Venerria L. Thomas, Director
Community & Family Services

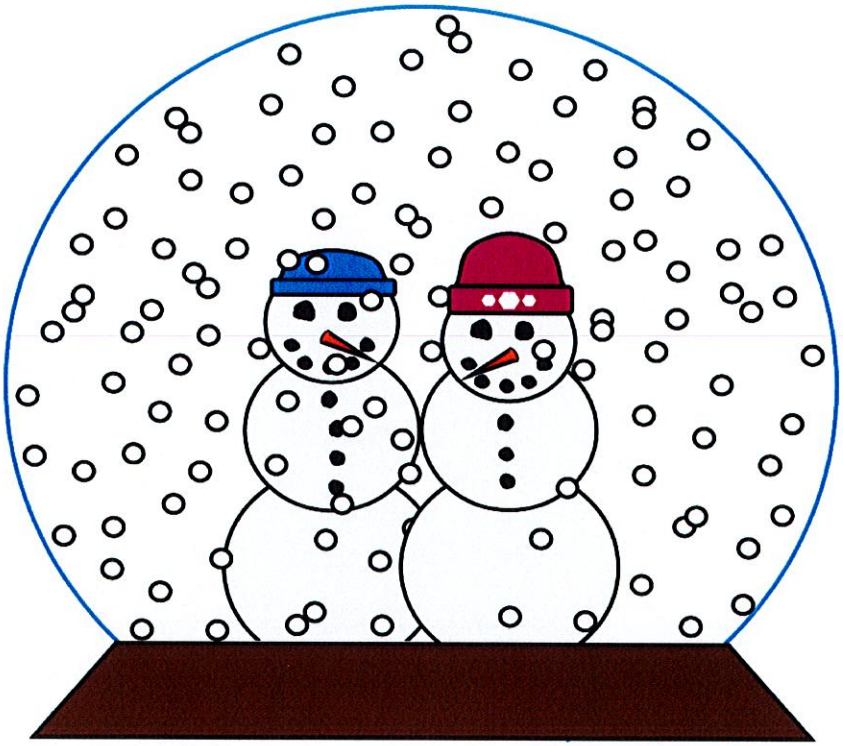
Orange County Government

HEAD START

POLICY COUNCIL

PROGRAM INFORMATION & UPDATES

Sonya L. Hill, Manager
Head Start Division



DECEMBER 2024

Orange County
Community & Family Services Department
Head Start Division

POLICY COUNCIL MONTHLY MEETING

Who:	**POLICY COUNCIL MEMBERS**
Date:	**THURSDAY – DECEMBER 19, 2024**
Time:	**6:00 P.M.**
Location:	**Holden Heights Community Center** **1201 20th Street** **Orlando, FL 32805**

Childcare and Meal Provided

Contact Sandra Moore if you cannot attend:
407-836-8913 or Email Sandra.Moore2@ocfl.net

AGENDA

Orange County Government ● Head Start Policy Council ● Holden Heights Community Center● 1201 20th St., Orlando, FL 32805
December 19, 2024 ●6:00 p.m.

1. ***Call to Order – Chairperson***
2. ***Roll Call – Secretary***
3. ***Adoption of Agenda***
4. ***Secretary's Report***
5. ***HR Report***
6. ***Budget Report***
7. ***Director's Report***
8. ***New Business***
    a. ***Community Representative Vote***
    b. ***2024-2025 ERSEA Eligibility Selection Criteria***
    c. ***Health Unit Training***
    d. ***QA Self-Assessment Review***
9. **Adjourn**

Head Start Budget Summary **November 2024**

Head Start Budget Summary

Below is a statement of finacial activity (or an expense sheet.) This summarizes all the financial spending over a period of time. In the example below, we are looking at spending on a monthly basis. This report gives the council an understanding of Orange County Head Start's financial health. The accompanying reports are the details in which the summary is created.

Unit Name		Current Budget 2023-2024	October	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	August	Sept	Encumbered Amount	Total YTD	Balance	% Budget Used YTD
Administration	7521	2,054,156	121,341	141,111											8,277	262,452	1,783,427	13.18%
Education	7522	13,791,060	1,154,779	1,301,706											82,059	2,456,485	11,334,575	18.41%
USDA Administration	7523	162,184	11,677	11,912												23,589	138,595	14.54%
USDA Services	7524	1,362,969	18,361	26,156												44,517	1,318,452	3.27%
Training	7525	156,870	0	0												0	156,870	0.00%
Disabilities	7526	640,207	10,773	10,323											44,781	21,095	574,330	10.29%
Health and Dental	7527	498,871	37,580	36,052												73,631	425,240	14.76%
PFCE	7528	2,537,873	189,502	198,410												387,912	2,149,961	15.28%
General Fund	7529	727,734	39,166	46,673												85,839	641,895	11.80%
Facilities	7534	822,371	19,193	20,430												39,623	782,748	4.82%
Total		22,754,295	1,602,370	1,792,772	0	0	0	0	0	0	0	0	0	0	135,117	3,395,142	19,306,094	14.92%
Expense Per Quarter																		
Cost Per Child																		

Head Start YTD Summary **November 2024**

Head Start Budget Summary

Below is a different statement of finacial activity. This summarizes all the financial spending over a period of time. In the example below we are looking at fiscal year to date spending. This spending has been separated into salary and non-salary expense. This report is also gives the council an understanding of Orange County Head Start's financial health.

	FY 2023 Current Budget	PRE Encumbered Amount	Encumbered Amount	FY 2024 Total YTD	Balance	% Percent Budget Used YTD
7521- Admin Salary	1,889,221			261,921	1,627,300	13.8 %
7522 - Education Salary	12,940,240			2,447,181	10,493,059	18.9 %
7523 - USDA Admin Salary	153,970			23,589	130,381	15.3 %
7524 - USDA Services Salary	246,429			44,517	201,912	18.0 %
7526 - Disability Salary	578,030			20,972	557,058	3.63 %
7527 - Health Salary	480,269			73,451	406,818	15.2 %
7528 - PFCE Salary	2,469,157			387,825	2,081,332	15.7 %
7529 -General Funds	696,262			85,839	610,423	12.3 %
7534 - Facilities Salary	297,958			35,758	262,200	12.0 %
Total Salary	**19,751,536**	**0**	**0**	**3,381,052**	**16,370,484**	17.1 %
7521 - Admin	164,935		8,277	530	156,128	5.34 %
7522 - Education	850,814		82,059	9,304	759,452	10.7 %
7523 - USDA Admin	8,214			0	8,214	0.00 %
7524 - USDA Services	1,116,540			0	1,116,540	0.00 %
7525 - Training	156,870			0	156,870	0.00 %
7526 - Disability	62,177		44,781	124	17,272	72.2 %
7527 - Health	18,602			180	18,422	0.97 %
7528 - PFC	68,716			87	68,629	0.13 %
7529 -General Funds	42,612			0	31,472	0.00 %
7534 - Facilities	524,413			3,865	520,548	0.74 %
7535- Disaster & Recovery						
Total Non-Salary	**3,013,893**	**0**	**135,117**	**14,090**	**2,853,546**	0.47 %
Grand Total	**22,765,429**	**0**	**135,117**	**3,395,142**	**19,224,030**	14.9 %

Community and Family Services Through **November 30, 2024**: Fund - 7004 Dept - 062 Unit 7521 H. S Admin **13%** of FY Elapsed

OBJECT	APPR	OBJECT NAME	CURRENT BUDGET	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ENCUM AMOUNT	TOTAL YTD	BALANCE	% BUDGET USED YTD
1120	7FA	REGULAR SALARIES and WAGES	1,207,110.00	82,575.02	87,036.54	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	169,611.56	1,037,498.44	14.05
1125	7FA	RECRUITMENT & RETENTION PAY	11,568.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	11,568.00	.00
1130	7FA	OTHER SALARIES and WAGES	5,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	5,000.00	.00
1140	7FA	OVERTIME	2,500.00	2,683.30	1,280.45	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3,963.75	-1,463.75	158.55
1150	7FA	SPECIAL PAY	.00	450.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	450.00	-450.00	.00
1160	7FA	LONGEVITY PAY	12,500.00	.00	12,700.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	12,700.00	-200.00	101.60
2110	7FA	FICA TAXES	92,347.00	6,326.75	7,486.08	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	13,812.83	78,534.17	14.96
2120	7FA	RETIREMENT CONTRIBUTION	163,572.00	11,894.14	14,174.26	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	26,068.40	137,503.60	15.94
2130	7FA	LIFE and HEALTH INSURANCE	380,000.00	17,411.42	17,903.06	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	35,314.48	344,685.52	9.29
2200	7FA	PAYMENTS TO OPEB TRUST	14,624.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	14,624.00	.00
		Total of Salaries	1,889,221.00	121,340.63	140,580.39	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	261,921.02	1,627,299.98	13.86
3125	7FB	INDIRECT COSTS	106,329.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	106,329.00	.00
3179	7FC	CONTRACT SVC EMPLOY AGENT	10,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	10,000.00	.00
3410	7FC	LOCAL TRAVEL	2,750.00	.00	26.46	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	26.46	2,723.54	.96
3510	7FC	POSTAGE and MESSENGER SVCS	800.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	800.00	.00
3530	7FC	TOLL CHARGES	20.00	.00	2.28	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.28	17.72	11.40
3610	7FC	RENTAL OF EQUIPMENT	3,100.00	.00	501.80	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2,007.20	501.80	591.00	80.94
3720	7FC	COMMUNICATIONS	7,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	7,000.00	.00
3820	7FC	MAINTENANCE OF EQUIPMENT	10,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	6,270.00	.00	3,730.00	62.70
3910	7FC	GRAPHIC REPROD SVCS	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.00	.00
4010	7FC	DUES and MEMBERSHIPS	4,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	4,000.00	.00
4020	7FC	VIDEOS, AND SUBSCRIPTIONS	75.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	75.00	.00
4110	7FC	INCLUDING PRINTING)	6,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	6,000.00	.00
4115	7FC	SUPPLIES	1,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,000.00	.00
4121	7FC	COMPUTER REL LESS THAN	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.00	.00
4123	7FC	EQUIPMENTLESS THAN $5000	3,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3,000.00	.00
4412	7FC	PROMOTIONAL EXPENSES	100.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	100.00	.00
4418	7FC	PROGRAM	100.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	100.00	.00
4422	7FC	SCHOLARSHIPS,AWARDS,BENEF	1,500.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,500.00	.00
4482	7FG	SELF INS-PROP CASUALTY	9,061.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	9,061.00	.00
		Toal of Operations	164,935.00	.00	530.54	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	8,277.20	530.54	156,127.26	5.34
		Total of Unit 7521	2,054,156.00	121,340.63	141,110.93	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	8,277.20	262,451.56	1,783,427.24	13.18

Community and Family Through **November 30, 2024** Fund- 7004 Dept -062 Unit - 7522 Education HS Services **18%** of FY Elapsed

OBJ	APPR	OBJECT NAME	CURRENT BUDGET	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	Encum	TOTAL YTD	BALANCE	% BUDGET USED YTD
1120	7FE	REGULAR SALARIES and WAGES	6,724,467.00	753,293.54	774,511.93	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,527,805.47	5,196,661.53	22.72
1125	7FE	RECRUITMENT & RETENTION PAY	103,686.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	103,686.00	.00
1130	7FE	OTHER SALARIES and WAGES	10,000.00	16,351.55	18,262.01	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	34,613.56	-24,613.56	346.14
1140	7FE	OVERTIME	5,000.00	31,845.67	7,040.51	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	38,886.18	-33,886.18	777.72
1150	7FE	SPECIAL PAY	.00	450.00	3,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3,450.00	-3,450.00	.00
1160	7FE	LONGEVITY PAY	113,400.00	.00	112,500.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	112,500.00	900.00	99.21
2110	7FE	FICA TAXES	509,153.00	59,538.02	67,803.51	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	127,341.53	381,811.47	25.01
2120	7FE	RETIREMENT CONTRIBUTION	1,037,863.00	106,869.53	121,962.03	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	228,831.56	809,031.44	22.05
2130	7FE	LIFE and HEALTH INSURANCE	4,275,000.00	186,055.60	187,322.25	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	373,377.85	3,901,622.15	8.73
2131	7FE	HSA/FSA CONTRIBUTION	.00	375.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	375.00	-375.00	.00
2200	7FE	PAYMENTS TO OPEB TRUST	161,677.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	161,677.00	.00
		Total of Salaries	12,940,246.00	1,154,778.91	1,292,402.24	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2,447,181.15	10,493,064.85	18.91
3167	7FF	PAYMENTS TO OTHER GOVERNMENTAL AGENCIES	10,000.00	.00	43.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	43.00	9,957.00	.43
3192	7FF	SOFTWARE LICENSING SUPPORT FEE	50,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	42,536.00	.00	7,464.00	85.07
3197	7FF	CONTRACTUAL SERVICES NOT OTHERWISE SPECIFIED	10,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	10,000.00	.00
3350	7FF	OTHER INSURANCE and BONDS	100.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	100.00	.00
3410	7FF	LOCAL TRAVEL	9,000.00	.00	691.98	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	691.98	8,308.02	7.69
3530	7FF	TOLL CHARGES	4,000.00	.00	85.56	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	85.56	3,914.44	2.14
3610	7FF	RENTAL OF EQUIPMENT	50,000.00	.00	5,770.70	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	23,082.80	5,770.70	21,146.50	57.71
3720	7FF	COMMUNICATIONS	35,100.00	.00	212.39	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	212.39	34,887.61	.61
3820	7FF	MAINTENANCE OF EQUIPMENT	32,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	16,440.00	.00	15,560.00	51.38
3910	7FF	GRAPHIC REPROD SVCS	100.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	100.00	.00
4020	7FF	BOOKS, COMPACT DISKS, VIDEOS, AND SUBSCRIPTIONS	4,740.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	4,740.00	.00
4040	7FF	LICENSE AND CERTIFICATION FEES	11,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	11,000.00	.00
4110	7FF	OFFICE SUPPLIES (NOT INCLUDING PRINTING)	16,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	16,000.00	.00
4115	7FF	MISCELLANEOUS OPERATING SUPPLIES	78,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	78,000.00	.00
4116	7FF	EVENT/MEAL REIMBURSEMENTS	3,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3,000.00	.00
4121	7FF	COMPUTER EQUIP UNDER $500 & COMPUTER REL LESS THAN $5000	3,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3,000.00	.00
4123	7FF	EQUIPMENT LESS THAN $5000	8,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	8,000.00	.00
4135	7FF	FOODandDIETARY	350,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	350,000.00	.00
4195	7FF	MISC SUPPLIES OR EXPENSES	100.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	100.00	.00
4412	7FF	PROMOTIONAL EXPENSES	2,500.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2,500.00	.00
4418	7FF	EDUCATIONAL ASSISTANCE PROGRAM	8,000.00	.00	2,500.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2,500.00	5,500.00	31.25
4422	7FF	SCHOLARSHIPS,AWARDS,BENEF	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.00	.00
4450	7FF	PARENT ACTIVITY FUND	500.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	500.00	.00
4452	7FN	FIELD TRIPS-HEAD START	15,360.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	15,360.00	.00
4482	7FG	SELF INS-PROP CASUALTY	150,214.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	150,214.00	.00
8120	7FF	AID TO OTHER GOVT AGENCIES	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.00	.00
		Total of Operations	850,814.00	.00	9,303.63	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	82,058.80	9,303.63	759,451.57	10.74
		Total of Unit 7522	13,791,060.00	1,154,778.91	1,301,705.87	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	82,058.80	2,456,484.78	11,252,516.42	18.41

Community and Family Services Through **November 30, 2024**: Fund - 7404 Dept - 062 Unit - 7523 USDA Admin **15%** of FY Elapsed

