

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
BOARD APPOINTMENT SUMMARY

Meeting Date: April 5, 2011  
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 April 5, 2011

PARENT REPRESENTATIVE AND ALTERNATE(S) BY CENTER

(R) = Representative (A) = Alternate

Seat ID #      Achievement Center                      Seat ID #      My First Steps  
22                      Lakisha Lashay Graham (A)                      30                      Linda Delmont (A)

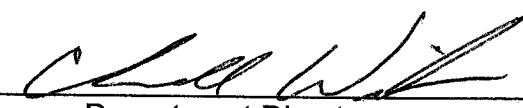
Seat ID #      Tender Love & Care  
33                      Kellie V. Ephraim (R)  
                                 Winsome D. Resendiz (A)


**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. Including the above nominees, the council's racial makeup consists of 4 Black males, 20 Black females, 2 White females, 2 Hispanic females and there are currently 5 vacancies.

**Attachments:**

- 1. Head Start/Early Head Start Policy Council Resolution Number R-2006-1878
- 2. Board Appointment Information Forms with Acknowledgement Form
- 3. Head Start/Early Head Start Policy Council Current Board Meeting Listing

Recommended by:                       3/14/11  
                                 Department Director                      Date

Approved by:                       3/15/11  
                                 Assistant County Attorney                      Date

**II. REVIEW COMMENTS**

**A. Other Department Review:**

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**Department Director**

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

**A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA REPEALING AND REPLACING RESOLUTION NO. R2000-1866 REGARDING THE HEAD START/EARLY HEAD START POLICY COUNCIL**

**WHEREAS**, the Board of County Commissioners of Palm Beach County adopted Resolution No. R-92-444 on March 24, 1992, which established the Head Start Policy Council; and

**WHEREAS**, the Head Start Policy Council Resolution No. R-92-444 was repealed and replaced with Resolution No. R2000-1866, dated November 21, 2000 to establish the Head Start/Early Head Start Policy Council to incorporate Early Head Start Program;

**WHEREAS**, the Head Start/Early Head Start Policy Council Resolution No. R2000-1866 needs to be repealed and replaced to accommodate the inclusion of the Head Start/Early Head Start Contracted Programs;

**WHEREAS**, the Federal Government requires all Head Start/Early Head Start grant recipients to establish a Head Start/Early Head Start Policy Council which is comprised of parents of Head Start/Early Head Start children presently enrolled in the program and representatives of the community; and

**WHEREAS**, parent and community involvement is essential to an effective Head Start/Early Head Start program,

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, that:**

1. **Repeal and Replacement**

Resolution No. R2000-1866 is hereby repealed and replaced with the following:

A. **Requirements for Membership**

1. There will be a total of 33 members of the Policy Council. At all times there shall be an odd number of membership positions on the Head Start/Early Head Start Policy Council. In the event of a change in the number of Head Start/Early Head Start centers or programs, that will result in a change in the number of parent members, the number of community representatives will be adjusted accordingly so that an odd number of members is retained to maintain at least a 51% parent membership.

B. **Conditions of Membership**

Residency Requirement

All members must be residents of Palm Beach County at the time of appointment and while serving on the Council.

C. **Prohibition of County Staff**

County employees may not be appointed to the Head Start/Early Head Start Policy Council.

D. **Terms of Appointment**

The term of membership shall be for three (3) years, however each year, Policy Council Members must be voted in by the Policy Council. Vacancies occurring during a term shall be filled for the unexpired term and in the manner described above. In no event may a member serve for more than three years pursuant to federal regulations.

E. **Automatic Removal for Lack of Attendance**

A member of the Head Start/Early Head Start Policy Council shall automatically be removed for lack of attendance. Lack of attendance is defined as failure to attend three (3) consecutive meetings and/or failure to attend more than one-half of the meetings scheduled during a calendar year. Participation for less than three-fourths of a meeting shall constitute lack of attendance. Excused absences due to illness, absence from the County, or personal hardship, if approved by vote of the Head Start/Early Head Start Policy Council, shall not constitute a lack of attendance.

