Agenda Item #: 6A2

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

Meeting Date: May 5, 2009

Department: Community Services

Advisory Board Name: <u>Head Start/Early Head Start Policy Council</u>

### 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.

<u>P</u>	(R) = Representative	ID ALTERNATE(S) BY CENTER (A) = Alternate			
<u>Seat ID #</u>	<u>South Bay-HS</u>	<u>Seat ID #</u>	<u>Pahokee</u>		
12	Kenyea Glaze (R)	15	Debra Jones (R)		
Seat ID #	<u>A Step Above</u>	<u>Seat ID #</u>	<u>Emmanuel EHS</u>		
27	Hudson Lafaille (A)	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) <u>Countywide</u> (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: 1.

**Board Appointment Information Forms** 

**Recommended by:** Department Director Legal Sufficiency:

**Assistant County Attorney** 

### II. <u>REVIEW COMMENTS</u>

# A. Other Department Review:

# **Department Director**

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

#### Part I:

Board Name: Palm Beach	County Head Start/I	Early Head Start &	& Children's Services
[X] At Large Appoir	ntment or	[ ] Distric	et Appointment
Term of Appointment: 3	Years. F	From: 03/25/200	9 To: 09/26/2009
Seat Requirement:	tative - Pahokee		Seat #: <u>15- Rep</u>
[]*Reappointment	or	[X] New A	ppointment
or [X] to complete the term of	Ruth Crawford	Due to:	[] resignation [X] othe
Completion of term to expire on:	09/26/2009		· .
Part II: APPLICANT,	UNLESS EXEMPT	TED, MUST BE A O	COUNTY RESIDENT
Name: Jones	Ľ	Debra	
Las N/A		First	Middle

Occupation/Affiliation	IN/A		
	N/A		
Business Name:			
	N/A	· · · · · · · · · · · · · · · · · · ·	
Business Address:			·
City & State		Zip Code:	
Residence Address:	140 Banyan Ave		
	Pahokee	Fl	33476
City & State		Zip Code:	
Home Phone:	(561) 924-9273	Business Phone: ()	Ext.
Cell Phone:	(561) 317-8006	Fax: ()	· · · · · · · · · · · · · · · · · · ·
Email Address:			

Mailing Address preference: [ ] Business Address [X] Residence

#### **Minority Identification Code:**

[] IF (Native-American Female)	[] IM (Native-American Indian Male)
[] AF (Asian-American Female)	[] AM (Asian-American Male)
[X] BF (African-American Female)	[] BM (African-American Male)
[] HF (Hispanic-American Female)	[] HM (Hispanic-American Male)
[] WF(Caucasian Female)	[] WM (Caucasian Male)
Part III: COMMISSIONER COMMEN	TS
Appointment to be made at BCC Meeting or	n: May 5, 2009

*When a person i	s 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:

Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by members of the public.

Revised 6/2007

<u>Part I:</u>

Board Name: <u>Palm Bo</u>	each County Head Sta	rt/Early Head Sta	<u>rt &amp; Child</u>	Iren's Servic	es
[X] At Large A	ppointment or	[ ]Di	strict Appo	intment	
Term of Appointment:	3 Years.	From:03/25/	2009	To: _09/26	/2009
Seat Requirement: _Alte	ernate - A Step Above			Seat #: _27	- A
[]*Reappointme	ent or	[X] Ne	w Appoint	ment	
or [X] to complete term of Completion of term to expire on:	the Robert Sloan 09/26/2009	Due to:	; []	resignation	[X] other
Part II: APPLIC	ANT, UNLESS EXEM	PTED, MUST BE	A COUNT	TY RESIDEN	NT .
Name: Lafaille		Hudson			
Occupation/Affiliation:	Last N/A	First		Middl	e
Business Name:	N/A				
Business Address:	N/A				
City & State			_ Zip Code	e:	
Residence Address:	6880 Beacon Hollow Boynton Beach	Turn	Fl	33437	
City & State			Zip Code		
Home Phone: (56	51)924-1498	Business Phor	ne: <u>()</u>		Ext.
Cell Phone: (56	51) 200-4523	Fax:	( )		
Email Address:					
Mailing Address prefer	ence: [] Business Ad	ldress [X] Reside	ence		
Minority Identification [ ] IF (Native-American [ ] AF (Asian-American [ ] BF (African-American [ ] HF (Hispanic-American [ ] WF(Caucasian Fema Part III: COMMISSION Appointment to be made	n Female) [] a Female) an Female) [X] can Female) [] le) [] <b>DNER COMMENTS</b>	IM (Native-Amer [ ] AM (Asia   BM (African-Am HM (Hispanic-Am WM (Caucasian M May 5, 2009	n-American herican Mal herican Mal	n Male) e)	
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Pursuant to Florida's Pub and photocopied by mem	blic Records Law, this d bers of the public.	ocument may be re	eviewed	Į	Revised 6/2007