OBJECT	APPR	OBJECT NAME	CURRENT BUDGET	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ED AMOUNT	TOTAL YTD	BALANCE	% BUDGET USED YTD
1120	7FQ	REGULAR SALARIES and WAGES	91,395.00	7,437.44	7,177.21	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	14,614.65	76,780.35	15.99
1125	7FQ	RECRUITMENT & RETENTION PAY	1,369.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,369.00	.00
1140	7FQ	OVERTIME	500.00	758.16	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	758.16	-258.16	151.63
1160	7FQ	LONGEVITY PAY	1,200.00	.00	1,200.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,200.00	.00	100.00
2110	7FQ	FICA TAXES	6,991.00	617.85	631.27	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,249.12	5,741.88	17.87
2120	7FQ	RETIREMENT CONTRIBUTION	11,422.00	1,117.07	1,141.83	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2,258.90	9,163.10	19.78
2130	7FQ	LIFE and HEALTH INSURANCE	38,000.00	1,746.87	1,761.22	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3,508.09	34,491.91	9.23
2200	7FQ	PAYMENTS TO OPEB TRUST	3,093.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3,093.00	.00
		Total of Salaries	153,970.00	11,677.39	11,911.53	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	23,588.92	130,381.08	15.32
3125	7FP	INDIRECT COSTS	6,543.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	6,543.00	.00
3410	7FR	LOCAL TRAVEL	500.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	500.00	.00
3530	7FR	TOLL CHARGES	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.00	.00
3820	7FR	MAINTENANCE OF EQUIPMENT	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.00	.00
4110	7FR	OFFICE SUPPLIES (NOT INCLUDING PRINTING)	500.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	500.00	.00
4418	7FR	EDUCATIONAL ASSISTANCE PROGRAM	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.00	.00
4482	7FS	SELF INS-PROP CASUALTY	521.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	521.00	.00
		Total of Operations	8,214.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	8,214.00	.00
		Total of Unit 7523	162,184.00	11,677.39	11,911.53	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	23,588.92	138,595.08	14.54

Community and Family Services Through **November 30, 2024**: Fund -7404 Dept 062 Unit - 7524: USDA Services **3%** of FY Elapsed

OBJECT	APPR	OBJECT NAME	CURRENT BUDGET	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ENCUMBERED AMOUNT	TOTALYTD	BALANCE	% BUDGET USED YTD
1120	7FT	REGULAR SALARIES and WAGES	133,016.00	11,062.64	11,862.40	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	22,925.04	110,090.96	17.23
1125	7FT	RECRUITMENT & RETENTION PAY	1,807.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,807.00	.00
1140	7FT	OVERTIME	500.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	500.00	.00
1160	7FT	LONGEVITY PAY	2,700.00	.00	5,400.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	5,400.00	-2,700.00	200.00
2110	7FT	FICA TAXES	10,175.00	785.16	1,256.27	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2,041.43	8,133.57	20.06
2120	7FT	RETIREMENT CONTRIBUTION	16,045.00	1,922.70	3,000.20	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	4,922.90	11,122.10	30.68
2130	7FT	LIFE and HEALTH INSURANCE	76,000.00	4,590.14	4,637.54	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	9,227.68	66,772.32	12.14
2200	7FT	PAYMENTS TO OPEB TRUST	6,186.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	6,186.00	.00
			246,429.00	18,360.64	26,156.41	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	44,517.05	201,911.95	18.06
3170	7FU	JANITORIAL SVC and SUPPLY	500.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	500.00	.00
4110	7FU	OFFICE SUPPLIES (NOT INCLUDING PRINTING)	500.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	500.00	.00
4115	7FU	MISCELLANEOUS OPERATING SUPPLIES	300.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	300.00	.00
4123	7FU	EQUIPMENTLESS THAN $5000	100.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	100.00	.00
4130	7FU	HOUSEHOLD AND KITCHEN SUPPLIES	450.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	450.00	.00
4135	7FU	FOODandDIETARY	1,113,796.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,113,796.00	.00
4482	7FS	SELF INS-PROP CASUALTY	894.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	894.00	.00
			1,116,540.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,116,540.00	.00
			1,362,969.00	18,360.64	26,156.41	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	44,517.05	1,318,451.95	3.27

Community and Family Services Through **November 30, 2024**: Fund - 7004 Dept - 062 Unit - 7525: HS Training **0%** of FY Elapsed

OBJECT	APPR	OBJECT NAME	CURRENT BUDGET	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ENCUMBERED AMOUNT	TOTAL YTD	BALANCE	% BUDGET USED YTD
3185	7FH	CONTRACT SVC-TRAINING	50,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50 000.00	.00
3197	7FH	CONTRACTUAL SERVICES NOT OTHERWISE SPECIFIED	2,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2 000.00	.00
3410	7FH	LOCAL TRAVEL	100.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	100.00	.00
3420	7FH	OUT OF COUNTY TRAVEL	38,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	38 000.00	.00
3610	7FH	RENTAL OF EQUIPMENT	3,460.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3 460.00	.00
3620	7FH	LEASES-BUILDINGS/STRUCTURES	2,995.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2 995.00	.00
3910	7FH	GRAPHIC REPROD SVCS	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.00	.00
4020	7FH	BOOKS, COMPACT DISKS, VIDEOS, AND SUBSCRIPTIONS	9,250.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	9 250.00	.00
4030	7FH	TRAINING AND EDUCATIONAL COST	38,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	38 000.00	.00
4040	7FH	LICENSE AND CERTIFICATION FEES	3,951.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3 951.00	.00
4110	7FH	OFFICE SUPPLIES (NOT INCLUDING PRINTING)	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.00	.00
4115	7FH	MISCELLANEOUS OPERATING SUPPLIES	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.00	.00
4116	7FH	EVENT/MEAL REIMBURSEMENTS	2,016.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2 016.00	.00
4418	7FH	EDUCATIONAL ASSISTANCE PROGRAM	6,948.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	6 948.00	.00
		Total of Operations	156,870.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	156 870.00	.00
		Total of Unit 7525	156,870.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	156 870.00	.00

Community and Family Services Through **November 30, 2024** Fund - 7004 Dept - 062 Unit - 7526: HS Disability **10%** of FY Elapsed

OBJECT	APPR	OBJECT NAME	CURRENT BUDGET	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ED AMOUNT	TOTAL YTD	BALANCE	BUDGET USED
1120	7FI	REGULAR SALARIES and WAGES	357,754.00	7,086.28	6,211.20	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	13,297.48	344,456.5	3.72
1125	7FI	RECRUITMENT & RETENTION PAY	2,446.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2,446.0	.00
1130	7FI	OTHER SALARIES and WAGES	20,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	20,000.0	.00
1140	7FI	OVERTIME	500.00	1,102.42	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,102.42	-602.4	220.48
1160	7FI	LONGEVITY PAY	2,000.00	.00	1,500.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,500.00	500.0	75.00
2110	7FI	FICA TAXES	27,369.00	612.37	575.15	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,187.52	26,181.4	4.34
2120	7FI	RETIREMENT CONTRIBUTION	50,711.00	1,116.11	1,051.03	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2,167.14	48,543.8	4.27
2130	7FI	LIFE and HEALTH INSURANCE	114,000.00	855.39	861.66	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,717.05	112,282.9	1.51
2200	7FI	PAYMENTS TO OPEB TRUST	3,250.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3,250.0	.00
		Total of Salaries	578,030.00	10,772.57	10,199.04	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	20,971.61	557,058.3	3.63
3195	7FK	CONTRACT SERVICES MEDICAL	45,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	44,781.28	.00	218.7	99.51
3410	7FK	LOCAL TRAVEL	3,000.00	.00	117.79	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	117.79	2,882.2	3.93
3510	7FK	POSTAGE and MESSENGER SVCS	150.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	150.0	.00
3530	7FK	TOLL CHARGES	50.00	.00	5.84	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	5.84	44.1	11.68
3720	7FK	COMMUNICATIONS	2,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2,000.0	.00
4020	7FK	BOOKS COMPACT DISKS, VIDEOS, AND SUBSCRIPTIONS	3,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3,000.0	.00
4040	7FK	LICENSE AND CERTIFICATION FEES	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.0	.00
4110	7FK	OFFICE SUPPLIES (NOT INCLUDING PRINTING)	3,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3,000.0	.00
4115	7FK	MISCELLANEOUS OPERATING SUPPLIES	3,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3,000.0	.00
4121	7FK	COMPUTER EQUIP UNDER $500 & COMPUTER REL LESS THAN $5000	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.0	.00
4418	7FK	EDUCATIONAL ASSISTANCE PROGRAM	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.0	.00
4422	7FK	SCHOLARSHIPS,AWARDS,BENEF	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.0	.00
4482	7FG	SELF INS-PROP CASUALTY	2,777.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2,777.0	.00
		Total of Operations	62,177.00	.00	123.63	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	44,781.28	123.63	17,272.0	72.22
		Total of Unit 7526	640,207.00	10,772.57	10,322.67	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	44,781.28	21,095.24	574,330.4	10.29

Community and Family Services Through **November 30, 2024** Fund - 7004 Dept - 062 Unit - 7527: HS Child Health and Development **15%** of FY Elapsed

OBJECT	APPR	OBJECT NAME	CURRENT BUDGET	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ENCUM AMOUNT	TOTAL YTD	BALANCE	% BUDGET
1120	7FV	REGULAR SALARIES and WAGES	294,218.00	23,062.05	22,588.58	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	45,650.63	248,567.37	15.52
1125	7FV	RECRUITMENT & RETENTION PAY	2,829.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2,829.00	.00
1130	7FV	OTHER SALARIES and WAGES	.00	3,133.12	2,016.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	5,149.12	-5,149.12	.00
1140	7FV	OVERTIME	500.00	1,360.37	5.13	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,365.50	-865.50	273.10
1160	7FV	LONGEVITY PAY	1,300.00	.00	1,300.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,300.00	.00	100.00
2110	7FV	FICA TAXES	22,509.00	2,042.72	1,910.39	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3,953.11	18,555.89	17.56
2120	7FV	RETIREMENT CONTRIBUTION	40,038.00	3,311.76	3,251.28	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	6,563.04	33,474.96	16.39
2130	7FV	LIFE and HEALTH INSURANCE	114,000.00	4,669.76	4,799.76	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	9,469.52	104,530.48	8.31
2200	7FV	PAYMENTS TO OPEB TRUST	4,875.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	4,875.00	.00
		Total of Salaries	480,269.00	37,579.78	35,871.14	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	73,450.92	406,818.08	15.29
3179	7FW	CONTRACT SVC EMPLOY AGENT	500.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	500.00	.00
3195	7FW	CONTRACT SERVICES MEDICAL	500.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	500.00	.00
3410	7FW	LOCAL TRAVEL	500.00	.00	180.37	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	180.37	319.63	36.07
3530	7FW	TOLL CHARGES	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.00	.00
3720	7FW	COMMUNICATIONS	2,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2,000.00	.00
4020	7FW	BOOKS, COMPACT DISKS, VIDEOS, AND SUBSCRIPTIONS	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.00	.00
4110	7FW	OFFICE SUPPLIES (NOT INCLUDING PRINTING)	550.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	550.00	.00
4115	7FW	MISCELLANEOUS OPERATING SUPPLIES	13,500.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	13,500.00	.00
4121	7FW	COMPUTER EQUIP UNDER $500 & COMPUTER REL LESS THAN $5000	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.00	.00
4143	7FW	MEDandSURG SUPPLIES	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.00	.00
4418	7FW	EDUCATIONAL ASSISTANCE PROGRAM	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.00	.00
4422	7FW	SCHOLARSHIPS,AWARDS,BENEF	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.00	.00
4482	7FG	SELF INS-PROP CASUALTY	752.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	752.00	.00
		Total of Operations	18,602.00	.00	180.37	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	180.37	18,421.63	.97
		Total of Unit 7527	498,871.00	37,579.78	36,051.51	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	73,631.29	425,239.71	14.76

Community and Family Services Through **November 30, 2024** Fund - 7004 Dept - 062 Unit - 7528: HS Parent Family Community Engagement **15%** of FY Elapsed

OBJ	APPR	OBJECT NAME	CURRENT BUDGET	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ENCUM AMOUNT	TOTAL YTD	BALANCE	% BUDGET USED YTD
1120	7FX	REGULAR SALARIES and WAGES	1,494,982.00	116,943.37	116,271.19	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	233,214.56	1,261,767.44	15.60
1125	7FX	RECRUITMENT & RETENTION PAY	15,925.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	15,925.00	.00
1130	7FX	OTHER SALARIES and WAGES	10,000.00	6,016.83	8,112.84	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	14,129.67	-4,129.67	141.30
1140	7FX	OVERTIME	5,000.00	8,176.34	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	8,176.34	-3,176.34	163.53
1160	7FX	LONGEVITY PAY	13,750.00	.00	13,250.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	13,250.00	500.00	96.36
2110	7FX	FICA TAXES	114,365.00	9,633.23	10,103.67	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	19,736.90	94,628.10	17.26
2120	7FX	RETIREMENT CONTRIBUTION	198,512.00	17,892.72	18,520.60	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	36,413.32	162,098.68	18.34
2130	7FX	LIFE and HEALTH INSURANCE	589,000.00	30,839.24	32,064.48	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	62,903.72	526,096.28	10.68
2200	7FX	PAYMENTS TO OPEB TRUST	27,623.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	27,623.00	.00
		Total of Salaries	2,469,157.00	189,501.73	198,322.78	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	387,824.51	2,081,332.49	15.71
3179	7FY	CONTRACT SVC EMPLOY AGENT	5,700.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	5,700.00	.00
3410	7FY	LOCAL TRAVEL	3,000.00	.00	87.24	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	87.24	2,912.76	2.91
3530	7FY	TOLL CHARGES	100.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	100.00	.00
3720	7FY	COMMUNICATIONS	12,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	12,000.00	.00
4020	7FY	BOOKS, COMPACT DISKS, VIDEOS, AND SUBSCRIPTIONS	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.00	.00
4110	7FY	OFFICE SUPPLIES (NOT INCLUDING PRINTING)	10,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	10,000.00	.00
4115	7FY	MISCELLANEOUS OPERATING SUPPLIES	5,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	5,000.00	.00
4121	7FY	COMPUTER EQUIP UNDER $500 & COMPUTER REL LESS THAN $5000	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.00	.00
4123	7FY	EQUIPMENTLESS THAN $5000	4,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	4,000.00	.00
4412	7FY	PROMOTIONAL EXPENSES	7,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	7,000.00	.00
4418	7FY	EDUCATIONAL ASSISTANCE PROGRAM	1,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,000.00	.00
4450	7FY	PARENT ACTIVITY FUND	9,216.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	9,216.00	.00
4482	7FG	SELF INS-PROP CASUALTY	11,600.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	11,600.00	.00
		Total of Operations	68,716.00	.00	87.24	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	87.24	68,628.76	.13
		Total of Unit 7528	2,537,873.00	189,501.73	198,410.02	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	387,911.75	2,149,961.25	15.28

Community and Family Services Through **November 30, 2024** Fund - 0001 Dept - 062 Unit - 7529: HS General Fund **12%** of FY Elapsed