Excused absences shall be entered into the minutes at the next regularly scheduled meeting of the Head Start/Early Head Start Policy Council.

Members removed under this paragraph shall not continue to serve until a new appointment is made and removal shall create a vacancy.

F. **Elected Office**

Members shall not be prohibited from qualifying as a candidate for elected office.

G. **Travel Reimbursement**

Travel reimbursement is limited to expenses incurred only for travel outside Palm Beach County necessary to fulfill Council member responsibilities when sufficient funds have been budgeted and are available and upon the prior approval of the Board of County Commissioners and is consistent with

Palm Beach County personnel rules and procedures. No other expenses are reimbursable except documented long distance telephone calls to the liaison County department.

H. **Ethics**

Members shall be governed by the applicable provisions of the Palm Beach County Ethics Resolution R-94-693 as may be amended.

I. **Duties of Head Start/Early Head Start Policy Council**

1. Appendix A, attached hereto, outlines the major management functions connected with the Head Start/Early Head Start program at the grantee level and the degree of responsibility assigned to each participating group as dictated by the federal regulations. Pursuant to Appendix A, the Head Start/Early Head Start Policy Council shall have a general responsibility for establishing a method of hearing and resolving community complaints about the Head Start/Early Head Start program. They shall have operating responsibility for conducting self-evaluations of the County's Head Start/Early Head Start program. They must be consulted on the identification of child development needs in the area to be served and on the standards for ensuring that space, equipment and supplies are acquired as needed. They may be consulted on the directive given to Head Start/Early Head Start staff in day to day operations. The Head Start/Early Head Start Policy Council must approve or disapprove of the following:
  2. The goals of the Head Start/Early Head Start Program , as established by the Head Start/Early Head Start Director and the Board of County Commissioners, and the method of meeting said goals within the Department of Health & Human Services (HHS) guidelines;
  3. The determination of the areas in the community in which Head Start/Early Head Start programs operate;
  4. Plans to use all available community resources in Head Start/Early Head Start;
  5. Criteria for selection of children within applicable laws and HHS guidelines;
  6. The determination of what services should be provided to Head Start/Early Head Start from the program;

7. Head Start/Early Head Start personnel policies, including establishment of hiring and firing criteria for Head Start staff, career development plans and employee grievance procedures;
8. Hiring and firing Head Start Director in accordance with Palm Beach County Personnel Policies and Procedures;
9. Hiring and firing of Head Start/Early Head Start staff in accordance with Palm Beach County Personnel Policies and Procedures;
10. Requests for funds and proposed work program prior to submittal to HHS;
11. Major changes in budget and work programs while programs are in operation; and
12. Information submitted to HHS for pre-view in addition to those functions listed in Appendix A

J. The Head Start/Early Head Start Policy Council shall:

1. Serve as a link between public and private organizations and the community;
2. Have the opportunity to initiate suggestions and ideas for program improvements and to receive a report on actions taken by the County with regard to its recommendations;
3. Plan, coordinate and organize county-wide activities for parents with the assistance of staff;
4. Recruit volunteer services from parents, community residents and community organizations, and mobilize community resources to meet identified needs;
5. Distribute Parent Activity funds to policy committees, subject to Board of County Commissioners' approval.
6. Submit an annual report to the Board of County Commissioners
7. Provide advice and recommendations to the Board of County Commissioners on Head Start/Early Head Start Program and work cooperatively with the Board of County Commissioners and County staff in carrying out the program's objectives.

K. **Meetings of Head Start/Early Head Start Policy Council**

The Head Start/Early Head Start Policy Council shall meet not less than once per month. A quorum must be present for the conducting of all business. The presence

of at least one-third (1/3) of the members appointed shall constitute a quorum. All meetings shall be governed by Roberts' Rules of Order.