<u>Part I:</u>								
Board Name: Palm Be	ach County Head	Start/	Early H	ead Start	& Child	<u>ren's Ser</u>	vices	s.
[X] At Large A	opointment	or		[] Distr	rict Appo	intment		
Term of Appointment: _	<u>3</u> Years.	F	From:	03/25/20	09	To: <u>09</u> /	/26/2009	
Seat Requirement: <u>Alte</u>	rnate - Emmanuel	L .				Seat #:	28- A	
[]*Reappointme	nt	or		[X] New	Appoint	ment		
or [X] to complete t term of	he Gladys Came	eron		Due	[]	resignati	on [X]	other
Completion of term to expire on:	09/26/2009			to:				
Part II: APPLICA	ANT, UNLESS EX	EMPI	TED, MU	IST BE A	COUNT	Y RESID	DENT	
Name: Hodges		Γ	Fiffany			Nicole		
Occupation/Affiliation:	Last N/A			First	-	Mie	ddle	
Business Name:	N/A							
Business Address:	N/A						· · · · · · · · · · · · · · · · · · ·	
City & State					Zip Code	:		-
Residence Address:	1203 Benoist Fari	ms Roa	ad # 206					
City & State	West Palm Beach				Fl Zip Code	334	11	
Home Phone: (56)	1) 985-4943		Busine	ess Phone:	()		Ext	•
Cell Phone: (56	1)	······································	_ Fax:		()			
Email Address:								
Mailing Address prefere	ence: [] Business	s Addre	ess [X]	Residenc	e			
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Signature:				Da	ate:			
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<u>Part I:</u>

Board Name: <u>Palm B</u>	each County Head	d Start/Ea	rly Head Start	& Child	lren's Servic	es
[X] At Large A	ppointment	or	[]Dist	rict Appo	intment	6
Term of Appointment:	3 Years.	From	m:03/25/20	)09	To: <u>03/26</u>	/2012
Seat Requirement:	presentative - Sou	th Bay HS			Seat #: _12	2- R
[]*Reappointme	ent	or	[X] New	Appoint	ment	
or [] to complete term of Completion of term to expire on:	the		Due to:	[]	resignation	[] other
Part II: APPLIC	ANT, UNLESS E	XEMPTEI	<b>D, MUST BE</b> A	COUNT	<b>FY RESIDE</b>	NT
Name: <u>Glaze</u>		Ker	iyea			
Occupation/Affiliation:	Last N/A		First		Middl	e
Business Name:	N/A					
Business Address:	N/A					
City & State				Zip Code	:	
Residence Address:	245 SW 10 <sup>th</sup> Av	enue Apt. ‡		Fl	33493	
City & State	South Day			Zip Code		•
Home Phone: (50	61) 993-0082	H	Business Phone	: (_)		Ext.
Cell Phone: (50	51) 755-1124	I	Fax:	( )		
Email Address:						
Mailing Address prefe	rence: [ ] Busine	ss Address	[X] Residen	ce		
Minority Identification [ ] IF (Native-America [ ] AF (Asian-Americar [X] BF (African-Americ [ ] HF (Hispanic-Ameri [ ] WF (Caucasian Fema Part III: COMMISSI Appointment to be made	n Female) 1 Female) an Female) can Female) lle) <b>ONER COMME</b> I	[] AM [] BM []HM( []WM NTS	(Asian-Americ (African-Amer	an Male) ican Male rican Mal le)	e) le)	
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<u>Part I:</u>						
Board Name: Palm Be	ach County Head	Start/Early I	Head Start	& Child	ren's Service	25
[X] At Large A	or	[]Distr	ict Appoi	intment		
Term of Appointment: _	From:	03/25/20	09	To: <u>09/26/</u>	2009	
Seat Requirement: <u>Rep</u>	resentative -Rivier	ra Beach			Seat #: <u>18-</u>	Rep
[X]*Reappointm	nent	or	[]New	Appointr	nent	
or [X] to complete	the Tawania Nu	bin	Due	[X ]	resignation	[] other
term of Completion of term to expire on:	09/26/2009	·······	to:			
Part II: APPLIC	ANT, UNLESS EX	KEMPTED, M	UST BE A	COUNT	Y RESIDEN	T
Name: DeYounks		Mary				
Occupation/Affiliation:	Last N/A		First		Middle	;
Business Name:	N/A					· · · · · · · · · · · · · · · · · · ·
Business Address:	N/A					
City & State			2	Zip Code:	:	
Residence Address: City & State	1141 West 26 <sup>th</sup> C Riviera Beach	Court		Fl Zip Code:	. 33404	
Home Phone: (56	1)	Busi	ness Phone:	-	•	Ext.
Cell Phone: (56		Fax:	ness i none.			
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Signature:			D	ate:	n	
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