OBJ	APPR	OBJECT NAME	CURRENT BUDGET	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL YTD	BALANCE	% BUDGET USED YTD
1120	HZE	REGULAR SALARIES and WAGES	442654	26,323.12	28,222.40	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	54,545.52	388,108.48	12.32
1125	HZE	RECRUITMENT & RETENTION PAY	4270	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	4,270.00	.00
1160	HZE	LONGEVITY PAY	4450	.00	4,200.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	4,200.00	250.00	94.38
2110	HZE	FICA TAXES	34531	1,936.90	2,399.55	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	4,336.45	30,194.55	12.56
2120	HZE	RETIREMENT CONTRIBUTION	61523	3,587.84	4,419.16	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	8,007.00	53,516.00	13.01
2130	HZE	LIFE and HEALTH INSURANCE	148834	7,318.07	7,431.74	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	14,749.81	134,084.19	9.91
		Total of Salaries	696262	39,165.93	46,672.85	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	85,838.78	610,423.22	12.33
3167	HZE	PAYMENTS TO OTHER GOVERNMENTA	300	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	300.00	.00
3197	HZE	CONTRACTUAL SERVICES NOT OTHERWISE SPECIFIED	22800	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	22,800.00	.00
4110	HZE	PRINTING)	500	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	500.00	.00
4115	HZE	SUPPLIES	5000	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	5,000.00	.00
4116	HZE	EVENT/MEAL REIMBURSEMENTS	250	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	250.00	.00
4123	HZE	EQUIPMENTLESS THAN $5000	50	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.00	.00
4135	HZE	FOODandDIETARY	1500	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,500.00	.00
4482	HZE	SELF INS-PROP CASUALTY	1072	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,072.00	.00
		Total of Operations	31472	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	31,472.00	.00
		Total of Unit 7529	727734	39,165.93	46,672.85	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	85,838.78	641,895.22	11.80

Community and Family Services Through **November 30, 2024** Fund - 7004 Dept - 062 Unit - 7534: Facilities **5%** of FY Elapsed

OBJECT	APPR	OBJECT NAME	CURRENT BUDGET	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ENCUM	TOTAL YTD	BALANCE	% BUDGET USED YTD
1120	7FL	REGULAR SALARIES and WAGES	173,598.00	11,840.42	11,509.44	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	23,349.86	150,248.14	13.45
1125	7FL	RECRUITMENT & RETENTION PAY	1,668.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,668.00	.00
1130	7FL	OTHER SALARIES and WAGES	5,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	5,000.00	.00
1140	7FL	OVERTIME	2,500.00	183.69	67.23	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	250.92	2,249.08	10.04
1160	7FL	LONGEVITY PAY	1,200.00	.00	1,200.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,200.00	.00	100.00
2110	7FL	FICA TAXES	13,280.00	857.52	911.92	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,769.44	11,510.56	13.32
2120	7FL	RETIREMENT CONTRIBUTION	23,087.00	1,876.15	2,084.06	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3,960.21	19,126.79	17.15
2130	7FL	LIFE and HEALTH INSURANCE	76,000.00	2,546.49	2,681.04	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	5,227.53	70,772.47	6.88
2200	7FL	PAYMENTS TO OPEB TRUST	1,625.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,625.00	.00
		Total of Salaries	297,958.00	17,304.27	18,453.69	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	35,757.96	262,200.04	12.00
3167	7FM	PAYMENTS TO OTHER GOVERNMENTAL AGENCIES	500.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	500.00	.00
3170	7FM	JANITORIAL SVC and SUPPLY	8,000.00	647.73	647.73	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,295.46	6,704.54	16.19
3179	7FM	CONTRACT SVC EMPLOY AGENT	3,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3,000.00	.00
3197	7FM	CONTRACTUAL SERVICES NOT OTHERWISE SPECIFIED	2,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2,000.00	.00
3350	7FM	OTHER INSURANCE and BONDS	6,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	6,000.00	.00
3420	7FM	OUT OF COUNTY TRAVEL	300.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	300.00	.00
3520	7FM	MOVING EXPENSE-CO ASSETS	5,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	5,000.00	.00
3530	7FM	TOLL CHARGES	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.00	.00
3610	7FM	RENTAL OF EQUIPMENT	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.00	.00
3620	7FM	LEASES-BUILDINGS/STRUCTURES	316,000.00	62.53	62.53	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	125.06	315,874.94	.04
3710	7FM	UTILITIES	35,000.00	839.37	927.55	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,766.92	33,233.08	5.05
3720	7FM	COMMUNICATIONS	25,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	25,000.00	.00
3810	7FM	MAINTENANCE OF BUILDINGS, IMPROVEMENTS, AND GROUNDS	20,000.00	338.75	338.75	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	677.50	19,322.50	3.39
3820	7FM	MAINTENANCE OF EQUIPMENT	23,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	23,000.00	.00
3825	7FM	INTERNAL FLEET MANAGEMENT CHARGES	26,028.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	26,028.00	.00
3910	7FM	GRAPHIC REPROD SVCS	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.00	.00
4110	7FM	OFFICE SUPPLIES (NOT INCLUDING PRINTING)	1,500.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1,500.00	.00
4115	7FM	MISCELLANEOUS OPERATING SUPPLIES	40,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	40,000.00	.00
4123	7FM	EQUIPMENTLESS THAN $5000	9,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	9,000.00	.00
4126	7FM	TOOLSandSMALL IMPLEMENTS	3,000.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3,000.00	.00
4175	7FM	CLOTHING AND WEARING APPAREL	116.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	116.00	.00
4195	7FM	MISC SUPPLIES OR EXPENSES	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.00	.00
4422	7FM	SCHOLARSHIPS,AWARDS,BENEF	50.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	50.00	.00
4482	7FG	SELF INS-PROP CASUALTY	719.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	719.00	.00
		Total of Operations	524,413.00	1,888.38	1,976.56	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3,864.94	520,548.06	.74
		Total of Unit 7534	822,371.00	19,192.65	20,430.25	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	39,622.90	782,748.10	4.82

Credit Card Expenses
November 30, 2024

CH Full Name	Placeholder for Date Field	Item Total	GL: FUND	GL: DEPT	UNIT_SUBU	GL: OBJ	Comp Supp Name
CLAYTON, AMANDA	11/25/24	$3.38	7005	062	2452	4110	ODP BUS SOL LLC
CLAYTON, AMANDA	11/25/24	$18.59	7005	062	2452	4110	ODP BUS SOL LLC
CLAYTON, AMANDA	11/25/24	$619.51	7005	062	2452	4110	ODP BUS SOL LLC
CLAYTON, AMANDA	11/25/24	$619.51	7005	062	2452	4123	ODP BUS SOL LLC
CLAYTON, AMANDA	11/25/24	$47.09	7005	062	2452	4123	ODP BUS SOL LLC
CLAYTON, AMANDA	11/26/24	$38.99	7005	062	2452	4110	ODP BUS SOL LLC
CLAYTON, AMANDA	11/26/24	$29.49	7005	062	2452	4110	ODP BUS SOL LLC
CLAYTON, AMANDA	11/27/24	$72.00	7005	062	2452	4110	ODP BUS SOL LLC
CLAYTON, AMANDA	11/27/24	$1,123.20	7005	062	2452	4110	ODP BUS SOL LLC
CLAYTON, AMANDA	11/27/24	$63.96	7005	062	2452	4110	ODP BUS SOL LLC
CLAYTON, AMANDA	11/29/24	$6.39	7005	062	2452	4110	ODP BUS SOL LLC
CLAYTON, AMANDA	11/29/24	$5.65	7005	062	2452	4110	ODP BUS SOL LLC
CUEVAS SAYAGO, LEONOR	11/06/24	$52.74	7005	062	2416	4115	PUBLIX #692
CUEVAS SAYAGO, LEONOR	11/07/24	$89.10	7005	062	2416	4115	WAL-MART #3782
CUEVAS SAYAGO, LEONOR	11/07/24	$82.80	7005	062	7542	4115	WAL-MART #1084
CUEVAS SAYAGO, LEONOR	11/14/24	$43.96	7004	062	7542	4135	PUBLIX #1501
CUEVAS SAYAGO, LEONOR	11/18/24	$335.28	7005	062	2416	4135	WALMART.COM 8009256278
CUEVAS SAYAGO, LEONOR	11/21/24	$42.99	7005	062	2416	4135	PUBLIX #436
CUEVAS SAYAGO, LEONOR	11/22/24	$4,390.85	7005	062	2416	4135	SYSCO CORP
DEONARINE, VIDYA D	11/08/24	$59.94	7005	062	2416	4115	WM SUPERCENTER
DEONARINE, VIDYA D	11/25/24	$419.58	7005	062	2416	4115	WAL-MART #0890
DUCK, CORTINA	11/01/24	$101.00	7005	062	2540	3167	NIC -DCF-CARES
DUCK, CORTINA	11/04/24	$43.43	7005	062	2452	3167	NIC -DCF-CARES
DUCK, CORTINA	11/06/24	$44.66	7005	062	2452	3167	NIC -AGENCY FOR HLTHCR
DUCK, CORTINA	11/07/24	$106.88	7005	062	2452	4450	SAMSCLUB #6212
DUCK, CORTINA	11/07/24	$43.43	7005	062	2452	3167	NIC -DCF-CARES
DUCK, CORTINA	11/08/24	$94.30	7005	062	2452	4450	PUBLIX #436
DUCK, CORTINA	11/11/24	$13.68	7005	062	2452	3167	NIC -AGENCY FOR HLTHCR
DUCK, CORTINA	11/11/24	$13.68	7005	062	2452	3167	NIC -AGENCY FOR HLTHCR
DUCK, CORTINA	11/11/24	$13.68	7005	062	2452	3167	NIC -AGENCY FOR HLTHCR
DUCK, CORTINA	11/11/24	$13.68	7002	062	2452	3167	NIC -AGENCY FOR HLTHCR
DUCK, CORTINA	11/11/24	$43.98	7005	062	2452	4450	DUNKIN #352560
DUCK, CORTINA	11/18/24	$31.85	7005	062	2452	3510	USPS PO 1169260806
DUCK, CORTINA	11/18/24	$45.45	7005	062	2452	3167	NIC -DCF-CARES
DUCK, CORTINA	11/25/24	$38.29	7005	062	7244	4115	ODP BUS SOL LLC
DUCK, CORTINA	11/25/24	$57.78	7005	062	7244	4115	ODP BUS SOL LLC
DUCK, CORTINA	11/25/24	$189.08	7005	062	7244	4121	ODP BUS SOL LLC
DUCK, CORTINA	11/25/24	$25.38	7005	062	7244	4115	ODP BUS SOL LLC
DUCK, CORTINA	11/25/24	$309.98	7005	062	7244	4123	OFFICE DEPOT
DUCK, CORTINA	11/25/24	$17.29	7005	062	2526	4121	ODP BUS SOL LLC
DUCK, CORTINA	11/26/24	$58.59	7005	062	2526	4110	ODP BUS SOL LLC
DUCK, CORTINA	11/27/24	$191.75	7005	062	2526	4110	ODP BUS SOL LLC
DUCK, CORTINA	11/27/24	$580.66	7005	062	7260	4110	ODP BUS SOL LLC
DUCK, CORTINA	11/29/24	$17.59	7005	062	7260	4123	ODP BUS SOL LLC
ELIBERT, MIGUERLINE	11/01/24	$250.00	7005	062	2521	4110	TOSHIBA BUSINESS SOLUTION
ELIBERT, MIGUERLINE	11/04/24	$5,458.00	7005	062	2521	3350	MARKEL
ELIBERT, MIGUERLINE	11/06/24	$113.69	7005	062	2521	4412	AMAZON MKTPL
ELIBERT, MIGUERLINE	11/07/24	$600.00	7005	062	2521	4452	DYNAMIC TOUR AND TRANSPO
ELIBERT, MIGUERLINE	11/08/24	$15.25	7005	062	7528	4110	ODP BUS SOL LLC
ELIBERT, MIGUERLINE	11/08/24	$797.07	7005	062	7521	4110	ODP BUS SOL LLC
ELIBERT, MIGUERLINE	11/08/24	$1,287.14	7005	062	7521	4110	ODP BUS SOL LLC
ELIBERT, MIGUERLINE	11/08/24	$1,287.14	7005	062	7521	4110	ODP BUS SOL LLC
ELIBERT, MIGUERLINE	11/11/24	$114.20	7005	062	7521	4110	ODP BUS SOL LLC
ELIBERT, MIGUERLINE	11/11/24	$114.20	7005	062	7528	4110	ODP BUS SOL LLC
ELIBERT, MIGUERLINE	11/11/24	$220.28	7005	062	7528	4110	ODP BUS SOL LLC
ELIBERT, MIGUERLINE	11/11/24	$1,527.95	7005	062	7528	4110	ODP BUS SOL LLC
ELIBERT, MIGUERLINE	11/11/24	($23.09)	7005	062	7521	4412	AMAZON MKTPLACE PMTS
ELIBERT, MIGUERLINE	11/11/24	$727.20	7005	062	7521	4115	AMAZON MKTPL
ELIBERT, MIGUERLINE	11/11/24	$2,280.20	7005	062	7521	4115	Amazon.com D514Z1LO3
ELIBERT, MIGUERLINE	11/13/24	$549.75	7005	062	7528	4115	AMAZON MKTPL
ELIBERT, MIGUERLINE	11/18/24	$56.85	7005	062	7521	4143	AMAZON MKTPL
ELIBERT, MIGUERLINE	11/21/24	$912.72	7005	062	7528	3710	WATER COFFEE DELIVERY
ELIBERT, MIGUERLINE	11/25/24	$36.28	7005	062	1850	4110	AMAZON MKTPL
ELIBERT, MIGUERLINE	11/25/24	$181.24	7005	062	1850	4110	AMAZON MKTPL
ELIBERT, MIGUERLINE	11/26/24	$12.57	7005	062	1850	4110	AMAZON MKTPL
ELIBERT, MIGUERLINE	11/26/24	$285.54	7005	062	1850	4110	AMAZON MKTPL
ELIBERT, MIGUERLINE	11/26/24	$285.54	7005	062	1850	4123	AMAZON MKTPL
ELIBERT, MIGUERLINE	11/26/24	$285.54	7005	062	1850	4110	AMAZON MKTPL
INFANTE, SILVIO	11/07/24	$75.89	7005	062	2451	4115	DIY PEST & LAWN PRODUCTS
INFANTE, SILVIO	11/07/24	$75.89	7005	062	2451	4126	DIY PEST & LAWN PRODUCTS
INFANTE, SILVIO	11/08/24	$206.31	7005	062	2451	3810	ULINE SHIP SUPPLIES
INFANTE, SILVIO	11/11/24	$475.91	7005	062	2451	4115	THE HOME DEPOT
INFANTE, SILVIO	11/11/24	$475.91	7005	062	2451	3810	THE HOME DEPOT
INFANTE, SILVIO	11/21/24	$83.59	7005	062	2451	4115	THE HOME DEPOT
INFANTE, SILVIO	11/29/24	$95.59	7005	062	2451	4115	THE HOME DEPOT
INFANTE, SILVIO	11/29/24	$95.59	7005	062	2451	4126	THE HOME DEPOT