Reasonable public notice of all meetings shall be provided and all such meetings shall be open to the public at all times. Minutes of all meetings shall be taken and available for public inspection.

L. **Chair and Vice-Chair**

A Chair and Vice-Chair shall be elected by a majority of the Head Start/Early Head Start Policy Council and shall serve for a term of one year.

Duties of the Chair:

1. Call Head Start/Early Head Start Policy Council meetings and set the agenda for same;
2. Preside at Head Start/Early Head Start Policy Council meetings;
3. Establish committees, appoint committee chairs and charge committees with specific tasks;
4. Perform other functions as the Council may assign by rule or order
5. The Chair shall be a voting member of the Head Start/Early Head Start Policy Council.

M. **Duties of Vice-Chair**

The Vice-Chair shall perform the duties of the Chair in the Chair's absence and such other duties as the Chair may assign. If a vacancy occurs in the office of the Chair, the Vice-Chair shall become the chair for the unexpired term. If a vacancy occurs in the office of Vice-Chair, the Council will elect another member to fill the unexpired term of the Vice-Chair.

II. **Effective Date**

This resolution shall become effective upon approval by a majority vote of the Board of County Commissioners, Palm Beach County, Florida.

The foregoing Resolution was offered by Commissioner Aaronson and moved its adoption.

The motion was seconded by Commissioner Greene upon being put to a vote, the vote was as follows:

TONY MASILOTTI	-	Aye
ADDIE L. GREENE	-	Aye
KAREN T. MARCUS	-	Aye
JEFF KOONS	-	Aye
WARREN H. NEWELL	-	Aye
MARY McCARTY	-	Aye
BURT AARONSON	-	Aye

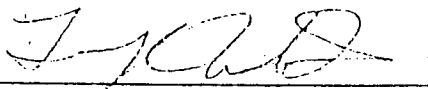
The Chairman thereupon declared the Resolution duly passed and adopted this 12th day of September, 2006.

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

PALM BEACH COUNTY, FLORIDA BY  
ITS BOARD OF COUNTY COMMISSIONERS

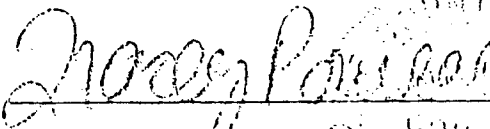
SHARON R. BOCK, CLERK &  
COMPTROLLER

By:

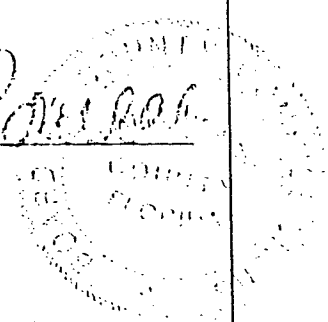


Assistant County Attorney

By:



Deputy Clerk





Achievement

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

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or resumé to this form.

**Part I (to be filled out by Department):** (Please Print)

Board Name: Head Start/Early Head Start Policy Council

At Large Appointment or  District Appointment

Term of Appointment: \_\_\_\_\_ Years. From: 4-5-10 To: 4-4-2014

Seat Requirement: Policy Council Second Alternate Seat #: 22-A

\*Reappointment or  New Appointment

or  to complete the term of \_\_\_\_\_ Due  resignation  other to: \_\_\_\_\_

Completion of term to expire on: \_\_\_\_\_

**\*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 \_\_\_\_\_

**Part II (to be filled out and signed by Applicant):** (Please Print)

**APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Graham Last Lakisha First Lashay Middle

Occupation/Affiliation: CSJ Service Representative

Business Name: US Remodelers

Business Address: \_\_\_\_\_

City & State: Boca Raton Zip Code: \_\_\_\_\_

Residence Address: 1103 NW 5th St

City & State: Bounton Beach, FL Zip Code: 33435

Home Phone: (561) 306-9173 Business Phone: ( ) Ext. \_\_\_\_\_

Cell Phone: ( ) Same Fax: ( )

