Teacher Assistant | 4 | Replacement |
| Child Dev. & Fam. Svc. | Head Start | Teacher Assistant | 2 | Replacement |
| Child Dev. & Fam. Svc. | Early Head Start | Caregiver ** | 2 | Replacement |
| Child Dev. & Fam. Svc. | Head Start | Administrative Assistant | 1 | Replacement |
| Child Dev. & Fam. Svc. | Head Start | Child Development Services Mai | 1 | Replacement |
| Queen Townsend | Head Start | Teacher ** | 2 | Replacement |
| Queen Townsend | Head Start | Teacher Assistant | 4 | Replacement |
| Queen Townsend | Early Head Start | Caregiver ** | 1 | Replacement |
| Lincoln Park | Head Start | Teacher Assistant ** | 3 | Replacement |
| New Horizon | CSBG | Client Services Spc II | 1 | Replacement |
| George W. Truitt | Early Head Start | Caregiver | 1 | Replacement |
| George W. Truitt | Food Services | Kitchen Helper ** | 1 | Replacement |
| Lincoln Park | Head Start | Teacher ** | 3 | Replacement |
| Francina Duval | Head Start | Teacher Assistant | 1 | Replacement |
| Francina Duval | Head Start | Administrative Assistant | 1 | Replacement |
| Garden Terrace | Head Start | Teacher ** | 2 | Replacement |
| Garden Terrace | Head Start | Teacher Assistant ** | 3 | Replacement |
| George W. Truitt | Head Start | Teacher | 1 | Replacement |
| Eastern Admin | Head Start | Administrative Assistant | 1 | Replacement |
| Eastern Admin | CAT | Instructional Afterschool Aide | 1 | Replacement |
| Queen Townsend | Early Head Start | Caregiver ** | 1 | Replacement |
| Frostproof Child Dev. | Head Start | FSW | 1 | Replacement |
| Frostproof Child Dev. | Early Head Start | Caregiver | 1 | Replacement |
| Frostproof Child Dev. | Head Start | Child Development Services Mai | 1 | Replacement |

**Critical to fill





Financial Report for Month Ended March 2023

THE AGRICULTURAL AND LABOR PROGRAM, INC 2023 BOARD OF DIRECTORS

| | Assessed | Contributed To Date | Balance Due |
|-------------------------|------------------|------------------------|-----------------|
| Dr. Donna Mills | | - | 1,000.00 |
| Berniece Taylor | | - | 1,000.00 |
| Emma Byrd | | | 1,000.00 |
| Marjorie Gaskin | 1,000.00 | 200.00 | 800.00 |
| William Holt | 1,000.00 | 4,150.01 | (3,150.01) |
| Josephine Howard | 1,000.00 | 1,300.00 | (300.00) |
| Melvin Philpot | 1,000.00 | - | 1,000.00 |
| Annette Jones | 1,000.00 | 100.00 | 900.00 |
| Chester McNorton | 1,000.00 | - | 1,000.00 |
| Gena Spivey | 1,000.00 | 200.00 | 800.00 |
| Linnes Finney, Jr. | 1,000.00 | | 1,000.00 |
| Stacy Campbell-Domineck | 1,000.00 | - | 1,000.00 |
| Yolanda Robinson | 1,000.00 | 120.01 | 879.99 |
| Tracy Maloy | 1,000.00 | | 1,000.00 |
| Ruby Willix | 1,000.00 | 40.00 | 960.00 |
| Dr. N'Kosi Jones | 1,000.00 | 185.00 | 815.00 |
| David Rucker | 1,000.00 | 40.00 | 960.00 |
| Rashonda Croskey | 1,000.00 | 90.00 | 910.00 |
| Total | 15,000.00 | 6,295.02 | 9,704.98 |

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





Variance Report

March 2023

- 1) AT&T unibill has increased significantly. ALPI is working with the AT&T representative to determine the cause of the increase.
- 2) No inkind was budgeted because of the exemption
- 3) No budget for Rent
- 4) Supplies overage is a result of timing. More supplies were spent in the current fiscal year.
- 5) DOE EA, overspent in Payroll and Prof Svc. Reclass forthcoming
- 6) FNP Payroll overspent. Reclass forthcoming





Agricultural & Labor Program Board Income Statement HS/EHS/FS As of March, 2023

HEAD START /EARLY HEAD START / FOOD

| | Project YTD Budget | Current Month | Encumbrances | YTD | Budget Variance | % Collected | % Over/Under |
|-----------------------|------------------------|---------------------|---------------------|-----------------------|-----------------------|---------------|-----------------|
| Revenues | | | | | | | |
| Available Funding | \$16,952,627.29 | \$631,000.00 | \$0.00 | \$7,744,051.96 | \$9,208,575.33 | 45.68% | (54.32%) |
| In Kind Revenue | (\$22,869.95) | \$0.00 | \$0.00 | \$237,979.15 | (\$260,849.10) | (1,040.58%) | 1,140.58% |
| Total Revenues | \$16,929,757.34 | \$631,000.00 | \$0.00 | \$7,982,031.11 | \$8,947,726.23 | 47.15% | (52.85%) |
| Expenses | | | | | | | |
| Payroll & Benefits | \$10,186,693.21 | \$436,495.47 | \$0.00 | \$4,569,974.13 | \$5,616,719.08 | 44.86% | 55.14% |
| Facilities | \$260,803.41 | \$60,632.48 | \$61,404.85 | \$425,786.38 | (\$164,982.97) | 163.26% | (63.26%) |
| Equipment | \$55,086.16 | \$241.18 | \$0.00 | \$5,625.76 | \$49,460.40 | 10.21% | 89.79% |
| Professional Svcs | \$225,620.58 | \$2,006.13 | \$23,324.86 | \$77,542.39 | \$148,078.19 | 34.37% | 65.63% |
| Travel | \$106,209.68 | \$1,635.04 | \$0.00 | \$28,914.59 | \$77,295.09 | 27.22% | 72.78% |
| Utilities/Telephone | \$364,832.09 | \$29,172.68 | \$1,636.53 | \$455,300.11 | (\$90,468.02) | 124.80% | (24.80%) 1 |
| Leases/Rent | \$328,042.17 | \$17,427.92 | \$15,587.63 | \$227,951.02 | \$100,091.15 | 69.49% | 30.51% |
| Insurance | \$188,726.46 | \$0.00 | \$0.00 | \$93,437.71 | \$95,288.75 | 49.51% | 50.49% |
| Supplies | \$302,993.31 | \$3,994.55 | \$64,019.54 | \$560,015.05 | (\$257,021.74) | 184.83% | (84.83%) |
| In Service Training | \$272,457.71 | \$3,941.22 | \$12,420.85 | \$145,248.19 | \$127,209.52 | 53.31% | 46.69% |
| In-Kind | (\$22,869.95) | \$0.00 | \$0.00 | \$237,979.15 | (\$260,849.10) | (1,040.58%) | (1,140.58%) 2 |
| Direct Charge Items | \$33,600.00 | \$0.00 | \$0.00 | \$0.00 | \$33,600.00 | 0.00% | 100.00% |
| Food Costs | \$573,678.39 | \$7,226.26 | \$18,498.22 | \$408,736.75 | \$164,941.64 | 71.25% | 28.75% |
| Indirect Costs | \$1,355,280.46 | \$0.00 | \$0.00 | \$357,547.13 | \$997,733.33 | 26.38% | 73.62% |
| Operational Support | \$1,953,736.09 | \$7,309.81 | \$530,374.06 | \$1,075,419.61 | \$878,316.48 | 55.04% | 44.96% |
| Total Expenses | \$16,184,889.77 | \$570,082.74 | \$727,266.54 | \$8,669,477.97 | \$7,515,411.80 | 53.57% | 46.43% |





Agricultural & Labor Program
Board Income Statement ARP HS EHS
 As of March, 2023

| ARP HS EHS | | | | | | | |
|-----------------------|-----------------------|-----------------|---------------------|---------------------|---------------------|---------------|-----------------|
| | Project YTD Budget | Current Month | Encumbrances | YTD | Budget Variance | % Collected | % Over/Under |
| Revenues | | | | | | | |
| Available Funding | \$772,671.00 | \$0.00 | \$0.00 | \$79,000.00 | \$693,671.00 | 10.22% | (89.78%) |
| Total Revenues | \$772,671.00 | \$0.00 | \$0.00 | \$79,000.00 | \$693,671.00 | 10.22% | (89.78%) |
| Expenses | | | | | | | |
| Payroll & Benefits | \$89,512.31 | \$0.00 | \$0.00 | \$0.00 | \$89,512.31 | 0.00% | 100.00% |
| Facilities | \$221,645.00 | \$916.50 | \$90,810.81 | \$215,890.17 | \$5,754.83 | 97.40% | 2.60% |
| Direct Charge Items | \$685,254.00 | \$0.00 | \$222,967.55 | \$222,967.55 | \$462,286.45 | 32.54% | 67.46% |
| Indirect Costs | \$11,633.69 | \$0.00 | \$0.00 | \$0.00 | \$11,633.69 | 0.00% | 100.00% |
| Total Expenses | \$1,008,045.00 | \$916.50 | \$313,778.36 | \$438,857.72 | \$569,187.28 | 43.54% | 56.46% |





Agricultural & Labor Program
Board Income Statement HS EHS Disaster Relief
 As of March, 2023

HS EHS Disaster Relief Fund

Revenues

| | Project YTD Budget | Current Month | Encumbrances | YTD | Budget Variance | % Collected | % Over/Under |
|-----------------------|--------------------|---------------|---------------|--------------------|--------------------|---------------|-----------------|
| Available Funding | \$78,761.00 | \$0.00 | \$0.00 | \$36,538.27 | \$42,222.73 | 46.39% | (53.61%) |
| Total Revenues | \$78,761.00 | \$0.00 | \$0.00 | \$36,538.27 | \$42,222.73 | 46.39% | (53.61%) |

Expenses

| | | | | | | | |
|-----------------------|--------------------|---------------|---------------|-------------------|--------------------|--------------|---------------|
| Facilities | \$78,761.00 | \$0.00 | \$0.00 | \$7,558.27 | \$71,202.73 | 9.60% | 90.40% |
| Total Expenses | \$78,761.00 | \$0.00 | \$0.00 | \$7,558.27 | \$71,202.73 | 9.60% | 90.40% |





Agricultural & Labor Program Board Income Statement VPK As of March, 2023

VPK

| | Project YTD Budget | Current Month | Encumbrances | YTD | Budget Variance | % Collected | % Over/Under |
|-----------------------|---------------------|--------------------|---------------|---------------------|---------------------|---------------|-----------------|
| Revenues | | | | | | | |
| Available Funding | \$681,912.00 | \$0.00 | \$0.00 | \$194,641.31 | \$487,270.69 | 28.54% | (71.46%) |
| Total Revenues | \$681,912.00 | \$0.00 | \$0.00 | \$194,641.31 | \$487,270.69 | 28.54% | (71.46%) |
| Expenses | | | | | | | |
| Payroll & Benefits | \$583,332.00 | \$55,868.23 | \$0.00 | \$274,943.70 | \$308,388.30 | 47.13% | 52.87% |
| Facilities | \$8,000.00 | \$165.24 | \$0.00 | \$836.77 | \$7,163.23 | 10.46% | 89.54% |
| Professional Svcs | \$10,000.00 | \$81.58 | \$0.00 | \$130.20 | \$9,869.80 | 1.30% | 98.70% |
| Supplies | \$3,500.00 | \$0.00 | \$0.00 | \$0.00 | \$3,500.00 | 0.00% | 100.00% |
| Indirect Costs | \$77,080.00 | \$0.00 | \$0.00 | \$10,787.99 | \$66,292.01 | 14.00% | 86.00% |
| Total Expenses | \$681,912.00 | \$56,115.05 | \$0.00 | \$286,698.66 | \$395,213.34 | 42.04% | 57.96% |





Agricultural & Labor Program Board Income Statement ALPI CC As of March, 2023

ALPI Child Care

| | Project YTD Budget | Current Month | Encumbrances | YTD | Budget Variance | % Collected | % Over/Under |
|-----------------------|--------------------|-----------------|---------------|---------------------|-----------------------|----------------|----------------|
| Revenues | | | | | | | |
| Available Funding | \$65,000.00 | \$0.00 | \$0.00 | \$418,405.30 | (\$353,405.30) | 643.70% | 543.70% |
| Program Income | \$0.00 | \$0.00 | \$0.00 | \$1,333.80 | (\$1,333.80) | 0.00% | 0.00% |
| Total Revenues | \$65,000.00 | \$0.00 | \$0.00 | \$419,739.10 | (\$354,739.10) | 645.75% | 545.75% |
| Expenses | | | | | | | |
| Facilities | \$25,000.00 | \$486.70 | \$0.00 | \$2,328.37 | \$22,671.63 | 9.31% | 90.69% |
| Professional Svcs | \$20,000.00 | \$163.14 | \$0.00 | \$163.14 | \$19,836.86 | 0.82% | 99.18% |
| Leases/Rent | \$0.00 | \$0.00 | \$0.00 | \$3,809.86 | (\$3,809.86) | 0.00% | 0.00% |
| Supplies | \$20,000.00 | \$0.00 | \$0.00 | \$0.00 | \$20,000.00 | 0.00% | 100.00% |
| In Service Training | \$0.00 | \$0.00 | \$0.00 | (\$2,180.68) | \$2,180.68 | 0.00% | 0.00% |
| Total Expenses | \$65,000.00 | \$649.84 | \$0.00 | \$4,120.69 | \$60,879.31 | 6.34% | 93.66% |

3





Agricultural & Labor Program
Board Income Statement CSC CAT
 As of March, 2023

| | CSC CAT | | | | | | | |
|-----------------------|---------------------|-------------------|-----------------|--------------------|--------------------|---------------|-----------------|--------------------|
| | Project YTD Budget | Current Month | Encumbrances | YTD | Budget Variance | % Collected | % Over/Under | YTD |
| Revenues | | | | | | | | |
| Available Funding | \$182,078.21 | \$0.00 | \$0.00 | \$82,966.19 | \$99,112.02 | 45.57% | (54.43%) | \$82,966.19 |
| Total Revenues | \$182,078.21 | \$0.00 | \$0.00 | \$82,966.19 | \$99,112.02 | 45.57% | (54.43%) | \$82,966.19 |
| Expenses | | | | | | | | |
| Payroll & Benefits | \$148,223.70 | \$3,169.45 | \$0.00 | \$54,652.16 | \$93,571.54 | 36.87% | 63.13% | \$54,652.16 |
| Professional Svcs | \$950.00 | \$0.00 | \$0.00 | \$0.00 | \$950.00 | 0.00% | 100.00% | \$0.00 |
| Insurance | \$4,300.00 | \$0.00 | \$0.00 | \$0.00 | \$4,300.00 | 0.00% | 100.00% | \$0.00 |
| Supplies | \$10,051.02 | \$0.00 | \$829.55 | \$12,118.91 | (\$2,067.89) | 120.57% | (20.57%) | \$11,289.36 |
| Food Costs | \$2,638.99 | \$0.00 | \$0.00 | \$2,960.63 | (\$321.64) | 112.19% | (12.19%) | \$2,960.63 |
| Operational Support | \$1,185.00 | \$0.00 | \$0.00 | \$0.00 | \$1,185.00 | 0.00% | 100.00% | \$0.00 |
| Total Expenses | \$167,348.71 | \$3,169.45 | \$829.55 | \$69,731.70 | \$97,617.01 | 41.67% | 58.33% | \$68,902.15 |





Agricultural & Labor Program Board Income Statement ATEC As of March, 2023

| ATEC | | | | | | | |
|----------------------------|--------------------|-------------------|---------------|-------------------|--------------------|---------------|------------------|
| | Project YTD Budget | Current Month | Encumbrances | YTD | Budget Variance | % Collected | % Over/Under |
| Revenues | | | | | | | |
| Available Funding | \$12,250.00 | \$0.00 | \$0.00 | \$0.00 | \$12,250.00 | 0.00% | (100.00%) |
| Total Revenues | \$12,250.00 | \$0.00 | \$0.00 | \$0.00 | \$12,250.00 | 0.00% | (100.00%) |
| Expenses | | | | | | | |
| Payroll & Benefits | \$0.00 | \$1,967.83 | \$0.00 | \$4,645.98 | (\$4,645.98) | 0.00% | 0.00% |
| Supplies | \$4,300.00 | \$0.00 | \$0.00 | \$1,256.50 | \$3,043.50 | 29.22% | 70.78% |
| Operational Support | \$5,750.00 | \$0.00 | \$0.00 | \$52.50 | \$5,697.50 | 0.91% | 99.09% |
| Total Expenses | \$10,050.00 | \$1,967.83 | \$0.00 | \$5,954.98 | \$4,095.02 | 59.25% | 40.75% |
| Program Costs | | | | | | | |
| Client Services - Other | \$2,200.00 | \$0.00 | \$0.00 | \$0.00 | \$2,200.00 | 0.00% | 100.00% |
| Total Program Costs | \$2,200.00 | \$0.00 | \$0.00 | \$0.00 | \$2,200.00 | 0.00% | 100.00% |





Agricultural & Labor Program Board Income Statement CSBG As of March, 2023

| CSBG | | | | | | | |
|----------------------------|---------------------|--------------------|--------------------|----------------------|---------------------|----------------|------------------|
| | Project YTD Budget | Current Month | Encumbrances | YTD | Budget Variance | % Collected | % Over/Under |
| Revenues | | | | | | | |
| Available Funding | \$904,479.17 | \$0.00 | \$0.00 | (\$18,838.61) | \$923,317.78 | (2.08%) | (102.08%) |
| Total Revenues | \$904,479.17 | \$0.00 | \$0.00 | (\$18,838.61) | \$923,317.78 | (2.08%) | (102.08%) |
| Expenses | | | | | | | |
| Payroll & Benefits | \$480,182.59 | \$31,857.17 | \$0.00 | \$308,719.62 | \$171,462.97 | 64.29% | 35.71% |
| Facilities | \$22,711.49 | \$1,292.55 | \$1,949.05 | \$5,861.29 | \$16,850.20 | 25.81% | 74.19% |
| Equipment | \$10,492.61 | \$0.00 | \$0.00 | \$22.55 | \$10,470.06 | 0.21% | 99.79% |
| Professional Svcs | \$22,121.43 | \$163.15 | \$0.00 | \$3,301.81 | \$18,819.62 | 14.93% | 85.07% |
| Travel | (\$4,465.86) | \$2,985.10 | \$0.00 | \$6,942.34 | (\$11,408.20) | (155.45%) | (255.45%) |
| Utilities/Telephone | \$7,410.53 | \$7,234.39 | \$452.41 | \$67,335.50 | (\$59,924.97) | 908.65% | (808.65%) 1 |
| Leases/Rent | \$19,474.68 | \$929.42 | \$3,039.12 | \$11,678.09 | \$7,796.59 | 59.97% | 40.03% |
| Insurance | \$1,126.21 | \$0.00 | \$0.00 | \$4,667.15 | (\$3,540.94) | 414.41% | (314.41%) 3 |
| Supplies | \$44,918.57 | \$3,294.57 | \$1,467.99 | \$14,688.28 | \$30,230.29 | 32.70% | 67.30% |
| In Service Training | \$23,540.68 | \$904.44 | \$0.00 | \$14,535.18 | \$9,005.50 | 61.74% | 38.26% |
| Direct Charge Items | \$4,000.00 | \$0.00 | \$0.00 | \$0.00 | \$4,000.00 | 0.00% | 100.00% |
| Indirect Costs | \$67,176.48 | \$0.00 | \$0.00 | \$22,515.59 | \$44,660.89 | 33.52% | 66.48% |
| Operational Support | \$68,781.25 | \$480.66 | \$20,000.00 | \$37,865.67 | \$30,915.58 | 55.05% | 44.95% |
| Total Expenses | \$767,470.66 | \$49,141.45 | \$26,908.57 | \$498,133.07 | \$269,337.59 | 64.91% | 35.09% |
| Program Costs | | | | | | | |
| Emergency Assistance | \$115,758.29 | \$200.32 | \$0.00 | \$25,519.11 | \$90,239.18 | 22.05% | 77.95% |
| Client Services - Other | \$242,716.58 | \$184.56 | \$0.00 | \$13,943.81 | \$228,772.77 | 5.74% | 94.26% |
| Work Experience | (\$600.00) | \$0.00 | \$0.00 | \$0.00 | (\$600.00) | 0.00% | (100.00%) |
| Total Program Costs | \$357,874.87 | \$384.88 | \$0.00 | \$39,462.92 | \$318,411.95 | 11.03% | 88.97% |

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Agricultural & Labor Program Board Income Statement CSBG CARES As of March, 2023

| CSBG CARES | | | | | | | |
|----------------------------|---------------------|---------------|---------------|---------------------|---------------------|----------------|-----------------|
| | Project YTD Budget | Current Month | Encumbrances | YTD | Budget Varianc | % Collected | % Over/Under |
| Revenues | | | | | | | |
| Avaialble Funding | \$383,231.84 | \$0.00 | \$0.00 | \$383,452.49 | (\$220.65) | 100.06% | 0.06% |
| Total Revenues | \$383,231.84 | \$0.00 | \$0.00 | \$383,452.49 | (\$220.65) | 100.06% | 0.06% |
| Expenses | | | | | | | |
| Payroll & Benefits | \$11,556.79 | \$0.00 | \$0.00 | \$5,252.19 | \$6,304.60 | 45.45% | 54.55% |
| Facilities | \$100.00 | \$0.00 | \$0.00 | \$686.59 | (\$586.59) | 686.59% | (586.59%) |
| Equipment | \$0.00 | \$0.00 | \$0.00 | \$22.55 | (\$22.55) | 0.00% | 0.00% |
| Professional Svcs | \$4,030.00 | \$0.00 | \$0.00 | \$450.00 | \$3,580.00 | 11.17% | 88.83% |
| Travel | \$1,196.27 | \$0.00 | \$0.00 | \$1,688.20 | (\$491.93) | 141.12% | (41.12%) |
| Utilities/Telephone | \$550.00 | \$0.00 | \$0.00 | \$8,360.25 | (\$7,810.25) | 1,520.05% | (1,420.05%) |
| Leases/Rent | \$551.80 | \$0.00 | \$0.00 | \$1,745.67 | (\$1,193.87) | 316.36% | (216.36%) |
| Supplies | \$3,815.25 | \$0.00 | \$0.00 | \$4,892.99 | (\$1,077.74) | 128.25% | (28.25%) |
| In Service Training | \$6,692.63 | \$0.00 | \$0.00 | \$9,965.07 | (\$3,272.44) | 148.90% | (48.90%) |
| Indirect Costs | (\$2,016.38) | \$0.00 | \$0.00 | \$745.53 | (\$2,761.91) | (36.97%) | (136.97%) |
| Operational Support | \$7,400.00 | \$0.00 | \$0.00 | \$6,066.87 | \$1,333.13 | 81.98% | 18.02% |
| Total Expenses | \$33,876.36 | \$0.00 | \$0.00 | \$39,875.91 | (\$5,999.55) | 117.71% | (17.71%) |
| Program Costs | | | | | | | |
| Emergency Assistance | \$354,219.48 | \$0.00 | \$0.00 | \$329,872.15 | \$24,347.33 | 93.13% | 6.87% |
| Client Services - Other | (\$4,864.00) | \$0.00 | \$0.00 | \$4,984.91 | (\$9,848.91) | (102.49%) | (202.49%) |
| Total Program Costs | \$349,355.48 | \$0.00 | \$0.00 | \$334,857.06 | \$14,498.42 | 95.85% | 4.15% |





Agricultural & Labor Program Board Income Statement ERAP As of March, 2023

| | ERAP | | | | | | |
|----------------------------|-----------------------|-----------------------|---------------|-----------------------|-----------------------|----------------|-----------------|
| | Project YTD Budget | Current Month | Encumbrances | YTD | Budget Variance | % Collected | % Over/Under |
| Revenues | | | | | | | |
| Available Funding | \$3,270,000.00 | \$1,000,000.00 | \$0.00 | \$3,967,621.90 | (\$697,621.90) | 121.33% | 21.33% |
| Total Revenues | \$3,270,000.00 | \$1,000,000.00 | \$0.00 | \$3,967,621.90 | (\$697,621.90) | 121.33% | 21.33% |
| Expenses | | | | | | | |
| Payroll & Benefits | \$249,612.08 | \$17,269.50 | \$0.00 | \$165,810.41 | \$83,801.67 | 66.43% | 33.57% |
| Travel | \$4,450.00 | \$0.00 | \$0.00 | \$0.00 | \$4,450.00 | 0.00% | 100.00% |
| Leases/Rent | \$34,500.00 | \$0.00 | \$0.00 | \$0.00 | \$34,500.00 | 0.00% | 100.00% |
| Supplies | \$51,690.00 | \$0.00 | \$0.00 | \$162.05 | \$51,527.95 | 0.31% | 99.69% |
| Indirect Costs | \$30,562.69 | \$0.00 | \$0.00 | \$12,258.14 | \$18,304.55 | 40.11% | 59.89% |
| Operational Support | (\$11,137.70) | \$0.00 | \$0.00 | \$295.08 | (\$11,432.78) | (2.65%) | (102.65%) |
| Total Expenses | \$359,677.07 | \$17,269.50 | \$0.00 | \$178,525.68 | \$181,151.39 | 49.64% | 50.37% |
| Program Costs | | | | | | | |
| Emergency Assistance | \$2,951,730.59 | \$452,626.28 | \$0.00 | \$3,397,986.89 | (\$446,256.30) | 115.12% | (15.12%) |
| Total Program Costs | \$2,951,730.59 | \$452,626.28 | \$0.00 | \$3,397,986.89 | (\$446,256.30) | 115.12% | (15.12%) |





Agricultural & Labor Program

LIHEAP

As of March, 2023

| | LIHEAP | | | | | | | YTD |
|----------------------------|-----------------------|---------------------|---------------------|-----------------------|-----------------------|---------------|-----------------|-----------------------|
| | Project YTD Budget | Current Month | Encumbrances | YTD | Budget Varianc | % Collected | % Over/Under | |
| Revenues | | | | | | | | |
| Available Funding | \$7,465,853.34 | \$0.00 | \$0.00 | \$805,391.20 | \$6,660,462.14 | 10.79% | (89.21%) | \$805,391.20 |
| Total Revenues | \$7,465,853.34 | \$0.00 | \$0.00 | \$805,391.20 | \$6,660,462.14 | 10.79% | (89.21%) | \$805,391.20 |
| Expenses | | | | | | | | |
| Payroll & Benefits | \$713,355.55 | \$56,101.79 | \$0.00 | \$268,699.52 | \$444,656.03 | 37.67% | 62.33% | \$268,699.52 |
| Facilities | \$65,588.64 | \$5,779.90 | \$9,156.63 | \$25,940.45 | \$39,648.19 | 39.55% | 60.45% | \$16,783.82 |
| Equipment | (\$2,044.75) | \$0.00 | \$0.00 | \$5.64 | (\$2,050.39) | (0.28%) | (100.28%) | \$5.64 |
| Professional Svcs | \$33,838.58 | \$184.34 | \$0.00 | \$14,821.24 | \$19,017.34 | 43.80% | 56.20% | \$14,821.24 |
| Travel | \$30,289.87 | \$120.95 | \$0.00 | \$1,855.37 | \$28,434.50 | 6.13% | 93.87% | \$1,855.37 |
| Utilities/Telephone | \$74,206.96 | \$17,799.59 | \$1,953.56 | \$113,450.90 | (\$39,243.94) | 152.88% | (52.88%) | \$111,497.34 |
| Leases/Rent | \$92,474.64 | \$4,547.16 | \$3,720.45 | \$43,990.18 | \$48,484.46 | 47.57% | 52.43% | \$40,269.73 |
| Insurance | \$19,645.29 | \$0.00 | \$0.00 | \$9,883.50 | \$9,761.79 | 50.31% | 49.69% | \$9,883.50 |
| Supplies | \$159,427.15 | \$3,965.58 | \$5,962.46 | \$29,811.06 | \$129,616.09 | 18.70% | 81.30% | \$23,848.60 |
| In Service Training | \$22,308.43 | \$113.87 | \$0.00 | \$11,358.34 | \$10,950.09 | 50.92% | 49.09% | \$11,358.34 |
| Indirect Costs | \$92,428.74 | \$0.00 | \$0.00 | \$15,644.46 | \$76,784.28 | 16.93% | 83.07% | \$15,644.46 |
| Operational Support | \$195,860.56 | \$19,349.15 | \$99,540.00 | \$131,812.20 | \$64,048.36 | 67.30% | 32.70% | \$32,272.20 |
| Total Expenses | \$1,497,379.66 | \$107,962.33 | \$120,333.10 | \$667,272.86 | \$830,106.80 | 44.56% | 55.44% | \$546,939.76 |
| Program Costs | | | | | | | | |
| Weather Related Crisis | \$282,450.00 | \$0.00 | \$0.00 | \$0.00 | \$282,450.00 | 0.00% | 100.00% | \$0.00 |
| Home Energy Assistance | \$2,788,773.08 | (\$2,509.02) | \$0.00 | \$1,918,629.65 | \$870,143.43 | 68.80% | 31.20% | \$1,918,629.65 |
| Crisis Energy Assistance | \$3,431,444.90 | \$3,349.02 | \$0.00 | \$1,620,638.79 | \$1,810,806.11 | 47.23% | 52.77% | \$1,620,638.79 |
| CARES Extension Crisis | (\$55,609.58) | \$0.00 | \$0.00 | (\$822.56) | (\$54,787.02) | 1.48% | (98.52%) | (\$822.56) |
| Total Program Costs | \$6,447,058.40 | \$840.00 | \$0.00 | \$3,538,445.88 | \$2,908,612.52 | 54.88% | 45.12% | \$3,538,445.88 |





Agricultural & Labor Program
Board Income Statement LIHWAP24
 As of March, 2023

LIHWAP24

| | Project YTD Budget | Current Month | Encumbrances | YTD | Budget Variance | % Collected | % Over/Under |
|----------------------------|-----------------------|-----------------|---------------|-----------------|-----------------------|--------------|----------------|
| Expenses | | | | | | | |
| Payroll & Benefits | \$201,335.00 | \$0.00 | \$0.00 | \$0.00 | \$201,335.00 | 0.00% | 100.00% |
| Facilities | \$9,000.00 | \$0.00 | \$0.00 | \$0.00 | \$9,000.00 | 0.00% | 100.00% |
| Professional Svcs | \$5,000.00 | \$0.00 | \$0.00 | \$0.00 | \$5,000.00 | 0.00% | 100.00% |
| Travel | \$3,628.00 | \$0.00 | \$0.00 | \$0.00 | \$3,628.00 | 0.00% | 100.00% |
| Utilities/Telephone | \$68,000.00 | \$0.00 | \$0.00 | \$0.00 | \$68,000.00 | 0.00% | 100.00% |
| Leases/Rent | \$6,000.00 | \$0.00 | \$0.00 | \$0.00 | \$6,000.00 | 0.00% | 100.00% |
| Supplies | \$13,820.00 | \$0.00 | \$0.00 | \$0.00 | \$13,820.00 | 0.00% | 100.00% |
| Indirect Costs | \$25,921.00 | \$0.00 | \$0.00 | \$0.00 | \$25,921.00 | 0.00% | 100.00% |
| Operational Support | \$4,900.00 | \$0.00 | \$0.00 | \$0.00 | \$4,900.00 | 0.00% | 100.00% |
| Total Expenses | \$337,604.00 | \$0.00 | \$0.00 | \$0.00 | \$337,604.00 | 0.00% | 100.00% |
| Program Costs | | | | | | | |
| Rate Reduction | \$2,344,150.00 | \$775.00 | \$0.00 | \$775.00 | \$2,343,375.00 | 0.03% | 99.97% |
| Arrears | \$698,425.00 | \$0.00 | \$0.00 | \$0.00 | \$698,425.00 | 0.00% | 100.00% |
| Total Program Costs | \$3,042,575.00 | \$775.00 | \$0.00 | \$775.00 | \$3,041,800.00 | 0.03% | 99.97% |





Agricultural & Labor Program
Board Income Statement LIHWAP24ARP
 As of March, 2023

LIHWAP24 ARP

| | Project YTD Budget | Current Month | Encumbrances | YTD | Budget Variance | % Collected | % Over/Under |
|----------------------------|-----------------------|--------------------|---------------|---------------------|-----------------------|---------------|---------------|
| Expenses | | | | | | | |
| Payroll & Benefits | \$139,814.00 | \$27,821.50 | \$0.00 | \$145,990.91 | (\$6,176.91) | 104.42% | (4.42%) 4 |
| Facilities | \$9,000.00 | \$0.00 | \$0.00 | \$0.00 | \$9,000.00 | 0.00% | 100.00% |
| Professional Svcs | \$5,000.00 | \$0.00 | \$0.00 | \$0.00 | \$5,000.00 | 0.00% | 100.00% |
| Travel | \$8,640.00 | \$0.00 | \$0.00 | \$0.00 | \$8,640.00 | 0.00% | 100.00% |
| Utilities/Telephone | \$63,000.00 | \$0.00 | \$0.00 | \$0.00 | \$63,000.00 | 0.00% | 100.00% |
| Leases/Rent | \$4,500.00 | \$0.00 | \$0.00 | \$0.00 | \$4,500.00 | 0.00% | 100.00% |
| Supplies | \$10,566.00 | \$0.00 | \$0.00 | \$0.00 | \$10,566.00 | 0.00% | 100.00% |
| Indirect Costs | \$17,998.00 | \$0.00 | \$0.00 | \$6,933.67 | \$11,064.33 | 38.52% | 61.48% |
| Operational Support | \$9,300.00 | \$0.00 | \$0.00 | \$0.00 | \$9,300.00 | 0.00% | 100.00% |
| Total Expenses | \$267,818.00 | \$27,821.50 | \$0.00 | \$152,924.58 | \$114,893.42 | 57.10% | 42.90% |
| Program Costs | | | | | | | |
| Crisis Energy Assistance | \$0.00 | \$900.00 | \$0.00 | \$900.00 | (\$900.00) | 0.00% | 0.00% |
| Rate Reduction | \$1,585,350.00 | \$20,784.44 | \$0.00 | \$117,739.47 | \$1,467,610.53 | 7.43% | 92.57% |
| Arrears | \$826,000.00 | \$5,040.56 | \$0.00 | \$44,606.55 | \$781,393.45 | 5.40% | 94.60% |
| Total Program Costs | \$2,411,350.00 | \$26,725.00 | \$0.00 | \$163,246.02 | \$2,248,103.98 | 6.77% | 93.23% |





Agricultural & Labor Program
Board Income Statement DOE EA
 As of March, 2023

| | DOE EA | | | | | | |
|----------------------------|--------------------|---------------|---------------|-------------------|---------------------|----------------|------------------|
| | Project YTD Budget | Current Month | Encumbrances | YTD | Budget Varianc | % Collected | % Over/Under |
| Revenues | | | | | | | |
| Avaialble Funding | \$7,652.79 | \$0.00 | \$0.00 | \$2,888.23 | \$4,764.56 | 37.74% | (62.26%) |
| Total Revenues | \$7,652.79 | \$0.00 | \$0.00 | \$2,888.23 | \$4,764.56 | 37.74% | (62.26%) |
| Expenses | | | | | | | |
| Payroll & Benefits | \$8,088.34 | \$0.00 | \$0.00 | \$9,291.15 | (\$1,202.81) | 114.87% | (14.87%) 5 |
| Professional Svcs | \$32.41 | \$0.00 | \$0.00 | \$114.22 | (\$81.81) | 352.42% | (252.42%) 5 |
| Travel | \$228.84 | \$0.00 | \$0.00 | \$0.00 | \$228.84 | 0.00% | 100.00% |
| Supplies | \$107.52 | \$0.00 | \$0.00 | \$117.07 | (\$9.55) | 108.88% | (8.88%) |
| Indirect Costs | \$411.85 | \$0.00 | \$0.00 | \$397.76 | \$14.09 | 96.58% | 3.42% |
| Total Expenses | \$8,868.96 | \$0.00 | \$0.00 | \$9,920.20 | (\$1,051.24) | 111.85% | (11.85%) |
| Program Costs | | | | | | | |
| Emergency Assistance | (\$46.43) | \$0.00 | \$0.00 | \$0.00 | (\$46.43) | 0.00% | (100.00%) |
| Total Program Costs | (\$46.43) | \$0.00 | \$0.00 | \$0.00 | (\$46.43) | 0.00% | (100.00%) |





Agricultural & Labor Program Board Income Statement EHEAP As of March, 2023

EHEAP

| | Project YTD Budget | Current Month | Encumbrances | YTD | Budget Variance | % Collected | % Over/Under | YTD |
|--------------------------------|---------------------|-------------------|---------------|---------------------|----------------------|----------------|-----------------|---------------------|
| Revenues | | | | | | | | |
| Available Funding | \$189,150.53 | \$0.00 | \$0.00 | \$203,118.54 | (\$13,968.01) | 107.38% | 7.38% | \$203,118.54 |
| Total Revenues | \$189,150.53 | \$0.00 | \$0.00 | \$203,118.54 | (\$13,968.01) | 107.38% | 7.38% | \$203,118.54 |
| Expenses | | | | | | | | |
| Payroll & Benefits | \$12,485.28 | \$3,210.10 | \$0.00 | \$21,608.55 | (\$9,123.27) | 173.07% | (73.07%) | \$21,608.55 |
| Facilities | (\$5.05) | \$0.00 | \$0.00 | \$0.00 | (\$5.05) | 0.00% | (100.00%) | \$0.00 |
| Travel | \$178.00 | \$0.00 | \$0.00 | \$0.00 | \$178.00 | 0.00% | 100.00% | \$0.00 |
| Leases/Rent | \$664.01 | \$0.00 | \$0.00 | \$0.00 | \$664.01 | 0.00% | 100.00% | \$0.00 |
| Supplies | \$3,202.73 | \$224.11 | \$0.00 | \$1,088.07 | \$2,114.66 | 33.97% | 66.03% | \$1,088.07 |
| In Service Training | (\$143.10) | \$0.00 | \$0.00 | \$0.00 | (\$143.10) | 0.00% | (100.00%) | \$0.00 |
| Indirect Costs | \$2,010.55 | \$0.00 | \$0.00 | \$2,909.07 | (\$898.52) | 144.69% | (44.69%) | \$2,909.07 |
| Total Expenses | \$18,392.42 | \$3,434.21 | \$0.00 | \$25,605.69 | (\$7,213.27) | 139.22% | (39.22%) | \$25,605.69 |
| Program Costs | | | | | | | | |
| Weather Related Crisis | \$3,519.05 | \$0.00 | \$0.00 | \$0.00 | \$3,519.05 | 0.00% | 100.00% | \$0.00 |
| Crisis EHEAP Energy Assistance | \$162,243.78 | \$9,863.85 | \$0.00 | \$142,195.83 | \$20,047.95 | 87.64% | 12.36% | \$142,195.83 |
| Total Program Costs | \$165,762.83 | \$9,863.85 | \$0.00 | \$142,195.83 | \$23,567.00 | 85.78% | 14.22% | \$142,195.83 |





Agricultural & Labor Program Board Income Statement FNP As of March, 2023

| | | FNP | | | | | | | |
|--------------------------|------------------------------|--------------------|---------------|---------------|--------------------|--------------------|---------------|-----------------|--------------------|
| | | Project YTD Budget | Current Month | Encumbrances | YTD | Budget Varianc | % Collected | % Over/Under | YTD |
| Revenues | | | | | | | | | |
| Available Funding | | | | | | | | | |
| 1-41600-10 | FL Non Profit Housing | \$35,259.00 | \$0.00 | \$0.00 | \$20,042.11 | \$15,216.89 | 56.84% | (43.16%) | \$20,042.11 |
| Totals for Fund 1: | | \$35,259.00 | \$0.00 | \$0.00 | \$20,042.11 | \$15,216.89 | 56.84% | (43.16%) | \$20,042.11 |
| Available Funding | | \$35,259.00 | \$0.00 | \$0.00 | \$20,042.11 | \$15,216.89 | 56.84% | (43.16%) | \$20,042.11 |
| Total Revenues | | \$35,259.00 | \$0.00 | \$0.00 | \$20,042.11 | \$15,216.89 | 56.84% | (43.16%) | \$20,042.11 |
| Expenses | | | | | | | | | |
| Payroll & Benefits | | | | | | | | | |
| 1-50000-10 | Salaries | \$2,131.72 | \$522.16 | \$0.00 | \$5,411.01 | (\$3,279.29) | 253.83% | (153.83%) | \$5,411.01 |
| 1-50500-10 | Fringe Benefits | \$452.00 | \$0.00 | \$0.00 | \$0.00 | \$452.00 | 0.00% | 100.00% | \$0.00 |
| 1-50600-10 | Fringe - FICA | \$0.00 | \$39.95 | \$0.00 | \$413.94 | (\$413.94) | 0.00% | 0.00% | \$413.94 |
| 1-50700-10 | Fringe - Unemployment | \$0.00 | \$1.23 | \$0.00 | \$62.37 | (\$62.37) | 0.00% | 0.00% | \$62.37 |
| 1-50800-10 | Fringe - Life Insurance ALPI | \$0.00 | \$0.62 | \$0.00 | \$5.26 | (\$5.26) | 0.00% | 0.00% | \$5.26 |
| 1-50900-10 | Fringe - Health Insurance | \$0.00 | \$0.00 | \$0.00 | \$891.58 | (\$891.58) | 0.00% | 0.00% | \$891.58 |
| 1-51000-10 | Fringe - Retirement expense | \$0.00 | \$20.89 | \$0.00 | \$194.38 | (\$194.38) | 0.00% | 0.00% | \$194.38 |
| 1-52000-10 | Direct Fringe - Workers Comp | \$24.00 | \$7.31 | \$0.00 | \$75.50 | (\$51.50) | 314.58% | (214.58%) | \$75.50 |
| Totals for Fund 1: | | \$2,607.72 | \$592.16 | \$0.00 | \$7,054.04 | (\$4,446.32) | 270.51% | (170.51%) | \$7,054.04 |
| Total Payroll & Benefits | | \$2,607.72 | \$592.16 | \$0.00 | \$7,054.04 | (\$4,446.32) | 270.51% | (170.51%) | \$7,054.04 |
| Travel | | | | | | | | | |
| 1-52300-10 | Travel | \$1,706.28 | \$0.00 | \$0.00 | \$664.88 | \$1,041.40 | 38.97% | 61.03% | \$664.88 |
| Totals for Fund 1: | | \$1,706.28 | \$0.00 | \$0.00 | \$664.88 | \$1,041.40 | 38.97% | 61.03% | \$664.88 |
| Total Travel | | \$1,706.28 | \$0.00 | \$0.00 | \$664.88 | \$1,041.40 | 38.97% | 61.03% | \$664.88 |
| Indirect Costs | | | | | | | | | |
| 1-59700-10 | Indirect Costs | \$285.00 | \$0.00 | \$0.00 | \$569.80 | (\$284.80) | 199.93% | (99.93%) | \$569.80 |

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Agricultural & Labor Program Board Income Statement FNP As of March, 2023

| | | FNP | | | | | | | |
|---------------------------------|--|--------------------|-----------------|---------------|--------------------|---------------------|----------------|-----------------|--------------------|
| | | Project YTD Budget | Current Month | Encumbrances | YTD | Budget Varianc | % Collected | % Over/Under | YTD |
| Totals for Fund 1: | | \$285.00 | \$0.00 | \$0.00 | \$569.80 | (\$284.80) | 199.93% | (99.93%) | \$569.80 |
| Total Indirect Costs | | \$285.00 | \$0.00 | \$0.00 | \$569.80 | (\$284.80) | 199.93% | (99.93%) | \$569.80 |
| Total Expenses | | \$4,599.00 | \$592.16 | \$0.00 | \$8,288.72 | (\$3,689.72) | 180.23% | (80.23%) | \$8,288.72 |
| Program Costs | | | | | | | | | |
| Emergency Assistance | | | | | | | | | |
| 1-57810-10 Emergency Assistance | | \$30,660.00 | \$888.51 | \$0.00 | \$21,975.64 | \$8,684.36 | 71.68% | 28.32% | \$21,975.64 |
| Totals for Fund 1: | | \$30,660.00 | \$888.51 | \$0.00 | \$21,975.64 | \$8,684.36 | 71.68% | 28.32% | \$21,975.64 |
| Total | | \$30,660.00 | \$888.51 | \$0.00 | \$21,975.64 | \$8,684.36 | 71.68% | 28.32% | \$21,975.64 |
| Total Program Costs | | \$30,660.00 | \$888.51 | \$0.00 | \$21,975.64 | \$8,684.36 | 71.68% | 28.32% | \$21,975.64 |





ALPI Strategic Plan Performance Indicators

Relationship Initiative: Goal 1: Broaden Partnerships with Human Service Entities; **National Goal #3:** People with low-incomes are engaged and active in building opportunities in communities.