Credit Card Expenses
November 30, 2024

MOORE, SANDRA	11/01/24	($9.99)	7005	062	2510	4412	AMAZON MKTPLACE PMTS
MOORE, SANDRA	11/08/24	$49.95	7005	062	2510	4020	AHASLIDES
MOORE, SANDRA	11/08/24	$0.50	7005	062	2510	4020	INTERNATIONAL TRANSACTION
MOORE, SANDRA	11/13/24	$10.80	7005	062	2510	4115	ODP BUS SOL LLC
MOORE, SANDRA	11/14/24	$215.74	7005	062	2514	4110	ODP BUS SOL LLC
MOORE, SANDRA	11/18/24	$13.98	7005	062	2510	4450	LITTLE CAESAR'S
MOORE, SANDRA	11/18/24	$21.56	7005	062	2514	4450	LITTLE CAESAR'S
MOORE, SANDRA	11/18/24	$17.26	7005	062	2514	4450	WM SUPERCENTER
MOORE, SANDRA	11/19/24	$21.43	7005	062	2514	4115	WALGREENS #3862
MOORE, SANDRA	11/19/24	$96.30	7005	062	2513	4422	UNITED TROPHY AND AWARDS
MOORE, SANDRA	11/19/24	$79.98	7005	062	2510	4115	WALGREENS #3862
MOORE, SANDRA	11/19/24	$1,755.00	7005	062	2510	4450	SQ ONEPARTY2REMEMBER
MOORE, SANDRA	11/19/24	$29.00	7005	062	2510	4115	PROLOGO BRANDING LLC
MOORE, SANDRA	11/25/24	$23.36	7005	062	2514	4450	WAL-MART #3162
RUFF, SANDRA D	11/07/24	$5,000.00	7005	062		4030	FLORIDA HEAD START ASSOCI
RUFF, SANDRA D	11/07/24	$850.00	7005	062		4030	FLORIDA HEAD START ASSOCI
STEPHENS, TAYONA	11/01/24	$18.85	7005	062		4116	TARGET
STEPHENS, TAYONA	11/01/24	($20.29)	7005	062		4116	TARGET
STEPHENS, TAYONA	11/04/24	($15.98)	7005	062		4116	PUBLIX #436
TEMPLE, REGINA	11/07/24	$23.40	7005	062		4135	WAL-MART #1220
TEMPLE, REGINA	11/07/24	$46.21	7005	062		4135	PUBLIX #605
TEMPLE, REGINA	11/13/24	$10.76	7005	062		4135	PUBLIX #605
TEMPLE, REGINA	11/13/24	$75.42	7005	062		4135	WM SUPERCENTER
TEMPLE, REGINA	11/18/24	$24.99	7005	062		4116	DUNKIN #354027
TEMPLE, REGINA	11/18/24	$16.29	7005	062		4135	PUBLIX #605
TEMPLE, REGINA	11/19/24	$17.74	7005	062		4135	PUBLIX #436
TEMPLE, REGINA	11/22/24	$25.92	7005	062		4135	WAL-MART #0955
TEMPLE, REGINA	11/22/24	$32.40	7005	062		4135	WM SUPERCENTER
TEMPLE, REGINA	11/25/24	$19.44	7005	062		4135	WAL-MART #4588
VILLALOBOS, NANCY	11/08/24	$2,385.00	7005	062		4030	NATIONAL HEAD START ASSO
VILLALOBOS, NANCY	11/08/24	$795.00	7005	062		4030	NATIONAL HEAD START ASSO
VILLALOBOS, NANCY	11/11/24	$585.96	7005	062		3420	SOUTHWES 5262578463099
VILLALOBOS, NANCY	11/11/24	$442.08	7005	062		3420	EMBASSY SUITES ATLANTA P
VILLALOBOS, NANCY	11/11/24	$585.96	7005	062		3420	SOUTHWES 5262578463097
VILLALOBOS, NANCY	11/11/24	$585.96	7005	062		3420	SOUTHWES 5262578463100
VILLALOBOS, NANCY	11/11/24	$585.96	7005	062		3420	SOUTHWES 5262578463098
VILLALOBOS, NANCY	11/20/24	$307.77	7005	062		3420	OMNI HOTELS
VILLALOBOS, NANCY	11/20/24	$307.77	7005	062		3420	OMNI HOTELS
VILLALOBOS, NANCY	11/20/24	$307.77	7005	062		3420	OMNI HOTELS

Total $44,560.30

Head Start Policy Council
Human Resources Committee
November 2024 Actions

I. Pending Approval for hire

Job Title	Candidate's Name

II. Termination from employment (Involuntarily)

Job Title	Reason	Employee's Name
Technician On Call	End Temporary Employment	Erica Sherree Cobb
Sr. Technician On Call	End Temporary Employment	Monica Nicole Smith

III. Separation from employment (Voluntarily)

Job Title	Reason	Employee's Name
Family Services Worker	Another Job	Xiomara Diaz Gonzalez
Teacher's Aide	Health Reasons	Ana Yesica Rojan Andrade

III. Current Head Start Openings – As of 12/9/24

Job Title	Number of Positions	Potential Candidates in process for hire
Center Supervisor	1	
Family Service Worker	3	
Maintenance Technician	1	
Teacher	8	
Teacher Assistant	15	
Behavior Inclusion Specialist	1	

ORANGE COUNTY HEAD START 2024-2025

ERSEA REPORT MONTH: November YEAR: 2024

Sites	Funded Enrollment	Monthly Enrollment	10% IEP YTD	Drops YTD	Monthly Waiting List	Monthly New Applications 2024-2025	Monthly Applications 2025-2026	Monthly Attendance
Aloma	40	40	5	3	5	0	N/A	85%
Bithlo	34	29	4	0	0	0	N/A	90%
Callahan	49	46	0	6	0	2	N/A	87%
Dillard	36	36	4	3	14	0	N/A	86%
Dover Shores	54	54	2	4	13	1	N/A	89%
East Orange	112	109	4	16	4	2	N/A	87%
Engelwood	57	57	11	7	4	0	N/A	89%
Hal P Marston	80	79	5	5	13	6	N/A	87%
John Bridges	129	129	6	10	11	1	N/A	90%
Lila Mitchell	70	70	2	10	5	4	N/A	82%
Lovell	34	34	6	7	4	0	N/A	88%
McCoy	37	37	4	1	7	0	N/A	86%
Millennia	35	34	3	2	5	3	N/A	88%
Pine Hills	188	188	17	11	24	13	N/A	92%
Riverside	36	36	3	5	15	2	N/A	90%
S.O YMCA	54	54	4	5	3	3	N/A	91%
Southwood	109	109	4	8	14	3	N/A	91%
Taft	110	109	8	6	11	2	N/A	89%
Three Points	57	57	7	8	2	2	N/A	87%
Ventura	37	37	3	1	4	3	N/A	85%
WS ELC	86	83	7	8	2	3	N/A	85%
WS Elementary	57	57	1	3	3	0	N/A	88%
West Oaks	35	34	3	4	5	3	N/A	89%
OCHS Total	**1536**	**1518**	**113**	**133**	**168**	**53**	**N/A**	**88%**

Goal	---------	1536	10%	-0-Cho	10%	N/A	N/A	90%

12/6/2024
10:18 AM

2335 - Attendance Works Chronic Absence Charts

Program Term: All | < No Agency > • All Classrooms: Orange County Head Start: < No Site > • All Classrooms, Administrative Services • All Classrooms, Aloma Elementary • All Classrooms, Bithlo Community Center • All Classrooms, Callahan Community Center • All Classrooms, Dillard Street Elementary • All Classrooms, Dover Shores Elementary • All Classrooms, East Orange Community Center • All Classrooms, Engelwood Elementary • All Classrooms, Foster Grand Parents • All Classrooms, Hal P Marston...

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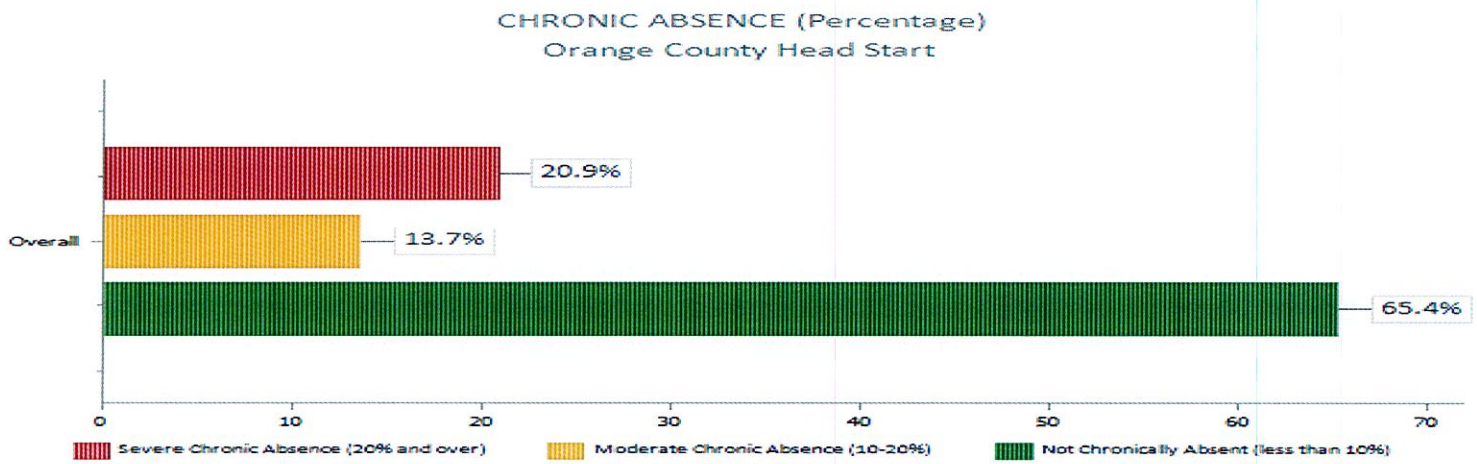


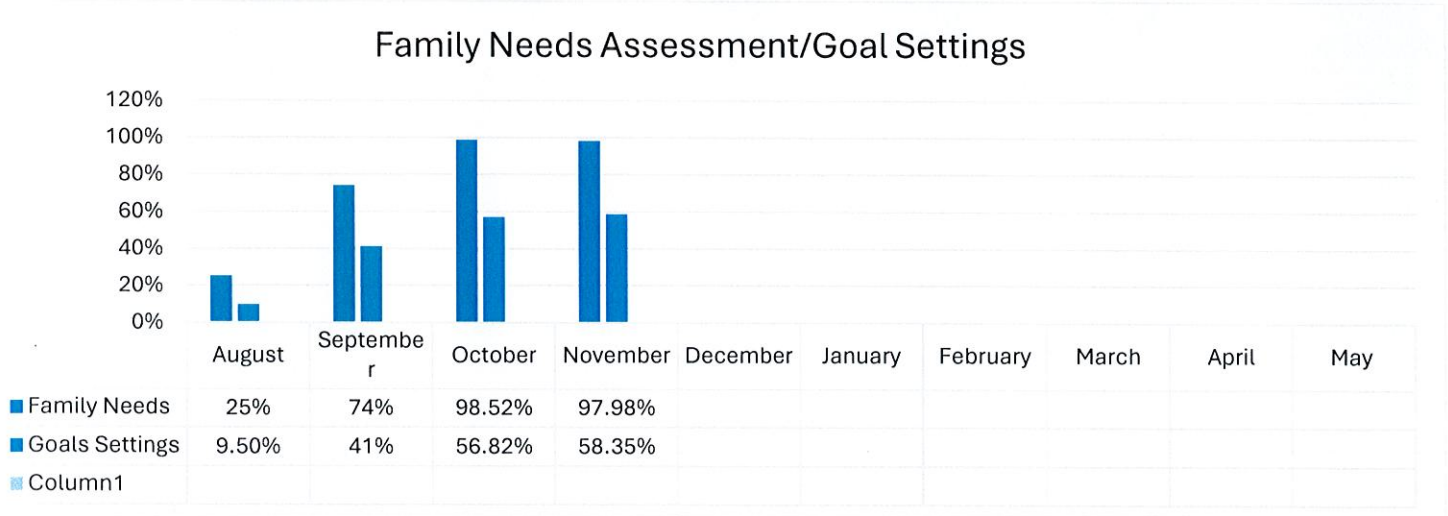
Recruitment Efforts per Site		
Aloma	7	Bithlo Community Center, Aloma Elementary, Drop- Wash & Fold Coin Laundry-Full service Laundromat
Bithlo	7	Bithlo Community Park, Trunk or Treat Event, Goldenrod Recreation Center- Spooktacular Event hosted by Commissioner Emily Bonilla
Callahan	7	Hal Marston Back to school event, NCF Back to School Event, Department of Motor Vehicles, Callahan After School Orientation Family Night
Dillard	6	Rainbow Beauty Supply, Greenberg Dental & Ortho, WIC
Dover Shores	24	Dover Shores Community Center, Ramonas Beauty Salon, Sedanos Supermarket
East Orange	6	7 eleven, Pollo Tropical, Burger King
Engelwood	5	V Tek Nails, Italian Village Pizza, Mayflower Chinese Restaurant, Serene Dental
Hal P Marston	14	West Orange Dream Center, Elegant Beauty Supply Superstore, Hair Action Salon Suites, Terra at Colington, Crest Villas, Master Outlet + Cutz, Beauty Max, Max Plaza, Stella West Orlando, Rosala West Orlando, Magic Mall, Showtyme Hair, Palm Crove Apts, Best Seafood + Meats, Caribbean Sunshine
John Bridges	3	Boys and Girls Club, Goodwill Industries, Neighborhood Center for Families
Lila Mitchell	3	Orlando National Airport, Family Resources Fair, Sams Club
Lovell	1	People Ready, Tansey's Hair Boutique, Coast Dental, Pro Tip Nails & Spa
McCoy	3	Pollo De Oro, Matts Martin BBQ, Growing Together Pediatrics
Pine Hills	5	Arden Park, Ocoee Middle School, Pine Hills Community Center, Clarcona Ocoee, Dollar General
Riverside	3	Magnolia Court Condos, Laundromat Northgate, Shell
SO YMCA	3	Millennium Palm Condo, Green Gables Apartments, Isles at East Millennia
Southwood	3	Royal Palms East and West Apartments, Cassienna Apartments, Enclave at Lake Ellenor Apartments, Dunwoodie Place
Taft	4	Florida Mall, Sedanos Supermarket, Harvill Produce, SouthPark Community Park
Three Points	2	Several Walk-ins potentially eligible child, Esporta Fitness
Ventura	Same as Aloma	Bithlo Community Center, Aloma Elementary, Drop- Wash & Fold Coin Laundry-Full service Laundromat
WS ELC	5	Chevon/ Quick Run store, Crossroad Apts, Kirman Shoppes Plaza, Washington Shores Market, Walmart Neighborhood Center for Families, Murchinson Terrace Apts, Ruta Supermarket
WS Elementary	7	Laundromat, #1 Beauty Supply, Star Nail Supply, West Church St, Kwik Stop Store, Washington Shores Supermarket, HS Fashion
West Oaks	3	West Oaks Elementary, Woodhill & Woodridge
Total	**121**	

FAMILY ENGAGEMENT

Creating Connections, Building Bridges... Together.

