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**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARD APPOINTMENT SUMMARY**

Meeting Date: May 5, 2009

Department: Community Services

Advisory Board Name: Head Start/Early Head Start Policy Council

I. EXECUTIVE BRIEF

Staff recommends motion to approve: appointment of the following Parent Representatives to the Head Start/Early Head Start Policy Council for a term of three (3) years or less, as indicated on the attached Board Appointment Information Form, effective May 5, 2009.

PARENT REPRESENTATIVE AND ALTERNATE(S) BY CENTER

(R) = Representative

(A) = Alternate

Seat ID # **South Bay-HS**
12 Kenyea Glaze (R)

Seat ID # **Pahokee**
15 Debra Jones (R)

Seat ID # **A Step Above**
27 Hudson Lafaille (A)

Seat ID # **Emmanuel EHS**
28 Tiffany Hodges Nicole (R)

Summary: The term of appointment for parent representatives and alternates to the Head Start/Early Head Start (HS/EHS) Policy Council is no more than three (3) years, and requires that the parent representative/alternate be a parent of a child enrolled in the HS/EHS program. The Council is comprised of thirty-three (33) members, of which nine (9) must be representatives of the community. The remaining membership is comprised of parents whose children are actively enrolled in the HS/EHS program. The HS/EHS Policy Council has recommended these individuals for appointment. (Head Start) Countywide (TKF)

Background and Justification: The authority for the HS/EHS Policy Council is provided by Resolution Number R2006-1878. The Council responsibilities include establishing a method of hearing and resolving community complaints about the HS/EHS program, conducting self-evaluations, identifying child development needs, ensuring that space, equipment and supplies are acquired as needed. They may also be consulted on the directive given to HS/EHS staff in day-to-day operations.

Attachments:

- Board Appointment Information Forms

Recommended by:


Department Director

4/30/09
Date

Legal Sufficiency:


Assistant County Attorney

4/30/09
Date

II. REVIEW COMMENTS

A. Other Department Review:

Department Director

(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: Palm Beach County Head Start/Early Head Start & Children's Services

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: 03/25/2009 To: 09/26/2009

Seat Requirement: Representative - Pahokee Seat #: 15- Rep

*Reappointment or New Appointment

or to complete the term of Ruth Crawford Due resignation other to:

Completion of term to expire on: 09/26/2009

Part II: *APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT*

Name: Jones Debra

Last First Middle
N/A

Occupation/Affiliation: N/A

Business Name: N/A

Business Address:

City & State Zip Code:

Residence Address: 140 Banyan Ave

City & State Zip Code: Fl 33476

Home Phone: (561) 924-9273 Business Phone: () Ext.

Cell Phone: (561) 317-8006 Fax: ()

Email Address:

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input checked="" type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: May 5, 2009

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term

Signature: _____ Date: _____

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM

Part I:

Board Name: Palm Beach County Head Start/Early Head Start & Children's Services

At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: 03/25/2009 To: 09/26/2009

Seat Requirement: Alternate - A Step Above Seat #: 27- A

*Reappointment or New Appointment

or to complete the term of Robert Sloan Due resignation other to:

Completion of term to expire on: 09/26/2009

Part II: **APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Lafaille Hudson
 Last First Middle

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: _____

City & State Zip Code: _____

Residence Address: 6880 Beacon Hollow Turn

City & State Zip Code: Boynton Beach Fl 33437

Home Phone: (561)924-1498 Business Phone: () Ext.

Cell Phone: (561) 200-4523 Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

- Minority Identification Code:**
- | | |
|--|--|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
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Term of Appointment: 3 Years. From: 03/25/2009 To: 09/26/2009

Seat Requirement: Alternate - Emmanuel Seat #: 28- A

*Reappointment or New Appointment

or to complete the term of Gladys Cameron Due to: resignation other
Completion of term to expire on: 09/26/2009

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Hodges Tiffany Nicole
 Last First Middle
 N/A

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: 1203 Benoist Farms Road # 206

City & State West Palm Beach Fl 33411
 _____ _____ _____
 City & State State Zip Code:

Home Phone: (561) 985-4943 Business Phone: () Ext. _____

Cell Phone: (561) Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
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At Large Appointment or District Appointment

Term of Appointment: 3 Years. From: 03/25/2009 To: 03/26/2012

Seat Requirement: Representative - South Bay HS Seat #: 12- R

*Reappointment or New Appointment

or to complete the term of _____ Due resignation other to: _____

Completion of term to expire on: _____

Part II: *APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT*

Name: Glaze Kenyea

Last N/A	First	Middle
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Occupation/Affiliation: N/A

Business Name: N/A

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: 245 SW 10th Avenue Apt. #4

City & State South Bay Fl 33493
Zip Code: _____

Home Phone: (561) 993-0082 Business Phone: () **Ext.** _____

Cell Phone: (561) 755-1124 Fax: () _____

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
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Term of Appointment: 3 Years. From: 03/25/2009 To: 09/26/2009

Seat Requirement: Representative -Riviera Beach Seat #: 18- Rep

*Reappointment or New Appointment

or to complete the term of Tawania Nubin Due resignation other to:

Completion of term to expire on: 09/26/2009

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: DeYounks Mary

Last First Middle
N/A

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: _____

City & State Zip Code: _____

Residence Address: 1141 West 26th Court

City & State Zip Code: Fl 33404

Home Phone: (561) Business Phone: () Ext. _____

Cell Phone: (561) Fax: ()

Email Address: _____

Mailing Address preference: Business Address Residence

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
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