Strategic Priorities #3: Strengthen Community Partnerships

Objective 1.1: Provide job placement services for adults.

Benchmark: Work with community partners to provide mentorship, apprenticeship, or on the job training.

Benchmark: Expand job training and educational opportunities

Objective 1.2: Supplement food supply for low income families.

Benchmark: Develop partnerships with local food bank agencies in each service area.

| Performance Indicator 1: Clients receive certification in high demand occupations. | | |
|---|---|--|
| Job Training/Certification Program | # of Registered Programs in Service Area | # of enrollments/ certifications received |
| Apprenticeship Training Program | 0 | |
| On the Job Training | 3 | |

| Performance Indicator 2: Clients become employed by obtaining full-time positions. | | |
|---|--------------------------------|----------------------------|
| Job Placement | # of Client Assessments | # of Job Placements |
| Full time Employment | 2 | |

| Performance Indicator 3: Children and Families nutrition is improved. (Family) | | |
|---|---------------------|-----------------------------|
| Delivery of Meals | # of Clients | # of meals Delivered |
| Local Food Banks | 0 | |
| Meal Delivery | 0 | |
| Food Card | 100 | |





Expansion Initiative: Goal 2: Increase Service and Funding Capacity

National Goal #1: - Individuals and families with low incomes are stable and achieve economic security.

National Goal #2: Communities where people with low incomes live are healthy and offer economic opportunity.

Strategic Priorities: Develop Opportunities for Unrestricted Funds

Objective 2.1: Create additional service opportunities.

Objective 2.1.1: Appoint a committee to explore the feasibility of a charter school

Benchmark: Explore the feasibility of a charter school.

Benchmark: Identify health care assistance and transportation.

Benchmark: Become a contractor with local agencies to provide insurance enrollments to families.

Objective 2.2: Create additional funding opportunities.

Objective 2.2.1: Explore the feasibility of a low-income designated credit union.

Objective 2.2.2: Explore the feasibility of a foundation.

Objective 2.2.3: Explore the feasibility of a thrift store.

| Performance Indicator 1: Establish a charter school. (Community) | | |
|---|--|----------------------------|
| Planning/Committee Appointment/ Ad-Hoc Charter Committee | Recommended # of Members/ # of Ad-Hoc | Charter School Established |
| Ad-Hoc Charter Committee | 0 | 0 |
| Charter School | 0 | 0 |

| Performance Indicator 2: Clients obtain transportation for medication and doctor's appointments. (Community) | | |
|---|-------------------------|---------------------|
| Community Support Partnering Organization | # of Eligible Customers | # of transportation |
| Partnering Organization | 0 | 0 |

| Performance Indicator 3: Establish an on-site health insurance certified agency within each service area. (Agency) | | |
|---|---------------------|---------------------------|
| Community Support Certified Health Agency | # of Service Area's | # of agency's established |
| Certified Health Agency | 0 | 0 |

| Performance Indicator 4: Establish a low-income designated credit union. | | |
|---|--|--------------------------|
| Planning/Committee Appointment/ Ad-Hoc Charter Committee | Recommended # of Members/ # of Ad-Hoc | Credit Union Established |
| Ad-Hoc Charter Committee | 7 | 0 |
| Credit Union | 7 | 0 |





| Performance Indicator 5: Establish a foundation. | | |
|---|---|------------------------|
| Planning/Committee Appointment /Establishment | Recommended # of Members/ # of Ad-Hoc Committee Members | Foundation Established |
| Ad-Hoc Charter Committee | 7 | 0 |
| Foundation | 7 | 0 |

| Performance Indicator 6: Establish a thrift store. | | |
|---|---|--------------------------|
| Planning/Committee Appointment/ Establishment | Recommended # of Members/ # of Ad-Hoc Committee Members | Thrift Store Established |
| Ad-Hoc Charter Committee | 7 | 0 |
| Thrift Store | 7 | 0 |

Relationship Initiative GOAL 3: Enhance Brand Identity and Marketing

National Goals #3: People with low incomes are engaged and active in building opportunities in communities.

Strategic Priorities #4: Increase Brand Awareness

Objective 3.1: Strengthen communications to promote the organization’s brand.

Benchmark: Enhance communications and marketing plan to strengthen presence within communities served.

Benchmark: Publish additional videos that showcase programs and services to strengthen presence in communities served.

Benchmark: Strengthen social media presence (Facebook, Instagram, and Twitter) to increase number of followings.

Benchmark: Ensure branding and marketing collateral is assessable to employees and regional advisory councils.

Objective 3.2: Strengthen community outreach and education regarding range of services.

Benchmark: Communicate regularly to staff about programs and services offered and any adjustments to those programs and services.

Benchmark: Ensure marketing collateral utilized by regional advisory councils promotes The ALPI’s brand.

Benchmark: Host an annual open house for the communities served to learn about The ALPI’s programs and services.





| Performance Indicator 1: Increase community and awareness of services the organization provides. (Agency) | | |
|--|---|-----------------|
| Planned Event | Proposed Attendance | # in Attendance |
| Annual Corporate Meeting and Business Luncheon | 250 | |
| LIHEAP Energy Fairs | 10 Fairs | |
| Community Events | 500: Juneteenth; Unity in the Community | |

| Performance Indicator 2: Staff can adequately communicate program and appropriate services to assist families. (Community) | | |
|---|----------------------------------|--------------------|
| Professional Plan Development | # of eligible ALPI Employees | % of Participation |
| Annual Staff Training | 200 | |
| Customer Financial Assistance | | |
| <ul style="list-style-type: none"> • Rent/Mortgage • Eviction Prevention • Gas Cards • Utilities Assistance • Training/Tuition | 750 50 325 15,000 50 | |

| Performance Indicator 3: Low-income families are aware of The ALPI's services and can communicate to other families. (Family) | | |
|--|---------------------|-----------------|
| Planned Event | Proposed Attendance | # in Attendance |
| Annual Corporate Meeting and Business Luncheon | 250 | |
| LIHEAP Energy Fairs | 1000 | |
| Community Events | 1000 | |

Highly Skilled Workforce Initiative: Goal 4: Promote STEM education for children and adults. National Goals #3: People with low incomes are engaged and active in building opportunities in communities. Strategic Priorities #2: Improve Child and Adult Services Programs

Objective 4.1: Promote STEM education for children and adults.

Benchmark: Train staff to achieve proper skills to become STEM certified

Benchmark : Establish STEM workshops to encourage long-term mindset for STEM careers.

Objective 4.2: Enhance childcare and adult services identified in community assessment survey.

Benchmark: Extend service hours to accommodate working families.

Benchmark: Provide workshops to equip families with financial and budgeting tools for home ownership opportunities.





| Performance Indicator 1: Staff obtain STEM Certification. (Agency) | | |
|---|---------------------|---|
| Professional Development | # of ALPI Employees | Eligible participation and maintain professional development plan |
| Certification Program (STEM) | 176 | |
| Professional Development Plan | 217 | |

| Performance Indicator 2: Children and adults improve their problem solving, critical thinking, and discovery skills leading to STEM educational opportunities and careers (Community) | | |
|--|----------------------------|--|
| Client Services | # of enrolled participants | # of Enrolled participation completion |
| STEM Enrollment | 504 | |
| Head Start/Early Head Start | 947 | |
| CAT Program/VPK/School Readiness | 100 | |
| Family Self Sufficiency | 19 | |

| Performance Indicator 3: Increase number of children receiving after hours and weekend childcare services. | | |
|---|------------------------|------------------------|
| Client Services | # of eligible children | # of children enrolled |
| Head Start/Early Head Start | 947 | |
| CAT Program/VPK/School Readiness | 250 | |





Expansion Initiative: Goal 5: Scale Operations for Future Growth

National Goals #3: People with low incomes are engaged and active in building opportunities in communities.

Strategic Priorities #4: Increase Brand Awareness

Objective 5.1 - Invest in training staff on technology usage

Benchmark: Develop training plan for new hires on security policies, computer setup, and navigating within various software and platforms being utilized.

Benchmark: Facilitate semi-annually trainings for staff on proper email, computer and internet usage.

Objective 5.2: Create action plans for staff’s professional development.

Benchmark: Identify staff’s professional development needs.

Benchmark: Create training programs or identify training courses to address staff’s professional development needs.

Benchmark: Evaluate and assess through annual reviews.

Objective 5.3: Streamline processes and procedures.

Benchmark: Train staff on shared drive usage and revamp security access of file folders.

Benchmark: Create an intranet site to connect staff to work-relevant information including other staff members, company culture, values, policies and procedures, and department information.

| <i>Performance Indicator 1: Staff knowledge on the usage of technology is improved and effectiveness increased. (Agency)</i> | | |
|--|------------------------------|------------------------------|
| Professional Plan Development | # of Eligible ALPI Employees | # of employees in attendance |
| Annual Corporate Meeting Training | 217 | |
| Zoom Training sessions | 217 | |
| Webinars | 217 | |

| <i>Performance Indicator 2: Increase staff resources and trainings to perform their job. (Agency)</i> | | |
|---|------------------------------|------------------------------|
| Professional Plan Development | # of Eligible ALPI Employees | # of employees in attendance |
| Annual Corporate Meeting Training | 217 | |
| Zoom Training Sessions | 217 | |
| Webinars | 217 | |





| <i>Performance Indicator 3: Staff receive certifications that allow professional growth. (Agency)</i> | | |
|---|------------------------------|--------------------------------------|
| Professional Plan Development | # of Eligible ALPI Employees | % of Employee Certification Received |
| Certified Community Action Professional's | 6 | |
| Certified ROMA Trainer and/or Implementer | 5 | |
| Family Development Instructor Credential | 1 | |
| Family Development Credential | 11 | |
| Certified Housing Counselor | 2 | |
| Certified Class Reliable | 10 | |
| Lastinger Early Learning Certified Coach | 1 | |

| <i>Performance Indicator 4: Reduce paper consumption of staff. (Agency)</i> | | |
|---|-----------------------|-------------|
| ALPI Locations | Departments | % Completed |
| Corporate Office | Human Resources | |
| Administrative Office | Head Start/EHS | |
| Satellite Offices | LIHEAP/ESG/CSBG/EHEAP | |

| <i>Performance Indicator 4: Create an intranet as a communication bridge between the agency and staff. (Agency)</i> | | |
|---|----------------|-------------|
| ALPI Locations | # of employees | % Completed |
| Corporate Office | 24 | |
| Administrative Office | 22 | |
| Satellite Offices | 171 | |

Governance Requirements: CSBG Organizational Standards

Maximum Feasible Participation – Category 1: Consumer Input and Involvement

| <i>CSBG Organizational Standard 1.3: The organization has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the governing board.</i> | | |
|---|------------|---|
| Governance | Compliance | Validation |
| Board of Directors | Met | Revised 2021 Community Needs Assessment (in Planning Stages) for new three year cycle |





Governance Requirements: Head Start Act ; Head Start Program Performance Standards

Grantees are required to ensure the sharing of accurate and regular information for use by the governing body and the policy council, about program planning, policies, and grantee operations.

| <i>Head Start Act § 642I(1)(iv)(IV) The organization’s governing body has established procedures and guidelines for accessing and collecting information described in the Head Start Act at 642(d)(2).</i> | | |
|--|------------|--|
| Governance | Compliance | Validation |
| Board of Directors | Met | Head Start Operational Policies and Procedures |
| Policy Council | Met | Head Start Operational Policies and Procedures |

| <i>HSPPS § 1301.2(b) The organization’s governing body uses ongoing monitoring results, data on school readiness goals, and other information found in Head Start Performance Standards at § 1302.102 to conduct, and information described in the Head Start Act at 642(d)(2) to conduct its responsibilities.</i> | | |
|---|------------|---|
| Governance | Compliance | Validation |
| Board of Directors | Met | Bi-monthly Financial Statements Board Report Program Information Summary (i.e. enrollment reports, attendance reports, subsidized care, meals and snacks report) Annual External Financial Audit Annual Self-Assessment Communication and Guidance from the Secretary of State Program Information Report |



Governance Requirements: Head Start Act ; Head Start Program Performance Standards

HSPPS § 1301.2(b) The organization's governing body uses ongoing monitoring results, data on school readiness goals, and other information found in Head Start Performance Standards at § 1302.102 to conduct, and information described in the Head Start Act at 642(d)(2) to conduct its responsibilities.

| Governance | Compliance | Validation |
|----------------|------------|---|
| Policy Council | Met | Monthly Financial Statements Credit Card Expenditure Reports Program Information Summary (i.e. enrollment reports, attendance reports, subsidized care, meals and snacks report) Annual External Financial Audit Annual Self-Assessment Communication and Guidance from the Secretary of State Program Information Report Program Reports |

HSPPS § 1302.101(b)(4) The organization's governing body has approved procedures on data management.

| Governance | Compliance | Validation |
|--------------------|------------|--|
| Board of Directors | Met | Head Start Operational Policies and Procedures |
| Policy Council | Met | Head Start Operational Policies and Procedures |

HSPPS § 1302.102(a) The organization's governing body and policy council have jointly established goals and measurable objectives.

| Governance | Compliance | Validation |
|--------------------|------------|--|
| Board of Directors | Met | Five-Year Strategic Plan Community Needs Assessment (revised 2021) Five-Year Program Goals |
| Policy Council | Met | Five-Year Strategic Plan Community Needs Assessment (revised 2021) Five-Year Program Goals |



Maximum Feasible Participation – Category 3: Community Assessment

*CSBG Organizational Standard 3.5: The board formally accepts the completed community assessment.
Every Three (3) Years*

| Governance | Compliance | Validation |
|--------------------|------------|--|
| Board of Directors | Met | Community Needs Assessment 2018 Revised 2021 Approved Board of Director's meeting minutes |

Vision and Direction – Category 4: Organizational Leadership

CSBG Organizational Standard 4.1: The board has reviewed the organization's mission statement within the past 5 years and assured that:

1. *The mission addresses poverty; and*
2. *The organization's programs and services are in alignment with the mission.*

| Governance | Compliance | Validation |
|--------------------|------------|---|
| Board of Directors | Met | Five-Year Strategic Plan 2020-2024, Approved Board of Director's meeting June 25, 2020 minutes |

CSBG Organizational Standard 4.4: The board receives an annual update on the success of specific strategies included in the Community Action plan.

| Governance | Compliance | Validation |
|--------------------|------------|---|
| Board of Directors | Met | Final CSBG FOCAS Report Board Retreat Approved Board of Director's meeting minutes |

CSBG Organizational Standard 4.5: The organization has a written succession plan in place for the CEO/ED, approved by the board, which contains procedures for covering an emergency/unplanned, short-term absence of 3 months or less, as well as outlines the process for filling a permanent vacancy.

| Governance | Compliance | Validation |
|--------------------|------------|---|
| Board of Directors | Met | Succession Plan April 2022 Approved Board of Director's meeting minutes |





| <i>CSBG Organizational Standard 4.6: An organization-wide, comprehensive risk assessment has been completed within the past 2 years and reported to the board.</i> | | |
|--|------------|---|
| Governance | Compliance | Validation |
| Board of Directors | Met | Risk Assessment 2022 Board Retreat Approved Board of Director's meeting minutes |

Vision and Direction – Category 5: Board Governance

| <i>CSBG Organizational Standard 5.1: The organization's board is structured in compliance with the CSBG Act: 1. At least one third democratically-selected representatives of the low-income community; 2. One-third local elected officials (or their representatives); and 3. The remaining membership from major groups and interests in the community.</i> | | |
|--|------------|--|
| Governance | Compliance | Validation |
| Board of Directors | Met | Board of Director's By-Laws Board of Directors Roster <ul style="list-style-type: none"> • Six Low-Income • Six Public Elected Officials or their representatives. • Five Private Sector |

| <i>CSBG Organizational Standard 5.2: The organization's board has written procedures that document a democratic selection process for low-income board members adequate to assure that they are representative of the low-income community.</i> | | |
|---|------------|--|
| Governance | Compliance | Validation |
| Board of Directors | Met | Board of Director's By-Laws Regional Advisory Committee Election Procedures Approved Board of Directors Meeting |

| <i>CSBG Organizational Standard 5.3: The organization's bylaws have been reviewed by an attorney within the past 5 years.</i> | | |
|---|------------|--|
| Governance | Compliance | Validation |
| Board of Directors | Met | Annual Shared Governance Training/Board Roster Board of Director's Meeting Minutes Legal Counsel Invoice |





CSBG Organizational Standard 5.4: The organization documents that each board member has received a copy of the bylaws within the past 2 years.

| Governance | Compliance | Validation |
|--------------------|------------|---|
| Board of Directors | Met | Annual Shared Governance Training Attendance Roster Board of Directors Portal |

CSBG Organizational Standard 5.5: The organization's board meets in accordance with the frequency and quorum requirements and fills board vacancies as set out in its bylaws.

| Governance | Compliance | Validation |
|--------------------|------------|--|
| Board of Directors | Met | Board of Director's By-Laws Approved Board of Directors Meeting Minutes |

CSBG Organizational Standard 5.6: Each board member has signed a conflict of interest policy within the past 2 years.

| Governance | Compliance | Validation |
|--------------------|------------|---|
| Board of Directors | Met | ALPI Policies and Procedures Manual Required signed copy on File |

CSBG Organizational Standard 5.7: The organization has a process to provide a structured orientation for board members within 6 months of being seated.

| Governance | Compliance | Validation |
|--------------------|------------|---|
| Board of Directors | Met | Annual Shared Governance Orientation Training Board Governance Cohort Trainings Attendance Signature Roster |

CSBG Organizational Standard 5.8: Board members have been provided with training on their duties and responsibilities within the past 2 years.

| Governance | Compliance | Validation |
|--------------------|------------|--|
| Board of Directors | Met | Annual Shared Governance Orientation Training 2022 Board Governance Cohort Trainings – 2023 Attendance Signature Roster |





CSBG Organizational Standard 5.9: The organization’s board receives programmatic reports at each regular board meeting.

| Governance | Compliance | Validation |
|--------------------|------------|---|
| Board of Directors | Met | Board of Directors Tasks and Timelines Board of Directors Meeting Package ALPI’s Board Portal |

Governance Requirements: Head Start Act ; Head Start Program Performance Standards

HSPPS § 1301.2(a) : The organization’s governing body is structured in compliance with the requirements of the Head Start Act, Sec. 642(c)(1)(B):

1. At least one member has background and expertise in fiscal management or accounting; 2. At least one member has a background and expertise in early childhood education and development; 3. At least one member is a licensed attorney familiar with issues that come before the governing body; and 4. Additional members are former or current Head Start parents and those with expertise in education, business administration or community affairs.

| Governance | Compliance | Validation |
|--------------------|------------|--|
| Board of Directors | Met | Background and Expertise in Fiscal Management or Accounting – Marjorie Gaskin Background and Expertise in Early Childhood Education and Development – Josephine Howard Licensed Attorney – Linnes Finney, Esq. Former or Current Head Start Parent with expertise in education, etc. – Yolanda Robinson |





Governance Requirements: Head Start Act ; Head Start Program Performance Standards

| <i>Head Start Act § 642(c)(1)(E)(iv)(VI) The organization’s governing body has developed procedures for how members of the policy council are selected.</i> | | |
|---|------------|--|
| Governance | Compliance | Validation |
| Board of Directors | Met | Policy Council By-Laws Head Start Program Operational Policies and Procedures |
| Policy Council | Met | Policy Council By-Laws Head Start Program Operational Policies and Procedures |

| <i>Head Start Act § 642(c)(1)(E)(iv)(X) and HSPPS § 1301.2(a) The organization’s governing body has established, adopted, and periodically updated written standards of conduct that address: 1. Conflicts of interest by members of the governing board, officers and employees of the organization, and consultants and agents who provide services or furnish goods to the organization; 2. Complaints, including investigations, when appropriate.</i> | | |
|--|------------|---|
| Governance | Compliance | Validation |
| Board of Directors | Met | ALPI’s Policies and Procedures Manual Board of Directors Policy Manual |

| <i>HSPPS § 1301.6 The organization has written procedures, including impasse procedures, for resolving internal disputes, which has been established jointly by the governing body and policy council.</i> | | |
|--|------------|---|
| Governance | Compliance | Validation |
| Board of Directors | Met | ALPI’s Policies and Procedures Manual Head Start Program Operational Polices Annual Board Retreat |
| Policy Council | Met | ALPI’s Policies and Procedures Manual Head Start Program Operational Polices Annual Board Retreat |





Governance Requirements: Head Start Act ; Head Start Program Performance Standards

| <i>HSPPS §§ 1301.5 and 1302.12(m) The organization’s governing body must receive appropriate training and technical assistance (T/TA), or orientation, to ensure that the members understand the information they receive and can effectively oversee and participate in the agency’s programs. The training must cover program performance standards and specific eligibility requirements. The training on eligibility requirements must be completed by all governing body members within 180 days of the beginning of the term of a new governing body.</i> | | |
|---|------------|---|
| Governance | Compliance | Validation |
| Board of Directors | Met | Shared Governance Orientation Training |
| Policy Council | Met | Shared Governance Orientation Training Annual Policy Council |

| <i>HSPPS § 1302.102(d) The organization’s governing body receives Head Start program status reports at least semi-annually.</i> | | |
|---|------------|--|
| Governance | Compliance | Validation |
| Board of Directors | Met | Bi-Monthly Board of Director’s Meeting Approved Board of Directors Meeting Minutes ALPI’s Board Portal |
| Policy Council | Met | Policy Council Monthly Meetings Approved Policy Council Meeting Minutes ALPI’s Head Start Council Portal |

Governance Requirements: CSBG Organizational Standards

Vision and Direction – Category 6: Strategic Planning

| <i>CSBG Organizational Standard 6.1: The organization has an agency-wide strategic plan in place that has been approved by the board within the past 5 years.</i> | | |
|---|------------|--|
| Governance | Compliance | Validation |
| Board of Directors | Met | Five Year Strategic Plan – 2020-2024 Approved Board of Directors Meeting June 25, 2020 Minutes |





Governance Requirements: CSBG Organizational Standards

| <i>CSBG Organizational Standard 6.5: The board has received an update(s) on progress meeting the goals of the strategic plan within the past 12 months.</i> | | |
|---|------------|---|
| Governance | Compliance | Validation |
| Board of Directors | | Annual Board Retreat Board of Directors Meeting Reports Approved Board of Directors Meeting Minutes |

Governance Requirements: Head Start Act ; Head Start Program Performance Standards

| <i>HSPPS § 1302.102(b)(2) The organization’s governing body must communicate and collaborate with programs and policy council when conducting the annual self-assessment of progress meeting program goals.</i> | | |
|---|------------|--|
| Governance | Compliance | Validation |
| Board of Directors | Met | Annual Self-Assessment Programmatic Requirement Training and deadlines Attendance Roster Sign-In Sheet |
| Policy Council | Met | Annual Self-Assessment Programmatic Requirement Training and deadlines Attendance Roster Sign-In Sheet |

Governance Requirements: CSBG Organizational Standards

Operations and Accountability – Category 7: Human Resource Management

| <i>CSBG Organizational Standard 7.1: The organization has written personnel policies that have been reviewed by an attorney and approved by the board within the past 5 years.</i> | | |
|--|------------|--|
| Governance | Compliance | Validation |
| Board of Directors | Met | ALPI’s Policies and Procedures – Last revision November 2022 Approved Board of Directors Meeting Minutes |





Governance Requirements: CSBG Organizational Standards

| <i>CSBG Organizational Standard 7.4: The board conducts a performance appraisal of the CEO/executive director within each calendar year.</i> | | |
|--|------------|--|
| Governance | Compliance | Validation |
| Board of Directors | Met | A Dobison November 2022 Approved Board of Director's Meeting Minutes |

| <i>CSBG Organizational Standard 7.5: The board reviews and approves CEO/executive director compensation within every calendar year.</i> | | |
|---|------------|--|
| Governance | Compliance | Validation |
| Board of Directors | Met | Annual Performance Evaluation Approved Board of Director's Meeting Minutes |

| <i>CSBG Organizational Standard 7.7: The organization has a whistleblower policy that has been approved by the board.</i> | | |
|---|------------|---|
| Governance | Compliance | Validation |
| Board of Directors | Met | ALPI's Policies and Procedures Manual , Revised September 2022 Approved Board of Director's Meeting Minutes |

Governance Requirements: Head Start Act ; Head Start Program Performance Standards

| <i>Head Start Act § 642(c)(1)(E)(iv)(VIII) and HSPPS § 1302.102(b) The organization's governing body reviews results from a Head Start monitoring, including follow-up activities. It also works with program staff and the policy council to address issues during the ongoing oversight and correction process and during a monitoring.</i> | | |
|---|------------|---|
| Governance | Compliance | Validation |
| Board of Directors | Met | Board of Director's Task's and Timelines February 2023 Board of Director's Meeting Program Reports and Monitoring Results Approved Board of Directors Meeting Minutes |





Governance Requirements: Head Start Act ; Head Start Program Performance Standards

| <i>Head Start Act § 642(c)(1)(E)(iv)(VIII) and HSPPS § 1302.102(b) The organization’s governing body reviews results from a Head Start monitoring, including follow-up activities. It also works with program staff and the policy council to address issues during the ongoing oversight and correction process and during a monitoring.</i> | | |
|---|------------|---|
| Governance | Compliance | Validation |
| Policy Council | Met | Policy Council Task’s and Timelines February 2023 Policy Council Meeting Program Reports and Monitoring Results Approved Policy Council Meeting Minutes |

| <i>Head Start Act § 642(c)(1)(E)(iv)(VII) The organization’s governing body has approved the organization’s financial management, accounting, and reporting policies.</i> | | |
|---|------------|---|
| Governance | Compliance | Validation |
| Board of Directors | Met | ALPI’s Accounting Procedures Manual, Revised September 2022 Approved Board of Director’s Meeting Minutes |

| <i>Head Start Act § 642(c)(1)(E)(iv) The organization keeps track of progress in carrying out the programmatic and fiscal provisions in the grantee’s grant application, which is approved by the governing body.</i> | | |
|---|------------|--|
| Governance | Compliance | Validation |
| Board of Directors | Met | Board of Director’s Meeting Program Reports Board of Director’s Meeting Budget vs Actual Financial Report Approved Board of Director’s Meeting Minutes |
| Policy Council | Met | Policy Council Meeting Program Reports Policy Council Meeting Budget vs Actual Financial Report Approved Policy Council Meeting Minutes |





Governance Requirements: Head Start Act ; Head Start Program Performance Standards

| <i>Head Start Act § 642(c)(1)(E)(iv)(II) The organization has procedures and criteria for recruitment, selection, and enrollment of children which have been established by the governing board.</i> | | |
|--|------------|---|
| Governance | Compliance | Validation |
| Board of Directors | Met | Annual Shared Governance Orientation Training Annual Board Retreat Approved Board of Director's Meeting Minutes |
| Policy Council | Met | Annual Shared Governance Orientation Training Annual Board Retreat Policy Council Annual Training Approved Board of Director's Meeting Minutes |

| <i>Head Start Act § 642(c)(1)(e)(iv)(V) The organization's governing body reviews and approves all major policies of the organization.</i> | | |
|--|------------|--|
| Governance | Compliance | Validation |
| Board of Directors | Met | Annual Shared Governance Orientation Training Annual Board Retreat Approved Board of Director's Meeting Minutes |
| Policy Council | Met | Annual Shared Governance Orientation Training Annual Board Retreat Policy Council Board of Director's Meeting Minutes |

| <i>Head Start Act § 642(c)(1)(E)(iv)(V), (IX) and HSPPS § 1302.90(a) The organization has written personnel policies and procedures that are available to all staff, and approved by the governing body. They include policies and procedures regarding the hiring, evaluation, compensation, and termination of all Head Start staff and those CAA employees primarily paid with Head Start funds (i.e., a majority of the salary) such as the Executive Director, Director of Human Resources, Chief Fiscal Officer and any other person in an equivalent position.</i> | | |
|---|------------|---|
| Governance | Compliance | Validation |
| Board of Directors | Met | Employee Acknowledgment Receipt ALPI Policies and Procedures Manual |





Governance Requirements: Head Start Act ; Head Start Program Performance Standards

| <i>Head Start Act § 642(c)(1)(E)(iv)(V), (IX) and HSPPS § 1302.90(a) The organization has written personnel policies and procedures that are available to all staff, and approved by the governing body. They include policies and procedures regarding the hiring, evaluation, compensation, and termination of all Head Start staff and those CAA employees primarily paid with Head Start funds (i.e., a majority of the salary) such as the Executive Director, Director of Human Resources, Chief Fiscal Officer and any other person in an equivalent position.</i> | | |
|---|------------|---|
| Governance | Compliance | Validation |
| Policy Council | Met | ALPI Policies and Procedures Manual Head Start Program Operations Polices Approved Policy Council Meeting Minutes |

Governance Requirements: CSBG Organizational Standards

Operations and Accountability – Category 8: Financial Operations and Oversight

| <i>CSBG Organizational Standard 8.2: All findings from the prior year’s annual audit have been assessed by the organization and addressed where the board has deemed it appropriate.</i> | | |
|--|------------|--|
| Governance | Compliance | Validation |
| Board of Directors | Met | Prior Year’s annual audit resulted in no findings July 2021- June 2022 |

| <i>CSBG Organization Standard 8.3: The organization’s auditor presents the audit to the governing board.</i> | | |
|--|------------|--|
| Governance | Compliance | Validation |
| Board of Directors | Met | Annual Board Retreat Approved Board of Director’s Meeting Minutes |

| <i>CSBG Organization Standard 8.4: and Head Start Act § 642(c)(1)(E)(iv) The governing body/board formally receives, reviews, and approves the financial audit.</i> | | |
|---|------------|---|
| Governance | Compliance | Validation |
| Board of Directors | Met | Annual Board Retreat Board of Director’s Meeting Approved Board of Director’s Meeting Minutes |





Governance Requirements: CSBG Organizational Standards

| <i>CSBG Organization Standard 8.6: The IRS Form 990 is completed annually and made available to the board for review.</i> | | |
|---|------------|--|
| Governance | Compliance | Validation |
| Board of Directors | Met | Executive, Budget and Finance Committee Meeting's and Board of Director's Meeting Approved Board of Director's Meeting Minutes |

| <i>CSBG Organization Standard 8.7: The board receives financial reports at each regular meeting that include the following: 1. Organization-wide report on revenue and expenditures that compares budget to actual, categorized by program; and 2. Balance sheet/statement of financial position.</i> | | |
|---|------------|---|
| Governance | Compliance | Validation |
| Board of Directors | Met | Board of Director's Meeting Agenda Board of Director's Meeting Financial Reports; Organization Wide, revenue and expenditures, budget to actual, balance sheet/statement Approved Board of Director's Meeting Minutes (Information) |

| <i>CSBG Organization Standard 8.9 and Head Start Act § 642(c)(1)(E)(iv)(VII)(bb): The governing body annually approves an organization-wide budget, including a Head Start operating budget, including all major financial expenditures of the CAA.</i> | | |
|---|------------|--|
| Governance | Compliance | Validation |
| Board of Directors | Met | Annual Board Retreat Board of Director's Finance Report Approved Board of Director's Meeting Minuets |

| <i>CSBG Organization Standard 8.10: The fiscal policies have been reviewed by staff within the past 2 years, updated as necessary, with changes approved by the board.</i> | | |
|--|------------|------------------------|
| Governance | Compliance | Validation |
| Board of Directors | Met | Updated September 2022 |





Governance Requirements: CSBG Organizational Standards

| <i>CSBG Organization Standard 8.11: A written procurement policy is in place and has been reviewed by the board within the past 5 years.</i> | | |
|--|------------|---|
| Governance | Compliance | Validation |
| Board of Directors | Met | Annual Shared Governance Orientation February 2023 Attendance Roster Sign in Sheet |

Governance Requirements: Head Start Act ; Head Start Program Performance Standards

| <i>Head Start Act § 642(c)(1)(e)(iv)(VII)(cc) The organization's governing body approves the selection of independent financial auditors who must report all critical accounting policies and practices to the governing body.</i> | | |
|--|------------|--|
| Governance | Compliance | Validation |
| Board of Directors | Met | Approval Audit Firm 2018 and approved annual up to five years. Approved Board of Director's Meeting Minutes |

| <i>Head Start Act § 642(c)(1)(e)(iv)(VII)(dd) The organization's governing body monitors the grantee's actions to correct any audit findings and of other action necessary to comply with applicable laws (including regulations) governing financial statement and accounting practices.</i> | | |
|---|------------|--|
| Governance | Compliance | Validation |
| Board of Directors | Met | Board of Director's Meeting Program and Financial Reports Program Monitoring Reports Program Corrective Action Plan Approved Board of Director's Meeting Minutes |
| Policy Council | Met | Policy Council Meeting Head Start Program and Financial Reports Head Start Program Monitoring Reports Head Start Program Corrective Action Plan Approved Policy Council Meeting Minutes |





Governance Requirements: Head Start Act ; Head Start Program Performance Standards

| <i>Head Start Act § 642(c)(1)(e)(iv)(I) The organization's governing body selects delegate agencies and the service areas for such agencies.</i> | | |
|--|------------|------------|
| Governance | Compliance | Validation |
| Board of Directors | N/A | N/A |

| <i>Head Start Act § 642(c)(1)(e)(iv)(III) The organization's governing body approves all Head Start funding applications and amendments to applications for funding.</i> | | |
|--|------------|---|
| Governance | Compliance | Validation |
| Board of Directors | Met | Board of Director's Meeting Agenda Board of Director's Meeting Funding Application Approved Board of Director's Meeting Minutes |
| Policy Council | Met | Policy Council Meeting Agenda Policy Council Meeting Funding Application Approved Policy Council Meeting Minutes |

| <i>HSPPS § 1302.20(c)(2) The organization's governing body approves any proposal for a conversion of Head Start services to Early Head Start services.</i> | | |
|--|------------|------------|
| Governance | Compliance | Validation |
| Board of Directors | N/A | N/A |





Governance Requirements: CSBG Organizational Standards Operations and Accountability – Category 9: Data and Analysis

| <i>CSBG Organization Standard 9.3: The organization has presented to the board for review or action, at least within the past 12 months, an analysis of the agency's outcomes and any operational or strategic program adjustments and improvements identified as necessary.</i> | | |
|--|------------|---|
| Governance | Compliance | Validation |
| Board of Directors | Met | Annual Corporate Meeting and Luncheon Annual Board Retreat Approved Board of Director's Meeting Minutes |

Governance Requirements: Head Start Act ; Head Start Program Performance Standards

| <i>Head Start Act § 642(c)(1)(E)(iv)(VII)(aa) The governing body annually approves all major financial expenditures of the Head Start program.</i> | | |
|--|------------|---|
| Governance | Compliance | Validation |
| Board of Directors | Met | Annual Corporate Meeting and Luncheon Annual Board Retreat Approved Board of Director's Meeting Minutes |





Consent Agenda





Northern Region Advisory Committee Meeting March 20, 2023



THE AGRICULTURAL AND LABOR PROGRAM, INC. BOARD COMMITTEE REPORT

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

Northern Region/ATEC Advisory Committee
Name of Committee

March 20, 2023
Date of Report

Members Present

Members Absent

Constance Anderson (Secretary)

Charles Daymon (Excused)

Charlie Harris

Joseph Washington

Donald Tillman

David Rucker

Nereida Jackson

Maureen Lewis

Chester McNorton (V-Chair, ATEC REP.)

Evelyn Seabrook (Treasurer)

Melvin Philpot

Pa Houa Lee-Yang (Liaison)

Jamie Hagan (ATEC Staff)

Type of Report

Reporting/Updating

Recommending Board Action

Recommending Policy Changes

Brief Statement of Committee's Issue/Area Reporting:

I. CALL TO ORDER: The meeting was called to order at 6:10 P.M. by Chairperson Donald Tillman.

II. Moment of Silent: Chairman Donald Tillman called for a moment of silence.

III. Mission Statement: Chairman Donald Tillman read the Mission Statement.

IV. Roll Call: Secretary Constance Anderson called the roll.

Members present: Constance Anderson, Charlie Harris Jr., Nereida Jackson, Maureen Lewis, Chester McNorton, Evelyn Seabrook, Donald Tillman and Melvin Philpot (Board Representative for Duke Energy)

Members Absent & Excused: David Rucker, Joseph Washington and Charles Daymon (excused)

Quorum was met eight (8) members present.





- Secretary Report: Constance Anderson (Secretary) motioned for the minutes of the last meeting (Oct. 8, 2022) to be accepted with the correction of the spelling of Nereida Jackson's name in the Members present list. It was seconded by Chester McNorton.
- Approval of Minutes from 10/08/2022: Motion carried.

5. Other correspondence: David Rucker's mother passed away. Flowers were purchased by Secretary Constance Anderson from the Northern Region Advisory Committee. The Committee reimbursed Mrs. Anderson for the flowers.

The newly hired Registrar for ATEC Jamie Hagan was introduced to the Committee along with duties to be performed by Staff Liaison Pa Houa Lee Yang. We look forward to working with her.

Mrs. Yang also reported that ATEC has been meeting with other districts sharing information about services provided to students at ATEC Center. The Agency is looking to hire a new instructor. Staff Liaison Pa Houa Lee Yang is the Administrator of ATEC and serves the ALPI Agency in other capacities.

** Congratulations to ATEC for a great report from a monitor from CIE The State, with no findings.

The Annual Meeting of the Northern Region Advisory Committee will be held in Volusia County on October 8, 2023. This meeting will be a sharing meeting without a speaker. Mr. McNorton and Mrs. Jackson will locate a venue for the meeting.

6. Scholarship Update: Due to the lateness of notification to schools, no scholarship will be presented this school year. The Treasurer (Evelyn Seabrook) will check on the balance in our account and a student from Volusia County will be awarded a scholarship in the 2023-2024 school year.

7. Committee Discussions: Setting up Subcommittees for our Northern Region Advisory Committee:

Membership Committee
Chairperson, Maureen Lewis

Special Events Committee
Chairperson, Chester McNorton

Nominating Committee
Chairperson, Charlie Harris Jr.
Constance Anderson

Community Relations Committee
Chairperson, Melvin Philpot

Governance Committee
Chairperson, Donald Tillman

Scholarship Committee
Chairperson, Evelyn Seabrook
Nereida Jackson

Please note that other committee members will be assisting on these committees.

Dates for our Northern Region Advisory Committee meetings have been established. (March 20, 2023, May 8, 2023 and August 14, 2023) Starting times will be 6:00 P.M. ATEC office. Our Annual Meeting will be October 7, 2023. (Location: TBA)





- **Community Activities:** The committee explored services provided by ATEC and how the committee can get involved with sharing information about the Home Health Aide Program. Flyers for the program were shared and the committee will help share information out into our communities.

8. Board of Directors Update: Mr. Rucker was not in attendance. No report given.

9. Unfinished Business: Chairperson Donald Tillman shared, "Getting into Good Trouble", a Luncheon sponsored by FI Beta Sigma organization. Friday June 23, 2023 at the Rosen Center in Orlando, FL. Table cost: \$1500.00.