Monthly Report: November 2024

Family Services Activities	Aug 2024	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	April 2025	May 2025	June 2025
Number of Fatherhood Activities	19	24	22	21							
Number of Fatherhood Participants	265	391	419	367							
Number of Parent Educational Trainings Provided	23	19	13	16							
Number of Parents Attended	582	412	132	307							
Number of Families Experiencing Homelessness YTD	43---	54	81	79							
Number of Families Acquired housing	6--	3	5	3							
Number of ESL/GED Training	0	0	90	95							
Number of Parents involved in Health Education	0	0	0	466							



Orange County Head Start

Nutrition

Policy Council Report

November 2024

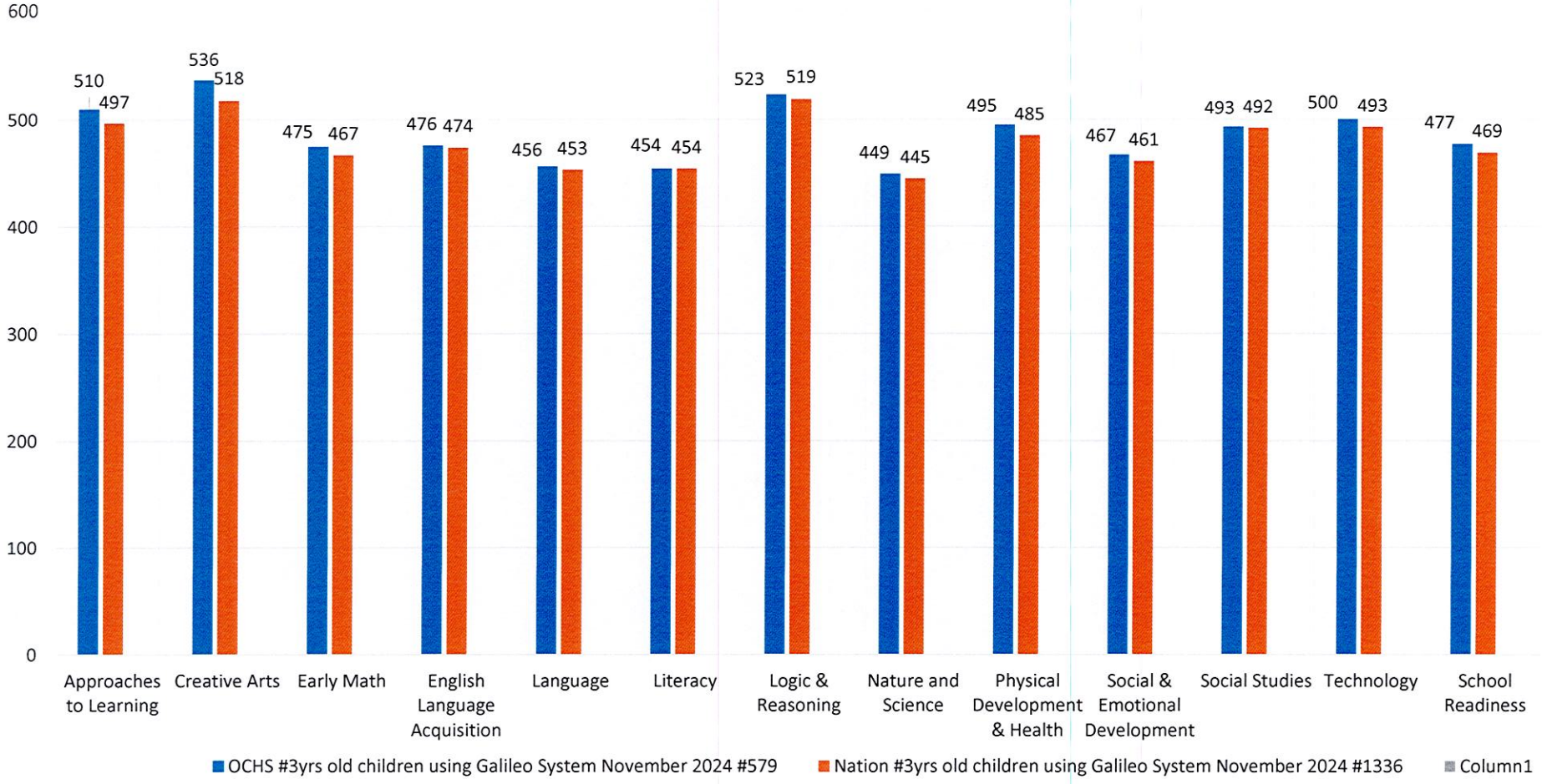
Nutrition Item Description	August	September	October	November	December	January	February	March	Comments
Special Diets	197	206	214	215					**YTD Total**
Obese Children	129	170	185	188					**YTD Total**
Overweight	92	135	142	147					**YTD Total**
Underweight	28	30	37	36					**YTD Total**
Nutrition Counseling Notification to Parents	5	35	0	1					**YTD Total**
Nutrition Counseling's accepted progress	3	2	0	3					**YTD Total**
Nutrition Counseling's in progress	3	2	0	3					**YTD Total**
Breakfast Meals Served to Children	17,100	22,439	24,062	19,246					
Breakfast Meals Served to Adults	908	1,316	1,546	1,241					
Lunch Meals Served to Children	17,151	22,658	24,420	19,559					
Lunch Meals Served to Adults	909	1,300	1,516	1,210					
Snack Meals Served to Children	13,946	18,450	19,347	16,057					
Snack Meals Served to Adults	0	0	0	0	0	0	0	0	
YTD Totals Meals									
Operation Dates for meals	15	19	19	15					
Disallowed Meals	0	0	2	0					Lovell/Dover Shores
YTD Total Disallowed									

Orange County Head Start Medical and Dental Unit Monthly Report				
2024-2025 School Year				
Program Description	September	October	November	December
Total Number of HS children served (report source: CP2001)	1372	1500	1494	
Number of children meeting requirement of health physicals CP3035	1313	1459	1477	
Number of HS families referred to the FQHC for medical and/or dental services. (report source: CP4120)	5	4	4	
Number of HS children meeting medical home requirement (report source: CP3021D)	1456	1500	1494	
Number of HS children meeting immunization requirement (report source: CP3320)	1344	1484	1485	
Number of HS children with a dental exam (report source: CP3035)	1006	1311	1347	
Number of children needing dental treatment (CP 2110)	209	260	271	
Number of Health Action Plan (report source CP 2181)	278	360	319	
Number of Site Visit for RN, LPN & CNA monthly	10	22	40	

1536 Funded

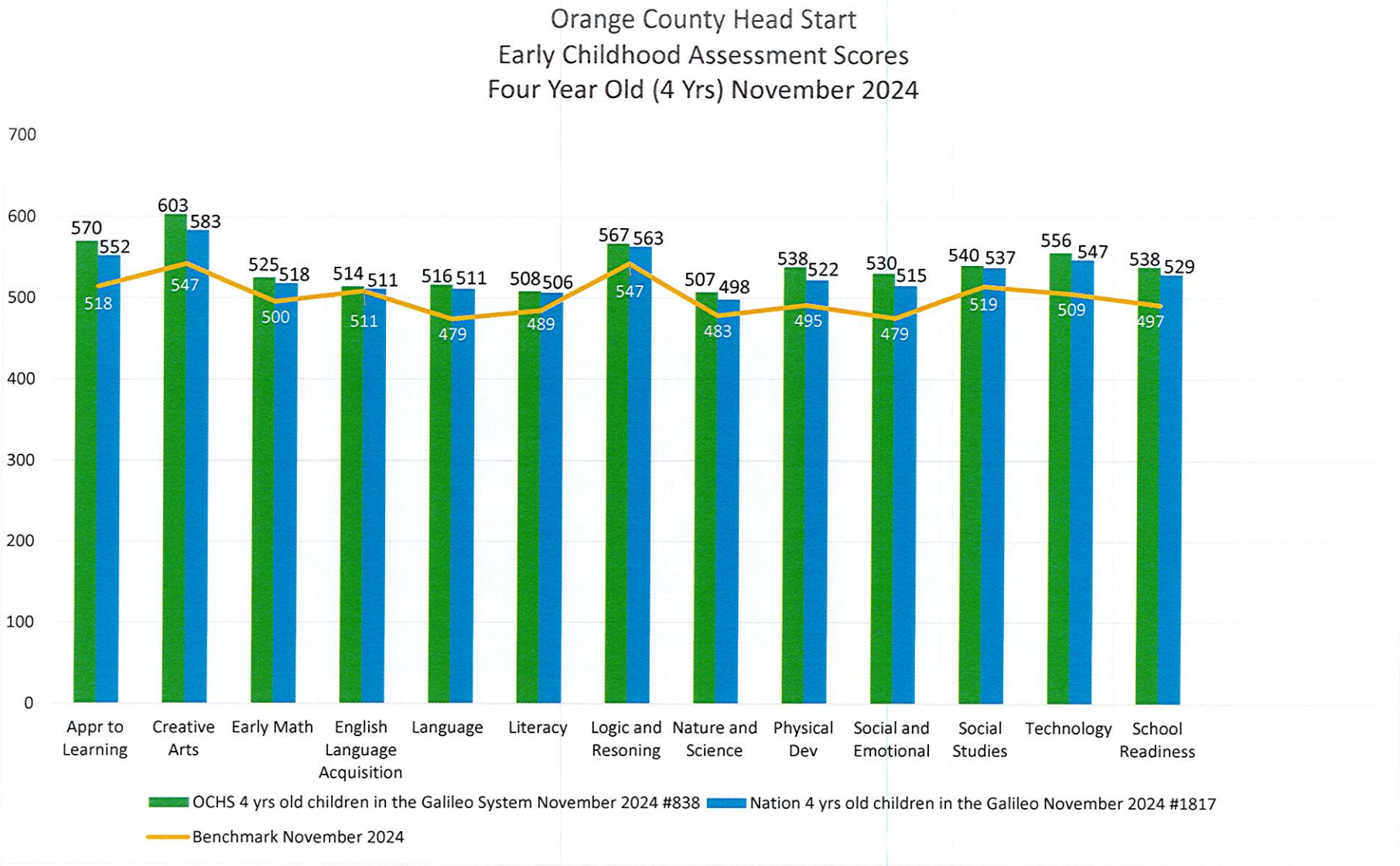
Head Start 2024 - 2025

Orange County Head Start
Early Childhood Assessment Scores
Three Years Old (3 Yrs) November 2024



*The Developmental Scores (DL) indicates the Orange County Head Start first year enrolled children's position in the Galileo Developmental Progression Validated System in comparison with the Nation.

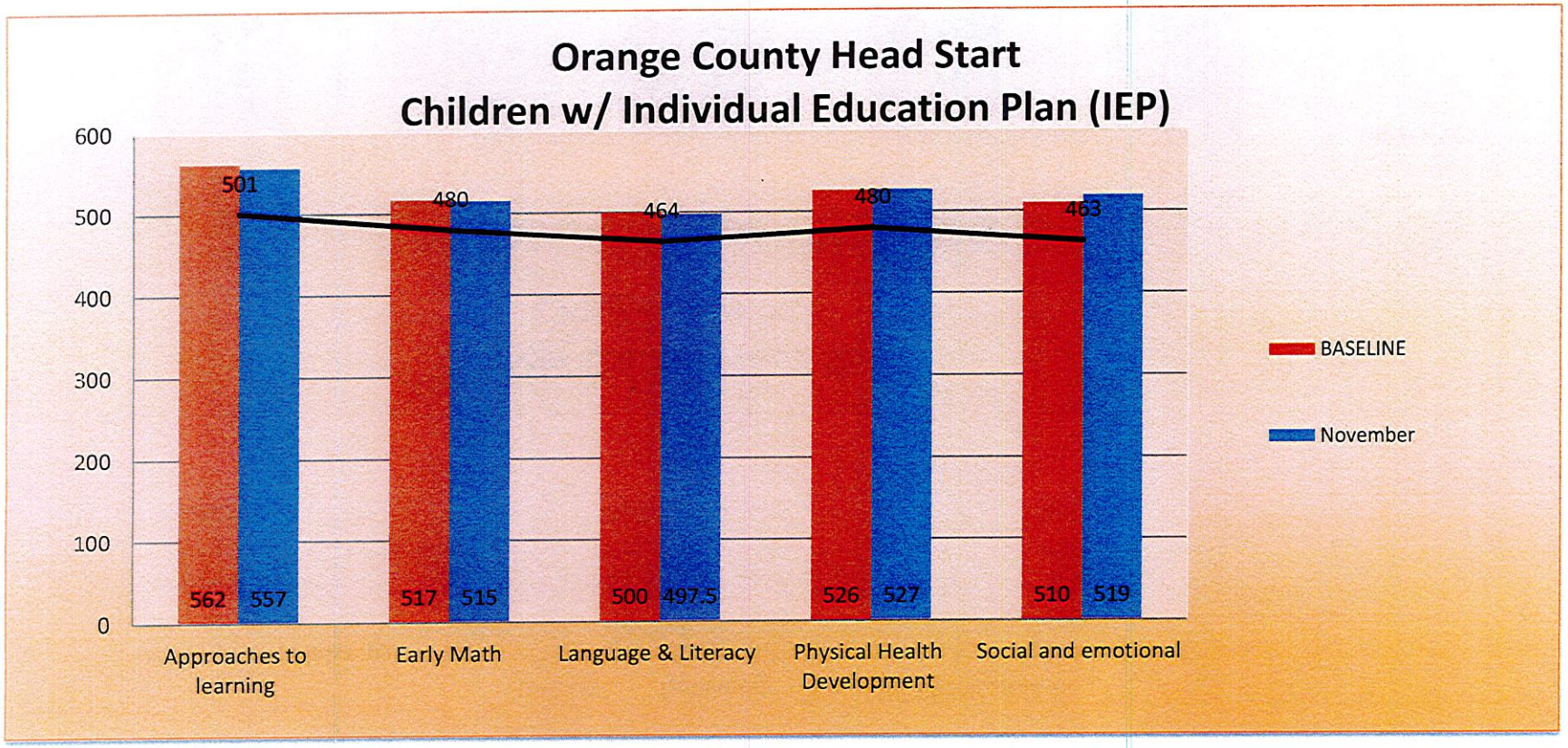
BENCHMARKS November 2024												
APL	**CA**	**EM**	**ELA**	**LANG**	**LIT**	**LR**	**NS**	**PDH**	**SED**	**SS**	**TECH**	**SR**
478	***497***	***456***	***480***	***434***	***443***	***509***	***439***	***460***	***442***	***479***	***471***	***449***



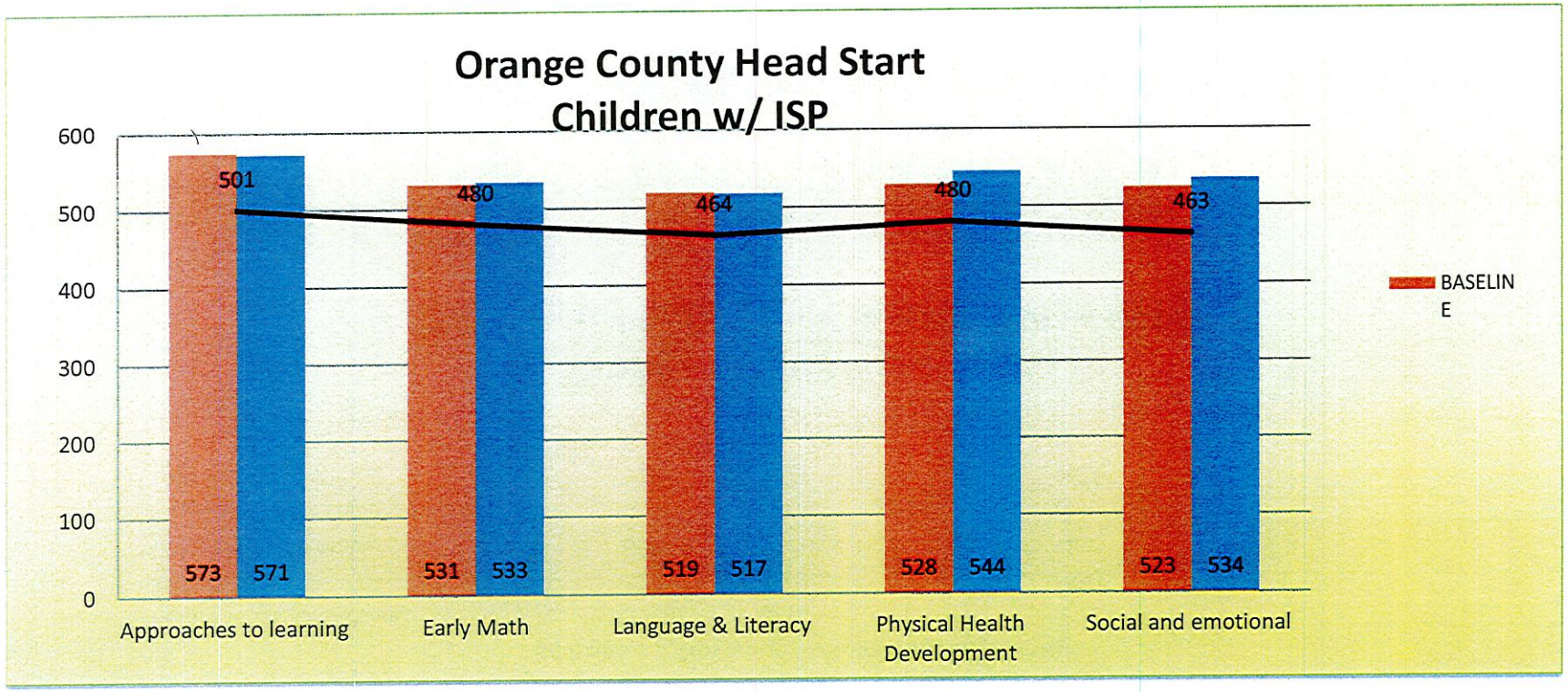
*The Developmental Scores (DL) indicates the Orange County Head Start first and second year enrolled children's position in the Galileo Developmental Progression Validated System in comparison with the Nation.