Email Address: india.red55@yahoo.com

Mailing Address preference:  Business  Residence

Have you ever been convicted of a felony: Yes \_\_\_\_\_ No   
If Yes, state the court, nature of offense, disposition of case and date: \_\_\_\_\_

**Minority Identification Code:**

- IF (Native-American Female)  IM (Native-American Indian Male)
- AF (Asian-American Female)  AM (Asian-American Male)
- BF (African-American Female)  BM (African-American Male)
- HF (Hispanic-American Female)  HM (Hispanic-American Male)
- WF (Caucasian Female)  WM (Caucasian Male)

Applicant's Signature: Lakisha Graham Date: 10-19-2010

**Part III (to be filled out by Commissioner):**

Appointment to be made at BCC Meeting on: \_\_\_\_\_

Commissioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TO: ADVISORY BOARD MEMBERS  
FROM: ROBERT WEISMAN  
COUNTY ADMINISTRATOR  
RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &  
CODE OF ETHICS

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As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

---

Acknowledgment of Receipt

NAME: Lakisha Graham  
Print or Type

ADVISORY BOARD(S): HS/ETHS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Lakisha Graham Date: 10-19-2010

Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10

Achievement



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN  
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

At this time, I nor my employer have contract(s) with the Board of County Commissioners

**As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.**

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

**Acknowledgment of Receipt**

NAME: Lakisha Graham  
Print or Type

FIRM/COMPANY/ORGANIZATION: Achievement Centers

ADVISORY BOARD(S): HSIEHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Lakisha Graham Date: 10-19-2010

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

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

*The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.*

**Part I (to be filled out by Department): (Please Print)**

Board Name: Head Start/Early Head Start Policy Council

At Large Appointment      or       District Appointment

Term of Appointment: \_\_\_\_\_ Years.      From: 4/5/2011 To: 4/4/2014

Seat Requirement: My First Steps      Seat #: 30 ~~XX~~ A

\*Reappointment      or       New Appointment

or  to complete the term of ~~MAXIMUM OF 2 YEARS~~      Due  resignation  other to: \_\_\_\_\_  
Completion of term to expire on: ~~4/30/2012~~

**\*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

**Part II (to be filled out and signed by Applicant): (Please Print)**  
*APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT*

Name: DEIMONT LINDA \_\_\_\_\_  
Last First Middle

Occupation/Affiliation: Nursing Assistant

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Address: 4747 Orleans Ct

City & State West Palm Beach, FL Zip Code: 33415

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone: 561-503-3436 Fax: ( ) \_\_\_\_\_

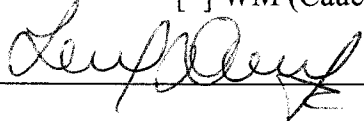
Email Address: \_\_\_\_\_

Mailing Address preference:  Business  Residence

Have you ever been convicted of a felony: Yes \_\_\_\_\_ No  \_\_\_\_\_  
If Yes, state the court, nature of offense, disposition of case and date: \_\_\_\_\_

**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)              |

Applicant's Signature:       Date: 01-13-11

**Part III (to be filled out by Commissioner):**

Appointment to be made at BCC Meeting on: \_\_\_\_\_

Commissioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO: ADVISORY BOARD MEMBERS**

**FROM: ROBERT WEISMAN  
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &  
CODE OF ETHICS**

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---

**Acknowledgment of Receipt**

NAME: Linda Delmont  
Print or Type

ADVISORY BOARD(S): HS/HS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 01-13-11

Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN  
COUNTY ADMINISTRATOR

RECD MAR 11 2010

RE: PALM BEACH COUNTY CODE OF ETHICS

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<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_ At this time, I have no contracts with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, or have any questions, please contact Patty Hindle at (561) 355-3229.