10. Adjournment: 7:36 P.M.





The Agricultural and Labor Program, Inc.
2022 - 2023 Northern Region Advisory Committee
Meeting Attendance Roster

(Scheduled meetings: Oct. 2022, March, May, August, & Oct. 2023)

| Council Member | Oct. Annual Meeting 2022 | Feb 2023 Agency's Shared Governance | March 2023 | May 2023 | August 2023 | Oct. 2023 Annual Meeting |
|--|--------------------------|-------------------------------------|------------|----------|-------------|--------------------------|
| Constance Anderson (Secretary) | P | P | P | | | |
| Charles Daymon | P | A | E | | | |
| Charles Harris, Jr. | P | P | P | | | |
| Nereida Jackson, Parl. | P | P | P | | | |
| Maureen Lewis | P | P | P | | | |
| Chester McNorton (Vice Chair) | P | P | P | | | |
| David Rucker (Board Rep.) | P | P | A | | | |
| Evelyn Seabrook (Treasurer) | P | P | P | | | |
| Donald Tillman (Chairperson) | E | P | P | | | |
| Joseph Washington | P | P | A | | | |
| Melvin Philpot | | | P | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total: | 9 | 9 | 8 | | | |
| | | | | | | |
| | | | | | | |

(P= Present) (E= Excused) (A= Absent)





Northern Regional Advisory Council

(Updated Meeting Dates and Location on 3/20/2023 by NRAC committees)

2023 Tentative Meeting Calendar

March 20, 2023

ALPI Technical Education Center (ATEC)

May 8, 2023

ALPI Technical Education Center (ATEC)

August 14, 2023

ALPI Technical Education Center (ATEC)

October 7, 2023

(Annual Meeting – TBA)





Southern Region Advisory Committee Meeting March 20, 2023



THE AGRICULTURAL AND LABOR PROGRAM, INC. BOARD/ADVISORY COMMITTEE REPORT

INSTRUCTIONS: Complete and submit to the Board/Advisory Secretary after reporting to the board.

Southern Region Advisory 3/20/2023
Board Committee/ Advisory Committee Date of report

| Members Present | Members Present | Members Absent |
|-------------------|-----------------|----------------|
| 1. Kimberly Ross | 8. | Emma Malcolm |
| 2. Yvette Wingate | 9. | Ruth Gay |
| 3. Annette Jones | 10. | |
| 4. N’Kosi Jones | 11. | |
| 5. Katie Clarke | 12. | |
| 6. Tracy Maloy | 13. | |
| 7. Bernice Lopez | | |

Type of Report

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

Brief Statement of committee’s issues / Area of Reporting

- I. **Call to Order** at 6:03 pm..... *Kimberly Ross, Chair*
- II. **Moment of Silence**
- III. **Mission Statement**.....*Read in Unison*
- IV. **Roll Call**.....*Tracy Maloy (quorum validated)*
Approval of minutes.....*It was properly motion and second to approve SRAC’s minutes for 10/22/22.*
- V. **Other Correspondence**.....*NA.*
- VI. **Scholarship Update:***Annette Jones informed the committee \$298.00 is in the Seigler, Sims & Wade scholarship fund. Ms. Jones stated she will forward school info to staff liaison for distribution the first of April, 2023 for a May submission deadline for all potential scholarship applicants. Tracy Maloy made a motion to increase the committee scholarship donation to \$125.00 per member to ensure the possibility of awarding two \$500.00 scholarships. Seconded by Yvette Wingate. The due date for scholarship donations will be August, as well as informing the committee of the scholarship recipients.*
- VII. **Treasurer Report**.....*Annette Jones reported \$298.00 is current scholarship balance.*
- VIII. **Council Discussions:***Energy Fair tentatively scheduled for June 7th and 8th, 2023 in Clewiston & Moore Haven. Katie Clarke voiced her concerns with Lake View Park Community Center. Ms. Clarke requested to have the ‘poles’ painted at Lakeview, as well as having dead tree limbs removed from her back yard area, as it is blocking her view from backing out. Paint can be donated ‘free’.*
- IX. **Board of Directors Update:** N’Kosi Jones stated to the committee, they must be ‘fruitful’ and productive in their communities. The Energy Fairs should include outreach activities such as: voting registration, career source, health care entities and food initiative programs which align to the agency’s mission.

Brief Background information and possible impact of issues: (I.e. why is it an issue? Will funding, staff utilization, services, and / or facility changes be necessary?) *NA*

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

X. **Adjournment.** It was properly motion and second the SRAC Meeting was adjourned at 7:00 pm
Tracy Maloy 4-3-23
 _____ _____
 Secretary Signature Date



Policy Council Meeting Minutes April 5, 2023



COUNCIL/COMMITTEE MEETING REPORT FORM

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

Policy Council _____
COUNCIL/COMMITTEE

April 5, 2023 _____
DATE

Members Present/Absent: Attach Meeting Attendance Roster

Type of Report

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

Brief Statement of Committees Issue/Area Reporting:

- The Policy Council met on March 22, 2023, to review, discuss and approve the following:
 - Program progress reports
 - Program financial reports
 - Grant Applications, i.e., ARP Budget Revision & Budget Period 12-Month Extension, COLA, Quality Improvement, and Program Improvement One-Time request.
 - Human Resources Actions

Brief Background information and possible impact of issue/area (i.e.: Why is it an issue? Will funding, staff utilization, services and/or facility changes are necessary?)
Not at this time.

Recommendation for Board Action, if any (State in the form of a motion(s) to be acted upon by the full Board). Attach brief summary of request.
Not at this time.





Policy Council Meeting Minutes March 22, 2023

The Agricultural and Labor Program, Inc.
Head Start/Early Head Start Policy Council Meeting
ALPI Administrative Office
2202 Avenue Q, Fort Pierce, FL 34950
March 22, 2023

MINUTES

1. CALL TO ORDER

Yolanda Wright Robinson, Policy Council Chairperson called the meeting to order at 6:06 p.m.

2. ROLL CALL

Yolanda Wright Robinson, Policy Council Chairperson conducted the roll call. Members present: Clairmine Joseph, April West, Jasmine Noel, Shanell Rene, Shaquille Owens, Shayla Dobson, Karissa Blackney, Idania Mondragon, Teaira Reed, Yolanda Wright Robinson, Linda Halpin, and Marjorie Gaskin.

Staff present: Myrna Rodriguez, Division Director

3. MISSION STATEMENT

All members read the Mission Statement.

4. SECRETARY'S REPORT

Yolanda Wright Robinson asked members if there were any questions to the minutes from February 15, 2023. There were no questions.

April West made a motion to approve the minutes as presented. Marjorie Gaskin seconded. The floor was opened for questions. There were no questions. The motion carried unanimously.

5. CORRESPONDENCE

Myrna Rodriguez introduced the Program Information (PI) received from the Administration for Children and Families (ACF) regarding FY Head Start Funding Increase.

6. CONSENT AGENDA

Yolanda Wright Robinson presented the Consent Agenda for approval and asked if there was item(s) that needed to be discussed separately. No questions regarding the consent agenda were asked.

Jasmine Noel made a motion to approve the Consent Agenda as presented. Linda Halpin seconded. The floor was opened for questions. There were no questions. The motion carried unanimously.





7. POLICY COUNCIL COMMITTEES

Personnel/Grievance Committee: Myrna Rodriguez presented the Human Resources Listing of new hires. The new hires included: 1 Teacher Assistant, 2 Family Services Workers, 2 Administrative Assistants, and 1 Kitchen Helper.

April West made a motion to approve the Policy Council Human Resources Listing as presented. Shaquille Owens seconded. The floor was opened for questions. There were no questions. The motion carried unanimously. (The original Human Resources Listing is on file with the minutes).

Grants/Fiscal Committee: Myrna Rodriguez presented the financial reports, including the Child Care Food Program Reimbursements for January and February, 2023, and the Grant Applications which included, ARP Budget Revision and Budget Period 12-Month Extension, FY 2023 Head Start/Early Head Start Cost-of-Living Adjustment (COLA), FY 2023 Quality Improvement (QI), and the FY 2023 Head Start Program Improvement One-Time Request.

Shayla Dobson made a motion to approve the Financial Reports, including the Grant Applications as presented. Teaira Reed seconded. The floor was opened for questions. There were no questions. The motion carried unanimously.

8. REPORT

Board of Directors: Marjorie Gaskin provided an overview of the Governance Orientation and thanked everyone who participated. The Governance Orientation was held on February 25, 2023, in Orlando, FL.

Marjorie Gaskin made a motion to approve the Board of Directors Report as presented. April West seconded. The floor was opened for questions. There were no questions. The motion carried unanimously.

9. OLD BUSINESS

None at this time.

10. NEW BUSINESS

Yolanda Wright Robinson, announced the dates for the Program Annual Self-Assessment scheduled for May 15-18, 2023. Ms. Wright Robinson provided a brief overview of the tasks/activities and encouraged everyone to participate.

Yolanda Wright Robinson, presented the 2023-2024 Head Start/Early Head Start Selection Criteria Scale for approval.

Marjorie Gaskin made a motion to approve the 2023-2024 Head Start/Early Head Start Selection Criteria Scale as presented. Shayla Dobson seconded. The floor was opened for questions. There were no questions. The motion carried unanimously.





Policy Council Meeting
March 22, 2023

11. ADJOURNMENT

Yolanda Wright Robinson asked for approval to adjourn the meeting. Jasmine Noel made a motion to adjourn the meeting. Marjorie Gaskin seconded. The floor was opened for questions. There were no questions. The motion carried unanimously.

Meeting was adjourned at 6:27 p.m.



Policy Council Chairperson





Policy Council Meeting Minutes February 15, 2023

The Agricultural and Labor Program, Inc.
Head Start/Early Head Start Policy Council Meeting
ALPI Administrative Office
2202 Avenue Q, Fort Pierce, FL 34950
February 15, 2023

MINUTES

1. CALL TO ORDER

Yolanda Wright Robinson, Policy Council Chairperson called the meeting to order at 6:10 p.m.

2. ROLL CALL

Yolanda Wright Robinson, Policy Council Chairperson conducted the roll call. Members present: Clairmine Joseph, April West, Jasmine Noel, Shanell Rene, Shaquille Owens, Christa Jones, Karissa Blackney, Idania Mondragon, Yolanda Wright Robinson, Linda Halpin, Marjorie Gaskin, and Kevin Singletary.

Excuse: Clairmine Joseph.

Staff present: Myrna Rodriguez, Division Director

3. MISSION STATEMENT

All members read the Mission Statement.

4. SECRETARY'S REPORT

Yolanda Wright Robinson asked members if there were any questions to the minutes from January 18, 2023. There were no questions.

April West made a motion to approve the minutes as presented. Shaquille Owens seconded. The floor was opened for questions. There were no questions. The motion carried unanimously.

5. CONSENT AGENDA

Yolanda Wright Robinson presented the Consent Agenda for approval and asked if there was item(s) that needed to be discussed separately. No questions regarding the consent agenda were asked.

Karissa Blackney made a motion to approve the Consent Agenda as presented. Jasmine Noel seconded. The floor was opened for questions. There were no questions. The motion carried unanimously.

6. POLICY COUNCIL COMMITTEES

Personnel/Grievance Committee: Myrna Rodriguez presented the Human Resources Listing of new hire and terminations. The new hire included: 1 Teacher Assistant. Terminations included: 1 Kitchen Helper, and 1 Teacher Assistant.





Policy Council Meeting
February 15, 2023

Jasmine Noel made a motion to approve the Policy Council Human Resources Listing as presented. Shaquille Owens seconded. The floor was opened for questions. There were no questions. The motion carried unanimously. (The original Human Resources Listing is on file with the minutes).

Grants/Fiscal Committee: Myrna Rodriguez presented the financial reports, including the Child Care Food Program Reimbursement, and Sunshine Account Statement.

April West made a motion to approve the Financial Reports as presented. Shaquille Owens seconded. The floor was opened for questions. There were no questions. The motion carried unanimously.

7. REPORT

Board of Directors: Marjorie Gaskin reported on the Agency 55-year celebration, and provided a brief overview of the activities. Ms. Gaskin also announced the upcoming Governance Orientation and encouraged everyone to participate. The Governance Orientation is on February 25, 2023, in Orlando, FL.

Jasmine Noel made a motion to approve the Board of Directors Report as presented. Linda Halpin seconded. The floor was opened for questions. There were no questions. The motion carried unanimously.

8. OLD BUSINESS

Yolanda Wright Robinson shared the Policy Council Meeting Timelines, and asked for the March Meeting to be changed from March 15, 2023 to March 22, 2023, due to Spring Break.

April West made a motion to approve the Policy Council Meeting Timelines and the meeting change as presented. Shaquille Owens seconded. The floor was opened for questions. There were no questions. The motion carried unanimously.

9. NEW BUSINESS

Myrna Rodriguez presented the ACF Program Performance Summary Report dated 2/1/2023; which stated that The Agricultural and Labor Program, Inc. met the requirements of all applicable HSPPS, laws, regulations, and policy requirements. Members were congratulated for their participation.

10. ADJOURNMENT

Yolanda Wright Robinson asked for approval to adjourn the meeting. April West made a motion to adjourn the meeting. Marjorie Gaskin seconded. The floor was opened for questions. There were no questions. The motion carried unanimously.

Meeting was adjourned at 6:36 p.m.


Policy Council Chairperson





Florida Department of Children and Families Monitoring Reports



Child Care Facility Information

Name: ALPI Frostproof Child Development Center
ID Number: C10PO0002
Address: 701 Hopson Rd, Frostproof FL, 33843-9222
Phone Number: (863) 635-3396 **Capacity:** 140
Owner/Director/Staff Responsible: Aletha Johnson

DCF Standards
 DCF & SR Standards
 SR Standards

Inspection Information

Type: Complaint **Date:** 11/16/2022 **Arrival/Departure Time:** 02:48 PM to 04:30 PM
Staff Present: 12 **Children Present:** 32 **Onsite Visit:** Yes

INSPECTION CHECKLIST

GENERAL REQUIREMENTS

| | |
|---|---------------|
| 01. License Displayed/Citation Posted/Advertising s.402.3125(1)(a), F.S. & CCF Handbook Section, 2.1 | Not Monitored |
| 02. Minimum Age Requirements CCF Handbook, Section 2.2 | Not Monitored |
| 03. Ratio Sufficient CCF Handbook, Section 2.3 | Compliance |
| Compliance Comments | |
| The following ratio was observed: 2:6 2-3s 2:8 1-2s 2:5 infants-1s (2 infants) 2:7 infants-1s (1 infants) 1:7 2-3s 1 admin, 1 maintenance man 12 staff to 32 children | |
| 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 Requirements 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 | Noncompliance |
|--|---------------|





Name: ALPI Frostproof Child Development Center License #: C10P00002
 Address: 701 Hopson Rd, Frostproof FL, 33843-9222
 Type: Complaint Date: 11/16/2022

Non-Compliance Description

12-04 A health deficiency having a moderate potential for harm to the children in care was observed. CCF Handbook, Section 3.1 (Section 10, numbers 1-11) [SR]

Comments

At the time of the inspection the counselor obtained information to determine the facility willfully remained opened while knowing their water supply was not operable. The director brought in gallons of water to supply each classroom to sustain the water for handwashing, toileting, and drinking. The water was off the day prior at 300p, until the next day until 11a the next day. The noncompliance was resolved because the water supply was back on during the remaining hours of operation.

Due Date Completed at time of inspection

Violation Level Class 2

| | |
|---|---------------|
| 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 |
| 19. Nap/Sleep Space Requirements CCF Handbook, Section 3.6.2 | Not Monitored |
| 20. Crib 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 |
|--|---------------|





Name: ALPI Frostproof Child Development Center License #: C10PO0002
 Address: 701 Hopson Rd, Frostproof FL, 33843-9222
 Type: Complaint Date: 11/16/2022

| | |
|--|---------------|
| 30. Diapering CCF Handbook, Section 3.10 | Not Monitored |
| 31. Indoor Equipment CCF Handbook, Section 3.1.1 | Not Monitored |
| 32. Outdoor Equipment CCF Handbook, Section 3.12 | Not Monitored |

TRAINING

| | |
|--|---------------|
| 33. Training Requirements CCF Handbook, Section 4 | Not Monitored |
| 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 |
| 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 |
|---|---------------|



Name: ALPI Frostproof Child Development Center License #: C10PO0002
 Address: 701 Hopson Rd, Frostproof FL, 33843-9222
 Type: Complaint Date: 11/16/2022

Owner/Director/Staff Responsible Comments
 n/a

Received by: Aletha Johnson
 Date: 11/16/2022

Inspected by: Christin Ward Green
 Date: 11/16/2022





Child Care Facility Information

Name: ALPI Frostproof Child Development Center
 ID Number: C10PO0002
 Address: 701 Hopson Rd Frostproof FL 33843
 Phone Number: (863) 635-3396 Capacity: 140
 Owner/Director/Staff Responsible: Aletha Johnson

- DCF Standards
- DCF & SR Standards
- SR Standards

Inspection Information

Type: Complaint Date: 11/16/2022 Arrival/Departure Time: 2:48 PM to 4:30 PM
 Staff Present: 12 Children Present: 32 Onsite Visit: Yes

INSPECTION CHECKLIST

GENERAL REQUIREMENTS

| | |
|---|---------------|
| 01. License Displayed/Citation Posted/Advertising s.402.3125(1)(a), F.S. & CCF Handbook Section, 2.1 | Not Monitored |
| 02. Minimum Age Requirements CCF Handbook, Section 2.2 | Not Monitored |
| 03. Ratio Sufficient CCF Handbook, Section 2.3 <u>Compliance Comments</u> The following ratio was observed: 2:6 2-3s 2:8 1-2s 2:5 infants-1s (2 infants) 2:7 infants-1s (1 infants) 1:7 2-3s 1 admin, 1 maintenance man 12 staff to 32 children | Compliance |
| 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 Requirements 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 | Noncompliance |
|--|---------------|





Name: ALPI Frostproof Child Development Center License #: C10PO0002
 Address: 701 Hopson Rd Frostproof FL 33843
 Type: Complaint Date: 11/16/2022

Non-Compliance Description

12-04 A health deficiency having a moderate potential for harm to the children in care was observed. CCF Handbook, Section 3.1 Physical Environment [SR]

Comments

At the time of the inspection the counselor obtained information to determine the facility willfully remained opened while knowing their water supply was not operable. The director brought in gallons of water to supply each classroom to sustain the water for handwashing, toileting, and drinking. The water was off the day prior at 300p, until the next day until 11a the next day. The noncompliance was resolved because the water supply was back on during the remaining hours of operation.

Due Date Completed at time of inspection

Violation Level Class 2

| | |
|---|---------------|
| 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 |
| 19. Nap/Sleep Space Requirements CCF Handbook, Section 3.6.2 | Not Monitored |
| 20. Crib 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 |
|--|---------------|





Name: ALPI Frostproof Child Development Center License #: C10PO0002
Address: 701 Hopson Rd Frostproof FL 33843
Type: Complaint Date: 11/16/2022

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 Not Monitored

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

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





Name: ALPI Frostproof Child Development Center License #: C10PO0002
Address: 701 Hopson Rd Frostproof FL 33843
Type: Complaint Date: 11/16/2022

COMPLAINT FORM

Complaint:

On 11/16/22 the department received a report on facility conditions. Allegedly, the facility did not have running water.

Summary:

On 11/17/22 the CCR counselor went to the facility at 701 Hopson Road and the following information was obtained:

The following ratio was observed:

2:6 2-3s

2:8 1-2s

2:5 infants-1s (2 infants)

2:7 infants-1s (1 infants)

1:7 2-3s

1 admin, 1 maintenance man

12 staff to 32 children

The director states that earlier this morning the facility was out of water. She states the problem was resolved around noon today. She explains yesterday water was sprouting out of the pump on the facility to which they have a well that supplies water. She explained that two different people came out yesterday to do maintenance and noticed that it was in need of service/repair so she did announce on the intercom to the employees that work was being done to the well. She explained she brought jugs of water in this morning and gave them each a few jugs to get through the morning. The director states she had a PTO for parents at 9 am already scheduled but she did not inform the parents of the water issue unless it would not be resolved.

Teacher 1 explains that when she arrived at work, the water was not working. She explains she got into at 9 am; she explains they were provided jugs of water and she did not have any issues without the water that she thinks was concern. She explains if she had guess she got

Teacher 2 explains that she got into work at 830a. She explains that she was made aware the facility did not have water by other teachers. She explains she does not have any concerns at the moment and the classrooms were provided a gallon of water until it was fixed. She stated nothing interfered with the day and recalls the water was back on by 10am.

Teacher 3 states that she arrived at work at 8a and the water was not on then. She states the water companies came at 10am to fix it. She states they were provided with 2 gallons of water to help flush toilets and wash hands in the classroom. She states they weren't equipped to have long periods without water and says they were doing okay. She recalls yesterday about 315-330 they did not have water then and children were in care as well.

Teacher 4 explains she gets to work at 8am and the water was not working. She explains yesterday before they left for the day around 3pm it wasn't working and to her knowledge the water was off since 3 pm which is why the director came into the facility with gallons of water for the classrooms. She recalls there was an announcement made by the director that they would not have water for the rest of the day. She explains she used the gallons of water to wash hands, and use the bathroom. She is not sure of a definite reason why they were without water but stated she heard something about a pump. She recalls the water came back on by 1015 if she had to guess.

Teacher 5 explains that about 2p yesterday the water was off for a short period of time and again at 330 when she left for the day. She explains the water was off this morning again until about noonish. Teacher 5 stated the water was used to wash hands for students/teachers and bathroom. She states she is unaware if parents were aware of what happened with the water.

Teacher 6 states they did not have water earlier today, she explains the supervisor brought gallons of water. She states the water was back on at noon and the gallons given to them were for the babies to drink.

Teacher 7 states she recalls people came yesterday and turned off the water late yesterday but she is unaware of the exact time. She explains she came in at 9am and the water was off. She informs the counselor there was no instructions given about what to do but was given 2 gallons of drinking water. She used the water to wash hands and also baby wipes. She states about 1015 the water came back on and she is unaware if parents knew about the water.

Teacher 8 states she gets to work at 8am and she was unaware of the water problem until another teacher told her. She states the water was for washing hands, brushing teeth, and the toilet. She explains that yesterday at 330 the water was announced to be turned off and she is not sure if it was ever turned back on yesterday at any point after that. She says the water was provided for the classrooms early morning so believes the director knew the water was not on the whole time. She recalls the water was back on today about 1020ish.

Teacher 9 states that yesterday on the intercom it was announced by the director that the water was off at 330 and this morning it was still off. She explains the water gallons provided by the director was for drinking, the toilets to flush, and washing hands. She recalls the parent meeting that took place this morning but she is unaware if they were made aware of the water situation. She states the water was back on at about 1015. She explains this has happened once before about 2 months ago and it was not related to any storms.

Teacher 10 states that she got to work at 830 this morning and yesterday at 4p there was no water because someone was fixing it. She recalls they started fixing the water about 230p yesterday. She says she was told the water was being cleaned since they have well water. She states the jugs of water were already in her classroom with teacher 9 from the director. She recalls the water was turned






Name: ALPI Frostproof Child Development Center License #: C10PC0002
Address: 701 Hopson Rd Frostproof FL 33843
Type: Complaint **Date:** 11/16/2022

back on at 1015.

The water company owner states his worker went out to the facility to drain the tank for the well yesterday. He states the call was sent to him for this address to do maintenance of the well pump so he sent his technician out to service the well. He is unaware of any specifics but does know it happened yesterday.

FI water treatment company agent 2 states she looked up the invoice for agent 1 that stated he drained the tank and it stopped working repairs had to be made and it was for yesterdays date.

On 3/22/23 The CCR counselor went to the facility to close the complaint. The report was reviewed by the director to review the non-compliant standards if any that were found during this complaint inspection. The complaint was found to have validity per the allegations. The director had no comments or concerns but was advised to contact the office at 863-499-2222 if any future inquiries arose.



Received by: Aletha Johnson
Date: 11/16/2022



Inspected by: Christin Ward Green
Date: 11/16/2022





Child Care Facility Information

Name: ALPI Frostproof Child Development Center
 ID Number: C10PO0002
 Address: 701 Hopson Rd Frostproof FL 33843
 Phone Number: (863) 635-3396 Capacity: 140
 Owner/Director/Staff Responsible: Aletha Johnson

- DCF Standards
- DCF & SR Standards
- SR Standards

Inspection Information

Type: Complaint Date: 11/28/2022 Arrival/Departure Time: 11:35 AM to 1:27 PM
 Staff Present: 12 Children Present: 30 Onsite Visit: Yes

INSPECTION CHECKLIST

GENERAL REQUIREMENTS

| | |
|---|---------------|
| 01. License Displayed/Citation Posted/Advertising s.402.3125(1)(a), F.S. & CCF Handbook Section, 2.1 | Not Monitored |
| 02. Minimum Age Requirements CCF Handbook, Section 2.2 | Not Monitored |
| 03. Ratio Sufficient CCF Handbook, Section 2.3 <u>Compliance Comments</u> The following ratio was observed: 2:8 1-2s 2:7 2-3s 2:3 infants 2:7 1s 2:5 2-3s 2 admin 12 staff to 30 children | Compliance |
| 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 Requirements 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 | Compliance |

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 |





Name: ALPI Frostproof Child Development Center License #: C10PO0002
 Address: 701 Hopson Rd Frostproof FL 33843
 Type: Complaint Date: 11/28/2022

| | |
|--|---------------|
| 18. Bedding and Linens CCF Handbook, Section 3.6 | Not Monitored |
| 19. Nap/Sleep Space Requirements CCF Handbook, Section 3.6.2 | Not Monitored |
| 20. Crib 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 | Not Monitored |
| 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: ALPI Frostproof Child Development Center License #: C10P00002
 Address: 701 Hopson Rd Frostproof FL 33843
 Type: Complaint Date: 11/28/2022

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

Owner/Director/Staff Responsible Comments
 n/a





Name: ALPI Frostproof Child Development Center License #: C10PO0002
 Address: 701 Hopson Rd Frostproof FL 33843
 Type: Complaint Date: 11/28/2022

COMPLAINT FORM

Complaint:

On 11/22/22 the department received a report on speaking harshly to children. Allegedly, concerns of a teacher speaking harshly to children.

Summary:

On 11/28/22 the CCR counselor went to the facility at 701 Hopson Road, Frostproof and the following information was obtained:

** the facility was closed for thanksgiving holiday

The following ratio was observed:

- 2:8 1-2s
- 2:7 2-3s
- 2:3 infants
- 2:7 1s
- 2:5 2-3s
- 2 admin
- 12 staff to 30 children

The director stated the cook came to her with concerns of how teacher 1 was interacting with the child. She explained the cook wrote a statement. She explains based on their policy acknowledgments employees know what is expected from them and what happens if they do not follow guidelines which is why the employee is on administrative leave with pay until the investigation is completed through the company. The director stated she does not have access to the cameras and would have to go through HR to get any footage for the department. The director gave the agent the information for the HR personnel to reach about the camera access. She had not seen any camera footage only went based off what was explained to her by the cook and after getting word from her management team they decided to have teacher 1 on leave until further notice.

Teacher 1 explains she has never been written up before and herself along with her co-teacher who was fired for non-related reasons to her being on leave was talked to on the same day. She stated that she talked to by the director and another supervisor about the incident that allegedly happened but she told them she was unaware of a time she interacted in a mean or physical way with a child in her care. She states she only seen the cook at breakfast. She recalls the director pulled her out of the classroom for yelling at a child but she would not tell her who or when to help jog her memory to give her side of the story. She states she was told to write an incident report for the management team to put in her file but she was concerned about what this all meant.

The cook stated she was torn in between telling and not telling but she knows she is a mandated reporter. She explains that she told the director and called it in to the department but says nothing came of it so she is surprised to see licensing here to talk to her. She explains that she observed during circle time, when she was walking around to collect numbers from classrooms to provide the classrooms with the correct amount of breakfast, teacher 1 grabbed a child by both arms and yanked him down and was screaming in his face to sit down. She stated she was very shocked by what she seen that she did not address the teacher but noticed the child seemed okay but was crying a little. The cook did admit she had never seen the teacher act like this before and it was a one-time incident but she needed to tell the director what she seen. She explains she was told to write a statement and it was given to the administration for records. She is unaware of what happened with the teachers of the classroom.

The CCR counselor reached out to the administration to obtain video footage of the incident that allegedly happened. Administration asked for verification to determine if video footage could be released to the department. After communication with administration for the facility and the licensing supervisor it was advised that no camera footage was found for the timeframe submitted by the department pertaining to the allegations of the report. Video footage was not provided by the administration. The child was not interviewed due to his age at the time of the inspection (1.5-2 year old) and english being second language.

On 3/22/23 The CCR counselor went to the facility to close the complaint. The report was reviewed by the director to review the non-compliant standards if any that were found during this complaint inspection. The complaint was found to have no validity per the allegations. The director had no comments or concerns but was advised to contact the office at 863-499-2222 if any future inquiries arose.





Child Care Facility Information

Name: ALPI Queen Townsend Head Start Center II
ID Number: C19SL0161
Address: 2202 Avenue Q, Fort Pierce FL, 34950-2000
Phone Number: (772) 429-8889 **Capacity:** 325
Owner/Director/Staff Responsible: Shelsea Polk

- DCF Standards
- DCF & SR Standards
- SR Standards

Inspection Information

Type: Routine **Date:** 03/27/2023 **Arrival/Departure Time:** 12:29 PM to 01:00 PM
Staff Present: 16 **Children Present:** 126 **Onsite Visit:** Yes
[School Readiness Inspection]

INSPECTION CHECKLIST

GENERAL REQUIREMENTS

| | |
|---|----------------|
| 01. License Displayed/Citation Posted/Advertising s.402.3125(1)(a), F.S. & CCF Handbook Section, 2.1 | Compliance |
| 02. Minimum Age Requirements CCF Handbook, Section 2.2 (Form OEL-SR-6202, Section 2 Minimum Age Requirements, Page 13) | Compliance |
| 03. Ratio Sufficient CCF Handbook, Section 2.3 (Form OEL-SR-6202, Section 3 Ratios, Page 13) | Compliance |
| <u>Compliance Comments</u> | |
| Ratio observed: | |
| Three 2:16 | |
| VPK 2:17 | |
| VPK 2:16 | |
| Three & Four 2:17 | |
| Three & Four 2:15 | |
| Two 2:14 | |
| VPK 2:15 | |
| VPK 2:16 | |
| 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) | Not Applicable |
| <u>Not Applicable Comments</u> | |
| Standard #5-#8 Do not provide transportation. | |
| 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) | Not Applicable |
| 07. Vehicle Requirements CCF Handbook, Section 2.5.4 (Form OEL-SR-6202, Section 6 Transportation, Page 17-19) | Not Applicable |
| 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) | Not Applicable |
| 09. Planned Activities CCF Handbook, Section 2.6 (Form OEL-SR-6202, Section 7 Planned Activities, Pages 19-20) | Compliance |





Name: ALPI Queen Townsend Head Start Center II License #: C19SL0161
 Address: 2202 Avenue Q, Fort Pierce FL, 34950-2000
 Type: Routine Date: 03/27/2023

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|--|----------------|
| 10. Field Trip Permission CCF Handbook, Section 2.7 (Form OEL-SR-6202, Section 8 Field Trip Activity, Pages 20-21) | Not Applicable |
| <u>Not Applicable Comments</u> | |
| No field trip. | |
| 11. Child Discipline CCF Handbook, Section 2.8 (Form OEL-SR-6202, Section 9 Child Discipline, Pages 21-22) | Compliance |

PHYSICAL ENVIRONMENT

| | |
|---|----------------|
| 12. Facility Environment CCF Handbook, Section 3.1 (Form OEL-SR-6202, Section 10 Physical Environment, Pages 22-23) | Compliance |
| 13. Toxic Substances, Hazardous Materials and Weapons CCF Handbook, Section 3.2 (Form OEL-SR-6202, Section 10 Physical Environment, Pages 22-23) | Compliance |
| 14. Lighting, Temperature, and Ventilation CCF Handbook, Section 3.3 (Form OEL-SR-6202, Section 10 Physical Environment, Pages 23-24) | Compliance |
| 15. Licensed Capacity CCF Handbook, Section 3.4 (Form OEL-SR-6202, Section 1 - Capacity, Page 10) | Compliance |
| 16. Indoor Floor Space CCF Handbook, Section 3.4 (Form OEL-SR-6202, Section 1 - Capacity, Page 10),(Form OEL-SR-6202, Section 1.1 Indoor Floor Space, Pages 11-12) | Compliance |
| 17. Outdoor Play Area/Fencing CCF Handbook, Section 3.5 (Form OEL-SR-6202, Section 7 Planned Activities, Pages 19-20),(Form OEL-SR-6202, Section 10.7 Outdoor Play Area and Section 10.8 Fencing, Pages 25-26) | Compliance |
| 18. Bedding and Linens CCF Handbook, Section 3.6 (Form OEL-SR-6202, Section 12.4 Bedding and Linens, Page 29),(Form OEL-SR-6202, Section 10.4 Nap and Sleep Space(s)/Safe Sleep Practices, Page 24) | Compliance |
| 19. Nap/Sleep Space Requirements CCF Handbook, Section 3.6.2 (Form OEL-SR-6202, Section 12.4 Bedding and Linens, Page 29),(Form OEL-SR-6202, Section 10.4 Nap and Sleep Space(s)/Safe Sleep Practices, Page 24) | 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> | |
| No Infants enroll. | |
| 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 |





Name: ALPI Queen Townsend Head Start Center II License #: C19SL0161
 Address: 2202 Avenue Q, Fort Pierce FL, 34950-2000
 Type: Routine Date: 03/27/2023

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| 23. Fire Drills & Emergency Preparedness CCF Handbook, Section 3.9 (Form OEL-SR-6202, Section 14 Fire Safety and Emergency Preparedness and Response, Pages 32-34) | Compliance |
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Compliance Comments

The last fire drill was conducted on 3/23/2023.

FOOD AND NUTRITION

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|---|------------|
| 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 |
|---|------------|

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|---|------------|
| 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 |
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| 26. Meal and Snack Menus CCF Handbook, Section 3.9.3 & Section 7 | Compliance |
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|---|------------|
| 27. Catered Food and Food Provided by Outside Sources CCF Handbook, Section 7 & Section 3.9.3 | Compliance |
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| 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 |
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Not Applicable Comments

No Infants enroll.

SANITATION AND EQUIPMENT

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| 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 |
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| 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 |
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|---|------------|
| 31. Indoor Equipment CCF Handbook, Section 3.11 (Form OEL-SR-6202, Section 11 Equipment and Furnishings, Pages 26-27) | Compliance |
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| 32. Outdoor Equipment CCF Handbook, Section 3.12 (Form OEL-SR-6202, Section 11 Equipment and Furnishings, Pages 26-27) | Compliance |
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TRAINING

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

HEALTH REQUIREMENTS

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| 35. Communicable Disease Control CCF Handbook, Section 6.1 (Form OEL-SR-6202, Section 13 Health-Related Requirements, Pages 30-31) | Compliance |
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Name: ALPI Queen Townsend Head Start Center II License #: C19SL0161
 Address: 2202 Avenue Q, Fort Pierce FL, 34950-2000
 Type: Routine Date: 03/27/2023

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|---|------------|
| 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

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|--|------------|
| 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) <u>Compliance Comments</u> 41-43 reviewed 50% of children records from A-K, including 0 newly enrolled. | Compliance |
| 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 |
| 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 |
| 44. Personnel Records CCF Handbook, Section 7.4 (Form OEL-SR-6202, Section 19.2 Record Keeping/Childrens Files, Page 47) <u>Compliance Comments</u> Review and update. | Compliance |
| 45. Background Screening Documents CCF Handbook, Section 7.4.1 (Form OEL-SR-6202, Section 18 Training Requirements, Pages 26-27), (Form OEL-SR-6202, Section 13.4 First Aid and Cardiopulmonary Resuscitation Pages 31-32), (Form OEL-SR-6202, Section 19.4 Record Keeping/Personnel Records, Page 48), (Form OEL-SR-6202, Section 19.5 Record Keeping/Background Screening, Page 49) | Compliance |
| 46. Daily Attendance CCF Handbook, Section 7.5 (Form OEL-SR-6202, Section 19.3 Record Keeping/Attendance, Page 48) | Compliance |

ENFORCEMENT

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

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





Name: ALPI Queen Townsend Head Start Center II **License #:** C19SL0161
Address: 2202 Avenue Q, Fort Pierce FL, 34950-2000
Type: Routine **Date:** 03/27/2023

Counselor Comments

Technical Assistance Statement Regarding Transportation and Vehicle Requirements for Child Care Facilities Prior to transporting children, the facility must be approved by the Department to offer transportation services. Transportation services will be approved if the conditions set forth in parts 2.5.1, 2.5.4., 2.5.5., and 4.2.6., of the Child Care Facility Handbook are met. Pursuant to 402.305(10)4(b), Florida Statutes, child care facilities are required to install an alarm system in each vehicle used by the facility or home to transport children by January 9, 2022. Alongside the alarm requirements, child care providers are required to continue conducting physical and visual sweeps of the vehicle and maintaining a log. Please visit the child care website at: www.myflfamilies.com/childcare then click on Child Care Alarms for Transportation for more information or contact your licensing counselor. All the standards marked Not Applicable on the inspection were so marked because the facility does not provide those services.

Owner/Director/Staff Responsible Comments

The Director doesn't have any comments.

Received by: Shelsea Polk
Date: 03/27/2023

Inspected by: Marie Dubuisson
Date: 03/27/2023





Child Care Facility Information

Name: Hobe Sound Early Learning Center
 ID Number: C19MA0016
 Address: 11580 SE Gomez Ave Hobe Sound FL 33455-3381
 Phone Number: (772) 546-5462 Capacity: 165
 Owner/Director/Staff Responsible: Ashley Connors

- DCF Standards
- DCF & SR Standards
- SR Standards

Inspection Information

Type: Renewal Date: 03/22/2023 Arrival/Departure Time: 01:00 PM to 02:40 PM
 Staff Present: 25 Children Present: 142 Onsite Visit: Yes
 [School Readiness Inspection]

INSPECTION CHECKLIST

GENERAL REQUIREMENTS

| | |
|--|-----------------------|
| 01. License Displayed/Citation Posted/Advertising s.402.3125(1)(a), F.S. & CCF Handbook Section, 2.1 | Compliance |
| 02. Minimum Age Requirements CCF Handbook, Section 2.2 (Form OEL-SR-6202, Section 2 Minimum Age Requirements, Page 13) | Compliance |
| 03. Ratio Sufficient CCF Handbook, Section 2.3 (Form OEL-SR-6202, Section 3 Ratios, Page 13) | Compliance |
| <u>Compliance Comments</u> | |
| Ratio Observed | |
| Threes 2:15 | |
| Threes 2:16 | |
| Mixed Ones & two years 2:5 | |
| Mixed Threes, Fours & Fives years 3:17 | |
| Twos 3:15 | |
| Ones 3:9 | |
| Ones 3:10 | |
| VPKs 2:20 | |
| VPKs 2:19 | |
| 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) | Not Applicable |
| <u>Not Applicable Comments</u> | |
| Do not provide transportation | |
| 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) | Not Applicable |
| 07. Vehicle Requirements CCF Handbook, Section 2.5.4 (Form OEL-SR-6202, Section 6 Transportation, Page 17-19) | Not Applicable |
| 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) | Not Applicable |





Name: Hobe Sound Early Learning Center License #: C19MA0016
 Address: 11580 SE Gomez Ave Hobe Sound FL 33455-3381
 Type: Renewal Date: 03/22/2023

| | |
|---|----------------|
| 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) <u>Not Applicable Comments</u> No field trip | Not Applicable |
| 11. Child Discipline CCF Handbook, Section 2.8 (Form OEL-SR-6202, Section 9 Child Discipline, Pages 21-22) | Compliance |

PHYSICAL ENVIRONMENT

| | |
|---|------------|
| 12. Facility Environment CCF Handbook, Section 3.1 (Form OEL-SR-6202, Section 10 Physical Environment, Pages 22-23) | Compliance |
| 13. Toxic Substances, Hazardous Materials and Weapons CCF Handbook, Section 3.2 (Form OEL-SR-6202, Section 10 Physical Environment, Pages 22-23) | Compliance |
| 14. Lighting, Temperature, and Ventilation CCF Handbook, Section 3.3 (Form OEL-SR-6202, Section 10 Physical Environment, Pages 23-24) | Compliance |
| 15. Licensed Capacity CCF Handbook, Section 3.4 (Form OEL-SR-6202, Section 1 - Capacity, Page 10) | Compliance |
| 16. Indoor Floor Space CCF Handbook, Section 3.4 (Form OEL-SR-6202, Section 1 - Capacity, Page 10);(Form OEL-SR-6202, Section 1.1 Indoor Floor Space, Pages 11-12) | Compliance |
| 17. Outdoor Play Area/Fencing CCF Handbook, Section 3.5 (Form OEL-SR-6202, Section 7 Planned Activities, Pages 19-20);(Form OEL-SR-6202, Section 10.7 Outdoor Play Area and Section 10.8 Fencing, Pages 25-26) | Compliance |
| 18. Bedding and Linens CCF Handbook, Section 3.6 (Form OEL-SR-6202, Section 12.4 Bedding and Linens, Page 29);(Form OEL-SR-6202, Section 10.4 Nap and Sleep Space(s)/Safe Sleep Practices, Page 24) | Compliance |
| 19. Nap/Sleep Space Requirements CCF Handbook, Section 3.6.2 (Form OEL-SR-6202, Section 12.4 Bedding and Linens, Page 29);(Form OEL-SR-6202, Section 10.4 Nap and Sleep Space(s)/Safe Sleep Practices, Page 24) | 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 |





Name: Hobe Sound Early Learning Center License #: C19MA0016
 Address: 11580 SE Gomez Ave Hobe Sound FL 33455-3381
 Type: Renewal Date: 03/22/2023

23. Fire Drills & Emergency Preparedness CCF Handbook, Section 3.8 (Form OEL-SR-6202, Section 14 Fire Safety and Emergency Preparedness and Response, Pages 32-34) Compliance

Compliance Comments

Fire Drill was conducted during the inspection 25 staffs & 142 children were present.