Benchmark November 2024												
App	*CA*	*EM*	*ELA*	*LAN*	*LIT*	*L&R*	*N&SC*	*PD&H*	*S&ED*	*SS*	*TECH*	*SR*
478	*497*	*456*	*480*	*434*	*443*	*509*	*439*	*460*	*442*	*479*	*471*	*449*

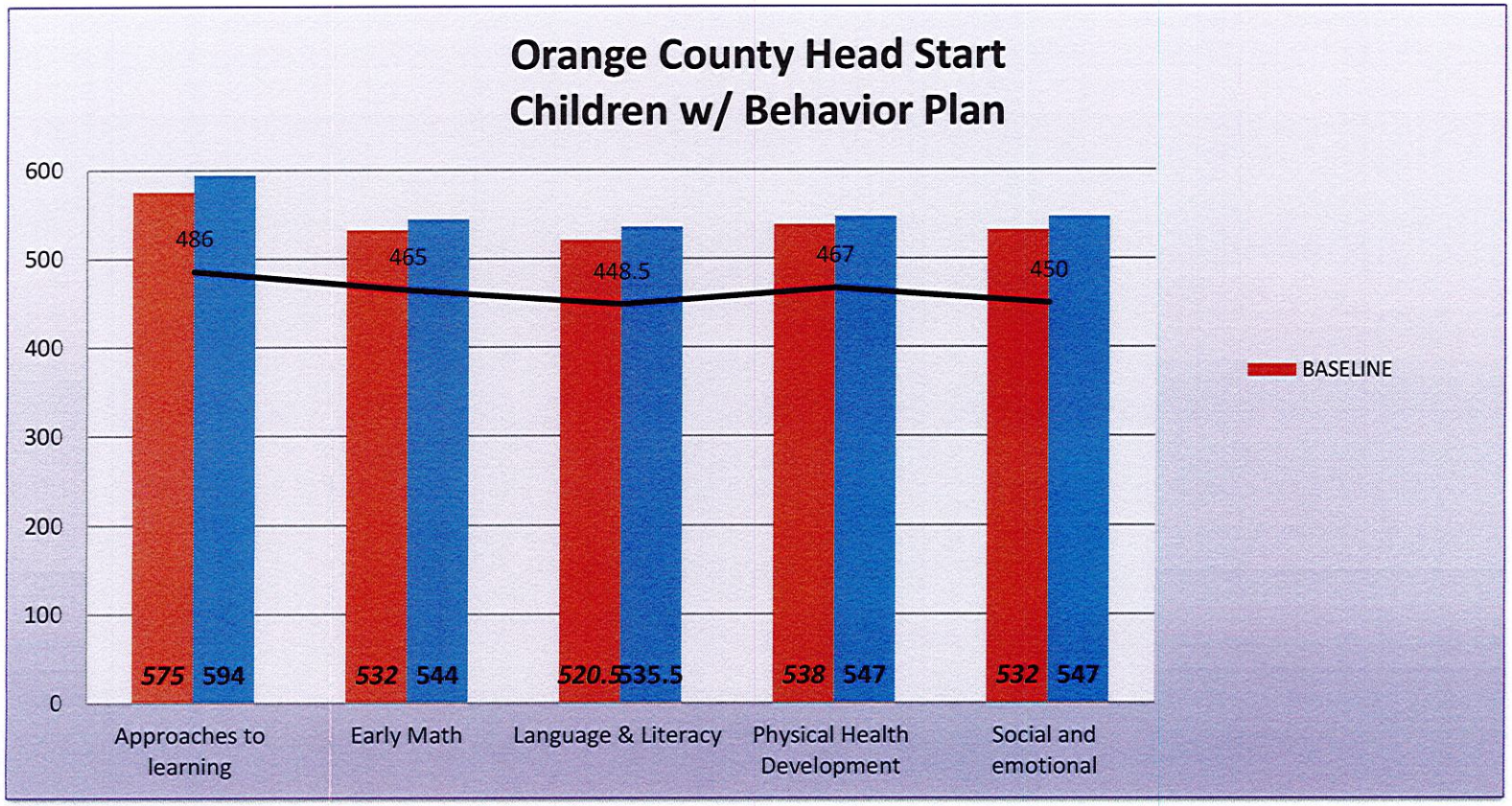
	BASELINE	November	November BENCHMARK
Approaches to learning	562	557	501
Early Math	517	515	480
Language & Literacy	500	497.5	464
Physical Health Development	526	527	480
Social and emotional	510	519	463



	BASELINE	November	November BENCHMARK
Approaches to learning	573	571	501
Early Math	531	533	480
Language & Literacy	519	517	464
Physical Health Development	528	544	480
Social and emotional	523	534	463



	BASELINE	November	November BENCHMARK
Approaches to learning	575	594	486
Early Math	532	544	465
Language & Literacy	520.5	535.5	448.5
Physical Health Development	538	547	467
Social and emotional	532	547	450



Orange County Head Start

October 2024 Self-Assessment Report

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Introduction

Orange County Head Start (OCHS) is a federally funded early childhood education program that has been in operation since the inception of Head Start in 1965. Orange County Head Start offers comprehensive services to eligible children and their diverse families throughout Orange County, FL. The program offers both a traditional and extended school day as well as Voluntary Pre-Kindergarten services. Offering services to 1,536 children across 23 centers, operating between the hours of 7:30 a.m.- 5:30 p.m. OCHS established five program goals and school readiness goals to guide its efforts and shape the experience provided to the children and families served.

Program Goals:

Goal 1 Professional Development	Orange County Head Start will be a learning organization in which staff engages in continuous improvement to reach their potential and improve children and family outcomes
Goal 2 Staff Retention	Orange County Head Start will create an environment that supports staff retention and reduces turnover.
Goal 3 Physical Health and Mental Wellness	Orange County Head Start will enhance the physical health and mental wellness of staff, children and families by developing a comprehensive wellness approach.
Goal 4 Technology	Orange County Head Start will design and build a technology infrastructure that will provide students, families and staff with access to resources and education to increase children's achievement of the skills needed to thrive in a globally connected world.
Goal 5 Wellbeing of Families	Orange County Head Start will identify and partner with community agencies to provide services and resources to increase family wellbeing and to assist families to become self-reliant.

School Readiness Goals:

1. Approaches to Learning	Children will show interest in and curiosity about the world around them. Child will use imagination in play & interactions with others.
2. Language & Literacy	Children will be able to identify basic concepts of literacy including phonological awareness, print concepts, alphabet knowledge, and build early reading and writing skills.
3. Social & Emotional Development	Children will engage in and maintain positive relationships and interactions. Children will use basic problem solving skills to resolve conflicts.
4. Perceptual, Motor & Physical Development	Children will demonstrate personal safety practice routines. Children will demonstrate increasing control, strength & condition of small & large muscles.
5. Mathematic Development	Children recognizes number of objects in a small set. Child understands addition as adding to and understands subtractions as taken away from.

Head Start programs are required to complete one self-assessment during the program year to evaluate the program's progress to achieving it's goal while operating in compliance with the Head Start Program Performance Standards, and effectively promoting school readiness. However OCHS has gone above and beyond by completing one in October 2024 and planning another for March 2025.

Staff Training and Development

The self-assessment team reviewed child outcomes data, CLASS scores, staff qualifications and the program's training and technical assistance plan. The team reviewed the data provided to ensure our staff development efforts are in compliance with program performance standards, ensure the trainings offered are relevant and effective and also meeting the intended outcomes.

Employee Engagement and Retention

The self-assessment team reviewed exit interview surveys, human resources termination report, hiring monetary incentives, recruitment tracker, Head Start Performance Standard 1302.93 and staff surveys. The team used the data provided to identify issues, measure the effectiveness of the initiatives, and provided suggestions to enhance retention strategies and make recommendations to improve employee satisfaction.

Methodology

Design and Team Members

The self- assessment team was curated of community partners, program staff, policy council representatives, and OCHS leadership team. The team was divided into four groups to discuss the two topics of review. Each group was assigned a team lead. The team leads ensured a strength-based approach was used while reviewing the data and also encouraged dialogue amongst the group. A summary of current progress was provided for each topic. Content experts provided an overview of the data that will be analyzed before breaking out into small groups. After given some time to review the data provided, the team reassembled to discuss the answers to each question provided for the topics. The following questions were presented to the Self-Assessment team to be reviewed and answered:

Staff Training and Development

- Are the trainings we offer in compliance with regulatory requirements? What other trainings are needed to meet the updated HSPPS requirements?
- What process are in place to ensure teaching staff and family services staff meet competency requirements?
- How do we support staff in applying what they have learned through training in their daily practices?
- What training supports staff in understanding customer service expectations or rules of engagement?
- Are there regular assessments of the program's learning culture and its alignment with our goals for continuous improvement?

- Assessment: How do we evaluate the effectiveness of professional development activities on staff performance and child/family outcomes?
- Feedback Mechanisms: What processes are in place for staff to give and receive feedback on their performance and professional growth?*

Employee Engagement and Retention

- Recruitment Practices: What are we doing to keep candidates engaged during this time?
- Onboarding: What onboarding practices are in place to ensure new staff feel welcome and prepared?
- Surveys: How does the information gleaned from staff satisfaction and engagement surveys compare to turnover reports?
- Exit Interviews: What insights are gained from exit interviews with departing staff?
- Feedback Mechanisms: What systems exist for staff to provide feedback about their experiences and challenges?
- Workload Management: How can we make staff workloads more manageable to prevent burnout?
- Team Building: What activities or initiatives foster strong relationships amongst staff?
- How does our program offer a positive and inclusive culture for staff?
- What do survey results suggest about the program's culture of wellness?

Timeline

Planning for Self-Assessment began in July 2024.

August 1st- August 15th, 2024	Review program data and ongoing monitoring results to determine focus areas.
August 23rd, 2024	Develop a detailed plan for the Self-Assessment process
September 3rd, 2024	Invite Stakeholders to participate on the Self-Assessment team
September 19th,2024	Present Self-Assessment Plan to Policy Council, then submit to Board of County Commissioners (BCC).
October 21st, 2024	Meeting with OCHS Leadership team to discuss expectations and assign teams.
October 29th, 2024	• Orient the Self-Assessment participants to this year's process • Discuss roles of team members, team leader and content experts • Develop a strategy for reviewing the data provided
October 29th, 2024	Conduct the Self-Assessment. Analyze data to determine the program's performance
October 29th- November 4th 2024	• Form conclusions and make recommendations for improvements • Team leaders will submit summary of recommendations to Facilitator.
November 4th- November 29th, 2024	• Prepare report from the findings and recommendations for improvement provided by the self-assessment team.

	• Present results to management
December- March 2025	• Present final report to Policy Council and the BCC. • Revise the program improvement plan • Present Program Improvement Plan to Policy Council and BCC

Key Findings

Key Findings

The following key findings summarize the outcomes identified during the assessment, providing a overview of the results. These findings form the basis for the recommendations and conclusions presented later in the report.

Staff Training and Development

In line with the program's Professional Development goal, which the program strives to be a learning organization where staff engage in continuous improvement to reach their potential and improve the outcomes of the children and families served. The program has made progress by suspending extended day the last Wednesday of the month for staff to use for professional development. A new employee checklist of required trainings was implemented to ensure employees were trained to fulfill their job responsibilities.

Recommendations:

- Implement a mandatory follow up meeting after teachers receive trainings to evaluate if the skills learned are displayed.
    - Evaluation surveys after every training held to verify the information provided are meeting the needs of the staff.
- Identify a formal customer service training for all OCHS employees.

- Continue to work towards decreasing the gap between interview day and the first day of work.
- Create an in-house mentor initiative to pair new hires with staff that can help facilitate the transition into the program. And help the employee develop meaningful connections.
- Reduce the size and number of hours for new employee orientation
    - Orientation should be redesigned to provide training by service areas on different days.
    - Improve new employee training by utilizing tracking system and Center Supervisors have access to MyOCLearn to track trainings completed by staff.
- Utilize professional development plans to track the progress of completion for CDA's.
- Implement a monthly support day by service area to answer staff questions.

Employee Engagement and Retention

In reference to OCHS staff retention goal to reduce turnover and create a supportive environment for it's staff. Progress on this goal was provided to the team, highlighting the increase of floating holidays from the Board of County Commissioners from 1 to 2 days per year. Eliminating the polygraph test to increase the pace of onboarding staff. Staff received incentives such as sign-on bonuses, referral bonuses and longevity pay. Lastly, noting 100% of staff received an increase in pay. However ,the program is continuously making efforts to increase staff morale.

Recommendations

- Provide a hiring process checklist for applicants to be able to understand the hiring process.
- Automatic texts/emails when one step in the hiring process is completed.
- Email to all staff to introduce new employee including a picture and brief bio.
- Create a QR code and post at all sites and offices with a link to "suggestion/comment" forum for staff to access at any time.
- Hire more support staff to complete data entry/clerical work to allow support staff to focus on providing direct support in the field.
- Reevaluate the possibility of providing extra support to teaching staff during extended day hours.

Conclusion

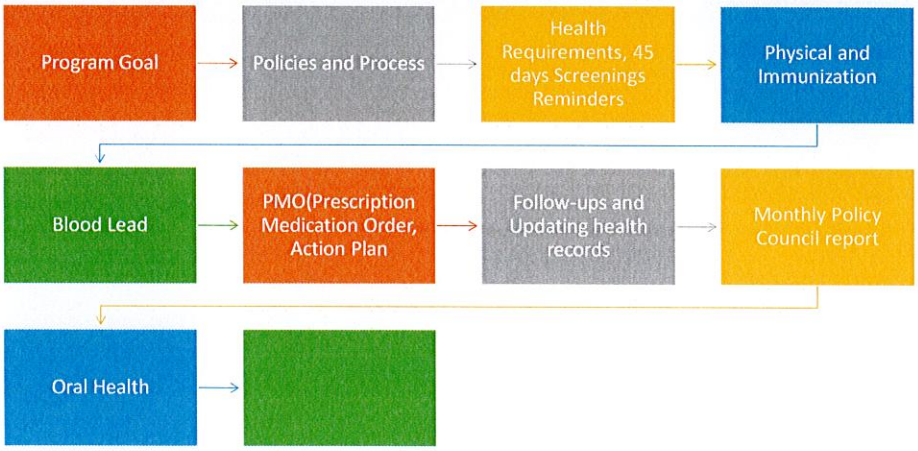
In conclusion, implementing these recommendations for staff training and development and employee engagement and retention will improve overall staff satisfaction, productivity, and create a workplace where staff feel valued, supported and motivated to stay. The recommendations will be evaluated to strengthen the programs improvement plan and ensure continuous progress towards meeting the programs goals.

Policy Council Orientation

December 2024

1

Agenda



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2

Health Unit Information

Program Manager: Colette Thomas-407-836-6546

Registered Nurse: Valentine Palmer- 407-403-4379

License Practical Nurse: Janika Gyles-407-836-8945

Administrative Specialist: Tayona Stephens- 407-836-7495

Certified Nurse Assistants:

Vicmarie Colon Robles- 407-836-7440

Monica Smith- 407-836-6590

Timeshia Griffin- 407-836-8174

3

3

Program Goal 3 :

- Orange County Head Start will enhance the physical health and mental wellness of staff, children and families by developing a comprehensive wellness approach. (Physical Health and Mental Wellness)
  - Established a partnership with Nemours, Orange Blossom Family Health, True Health, and Community Health Centers.
  - On site dental examinations provided by the Orange Blossom Health Dental Bus.
  - On site Vision Exams completed by Head Start Staff and Nemours Interns, whom are overseen by Nemours doctors.