**Acknowledgment of Receipt**

NAME: Linda Delmont  
Print or Type

ADVISORY BOARD(S): HS/ETHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 01-13-11

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

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**Part I (to be filled out by Department):** (Please Print)

Board Name: Head Start/Early Head Start Policy Council

At Large Appointment or  District Appointment

Term of Appointment: \_\_\_\_\_ Years. From: 4-5-11 To: 4-4-2011  
11/16/2010 11/16/2011

Seat Requirement: Tender Love and Care - Representative Seat #: 33-R

\*Reappointment or  New Appointment

or  to complete the term of \_\_\_\_\_ Due to:  Resignation  other  
Completion of term to expire on: \_\_\_\_\_

**\*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

**Part II (to be filled out and signed by Applicant):** (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: E PHRAIM KELLIE V  
Last First Middle

Occupation/Affiliation: \_\_\_\_\_

Business Name: DEPT. OF AGRICULTURE + CONSUMER SERVICES

Business Address: 1675 PALM BEACH LAKES BLVD

City & State: WEST PALM BEACH, FL Zip Code: 33401

Residence Address: 944 SUMTEC RD EAST

City & State: WEST PALM BCH, FL Zip Code: 33415

Home Phone: (661) Business Phone: ( ) Ext. \_\_\_\_\_

Cell Phone: (561) 856 1755 Fax: ( )

Email Address: \_\_\_\_\_

Mailing Address preference:  Business  Residence

Have you ever been convicted of a felony: Yes \_\_\_\_\_ No   
If Yes, state the court, nature of offense, disposition of case and date: N/A

**Minority Identification Code:**

- IF (Native-American Female)  IM (Native-American Indian Male)  
 AF (Asian-American Female)  AM (Asian-American Male)  
 BF (African-European-American Female)  BM (African-American Male)  
 HF (Hispanic-American Female)  HM (Hispanic-American Male)  
 WF (Caucasian Female)  WM (Caucasian Male)

Applicant's Signature:  Date: 10-15-10

**Part III (to be filled out by Commissioner):**

Appointment to be made at BCC Meeting on: \_\_\_\_\_

Commissioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO: ADVISORY BOARD MEMBERS**

**FROM: ROBERT WEISMAN  
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &  
CODE OF ETHICS**

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---

**Acknowledgment of Receipt**

NAME: KELLIE EPHRAIM

Print or Type

ADVISORY BOARD(S): NS/OTIS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature:  Date: 10-15-10

**Please sign and return to Administration in self-addressed envelope provided.**

Revised 3/15/10





TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN  
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

**OR**

At this time, I nor my employer have contract(s) with the Board of County Commissioners

**As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.**

If you are unable to access the training and/or Ordinance on the web, please contact {Insert Liaison Name Here} at {Insert Telephone Number Here} for other arrangements.

**Acknowledgement of Receipt**

NAME: Kellie EPHEAUM  
Print or Type

FIRM/COMPANY/ORGANIZATION: \_\_\_\_\_

ADVISORY BOARD(S): HS/ETHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 10-15-10

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

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

*The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.*

**Part I (to be filled out by Department):** (Please Print)

Board Name: Head Start/Early Head Start Policy Council

At Large Appointment                      or                       District Appointment

Term of Appointment: \_\_\_\_\_ Years.                      From: 4-5-11 To: 4-4-2014

Seat Requirement: Tender Love & Care                      Seat #: 33 R

\*Reappointment                      or                       New Appointment

or  to complete the term of \_\_\_\_\_ Due  resignation  other to: \_\_\_\_\_

Completion of term to expire on: Tender Love & Care

**\*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 \_\_\_\_\_

**Part II (to be filled out and signed by Applicant):** (Please Print)

**APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Resendiz Last                      Winsome First                      D Middle

Occupation/Affiliation: Homemaker

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Address: 5271 Stacy Street Apt G