FOOD AND NUTRITION

24. Food Preparation Area CCF Handbook, Section 3.9 (Form OEL-SR-6202, Section 17.1 Food Preparation Area and Section 17.2 Food Storage, Pages 37-38) Compliance

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

26. Meal and Snack Menus CCF Handbook, Section 3.9.3 & Section 7 Compliance

27. Catered Food and Food Provided by Outside Sources CCF Handbook, Section 7 & Section 3.9.3 Compliance

28. Bottles, Breastmilk, Formula and Infant Food CCF Handbook, Section 3.9 (Form OEL-SR-6202, Section 5 Supervision, Pages 16-17), (Form OEL-SR-6202, Section 17.4 Breastmilk, Infant Formula and Food, Pages 40-41) Compliance

SANITATION AND EQUIPMENT

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

30. Diapering CCF Handbook, Section 3.10 (Form OEL-SR-6202, Section 5 Supervision, Pages 16-17), (Form OEL-SR-6202, Section 12.3 Diapering, Pages 26-27) Noncompliance

Non-Compliance Description

30-14 Diaper changing procedure was not posted in the changing area and/or was not followed. CCF Handbook, Section 3.10.2, L

Comments

Reposted by a staff member & completed at time of inspection

Due Date Completed at time of inspection

Violation Level Class 3

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





Name: Hobe Sound Early Learning Center License #: C19MA0016
 Address: 11580 SE Gomez Ave Hobe Sound FL 33455-3381
 Type: Renewal Date: 03/22/2023

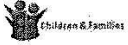
HEALTH REQUIREMENTS

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

RECORD KEEPING

| | |
|--|------------|
| 41. Immunization Records CCF Handbook, Section 7.1 (Form OEL-SR-6202, Section 19.2 Record Keeping/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) <u>Compliance Comments</u> #41, #42 & #43 Review 50% of children files from A-M Including new enrolled | Compliance |
| 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 |
| 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 |
| 44. Personnel Records CCF Handbook, Section 7.4 (Form OEL-SR-6202, Section 19.2 Record Keeping/Childrens Files, Page 47) <u>Compliance Comments</u> #44 & #45 Review staff files in the cabinet | Compliance |
| 45. Background Screening Documents CCF Handbook, Section 7.4.1 (Form OEL-SR-6202, Section 18 Training Requirements, Pages 26-27),(Form OEL-SR-6202, Section 13.4 First Aid and Cardiopulmonary Resuscitation Pages 31-32),(Form OEL-SR-6202, Section 19.4 Record Keeping/Personnel Records, Page 48),(Form OEL-SR-6202, Section 19.5 Record Keeping/Background Screening, Page 49) <u>Compliance Comments</u> Review staff background screenings | Compliance |
| 46. Daily Attendance CCF Handbook, Section 7.5 (Form OEL-SR-6202, Section 19.3 Record Keeping/Attendance, Page 48) | Compliance |





Name: Hobe Sound Early Learning Center **License #:** C19MA0016
Address: 11580 SE Gomez Ave Hobe Sound FL 33455-3381
Type: Renewal **Date:** 03/22/2023

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

Counselor Comments

Reposted by staff member---Completed at the time of inspection.

Owner/Director/Staff Responsible Comments

No comments

Received by: Ashley Connors
Date: 03/22/2023

Inspected by: Ronald Belfort
Date: 03/22/2023





Child Care Facility Information

Name: ALPI Frostproof Child Development Center
ID Number: C10PO0002
Address: 701 Hopson Rd, Frostproof FL, 33843-9222
Phone Number: (863) 635-3396 **Capacity:** 140
Owner/Director/Staff Responsible: Aletha Johnson

- DCF Standards
- DCF & SR Standards
- SR Standards

Inspection Information

Type: Renewal Date: 03/21/2023 **Arrival/Departure Time:** 10:08 AM to 01:50 PM
Staff Present: 17 **Children Present:** 28 **Onsite Visit:** Yes
[School Readiness Inspection]

INSPECTION CHECKLIST

GENERAL REQUIREMENTS

| | |
|---|-------------------|
| 01. License Displayed/Citation Posted/Advertising s.402.3125(f)(a), F.S. & CCF Handbook Section, 2.1 | Compliance |
|---|-------------------|

Compliance Comments

At the time of the inspection, the license was displayed in the office of the facility.

| | |
|---|-------------------|
| 02. Minimum Age Requirements CCF Handbook, Section 2.2 (Form OEL-SR-6202, Section 2 Minimum Age Requirements, Page 13) | Compliance |
|---|-------------------|

| | |
|---|-------------------|
| 03. Ratio Sufficient CCF Handbook, Section 2.3 (Form OEL-SR-6202, Section 3 Ratios, Page 13) | Compliance |
|---|-------------------|

Compliance Comments

- children/age/staff.
- 1/infant, 2/1/2.
- 4/1/2.
- 7/2&3/2.
- 3/1&2/2.
- 6/2/2.
- 5/3/2.

| | |
|---|-------------------|
| 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) | Not Applicable |
|---|-----------------------|

Not Applicable Comments

At the time of the inspection, the provider stated they do not transport children and have not been. The provider was reminded that if they choose to provide transportation they should contact this counselor or the child care office first to ensure that they have all the required information needed.

| | |
|--|-----------------------|
| 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) | Not Applicable |
|--|-----------------------|

Not Applicable Comments

At the time of the inspection, the provider stated they do not transport children and have not been. The provider was reminded that if they choose to provide transportation they should contact this counselor or the child care office first to ensure that they have all the required information needed.

| | |
|--|-----------------------|
| 07. Vehicle Requirements CCF Handbook, Section 2.5.4 (Form OEL-SR-6202, Section 6 Transportation, Page 17-19) | Not Applicable |
|--|-----------------------|

Not Applicable Comments

At the time of the inspection, the provider stated they do not transport children and have not been. The provider was reminded that if they choose to provide transportation they should contact this counselor or the child care office first to ensure that they have all the required information needed.





Name: ALPI Frostproof Child Development Center License #: C10PD0002
 Address: 701 Hopson Rd, Frostproof FL, 33843-9222
 Type: Renewal Date: 03/21/2023

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) Not Applicable

Not Applicable Comments

At the time of the inspection, the provider stated they do not transport children and have not been. The provider was reminded that if they choose to provide transportation they should contact this counselor or the child care office first to ensure that they have all the required information needed.

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) Not Applicable

Not Applicable Comments

At the time of the inspection, the provider stated they do not conduct field trips.

11. Child Discipline CCF Handbook, Section 2.8 (Form OEL-SR-6202, Section 9 Child Discipline, Pages 21-22) Compliance

PHYSICAL ENVIRONMENT

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

13. Toxic Substances, Hazardous Materials and Weapons CCF Handbook, Section 3.2 (Form OEL-SR-6202, Section 10 Physical Environment, Pages 22-23) Compliance

14. Lighting, Temperature, and Ventilation CCF Handbook, Section 3.3 (Form OEL-SR-6202, Section 10 Physical Environment, Pages 23-24) Compliance

15. Licensed Capacity CCF Handbook, Section 3.4 (Form OEL-SR-6202, Section 1 - Capacity, Page 10) Compliance

16. Indoor Floor Space CCF Handbook, Section 3.4 (Form OEL-SR-6202, Section 1 - Capacity, Page 10), (Form OEL-SR-6202, Section 1.1 Indoor Floor Space, Pages 11-12) Compliance

17. Outdoor Play Area/Fencing CCF Handbook, Section 3.5 (Form OEL-SR-6202, Section 7 Planned Activities, Pages 19-20), (Form OEL-SR-6202, Section 10.7 Outdoor Play Area and Section 10.8 Fencing, Pages 25-26) Compliance

18. Bedding and Linens CCF Handbook, Section 3.6 (Form OEL-SR-6202, Section 12.4 Bedding and Linens, Page 29), (Form OEL-SR-6202, Section 10.4 Nap and Sleep Space(s)/Safe Sleep Practices, Page 24) Compliance

19. Nap/Sleep Space Requirements CCF Handbook, Section 3.6.2 (Form OEL-SR-6202, Section 12.4 Bedding and Linens, Page 29), (Form OEL-SR-6202, Section 10.4 Nap and Sleep Space(s)/Safe Sleep Practices, Page 24) Compliance

Compliance Comments

At the time of the inspection, the mats were placed at least 18" apart during nap time.

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





Name: ALPI Frostproof Child Development Center License #: C10P00002
 Address: 701 Hopson Rd, Frostproof FL, 33843-9222
 Type: Renewal Date: 03/21/2023

22. Operable Phone CCF Handbook, Section 3.8.1 (Form OEL-SR-6202, Section 14.2 Fire Safety, Page 33) Compliance

Compliance Comments

At the time of the inspection, the provider had an operable phone.

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) Noncompliance

Non-Compliance Description

23-01 The facility did not have documented proof of an annual fire inspection by the local fire authority. CCF Handbook, Section 3.8.2, A (Section 14.2, number 1) [SR]

Comments

Last year's fire inspection was completed on February 8, 2022 and expired February 8, 2023. This year's fire inspection was conducted on 3/2/23. Placing this completed at the time of the inspection.

Due Date Completed at time of inspection

Violation Level Class 3

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

Compliance Comments

At the time of the inspection, the menu was posted properly.

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 Compliance

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

Compliance Comments

At the time of the inspection, the indoor equipment was in good repair.





Name: ALPI Frostproof Child Development Center License #: C10PO0002
Address: 701 Hopson Rd, Frostproof FL, 33843-9222
Type: Renewal Date: 03/21/2023

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

Compliance Comments

At the time of the inspection, the outdoor equipment was in good repair.

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

Compliance Comments

At the time of the inspection, the emergency numbers with directions was posted above all phones.

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

Compliance Comments

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

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

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

At the time of the inspection, the provider state they have 36 children enrolled and all children's files were reviewed.





Name: ALPI Frostproof Child Development Center License #: C10PO0002
Address: 701 Hopson Rd, Frostproof FL, 33843-9222
Type: Renewal **Date:** 03/21/2023

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

Compliance Comments

At the time of the inspection, 17 staff files were reviewed and updated in CARES.

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

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

ENFORCEMENT

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

SCHOOL READINESS

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

Owner/Director/Staff Responsible Comments

The provider had no comment.

Received by: Aletha Johnson
Date: 03/21/2023

Inspected by: Heidi Dumont
Date: 03/21/2023





Fire Rescue Annual Inspection



POLK COUNTY FIRE RESCUE FIRE PREVENTION INSPECTION REPORT



03/02/23

Frostproof Child Development Center Bldg #1/ Main Office
701 HOPSON Rd
Frostproof, FL 33843

Inspection # 62812 **Inspection Type** Periodic
Property # 3697 **Occupancy Type** Existing Business Occupancy

Inspection History

| Inspection Date | Status | Inspected By |
|-----------------|---------------------|-------------------------|
| 03/02/23 | No Violations Found | Inspector Jean Baptiste |



Inspector Jean Baptiste

Hattie Brown

Contact:

Phone:

Email:

page 1 of 1

Inspection # 62812

Desc. Frostproof Child Development Center Bldg #1/ Main Office





POLK COUNTY FIRE RESCUE
FIRE PREVENTION INSPECTION REPORT



03/02/23

Frostproof Child Development Center
 701 HOPSON Rd, #Bldg #2
 Frostproof, FL 33843

Inspection # 63775 **Inspection Type** Periodic
Property # 3701 **Occupancy Type** Existing Business Occupancy

Inspection History

| Inspection Date | Status | Inspected By |
|-----------------|---------------------|-------------------------|
| 03/02/23 | No Violations Found | Inspector Jean Baptiste |



Inspector Jean Baptiste

Hattie Brown

| Contact: | Phone: | Email: |
|-------------|---------------------------|--|
| page 1 of 1 | Inspection # 63775 | Desc. Frostproof Child Development Center |





**POLK COUNTY FIRE RESCUE
FIRE PREVENTION INSPECTION REPORT**



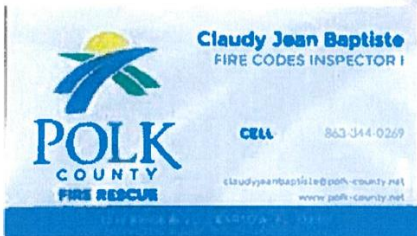
03/02/23

Frostproof Child Development Center #3 / Office
701 HOPSON Rd
Frostproof, FL 33843

Inspection # 81351 **Inspection Type** Periodic
Property # 3695 **Occupancy Type** Existing Business Occupancy

Inspection History

| Inspection Date | Status | Inspected By |
|-----------------|---------------------|-------------------------|
| 03/02/23 | No Violations Found | Inspector Jean Baptiste |



Inspector Jean Baptiste

Hattie Johnson

Contact: page 1 of 1 **Phone:** **Inspection #** 81351 **Email:** **Desc.** Frostproof Child Development Center #3 / Office





**POLK COUNTY FIRE RESCUE
FIRE PREVENTION INSPECTION REPORT**



03/02/23

Frostproof Child Development Center #5 / Head Start & Kitchen
701 HOPSON Rd
Frostproof, FL 33843

Inspection # 63773 **Inspection Type** Periodic
Property # 3698 **Occupancy Type** Existing Day-Care Occupancy

Means Of Egress

| Regulation | Violation | Due Date |
|---|--|----------|
| 1) 1:14.4.1 | Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. | 04/01/23 |
| Compliance | | |
| Remark: Door leaves shall be arranged to be opened readily from the egress side whenever the building is occupied. | | |

Fire Protection Systems

| Regulation | Violation | Due Date |
|---|---|----------|
| 2) FAC 69A-48 | Fire alarms shall bear a current inspection tag from a contractor licensed to inspect fire alarms. Any deficiencies found during inspection shall be corrected immediately. | 04/01/23 |
| Compliance | | |
| Remark: Fire alarm is in trouble mode. | | |

Contact: **Phone:** **Email:**
page 1 of 2 **Inspection #** 63773 **Desc.** Frostproof Child Development Center #5 / Head Start & Kitchen





Inspection History

| Inspection Date | Status | Inspected By |
|-----------------|------------------|-------------------------|
| 03/02/23 | Violations Found | Inspector Jean Baptiste |



Inspector Jean Baptiste

Hattie Brown

Contact:

Phone:

Email:

page 2 of 2

Inspection # 63773

Desc. Frostproof Child Development Center #5 / Head Start & Kitchen





**POLK COUNTY FIRE RESCUE
FIRE PREVENTION INSPECTION REPORT**



03/02/23

Frostproof Child Development Center #8 / Early Head Start
701 HOPSON Rd
Frostproof, FL 33843

Inspection # 66407 **Inspection Type** Periodic
Property # 3696 **Occupancy Type** Storage Occupancy

Means Of Egress

| Regulation | Violation | Due Date |
|---|---|----------|
| 1) 1:12.4.6 3 3 1 | Door openings and the surrounding areas shall be kept clear of anything that could obstruct or interfere with the free operation of the door. | 04/07/23 |
| Compliance Remove all obstructions. | | |

Inspection History

| Inspection Date | Status | Inspected By |
|-----------------|------------------|-------------------------|
| 03/02/23 | Violations Found | Inspector Jean Baptiste |



Inspector Jean Baptiste

Hattie Brown

Contact: **Phone:** **Email:**
page 1 of 1 **Inspection #** 66407 **Desc.** Frostproof Child Development Center #8 / Early Head Start





Florida Department of Agriculture and Consumer Services

DIVISION OF CONSUMER SERVICES
(850) 410-3800



THE RHODES BUILDING
2005 APALACHEE PARKWAY
TALLAHASSEE, FLORIDA 32399-6500

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES COMMISSIONER WILTON SIMPSON

April 11, 2023

Refer To: DTN3745021 CH2137

AGRICULTURAL AND LABOR PROGRAM, INC.
PO BOX 3126
WINTER HAVEN, FL 33885-3126

Re: Application Under Solicitation of Contributions Act DTN: 3745021
First Notice of Deficiency

Dear Applicant:

The Department received your application submitted under Chapter 496, Florida Statutes, the Solicitation of Contributions Act. The application is deficient for the following reasons:

1. The registration fee submitted was insufficient according to the financial information provided. The correct fee is \$(determined by Revenue), therefore the balance due is \$(determined by Revenue).
Remit to: FDACS
PO BOX 6700
TALLAHASSEE FL 32314-6700

Pursuant to Chapter 496, Florida Statutes, this Notice is provided within 15 working days of receiving your application to enable you to correct the cited deficiencies for further review by the Department. Your response to this letter should reference DTN 3745021 and resolve each deficiency cited above; do not submit a partial response.

If you do not correct these deficiencies within 30 days from receiving this Notice your application will be denied and the Department will pursue its available legal remedies. Soliciting Contributions from persons in Florida, or from a physical location in Florida, without being properly registered is a violation of Chapter 496, Florida Statutes.

Thank you for your attention to this matter. If you have any questions regarding your application/filing, please contact the undersigned at the number listed below.

Sincerely,

Gloria Meadows
Regulatory Consultant
850-410-3851
Fax: 850-410-3804
gloria.meadows@fdacs.gov





Early Learning Coaliton of St. Lucie VPK and School Readiness Monitoring Report

STATEWIDE SCHOOL READINESS PROVIDER CONTRACT MONITORING TOOL – Tier 2 Attachment A

EARLY LEARNING COALITION OF St. Lucie County

Coalition Staff/Monitor: Connie Rivera Monitoring Date: 2/15/23 Program Year: 22-23

I. PARTIES AND TERMS OF THE CONTRACT

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

Location Address (I-1): 2242 Avenue G, Ft. Pierce, FL 34950

Provider ID (I-1): 6721 Dates of Contract (I-3): 7/1/22 - 6/30/23

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-20)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Child care facility | <input type="checkbox"/> Faith-based child care provider | <input checked="" type="checkbox"/> Full-time |
| <input type="checkbox"/> Family day care home | <input type="checkbox"/> Informal child care provider | <input type="checkbox"/> Part-time |
| <input type="checkbox"/> Large family child care home | <input type="checkbox"/> Before-school | <input type="checkbox"/> Extended-day |
| <input type="checkbox"/> Public school or nonpublic school | <input type="checkbox"/> After-school | <input type="checkbox"/> 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.

Form DEL-SR 20M

Statewide School Readiness Provider Contract Monitoring Tool – Attachment A

September 2021

Page 5 of 22





STATEWIDE SCHOOL READINESS PROVIDER CONTRACT MONITORING TOOL – Tier 2

Attachment A

EARLY LEARNING COALITION OF St. Lucie County

Coalition Staff/Monitor: Connie Rucica Monitoring Date: 2/15/23 Program Year: 22-23

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 DEL 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: 12/22/23

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 child care (payment) certificate indicating authorized hours of care and are the sampled children at the physical location identified on the enrollment/attendance certification form? (III-





STATEWIDE SCHOOL READINESS PROVIDER CONTRACT MONITORING TOOL – Tier 2

Attachment A

EARLY LEARNING COALITION OF St. Lucie County

Coalition Staff/Monitor: Connie Rivera Monitoring Date: 2/15/23 Program Year: 22-23

9,10) 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-12)

* 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 [X] No [] Is the provider providing a healthy and safe environment pursuant to s. 402.305(5), (6), and (7), as applicable, and as verified pursuant to Rule 6M-4.620(2)(a), FAC?

Notes: last inspection 12/5/22 - no issues found

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)(c), 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 [X] Is the provider providing a healthy and safe environment pursuant to Rule 6M-4.620(2)(c), FAC?

Notes:

3. Quality Improvement Plans, if applicable

Assessment activity - View provider documentation, documented communication with the provider and coalition observations to evaluate and determine if the provider is in compliance with Exhibit 3 of the School Readiness Provider Contract.





STATEWIDE SCHOOL READINESS PROVIDER CONTRACT MONITORING TOOL – Tier 2

Attachment A

EARLY LEARNING COALITION OF St. Lucie County

Coalition Staff/Monitor: Connie Riviera Monitoring Date: 2/15/23 Program Year: 22-23

Yes No N/A If applicable, did the provider complete or is on track to complete a quality improvement plan pursuant to Rules 6M-4.610 and 6M-4.740, FAC and in accordance with Exhibit 3 of the School Readiness Provider Contract?

4. 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 DEL-SR 20M)? (III-15)

Curriculum used: Connect4 Learning (4 to k) Edition or date: 1st/2016

Curriculum used: The Creative Curriculum for Infant Toddler & 2 (Birth-3) Edition or date: 3rd/2015; cloud ed.

Curriculum used: The Creative Curriculum for Preschool (3-k) Edition or date: 6th/2016; cloud ed; Guided ed.

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

5. A character development program

Yes No Is the provider using the character development program as it identified in OEL-SR 20? (III-16)

N/A For school age programs only

Program used: Conscious Development Edition or date: _____

6. Developmental screenings, if applicable

Assessment activity - Review sample of SR children to determine if provider is conducting developmental screenings within the required timeframes in accordance with Rule 6M-4.720, FAC, to include family notification requirements of screening results.

Yes No N/A If applicable, is the provider conducting developmental screenings in accordance with Rule 6M-4.720, FAC? (III-17) 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.

7. 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-26)





STATEWIDE SCHOOL READINESS PROVIDER CONTRACT MONITORING TOOL – Tier 2
Attachment A

EARLY LEARNING COALITION OF St. Lucie County

Coalition Staff/Monitor: Connie Rivera Monitoring Date: 2/15/23 Program Year: 22-23

8. Contracted slots program, if applicable.

Assessment activity - View provider documentation, documented communication with the provider and coalition observations to evaluate and determine if the provider is in compliance with Exhibit 4 of the School Readiness Provider Contract.

Yes No N/A Did the provider comply with the requirements outlined in Exhibit 4 of the School Readiness Contract (III.8)?

9. Child assessments, if applicable.

Assessment activity - View provider documentation, documented communication with the provider and coalition observations to evaluate and determine if the provider is in compliance with paragraph 32 of the School Readiness Provider Contract.

Yes No N/A If applicable, did the provider conduct child assessments using a reliable assessor, as defined by the child assessment tool that meet the criteria described in s. 1002.82(k), F.S., at least three times during the year or on track to meet three times per year (III-32)?

ATTENDANCE REPORTING

January 2023 Month(s) validated for attendance

10. 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-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.

Yes No Did the observation result in a disallowed cost? Indicate amount _____

Indicate any discrepancies found (including disallowed costs): (VII-60)

Parent used initials instead of signature.

11. 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.

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EARLY LEARNING COALITION OF St. Lucie County

Coalition Staff/Monitor: Connie Rvera Monitoring Date: 2/15/23 Program Year: 22-23

Yes No Are the provider's monthly enrollment attendance certifications completed in accordance with rule (6M-4.500(1)-(4), FAC)? (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.

Yes No Did the observation result in a disallowed cost? Indicate amount _____

Indicate any discrepancies found (including disallowed costs): (VII-60)

12. 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-23) 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

13. 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-24) For sampled files, if the





STATEWIDE SCHOOL READINESS PROVIDER CONTRACT MONITORING TOOL – Tier 2

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EARLY LEARNING COALITION OF St. Lucie County

Coalition Staff/Monitor: Connie Rivera Monitoring Date: 2/15/23 Program Year: 22-23

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 [checked]

Indicate any discrepancies found:

Notes: _____

IV. ACCESS

1. Access to facility

Yes [checked] No [] Does the provider allow coalition staff (contractor or sub-contractor) or DEL staff immediate access to facility per contract? (V-39)

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 [checked] No [] Does the provider allow coalition staff (contractor or sub-contractor) or DEL staff immediate access to records per contract? (V-40)

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 [checked] No [] Does provider protect child & family data and have staff complete confidentiality agreements in accordance with provider contract? (VI-41) The monitor should select a sample of staff to review during on-site visits.

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EARLY LEARNING COALITION OF St. Lucie County

Coalition Staff/Monitor: Connie Rivera Monitoring Date: 2/15/23 Program Year: 22-23

2. Attendance record maintenance

Yes [X] 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-42) 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.

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 [X] 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-42) 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 [X] Did the observation result in a disallowed cost? Indicate amount _____

Indicate any discrepancies found (including disallowed costs): (VII-60)

Notes: _____

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, including if a provider charges parents a differential between the private pay rate and the coalition reimbursement rate and registration fees.

Yes [] No [] N/A [X] 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-52)

Yes [X] No [] N/A [] Is the provider's rates for SR services equal to or less than the provider's private pay rate?

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EARLY LEARNING COALITION OF St. Lucie County

Coalition Staff/Monitor: Connie Rucova Monitoring Date: 2/15/23 Program Year: 22-23

2. Rates and Fees for Parents

Assessment activity - Review private pay information that the provider gives to parents, including if a provider charges parents a differential between the private pay rate and the coalition reimbursement rate and registration fees. 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-53)

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 NACCRRRA) or any legal successor organizations, on behalf of any child enrolled in the provider's SR program? (VII-54)

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-55) 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-62)

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-63)

Notes: _____





STATEWIDE SCHOOL READINESS PROVIDER CONTRACT MONITORING TOOL – Tier 2

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EARLY LEARNING COALITION OF St. Lucie County

Coalition Staff/Monitor: Connie Rivera Monitoring Date: 2/15/23 Program Year: 22-23

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-65)

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 next business day of the unusual incident? An unusual incident is defined in Form OEL-SR 20 (October 2018) at number 81 as incorporated by reference in Rule 6M-4.610, FAC. (XI-81)

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-81)

N/A

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-21)

2. Reemployment assistance insurance

Yes No N/A

Does the provider have Reemployment assistance insurance that covers the term of the contract? (III-21)

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)

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Coalition Staff/Monitor: Connie Rivera Monitoring Date: 2/15/23 Program Year: 22-23

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

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EARLY LEARNING COALITION OF St. Lucie

Coalition Staff/Monitor: Connie Rivera Monitoring Date: 2/15/23 Program Year: 22-23

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: Connie Rivera, Compliance Manager Connie Rivera 2/15/23
Printed Name and Title of Coalition Representative Signature of Coalition Representative Date

Acknowledged by: Myrna Rodriguez Myrna Rodriguez 4/3/2023
Printed Name and Title of SR Program Provider Representative Signature of SR Program Representative Date





EXHIBIT VII
VOLUNTARY PREKINDERGARTEN PROVIDER MONITORING TOOL

VOLUNTARY PREKINDERGARTEN PROVIDER MONITORING TOOL

Coalition staff/monitor: Connie Rivera Monitoring date: 2/15/23
Program year: 22-23

PROVIDER PROGRAM INFORMATION

Time in: 0915 Time out: 1015

Provider name: ALPI-Queen Townsend Head Provider ID: 6721

Location address: 2202 Avenue G, FL ^{State II} Preice, FL 34950

Phone #: 772-429-8889

Director: Chelsea Polk

Director credential current or Certificate in educational leadership: Yes No

Credential expiration date: 12/21/26

Current level 2 background screening clearance on file for director(s): Yes No

Low performing provider: Yes No

Implementing Improvement Plan, if applicable: Yes No N/A

Curriculum name on OEL-VPK 11A: The Creative Curriculum for Preschool

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

License/Gold Seal/Accreditation current: Yes No

License/GS/Accreditation expiration date: 12/22/23

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 VII
VOLUNTARY PREKINDERGARTEN PROVIDER MONITORING TOOL

VOLUNTARY PREKINDERGARTEN PROVIDER MONITORING TOOL

Coalition staff/monitor: Connie Rivera Monitoring date: 2/15/23

Program year: 22-23

VPK CLASS REVIEW
(Duplicate this page for each class reviewed. The ELC has discretion in the number of classrooms to review.)

Program type: School year Summer

Class being monitored: C (CF22)

Class schedule/a.m.-p.m. hours (as on OEL-VPK 11B): 0900 to 1300

Operating within approved schedule: Yes No

Instructor/Secondary/Substitute name: Candice Parker

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

Educational credentials current: Yes No

Emergent literacy training current: Yes No

Performance standards training current: Yes No

Current level 2 background screening clearance on file for lead instructor(s): Yes No

Secondary/Substitute name: Marion Davis

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

Secondary/Substitute credentials current: Yes No

Current level 2 background screening clearance on file for secondary/substitute instructor(s):
Yes No

Total VPK students: 15 + 1 out at therapy = total 16

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 coordinated screening and progress monitoring as required:

PM1: Yes No

PM2: Yes No

PM3: Yes No

Comment: _____





EXHIBIT VII
VOLUNTARY PREKINDERGARTEN PROVIDER MONITORING TOOL

ATTENDANCE REVIEW

Month(s) being reviewed: January 2023

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 Form DEL-VPK 20PP 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 in accordance with Form DEL-VPK 20PP 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 Form DEL-VPK 20PP that covers the term of the contract? Yes No

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

E-Verify

An e-Verification affidavit was completed? Yes No





EXHIBIT VII
VOLUNTARY PREKINDERGARTEN PROVIDER MONITORING TOOL

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: _____
 CAP DUE DATE: _____
 CAP RECEIVED DATE: _____
 CAP APPROVED DATE: _____
 TECHNICAL ASSISTANCE PROVIDED: Yes No NA DATE: _____

Comments:

1. Parent Choice form: 1 form an entry whited out
2. Sign-in/Sign-out forms: 4 forms had initials instead of signatures
3 forms had children's times "in" on each day the same and/or the time "out" for each day the same.

Corrective Action: Please advise parents of the proper procedures for completing the Parent's Choice forms and the sign-in/sign-out forms. According to 1002.84(10) F.S., it states the sign-in/sign-out process requires the date, the exact time in and signature; and the exact time out and signature. Parents may be advised via email and/or through a letter. Please provide me with a copy of whatever you provide the parents as proof of compliance.

REVIEW ACKNOWLEDGEMENTS

Provider Representative Printed Name: Myrna Rodriguez
 Provider Representative Printed Title: Division Director
 Provider Representative Signature: Myrna Rodriguez Date: 4/3/2023

Coalition Representative Printed Name: Connie Rivera
 Coalition Representative Printed Title: Compliance Manager
 Coalition Representative Signature: Connie Rivera Date: 4/15/23





EXHIBIT VII
VOLUNTARY PREKINDERGARTEN PROVIDER MONITORING TOOL

VOLUNTARY PREKINDERGARTEN PROVIDER MONITORING TOOL

Coalition staff/monitor: Connie Rivera Monitoring date: 1/23/2023

Program year: 2022-2023

PROVIDER PROGRAM INFORMATION

Time in: 1003 Time out: 1045

Provider name: ALPI-Lincoln Park Head Start Provider ID: 15360

Location address: 1400 Avenue M, Ft. Pierce, FL 34950

Phone #: 772-464-6061

Director: Glenda Johnson

Director credential current or Certificate in educational leadership: Yes No

Credential expiration date: 10/21/2023

Current level 2 background screening clearance on file for director(s): Yes No

Low performing provider: Yes No

Implementing Improvement Plan, if applicable: Yes No

Curriculum name on OEL-VPK 11A: The Creative Curriculum for Preschool

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

License/Gold Seal/Accreditation current: Yes No

License/GS/Accreditation expiration date: 6/1/2024

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 VII
VOLUNTARY PREKINDERGARTEN PROVIDER MONITORING TOOL

VOLUNTARY PREKINDERGARTEN PROVIDER MONITORING TOOL

Coalition staff/monitor: Connie Rivera Monitoring date: 1/23/2023

Program year: 2022-2023

VPK CLASS REVIEW
(Duplicate this page for each class reviewed. The ELC has discretion in the number of classrooms to review.)

Program type: School year Summer

Class being monitored: B (BF22)

Class schedule/a.m.-p.m. hours (as on OEL-VPK 11B): 0900 to 1200

Operating within approved schedule: Yes No

Instructor/Secondary/Substitute name: Glenda Johnson

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

Educational credentials current: Yes No

Emergent literacy training current: Yes No

Performance standards training current: Yes No

Current level 2 background screening clearance on file for lead instructor(s): Yes No

Secondary/Substitute name: Delana Noble

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

Secondary/Substitute credentials current: Yes No

Current level 2 background screening clearance on file for secondary/substitute instructor(s):

Yes No

Total VPK students: 15

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 coordinated screening and progress monitoring as required:

PM1: Yes No PM2: Yes No PM3: Yes No

Comment: _____





EXHIBIT VII
VOLUNTARY PREKINDERGARTEN PROVIDER MONITORING TOOL

ATTENDANCE REVIEW

Month(s) being reviewed: November 2021

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 Form DEL-VPK 20PP 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 in accordance with Form DEL-VPK 20PP 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 Form DEL-VPK 20PP that covers the term of the contract? Yes No

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

E-Verify

An e-Verification affidavit was completed? Yes No





**EXHIBIT VII
VOLUNTARY PREKINDERGARTEN PROVIDER MONITORING TOOL**

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: _____
 CAP DUE DATE: _____
 CAP RECEIVED DATE: _____
 CAP APPROVED DATE: _____
 TECHNICAL ASSISTANCE PROVIDED: Yes No NA DATE: _____

Comments:

***It is noted that any records that are not from the current year is maintained off-site. Your monitoring has been suspended until the requested information is provided. Please provide with the following documents from fiscal year 2021-2022:
 1. VPK Instructor/Substitute Instructor/and VPK Director's records. 2. Attendance records for Class A in November 2021. 2. Five (5) VPK child records to include but not limited to: child's attendance records for Class A for November 2021, VPK Certificate, OEL-VPK 03S (short forms), immunization records, enrollment forms, etc. 3. Explain how older records are stored to safeguard against loss. 4. Proof of parent co-payments. 5. If records are stored electronically, please explain how often the information is regularly backed up to safeguard against loss.

***Please provide the requested information to me no later than 2/4/23. Documents were received on 2/2/2024. (Continued on next page)

REVIEW ACKNOWLEDGEMENTS

Provider Representative Printed Name: _____
 Provider Representative Printed Title: _____
 Provider Representative Signature: _____ Date: _____

Coalition Representative Printed Name: Connie Rivera
 Coalition Representative Printed Title: Compliance Manager
 Coalition Representative Signature: Connie Rivera Date: 3/24/23





**EXHIBIT VII
VOLUNTARY PREKINDERGARTEN PROVIDER MONITORING TOOL**

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: _____
 CAP DUE DATE: _____
 CAP RECEIVED DATE: _____
 CAP APPROVED DATE: _____
 TECHNICAL ASSISTANCE PROVIDED: Yes No NA DATE: 3/24/2023

(Continued)

Comments:

On the sign-in/sign-out forms from November 2021, I found the following:

1 form, the parent signed the child in almost every day at 8:00 AM.

4 forms, parent signatures were either just first name, first initial & last name, or first name, first letter of last name.

1 form - it appears someone used white out in the block of in signature and the out block for time.

On the Parental Choice Certificate for one child, the month being certified was September 2022, the parent signed and then dated 9/6/2021.

Corrective Action: Advise the parents of the proper procedures for signing children in and out by using the exact time and full signature. For the Parental Choice Certificate, advise parents of the proper procedures for certifying the previous months attendance. Advising the parents can be done via email and/or letter. Please provide me a copy of whatever you send the parents as proof of compliance. - 413123 - center is now in compliance

REVIEW ACKNOWLEDGEMENTS

Provider Representative Printed Name: Myrna Rodriguez
 Provider Representative Printed Title: Division Director
 Provider Representative Signature: Myrna Rodriguez Date: 4/3/2023

Coalition Representative Printed Name: Connie Rivera
 Coalition Representative Printed Title: Compliance Manager
 Coalition Representative Signature: Connie Rivera Date: 3/14/2023
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STATEWIDE SCHOOL READINESS PROVIDER CONTRACT MONITORING TOOL – Tier 2

Attachment A

EARLY LEARNING COALITION OF St. Lucie County

Coalition Staff/Monitor: Connie Rivera Monitoring Date: 1/23/2023 Program Year: 2022-2023

I. PARTIES AND TERMS OF THE CONTRACT

Provider Name (I-1): ALPI-Lincoln Park Head Start

Location Address (I-1): 1400 Avenue M, Ft. Pierce, FL 34950

Provider ID (I-1): 15360 Dates of Contract (I-3): 7/1/2022-6/30/2023

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-20)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Child care facility | <input type="checkbox"/> Faith-based child care provider | <input checked="" type="checkbox"/> Full-time |
| <input type="checkbox"/> Family day care home | <input type="checkbox"/> Informal child care provider | <input type="checkbox"/> Part-time |
| <input type="checkbox"/> Large family child care home | <input type="checkbox"/> Before-school | <input type="checkbox"/> Extended-day |
| <input type="checkbox"/> Public school or nonpublic school | <input type="checkbox"/> After-school | <input type="checkbox"/> 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.

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Attachment A

EARLY LEARNING COALITION OF St. Lucie County

Coalition Staff/Monitor: Connie Rivera Monitoring Date: 1/23/2023 Program Year: 2022-2023

- 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 DEL 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 [X] No [] Is the provider licensed or legally operating? (Verification needed) (II-7)

License /Licensed Exempt ID: C19SL0076 Expiration Date: 10/25/23

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

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EARLY LEARNING COALITION OF St. Lucie County

Coalition Staff/Monitor: Connie Rivera Monitoring Date: 1/23/2023 Program Year: 2022-2023

9,10) 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-12)

* 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. 402.305(5), (6), and (7), as applicable, and as verified pursuant to Rule 6M-4.620(2)(a), FAC?

Notes: Last Inspection: 9/19/2022 - no issues found

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)(c), 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. Quality Improvement Plans, if applicable

Assessment activity – View provider documentation, documented communication with the provider and coalition observations to evaluate and determine if the provider is in compliance with Exhibit 3 of the School Readiness Provider Contract.





STATEWIDE SCHOOL READINESS PROVIDER CONTRACT MONITORING TOOL – Tier 2

Attachment A

EARLY LEARNING COALITION OF St. Lucie County

Coalition Staff/Monitor: Connie Rivera Monitoring Date: 1/23/2023 Program Year: 2022-2023

Yes [] No [] N/A [x] If applicable, did the provider complete or is on track to complete a quality improvement plan pursuant to Rules 6M-4.610 and 6M-4.740, FAC and in accordance with Exhibit 3 of the School Readiness Provider Contract?

4. Developmentally appropriate curriculum

Yes [x] No [] N/A [] Is the provider using an approved Developmentally Appropriate Curriculum (as it specified in OEL-SR 20 and Attachment C of Form DEL-SR 20M)? (III-15)

Curriculum used: The Creative Curriculum for Infant Toddler & 2s (3 to K) Edition or date: 6th /2016/cloud ed./guided ed.

Curriculum used: Edition or date:

Curriculum used: Edition or date:

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

5. A character development program

Yes [x] No [] Is the provider using the character development program as it identified in OEL-SR 20? (III-16)

N/A [] For school age programs only

Program used: The Creative Curriculum for Preschool (3 to K) Edition or date: 6th/2016/cloud ed./guided ed.

6. Developmental screenings, if applicable

Assessment activity - Review sample of SR children to determine if provider is conducting developmental screenings within the required timeframes in accordance with Rule 6M-4.720, FAC, to include family notification requirements of screening results.

Yes [x] No [] N/A [] If applicable, is the provider conducting developmental screenings in accordance with Rule 6M-4.720, FAC? (III-17) 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.

7. Unlimited parental access

Yes [x] 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-26)





STATEWIDE SCHOOL READINESS PROVIDER CONTRACT MONITORING TOOL – Tier 2
Attachment A
EARLY LEARNING COALITION OF St. Lucie County

Coalition Staff/Monitor: Connie Rivera Monitoring Date: 1/23/2023 Program Year: 2022-2023

8. Contracted slots program, if applicable.

Assessment activity - View provider documentation, documented communication with the provider and coalition observations to evaluate and determine if the provider is in compliance with Exhibit 4 of the School Readiness Provider Contract.

Yes No N/A Did the provider comply with the requirements outlined in Exhibit 4 of the School Readiness Contract (III.8)?

9. Child assessments, if applicable.

Assessment activity - View provider documentation, documented communication with the provider and coalition observations to evaluate and determine if the provider is in compliance with paragraph 32 of the School Readiness Provider Contract.

Yes No N/A If applicable, did the provider conduct child assessments using a reliable assessor, as defined by the child assessment tool that meet the criteria described in s. 1002.82(k), F.S., at least three times during the year or on track to meet three times per year (III-32)?

ATTENDANCE REPORTING

November 2022 Month(s) validated for attendance

10. 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-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.

Yes No Did the observation result in a disallowed cost? Indicate amount _____

Indicate any discrepancies found (including disallowed costs): (VII-60)

11. 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.

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Yes [X] No [] Are the provider's monthly enrollment/attendance certifications completed in accordance with rule (6M-4.500(1)-(4), FAC)? (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.

Yes [] No [X] Did the observation result in a disallowed cost? Indicate amount _____

Indicate any discrepancies found (including disallowed costs): (VII-60)

12. 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-23) 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 [X]

13. 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-24) For sampled files, if the

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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 [checked]

Indicate any discrepancies found:

Two horizontal lines for indicating discrepancies.

Notes:

IV. ACCESS

1. Access to facility

Yes [checked] No [] Does the provider allow coalition staff (contractor or sub-contractor) or DEL staff immediate access to facility per contract? (V-39)

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 [checked] No [] Does the provider allow coalition staff (contractor or sub-contractor) or DEL staff immediate access to records per contract? (V-40)

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: Current year records only are kept at the center. All other records for the past year(s) are kept at another location. Rec 2/2/23

V. MAINTENANCE OF RECORDS, DATA AND CONFIDENTIALITY

1. Family data and confidentiality agreements

Assessment activity - Review confidentiality agreements signed by provider staff.

Yes [checked] No [] Does provider protect child & family data and have staff complete confidentiality agreements in accordance with provider contract? (VI-41)

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

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2. Attendance record maintenance

Yes [X] 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-42) 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.

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 [X] 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-42) 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 [X] Did the observation result in a disallowed cost? Indicate amount _____

Indicate any discrepancies found (including disallowed costs): (VII-60)

Notes: _____

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, including if a provider charges parents a differential between the private pay rate and the coalition reimbursement rate and registration fees.

Yes [] No [] N/A [X] 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-52)

Yes [X] No [] N/A [] Is the provider's rates for SR services equal to or less than the provider's private pay rate?





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2. Rates and Fees for Parents

Assessment activity - Review private pay information that the provider gives to parents, including if a provider charges parents a differential between the private pay rate and the coalition reimbursement rate and registration fees. 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 [X] 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-53)

3. Military Subsidies

Assessment activity - Review sampled children for military affiliation.