4

4

POLICIES ON HEALTH REQUIREMENTS

1302.40 Purpose.

A program must provide high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness.

5

5

Process to be accepted in the Head Start Program:

- Children are able to enter the program with an updated Immunization.
- Every new enrolled child has 30 days to provide updated physical, and 90 days for Dental and Blood lead.
- Homeless children fall under a different criteria, they are able to enter the program without any health documents for up to 30 days. However, if the child has any chronic condition and requires medication, a PMO must be completed prior to the starting date.
- The nurse reviews every child health record, if the child has a chronic illness: Diabetes, Seizures, or any other chronic health concerns. An MDT(Multi-Disciplinary Team Meeting) is required to see how we can accommodate the child's needs.
- All service areas meet with the parents to discuss any chronic illness and concerns.
- Once all information has been gathered, a report is written and sent to management to review the MDT recommendations. Management will make the final decision if OCHS is able to provide the services needed and if the child can be enrolled in the program.

6

6

Health Screening

- Head Start requires health screenings to be done within 45 days of the time the child is enrolled in school.
- All service areas will begin screenings which consist of:
  - Hearing screening
  - Height and weight
  - Vision Screening
  - Blood Pressure check

The medical department runs monthly reports, nurse reviews reports for any children who have missing and abnormal vision tests.

Nurse visits sites to perform vision screens, and any abnormal vision screens reports are sent home to parents.

7

7

Health Screenings are done 45 days of child's first day at school

Vision Screen report

Pass exam

Vision screening does not replace a complete eye examination by an ophthalmologist or optometrist

Screening Complete

Vision Screening Summary

09/02/2023 10:30 am

02/12/2018

POTENTIAL CONDITION

6.6		5.9		6.7	
	-0.25			0.00	
0.00	-0.25	@80°	0.00	0.00	

RIGHT EYE LEFT EYE BOTH EYES

WelchAllyn Spot™ Vision Screener

WWW.WELCHALLYN.COM

Failed exam

Vision screening does not replace a complete eye examination by an ophthalmologist or optometrist

Complete Eye Exam Recommended

Vision Screening Summary

09/16/2023 9:50 am

09/13/2017

POTENTIAL CONDITION

• Astigmatism (OD,OS)

6.3		5.5		5.0	
	-0.50			-0.50	
+2.00	-4.75	@174°	+1.50	-4.00	@173°

RIGHT EYE LEFT EYE BOTH EYES

WelchAllyn Spot™ Vision Screener

WWW.WELCHALLYN.COM

8

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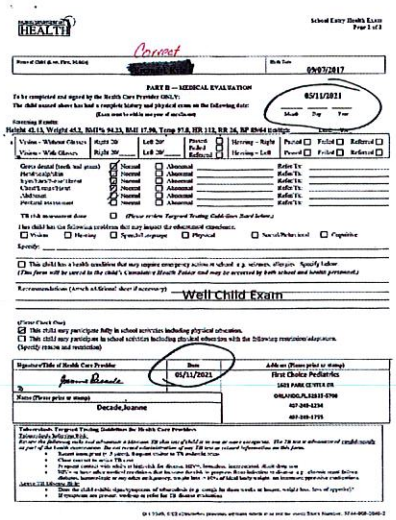

Physical Form

9

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Immunization Form

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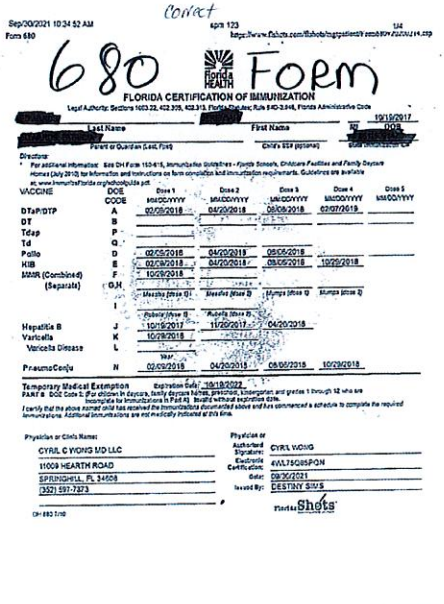
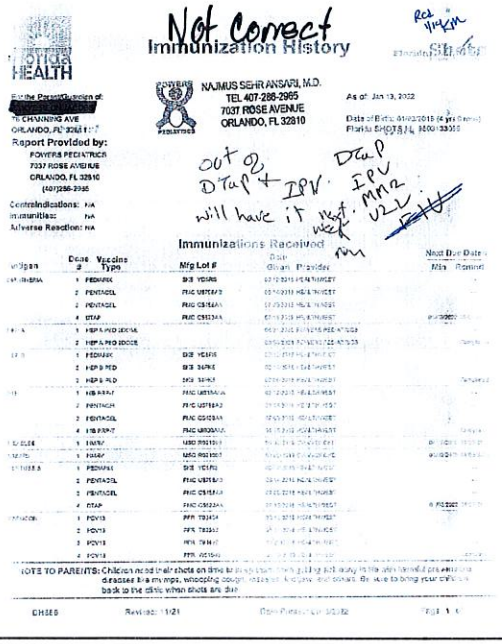


Immunization Record



ORANGE COUNTY FAMILY SERVICES DEPARTMENT
HEAD START DIVISION

BLOOD LEAD LEVEL RESULTS

Child's Name:	Date of Birth:
Last First Middle	Month Day Year
Head Start Center:	Parent's Name:

Blood Lead Level: _____

Date Test Performed: _____

Treatment Needed: ☐ Yes ☐ No
- If yes, explain

Comments:

Signature: _____ Date: _____
Print Name: _____

I, _____, parent / guardian of child _____
give permission to release the above information to Orange County Head Start via fax or mail.

_____ Date: _____
Parent / Guardian Signature
Print Name: _____

Blood Lead Form

Blood Lead is due within 30 days of enrollment

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Orange County Head Start
PHYSICIAN'S MEDICATION ORDER
(Prescription & Non-Prescription)

School Year: _____ Center: _____
Child's Name: _____ Date: _____
Allergies: _____ Birth Date: _____
Diagnosis: _____
Other Conditions: _____

Medication

Check : __ Prescription __ Non-Prescription

Name: _____
Dosage: _____
Instructions: _____

Method of Administration:

__ By Mouth __ Injection (EpiPen / EpiPen Jr.) __ Topical

__ Metered Dose Inhaler (MDI) __ Spacer (Y / N) __ Nebulizer Mask (Y / N)

Begin Date: _____ Stop Date: _____

Possible reaction / precautions / interventions: _____

Doctor's Name (print): _____ Phone: _____
Doctor's Signature: _____ Date: _____
Office Address: _____

Head Start Nurse's signature: _____ Plc: _____
Discussed with Teacher? __ Yes __ No Teacher's Initials: _____ Date: _____

Head Start Nurse's Comments: _____

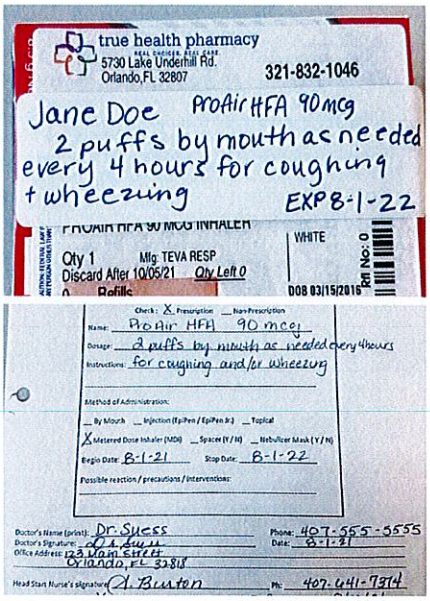
Complete Parent Authorization for Medication Administration Form

Updated 7/13 pr1

Physician Medication Order (PMO)

12

12


true health pharmacy
5730 Lake Underhill Rd.
Orlando, FL 32807
321-832-1046

Jane Doe ProAir HFA 90mcg
2 puffs by mouth as needed
every 4 hours for coughing
+ wheezing EXP 8-1-22

PROAIR HFA 90 MCG INHALER
Qty 1 Mfg: TEVA RESP
Discard After 10/05/21 Qty Left 0
Refills
WHITE
Rx No: 0
DOB 03/15/2019

Check: X Prescription __ Non-Prescription
Name: ProAir HFA 90 mcg
Dosage: 2 puffs by mouth as needed every 4 hours
Instructions: for coughing and/or wheezing
Method of Administration:
__ By Mouth __ Injection (EpiPen / EpiPen Jr.) __ Topical
X Metered Dose Inhaler (MDI) __ Spacer (Y / N) __ Nebulizer Mask (Y / N)
Begin Date: 8-1-21 Stop Date: 8-1-22
Possible reaction / precautions / interventions:
Doctor's Name (print): Dr. Suess Phone: 407-555-5555
Doctor's Signature: D. Suess Date: 8-1-21
Office Address: 123 Main Street Orlando, FL 32818
Head Start Nurse's signature: D. Burton Ph: 407-641-7314

- **1302.42 (d) (3) A program must assist parents, as needed, in obtaining any prescribed medications, aids or equipment for medical and oral health conditions.**
- A child needs medication in Head Start when:
  - Ordered by the primary care physician
  - Based on the Health History of the child
- <u>To have medication in Head Start:</u>
  - Action Plan
  - Physicians Medication Order Form
  - Authorization to Administered Medication
  - Medication (properly labeled) and in the original bottle or container.

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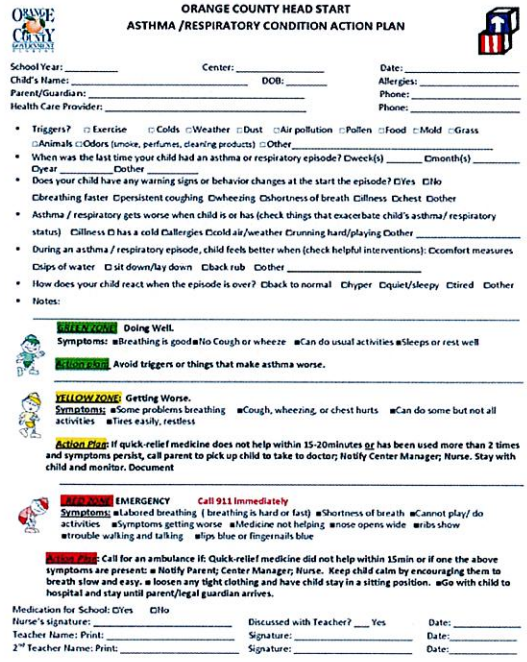

ORANGE COUNTY GOVERNMENT

ORANGE COUNTY HEAD START
ASTHMA /RESPIRATORY CONDITION ACTION PLAN

School Year: _____ Center: _____ Date: _____
Child's Name: _____ DOB: _____ Allergies: _____
Parent/Guardian: _____ Phone: _____
Health Care Provider: _____ Phone: _____

- Triggers? ☐ Exercise ☐ Colds ☐ Weather ☐ Dust ☐ Air pollution ☐ Pollen ☐ Food ☐ Mold ☐ Grass ☐ Animals ☐ Odors (smoke, perfumes, cleaning products) ☐ Other _____
- When was the last time your child had an asthma or respiratory episode? ☐ week(s) _____ ☐ month(s) _____ ☐ year _____ ☐ other _____
- Does your child have any warning signs or behavior changes at the start the episode? ☐ Yes ☐ No ☐ breathing faster ☐ persistent coughing ☐ wheezing ☐ shortness of breath ☐ illness ☐ chest ☐ other
- Asthma / respiratory gets worse when child is or has (check things that exacerbate child's asthma/ respiratory status) ☐ illness ☐ has a cold ☐ allergies ☐ cold air/weather ☐ running hard/playing ☐ other _____
- During an asthma / respiratory episode, child feels better when (check helpful interventions): ☐ comfort measures ☐ sips of water ☐ sit down/lay down ☐ back rub ☐ other _____
- How does your child react when the episode is over? ☐ back to normal ☐ hyper ☐ quiet/sleepy ☐ tired ☐ other
- Notes: _____

GREEN ZONE: Doing Well.
Symptoms: ■ Breathing is good ■ No Cough or wheeze ■ Can do usual activities ■ Sleeps or rest well

Action Plan: Avoid triggers or things that make asthma worse.

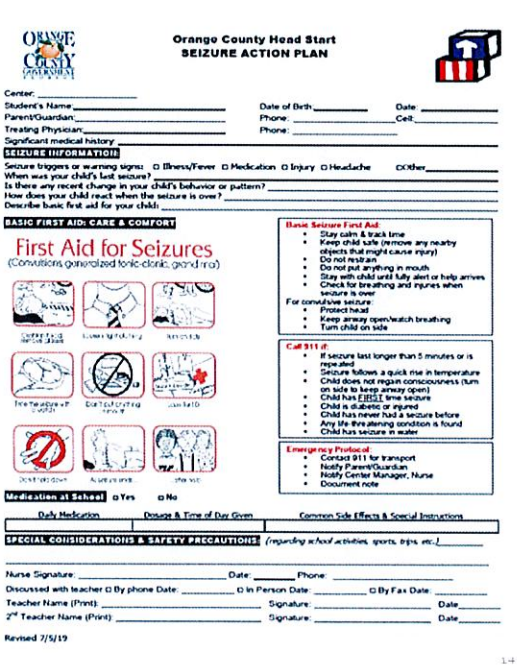
YELLOW ZONE: Getting Worse.
Symptoms: ■ Some problems breathing ■ Cough, wheezing, or chest hurts ■ Can do some but not all activities ■ Tires easily, restless

Action Plan: If quick-relief medicine does not help within 15-20minutes or has been used more than 2 times and symptoms persist, call parent to pick up child to take to doctor; Notify Center Manager; Nurse. Stay with child and monitor. Document

RED ZONE: EMERGENCY Call 911 Immediately
Symptoms: ■ Labored breathing (breathing is hard or fast) ■ Shortness of breath ■ Cannot play/ do activities ■ Symptoms getting worse ■ Medicine not helping ■ nose opens wide ■ ribs show ■ trouble walking and talking ■ lips blue or fingernails blue

Action Plan: Call for an ambulance if: Quick-relief medicine did not help within 15min or if one the above symptoms are present: ■ Notify Parent; Center Manager; Nurse. Keep child calm by encouraging them to breath slow and easy. ■ loosen any tight clothing and have child stay in a sitting position. ■ Go with child to hospital and stay until parent/legal guardian arrives.