City & State West Palm Beach FL Zip Code: 33417

Home Phone: (561) 689 8147 Business Phone: ( ) Ext. \_\_\_\_\_

Cell Phone: (561) 752 6576 Fax: ( ) \_\_\_\_\_

Email Address: Winsome-Resendiz@hotmail.com

Mailing Address preference:  Business  Residence

Have you ever been convicted of a felony: Yes \_\_\_\_\_ No

If Yes, state the court, nature of offense, disposition of case and date: \_\_\_\_\_

**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)              |

Applicant's Signature: Winsome Resendiz                      Date: 11-9-2010

**Part III (to be filled out by Commissioner):**

Appointment to be made at BCC Meeting on: \_\_\_\_\_

Commissioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO: ADVISORY BOARD MEMBERS**

**FROM: ROBERT WEISMAN  
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &  
CODE OF ETHICS**

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As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

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**Acknowledgment of Receipt**

NAME: WINSOME RESENDIZ  
Print or Type

ADVISORY BOARD(S): HS/EMS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Winsome Resendiz Date: \_\_\_\_\_

Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10



TO: **ADVISORY BOARD MEMBERS**

FROM: **ROBERT WEISMAN  
COUNTY ADMINISTRATOR**

RE: **PALM BEACH COUNTY CODE OF ETHICS**

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

**OR**

At this time, I nor my employer have contract(s) with the Board of County Commissioners

**As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.**

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

**Acknowledgment of Receipt**

NAME: WINSOME D RESENDIZ  
Print or Type

FIRM/COMPANY/ORGANIZATION: \_\_\_\_\_

ADVISORY BOARD(S): HS/EHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Winsome Resendiz Date: 12-9-2010

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.



**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
HEAD START/EARLY HEAD START POLICY COUNCIL**

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**I. AUTHORITY :**

Resolution No. R-92-444, adopted 3/24/92, repealed and replaced by Resolution No. R2000-1866 on November 21, 2000; repealed and replaced by Resolution No. R2006-1878 on September 12, 2006.

**II. APPOINTING BODY :**

Board of County Commissioners

**III. COMPOSITION, QUALIFICATIONS, TERMS & REMOVAL :**

There will be a total of 33 members of the Policy Council. At all times there shall be an odd number of membership positions on the Head Start/Early Head Start Policy Council. In the event of a change in the number of Head Start/Early Head Start centers or programs, that will result in a change in the number of parent members, the number of community representatives will be adjusted accordingly so that an odd number of members is retained to maintain at least a 51% parent membership.

(A) Parent Members: At least 51% of the members of the Head Start/Early Head Start Policy Council must be parents of Head Start/Early Head Start children presently enrolled in the PBC Head Start program. ("Parent members"). One parent member and at least one alternate shall be elected by the parents of children currently enrolled in the Head Start/Early Head Start Program at each center operated by PBC and each service area of the Early Head Start program. Alternate members may only vote at meetings at which the elected member is absent. However, the number of parent members may vary depending upon the number of centers and programs in operation. All parents serving on the Head Start/Early Head Start Policy Council as members or as alternates must be approved by the BCC.

(B) Community Representatives: Nine (9) members of the Head Start/Early Head Start Policy Council shall be representatives of the Community. ("Community representatives"). Community representatives must represent major public or private agencies or major community, civic or professional organizations which have a concern for children of low income families or may be parents of former Head Start /Early Head Start children. It is preferred that at least one member of the Head Start/Early Head Start Policy Council have a fiscal or accounting background.

(C) All Community representatives shall be at-large appointments of the BCC and ratified by the elected parent members of the Head Start/Early Head Start Policy Council.

Conditions of Membership: Residency Requirement. All members must be residents of Palm Beach County at the time of appointment and while serving on the Council. County employees may not be appointed to the Head Start/Early Head Start Policy Council. Terms of Appointment: The term of membership shall be for three (3) years, however each year, Policy Council Members

**EXTENDED COMPOSITION :**

must be voted in by the Policy Council. Vacancies occurring during a term shall be filled for the unexpired term and in the manner described above. In no event may a member serve for more than three (3) years pursuant to federal regulations.