Yes [] No [] N/A [X] Did the provider notify the coalition if it received military subsidy payments through or from the Child Care Aware of America (formerly NACCRRRA) or any legal successor organizations, on behalf of any child enrolled in the provider's SR program? (VII-54)

4. Parent copayment collection

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

Yes [] No [X] Does the provider have a method for documenting and collecting the required copayment and issuing receipts to parents? (VII-55) 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 [X] 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-62)

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 [X] If applicable, is the provider's public school program in addition to and not in substitution for its school readiness program? (VII-63)

Notes: _____





STATEWIDE SCHOOL READINESS PROVIDER CONTRACT MONITORING TOOL – Tier 2

Attachment A

EARLY LEARNING COALITION OF St. Lucie County

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VII. NONDISCRIMINATION

1. Discrimination

Yes [] No [X] 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-65)

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 next business day of the unusual incident? An unusual incident is defined in Form OEL-SR 20 (October 2018) at number 81 as incorporated by reference in Rule 6M-4.610, FAC. (XI-81)

N/A [X]

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-81)

N/A [X]

Notes:

IX. Insurance

1. Worker's compensation insurance

Yes [X] 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-21)

2. Reemployment assistance insurance

Yes [X] No [] N/A []

Does the provider have Reemployment assistance insurance that covers the term of the contract? (III-21)

3. General liability insurance

Yes [X] 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)

Form DEL-SR 20M

Statewide School Readiness Provider Contract Monitoring Tool – Attachment A

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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 County

Coalition Staff/Monitor: Connie Rivera Monitoring Date: 1/23/2023 Program Year: 2022-2023

X. MONITORING REVIEW ACKNOWLEDGEMENTS

Follow-up required? Yes No Date Due: 3/24/2023

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

It is noted that any records that are not from the current year is maintained off-site. Your monitoring has been suspended until the requested information is provided. Please provide the following information to me no later than 2/4/23.

Information requested: Provide 5 (if possible) children's records from November 2021, including sign-in and sign-out forms, attendance forms, enrollment certifications, documentation to support excused absences and proof of parent co-payments.

***Records were received 2/2/22.

| | | | |
|------------------|--|---------------------------------------|------------------|
| Acknowledged by: | <u>Connie Rivera, Compliance Manager</u> | <u><i>Connie Rivera</i></u> | <u>3/15/2023</u> |
| | Printed Name and Title of Coalition Representative | Signature of Coalition Representative | Date |

| | | | |
|------------------|--|--|-----------------|
| Acknowledged by: | <u>Myrna Rodriguez, Division Director</u> | <u><i>Myrna Rodriguez</i></u> | <u>4/1/2023</u> |
| | Printed Name and Title of SR Program Provider Representative | Signature of SR Program Representative | Date |





STATEWIDE SCHOOL READINESS PROVIDER CONTRACT MONITORING TOOL – Tier 2
Attachment A
EARLY LEARNING COALITION OF St. Lucie County

Coalition Staff/Monitor: Connie Rivera Monitoring Date: 1/23/2023 Program Year: 2022-2023

OVERALL COMPLIANCE OBSERVATIONS

1. Parent copayment collections: According to the Statewide Contract, Section VII, paragraph 55 and 1002.84(9) F.s., the provider shall collect the assessed parent co-payment or graduated phase-out co-payment in accordance with Rule 6M-4.400 F.A.C., from the parent. I had been informed that ALPI waives the co-payment. 3124133 - Complied

Corrective Action: Please provide a copy of ALPI's policy waiving SR co-payments and/or a letter (signed by the CEO) waiving the SR co-payments.

413123 - Center is now compliant





Senior Connection 2022 Contracts and Quality Assurance Monitoring Report



March 21, 2023

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

Re: 2022 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
Kristina Melling, Director of Contracts & Quality Assurance, SCC

The Area Agency on Aging serving Hillsborough, Manatee, Polk, Highlands and Hardee Counties
8928 Brittany Way • Tampa, FL 33619 • Phone: 813.740.3888 • Fax: 813.623.1342 •
www.SeniorConnectionCenter.org





Senior Connection Center, Inc.
Contracts and Quality Assurance Monitoring Report
2022 Contract Year

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

Programs: Master Contract
Emergency Home Energy Assistance Program (EHEAP)
Emergency Home Energy Assistance Program American Rescue Plan Act (EHEAP ARP)

SCC Contract Manager: Clairedine Senat

Director: Arlene Dobison, Chief Executive Director

Board Chairperson: William Holt, Chair

Date of On-Site Visit: February 27, 2023

Participants: Cheryl Burnham, ALPI
Kristina Melling, SCC
Clairedine Senat, SCC

Date of Monitoring Report: March 21, 2023

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 2022 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, examination of selected records, client file reviews, 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 Checklists are attached to this report for your review. They identify the items included in this monitoring review, and the compliance status of each item.

As a result of this review, SCC staff has noted the 2022 monitoring process resulted in no findings or recommendations.





II. Contract and Program Review

The 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. SCC is the designated Area Agency on Aging for the Planning and Service Area which includes Hardee, Highlands, Hillsborough, Manatee, and Polk 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 offer a continuum of care to assist older adults aged 60 and over, and who may be at risk of nursing facility 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:

Total ALPI Funding = \$497,097.67

- **2021-2023 Emergency Home Energy Assistance Program (EHEAP) - \$348,776.67**
Services: Energy vendor payments made to resolve emergency home energy crises
- **2021-2024 Emergency Home Energy Assistance Program American Rescue Plan Act (EHEAP ARP) - \$148,321.00**
Services: Energy vendor payments made to resolve emergency home energy crises
- **2021-2023 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/or Recommendations:

There were no findings or recommendations from the 2021 monitoring process.

b. 2022 Monitoring Findings and/or Recommendations:

The 2022 monitoring process resulted in no findings or recommendations.

IV. Issues and Challenges

No issues or challenges were identified for this report.





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

ALPI received \$3,380,634 in Low Income Home Water Assistance Program (LIHWAP) and \$2,679,168 in Low Income Home Water Assistance Program American Rescue Plan Act (LIHWAP ARP) funding through September 30, 2023. Through the LIHWAP program, low-income qualified applicants can receive a one-time payment of up to \$1,000 to help pay outstanding bills for residential water or wastewater services.

VI. Technical Assistance

No technical assistance was requested by ALPI through the desk review. However, SCC staff discussed the untimely submissions of ALPI's monthly invoices during the monitoring meeting. ALPI acknowledged there is room for improvement and moving forward invoices will be submitted to SCC by the eighth of every month.

VII. Best Practices

No new best practices were identified for this report.

VIII. 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 older adults.

Submitted By: Senat Clairedine Date: 3/21/2023

Reviewed By: Krista-mung Date: 3/21/2023





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

| AGENCY: The Agricultural and Labor Program, Inc. | | | | | MONITOR(S): Clairedine Senat | | |
|---|---|-------------|----------------|---------------|------------------------------|-----|---|
| PROGRAMS: 2021/2023 EHEAP, 2021/2022 EHEAP ARP, 2021/2023 Master Contract | | | | | DATE: March 21, 2023 | | |
| AREA OF REVIEW | Program* | Desk Review | On-Site Review | In Compliance | | | Comments |
| | | | | YES | NO | N/A | |
| A. PREVIOUS 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 2021 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 [^] |
| B2. | The provider has complied with any requests to allow public access to records. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| 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 [^] |
| B3.b | The provider has fidelity bond coverage for employees handling funds and signing checks. | | X | | X | | SCC Documentation [^] |
| B4. | The provider is complying with Chapter 427 F.S. and Chapter 41-2 F.A.C. regarding transportation of clients. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| 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. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| B6. | All records are retained for at least 6 years after termination of the contract(s). <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| B7. | The provider has signed and is in compliance with the Verification of Employment Status Certification regarding the use of the E-Verify System. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |





**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 | |
| 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. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| 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. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| 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. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| 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 ^A |
| 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). <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| 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. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| B13. If applicable, the provider is in compliance with the provisions for using electronic records and signatures (approved by SCC). | | X | | | | X | |
| C. CONFIDENTIALITY REQUIREMENTS | | | | | | | |
| C1. The provider has signed and is in compliance with the HIPAA Business Associate Agreement. | | X | | X | | | SCC Documentation |
| 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 | | | SCC Documentation |
| C3. Procedures exist to ensure that clients are made aware of their right to confidentiality. | | X | | X | | | SCC Documentation ^A |
| C4. All client/staff information is maintained in file cabinets that can be/are secured. | | | X | X | | | |





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|--|----------|-------------|----------------|---------------|----|-----|---|
| | | | | YES | NO | N/A | |
| 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. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| D3. Provider maintains satisfactory personnel files. | | X | | X | | | SCC Documentation |
| D4. Provider has submitted, and is in compliance with, the Background Screening "Attestation of Compliance - Employer" form (DOEA Form 235, updated 01/19/2021). | | 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 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 | | X | | | SCC Documentation |
| D6. Provider staff background screening verification - Review of selected employee files to ensure appropriate screenings have been completed. Verify the files contain documentation with the following screening method: 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, <u>AND</u> 3) the "Attestation of Compliance - Candidate" form signed and dated after the receipt of the Eligibility Determination Notification. | | X | | X | | | SCC Documentation [^] |





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| | | | | YES | NO | N/A | |
| D7. Volunteers - Review of selected volunteer files for documentation provided on hours, assignments, training, and background screening. Verify the files contain documentation with the following screening method: For volunteers providing more than 20 hours a month, a copy of the "Eligibility Statement" from the Background Screening Clearinghouse showing DOEA/Aging Network 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 "Attestation of Compliance - Candidate" form signed and dated after the receipt of the Eligibility Determination Notification or; For volunteers providing less than 20 hours a month, a copy of the signed Attestation of Compliance - Candidate form and proof of Department of Law Enforcement Career Offender Search and the Dru Sjodin National Sex Offender Public Website searches. | SGR/OAA | X | | | | X | ALPI does not utilize volunteers at this time. |
| D8. 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^ |
| D9. The provider routinely and comprehensively monitors background screenings of subcontractors' "direct service providers" and requires appropriate corrective action from subcontractors, as needed. | | X | | | | X | |
| D10. 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^ |





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| | | | | YES | NO | N/A | |
| 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 | | | SCC Documentation |
| 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. <i>(To be reviewed for 2023 monitoring.)</i> | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| 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 ^A - 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: 10/31/2026 |
| 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 | |
| G3. | Procedures are in place to remedy financial hardships associated with co-payments and ensure there is no interruption in service(s) for inability to pay. | CCE/ADI | X | | | X | |
| H. PROGRAM INCOME | | | | | | | |
| H1. | OAA clients are appropriately informed of voluntary contributions. <i>(To be reviewed for 2023 monitoring.)</i> | OAA | X | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| 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 | | | | | | | |





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| | | | | YES | NO | N/A | |
| I1. | All subcontracts and/or assignments have been reviewed and approved by SCC. | SGR/OAA | X | | | X | |
| I2. | The provider has developed a policy regarding the frequency and type of monitorings to ensure compliance and accountability of subcontractors 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 06/30/21. Due 03/31/22 |
| J2. | The audit was received in a timely manner by SCC. | | X | | X | | SCC Documentation - Received 02/07/22 |
| J3. | If required, a single audit was conducted in accordance with OMB Circular A-133 and section 215.97, F.S. | | X | | X | | SCC Documentation |
| J4. | Any deficiencies or findings were corrected. | | X | | X | | SCC Documentation |
| K. PROPERTY AND EQUIPMENT | | | | | | | |
| K1. | The provider has written procedures for recording property and equipment, and the provider auditor has no findings related to property and equipment procedures. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| K2. | 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. |
| K3. | Approval is received from SCC prior to purchasing equipment with SCC program funds. | | X | | X | | SCC Documentation ^A - No property/equipment was purchased with SCC funds. |
| K4. | Equipment purchased with SCC program funds was physically identified and located. | | | X | | X | |
| K5. | The provider complies with the Department of Elder Affairs procedures for purchasing Information Technology Resources (ITR). | | X | | | X | |
| L. PURCHASING | | | | | | | |





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| | | | | YES | NO | N/A | |
| L1. The provider has written procedures for purchasing and they are followed, and the provider auditor has no findings related to purchasing procedures. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| L2. Whenever possible or required, competitive bidding procedures are used. Confirm any competitive bidding within the past year. | | X | | X | | | SCC Documentation ^A |
| L3. 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 | | X | | | SCC Documentation ^A - Provider did not engage in non-competitive bidding in 2022. |
| M. CASH DISBURSEMENTS | | | | | | | |
| M1. The provider has written cash disbursement procedures and they are followed, and the provider auditor has no findings related to cash disbursement procedures. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| M2. The provider is complying with section 112.061, F.S., or has stricter policies, regarding business travel reimbursement. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| M3. Surplus cash generated from previous contracts is tracked separately and used as program income. | | X | | X | | | SCC Documentation ^A |
| M4. 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 | | X | | | SCC Documentation ^A - Provider confirmed no disallowed costs, paybacks, or reimbursements are due to SCC. |
| N. RECEIVABLES/REVENUE | | | | | | | |
| N1. 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. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| O. MATCH (CASH AND IN-KIND) | | | | | | | |
| O1. Documentation is maintained for match. | | X | | | | X | |
| O2. Voluntary contributions are used for program income and not for cost sharing or match requirements. | OAA | X | | | | X | |
| P. BUDGETS | | | | | | | |
| P1. Agency-wide and SCC-funded program budgets are maintained and compared to actual on at least a quarterly basis. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |





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| | | | | YES | NO | N/A | |
| P2. Budget and financial statements are reviewed by the governing board on a regular basis. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| Q. PAYROLL | | | | | | | |
| Q1. The provider has written payroll procedures, and the provider auditor has no findings related to payroll procedures. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| Q2. All employees charged to SCC-funded programs use time sheets. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| Q3. The provider is current with the payment of all payroll taxes. | | X | | X | | | SCC Documentation ^A - Form 941 |
| Q4. If the provider is subject to Internal revenue Service (IRS) tax exempt organization reporting requirements, provider has filed a Form 990 or Form 990-N with the IRS. | | X | | X | | | SCC Documentation ^A - Form 990 |
| R. SYSTEMS MANAGEMENT | | | | | | | |
| R1. The provider maintains written policies and procedures for systems management. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| R2. The provider maintains staff with knowledge of information systems and CIRT's. | | X | | X | | | SCC Documentation |
| R3. Procedures are in place to maintain system security. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| R4. 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. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| S. CIRT'S | | | | | | | |
| S1. The provider is current on all data entry required for the Client Information, Registration, and Tracking System (CIRT'S). | | X | | X | | | SCC Documentation |
| 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 CIRT'S is down for an extended period of time. | | X | | X | | | SCC Documentation ^A |
| S4. CIRT'S reports are utilized as a management tool by the provider. Subrecipients run monthly CIRT'S reports and verify consumer and service data in CIRT'S is accurate. | SGR/OAA | X | | X | | | SCC Documentation ^A |





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| | | | | YES | NO | N/A | |
| S5. Providers must enter all required data per the Department's CIRTSS Policy guidelines for consumers and services in the CIRTSS database. The data must be entered into CIRTSS before the provider submits their request for payment and expenditure reports to SCC. | SGR/OAA | X | | X | | | SCC Documentation |
| S6. Provider submits monthly CIRTSS 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 CIRTSS, internal tracking reports, and summary back-up documentation. | | X | | X | | | SCC Documentation ^A |
| 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 | | | SCC Documentation |
| 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. Documentation of training received year-to-date is either listed in staffs' personnel files or maintained in a separate binder. | SGR/OAA | X | | X | | | SCC Documentation ^A |
| V2. Training is calculated by individual staff to ensure required number of hours are achieved. | SGR/OAA | X | | | | X | |
| V3. Documentation of qualifications and completion of initial training for all NEW case managers hired or transferred to a case manager position. | SGR | X | | | | X | |
| V4. 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 | X | | | | X | |
| W. HEALTH/SAFETY/LICENSURE | | | | | | | |





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| | | | | YES | NO | N/A | |
| W1. | Project facilities and services are accessible to all handicapped persons. | SGR/OAA | | X | 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 58A-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. | | 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 subrecipient's or their subcontractor's ability to perform the services required. | | 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. | | X | | X | | SCC Documentation - No adverse Incidents reported in 2022. |
| X4. | Grievance procedures are documented as outlined in the Master Contract and the current DOEA Programs and Services Handbook. | | X | | X | | SCC Documentation |
| X5. | Were there any grievances filed as of the date of this review? | | X | | X | | SCC Documentation [^] - No grievances have been filed. |
| X6. | If grievance(s) were filed during the contract year, was the grievance procedure followed? | | X | | X | | SCC Documentation [^] - No grievances have been filed. |
| X7. | Provider maintains a separate Complaint Policy and Procedure. A complaint log is maintained for review. | | X | | X | | SCC Documentation |
| X8. | Review Complaint Log (including only DOEA-funded clients). Ensure appropriate and timely follow-up was provided, resolving the issue to the client's satisfaction. | | X | | X | | SCC Documentation [^] - No complaints reported in 2022. |
| X9. | Provider conducts analysis of complaint trends as a quality assurance measure. | | X | | X | | SCC Documentation [^] - No complaints reported in 2022. |
| Y. ADULT PROTECTIVE SERVICES (APS) | | | | | | | |





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| | | | | YES | NO | N/A | |
| Y1. | The provider is complying with the provisions of Chapter 415, F.S. for reporting abuse, neglect, and exploitation. | | X | | X | | SCC Documentation [^] |
| Y2. | APS High Risk Referrals are being served within 72 hours as mandated. | CCE/APS | X | | | X | |
| Y3. | 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 | |
| Y4. | 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. <i>(To be reviewed for 2023 monitoring.)</i> | CCE/APS | X | | | X | |
| Y5. | APS client case files contain complete and correct documentation. | CCE/APS | X | | | X | |
| Y6. | Lead Agency has effective communication and cooperation with DCF/APS representatives to address client issues and data exceptions. | CCE/APS | X | | | X | |
| Y7. | 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 | |
| Z. PRIORITY CRITERIA | | | | | | | |
| Z1. | The provider is correctly prioritizing clients for OAA services. | OAA | X | | | X | |
| Z2. | The priority criteria for service delivery as indicated in the current contract is followed. (A review of eCIRTS data shows the provider is serving clients most in need of services.) | SGR | X | | | X | |
| AA. Targeting | | | | | | | |
| AA1. | 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 by timely submissions of SCC's Targeting Plan documentation forms. | OAA | X | | | X | |
| AA2. | Projected units of outreach and/or education are on target for the year. | OAA | X | | | X | |
| BB. WAITLIST | | | | | | | |
| BB1. | The waitlist is maintained and reviewed in accordance with the guidelines established by DOEA and SCC. | SGR/OAA | X | | | X | |





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| | | | | YES | NO | N/A | |
| CC. OUTCOME MEASURES | | | | | | | |
| | All outcome measures are to be achieved as detailed below: | | | | | | X * Required for all providers that complete 701 assessments |
| 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 whose ADL assessment score has been maintained or improved (65%). | SGR/OAA | X | | | | X |
| CC4. | Percent of new service recipients whose IADL assessment score has been maintained or improved (62.3%). | SGR/OAA | X | | | | X |
| CC5. | Percent of customers who are at imminent risk of nursing home placement who are served with community-based services (90%). | SGR/OAA | X | | | | X |
| CC6. | 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.a | The actual delivery of each funded service has been observed during this contract year. | SGR/OAA | X | | | | X |
| DD1.b | Client concerns regarding service delivery are resolved if found during the review process. | SGR/OAA | X | | | | X |
| DD2. | If applicable, sites have been visited or are scheduled to be visited during the year. | SGR/OAA | X | | | | X |
| DD3.a | Clients were interviewed regarding client satisfaction with services. | SGR/OAA | X | | | | X |
| DD3.b | Client concerns raised during the interviews are resolved/documented. | SGR/OAA | X | | | | X |
| EE. SERVICE DELIVERY EVALUATION BY SCC (Observed) | | | | | | | |
| EE1.a | SGR client quality assurance visits or calls 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 |





**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 | |
| EE2.b | All required licenses and inspections are current and posted including AHCA, the 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 | OAA client quality assurance visits or calls were completed. | 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 | |
| EE4.c | Client concerns raised during the interviews are resolved/documented. | 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 | | | | | | | |
| FF1. | Provider has signed the "Availability of Documents" assurance and has complied with all reasonable requests for documentation. | SGR/OAA | X | | X | | SCC Documentation |
| FF2. | Operational Procedures Manual <i>(To be reviewed for 2023 monitoring.)</i> | SGR/OAA | X | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| FF3. | Current Board Roster <i>(Non-Governmental entity only)</i> | SGR/OAA | X | | X | | SCC Documentation ^A |
| FF4. | Articles of Incorporation <i>(Non-Governmental entity only)</i> | SGR/OAA | X | | X | | SCC Documentation ^A |
| FF5. | Corporate Bylaws (if applicable) <i>(Non-Governmental entity only)</i> | SGR/OAA | X | | X | | SCC Documentation ^A |
| FF6. | Advisory Council By Laws and Membership (if applicable) | SGR/OAA | X | | X | | SCC Documentation ^A |
| FF7. | Staffing Plan (position descriptions, pay plan) <i>(To be reviewed for 2023 monitoring.)</i> | SGR/OAA | X | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| FF8. | Interagency Agreements <i>(To be reviewed for 2023 monitoring.)</i> | SGR/OAA | X | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| FF9. | Affirmative Action Plan <i>(To be reviewed for 2023 monitoring.)</i> | SGR/OAA | X | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| FF10. | Americans with Disabilities Act Assurance <i>(To be reviewed for 2023 monitoring.)</i> | SGR/OAA | X | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |





**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 | |
| GG. CLIENT CASE FILE REVIEW | | | | | | | |
| GG1. | All original client case files and related documentation requested were available for review. | SGR/OAA | X | | | | X |
| GG2. | Provider submitted four brief client case summaries of clients served during the contract year (two clients from IIIB and two clients from IIIE). 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 (CFPM) for each meal site who oversees storage, display, and serving of food. The CFPM 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 DOEA 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's registered dietitian's annual monitoring of each meal site for 2022. 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 2022. | OAA | X | | | | X |
| HH8. | Documentation of dietitian-approved menus, signed and dated, including computer analysis for 2022. Note: All menus must be approved <i>at least</i> 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 (i.e., higher than 5.5 on the assessment tool). | 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 | |
| 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. <i>(To be reviewed for 2023 monitoring.)</i> | 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.a. 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 2022. | OAA | X | | | | X | |
| HH14.b. 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 2022, including subject matter, presenters, and materials to be used. | OAA | X | | | | X | |
| HH16. Documentation of monthly nutrition education to congregate meal site participants in 2022, 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 2022, 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 | |
| HH18. Documentation of provider's registered dietician's monitoring of every food service vendor sanitation inspection report, completed at least annually. | 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 | |
| HH19. Documentation of provider's registered dietician's review and approval of corrective action plans from 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 | |
| HH22. Provider maintains a nutrition advisory council, which meets a minimum of two times per year, as evidenced by dated sign-in sheets. | OAA | X | | | | X | |
| II. EHEAP PROGRAM REVIEW | | | | | | | |
| II1. 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. <i>(To be reviewed for 2023 monitoring.)</i> | EHEAP | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| 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 | N/A | |
| 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 FERP reports are submitted timely and are accurate. | 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 and may be included in the monitoring report. | | X | | X | | | None identified for this monitoring. |
| MM. PROVIDER NOTEWORTHY GRANTS AND AWARDS | | | | | | | |
| MM1. 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 and may be included in the monitoring report. | | X | | X | | | SCC Documentation ^A |
| 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 and may be included in the monitoring report. | | X | | X | | | SCC Documentation |
| OO. BEST PRACTICES | | | | | | | |
| OO1. Innovations, improved performances, and/or 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 and may be included in the monitoring report. | | X | | X | | | None identified for this monitoring. |
| Notes: | | | | | | | |
| * Item covers all programs unless identified otherwise | | | | | | | |
| SPA = Service Provider Application | | | | | | | |
| SCC Documentation = indicates item(s) on file with SCC from previous provider submissions | | | | | | | |
| SCC Documentation ^A = 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(S): Clairedine Senat |
| PROGRAMS: 2021/2023 Emergency Home Energy Assistance for the Elderly (EHEAP), 2021/2022 EHEAP American Rescue Plan Act (EHEAP ARP) | DATE: March 21, 2023 |

| AREA OF REVIEW | Desk Review | On-Site Review | In | | | Comments |
|---|-------------|----------------|-----|----|-----|--|
| | | | YES | NO | N/A | |
| A. PREVIOUS 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 2021 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 Clearinghouse</i> 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 | | X | | | Corresponds to D5 on Main Checklist |





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

| AREA OF REVIEW | | Desk Review | On-Site Review | In | | | Comments |
|----------------------------|--|-------------|----------------|-----|----|-----|---|
| | | | | YES | NO | N/A | |
| B2. | Provider staff background screening verification - Review of selected employee files to ensure appropriate screenings have been completed. Verify the files contain documentation with the following screening method: 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, <u>AND</u> 3) the "Attestation of Compliance - Candidate" form signed and dated after the receipt of the Eligibility Determination Notification. | X | | X | | | Corresponds to D6 on Main Checklist |
| 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 <u>each</u> energy supplier to assure that the requirements in Section 2605(b)(7) of Public Law 97-35 are met. (EHEAP Utility Vendor Agreements will require updating to reflect that water, sewer, and garbage charges are not covered as part of the utility bill of the household, unless water is used for an evaporated cooler air conditioning system.) | 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. <i>(To be reviewed for 2023 monitoring.)</i> | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| C6. | Procedures are established and followed that track benefit payments and identify staff members authorizing and making payments. <i>(To be reviewed for 2023 monitoring.)</i> | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |





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

| AREA OF REVIEW | | Desk Review | On-Site Review | In | | | Comments |
|----------------|--|-------------|----------------|-----|----|-----|---|
| | | | | YES | NO | N/A | |
| C7. | Procedures are established for overpayment and recoupment of overpayment. <i>(To be reviewed for 2023 monitoring.)</i> | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| C8. | Procedures are established to prioritize clients based on highest home energy needs and lowest household income. <i>(To be reviewed for 2023 monitoring.)</i> | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| C9. | Procedures include use of funds for repairs to heating/cooling equipment. <i>(To be reviewed for 2023 monitoring.)</i> | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| C10. | Procedures establish what constitutes an emergency. <i>(To be reviewed for 2023 monitoring.)</i> | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| C11. | Procedures address conditions of eligibility. <i>(To be reviewed for 2023 monitoring.)</i> | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| C12. | The provider has procedures in place to ensure EHEAP funds are budgeted and expended to allow for energy assistance benefits that last the entire contract year. 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 |
| C13. | Procedures address the use of EHEAP funds for clients who are on oxygen support or a "Lifeline Program." <i>(To be reviewed for 2023 monitoring.)</i> | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| C14. | The provider has a procedure in place to ensure that an eligible household receives no more than the maximum benefit amount (\$5,000 per household) per 12-month program year (October 1 – September 30). | X | | X | | | SCC Documentation^ |
| C15. | Procedures indicate that homeowners and renters are treated equitably under this contract. <i>(To be reviewed for 2023 monitoring.)</i> | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| C16. | The provider has a procedure in place and/or documentation of informing potential clients of times and places to apply for assistance. <i>(To be reviewed for 2023 monitoring.)</i> | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| C17. | The provider makes timely corrections to CIRTS when requested. | X | | X | | | SCC Documentation |





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|----------------|---|-------------|----------------|-----|----|-----|---|
| | | | | YES | NO | N/A | |
| C18. | The provider has informed 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 about the program. | X | | X | | | SCC Documentation |
| C19. | The provider has informed the local media 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^ |
| C20. | Provider 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 |
| C21. | Provider staff provides information about the local weatherization program to all persons who request it, including organizations that provide outreach activities. | X | | X | | | SCC Documentation^ |
| C22. | The provider 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 provider does not charge applicants for any portion of the services received. | X | | X | | | SCC Documentation |
| C24. | The provider adheres to the rules of confidentiality as outlined in the Master Contract, Section 17. | X | | X | | | SCC Documentation |
| C25. | 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 |
| C26. | The provider maintains and follows a procedure to ensure that applicants that reside in ineligible households as defined (2021 LIHEAP manual section 900) do not receive EHEAP funds. (To be reviewed for 2023 monitoring.) | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| C27. | 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 |





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

| AREA OF REVIEW | | Desk Review | On-Site Review | In | | | Comments |
|---|---|-------------|----------------|-----|----|-----|---|
| | | | | YES | NO | N/A | |
| C28. | Documentation demonstrates the MOU with all service area Weatherization Assistance Programs are reviewed and renewed at least every five years. | X | | X | | | SCC Documentation |
| C29. | Policies regarding the detection and prevention of fraud and abuse of program funds. <i>(To be reviewed for 2023 monitoring.)</i> | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| C30. | Policies that address serving family members and employees. <i>(To be reviewed for 2023 monitoring.)</i> | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| C31. | Procedures for computer system backup and recovery. <i>(To be reviewed for 2023 monitoring.)</i> | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| C32. | 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. <i>(To be reviewed for 2023 monitoring.)</i> | X | | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| C33. | The provider 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^ |
| C34. | EHEAP Outreach Activity Report has been submitted quarterly. Report appropriately documents outreach efforts of the provider. | X | | X | | | SCC Documentation |
| D. IN-TAKE SITE EVALUATION BY SCC (Observed) | | | | | | | |
| D1. | Observation of client intake process. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| 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." <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |





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CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST**

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|--|---|-------------|----------------|-----|----|-----|---|
| | | | | YES | NO | N/A | |
| D3. | There are a sufficient number of applications, brochures, and forms to operate the program. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| D4. | Site has alternate Resource Guide on hand of other energy assistance service providers. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| D5. | Intake site facilitates client confidentiality and service access. Client confidentiality during intake process adequately assured. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| D6. | Intake site has written policies and procedures in place to ensure security and privacy of information. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| D7. | All client/staff information is maintained in file cabinets that can be/are secured. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| D8. | Intake locations meet ADA access guidelines. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| D9. | Does intake site accept walk-ins? Schedule Appointments? <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| 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. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| 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. <i>(To be reviewed for 2023 monitoring.)</i> | | X | | | X | Due to COVID-19 and an abbreviated monitoring process, this area was not fully reviewed for 2022. |
| Notes: | | | | | | | |
| SPA = Service Provider Application | | | | | | | |
| SCC Documentation = indicates item(s) on file with SCC from previous provider submissions. | | | | | | | |





U.S. Department of Housing and Urban Development



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Office of Housing Counseling
Brickell Plaza Federal Building
909 SE 1 Avenue, Room 500
Miami, FL 33176

March 8, 2023

Ms. Arlene Dobison
Chief Executive Officer
The Agriculture & Labor Program (80049)
300 Lynchburg Road
Lake Alfred, FL 33850

Dear Ms. Dobison:

All housing counseling provided in connection with any HUD program must be performed by a HUD-certified housing counselor working for a HUD Housing Counseling Participating Agency. HUD records indicate that your agency does not have a certified counselor on staff.

HUD is placing your agency in inactive status for six months, in lieu of termination, to allow time for your agency to obtain a sufficient number of HUD certified counselors to implement your work plan. Grantees are reminded that expenses incurred during the period an agency is placed in inactive status are not eligible for reimbursement.

If your agency does not have a sufficient number of HUD certified counselors to implement your work plan at the end of six months, HUD will decide whether to extend the period of inactive status or to move forward with terminating and removing your agency from the Housing Counseling Program. Please refer to 24 CFR 5.111(a); 24 CFR 214.200; and 24 CFR 214.103(n) for relevant program requirements.

If your agency obtains a sufficient number of HUD certified counselors to implement your work plan before inactive status expires, HUD will reactivate your status as a participating agency. Prior to reactivating your status, HUD may schedule a follow-up review to ensure that required actions have been fully implemented. Thank you for your participation in our program. If you have any questions or comments regarding this letter, you may contact me, at (305) 520-5063 or Bernadette.Hutnick@hud.gov.

Sincerely,

Bernadette Hutnick

Bernadette Hutnick
Housing Program Specialist
Office of Housing Counseling
Office of Oversight and Accountability





Early Learning Coalition of St. Lucie CLASS Observations

THE AGRICULTURAL AND LABOR PROGRAM, INC.
HEAD START PRE-K CLASS OBSERVATIONS RESULTS
SPRING 2023

The Early Learning Coalition of St. Lucie County conducted 16 Pre-K Classroom observations utilizing the CLASS Assessment Tool as part of Florida's Rule 6M-8.621 regarding the Program Assessment Requirements for the Voluntary PreKindergarten Education Program. Providers must hold a composite score of 4.0 to provide VPK services and hold FY 2023-2024 VPK Contract. All ALPI's centers exceeded the 4.0 CLASS Composite Score. The following tables represents scores by classroom/center/domain.

NOTE: 16 (59%) out of 27 (Active Classroom) Pre-K Classroom were observed

| Room # | DESCRIPTION | CHILD DEVELOPMENT AND FAMILY SERVICES - SPRING 2023 PRE-K | | | | | | | | | | | |
|---------------------------------------|------------------------|---|------|---------------------------|---------------------|-------------------------------|---------------------|--------------|-------------------------------|-----------------------|---------------------|-------------------|--|
| | | EMOTIONAL SUPPORT | | | | CLASSROOM ORGANIZATION | | | | INSTRUCTIONAL SUPPORT | | | |
| | | Positive Climate | Raw | Negative Climate Reversed | Teacher Sensitivity | Regard for Stud. Perspectives | Behavior Management | Productivity | Instructional Learning Format | Concept Development | Quality of Feedback | Language Modeling | |
| 2 | E. Cano/D. Camas Padra | 6.75 | 7.00 | 1.00 | 6.75 | 7.00 | 6.75 | 6.50 | 6.00 | 2.50 | 3.00 | 2.75 | |
| 7 | J. Willie/M. Nicolas | 7.00 | 7.00 | 1.00 | 7.00 | 7.00 | 7.00 | 6.50 | 6.50 | 3.25 | 5.00 | 4.50 | |
| 8 | R. Cruz/M. Green | 7.00 | 7.00 | 1.00 | 7.00 | 6.00 | 6.75 | 6.75 | 6.25 | 3.50 | 5.50 | 3.50 | |
| 9 | Y. Abanca/E. Fernandez | 6.50 | 7.00 | 1.00 | 6.50 | 6.25 | 5.25 | 6.00 | 5.25 | 1.75 | 3.00 | 2.50 | |
| 10 | H. Henriquez/M. Dixon | 6.50 | 7.00 | 1.00 | 6.75 | 6.25 | 6.50 | 6.00 | 6.00 | 2.00 | 3.75 | 3.00 | |
| Center Score by Dimension Area | | 6.75 | 7.00 | 1.00 | 6.60 | 6.60 | 6.05 | 6.35 | 5.90 | 2.80 | 4.25 | 3.25 | |
| Overall Center Score by Domain | | 6.74 | | | | 6.10 | | | | 3.37 | | | |

| Room # | DESCRIPTION | FRANCINA DUVAL HEAD START - SPRING 2023 PRE-K | | | | | | | | | | | |
|---------------------------------------|-----------------|---|------|---------------------------|---------------------|-------------------------------|---------------------|--------------|-------------------------------|-----------------------|---------------------|-------------------|--|
| | | EMOTIONAL SUPPORT | | | | CLASSROOM ORGANIZATION | | | | INSTRUCTIONAL SUPPORT | | | |
| | | Positive Climate | Raw | Negative Climate Reversed | Teacher Sensitivity | Regard for Stud. Perspectives | Behavior Management | Productivity | Instructional Learning Format | Concept Development | Quality of Feedback | Language Modeling | |
| 2 | M. Dore/K. Nava | 7.00 | 7.00 | 1.00 | 7.00 | 6.25 | 7.00 | 6.75 | 5.75 | 3.00 | 3.25 | 2.25 | |
| Center Score by Dimension Area | | 7.00 | 7.00 | 1.00 | 7.00 | 6.25 | 7.00 | 6.75 | 5.75 | 2.00 | 2.25 | 2.25 | |
| Overall Center Score by Domain | | 6.31 | | | | 6.50 | | | | 2.17 | | | |

| Room # | DESCRIPTION | GARDEN TERRACE HEAD START - SPRING 2023 PRE-K | | | | | | | | | | | |
|---------------------------------------|------------------------|---|------|---------------------------|---------------------|-------------------------------|---------------------|--------------|-------------------------------|-----------------------|---------------------|-------------------|--|
| | | EMOTIONAL SUPPORT | | | | CLASSROOM ORGANIZATION | | | | INSTRUCTIONAL SUPPORT | | | |
| | | Positive Climate | Raw | Negative Climate Reversed | Teacher Sensitivity | Regard for Stud. Perspectives | Behavior Management | Productivity | Instructional Learning Format | Concept Development | Quality of Feedback | Language Modeling | |
| 1 | S. Scott/D. Deban | 6.25 | 5.75 | 1.25 | 6.00 | 6.75 | 5.50 | 6.75 | 6.25 | 3.50 | 3.25 | 4.25 | |
| 3 | S. Alvarez/T. Mendi | 6.00 | 6.50 | 1.50 | 6.75 | 6.50 | 6.50 | 6.75 | 6.50 | 3.75 | 3.50 | 3.50 | |
| 4 | J. Whitteza/D. Reddick | 6.75 | 6.75 | 1.25 | 6.75 | 7.00 | 6.25 | 6.75 | 6.50 | 3.00 | 5.00 | 5.25 | |
| Center Score by Dimension Area | | 6.33 | 6.67 | 1.33 | 6.60 | 6.75 | 6.25 | 6.42 | 6.42 | 3.08 | 4.25 | 4.33 | |
| Overall Center Score by Domain | | 6.44 | | | | 6.19 | | | | 3.89 | | | |

| Room # | DESCRIPTION | GEORGE W. TRUITT FAMILY SERVICES - SPRING 2023 PRE-K | | | | | | | | | | | |
|---------------------------------------|----------------------|--|------|---------------------------|---------------------|-------------------------------|---------------------|--------------|-------------------------------|-----------------------|---------------------|-------------------|--|
| | | EMOTIONAL SUPPORT | | | | CLASSROOM ORGANIZATION | | | | INSTRUCTIONAL SUPPORT | | | |
| | | Positive Climate | Raw | Negative Climate Reversed | Teacher Sensitivity | Regard for Stud. Perspectives | Behavior Management | Productivity | Instructional Learning Format | Concept Development | Quality of Feedback | Language Modeling | |
| 1 | B. Danco/ C. Gendjes | 6.75 | 6.75 | 1.25 | 6.00 | 7.00 | 6.75 | 6.75 | 6.75 | 4.00 | 3.00 | 3.00 | |
| Center Score by Dimension Area | | 6.75 | 6.75 | 1.25 | 6.00 | 7.00 | 6.75 | 6.75 | 6.75 | 4.00 | 3.00 | 3.00 | |
| Overall Center Score by Domain | | 6.13 | | | | 6.75 | | | | 3.33 | | | |

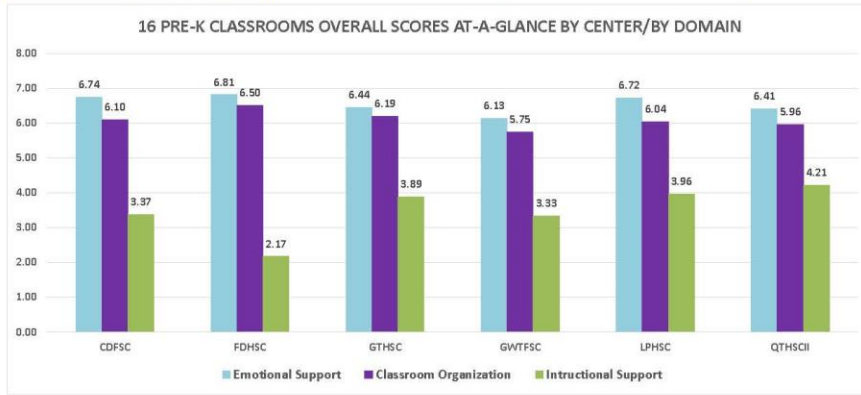
| Room # | DESCRIPTION | LINCOLN PARK HEAD START - SPRING 2023 PRE-K | | | | | | | | | | | |
|---------------------------------------|----------------------|---|------|---------------------------|---------------------|-------------------------------|---------------------|--------------|-------------------------------|-----------------------|---------------------|-------------------|--|
| | | EMOTIONAL SUPPORT | | | | CLASSROOM ORGANIZATION | | | | INSTRUCTIONAL SUPPORT | | | |
| | | Positive Climate | Raw | Negative Climate Reversed | Teacher Sensitivity | Regard for Stud. Perspectives | Behavior Management | Productivity | Instructional Learning Format | Concept Development | Quality of Feedback | Language Modeling | |
| 1 | J. Ingram/T. McClan | 7.00 | 7.00 | 1.00 | 6.00 | 6.50 | 6.00 | 6.75 | 5.75 | 3.25 | 4.50 | 3.75 | |
| 6 | R. Robinson/L. Daley | 7.00 | 7.00 | 1.00 | 7.00 | 6.25 | 6.00 | 6.75 | 6.50 | 3.00 | 3.50 | 3.75 | |
| Center Score by Dimension Area | | 7.00 | 7.00 | 1.00 | 6.50 | 6.38 | 6.75 | 6.63 | 6.13 | 3.13 | 4.00 | 3.75 | |
| Overall Center Score by Domain | | 6.72 | | | | 6.04 | | | | 3.96 | | | |

| Room # | DESCRIPTION | QUEEN TOR/NSEND HEAD START CENTER II - SPRING 2023 PRE-K | | | | | | | | | | | |
|---------------------------------------|-----------------------------|--|------|---------------------------|---------------------|-------------------------------|---------------------|--------------|-------------------------------|-----------------------|---------------------|-------------------|--|
| | | EMOTIONAL SUPPORT | | | | CLASSROOM ORGANIZATION | | | | INSTRUCTIONAL SUPPORT | | | |
| | | Positive Climate | Raw | Negative Climate Reversed | Teacher Sensitivity | Regard for Stud. Perspectives | Behavior Management | Productivity | Instructional Learning Format | Concept Development | Quality of Feedback | Language Modeling | |
| 1 | J. Alexander/ L. Hernandez | 7.00 | 7.00 | 1.00 | 6.00 | 6.00 | 7.00 | 6.50 | 5.50 | 3.00 | 5.00 | 4.25 | |
| 2 | E. Smith/M. Lujan Hernandez | 7.00 | 7.00 | 1.00 | 6.50 | 6.75 | 6.50 | 7.00 | 6.25 | 3.75 | 3.50 | 6.50 | |
| 6 | C. Parker/M. Davis | 6.50 | 7.00 | 1.00 | 6.50 | 6.50 | 6.50 | 7.00 | 6.25 | 2.50 | 4.25 | 3.00 | |
| 7 | B. Dancy/ F. Highliner | 6.25 | 6.00 | 1.00 | 6.50 | 6.00 | 6.00 | 4.50 | 4.50 | 3.75 | 3.50 | 3.50 | |
| Center Score by Dimension Area | | 6.69 | 6.75 | 1.25 | 6.12 | 6.00 | 6.60 | 6.25 | 5.62 | 3.75 | 4.31 | 4.06 | |
| Overall Center Score by Domain | | 6.41 | | | | 5.96 | | | | 4.21 | | | |





| OVERALL SCORES HEAD START PRE-K CLASS OBSERVATIONS SPRING 2023 | | | | | | | | | | | |
|--|-------------------|------------------|------|---------------------|---------------------------------|---------------------|--------------|-------------------------------|-----------------------|---------------------|-------------------|
| DESCRIPTION | EMOTIONAL SUPPORT | | | | CLASSROOM ORGANIZATION | | | | INSTRUCTIONAL SUPPORT | | |
| | Positive Climate | Negative Climate | | Teacher Sensitivity | Regard for Student Perspectives | Behavior Management | Productivity | Instructional Learning Format | Concept Development | Quality of Feedback | Language Modeling |
| Child Development and Family Services | 6.75 | 7.00 | 1.00 | 6.60 | 6.60 | 6.05 | 6.35 | 5.90 | 2.80 | 4.25 | 3.25 |
| Francina Duval Head Start | 7.00 | 7.00 | 1.00 | 7.00 | 6.25 | 7.00 | 6.75 | 5.75 | 2.00 | 2.25 | 2.25 |
| Garden Terrace Head Start | 6.33 | 6.87 | 1.33 | 6.00 | 6.75 | 5.75 | 6.42 | 6.42 | 3.00 | 4.25 | 4.33 |
| George W. Truitt Family Services | 7.00 | 7.00 | 1.00 | 6.50 | 6.50 | 5.75 | 6.75 | 5.63 | 4.13 | 4.00 | 3.75 |
| Lincob Park Head Start | 5.75 | 6.75 | 1.25 | 5.00 | 7.00 | 5.75 | 5.75 | 5.75 | 4.00 | 3.00 | 3.00 |
| Queen Townsend Head Start | 6.89 | 6.75 | 1.25 | 6.13 | 6.06 | 6.00 | 6.25 | 5.63 | 3.75 | 4.81 | 4.06 |
| Centers Score by Dimension Area | 6.59 | 6.98 | 1.14 | 6.20 | 6.51 | 6.05 | 6.38 | 5.84 | 3.26 | 3.76 | 3.44 |
| PROGRAM SCORES BY DOMAIN | 6.54 | | | | 6.09 | | | | 3.49 | | |



| | OHS National 2020 Highest 10% | ALPI 2023 |
|------------------------|-------------------------------|-----------|
| Emotional Support | 6.33 | 6.54 |
| Classroom Organization | 6.17 | 6.09 |
| Instructional Support | 3.53 | 3.49 |





Garden Terrace NAEYC Accreditation



NAEYC Accreditation of Early Learning Programs
NAEYC.org/accreditation

March 15, 2023

ALPI Garden Terrace Head Start Center (# 546396 \ 1035926)
1110 North 32nd Street
Fort Pierce, FL 34950

Congratulations! Your program has achieved a new five-year term of accreditation by the National Association for the Education of Young Children. Please congratulate the administration, teaching staff, and families of **ALPI Garden Terrace Head Start Center (# 546396 \ 1035926)** for earning the mark of quality. Take a moment to celebrate!