Medication for School: ☐ Yes ☐ No
Nurse's signature: _____ Discussed with Teacher? ___ Yes Date: _____
Teacher Name: Print: _____ Signature: _____ Date: _____
2nd Teacher Name: Print: _____ Signature: _____ Date: _____


ORANGE COUNTY GOVERNMENT

Orange County Head Start
SEIZURE ACTION PLAN

Center: _____
Student's Name: _____ Date of Birth: _____ Date: _____
Parent/Guardian: _____ Phone: _____ Cell: _____
Treating Physician: _____ Phone: _____
Significant medical history: _____

SEIZURE INFORMATION
Seizure triggers or warning signs: ☐ Illness/Fever ☐ Medication ☐ Injury ☐ Headache ☐ Other _____
When was your child's last seizure? _____
Is there any recent change in your child's behavior or pattern? _____
How does your child react when the seizure is over? _____
Describe basic first aid for your child: _____

BASIC FIRST AID: CARE & COMFORT

First Aid for Seizures
(Convulsions, generalized tonic-clonic, grand mal)

Basic Seizure First Aid:
- Stay calm & track time
- Keep child safe (remove any nearby objects that might cause injury)
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully alert or help arrives
- Check for breathing and injuries when seizure is over

For convulsive seizure:
- Protect head
- Keep airway open/watch breathing
- Turn child on side

Call 911 if:
- If seizure last longer than 5 minutes or is repeated
- Seizure follows a quick rise in temperature
- Child does not regain consciousness (turn on side to keep airway open)
- Child has FIRST time seizure
- Child is diabetic or injured
- Child has never had a seizure before
- Any life-threatening condition is found
- Child has seizure in water

Emergency Protocol:
- Contact 911 for transport
- Notify Parent/Guardian
- Notify Center Manager, Nurse
- Document note

Medication at School ☐ Yes ☐ No

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS (regarding school activities, sports, trips, etc.) _____

Nurse Signature: _____ Date: _____ Phone: _____
Discussed with teacher ☐ By phone Date: _____ ☐ In Person Date: _____ ☐ By Fax Date: _____
Teacher Name (Print): _____ Signature: _____ Date _____
2nd Teacher Name (Print): _____ Signature: _____ Date _____

Revised 7/5/19

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ORANGE COUNTY HEAD START
ALLERGY & ANAPHYLAXIS EMERGENCY ACTION PLAN

Name: _____ DOB: _____ Date: _____ Center _____

Allergy to: ☐Peanuts ☐Tree nuts ☐Milk ☐Egg ☐Soy ☐Wheat ☐Fish ☐Shell Fish ☐ Insect Bite

☐Medication _____

PLACE PICTURE HERE

General Information:

1. When was the last time your child had an allergic reaction? _____
2. What trigged the reaction? ☐Food_____ ☐Environmental Factor _____ ☐Other _____
3. What were the symptoms? ☐Redness ☐Swelling ☐Hives ☐Itchy ☐ Runny Nose ☐Wheezing ☐Other_____
4. Will medication be required at school? ☐Yes ☐No If so name of Medication: _____

FOR ANY OF THE FOLLOWING:

SEVERE SYMPTOMS

LUNG	HEART	THROAT	MOUTH
Short of breath, wheezing, repetitive cough	Pale, blue, faint, weak pulse, dizzy	Tight, hoarse, trouble breathing/ swallowing	Significant swelling of the tongue and/or lips

SKIN	GUT	OTHER	OR A COMBINATION
Many hives over body, widespread redness	Repetitive vomiting, severe diarrhea	Feeling something bad is about to happen, anxiety, confusion	of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
- **Call 911**
- Provide Emergency Response Team with symptoms child is having.
- Consider giving additional medications following epinephrine:
  - Antihistamine
  - Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport them to ER even if symptoms resolve.
- Staff must remain with child until parent arrives and/or parents is calm enough to be by themselves.

MILD SYMPTOMS

NOSE	MOUTH	SKIN	GUT
Itchy/runny nose, sneezing	Itchy mouth	A few hives, mild itch	Mild nausea/ discomfort

FOR MILD SYMPTOMS FOLLOW THE DIRECTIONS BELOW:

1. Only administer medication prescribed by a healthcare provider with a written physician's medication order.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

Comments:

Nurse's signature: _____ Discussed with Teacher? ___Yes Date: _____
Teacher's Name (Print): _____ Signature: _____ Date: _____
Assistant Teacher's Name (Print): _____ Signature: _____ Date: _____
Transferring Teacher's Name: Print: _____ Signature: _____ Date: _____

ORANGE COUNTY HEAD START

Health Condition Action Plan

Childs Name _____ Date of Birth _____ Center Name _____

Medical Condition: _____

Medication: _____

Specific Concerns: _____

Specific Actions: _____

Plan Prepared with: _____ Name Parent/Guardian _____ Relationship _____ Phone: _____

Plan Prepared by: _____ Nurse Signature _____ Date _____

Teacher's Name: _____ Signature _____ Date _____

Rev 7/15 pr

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Orange County Head Start
AUTHORIZATION FOR MEDICATION ADMINISTRATION
(Prescription & Non Prescription)

School Year: _____ Center: _____
Child's Name: _____ Date: _____
Allergies: _____ Birth Date: _____
Diagnosis: _____
Other Conditions: _____

I (print parent/legal guardian's name) _____ hereby authorize Orange County Head Start to give the following medication as prescribed to my child (print name) _____

- ✓ I understand that the medication MUST be in its original properly labeled container.
- ✓ I have submitted the Physician's Medication Order Form completed by my child's Healthcare Provider (physician (MD) or Registered Nurse Practitioner (ARNP).

Parent/ Guardian Signature _____ Print Name _____
Date _____

✓ Note: Complete one form for each medication the child must be administered

Record of Medication Administration

Name of Medication: _____ Amount to be given: _____
Method of Administration: _____ Time(s) of Day: _____
Dates to be Given Start: _____ End: _____

Date Given	Time Given	How to Use/Give	Given By: (Signature)	Comments (Child's Behavior, Refusal, Reaction to Medication etc.)	Parent/Legal Guardian's Initial
		SVDI Shake/Inhaler Sleeve Lip Mouth Injection			
		SVDI Shake/Inhaler Sleeve Lip Mouth Injection			
		SVDI Shake/Inhaler Sleeve Lip Mouth Injection			
		SVDI Shake/Inhaler Sleeve Lip Mouth Injection			

1 | Page

Record of Monthly Medication Review with Child's Parent/Guardian & Returned Medication.

Child's Name_____ Center_____

Date	Time	Comments...	Parent's Sign	Staff Sign	Center Manager Sign

2 | Page

AUTHORIZATION FOR MEDICATION ADMINISTRATION FORM

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Application Enrollment Family Services Health Immunizations Disability Mental Health Birth Transportation

Events | Requirements | Health Information | Attachments (1)

Health Events

Opti

Exp.	Event Type	Date	Status	Expiration Date	Days Until Expiration	Actions
	Health Status Determination - ...	10/17/17	Completed			0
✓	Hearing	9/21/17	Passed/Within Normal Limits/...	9/21/18	296	0
✓	Blood Pressure	9/19/17	Passed/Within Normal Limits/...	9/19/18	294	0
✓	Vision	9/19/17	Passed/Within Normal Limits/...	9/19/18	294	0
✓	Growth Assessment	8/28/17	Underweight Range	8/28/18	272	0
✓	Dental Exam	8/21/17	Passed/Within Normal Limits/...	8/21/18	265	0
	Blood Lead	7/31/17	Passed/Within Normal Limits/...			0
✓	Physical Exam	7/28/17	Passed/Within Normal Limits/...	7/28/18	241	0
	Health Status Determination - ...	7/21/17	Completed			0
	Physical Exam	5/15/17	Passed/Within Normal Limits/...	5/15/18		0

Updating health records

- LPN, CAN's and Medical Administrative are currently entering all important health data/information into our electronic Child Plus Data System. This will allow Head Start access to your children's Health screenings and helps us to keep track of their health needs.

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Follows up with parents regarding abnormal documents

- Nurse will contact the child's parents if any abnormal results were received. A second follow-up is conducted 30 days after the initial notification, to ensure that the parents followed up on previous results.

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Follows up with parents regarding abnormal documents

Head Start has contracted with Orange Blossom Health and True Health to provide services to children who have not met the 90-day dental requirement. One of the ways this service is provided is through a dental bus.

Results are sent home to parents to follow up with their child's dentist. If the child needs further services nurse will provide resources from dentists that are in contract with Head Start.

Parents are given a follow-up dental form to ensure that treatment has been received and completed by their child's dentist.

Parents are continuously reminded of any missing or expired documents. Examples: physical, Immunization, Dental, and Lead.

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ORAL HEALTH

1302.43 Oral health practices.

A program must promote effective oral health hygiene by ensuring all children with teeth are assisted by appropriate staff, or volunteers, if available, in brushing their teeth with toothpaste containing fluoride once daily.

- Head Start nurses are currently contacting parents of children who have failed their dental exam, to complete a Dental Treatment Action Plan.

20

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OBFH Mobile Dental Bus

THE NATIONAL CENTER ON Health

ORANGE COUNTY HEAD START
_____ HEAD START CENTER
SCHOOL YEAR 20 ____ - 21____
/___/ DENTAL EXAM VISIT
/ / FOLLOW-UP TREATMENT VISIT

Head Start Oral Health Form—Children

Patient Information

Child's name | Date of birth | Parent's/guardian's name | Phone number

Address | City | State | Zip code

This practice is the child's dental home: ☐ Yes ☐ No

Current Oral Health Status

Does the child have any teeth with untreated decay? ☐ Yes (decay) ☐ No (decay free)
Does the child have any teeth that have previously been treated for decay, including fillings, crowns, or extractions? ☐ Yes ☐ No
Are there treatment needs? ☐ Yes, urgent ☐ Yes, not urgent ☐ No treatment needs

Oral Health Care Services Delivered During Visit

Diagnostic/Preventive Services		Counseling/Anticipatory Guidance	Restorative/Emergency Care	
Examination:	☐ Yes ☐ No	☐ Yes ☐ No	Fillings:	☐ Yes ☐ No
X-rays:	☐ Yes ☐ No		Crowns:	☐ Yes ☐ No
Risk assessment:	☐ Yes ☐ No	**Referral to Specialty Care**	Extractions:	☐ Yes ☐ No
Cleaning:	☐ Yes ☐ No	☐ Yes ☐ No	Emergency care:	☐ Yes ☐ No
Fluoride varnish:	☐ Yes ☐ No	_____	Other: _____	
Dental sealants:	☐ Yes ☐ No	*(Please specify specialist)*	*(Please specify)*	

Future Oral Health Care Services

All treatment completed: ☐ Yes ☐ No Next recall date: _____ / _____ (month/year)
More appointments needed for treatment? ☐ Yes ☐ No
If yes: Approximate number of appointments needed: ____ Next appointment: Date: _____ Time: _____

Additional Information for Parents, Head Start Staff, and Medical Providers

Oral Health Provider's Contact Information and Signature

Provider name *(please print)* | Phone number | Fax number

Practice name | Address

Provider signature | Date of service

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Provider Evaluation

ORANGE BLOSSOM FAMILY HEALTH
DENTAL CLINIC
232 N. Orange Blossom Trail, Orlando, FL 32805
Phone: (407) 428-1672 Fax: (407) 481-8638

PROVIDER EVALUATION

Date: ___ / ___ / ___

Dear Parent or Guardian of _____

Your Child was evaluated by: ☐ Dentist ☑ Hygienist

☒ Your child received a limited dental exam, oral hygiene instruction and fluoride on the Mobile Dental Unit. No X-rays were taken.

☒ Your child received tooth brush prophy today.

☐ Dental sealants are recommended.
- Were applied today.
- Will be applied at another visit to the school by the Mobile Dental Unit.

☒ Your child does not appear to have any problems at this time. However, it is important that your child see a dentist every 6 months for a complete exam, cleaning, fluoride treatment and x-rays

☐ Your child has areas of decay and needs to see a dentist within the next two months.

☐ Your child should see a dentist right away.

☐ Pain ☐ Infection ☐ Abscess ☐ Other _____

If you have any questions, you may call 407-428-1672

If you do not have a family dentist, you may schedule an appointment at one of the Clinics listed below.

Osceola County Health Department	Orange Blossom Family Dental Clinic
1875 Boggy Creek Rd.	232 N. Orange Blossom Trail
Kissimmee, FL	Orlando, FL 32805
(407) 343 - 2160	(407) 428 - 1672

Orange Blossom Pediatrics
701 W. Amelia St.
Orlando, FL 32805
(407)428-1672
Monday, Wed. and Thursday

Follow dental treatment

Orange County Head Start
2100 East Michigan St. Orlando Fl 32806
407-836-6590 • FAX 407-836-1936

Dental Treatment Follow-up Form

Child's Name: _____ **D.O.B.:** _____

Parents: _____ **Date of Visit:** _____

RESTORATIVE CARE PROVIDED TODAY:
_____ Fillings
_____ Crowns
_____ Extractions
_____ Other _____

Still Needed:
_____ Fillings
_____ Crowns
_____ Extractions
_____ Referral to: _____
_____ Additional Information: _____

******Please complete the information below******

_____ Treatment is currently **complete.**
_____ Treatment is **not complete.**
_____ Next exam /cleaning due: _____ **months**
_____ **Follow up appointment scheduled:** _____

The above service(s) were completed as indicated.

Signature of Dentist: _____ Date: _____

Printed name and phone: _____

Dental Office Stamp below:

Parents, return this form to your child's Family Services Worker As soon as Possible or Request Dentist to fax: Orange County Head Start 407-836-1936 Attention: Registered Nurse or License Practical Nurse

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East Orange OBFH

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Boarding the bus to go to True Health Dental clinic

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Callahan

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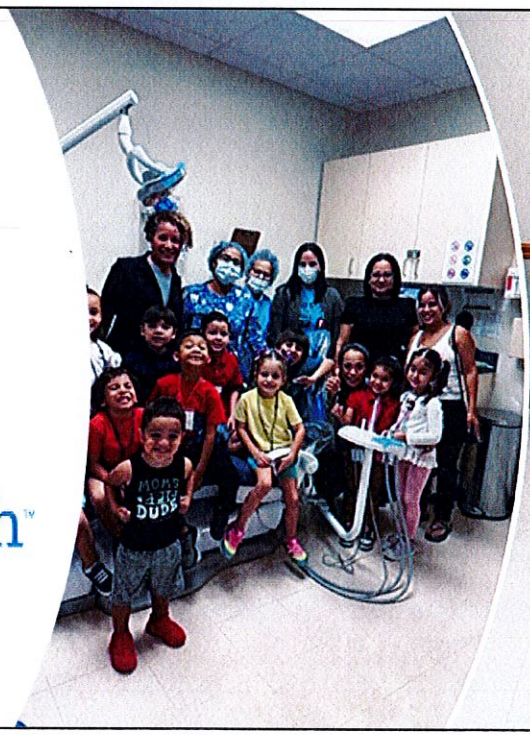
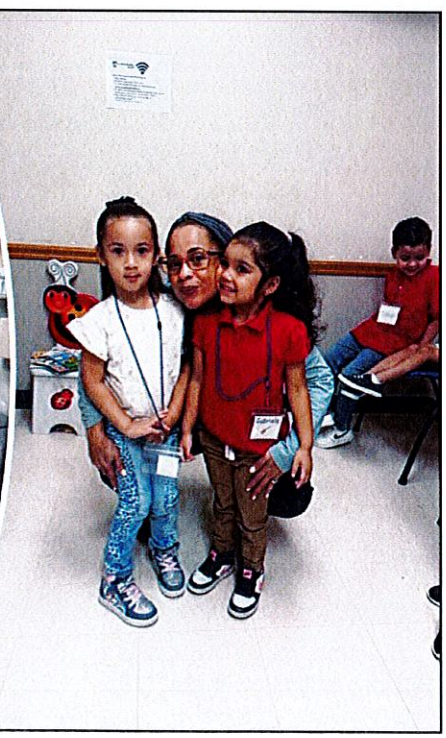
At the Dentist

true health™





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At True Health Dental Clinic

Dental exam completed

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Waiting to be called to the Exam room

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- Health Unit Monthly Report

Orange County Head Start Medical and Dental Unit Monthly Report				
2024-2025 School Year				
Program Description	September	October	November	December
Total Number of HS children served (report source: CP2001)	1372	1500	1494	
Number of children meeting requirement of health physicals CP3035	1313	1459	1477	
Number of HS families referred to the FQHC for medical and/or dental services. (report source: CP4120)	5	4	4	
Number of HS children meeting medical home requirement (report source: CP3021D)	1456	1500	1494	
Number of HS children meeting immunization requirement (report source: CP3320)	1344	1484	1485	
Number of HS children with a dental exam (report source: CP3035)	1006	1311	1347	
Number of children needing dental treatment (CP 2110)	209	260	271	
Number of Health Action Plan (report source CP 2181)	278	360	319	
Number of Site Visit for RN, LPN & CNA monthly	10	22	40	

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