**IV. MEETINGS :**

Fourth Wednesday of the month at 6:00 p.m. at 3323 Belvedere Road, Building 509, West Palm Beach

V. FUNCTIONS :

The Council shall have general responsibility for establishing a method of hearing and resolving Community complaints about the Head Start program. They shall have operating responsibility for conducting self-evaluation of the County's Head Start/Early Head Start program. They must be consulted on the identification of child development needs in the area to be served and on the standards for ensuring that space, equipment and supplies are acquired as needed. They may be consulted on the directive given to Head Start/Early Head Start staff in day-to-day operations.

VI. LIAISON INFORMATION :

LIAISON DEPARTMENT

Community Services

CONTACT PERSON

Nicole Muhammad

ADDRESS

3323 Belvedere Rd Bldg 501  
West Palm Beach FL 33406  
Phone # 561-233-1634



HEAD START/EARLY HEAD START POLICY COUNCIL

SEAT ID	CURRENT MEMBER	ROLE TYPE	RACE CODE	GENDER	BUSINESS / HOME PHONE	SEAT REQUIREMENT	APPOINT DATE	RE-APPOINT DATE	EXPIRE DATE
<b>Appointed By : AT Large</b>									
1	Karen Hill-Simpson 1306 N Mangonia Dr West Palm Beach FL 33401	Member	AA	F	561-655-2958	Community Rep.	11/16/2010		11/15/2013
<b>NOMINATED BY :</b>									
2	Mickale Linton 7117 Hawks Nest Ter West Palm Beach FL 33407	Member	AA	M	561-202-5293	Community Rep.	11/16/2010		11/15/2013
<b>NOMINATED BY :</b>									
3	Tamara Starks 161 S Flame Ave Pahokee FL 33476	Member	AA	F	561-924-7302	Community Rep.	11/16/2010		11/15/2013
<b>NOMINATED BY :</b>									
4	Marie Saget 5290 NW 6th Ct Apt D Delray Beach FL 33445	Member	AA	F	561-637-6159	Community Rep.	11/16/2010		11/15/2013
<b>NOMINATED BY :</b>									

Appointed -- : AT Large

5 Vacant Member UN M -- Community Rep.

FL

NOMINATED BY :

6 Vacant Member UN M -- Community Rep.

FL

NOMINATED BY :

7 Vacant Member UN M -- Community Rep.

FL

NOMINATED BY :

8 Vacant Member UN M -- Community Rep.

FL

NOMINATED BY :



Appointed By : AT Large

9 Vacant Member UN M -- Community Rep.  
FL

NOMINATED BY :

10 Alicia Jean-Francois Member AA F 561-577-7227 Parent Representative Boynton Beach 11/16/2010 11/02/2012  
150 NE 27th Ct  
Boynton Beach FL 33435

NOMINATED BY :

10 Vacant Alternate M. UN M -- Parent Representative Boynton Beach  
FL

NOMINATED BY :

11 Kenna Moore Member CA F 561-799-9251 Parent Representative Jupiter 11/16/2010 11/02/2012  
6346 Lauderdale St  
Jupiter FL 33458

NOMINATED BY :

Appointed by : AT Large

11	Kimberly Dokes-Warren 17348 Lincoln Ln Jupiter FL 33458	Alternate M	AA	F	561-575-3142	Parent Representative Jupiter	11/16/2010	11/15/2013
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NOMINATED BY :

12	Jaquanda Miller 765 SW 12th Belle Glade FL 33430	Member	AA	F	561-996-2270	Parent Representative South Bay	11/16/2010	05/04/2012
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NOMINATED BY :