This communication includes:

- Information about the term of your NAEYC Accreditation
- Information about publicizing your accredited status
- Your *Accreditation Decision Report*

Accreditation demonstrates your commitment to quality and continuous quality improvement. By accepting accreditation, NAEYC-accredited programs commit to ensuring that their environment, policies, and practices are continually aligned with NAEYC's early learning standards and recommended practices.

Carefully review all enclosed information and share it as needed within your program.

Term of NAEYC Accreditation

Your new term of NAEYC Accreditation is valid until **August 1, 2028**. We refer to this as your "valid-until date". Your program will be issued a new accreditation certificate once your fifth Annual Accreditation fee is paid.

Throughout the 5-year term of your NAEYC accreditation, there are several requirements for maintaining accreditation. These provide NAEYC with up-to-date program information, ensure programs continue to meet NAEYC standards, and increase the accountability of the accreditation system.

1. Annual Reports are due on the 1st, 2nd, 3rd, and 4th anniversaries of a program's accreditation. They are made through the portal.
2. Annual Fees are due in each of the 5 years of accreditation, on your anniversary date. Annual fees should be submitted through the portal when you file your annual report in years 1 - 4, and in the 5th year when applying for renewal.
3. Keep program information updated. You can enter many changes yourself through the portal; see this link for details. Changes in your contacts, disruptions of operation, and notifications of withdrawal must be reported within 30 days using forms found on our website.
4. Maintain compliance with NAEYC's few, but important required practices. Within 72 hours of the occurrence any possible non-compliance (such as lapses in child supervision, child abuse or neglect, child death, or license suspensions), a **72-Hour Notification is required**. This form can be filed through the portal by selecting the "72 Hour Notification" tab on your Program Dashboard. NAEYC Quality Assurance staff will contact you to follow up. See the related policy on our website.





5. Respond to complaints. NAEYC staff may ask you to respond to credible complaints we receive about your program.
6. Respond to verification requests that NAEYC staff may make in relation to 72-hour Notifications, credible complaints, and major self-reported program changes. To verify continued practices, NAEYC may request documentation, or may require an additional verification site visit during the term of your accreditation.
7. Submit to a random visit. Unannounced observational visits to a subset of randomly selected programs are crucial to ensuring the credibility of the accreditation system. If your program is selected for a random visit, you must allow the visit to occur (if pandemic conditions permit) and meet visit scoring standards to remain accredited.
8. Visit our website for more information and details on new policies and procedures, and announcements related to your NAEYC Accreditation.

Publicizing NAEYC Accreditation

You should be proud of this monumental achievement, and this is your time to shine!

Display your certificate in a prominent place for families and visitors to see. In the Accreditation Portal, access a digital copy of your certificate by selecting the “Certificate” tab on the left-side menu. You will also receive the accreditation certificate and an accreditation window seal in the mail; however, the pandemic has created some delay in our ability to send these out.

In the Portal, you can also access TORCH, and under the “Accreditation Branding” tab find:

- A “Congratulations Flyer” to share with families.
- Downloadable images of the NAEYC Accreditation logo, formatted for both print materials and websites. See also the “Logo Guidelines” document providing guidance on the use of these images.

You may also wish to:

- Announce your success on social media.
- Send a press release to your local media outlets. You will find a press release template in the Accreditation Branding tab in TORCH.
- Host a celebration (live or virtual) for staff and families.

Thank you for making the commitment to quality early learning and choosing to demonstrate this by pursuing NAEYC Early Learning Program Accreditation.

If you have any questions regarding your next steps or need to gain a better understanding of an assessment item please e-mail us at accreditation.information@naeyc.org or contact us by phone at 800-424-2460, select Option 3.

Sincerely,

A handwritten signature in black ink that reads 'Alissa Mwenelupembe'.

Alissa Mwenelupembe, M.A.
Managing Director, Early Learning





NAEYC Accreditation Decision Report¹

To achieve NAEYC Early Learning Program Accreditation, a program must meet the following requirements:

- ✓ 100% of applicable required assessment items Pass
- ✓ 80% pass rate for the program overall Pass
- ✓ 70% pass rate in each assessed class Pass
- ✓ 60% pass rate in each standard Pass

Required Assessment Items

| Required Item | Source of Evidence | Item Description | Rating |
|---------------|--------------------|---|---------|
| 1B.4 | Class Observation | Guidance/discipline practices observed | Met |
| 1B.10 | Program Portfolio | Guidance/discipline policy | Met |
| 3C.2 | Class Observation | Infant/toddler/twos supervision practices observed | Unrated |
| 3C.3 | Class Observation | Infant/toddler/twos supervision practices observed | Unrated |
| 3C.6 | Class Observation | Preschool age supervision practices observed | Unrated |
| 3C.7 | Class Observation | Preschool age supervision practices observed | Unrated |
| 3C.8 | Class Observation | Kindergarten/ school age supervision practices observed | Unrated |
| 5A.10 | Class Observation | Infants placed on backs to sleep | Unrated |
| 10B.16 | Program Portfolio | Program is licensed or regulated, and in good standing | Met |

¹ All site visit decisions are subject to a cursory administrative review process to ensure the integrity of the data collected prior to issuing the accreditation decision. A more detailed administrative review process may be conducted to verify additional elements related to the data collection and site visit processes. The data and materials collected in connection with this accreditation decision did not receive this more detailed administrative review. For more information, please see the [Early Learning Program Accreditation Policy Handbook](#).





Overall Program Pass Rate

How the overall program pass rate is scored. The overall program pass rate reflects the combined assessment item scores across all standards and across all sources of evidence. The overall program pass rate is calculated as the number of items scored as *Met* as a proportion of all items scored *Met* + *Unmet* across all completed assessment tools.

Overall Pass Rate
92.36%

| Total Items Scored | Items Met | Items Unmet | Unrated Items |
|--------------------|-----------|-------------|---------------|
| 275 | 254 | 21 | 100 |

Program Standards

How the standards are scored. The score for each standard reflects combined assessment item scores from all the sources of evidence used to score that standard. The score for each standard is calculated as the number of items scored *Met* as a proportion of all items scored *Met* + *Unmet* in that standard.

Scores for items in Standards 7 and 8 are combined into a single standard score.

| Standard Number and Name | Score | |
|---|-------|------|
| 1. Relationships | 96% | Pass |
| 2. Curriculum | 94% | Pass |
| 3. Teaching | 91% | Pass |
| 4. Assessment of Child Progress | 100% | Pass |
| 5. Health | 95% | Pass |
| 6. Staff Competencies, Preparation, and Support | 93% | Pass |
| 7. Families and 8. Community Relationships | 89% | Pass |
| 9. Physical Environment | 78% | Pass |
| 10. Leadership and Management | 91% | Pass |





Items unmet in each standard. The following table shows the items that did not meet NAEYC's recommended practices, the *source of evidence* used to rate them, and a brief description of the item. For items rated multiple times by Class Observation or Class Portfolio, item ratings of "Yes" or "No" are combined across the classes to arrive at a final item score for the standard. Among classes that were rated either "Yes" or "No", most classes must have been rated "Yes" for the item to be scored as "met".

| Class Observation(s) | Class Portfolio(s) | Program Observation | Program Portfolio | Staff Qualifications |
|----------------------|--------------------|---------------------|-------------------|----------------------|
| 1C.3 | 3D.4 | 9B.1 | 7A.3 | 6C.2 |
| 2J.1 | 3E.8 | 9D.3 | 7A.4 | 6C.3 |
| 2J.2 | | | 9A.5 | 6C.4 |
| 2L.2 | | | 9D.4 | |
| 2L.3 | | | 10B.17 | |
| 3A.2 | | | 10B.19 | |
| 5A.9 | | | 10D.10 | |





Assessed Classes

How the classes are scored: The “Class Score” for each class reflects combined ratings from the Class Observation (CO) and the Class Portfolio (CP) sources of evidence¹. Pass Rates for each of these sources of evidence (CO, CP) are also shown.

What “Class Portfolio Feedback” is for: While the Class Scores below contribute to the determination of our accreditation decision, the “feedback” information does not. It is intended to provide you with an understanding of how your CPs compare with those of other programs in the NAEYC accreditation process. CPs are termed *above average* when they score among the top 25% of all the CPs NAEYC evaluated. CPs that score among the middle 50% are considered *average*. Those CPs scoring among the bottom 25% are deemed to have been *below average*.

| Class Name | Class Score | Class Observation Pass Rate | Class Portfolio Pass Rate | *Class Portfolio Feedback ² | Age Category |
|------------|-------------|-----------------------------|---------------------------|--|--------------|
| 3 | 97% | 97% | 97% | Average* | Preschool |
| 4 | 93% | 89% | 97% | Average* | Preschool |

¹ The formulas for calculating Class Scores, CO Pass Rates and CP Pass Rates are as follows: the number of Yes items divided by the number of Yes+ No items. Ratings of N/A, NotAge and NoOpp do not enter into the calculation.

² A comparison of each CP pass rate to thousands of other CPs evaluated recently.



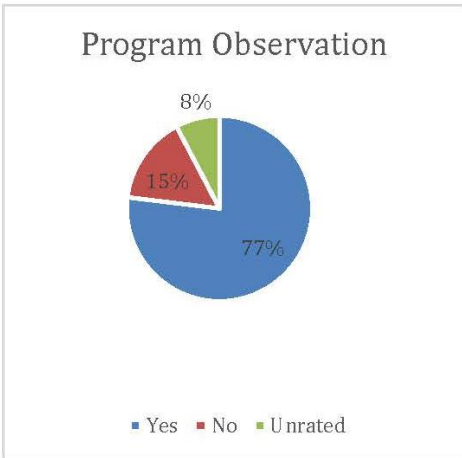
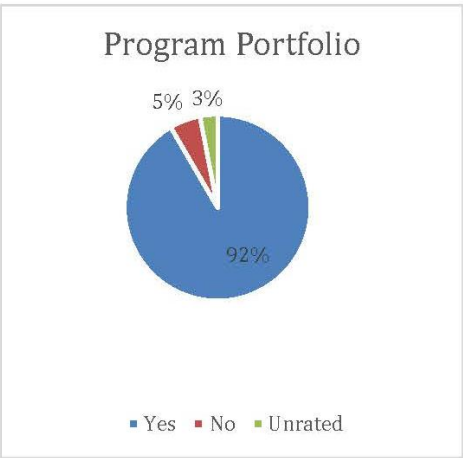


Program Portfolio and Program Observation Information

This section provides you with additional information about ratings from your Program Portfolio and Program Observation. The assessment items rated on these tools contribute to the Overall Program Pass Rate and the pass rates for each individual standard, provided above. There are no required minimum pass-rates on these tools to earn accreditation. Like the Class Portfolio feedback, this information is provided purely as additional information to help you in continuing your quality improvement efforts.

Scores for Program Portfolio and Program Observation tools.

| Source of Evidence | Pass Rate | Items Rated Yes | Items Rated No | Unrated Items |
|---------------------|-----------|-----------------|----------------|---------------|
| Program Portfolio | 94.49% | 120 | 7 | 4 |
| Program Observation | 83.33% | 10 | 2 | 1 |



Program Portfolio Feedback³: Average*

The evidence was well organized.
 Evidence was highlighted and labeled clearly.
 The evidence provided was clearly presented and accounted for the relevant assessment items.

Program Observation Feedback: Average*

Shared program spaces are clean and in good repair.
 No health or safety concerns noted.

³ A comparison of the quality of your program portfolio evidence to those of other programs that have recently been assessed. The feedback categories are defined in the same was as class portfolio feedback (see above).





3 Preschool

Overall Class Score
97%

Class Observation Results

Class Observation Score: 97%

Met Items

Items were rated as met during this observation period.

Met CO Items : 1B.2, 1B.3, 1B.4, 1D.1, 1D.2, 1D.3, 1D.4, 1D.5, 1F.1, 1F.2, 1F.3, 2A.1, 2B.1, 2B.3, 2B.4, 2B.5, 2D.2, 2E.2, 2E.3, 2E.4, 2E.6, 2E.7, 2F.5, 2F.6, 2F.7, 2F.8, 2G.3, 2G.4, 2J.1, 2J.2, 2J.4, 2J.5, 2L.1, 2L.2, 2L.4, 3A.1, 3C.5, 3D.2, 3F.1, 3G.1, 3G.3, 3G.4, 3G.5, 3G.6, 5A.2, 5A.9, 6A.1, 9A.1, 9A.2, 9A.6, 9A.7, 9C.1, 9C.9, 9D.1, 10B.3, 10B.8

Unmet Items

Items were rated as not met during this observation period.

Unmet CO Items : 2L.3, 3A.2

Unrated Items

Items were not rated during the observation period. These items are not scored.

Unrated CO Items : 1B.1, 1B.5, 1B.6, 1B.7, 1C.1, 1C.2, 1C.3, 1C.4, 1C.5, 2B.2, 2D.1, 2E.1, 2E.5, 2F.1, 2F.2, 2F.3, 2F.4, 2F.9, 2F.10, 2F.11, 2F.20, 2G.1, 2G.2, 2J.3, 3C.1, 3C.2, 3C.3, 3C.4, 3C.6, 3C.7, 3C.8, 3D.1, 3E.1, 3E.2, 3E.3, 3E.6, 3E.7, 3E.15, 3E.16, 3G.2, 3G.11, 5A.1, 5A.3, 5A.4, 5A.5, 5A.6, 5A.7, 5A.8, 5A.10, 5A.11, 5A.12, 5B.2, 5C.1, 5C.2, 5C.3, 6B.1, 7A.1, 9C.2, 9C.3, 10B.1, 10B.2, 10B.4, 10B.5, 10B.6, 10B.7, 10B.9, 10B.10, 10B.11, 10B.12, 10B.13, 10B.14, 10B.15

Class Observation Feedback

High quality adult/child interactions were seen throughout the observation period.

Observed transitions were smooth and executed without incident.

This classroom has a light feeling to it. There are many windows letting in the sun, the shelves are uncluttered and organized. There is ample room between areas/tables/shelving. Teachers sing and dance with the children. Everyone smiles and participates.





3 Preschool

Class Portfolio Results

Class Portfolio Score: 97%

Met Items

Items were rated as met.

Met CP Items : 1C.6, 1D.6, 1D.7, 1D.8, 2A.2, 2A.4, 2A.5, 2C.1, 2D.3, 2D.4, 2E.15, 2E.16, 2E.17, 2E.18, 2E.19, 2E.20, 2E.21, 2E.22, 2E.23, 2F.12, 2F.13, 2F.14, 2F.15, 2G.5, 2G.8, 2G.9, 2G.10, 2G.11, 2H.1, 2J.6, 2J.7, 2J.9, 2J.10, 2J.11, 2J.12, 2J.13, 2L.5, 2L.6, 2L.7, 2L.8, 2L.9, 2L.10, 3A.3, 3A.4, 3B.1, 3D.3, 3D.5, 3D.6, 3D.7, 3D.8, 3E.9, 3E.10, 3E.13, 3E.14, 3F.2, 3G.7, 3G.8, 3G.9, 3G.10, 4C.1, 4D.1, 4D.7, 4E.1, 7B.2

Unmet Items

Items items were rated as not met.

Unmet CP Items : 3D.4, 3E.8

Unrated Items

Items were not rated. These items are not scored.

Unrated CP Items : 2E.9, 2E.10, 2E.11, 2E.12, 2E.13, 2E.14, 2E.24, 2E.25, 2F.16, 2F.17, 2F.18, 2F.19, 2G.6, 2G.7, 2J.8, 3D.9, 4B.1, 4B.2, 4B.3, 4D.3, 7B.1

Class Portfolio Feedback

Evidence was highlighted and labeled clearly.
The evidence was well organized.





4 Preschool

Overall Class Score
93%

Class Observation Results

Class Observation Score: 89%

Met Items

Items were rated as met during this observation period.

Met CO Items : 1B.1, 1B.3, 1B.4, 1C.2, 1C.4, 1C.5, 1D.1, 1D.2, 1D.3, 1D.4, 1D.5, 1F.1, 1F.2, 1F.3, 2A.1, 2B.1, 2B.3, 2B.5, 2D.2, 2E.2, 2E.3, 2E.4, 2E.5, 2E.6, 2E.7, 2F.5, 2F.6, 2F.7, 2F.8, 2G.3, 2G.4, 2J.4, 2J.5, 2L.1, 2L.4, 3A.1, 3C.5, 3D.1, 3D.2, 3F.1, 3G.1, 3G.3, 3G.4, 3G.5, 3G.6, 5A.2, 6A.1, 9A.1, 9A.2, 9A.6, 9A.7, 9C.1, 9C.9, 9D.1, 10B.3, 10B.8, 10B.13

Unmet Items

Items were rated as not met during this observation period.

Unmet CO Items : 1C.3, 2J.1, 2J.2, 2L.2, 2L.3, 3A.2, 5A.9

Unrated Items

Items were not rated during the observation period. These items are not scored.

Unrated CO Items : 1B.2, 1B.5, 1B.6, 1B.7, 1C.1, 2B.2, 2B.4, 2D.1, 2E.1, 2F.1, 2F.2, 2F.3, 2F.4, 2F.9, 2F.10, 2F.11, 2F.20, 2G.1, 2G.2, 2J.3, 3C.1, 3C.2, 3C.3, 3C.4, 3C.6, 3C.7, 3C.8, 3E.1, 3E.2, 3E.3, 3E.6, 3E.7, 3E.15, 3E.16, 3G.2, 3G.11, 5A.1, 5A.3, 5A.4, 5A.5, 5A.6, 5A.7, 5A.8, 5A.10, 5A.11, 5A.12, 5B.2, 5C.1, 5C.2, 5C.3, 6B.1, 7A.1, 9C.2, 9C.3, 10B.1, 10B.2, 10B.4, 10B.5, 10B.6, 10B.7, 10B.9, 10B.10, 10B.11, 10B.12, 10B.14, 10B.15

Class Observation Feedback

Children were actively engaged and exhibited positive behaviors throughout most of the observation period. Observed transitions were smooth and executed without incident. Handwashing for the minimum of 20 seconds was not observed amongst most of the children/adults, most of the time. Choices included the computer, dramatic play, manipulatives (tubes/Legos) on the rug, writing, paper dolls, cars, science area, and instruments. Children moved freely around the room and cleaned up their toys/area prior to moving on. The children in this group were energetic and talkative. Ts did not raise voices to be heard over the children but employed management strategies like clapping to gain the children's attention.





4 Preschool

Class Portfolio Results

Class Portfolio Score: 97%

Met Items

Items were rated as met.

Met CP Items : 1C.6, 1D.6, 1D.7, 1D.8, 2A.2, 2A.4, 2A.5, 2C.1, 2D.3, 2D.4, 2E.15, 2E.16, 2E.17, 2E.18, 2E.19, 2E.20, 2E.21, 2E.22, 2E.23, 2F.12, 2F.13, 2F.14, 2F.15, 2G.5, 2G.8, 2G.9, 2G.10, 2G.11, 2H.1, 2J.6, 2J.7, 2J.9, 2J.10, 2J.11, 2J.12, 2J.13, 2L.5, 2L.6, 2L.7, 2L.8, 2L.9, 2L.10, 3A.3, 3A.4, 3B.1, 3D.3, 3D.5, 3D.6, 3D.7, 3D.8, 3E.9, 3E.10, 3E.13, 3E.14, 3F.2, 3G.7, 3G.8, 3G.9, 3G.10, 4C.1, 4D.1, 4D.7, 4E.1, 7B.2

Unmet Items

Items items were rated as not met.

Unmet CP Items : 3D.4, 3E.8

Unrated Items

Items were not rated. These items are not scored.

Unrated CP Items : 2E.9, 2E.10, 2E.11, 2E.12, 2E.13, 2E.14, 2E.24, 2E.25, 2F.16, 2F.17, 2F.18, 2F.19, 2G.6, 2G.7, 2J.8, 3D.9, 4B.1, 4B.2, 4B.3, 4D.3, 7B.1

Class Portfolio Feedback

Evidence was highlighted and labeled clearly.
The evidence was well organized.





George W. Truitt Family Services Center



NAEYC Accreditation of Early Learning Programs
NAEYC.org/accreditation

March 17, 2023

ALPI George W. Truitt Family Services Center (# 290833 \ 1036981)
1814 North 13th Street
Fort Pierce, FL 34950

Congratulations! Your program has achieved a new five-year term of accreditation by the National Association for the Education of Young Children. Please congratulate the administration, teaching staff, and families of **ALPI George W. Truitt Family Services Center (# 290833 \ 1036981)** for earning the mark of quality. Take a moment to celebrate!

This communication includes:

- Information about the term of your NAEYC Accreditation
- Information about publicizing your accredited status
- Your *Accreditation Decision Report*

Accreditation demonstrates your commitment to quality and continuous quality improvement. By accepting accreditation, NAEYC-accredited programs commit to ensuring that their environment, policies, and practices are continually aligned with NAEYC's early learning standards and recommended practices.

Carefully review all enclosed information and share it as needed within your program.

Term of NAEYC Accreditation

Your new term of NAEYC Accreditation is valid until **July 1, 2028**. We refer to this as your "valid-until date". Your program will be issued a new accreditation certificate once your fifth Annual Accreditation fee is paid.

Throughout the 5-year term of your NAEYC accreditation, there are several requirements for maintaining accreditation. These provide NAEYC with up-to-date program information, ensure programs continue to meet NAEYC standards, and increase the accountability of the accreditation system.

1. Annual Reports are due on the 1st, 2nd, 3rd, and 4th anniversaries of a program's accreditation. They are made through the portal.
2. Annual Fees are due in each of the 5 years of accreditation, on your anniversary date. Annual fees should be submitted through the portal when you file your annual report in years 1 - 4, and in the 5th year when applying for renewal.
3. Keep program information updated. You can enter many changes yourself through the portal; see this link for details. Changes in your contacts, disruptions of operation, and notifications of withdrawal must be reported within 30 days using forms found on our website.
4. Maintain compliance with NAEYC's few, but important required practices. Within 72 hours of the occurrence any possible non-compliance (such as lapses in child supervision, child abuse or neglect, child death, or license suspensions), a **72-Hour Notification is required**. This form can be filed through the portal by selecting the "72 Hour Notification" tab on your Program Dashboard. NAEYC Quality Assurance staff will contact you to follow up. See the related policy on our website.





5. Respond to complaints. NAEYC staff may ask you to respond to credible complaints we receive about your program.
6. Respond to verification requests that NAEYC staff may make in relation to 72-hour Notifications, credible complaints, and major self-reported program changes. To verify continued practices, NAEYC may request documentation, or may require an additional verification site visit during the term of your accreditation.
7. Submit to a random visit. Unannounced observational visits to a subset of randomly selected programs are crucial to ensuring the credibility of the accreditation system. If your program is selected for a random visit, you must allow the visit to occur (if pandemic conditions permit) and meet visit scoring standards to remain accredited.
8. Visit our website for more information and details on new policies and procedures, and announcements related to your NAEYC Accreditation.

Publicizing NAEYC Accreditation

You should be proud of this monumental achievement, and this is your time to shine!

Display your certificate in a prominent place for families and visitors to see. In the Accreditation Portal, access a digital copy of your certificate by selecting the "Certificate" tab on the left-side menu. You will also receive the accreditation certificate and an accreditation window seal in the mail; however, the pandemic has created some delay in our ability to send these out.

In the Portal, you can also access TORCH, and under the "Accreditation Branding" tab find:

- A "Congratulations Flyer" to share with families.
- Downloadable images of the NAEYC Accreditation logo, formatted for both print materials and websites. See also the "Logo Guidelines" document providing guidance on the use of these images.

You may also wish to:

- Announce your success on social media.
- Send a press release to your local media outlets. You will find a press release template in the Accreditation Branding tab in TORCH.
- Host a celebration (live or virtual) for staff and families.

Thank you for making the commitment to quality early learning and choosing to demonstrate this by pursuing NAEYC Early Learning Program Accreditation.

If you have any questions regarding your next steps or need to gain a better understanding of an assessment item please e-mail us at accreditation.information@naeyc.org or contact us by phone at 800-424-2460, select Option 3.

Sincerely,

A handwritten signature in black ink that reads "Alissa Mwenelupembe".

Alissa Mwenelupembe, M.A.
Managing Director, Early Learning





NAEYC Accreditation Decision Report¹

To achieve NAEYC Early Learning Program Accreditation, a program must meet the following requirements:

- ✓ 100% of applicable required assessment items Pass
- ✓ 80% pass rate for the program overall Pass
- ✓ 70% pass rate in each assessed class Pass
- ✓ 60% pass rate in each standard Pass

Required Assessment Items

| Required Item | Source of Evidence | Item Description | Rating |
|---------------|--------------------|---|---------|
| 1B.4 | Class Observation | Guidance/discipline practices observed | Met |
| 1B.10 | Program Portfolio | Guidance/discipline policy | Met |
| 3C.2 | Class Observation | Infant/toddler/twos supervision practices observed | Unrated |
| 3C.3 | Class Observation | Infant/toddler/twos supervision practices observed | Unrated |
| 3C.6 | Class Observation | Preschool age supervision practices observed | Unrated |
| 3C.7 | Class Observation | Preschool age supervision practices observed | Unrated |
| 3C.8 | Class Observation | Kindergarten/ school age supervision practices observed | Unrated |
| 5A.10 | Class Observation | Infants placed on backs to sleep | Unrated |
| 10B.16 | Program Portfolio | Program is licensed or regulated, and in good standing | Met |

¹ All site visit decisions are subject to a cursory administrative review process to ensure the integrity of the data collected prior to issuing the accreditation decision. A more detailed administrative review process may be conducted to verify additional elements related to the data collection and site visit processes. The data and materials collected in connection with this accreditation decision did not receive this more detailed administrative review. For more information, please see the [Early Learning Program Accreditation Policy Handbook](#).





Overall Program Pass Rate

How the overall program pass rate is scored. The overall program pass rate reflects the combined assessment item scores across all standards and across all sources of evidence. The overall program pass rate is calculated as the number of items scored as *Met* as a proportion of all items scored *Met* + *Unmet* across all completed assessment tools.

$$\frac{\text{Overall Pass Rate}}{93.25\%}$$

| Total Items Scored | Items Met | Items Unmet | Unrated Items |
|--------------------|-----------|-------------|---------------|
| 326 | 304 | 22 | 49 |

Program Standards

How the standards are scored. The score for each standard reflects combined assessment item scores from all the sources of evidence used to score that standard. The score for each standard is calculated as the number of items scored *Met* as a proportion of all items scored *Met* + *Unmet* in that standard.

Scores for items in Standards 7 and 8 are combined into a single standard score.

| Standard Number and Name | Score | |
|---|-------|------|
| 1. Relationships | 96% | Pass |
| 2. Curriculum | 94% | Pass |
| 3. Teaching | 95% | Pass |
| 4. Assessment of Child Progress | 100% | Pass |
| 5. Health | 97% | Pass |
| 6. Staff Competencies, Preparation, and Support | 95% | Pass |
| 7. Families and 8. Community Relationships | 89% | Pass |
| 9. Physical Environment | 71% | Pass |
| 10. Leadership and Management | 92% | Pass |





Items unmet in each standard. The following table shows the items that did not meet NAEYC's recommended practices, the *source of evidence* used to rate them, and a brief description of the item. For items rated multiple times by Class Observation or Class Portfolio, item ratings of "Yes" or "No" are combined across the classes to arrive at a final item score for the standard. Among classes that were rated either "Yes" or "No", most classes must have been rated "Yes" for the item to be scored as "met".

| Class Observation(s) | Class Portfolio(s) | Program Observation | Program Portfolio | Staff Qualifications |
|----------------------|--------------------|---------------------|-------------------|----------------------|
| 1D.1 | 2A.2 | 9B.1 | 7A.3 | 6C.1 |
| 2B.2 | | 9B.3 | 7A.4 | 6C.2 |
| 2J.1 | | 9C.6 | 9A.5 | |
| 2J.2 | | 9D.3 | 9D.4 | |
| 2L.3 | | | 10B.17 | |
| 3A.2 | | | 10B.19 | |
| 3E.15 | | | 10D.10 | |
| 5A.4 | | | | |





Assessed Classes

How the classes are scored: The “Class Score” for each class reflects combined ratings from the Class Observation (CO) and the Class Portfolio (CP) sources of evidence¹. Pass Rates for each of these sources of evidence (CO, CP) are also shown.

What “Class Portfolio Feedback” is for: While the Class Scores below contribute to the determination of our accreditation decision, the “feedback” information does not. It is intended to provide you with an understanding of how your CPs compare with those of other programs in the NAEYC accreditation process. CPs are termed *above average* when they score among the top 25% of all the CPs NAEYC evaluated. CPs that score among the middle 50% are considered *average*. Those CPs scoring among the bottom 25% are deemed to have been *below average*.

| Class Name | Class Score | Class Observation Pass Rate | Class Portfolio Pass Rate | *Class Portfolio Feedback ² | Age Category |
|------------|-------------|-----------------------------|---------------------------|--|--------------|
| Toddler 2 | 96% | 94% | 98% | Above Average* | Toddlers |
| Toddler 4 | 94% | 90% | 98% | Above Average* | Toddlers |
| Hs 2 | 97% | 95% | 98% | Above Average* | Preschool |
| Ehs 5 | 87% | 80% | 97% | Average* | Infants |

¹ The formulas for calculating Class Scores, CO Pass Rates and CP Pass Rates are as follows: the number of Yes items divided by the number of Yes+ No items. Ratings of N/A, NotAge and NoOpp do not enter into the calculation.

² A comparison of each CP pass rate to thousands of other CPs evaluated recently.



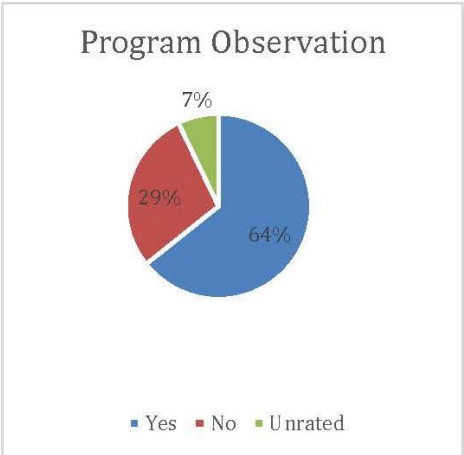
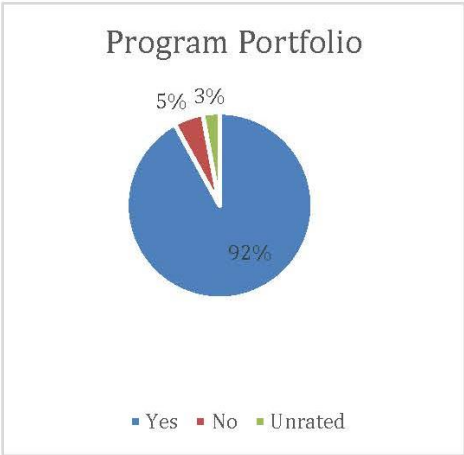


Program Portfolio and Program Observation Information

This section provides you with additional information about ratings from your Program Portfolio and Program Observation. The assessment items rated on these tools contribute to the Overall Program Pass Rate and the pass rates for each individual standard, provided above. There are no required minimum pass-rates on these tools to earn accreditation. Like the Class Portfolio feedback, this information is provided purely as additional information to help you in continuing your quality improvement efforts.

Scores for Program Portfolio and Program Observation tools.

| Source of Evidence | Pass Rate | Items Rated Yes | Items Rated No | Unrated Items |
|---------------------|-----------|-----------------|----------------|---------------|
| Program Portfolio | 94.74% | 126 | 7 | 4 |
| Program Observation | 69.23% | 9 | 4 | 1 |



Program Portfolio Feedback³: Average*

The evidence was well organized.
 Evidence was highlighted and labeled clearly.
 The evidence provided was clearly presented and accounted for the relevant assessment items.

Program Observation Feedback: Average*

Some health and/or safety concerns are noted in the program environment. Refer to Safety Concerns Report Form.
 There was no obvious signage at the main entrance(s) encouraging people to wipe or remove their shoes before entering the facility.
 Classroom spaces have clear content areas. Each classroom has sinks and a bathroom.

³ A comparison of the quality of your program portfolio evidence to those of other programs that have recently been assessed. The feedback categories are defined in the same way as class portfolio feedback (see above).





Toddler 2 Toddlers

Overall Class Score
96%

Class Observation Results

Class Observation Score: 94%

Met Items

Items were rated as met during this observation period.

Met CO Items : 1B.2, 1B.4, 1B.6, 1C.3, 1C.4, 1C.5, 1D.1, 1D.2, 1D.3, 1D.4, 1D.5, 1F.1, 1F.2, 1F.3, 2A.1, 2B.1, 2B.3, 2B.4, 2B.5, 2D.2, 2E.2, 2F.1, 2F.2, 2F.3, 2F.4, 2F.5, 2F.6, 2G.1, 2G.2, 2J.3, 2J.4, 2L.1, 2L.2, 3A.1, 3C.1, 3D.1, 3D.2, 3G.3, 3G.4, 3G.5, 3G.6, 3G.11, 5A.2, 5A.3, 5A.4, 5A.5, 5A.9, 5C.1, 6A.1, 9A.1, 9A.2, 9A.6, 9A.7, 9C.1, 9C.3, 9C.9, 9D.1, 10B.2, 10B.7

Unmet Items

Items were rated as not met during this observation period.

Unmet CO Items : 2E.1, 2J.1, 2J.2, 3A.2

Unrated Items

Items were not rated during the observation period. These items are not scored.

Unrated CO Items : 1B.1, 1B.3, 1B.5, 1B.7, 1C.1, 1C.2, 2B.2, 2D.1, 2E.3, 2E.4, 2E.5, 2E.6, 2E.7, 2F.7, 2F.8, 2F.9, 2F.10, 2F.11, 2F.20, 2G.3, 2G.4, 2J.5, 2L.3, 2L.4, 3C.2, 3C.3, 3C.4, 3C.5, 3C.6, 3C.7, 3C.8, 3E.1, 3E.2, 3E.3, 3E.6, 3E.7, 3E.15, 3E.16, 3F.1, 3G.1, 3G.2, 5A.1, 5A.6, 5A.7, 5A.8, 5A.10, 5A.11, 5A.12, 5B.2, 5C.2, 5C.3, 6B.1, 7A.1, 9C.2, 10B.1, 10B.3, 10B.4, 10B.5, 10B.6, 10B.8, 10B.9, 10B.10, 10B.11, 10B.12, 10B.13, 10B.14, 10B.15

Class Observation Feedback

High quality adult/child interactions were seen throughout the observation period. Children were actively engaged and exhibited positive behaviors throughout most of the observation period. Educator engaged the children in conversation while reading to them. Related the story to their own lives. Educators had children discuss feelings and talk to each other about conflicts.





Toddler 2 Toddlers

Class Portfolio Results

Class Portfolio Score: 98%

Met Items

Items were rated as met.

Met CP Items : 1C.6, 1D.6, 1D.7, 1D.8, 2A.4, 2E.9, 2E.10, 2E.12, 2E.13, 2E.14, 2E.15, 2F.12, 2F.13, 2G.5, 2G.6, 2G.7, 2J.6, 2J.7, 2J.8, 2J.9, 2J.10, 2J.11, 2J.12, 2L.5, 2L.6, 2L.7, 2L.8, 3A.3, 3A.4, 3B.1, 3D.4, 3D.5, 3D.6, 3D.9, 3E.8, 3E.9, 3E.10, 3E.13, 3E.14, 3F.2, 3G.7, 3G.8, 3G.9, 3G.10, 4C.1, 4D.1, 4D.7, 4E.1, 7B.1

Unmet Items

Items items were rated as not met.

Unmet CP Items : 2A.2

Unrated Items

Items were not rated. These items are not scored.

Unrated CP Items : 2A.5, 2C.1, 2D.3, 2D.4, 2E.11, 2E.16, 2E.17, 2E.18, 2E.19, 2E.20, 2E.21, 2E.22, 2E.23, 2E.24, 2E.25, 2F.14, 2F.15, 2F.16, 2F.17, 2F.18, 2F.19, 2G.8, 2G.9, 2G.10, 2G.11, 2H.1, 2J.13, 2L.9, 2L.10, 3D.3, 3D.7, 3D.8, 4B.1, 4B.2, 4B.3, 4D.3, 7B.2

Class Portfolio Feedback

The evidence provided was clearly presented and accounted for the relevant assessment items.
The evidence was well organized.





Toddler 4 Toddlers

Overall Class Score
94%

Class Observation Results

Class Observation Score: 90%

Met Items

Items were rated as met during this observation period.

Met CO Items : 1B.2, 1B.4, 1B.6, 1D.2, 1D.3, 1D.4, 1D.5, 1F.1, 1F.2, 1F.3, 2A.1, 2B.1, 2B.3, 2D.2, 2E.1, 2E.2, 2F.1, 2F.2, 2F.3, 2F.4, 2F.5, 2F.6, 2G.1, 2G.2, 2J.3, 2J.4, 2L.1, 3A.1, 3C.1, 3D.2, 3G.3, 3G.4, 3G.5, 3G.6, 3G.11, 5A.1, 5A.2, 5A.3, 5A.9, 6A.1, 9A.1, 9A.2, 9A.6, 9A.7, 9C.1, 9C.2, 9C.3, 9C.9, 9D.1, 10B.2, 10B.7, 10B.12

Unmet Items

Items were rated as not met during this observation period.

Unmet CO Items : 1D.1, 2J.1, 2J.2, 2L.2, 3A.2, 5A.4

Unrated Items

Items were not rated during the observation period. These items are not scored.

Unrated CO Items : 1B.1, 1B.3, 1B.5, 1B.7, 1C.1, 1C.2, 1C.3, 1C.4, 1C.5, 2B.2, 2B.4, 2B.5, 2D.1, 2E.3, 2E.4, 2E.5, 2E.6, 2E.7, 2F.7, 2F.8, 2F.9, 2F.10, 2F.11, 2F.20, 2G.3, 2G.4, 2J.5, 2L.3, 2L.4, 3C.2, 3C.3, 3C.4, 3C.5, 3C.6, 3C.7, 3C.8, 3D.1, 3E.1, 3E.2, 3E.3, 3E.6, 3E.7, 3E.15, 3E.16, 3F.1, 3G.1, 3G.2, 5A.5, 5A.6, 5A.7, 5A.8, 5A.10, 5A.11, 5A.12, 5B.2, 5C.1, 5C.2, 5C.3, 6B.1, 7A.1, 10B.1, 10B.3, 10B.4, 10B.5, 10B.6, 10B.8, 10B.9, 10B.10, 10B.11, 10B.13, 10B.14, 10B.15

Class Observation Feedback

High quality adult/child interactions were seen throughout the observation period.

Communication among staff members was strong and effective.

The children spoke to the children in calm voices and made positive statements.

When on the playground educators engaged children in play on the swings, slide and by blowing bubbles and running around with them.





Toddler 4 Toddlers

Class Portfolio Results

Class Portfolio Score: 98%

Met Items

Items were rated as met.

Met CP Items : 1C.6, 1D.6, 1D.7, 1D.8, 2A.4, 2E.9, 2E.10, 2E.12, 2E.13, 2E.14, 2E.15, 2F.12, 2F.13, 2G.5, 2G.6, 2G.7, 2J.6, 2J.7, 2J.8, 2J.9, 2J.10, 2J.11, 2J.12, 2L.5, 2L.6, 2L.7, 2L.8, 3A.3, 3A.4, 3B.1, 3D.4, 3D.5, 3D.6, 3D.9, 3E.8, 3E.9, 3E.10, 3E.13, 3E.14, 3F.2, 3G.7, 3G.8, 3G.9, 3G.10, 4C.1, 4D.1, 4D.7, 4E.1, 7B.1

Unmet Items

Items items were rated as not met.

Unmet CP Items : 2A.2

Unrated Items

Items were not rated. These items are not scored.

Unrated CP Items : 2A.5, 2C.1, 2D.3, 2D.4, 2E.11, 2E.16, 2E.17, 2E.18, 2E.19, 2E.20, 2E.21, 2E.22, 2E.23, 2E.24, 2E.25, 2F.14, 2F.15, 2F.16, 2F.17, 2F.18, 2F.19, 2G.8, 2G.9, 2G.10, 2G.11, 2H.1, 2J.13, 2L.9, 2L.10, 3D.3, 3D.7, 3D.8, 4B.1, 4B.2, 4B.3, 4D.3, 7B.2

Class Portfolio Feedback

The evidence provided was clearly presented and accounted for the relevant assessment items.
The evidence was well organized.





Hs 2 Preschool

Overall Class Score
97%

Class Observation Results

Class Observation Score: 95%

Met Items

Items were rated as met during this observation period.

Met CO Items : 1B.1, 1B.2, 1B.3, 1B.4, 1C.2, 1C.3, 1C.4, 1C.5, 1D.1, 1D.2, 1D.3, 1D.4, 1D.5, 1F.1, 1F.2, 1F.3, 2A.1, 2B.1, 2B.3, 2B.4, 2B.5, 2D.2, 2E.2, 2E.3, 2E.4, 2E.6, 2F.5, 2F.6, 2F.7, 2F.8, 2G.3, 2G.4, 2J.2, 2J.4, 2J.5, 2L.1, 2L.2, 2L.4, 3A.1, 3C.5, 3D.1, 3D.2, 3F.1, 3G.3, 3G.4, 3G.5, 3G.6, 5A.2, 5A.5, 5A.9, 6A.1, 9A.1, 9A.2, 9A.6, 9A.7, 9C.1, 9C.2, 9C.9, 9D.1, 10B.3, 10B.8, 10B.13

Unmet Items

Items were rated as not met during this observation period.

Unmet CO Items : 2J.1, 2L.3, 3A.2

Unrated Items

Items were not rated during the observation period. These items are not scored.

Unrated CO Items : 1B.5, 1B.6, 1B.7, 1C.1, 2B.2, 2D.1, 2E.1, 2E.5, 2E.7, 2F.1, 2F.2, 2F.3, 2F.4, 2F.9, 2F.10, 2F.11, 2F.20, 2G.1, 2G.2, 2J.3, 3C.1, 3C.2, 3C.3, 3C.4, 3C.6, 3C.7, 3C.8, 3E.1, 3E.2, 3E.3, 3E.6, 3E.7, 3E.15, 3E.16, 3G.1, 3G.2, 3G.11, 5A.1, 5A.3, 5A.4, 5A.6, 5A.7, 5A.8, 5A.10, 5A.11, 5A.12, 5B.2, 5C.1, 5C.2, 5C.3, 6B.1, 7A.1, 9C.3, 10B.1, 10B.2, 10B.4, 10B.5, 10B.6, 10B.7, 10B.9, 10B.10, 10B.11, 10B.12, 10B.14, 10B.15

Class Observation Feedback

High quality adult/child interactions were seen throughout the observation period.

Observed transitions were smooth and executed without incident.

Educators acknowledged children’s feelings during interactions observed throughout the observation.

Educator was able to transition children through hand washing to the table for lunch while continuing reading the book she began. She moved from the rug area to the table area along with the children.





Hs 2 Preschool

Class Portfolio Results

Class Portfolio Score: 98%

Met Items

Items were rated as met.

Met CP Items : 1C.6, 1D.6, 1D.7, 1D.8, 2A.2, 2A.4, 2A.5, 2C.1, 2D.3, 2D.4, 2E.15, 2E.16, 2E.17, 2E.18, 2E.19, 2E.20, 2E.21, 2E.22, 2E.23, 2F.12, 2F.13, 2F.14, 2F.15, 2G.5, 2G.8, 2G.9, 2G.10, 2G.11, 2H.1, 2J.6, 2J.7, 2J.9, 2J.10, 2J.11, 2J.12, 2J.13, 2L.5, 2L.6, 2L.7, 2L.8, 2L.9, 2L.10, 3A.3, 3A.4, 3B.1, 3D.3, 3D.4, 3D.5, 3D.6, 3D.7, 3D.8, 3E.8, 3E.9, 3E.13, 3E.14, 3F.2, 3G.7, 3G.8, 3G.9, 3G.10, 4C.1, 4D.1, 4D.7, 4E.1, 7B.2

Unmet Items

Items items were rated as not met.

Unmet CP Items : 3E.10

Unrated Items

Items were not rated. These items are not scored.

Unrated CP Items : 2E.9, 2E.10, 2E.11, 2E.12, 2E.13, 2E.14, 2E.24, 2E.25, 2F.16, 2F.17, 2F.18, 2F.19, 2G.6, 2G.7, 2J.8, 3D.9, 4B.1, 4B.2, 4B.3, 4D.3, 7B.1

Class Portfolio Feedback

Portfolio included many well-chosen examples with clear connections to the intent of the recommended practices.

The evidence was well organized.





Ehs 5 Infants

Overall Class Score
87%

Class Observation Results

Class Observation Score: 80%

Met Items

Items were rated as met during this observation period.

Met CO Items : 1B.2, 1B.4, 1B.5, 1B.6, 1C.1, 1D.2, 2E.1, 2F.1, 2F.2, 2F.3, 2F.4, 2F.20, 2G.1, 2G.2, 2J.3, 3A.1, 3C.1, 3E.6, 3E.16, 3G.1, 3G.2, 3G.11, 5A.1, 5A.3, 5A.5, 5A.8, 5B.2, 5C.1, 6A.1, 9A.1, 9A.2, 9A.6, 9C.1, 9C.3, 9D.1, 10B.1, 10B.6

Unmet Items

Items were rated as not met during this observation period.

Unmet CO Items : 1D.1, 2B.2, 2J.1, 2J.2, 3E.15, 5A.2, 5A.4, 5A.9, 9A.7

Unrated Items

Items were not rated during the observation period. These items are not scored.

Unrated CO Items : 1B.1, 1B.3, 1B.7, 1C.2, 1C.3, 1C.4, 1C.5, 1D.3, 1D.4, 1D.5, 1F.1, 1F.2, 1F.3, 2A.1, 2B.1, 2B.3, 2B.4, 2B.5, 2D.1, 2D.2, 2E.2, 2E.3, 2E.4, 2E.5, 2E.6, 2E.7, 2F.5, 2F.6, 2F.7, 2F.8, 2F.9, 2F.10, 2F.11, 2G.3, 2G.4, 2J.4, 2J.5, 2L.1, 2L.2, 2L.3, 2L.4, 3A.2, 3C.2, 3C.3, 3C.4, 3C.5, 3C.6, 3C.7, 3C.8, 3D.1, 3D.2, 3E.1, 3E.2, 3E.3, 3E.7, 3F.1, 3G.3, 3G.4, 3G.5, 3G.6, 5A.6, 5A.7, 5A.10, 5A.11, 5A.12, 5C.2, 5C.3, 6B.1, 7A.1, 9C.2, 9C.9, 10B.2, 10B.3, 10B.4, 10B.5, 10B.7, 10B.8, 10B.9, 10B.10, 10B.11, 10B.12, 10B.13, 10B.14, 10B.15

Class Observation Feedback

Children were actively engaged and exhibited positive behaviors throughout most of the observation period. Observed transitions were smooth and executed without incident.





Ehs 5 Infants

Class Portfolio Results

Class Portfolio Score: 97%

Met Items

Items were rated as met.

Met CP Items : 1D.6, 2A.2, 2E.9, 2E.10, 2E.11, 2E.12, 2F.12, 2F.19, 2G.5, 2G.6, 2G.7, 2J.6, 2J.7, 2J.8, 3A.3, 3A.4, 3D.5, 3D.6, 3D.9, 3E.8, 3E.9, 3E.10, 3F.2, 3G.7, 4C.1, 4D.1, 4D.3, 4D.7, 4E.1, 7B.1

Unmet Items

Items items were rated as not met.

Unmet CP Items : 1C.6

Unrated Items

Items were not rated. These items are not scored.

Unrated CP Items : 1D.7, 1D.8, 2A.4, 2A.5, 2C.1, 2D.3, 2D.4, 2E.13, 2E.14, 2E.15, 2E.16, 2E.17, 2E.18, 2E.19, 2E.20, 2E.21, 2E.22, 2E.23, 2E.24, 2E.25, 2F.13, 2F.14, 2F.15, 2F.16, 2F.17, 2F.18, 2G.8, 2G.9, 2G.10, 2G.11, 2H.1, 2J.9, 2J.10, 2J.11, 2J.12, 2J.13, 2L.5, 2L.6, 2L.7, 2L.8, 2L.9, 2L.10, 3B.1, 3D.3, 3D.4, 3D.7, 3D.8, 3E.13, 3E.14, 3G.8, 3G.9, 3G.10, 4B.1, 4B.2, 4B.3, 7B.2

Class Portfolio Feedback

Evidence was highlighted and labeled clearly.
The evidence was well organized.





Other Information





Administration for Children and Families IM-HS-23-01 Lead Poisoning Prevention

| | | |
|--|---|------------------------------|
| Administration for Children and Families | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES | |
| | 1. Log No. ACF-IM-HS-23-01 | 2. Issuance Date: 03/28/2023 |
| | 3. Originating Office: Office of Head Start | |
| | 4. Key Word: Lead Poisoning Prevention; Drinking Water; Testing and Screening for Lead; Effects of Lead Exposure; Funding Support | |

INFORMATION MEMORANDUM

TO: All Head Start and Early Head Start Grant Recipients

SUBJECT: The Role of Head Start Programs in Addressing Lead in Water

INFORMATION:

Lead is a toxic metal and there is no safe blood lead level for children.¹ Because their bodies are still developing, children under the age of 6 are at greatest risk for significant and potentially lifelong health problems as a result of exposure. They are more likely to come into contact with lead through paint or dust since young children often put their hands or objects in their mouths. However, lead in drinking water can also be a significant contributor to overall exposure to lead. This is particularly true for infants whose diet consists of food and liquids made with water, such as baby food or formula. The adverse health effects of lead exposure can be both physical and behavioral. Even low levels of lead in children can lead to anemia, behavior and learning problems, and other concerns.

Head Start programs have a critical role to play in [preventing lead poisoning in children](#). Programs are required to maintain a facility that is free from pollutants, hazards, and toxins that are accessible to children and could endanger their safety — and that includes lead in water and paint. As part of Head Start monitoring, programs can expect to be asked about their processes to identify lead hazards and mitigate them. This Information Memorandum highlights available resources for programs to address lead in water specifically.

Testing for and Addressing Lead in Water

The [U.S. Environmental Protection Agency \(EPA\)](#) has developed a number of resources to guide programs to test and remediate for lead in water.

There are no specific funds designated for the purpose of lead assessments in Head Start programs. However, grant recipients may budget program funds to address lead in water, including necessary minor renovations to facilities. Allowable uses of program funds may include:





- Testing for lead in water
- Remediation actions such as purchasing, installing, and maintaining point-of-use devices for lead removal, such as water filters
- Replacing water fixtures and plumbing, including lead service linesⁱⁱ

As programs consider their needs related to addressing lead in water in Head Start facilities, the Administration for Children and Families encourages grant recipients to submit one-time funding applications for facility needs not supported by operations funding. Note these one-time requests are addressed by priority and subject to availability of funds.

Other Federal Funding Sources

Head Start programs may be able to leverage [EPA funding](#) to eliminate lead in their facilities. The Bipartisan Infrastructure Law, 2022, authorized increased funding of \$700 million over 5-years across two grant programs:

- [Voluntary School and Child Care Lead Testing and Reduction Grant Program](#)
- [Reducing Lead in Drinking Water Grant Program](#)

These programs aim to address lead in water through testing, remediation, and infrastructure improvements, including in child care and school settings. Grant recipients should reach out to their respective [state agency](#) to learn more about the EPA programs and other available resources.

Partnering with Families to Promote Children’s Healthy Development

Head Start programs are already working closely with families and health care providers to make sure children are [screened](#) for lead poisoning ([45 CFR §1302.46](#)). These screenings align with the Centers for Medicare and Medicaid Services’ (CMS) universal blood lead screening requirement for all Medicaid-eligible children, under their states’ [Early and Periodic Screening, Diagnostic and Testing](#) schedule.ⁱⁱⁱ The Office of Head Start (OHS) applauds programs’ ongoing efforts to partner with [parents and caregivers](#) to make sure all enrolled children receive required blood screening.

OHS continues to encourage programs to leverage [available resources](#) in discussing with families how to prevent and address lead exposure in the home, such as through:

- Testing for lead in paint hazards and in water
- Minimizing children and pregnant persons’ exposure to paint hazards, especially in homes built before 1978
- Creating barriers between living or play areas and possible lead hazards
- Cleaning and hygiene practices, such as regularly mopping and washing hands and toys

To learn more about the role Head Start programs play in keeping children safe and supporting families to prevent lead poisoning, visit the [Early Childhood Learning and Knowledge Center](#) and [Office of Early Childhood Development](#) websites.





Thank you for the work you do on behalf of children and families.

Sincerely,

/ Khari M. Garvin /

Khari M. Garvin
Director
Office of Head Start

ⁱ The Centers for Disease Control and Prevention has established a blood lead “reference value” that serves as a screening tool to identify children with higher levels of lead in their blood compared with most children. However, no safe blood lead level in children has been identified: <https://www.cdc.gov/nceh/features/leadpoisoning/index.html>

ⁱⁱ As long as total costs for any proposed plumbing improvements, such as replacing water fixtures and lead service lines, are less than \$250,000, they would be considered minor renovations and allowable expenditures with program funds. If costs are anticipated to exceed \$250,000, programs should contact their regional office to determine appropriate next steps.

ⁱⁱⁱ Arizona is currently the only state approved by CMS to implement a targeted lead screening program.





Administration for Children and Families IM-HS-23-03 Hurricanes Fiona and Ian Natural Disaster Assistance

| | | |
|--|---|------------------------------|
| ACF Administration for Children and Families | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES | |
| | 1. Log No. ACF-PI-HS-23-03 | 2. Issuance Date: 03/15/2023 |
| | 3. Originating Office: Office of Head Start | |
| | 4. Key Words: Hurricanes Fiona and Ian; Natural Disaster; Disaster Relief; Response and Recovery Efforts; Disaster Assistance | |

PROGRAM INSTRUCTION

TO: Head Start and Early Head Start Programs Impacted by Hurricanes Fiona and Ian

SUBJECT: Hurricanes Fiona and Ian Disaster Recovery Funds

INSTRUCTION:

This Program Instruction (PI) outlines the process to request disaster recovery funds for Head Start and Early Head Start programs, including replacement of damaged or destroyed property and facilities following Hurricanes Fiona and Ian. The PI is also intended to assist governing bodies and key management staff in determining the types of assistance and amount of recovery funds that are needed.

President Biden signed the Consolidated Appropriations Act, 2023 ([H.R. 2617](#)), into law on December 29, 2022. The Act provides \$345,000,000 in emergency funding “for necessary expenses directly related to the consequences of Hurricanes Fiona and Ian, including activities authorized under section 319(a) of the Public Health Service Act.”

The Administration for Children and Families (ACF) has the authority to award funds through September 30, 2027 but is subject to end when all funds have been awarded.

The extent of service interruption and damage to properties as a consequence of these disasters varies dramatically. The Office of Head Start (OHS) recognizes we cannot anticipate all of the circumstances in which disaster funds may be needed to ensure services are restored. Disaster recovery needs may not fully reflect how services were delivered prior to the disasters but will be responsive to the current community needs.

OHS reminds grant recipients that even if facilities are inoperable, program staff can support families in meeting their basic needs, including nutrition, health, and mental health support, and alternative care for their children ([ACF-IM-HS-19-01](#)). Programs that have operable facilities are encouraged to allow displaced Head Start families supervised access to those facilities, including kitchens, rest/napping areas, computer labs, bathrooms, laundry, and power sources for recharging phones and other communication devices. Grant recipients are encouraged to support families in accessing local, state, and federal relief and leveraging their community partnerships and resources to support other relief efforts.





Funding Requests

Grant recipients should engage in a comprehensive assessment of programmatic and community needs that considers the immediate, interim, and long-term impacts and associated costs resulting from these disasters. Application narratives must clearly define which of the following categories of funding are included in the request:

1. Facilities
2. Materials, Supplies, and Equipment
3. Program Operations
4. Additional Health, Mental Health, Dental, and Nutrition Services
5. Training and Technical Assistance (TTA)
6. Disaster Recovery Expenses Incurred Prior to Availability of Funds Under the Act

Each proposed grant activity should have a clear timeline for execution and completion. Project completion timelines, including major activities within each phase, need to be clearly stated in the application. We have provided a brief description of each area to assist programs in preparing funding requests.

1. Facilities

Disaster recovery funds may be requested to cover costs associated with repairs, renovations, purchase, and construction of facilities. Requests for funds to cover planning costs, including assessments, architectural and engineering services, and requests for bids may also be submitted. Grant recipients should make a thorough assessment of their temporary and long-term facility needs, including outdoor play areas. Structural damage and environmental problems not properly identified and addressed can create hazards and health risks months after initial damage occurs. We encourage programs to consider obtaining the services of a structural engineer, architect, and environmental consultant during the assessment phase so all costs necessary, such as those for remediation of molds and moisture-related problems, can be identified to ensure full restoration. These funds should be used to make infrastructure improvements and upgrades that promote climate-resilient facilities in the event of future disasters.

Programs should consider the costs of meeting current building codes. All facilities work within the scope of Head Start Program Performance Standards (HSPPS) at [Facilities, 45 CFR §1303 Subpart E](#) must be supported by an application, as required, and all projects must comply with applicable local building regulations, requirements, and codes. Grant recipients must not use requested funds for costs reimbursed by the [Federal Emergency Management Agency \(FEMA\)](#), under a contract for insurance, or by self-insurance.

Please note: ACF grant recipients that purchase, construct, or renovate facilities with Head Start funds are required to submit the SF-429 Real Property Status Report and attachments. As such, in addition to the 1303 application for the disaster recovery funds request, the SF-429-B Request to Acquire, Improve, or Furnish must be submitted in the Online Data Collection system. See [Discretionary Post-Award Requirements, ACF-PI-HS-17-03 Electronic Submission of Real Property Standard Form \(SF\)-429 and Attachments](#), and the applicable administrative requirements at 45 CFR [§75.318](#) and [§75.343](#) for additional information. Also, before a grant





recipient can apply for funds to purchase, construct, or renovate a facility under [45 CFR §1303.44](#), it must establish, among other things, that the proposed purchase, construction, or major renovation is necessary because of a lack of suitable facilities in the grant recipient's service area will inhibit the operation of the program ([45 CFR §1303.42\(a\)\(1\),\(b\)](#)).

2. Materials, Supplies, and Equipment

Some grant recipients have reported losses in materials, supplies, furnishings, and equipment. Programs should conduct a thorough review of each impacted center to ensure funding requests cover all costs necessary to replace lost or damaged vehicles, equipment, materials, furnishings, and supplies. Reviews of program losses should include outdoor play areas, kitchens, program and administrative offices, and any other service areas. Programs may also request vehicles, equipment, materials, furnishings, and supplies needed to support the delivery of temporary services or facilities activities until program services can be fully restored. Equipment purchases as defined in [45 CFR §75.2](#) require prior written approval under [45 CFR §75.308\(c\)\(1\)\(xi\)](#).

3. Program Operations

Some families may have relocated as a consequence of Hurricanes Fiona and Ian. Others remained in their community but may be displaced from their homes. Many more families may be experiencing homelessness than before the hurricanes. Programs should make every effort to assess the immediate and ongoing service needs of communities in their service area.

Programs may consider home-based services, double sessions, and increasing hours per day or days per year to meet community needs. For example, offering double sessions can serve more children on a temporary basis, but longer days and summer services may better meet the continuity needs of children who are experiencing homelessness or in temporary housing. Lowering teacher-child ratios to temporarily increase the number of teachers per classroom may also be needed to safely support evolving program schedules, transitions in services, or to more adequately respond to the needs of children and families who need additional support. Programs should consider the full range of services and supports for families that are necessary to support or supplement program operations, including providing transportation for children if they do not do so already.

4. Additional Health, Mental Health, Dental, and Nutrition Services

Children, families, and staff have endured significant disruption and stress as a result of Hurricanes Fiona and Ian. In some areas, homes may still be without power or safe drinking water. Families may not be able to fully meet their health and nutritional needs under such circumstances. Post-disaster conditions also enhance the risk of infection and the spread of diseases. Programs must consider actions they can take in collaboration with community partners to address health, mental health, dental, and nutritional needs resulting from the disasters. This could include hiring or contracting with qualified practitioners who can work in centers directly with children, families, and staff. Programs may also determine they need to hire additional staff, such as consultants, family workers, or other classroom staff, who can deliver short-term specialized health, mental health, dental, and nutrition services to support recovery post-disaster for children, families, and staff.

5. Training and Technical Assistance (TTA)





OHS recognizes that each program has learned a lot as a result of experiencing recent disasters, including Hurricanes Fiona and Ian. Programs have identified actions and strategies needed to strengthen and build emergency response procedures, staff capacity, facilities, and professional development. This is an opportunity for local programs to collaborate with relief organizations and other early childhood programs in their communities. If requesting TTA funding in accordance with the Head Start Act [Sec. 648\(d\)](#), grant recipients should clearly state the activities for which this funding will be used.

6. Disaster Recovery Expenses Incurred Prior to Availability of Funds Under the Act

OHS provides flexibility for grant recipients to modify their operating budgets to use operating funds to initiate disaster recovery activities. Grant recipients may apply for disaster recovery funds to reimburse the cost of necessary expenses directly related to the consequences of the disasters that were previously paid with operating funds if those funds are needed for current year program operations. Disaster recovery funds paid as reimbursements are not unrestricted funds and must be used for allowable program or disaster recovery expenditures.

When submitting requests for disaster recovery funding, grant recipients must explain how the funds relate to a consequence of the disaster. They also must provide assurance that requested funds will not be used for costs reimbursed by FEMA, under a contract for insurance, or by self-insurance.

Award Information and Restrictions

Eligible grant recipients will receive disaster recovery funds as a separate grant award from their base Head Start and Early Head Start operations grants. Disaster recovery awards are not included in the calculation of a grant recipient's base grant for the subsequent fiscal year. They are also not subject to the allocation requirement of [Sec. 640\(a\)](#) of the Head Start Act. Disaster recovery funds must be awarded by OHS no later than September 30, 2027. During the period of funding availability, grant recipients may request needed disaster recovery funds all at once or make subsequent requests for needed funds.

Unless a waiver has been approved by the Office of Management and Budget and a longer project period is issued for a specific grant by OHS, all disaster recovery funds must be expended by grant recipients within 36 months of their award date. Any funds not expended must be returned to the U.S. Department of Health and Human Services.

If OHS disaster recovery funds are used to fund an eligible expense subsequently paid by FEMA, commercial insurance, or self-insurance, the receipt of proceeds must be reported to OHS and the payment received must be repaid to OHS.

OHS will closely monitor disaster recovery grant awards. Reporting content and frequency requirements will be established by OHS, and on-site visits may be required prior to expenditure of certain funded activities. Financial and programmatic reporting of disaster recovery-funded activities and expenses will be required of all grant recipients.





In addition to all the information included in this PI, grant recipients must also comply with all award terms and conditions.

Submission of Funding Applications

All requests for disaster recovery funding will be made through the Head Start Enterprise System (HSES). First, grant recipients that intend to apply for disaster recovery funding should make a request under the Correspondence tab of their regular grant in HSES for the system to create a temporary grant number. The HSES Help Desk will notify recipients when their temporary grant number has been created. Grant recipients will then submit their requests for disaster recovery funding through the Application tab under this new temporary grant number. Once awarded, the temporary grant will convert to a permanent grant in HSES. Grant recipients are not limited to a single application and may request additional temporary grant numbers if needed.

Disaster recovery funding requests require the following [standard forms](#) and backup documents:

- **SF-424 Application for Federal Assistance**
- **SF-424-A Budget Information—Non-Construction Programs**
- A narrative that describes the proposed use of funds. All activities and projects must identify the relationship to a covered disaster and include a timeline clearly indicating when significant project milestones or activities will be executed or occur and when the overall project or activity will be completed.
- Governing body and Policy Council decision, including meeting minutes.
- If you are requesting funds for major renovation, construction, or purchase of facilities, you must also submit:
 - **SF-429 Real Property Status Report—Cover Page with Attachment B**
 - Read the [submission instructions](#).
 - An application fully compliant with the requirements under HSPPS [Facilities, 45 CFR §1303 Subpart E](#).

Non-federal Match is not required for these Disaster Recovery funds. SF-424-A Section C, Non-Federal Resources, should state \$0. Additional project or activity information may be required depending on the proposed use of funds.

More information about the process for submitting a funding application will be forthcoming in early April. In the interim, please contact OHSDisasterRecovery@acf.hhs.gov along with your program and grant specialists. We are committed to supporting you throughout this rebuilding and restoration period.

Thank you for your work on behalf of children and families.

/ Khari M. Garvin /

Khari M. Garvin
Director
Office of Head Start





Administration for Children and Families FPL 2023

Head Start/ Early Head Start FPL Update

| 2023 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA | |
|---|-------------------|
| Persons in family/household | Poverty guideline |
| 1 | \$14,580 |
| 2 | \$19,720 |
| 3 | \$24,860 |
| 4 | \$30,000 |
| 5 | \$35,140 |
| 6 | \$40,280 |
| 7 | \$45,420 |
| 8 | \$50,560 |
| For families/households with more than 8 persons, add \$5,140 for each additional person. | |





Administration for Children and Families Office of Community Services



ADMINISTRATION FOR CHILDREN & FAMILIES

Office of Community Services | 330 C Street, S.W., Washington, DC 20201
www.acf.hhs.gov/ocs

Community Services Block Grant Dear Colleague Letter

DCL#: CSBG-DCL-2023-06
DATE: March 15, 2023
TO: CSBG Grant Recipients, Partners, and Stakeholders
SUBJECT: CSBG Disaster Supplemental for Hurricanes Fiona and Ian
ATTACHMENT(S): N/A

Dear Colleague,

The purpose of this message is to provide preliminary information on the Office of Community Services' (OCS) implementation plan for the new Community Services Block Grant (CSBG) Disaster Supplemental Grants with funds from the [Consolidated Appropriations Act, 2023](#) (Public Law No: 117-328), signed into law on December 29, 2022.

Key Provisions of the Supplemental Appropriation

As part of a larger emergency appropriation for Children and Families Services Programs, P.L. 117-328 includes \$25 million to be used for payments to states, territories and tribes authorized under CSBG "for necessary expenses directly related to the consequences of Hurricanes Fiona and Ian." The full text of the supplemental appropriation language is available on the following weblink: [H.R.2617 - Consolidated Appropriations Act, 2023](#).

Key provisions include the following:

- **Allocation Based on Disaster Needs:** The appropriation language instructs OCS to allocate supplemental appropriation funds based on assessed need (rather than the regular statutory formula that applies to regularly-appropriated funds). It also instructs that each state, territory, or tribe shall in turn allocate its funds based on need rather than existing state formulas. This means that only states, territories, and tribes that were directly impacted by Hurricanes Fiona or Ian will be eligible to receive funds. Likewise, only the eligible entities (Community Action Agencies) that serve disaster impacted populations within a state will be eligible to receive funding.





- **Income Eligibility up to 200 Percent of Federal Poverty Line:** The supplemental appropriation allows grant recipients to establish income eligibility limits up to 200% of the Federal Poverty Line (as opposed to the 125% limit established in the regular CSBG Act).
- **Use of Funds for Construction and Property Improvements:** The supplemental appropriation allows used for alteration, renovation, construction, equipment, and other capital improvement costs as necessary to meet the needs of areas affected by Hurricanes Fiona and Ian and limits the potential federal interest in any properties to a period of 10 years.
- **Nonduplication of FEMA or Private Insurance:** The language specifies that funds shall not be available for costs that are reimbursed by the Federal Emergency Management Agency (FEMA), under a contract for insurance, or by self-insurance.

States and Territories Eligible for Funds

Consistent with the instructions outlined in the Consolidated Appropriations Act, 2023, OCS will distribute funds based on an assessment of needs related to Hurricanes Fiona and Ian. The needs assessment process will include states, territories and tribes that received a Presidential Disaster Declaration (major disaster declaration). These jurisdictions include:

- The Commonwealth of Puerto Rico – Hurricane Fiona ([FEMA-4671-DR-PR](#))
- The State of Florida – Hurricane Ian ([FEMA-4673-DR-FL](#))
- The State of South Carolina – Hurricane Ian ([FEMA-4677-DR-SC](#))
- Seminole Tribe of Florida – Hurricane Ian ([FEMA-4675-DR-FL](#))

In addition, consistent with the requirements of the CSBG Act and the supplemental appropriations instructions, CSBG Disaster Supplemental funds will be allocated within the current structure of eligible entities that provide services to populations with low incomes within specific geographic service areas (e.g., counties, tribal government areas) with populations affected by Hurricanes Fiona and Ian.

Needs Assessment Process

OCS will implement a needs assessment process in partnership with CSBG lead agencies in Puerto Rico, Florida, and South Carolina. In turn, each jurisdiction will be required to provide a more detailed needs assessment, service plan, and risk mitigation and quality assurance plan. While the Seminole Tribe of Florida is not a current CSBG grant recipient (and therefore does not meet requirements to receive a direct CSBG disaster supplemental award), OCS will include the Seminole Tribe in a national needs assessment process and will consult with the tribal council about an appropriate mechanism to ensure availability of CSBG services related to Hurricane Ian.

Next Steps

During the Spring of 2023, OCS will issue an Information Memorandum that includes key requirements for needs assessment, application, award, and reporting process, as well as a





preliminary funding formula. As a follow-up, the eligible states and territory will receive an Action Transmittal and application template for a start-up phase of funding and a more detailed community needs assessment. OCS has already initiated contact with the CSBG lead agencies in Puerto Rico, Florida, and South Carolina to provide initial technical assistance and consultation.

For questions related to this supplemental, please contact [Seth Hassett](#) and [Roneika Carr](#). Visit the OCS website to learn more information about this and past [CSBG Disaster Supplemental grant](#) efforts, as well as other materials on [OCS' Disaster Flexibilities Hub](#).

Thank you for your attention to these matters. OCS looks forward to continuing to provide high-quality services to OCS partners.

/s/

Charisse Johnson
Director, Division of Community Assistance
Office of Community Services





Department of Economic Opportunity Monitoring Letter

Ron DeSantis
GOVERNOR



Meredith Ivey
ACTING SECRETARY

March 17, 2023

Ms. Arlene Dobison, Chief Executive Officer
Agricultural and Labor Program, Inc.
300 Lynchburg Road
Lake Alfred, Florida 33850-2576

Re: Monitoring Visit Scheduled
Community Services Block Grant (CSBG) Agreement # E1990, E1953
Low-Income Home Energy Assistance Program (LIHEAP) Agreement # E1990, E1953

Dear Ms. Dobison:

The Department of Economic Opportunity (DEO) has scheduled a monitoring visit to review the agreements identified above for Monday, April 17, 2023 thru Friday, April 21, 2023. Mr. Brodean Shepard will be reviewing the administrative, fiscal and program records for the agreements. The entrance interview will begin at 2:00pm on Monday, April 17, 2023. The exit interview is tentatively set for 3:00pm on Friday, April 23, 2023.

To assist staff in preparing for the review, the CSBG and LIHEAP Monitoring Field Manuals, Part 2, included with this letter as a separate email attachment, will identify the required documents for submission prior to the on-site visit, as well as documentation to be made available during the visit. Please submit all requested pre-visit documents by Wednesday, March 31, 2023 via email or hard copy.

If there are any questions regarding this upcoming visit, please contact Mr. Brodean Shepard at brodean.shepard@deo.myflorida.com or at (850) 921-3290.

Sincerely,


Debbie Smiley, Chief
Bureau of Economic Self-Sufficiency

DS/bs

Enclosures

cc: Mr. Al Miller, Deputy Director
Ms. Cheryl Burnham, Community Services Director

Florida Department of Economic Opportunity | Caldwell Building | 107 E. Madison Street | Tallahassee, FL 32399
(850) 245.7105 | www.FloridaJobs.org | www.Twitter.com/FLDEO | www.Facebook.com/FLDEO

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Department of Economic Opportunity Low-Income Home Energy Program Extension End Date

Date of Notice: _____

Notice of Grant Award/Fund Availability General Information

| | | |
|--|--|--------|
| Subrecipient Name: | See Attachment | |
| Unique Entity Identification (UEI #): | See Attachment | |
| Federal Award Name: | Low Income Home Energy Assistance | |
| Grantor: | U.S. Department of Health and Human Services | |
| Federal Award Identification Number (FAIN): | 2102FLE5C6 | |
| Federal Award Year: | PY2021 | |
| CFDA/CSFA Title and Number: | Low Income Home Energy Assistance | 93.568 |
| Award for Research & Development (Y/N): | No | |
| Action being Taken: | Extend End Date | |

Award Information

| | |
|---------------------------------|-----------------------------------|
| Program Year in SERA: | PY2021 |
| Program Group in SERA: | Economic Self-Sufficiency |
| Program Name in SERA: | Low Income Home Energy Assistance |
| Project in SERA: | LIHEAP - Formula |
| FLAIR Contract #: | See Attachment |
| NFA ID #: | See Attachment |
| FLAIR Grant #: | LEP21 |
| Award Period Begin Date: | March 11, 2021 |
| Award Period End Date: | June 30, 2023 |
| Close Out Due by: | August 30, 2023 |

Award and Fund Availability

| | Award | Funds Available / Release (Maximum cash available for draw) |
|-------------------------------|----------------|--|
| Current Award/Release: | See Attachment | See Attachment |
| This Action: | See Attachment | See Attachment |
| Revised Award/Release: | See Attachment | See Attachment |





Financial Reporting Requirements: All cash draws and expenditures must be recorded in accordance with the SERA Business Rules. Expenditures must be reported within established timelines and by the cost categories and activities established for the particular grant program.

Cost Categories and Activities:

| Cost Category | Activity |
|---------------------------------|---|
| Grantee Administrative Expenses | Salaries including fringe, rent, utilities, travel, other |
| Direct Client Assistance | Home Energy Assistance Payments Crisis Benefit Payments Weather Related/Supply Shortage |
| Grantee Leveraging Expense | Crisis Assistance Home Energy Assistance |
| Grantee Outreach Expense | Salaries including fringe, rent, utilities, travel, other |

The subrecipient shall submit a separate **“Financial Activity (FA)”** containing the specific activity related to the **LIHEAP ARP-Act grant**, on a weekly basis for the duration of the project. Reports must be submitted via the Subrecipient Enterprise Resource Application (SERA).

Closeout Procedures: Awards must be closed out and all obligations liquidated by the close out date indicated under Award Information. Only liquidated expenditures resulting from obligations incurred during the award period are allowable.

Other Notes/Comments:

Questions: Fiscal questions regarding these funds should be addressed to Adrienne Orbigoso at (850) 245-7357 or via email to Adrienne.orbigoso@deo.myflorida.com. Program policy questions should be addressed to Matthew Treadwell at (850) 717-8469 or via email to matthew.treadwell@deo.myflorida.com. Subrecipient Enterprise Resource Application (SERA) questions should be addressed to SERA Helpdesk via email to serahelpdesk@deo.myflorida.com.





Department of Economic Opportunity LEP21 Extend End Date

Date of Notice:

Notice of Grant Award/Fund Availability General Information

| | | |
|--|--|--------|
| Subrecipient Name: | See Attachment | |
| Unique Entity Identification (UEI #): | See Attachment | |
| Federal Award Name: | Low Income Home Energy Assistance | |
| Grantor: | U.S. Department of Health and Human Services | |
| Federal Award Identification Number (FAIN): | 2102FLE5C6 | |
| Federal Award Year: | PY2021 | |
| CFDA/CSFA Title and Number: | Low Income Home Energy Assistance | 93.568 |
| Award for Research & Development (Y/N): | No | |
| Action being Taken: | Extend End Date | |

Award Information

| | |
|---------------------------------|-----------------------------------|
| Program Year in SERA: | PY2021 |
| Program Group in SERA: | Economic Self-Sufficiency |
| Program Name in SERA: | Low Income Home Energy Assistance |
| Project in SERA: | LIHEAP - Formula |
| FLAIR Contract #: | See Attachment |
| NFA ID #: | See Attachment |
| FLAIR Grant #: | LEP21 |
| Award Period Begin Date: | March 11, 2021 |
| Award Period End Date: | June 30, 2023 |
| Close Out Due by: | August 30, 2023 |

Award and Fund Availability

| | Award | Funds Available / Release (Maximum cash available for draw) |
|-------------------------------|----------------|--|
| Current Award/Release: | See Attachment | See Attachment |
| This Action: | See Attachment | See Attachment |
| Revised Award/Release: | See Attachment | See Attachment |





Financial Reporting Requirements: All cash draws and expenditures must be recorded in accordance with the SERA Business Rules. Expenditures must be reported within established timelines and by the cost categories and activities established for the particular grant program.

Cost Categories and Activities:

| Cost Category | Activity |
|---------------------------------|---|
| Grantee Administrative Expenses | Salaries including fringe, rent, utilities, travel, other |
| Direct Client Assistance | Home Energy Assistance Payments Crisis Benefit Payments Weather Related/Supply Shortage |
| Grantee Leveraging Expense | Crisis Assistance Home Energy Assistance |
| Grantee Outreach Expense | Salaries including fringe, rent, utilities, travel, other |

The subrecipient shall submit a separate **“Financial Activity (FA)”** containing the specific activity related to the **LIHEAP ARP-Act** grant, on a weekly basis for the duration of the project. Reports must be submitted via the Subrecipient Enterprise Resource Application (SERA).

Closeout Procedures: Awards must be closed out and all obligations liquidated by the close out date indicated under Award Information. Only liquidated expenditures resulting from obligations incurred during the award period are allowable.

Other Notes/Comments:

Questions: Fiscal questions regarding these funds should be addressed to Adrienne Orbigoso at (850) 245-7357 or via email to Adrienne.orbigoso@deo.myflorida.com. Program policy questions should be addressed to Matthew Treadwell at (850) 717-8469 or via email to matthew.treadwell@deo.myflorida.com. Subrecipient Enterprise Resource Application (SERA) questions should be addressed to SERA Helpdesk via email to serahelpdesk@deo.myflorida.com.





Department of Economic Opportunity Low-Income Home Energy Assistance Program Release of Funds

Date of Notice: 03/17/2023

Notice of Grant Award/Fund Availability General Information

| | | |
|--|--|--------|
| Subrecipient Name: | See Attachment | |
| Unique Entity Identification (UEI #): | See Attachment | |
| Federal Award Name: | Low Income Home Energy Assistance | |
| Grantor: | U.S. Department of Health and Human Services | |
| Federal Award Identification Number (FAIN): | G-2202FLIEA | |
| Federal Award Year: | PY2022 | |
| CFDA/CSFA Title and Number: | Low Income Home Energy Assistance | 93.568 |
| Award for Research & Development (Y/N): | No | |
| Action being Taken: | Release Funds | |

Award Information

| | |
|---------------------------------|-----------------------------------|
| Program Year in SERA: | PY2022 |
| Program Group in SERA: | Economic Self-Sufficiency |
| Program Name in SERA: | Low Income Home Energy Assistance |
| Project in SERA: | LIHEAP - Formula |
| FLAIR Contract #: | See Attachment |
| NFA ID #: | See Attachment |
| FLAIR Grant #: | LEA22 |
| Award Period Begin Date: | October 1, 2021 |
| Award Period End Date: | September 30, 2023 |
| Close Out Due by: | November 30, 2023 |

Award and Fund Availability

| | Award | Funds Available / Release (Maximum cash available for draw) |
|-------------------------------|----------------|--|
| Current Award/Release: | See Attachment | See Attachment |
| This Action: | See Attachment | See Attachment |
| Revised Award/Release: | See Attachment | See Attachment |





Closeout Procedures: Awards must be closed out and all obligations liquidated by the close out date indicated under Award Information. Only liquidated expenditures resulting from obligations incurred during the award period are allowable.

Other Notes/Comments:

Questions: Fiscal questions regarding these funds should be addressed to Adrienne Orbigoso at (850) 245-7357 or via email to adrienne.orbigoso@deo.myflorida.com. Program policy questions should be addressed to Matthew Treadwell at (850) 717-8469 or via email to matthew.treadwell@deo.myflorida.com. Subrecipient Enterprise Resource Application (SERA) questions should be addressed to SERA Helpdesk via email to serahelpdesk@deo.myflorida.com.



FLORIDA DEPARTMENT *of*
ECONOMIC OPPORTUNITY





Reimbursements

SERA Reimbursement Printout

NFA ID: 040219

Contract Number: E1990

Financial Activity Name: FA-351360

Type: Reimbursement

Status: Rejected

Reporting Time Period Start Date: 03/01/2023

Reporting Time Period End Date: 03/31/2023

| Requested Date | Funds Requested | Approved Date | Funds Approved |
|----------------|-----------------|---------------|----------------|
| 04/06/2023 | \$1,158,701.51 | | \$0.00 |

| Cost Category Name | Activity | Budget Allocation | Budget Remaining | Funds Requested | Unexpended Balance |
|----------------------------|---------------------------------|-------------------|------------------|-----------------|--------------------|
| Grantee Leveraging Expense | Home Energy Assistance | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Grantee Leveraging Expense | Crisis Assistance | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Direct Client Assistance | Weather Related/Supply Shortage | \$0.00 | \$0.00 | \$0.00 | \$0.00 |





| Cost Category Name | Activity | Budget Allocation | Budget Remaining | Funds Requested | Unexpended Balance |
|--------------------------------|---|-------------------|------------------|-----------------|--------------------|
| Grantee Outreach Expense | Salaries Including Fringe, Rent, Utilities, Travel, Other | \$643,397.00 | \$516,923.46 | \$89,245.74 | \$427,677.72 |
| Direct Client Assistance | Home Energy Assistance Payments | \$2,473,812.00 | \$1,001,228.88 | \$616,180.98 | \$385,047.90 |
| Direct Client Assistance | Home Energy Assistance Payments | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Grantee Administrative Expense | Salaries Including Fringe, Rent, Utilities, Travel, Other | \$278,358.00 | \$74,368.45 | \$46,453.21 | \$27,915.24 |
| Direct Client Assistance | Crisis Benefit Payments | \$2,364,661.00 | \$539,861.00 | \$406,821.58 | \$133,039.42 |

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

Date: 4-12-2023

Signed: 

Generated on 04/12/2023





**Florida Department of Economic Opportunity
 Certification & Client Data Supplement Form
 Low Income Home Energy Assistance Program (LIHEAP/LEA)
 Supplemental LIHEAP Funding (LEP/LEI)**

Agency Name: The Agricultural and Labor Program, Incorporated (ALPI)
 Reporting Period (Month & Year): Mar-23
 Total Amount for this Reporting Period: \$1,158,701.51

Notice of Fund Availability (NFA) #:
 Financial Activity (FA) #:
 Amount of Financial Activity:

| NFA #1 | NFA #2 | NFA #3 | NFA #4 |
|----------------|--------|--------|--------|
| NFA-040219 | | | |
| FA-351360 | | | |
| \$1,158,701.51 | | | \$ - |

| Type of Assistance | Approved Workplan | Assisted w/ these Funds | Served to Date |
|--|-------------------|-------------------------|----------------|
| Standard (LEAxx) Home Energy | 11570 | 597 | 9942 |
| Standard (LEAxx) Crisis Assistance | 11666 | 368 | 10773 |
| Supplemental Home Energy (LEPxx, LEIxx) | 2070 | 0 | 2063 |
| Supplemental Crisis (LEPxx, LEIxx) | 4805 | 1 | 4980 |
| Administrative (No direct client, Any Grant) | 0 | 0 | 0 |
| Outreach (No direct client, Any Grant) | 0 | 1 | 1 |
| TOTALS: | 30111 | 967 | 27759 |

Furthermore, Recipient hereby certifies that it has been open and operating during its normal business hours for the month of Mar-23, as described in Section B. PAYMENT AND DELIVERABLES, of the LIHEAP attachment.

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:

(Signature)

Date:

4.12.2023

*If your reimbursement request for this reporting period includes more than one Notice of Funding Availability and Financial Activity, you must provide the detail in the space provided above.

Updated: 02/20/2023





**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 <u> X </u> | CONTRACT # <u> EHEAP-21/22 - ALPI </u> Contract Period <u> 11/01/21-3/31/23 </u> REQUEST PERIOD <u> 03/01/23 to 03/31/23 </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: 2/10/23 Approved by: [Signature] Date: 4.10.23

| PART A: BUDGET SUMMARY | Administration Services | Outreach Services | Crisis Services | Weather Related | Administration Weather Related | TOTAL |
|--|-------------------------|-------------------|-----------------|-----------------|--------------------------------|--------------|
| 1. Approved Contract Amount | \$5,167.05 | \$47,889.22 | \$295,720.40 | \$0.00 | \$0.00 | \$348,776.67 |
| 2. Previous Funds Received for Contract Period | \$4,563.84 | \$43,838.79 | \$281,663.15 | \$0.00 | \$0.00 | \$330,065.78 |
| 3. Contract Balance (line 1 minus line 2) | \$603.21 | \$4,050.43 | \$14,057.25 | \$0.00 | \$0.00 | \$18,710.89 |
| 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) | \$603.21 | \$4,050.43 | \$14,057.25 | \$0.00 | \$0.00 | \$18,710.89 |

| 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) | \$603.21 | \$4,050.43 | \$14,057.26 | \$0.00 | \$0.00 | \$18,710.90 |
| 3. TOTAL | \$603.21 | \$4,050.43 | \$14,057.26 | \$0.00 | \$0.00 | \$18,710.90 |

| 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) | \$603.21 | \$4,050.43 | \$14,057.26 | \$0.00 | \$0.00 | \$18,710.90 |

PART D: SERVICE INFORMATION

Number of individuals served with crisis assistance during the report month: _____ 30

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: 02/01/23 TO: 03/31/23 CONTRACT # 11/1/2021 PERIOD: 3/31/2023 CONTRACT # EHEAP-21/22-ALPI REPORT # PSA# 6 |
|--|--|---|

CERTIFICATION : I certify to the best of my knowledge and belief that this report is complete and all outlays herein are for purposes set forth in the contract.

Prepared by : *Al Miller* Date : 4/10/23 Approved by : *[Signature]* Date : 4.10.23

| 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 | \$348,776.67 | \$18,710.36 | \$348,776.67 | 100.00% |
| 2. Interest on Agreement Funds | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 3. TOTAL AGREEMENT AMOUNT | \$348,776.67 | \$18,710.36 | \$348,776.67 | 100.00% |

| PART B : EXPENDITURES | 1. Approved Budget | 2. Expenditures For This Report | 3. Expenditures Year to Date | 4. Percent of Approved Budget |
|-----------------------------------|--------------------|---------------------------------|------------------------------|-------------------------------|
| 1. Administration | \$5,167.05 | \$603.21 | \$5,167.05 | 100.00% |
| 2. Outreach | \$47,889.22 | \$4,050.43 | \$47,889.22 | 100.00% |
| 3. Crisis Services | \$295,720.40 | \$14,057.25 | \$295,720.40 | 100.00% |
| 4. Weather Related Services | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 5. Weather Related Administration | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 6. TOTAL EXPENDITURES | \$348,776.67 | \$18,710.89 | \$348,776.67 | 100.00% |

DOEA FORM 105p revised 12/08





SERA Reimbursement Printout

NFA ID: 040219

Contract Number: E1990

Financial Activity Name: FA-351360

Type: Reimbursement

Status: New

Reporting Time Period Start Date: 03/01/2023

Reporting Time Period End Date: 03/31/2023

| Requested Date | Funds Requested | Approved Date | Funds Approved |
|----------------|-----------------|---------------|----------------|
| | \$1,151,485.66 | | \$0.00 |

| Cost Category Name | Activity | Budget Allocation | Budget Remaining | Funds Requested | Unexpended Balance |
|----------------------------|---------------------------------|-------------------|------------------|-----------------|--------------------|
| Grantee Leveraging Expense | Home Energy Assistance | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Grantee Leveraging Expense | Crisis Assistance | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Direct Client Assistance | Weather Related/Supply Shortage | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Generated on 04/06/2023





| Cost Category Name | Activity | Budget Allocation | Budget Remaining | Funds Requested | Unexpended Balance |
|--------------------------------|---|-------------------|------------------|-----------------|--------------------|
| Grantee Outreach Expense | Salaries Including Fringe, Rent, Utilities, Travel, Other | \$729,869.00 | \$603,395.46 | \$89,245.74 | \$514,149.72 |
| Direct Client Assistance | Home Energy Assistance Payments | \$2,473,812.00 | \$1,001,228.88 | \$610,400.98 | \$390,827.90 |
| Direct Client Assistance | Home Energy Assistance Payments | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Grantee Administrative Expense | Salaries Including Fringe, Rent, Utilities, Travel, Other | \$191,886.00 | (\$12,103.55) | \$45,190.10 | \$0.00 |
| Direct Client Assistance | Crisis Benefit Payments | \$2,364,661.00 | \$539,861.00 | \$406,648.84 | \$133,212.16 |

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

Date: 4.6.2023

Signed: 





**Florida Department of Economic Opportunity
 Certification & Client Data Supplement Form
 Low Income Home Energy Assistance Program (LIHEAP/LEA)
 Supplemental LIHEAP Funding (LEP/LEI)**

Agency Name: The Agricultural and Labor Program, Incorporated (ALPI)

Reporting Period (Month & Year): Mar-23

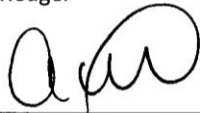
Total Amount for this Reporting Period: \$1,151,485.66

| | | | | |
|--------------------------------------|----------------|---------------|---------------|---------------|
| Notice of Fund Availability (NFA) #: | NFA #1 | NFA #2 | NFA #3 | NFA #4 |
| Financial Activity (FA) #: | NFA-040219 | | | |
| Amount of Financial Activity: | FA-351360 | | | |
| | \$1,151,485.66 | | | \$ - |

| Type of Assistance | Approved Workplan | Assisted w/ these Funds | Served to Date |
|--|-------------------|-------------------------|----------------|
| Standard (LEAxx) Home Energy | 11570 | 597 | 9942 |
| Standard (LEAxx) Crisis Assistance | 11666 | 368 | 10773 |
| Supplemental Home Energy (LEPxx, LEIxx) | 2070 | 0 | 2063 |
| Supplemental Crisis (LEPxx, LEIxx) | 4805 | 1 | 4980 |
| Administrative (No direct client, Any Grant) | 0 | 0 | 0 |
| Outreach (No direct client, Any Grant) | 0 | 1 | 1 |
| TOTALS: | 30111 | 967 | 27759 |

Futhermore, Recipient hereby certifies that it has been open and operating during its normal business hours for the month of Mar-23, as described in Section B. PAYMENT AND DELIVERABLES, of the LIHEAP attachment.

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: 
 (Signature)

Date: 4.6.2023

*If your reimbursement request for this reporting period includes more than one Notice of Funding Availability and Financial Activity, you must provide the detail in the space provided above.





**Florida Department of Economic Opportunity
 Certification & Client Data Supplement Form
 Low Income Home Energy Assistance Program (LIHEAP/LEA)
 Supplemental LIHEAP Funding (LEP/LEI)**

Agency Name: The Agricultural and Labor Program, Incorporated (ALPI)

Reporting Period (Month & Year): Feb-23


Total Amount for this Reporting Period: \$797,567.14

| | | | | |
|--------------------------------------|---------------|-------------|---------------|--------|
| Notice of Fund Availability (NFA) #: | NFA #1 | NFA #2 | NFA #3 | NFA #4 |
| Financial Activity (FA) #: | NFA-040219 | NFA-040019 | NFA-041218 | |
| Amount of Financial Activity: | FA-350190 | FA-350189 | FA-350844 | |
| | \$ 648,787.61 | \$ 1,005.18 | \$ 147,774.35 | \$ - |

| Type of Assistance | Approved Workplan | Assisted w/ these Funds | Served to Date |
|--|-------------------|-------------------------|----------------|
| Standard (LEAxx) Home Energy | 11570 | 687 | 9345 |
| Standard (LEAxx) Crisis Assistance | 11666 | 363 | 10405 |
| Supplemental Home Energy (LEPxx, LEIxx) | 2070 | 0 | 2063 |
| Supplemental Crisis (LEPxx, LEIxx) | 4805 | 1 | 4980 |
| Administrative (No direct client, Any Grant) | 0 | 0 | 0 |
| Outreach (No direct client, Any Grant) | 0 | 1 | 1 |
| TOTALS: | 30111 | 1052 | 26794 |

Furthermore, Recipient hereby certifies that it has been open and operating during its normal business hours for the month of Feb-23, as described in Section B. PAYMENT AND DELIVERABLES, of the LIHEAP attachment.

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: 
 (Signature)

Date: 3/29/2023

*If your reimbursement request for this reporting period includes more than one Notice of Funding Availability and Financial Activity, you must provide the detail in the space provided above.

Updated: 02/20/2023





SERA Reimbursement Printout ..

NFA ID: 040219

Contract Number: E1990

Financial Activity Name: FA-350190

Type: Reimbursement

Status: Rejected

Reporting Time Period Start Date: 02/01/2023

Reporting Time Period End Date: 02/28/2023

| Requested Date | Funds Requested | Approved Date | Funds Approved |
|----------------|-----------------|---------------|----------------|
| 03/22/2023 | \$648,787.61 | | \$0.00 |

| Cost Category Name | Activity | Budget Allocation | Budget Remaining | Funds Requested | Unexpended Balance |
|----------------------------|---------------------------------|-------------------|------------------|-----------------|--------------------|
| Grantee Leveraging Expense | Home Energy Assistance | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Grantee Leveraging Expense | Crisis Assistance | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Direct Client Assistance | Weather Related/Supply Shortage | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Generated on 03/23/2023





| Cost Category Name | Activity | Budget Allocation | Budget Remaining | Funds Requested | Unexpended Balance |
|--------------------------------|---|-------------------|------------------|-----------------|--------------------|
| Grantee Outreach Expense | Salaries Including Fringe, Rent, Utilities, Travel, Other | \$969,467.00 | \$900,491.23 | \$57,497.77 | \$842,993.46 |
| Direct Client Assistance | Home Energy Assistance Payments | \$2,473,812.00 | \$1,412,143.55 | \$410,914.67 | \$1,001,228.88 |
| Direct Client Assistance | Home Energy Assistance Payments | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Grantee Administrative Expense | Salaries Including Fringe, Rent, Utilities, Travel, Other | \$492,149.00 | \$311,362.22 | \$23,202.77 | \$288,159.45 |
| Direct Client Assistance | Crisis Benefit Payments | \$1,824,800.00 | \$157,172.40 | \$157,172.40 | \$0.00 |

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

Date: _____

Signed: _____





**Florida Department of Economic Opportunity
 Certification & Client Data Supplement Form
 Low Income Home Energy Assistance Program (LIHEAP/LEA)
 Supplemental LIHEAP Funding (LEP/LEI)**

Agency Name: The Agricultural and Labor Program, Incorporated (ALPI)

Reporting Period (Month & Year): Feb-23

Total Amount for this Reporting Period: \$797,567.14

Notice of Fund Availability (NFA) #:

Financial Activity (FA) #:

Amount of Financial Activity:

| NFA #1 | NFA #2 | NFA #3 | NFA #4 |
|---------------|-------------|---------------|--------|
| NFA-040219 | NFA-040019 | NFA-041218 | |
| FA-350190 | FA-350189 | FA-350844 | |
| \$ 648,787.61 | \$ 1,005.18 | \$ 147,774.35 | \$ - |

| Type of Assistance | Approved Workplan | Assisted w/ these Funds | Served to Date |
|--|-------------------|-------------------------|----------------|
| Standard (LEAxx) Home Energy | 11570 | 687 | 9345 |
| Standard (LEAxx) Crisis Assistance | 11666 | 363 | 10405 |
| Supplemental Home Energy (LEPxx, LEIxx) | 2070 | 0 | 2063 |
| Supplemental Crisis (LEPxx, LEIxx) | 4805 | 1 | 4980 |
| Administrative (No direct client, Any Grant) | 0 | 0 | 0 |
| Outreach (No direct client, Any Grant) | 0 | 0 | 0 |
| TOTALS: | 30111 | 1051 | 26793 |

Futhermore, Recipient hereby certifies that it has been open and operating during its normal business hours for the month of Feb-23, as described in Section B. PAYMENT AND DELIVERABLES, of the LIHEAP attachment.

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: _____
(Signature)

Date: _____

*If your reimbursement request for this reporting period includes more than one Notice of Funding Availability and Financial Activity, you must provide the detail in the space provided above.





SERA Reimbursement Printout

NFA ID: 041218

Contract Number: E1990

Financial Activity Name: FA-350844

Type: Reimbursement

Status: New

Reporting Time Period Start Date: 02/01/2023

Reporting Time Period End Date: 02/28/2023

| Requested Date | Funds Requested | Approved Date | Funds Approved |
|----------------|-----------------|---------------|----------------|
| | \$147,774.35 | | \$0.00 |

| Cost Category Name | Activity | Budget Allocation | Budget Remaining | Funds Requested | Unexpended Balance |
|--------------------------------|---|-------------------|------------------|-----------------|--------------------|
| Direct Client Assistance | Crisis Benefit Payments | \$1,462,000.00 | \$1,462,000.00 | \$147,774.35 | \$1,314,225.65 |
| Grantee Administrative Expense | Salaries Including Fringe, Rent, Utilities, Travel, Other | \$548,179.00 | \$548,179.00 | \$0.00 | \$548,179.00 |
| Grantee Leveraging Expense | Crisis Assistance | \$0.00 | \$0.00 | \$0.00 | \$0.00 |





| Cost Category Name | Activity | Budget Allocation | Budget Remaining | Funds Requested | Unexpended Balance |
|--------------------------|---|-------------------|------------------|-----------------|--------------------|
| Grantee Outreach Expense | Salaries Including Fringe, Rent, Utilities, Travel, Other | \$1,017,776.00 | \$1,017,776.00 | \$0.00 | \$1,017,776.00 |
| Direct Client Assistance | Home Energy Assistance Payments | \$3,985,200.00 | \$3,985,200.00 | \$0.00 | \$3,985,200.00 |
| Direct Client Assistance | Weather Related/Supply Shortage/Disaster | \$143,190.00 | \$143,190.00 | \$0.00 | \$143,190.00 |

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

Date: _____

Signed: _____





**Florida Department of Economic Opportunity
 Certification & Client Data Supplement Form
 Low Income Home Energy Assistance Program (LIHEAP/LEA)
 Supplemental LIHEAP Funding (LEP/LEI)**

Agency Name: The Agricultural and Labor Program, Incorporated (ALPI)

Reporting Period (Month & Year): Feb-23

Total Amount for this Reporting Period: \$797,567.14

| | | | | |
|--------------------------------------|---------------|-------------|---------------|--------|
| Notice of Fund Availability (NFA) #: | NFA #1 | NFA #2 | NFA #3 | NFA #4 |
| Financial Activity (FA) #: | NFA-040219 | NFA-040019 | NFA-041218 | |
| Amount of Financial Activity: | FA-350190 | FA-350189 | FA-350844 | |
| | \$ 648,787.61 | \$ 1,005.18 | \$ 147,774.35 | \$ - |

| Type of Assistance | Approved Workplan | Assisted w/ these Funds | Served to Date |
|--|-------------------|-------------------------|----------------|
| Standard (LEAxx) Home Energy | 11570 | 687 | 9345 |
| Standard (LEAxx) Crisis Assistance | 11666 | 363 | 10405 |
| Supplemental Home Energy (LEPxx, LEIxx) | 2070 | 0 | 2063 |
| Supplemental Crisis (LEPxx, LEIxx) | 4805 | 1 | 4980 |
| Administrative (No direct client, Any Grant) | 0 | 0 | 0 |
| Outreach (No direct client, Any Grant) | 0 | 0 | 0 |
| TOTALS: | 30111 | 1051 | 26793 |

Futhermore, Recipient hereby certifies that it has been open and operating during its normal business hours for the month of Feb-23, as described in Section B. PAYMENT AND DELIVERABLES, of the LIHEAP attachment.

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: _____
(Signature)

Date: _____

*If your reimbursement request for this reporting period includes more than one Notice of Funding Availability and Financial Activity, you must provide the detail in the space provided above.





SERA Reimbursement Printout

NFA ID: 040019

Contract Number: E1990

Financial Activity Name: FA-350189

Type: Reimbursement

Status: Rejected

Reporting Time Period Start Date: 02/01/2023

Reporting Time Period End Date: 02/28/2023

| Requested Date | Funds Requested | Approved Date | Funds Approved |
|----------------|-----------------|---------------|----------------|
| 03/22/2023 | \$1,005.18 | | \$0.00 |

| Cost Category Name | Activity | Budget Allocation | Budget Remaining | Funds Requested | Unexpended Balance |
|--------------------------------|---|-------------------|------------------|-----------------|--------------------|
| Grantee Leveraging Expense | Home Energy Assistance | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Grantee Administrative Expense | Salaries Including Fringe, Rent, Utilities, Travel, Other | \$263,875.00 | \$0.00 | \$0.00 | \$0.00 |
| Grantee Leveraging Expense | Crisis Assistance | \$0.00 | \$0.00 | \$0.00 | \$0.00 |





| Cost Category Name | Activity | Budget Allocation | Budget Remaining | Funds Requested | Unexpended Balance |
|--------------------------------|---|-------------------|------------------|-----------------|--------------------|
| Direct Client Assistance | Weather Related/Supply Shortage | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Grantee Outreach Expense | Salaries Including Fringe, Rent, Utilities, Travel, Other | \$664,974.00 | \$1,005.18 | \$1,005.18 | \$0.00 |
| Direct Client Assistance | Home Energy Assistance Payments | \$2,277,000.00 | \$0.00 | \$0.00 | \$0.00 |
| Direct Client Assistance | Crisis Benefit Payments | \$2,755,000.00 | \$0.00 | \$0.00 | \$0.00 |
| Grantee Administrative Expense | Salaries Including Fringe, Rent, Utilities, Travel, Other | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

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

Date: _____

Signed: _____





**Florida Department of Economic Opportunity
 Certification & Client Data Supplement Form
 Low Income Home Energy Assistance Program (LIHEAP/LEA)
 Supplemental LIHEAP Funding (LEP/LEI)**

Agency Name: The Agricultural and Labor Program, Incorporated (ALPI)

Reporting Period (Month & Year): Feb-23

Total Amount for this Reporting Period: \$797,567.14

Notice of Fund Availability (NFA) #:

Financial Activity (FA) #:

Amount of Financial Activity:

| NFA #1 | NFA #2 | NFA #3 | NFA #4 |
|---------------|-------------|---------------|--------|
| NFA-040219 | NFA-040019 | NFA-041218 | |
| FA-350190 | FA-350189 | FA-350844 | |
| \$ 648,787.61 | \$ 1,005.18 | \$ 147,774.35 | \$ - |

| Type of Assistance | Approved Workplan | Assisted w/ these Funds | Served to Date |
|--|-------------------|-------------------------|----------------|
| Standard (LEAxx) Home Energy | 11570 | 687 | 9345 |
| Standard (LEAxx) Crisis Assistance | 11666 | 363 | 10405 |
| Supplemental Home Energy (LEPxx, LEIxx) | 2070 | 0 | 2063 |
| Supplemental Crisis (LEPxx, LEIxx) | 4805 | 1 | 4980 |
| Administrative (No direct client, Any Grant) | 0 | 0 | 0 |
| Outreach (No direct client, Any Grant) | 0 | 0 | 0 |
| TOTALS: | 30111 | 1051 | 26793 |

Futhermore, Recipient hereby certifies that it has been open and operating during its normal business hours for the month of Feb-23, as described in Section B. PAYMENT AND DELIVERABLES, of the LIHEAP attachment.

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: _____
(Signature)

Date: _____

*If your reimbursement request for this reporting period includes more than one Notice of Funding Availability and Financial Activity, you must provide the detail in the space provided above.





SERA Reimbursement Printout

NFA ID: 040019

Contract Number: E1990

Financial Activity Name: FA-350189

Type: Reimbursement

Status: Rejected

Reporting Time Period Start Date: 02/01/2023

Reporting Time Period End Date: 02/28/2023

| Requested Date | Funds Requested | Approved Date | Funds Approved |
|----------------|-----------------|---------------|----------------|
| 03/22/2023 | \$1,005.18 | | \$0.00 |

| Cost Category Name | Activity | Budget Allocation | Budget Remaining | Funds Requested | Unexpended Balance |
|--------------------------------|---|-------------------|------------------|-----------------|--------------------|
| Grantee Leveraging Expense | Home Energy Assistance | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Grantee Administrative Expense | Salaries Including Fringe, Rent, Utilities, Travel, Other | \$263,875.00 | \$0.00 | \$0.00 | \$0.00 |
| Grantee Leveraging Expense | Crisis Assistance | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

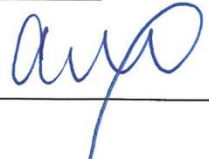




| Cost Category Name | Activity | Budget Allocation | Budget Remaining | Funds Requested | Unexpended Balance |
|--------------------------------|---|-------------------|------------------|-----------------|--------------------|
| Direct Client Assistance | Weather Related/Supply Shortage | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Grantee Outreach Expense | Salaries Including Fringe, Rent, Utilities, Travel, Other | \$664,974.00 | \$1,005.18 | \$1,005.18 | \$0.00 |
| Direct Client Assistance | Home Energy Assistance Payments | \$2,277,000.00 | \$0.00 | \$0.00 | \$0.00 |
| Direct Client Assistance | Crisis Benefit Payments | \$2,755,000.00 | \$0.00 | \$0.00 | \$0.00 |
| Grantee Administrative Expense | Salaries Including Fringe, Rent, Utilities, Travel, Other | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

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

Date: 3-27-23

Signed: 





**Florida Department of Economic Opportunity
 Certification & Client Data Supplement Form
 Low Income Home Energy Assistance Program (LIHEAP/LEA)
 Supplemental LIHEAP Funding (LEP/LEI)**

Agency Name: The Agricultural and Labor Program, Incorporated (ALPI)

Reporting Period (Month & Year): Feb-23

Total Amount for this Reporting Period: \$797,567.14

Notice of Fund Availability (NFA) #:

Financial Activity (FA) #:

Amount of Financial Activity:

| NFA #1 | NFA #2 | NFA #3 | NFA #4 |
|---------------|-------------|---------------|--------|
| NFA-040219 | NFA-040019 | NFA-041218 | |
| FA-350190 | FA-350189 | FA-350844 | |
| \$ 648,787.61 | \$ 1,005.18 | \$ 147,774.35 | \$ - |

| Type of Assistance | Approved Workplan | Assisted w/ these Funds | Served to Date |
|--|-------------------|-------------------------|----------------|
| Standard (LEAxx) Home Energy | 11570 | 687 | 9345 |
| Standard (LEAxx) Crisis Assistance | 11666 | 363 | 10405 |
| Supplemental Home Energy (LEPxx, LEIxx) | 2070 | 0 | 2063 |
| Supplemental Crisis (LEPxx, LEIxx) | 4805 | 1 | 4980 |
| Administrative (No direct client, Any Grant) | 0 | 0 | 0 |
| Outreach (No direct client, Any Grant) | 0 | 0 | 0 |
| TOTALS: | 30111 | 1051 | 26793 |

Futhermore, Recipient hereby certifies that it has been open and operating during its normal business hours for the month of Feb-23, as described in Section B. PAYMENT AND DELIVERABLES, of the LIHEAP attachment.

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:

(Signature)

Date:

3/27/23

*If your reimbursement request for this reporting period includes more than one Notice of Funding Availability and Financial Activity, you must provide the detail in the space provided above.





SERA Reimbursement Printout

NFA ID: 040219

Contract Number: E1990

Financial Activity Name: FA-350190

Type: Reimbursement

Status: New

Reporting Time Period Start Date: 02/01/2023

Reporting Time Period End Date: 02/28/2023

| Requested Date | Funds Requested | Approved Date | Funds Approved |
|----------------|-----------------|---------------|----------------|
| | \$647,568.66 | | \$0.00 |

| Cost Category Name | Activity | Budget Allocation | Budget Remaining | Funds Requested | Unexpended Balance |
|----------------------------|---------------------------------|-------------------|------------------|-----------------|--------------------|
| Grantee Leveraging Expense | Home Energy Assistance | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Grantee Leveraging Expense | Crisis Assistance | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Direct Client Assistance | Weather Related/Supply Shortage | \$0.00 | \$0.00 | \$0.00 | \$0.00 |






| Cost Category Name | Activity | Budget Allocation | Budget Remaining | Funds Requested | Unexpended Balance |
|--------------------------------|---|-------------------|------------------|-----------------|--------------------|
| Grantee Outreach Expense | Salaries Including Fringe, Rent, Utilities, Travel, Other | \$969,467.00 | \$900,491.23 | \$58,824.22 | \$841,667.01 |
| Direct Client Assistance | Home Energy Assistance Payments | \$2,473,812.00 | \$1,412,143.55 | \$408,369.27 | \$1,003,774.28 |
| Direct Client Assistance | Home Energy Assistance Payments | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Grantee Administrative Expense | Salaries Including Fringe, Rent, Utilities, Travel, Other | \$492,149.00 | \$311,362.22 | \$23,202.77 | \$288,159.45 |
| Direct Client Assistance | Crisis Benefit Payments | \$1,824,800.00 | \$157,172.40 | \$157,172.40 | \$0.00 |

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

Date: 3/19/23

Signed: 





**Florida Department of Economic Opportunity
 Certification & Client Data Supplement Form
 Low Income Home Energy Assistance Program (LIHEAP/LEA)
 American Rescue Plan Act (ARP/LEP21)**

Agency Name: The Agricultural and Labor Program, Incorporated (ALPI)

Reporting Period (Month & Year): February 1, 2023 through February 28, 2023

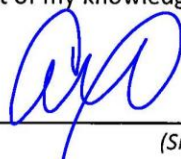
Total Amount for this Reporting Period: \$648,573.84

| | | | | |
|---|---------------|---------------|---------------|---------------|
| Notice of Fund Availability (NFA) #: Financial Activity (FA) #: Amount of Financial Activity: | NFA #1 | NFA #2 | NFA #3 | NFA #4 |
| | NFA-040219 | NFA-040019 | | |
| | FA-350190 | FA-350189 | | |
| | \$ 647,568.66 | \$ 1,005.18 | \$ - | \$ - |

| Type of Assistance | Approved Workplan | Served w/ these Funds | Served to Date |
|--------------------------------|-------------------|-----------------------|----------------|
| LEA21 - Standard Home Energy | 7520 | 687 | 9345 |
| LEA22 - Standard Home Energy | 4050 | 0 | 0 |
| LEP21 - LIHEAP ARP Home Energy | 2070 | 0 | 2063 |
| LEA21 - Standard Crisis | 8266 | 363 | 10405 |
| LEA22 - Standard Crisis | 3400 | 0 | 0 |
| LEP21 - LIHEAP ARP Crisis | 4805 | 1 | 4980 |
| TOTALS: | 30111 | 1051 | 26793 |

Futhermore, Recipient hereby certifies that it has been open and operating during its normal business hours for the month of Feb-23, as described in Section B. PAYMENT AND DELIVERABLES, of the LIHEAP attachment.

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: 
 (Signature)

Date: March 19, 2023

*If your reimbursement request for this reporting period includes more than one Notice of Funding Availability and Financial Activity, you must provide the detail in the space provided above.





SERA Reimbursement Printout

NFA ID: 040019

Contract Number: E1990

Financial Activity Name: FA-350189

Type: Reimbursement

Status: New

Reporting Time Period Start Date: 02/01/2023

Reporting Time Period End Date: 02/28/2023

| Requested Date | Funds Requested | Approved Date | Funds Approved |
|----------------|-----------------|---------------|----------------|
| | \$1,005.18 | | \$0.00 |

| Cost Category Name | Activity | Budget Allocation | Budget Remaining | Funds Requested | Unexpended Balance |
|--------------------------------|---|-------------------|------------------|-----------------|--------------------|
| Grantee Leveraging Expense | Home Energy Assistance | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Grantee Administrative Expense | Salaries Including Fringe, Rent, Utilities, Travel, Other | \$263,875.00 | \$0.00 | \$0.00 | \$0.00 |
| Grantee Leveraging Expense | Crisis Assistance | \$0.00 | \$0.00 | \$0.00 | \$0.00 |





| Cost Category Name | Activity | Budget Allocation | Budget Remaining | Funds Requested | Unexpended Balance |
|--------------------------------|---|-------------------|------------------|-----------------|--------------------|
| Direct Client Assistance | Weather Related/Supply Shortage | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Grantee Outreach Expense | Salaries Including Fringe, Rent, Utilities, Travel, Other | \$664,974.00 | \$1,005.18 | \$1,005.18 | \$0.00 |
| Direct Client Assistance | Home Energy Assistance Payments | \$2,277,000.00 | \$0.00 | \$0.00 | \$0.00 |
| Direct Client Assistance | Crisis Benefit Payments | \$2,755,000.00 | \$0.00 | \$0.00 | \$0.00 |
| Grantee Administrative Expense | Salaries Including Fringe, Rent, Utilities, Travel, Other | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

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

Date: 3/19/2023

Signed: 





**Florida Department of Economic Opportunity
 Certification & Client Data Supplement Form
 Low Income Home Energy Assistance Program (LIHEAP/LEA)
 American Rescue Plan Act (ARP/LEP21)**

Agency Name: The Agricultural and Labor Program, Incorporated (ALPI)

Reporting Period (Month & Year): February 1, 2023 through February 28, 2023


Total Amount for this Reporting Period: \$648,573.84

| | | | | |
|---|---------------|---------------|---------------|---------------|
| Notice of Fund Availability (NFA) #: Financial Activity (FA) #: Amount of Financial Activity: | NFA #1 | NFA #2 | NFA #3 | NFA #4 |
| | NFA-040219 | NFA-040019 | | |
| | FA-350190 | FA-350189 | | |
| | \$ 647,568.66 | \$ 1,005.18 | \$ - | \$ - |

| Type of Assistance | Approved Workplan | Served w/ these Funds | Served to Date |
|--------------------------------|-------------------|-----------------------|----------------|
| LEA21 - Standard Home Energy | 7520 | 687 | 9345 |
| LEA22 - Standard Home Energy | 4050 | 0 | 0 |
| LEP21 - LIHEAP ARP Home Energy | 2070 | 0 | 2063 |
| LEA21 - Standard Crisis | 8266 | 363 | 10405 |
| LEA22 - Standard Crisis | 3400 | 0 | 0 |
| LEP21 - LIHEAP ARP Crisis | 4805 | 1 | 4980 |
| TOTALS: | 30111 | 1051 | 26793 |

Futhermore, Recipient hereby certifies that it has been open and operating during its normal business hours for the month of Feb-23, as described in Section B. PAYMENT AND DELIVERABLES, of the LIHEAP attachment.

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: 
 (Signature)

Date: March 19, 2023

*If your reimbursement request for this reporting period includes more than one Notice of Funding Availability and Financial Activity, you must provide the detail in the space provided above.





Florida Department of Health

2/28/2023
10:37AM

Child Care Food Program

Child Care Center Claim

S - 501 Region: C RPS: 6 Fiscal Year: 2023 Termination Date: _____
 Add'l Doc Required: _____ ADR Reason: _____ Meal Disallowance: _____
 Legal Name: AGRICULTURAL LABOR PROG. INC. FEIN: 591634148001
 D/B/A: AGRICULTURAL LABOR PROG. INC.
 Mailing Address: P.O. BOX 3126 WINTER HAVEN, FL 33885
 Program Manager: WINTERS, KATHLEEN Phone: (863) 956-3491 Ext: 215
 Email: kwinters@alpi.org

Claim Information

Status: Submitted Entered By: 0501gniede
 Claim Month/Year: 1/2023 Date Received: 02/28/2023 10:36:53 AM
 Revision #: 0
 Operating Days: 19 Average Daily Participation: 500

Sites Operated:

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

Children Enrolled by Category:

Free 607 Reduced 0 Non-needly 0 Total 607

Meals Claimed:

| Breakfast | Morning Snack | Lunch | Afternoon Snack | Supper | Evening Snack |
|--------------|------------------|--------------|--------------------|----------|------------------|
| <u>9,409</u> | <u>0</u> | <u>9,462</u> | <u>8,721</u> | <u>0</u> | <u>0</u> |

| | | | |
|-----------------------------|---------------------|----------------------|--------------------|
| Operating Expenditures | <u>\$119,951.00</u> | Meal Earnings: | <u>\$69,216.53</u> |
| Administrative Expenditures | <u>\$759.00</u> | Cash-In-Lieu: | <u>\$2,838.60</u> |
| Total Expenditures | <u>\$120,710.00</u> | Total Earnings: | <u>\$72,055.13</u> |
| Income | <u>\$0.00</u> | Adjustments: | <u>\$0.00</u> |
| | | Total Reimbursement: | <u>\$72,055.13</u> |





Florida Department of Health

2/28/2023
10:37AM

Child Care Food Program

Child Care Center Claim

AN: 501 Fiscal Year: 2023 Claim Month/Year: 1/2023 Revision #: 0

| Site Num/ Center Num | Site Name | Address | Meal Earnings | Cash-In-Lieu | Total Earnings |
|-------------------------|----------------------|------------------------|--------------------|-------------------|--------------------|
| 23901/23901 | ALPI CHILD DEVELOPME | 198 NW MARION AVENUE | \$19,484.45 | \$797.40 | \$20,281.85 |
| 23889/23889 | ALPI FRANCINA C DUVA | 1035 S. 27TH CIRCLE | \$3,849.97 | \$159.90 | \$4,009.87 |
| 23890/23890 | ALPI FROSTPROOF CHIL | 701 HOPSON RD. | \$4,138.33 | \$168.60 | \$4,306.93 |
| 23899/23899 | ALPI GARDEN TERRACE | 1110 32ND STREET | \$8,024.68 | \$329.10 | \$8,353.78 |
| 23898/23898 | ALPI GEORGE W. TRUIT | 1814 NORTH 13TH STREET | \$8,705.59 | \$357.90 | \$9,063.49 |
| 23892/23892 | ALPI LINCOLN PARK HE | 1400 AVENUE M | \$9,676.99 | \$395.10 | \$10,072.09 |
| 23902/23902 | ALPI QUEEN TOWNSEND | 2202 AVENUE Q | \$15,336.52 | \$630.60 | \$15,967.12 |
| | | | \$69,216.53 | \$2,838.60 | \$72,055.13 |





FEDERAL FINANCIAL REPORT

(Follow form instructions)

| | | | | | | | |
|---|--------------------------------|---|--------------------------------|--|---------------------------|--|----------------------------------|
| 1. Federal Agency and Organizational Element to Which Report is Submitted HHS-ADMINISTRATION FOR CHILDREN & FAMILIES | | | | 2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 04CH01115104 | | | |
| 3. Recipient Organization (Name and complete address including Zip code) AGRICULTURAL & LABOR PROGRAM 300 LYNCHBURG RD, LAKE ALFRED, FL 33850-2576 USA | | | | | | | |
| 4a. UEI KSJHJBDQ8ZM9 | 4b. EIN 1591634148A1 | 5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) N880P | | 6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final | | 7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual | |
| 8. Project/Grant Period (Month, Day, Year) From: December 1, 2021 To: November 30, 2022 | | | | 9. Reporting Period End Date (Month, Day, Year) November 30, 2022 | | | |
| 10. Transactions Cumulative <i>(Use lines a-c for single or combined multiple grant reporting)</i> | | | | | | | |
| Federal Cash (To report multiple grants separately, also use FFR Attachment): | | | | | | | |
| a. Cash Receipts | | | | | | \$9,618,000.00 | |
| b. Cash Disbursements | | | | | | \$9,618,000.00 | |
| c. Cash on Hand (line a minus b) | | | | | | \$0.00 | |
| <i>(Use lines d-o for single grant reporting)</i> | | | | | | | |
| Federal Expenditures and Unobligated Balance: | | | | | | | |
| d. Total Federal funds authorized | | | | | | \$10,091,260.00 | |
| e. Federal share of expenditures | | | | | | \$9,618,000.00 | |
| f. Federal share of unliquidated obligations | | | | | | \$0.00 | |
| g. Total Federal share (sum of lines e and f) | | | | | | \$9,618,000.00 | |
| h. Unobligated balance of Federal funds (line d minus g) | | | | | | \$473,260.00 | |
| Recipient Share: | | | | | | | |
| i. Total recipient share required | | | | | | \$0.00 | |
| j. Recipient share of expenditures | | | | | | \$0.00 | |
| k. Remaining recipient share to be provided (line i minus j) | | | | | | \$0.00 | |
| Program Income: | | | | | | | |
| l. Total Federal share of program income earned | | | | | | \$0.00 | |
| m. Program income expended in accordance with the deduction alternative | | | | | | \$0.00 | |
| n. Program income expended in accordance with the addition alternative | | | | | | \$0.00 | |
| o. Unexpended program income (line l minus line m and line n) | | | | | | \$0.00 | |
| 11. Indirect Expense | a. Type Provisional | b. Rate 16.4 | c. Period From July 1, 2021 | Period To June 30, 2024 | d. Base \$4,324,556.66 | e. Amount Charged \$709,227.29 | f. Federal Share \$697,463.43 |
| g. Totals: | | | | | \$4,324,556.66 | \$709,227.29 | \$697,463.43 |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: USDA Food \$835,815.80 T/TA \$114,853.15 Administration \$696,739.36 | | | | | | | |
| 13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) | | | | | | | |
| a. Typed or Printed Name and Title of Authorized Certifying Official Gniewek, Dennis Finance Director | | | | c. Telephone (Area code, number, and extension) +1 (863) 956-3491 | | | |
| b. Signature of Authorized Certifying Official Gniewek, Dennis | | | | d. Email Address dgniewek@alpi.org | | | |
| | | | | e. Date Report Submitted (Month, Day, Year) February 28, 2023 | | | |

Standard Form 425
OMB Approval Number: 4040-0014
Expiration Date: 02/28/2025

Paperwork Burden Statement
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 4040-0014. Public reporting burden for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments concerning the accuracy of these time estimates or suggestions for improving this form, please write to: US Department of Health & Human Services, OIG/OIG/PRA, 200 Independence Ave, SW, Suite 336-E, Washington DC 20031. Attention: PRA Reports Clearance Officer.





FEDERAL FINANCIAL REPORT

(Additional Page)

Federal Agency & Organization : HHS-ADMINISTRATION FOR CHILDREN & FAMILIES

Federal Grant ID : 04CH01115104

Recipient Organization : AGRICULTURAL & LABOR PROGRAM
300 LYNCHBURG RD, LAKE ALFRED, FL 33850-2576 USA

UEI : KSJHJBDQ8ZM9

UEI Status when Certified : ACTIVE (as of 02/28/2023)

EIN : 1591634148A1

Reporting Period End Date : November 30, 2022

Status : Report Certified/Pending Agency Approval

Remarks : USDA Food \$835,815.80 T/TA \$114,853.15 Administration \$696,739.36

Federal Agency Review

Reviewer Name :
Phone # :
Email :
Review Date :
Review Comments :