12	Aiyani Gibbons 900 NE 20th Ter Belle Glade FL 33430	Alternate M	AA	F	561-996-0730	Parent Representative South Bay	11/16/2010	09/26/2011
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NOMINATED BY :

13	Crystal Trevino 1118 NE 20th St Belle Glade FL 33430	Member	HA	F	561-983-3988	Parent Representative Palm Glades	11/16/2010	11/15/2013
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NOMINATED BY :

Appointed by : AT Large

13	Alnesha Nelson 208 NW Avenue "H" Belle Glade FL 33430	Alternate M	AA	F	561-983-1313	Parent Representative Palm Glades	11/16/2010	11/02/2012
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NOMINATED BY :

13	Natasha Beckles 901 Palm Glade Dr Belle Glade FL 33430	Alternate M	UN	F	561-996-8124		11/16/2010	11/15/2013
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NOMINATED BY :

14	Vania Penta 4930 NW 5th St Delray Beach FL 33445	Member	UN	F	561-499-4968	Parent Representative Delray Beach	11/16/2010	11/02/2012
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NOMINATED BY :

14	Malissa Johnson 715 SW 2nd Ct Delray Beach FL 33444	Alternate M	AA	F	561-865-5894	Parent Representative Delray Beach	11/16/2010	11/02/2012
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NOMINATED BY :

Appointed : AT Large

15 Ebony Jackson Member AA F 561-502-8604 Parent Representative Pahokee 11/16/2010 05/04/2012  
817 McClure Rd  
Pahokee FL 33476

NOMINATED BY :

15 Kenzea Osborne Alternate M AA F 561-449-4988 Parent Representative Pahokee 11/03/2009 11/16/2010 11/02/2012  
2538 SW 14th Ter  
Pahokee FL 33476

NOMINATED BY :

16 Joann Becerra Member HA F 561-644-4867 Parent Representative Westgate 11/16/2010 11/02/2012  
213 Lainhart Ct  
West Palm Beach FL  
33409

NOMINATED BY :

16 Donna Brown Alternate M AA F 561-951-1339 Parent Representative Westgate 11/16/2010 11/02/2012  
1635 Quail Lake Dr Apt H311  
West Palm Beach FL  
33409

NOMINATED BY :

Appointed by : AT Large

17	Sherline Rickman	Member	AA	F	561-584-8606	Parent Representative Lake Worth	11/16/2010	11/15/2013
	1739 Lake Worth Rd Apt 202 Lake Worth FL 33460							

NOMINATED BY :

17	Christella Movin	Alternate M.	AA	F	561-533-3640	Parent Representative Lake Worth	11/16/2010	11/02/2012
	1736 Lake Worth Rd Apt 101 Lake Worth FL 33460							

NOMINATED BY :

17	Stephanie Deal	Alternate M.	AA	F	561-935-7562	Parent Representative Lake Worth	11/16/2010	11/15/2013
	4305 Coventry Pointe Way Lake Worth FL 33461							

NOMINATED BY :

18	Barbara Thomas	Member	AA	F	561-845-7957	Parent Representative Riviera Beach	11/16/2010	11/02/2012
	1641 W 34th St Riviera Beach FL 33404							

NOMINATED BY :

Appointed by : AT Large

18	Tashina Weathers	Alternate M.	AA	F	561-644-4301	Parent Representative Riviera Beach	11/16/2010		11/02/2012
	1555 MLK, Jr. Blvd Apt K107 Riviera Beach FL 33404								

NOMINATED BY :

19	Ivory Sherrod	Member	AA	F	561-856-3683	Parent Representative W. Palm Beach	11/03/2009	11/16/2010	11/02/2012
	4775 Australian Ave Apt 18-21 West Palm Beach FL 33407								

NOMINATED BY :

19	Patricia Trought	Alternate M.	AA	F	561-623-7622	Parent Representative W. Palm Beach	11/16/2010		11/02/2012
	1500 N Congress Ave Apt A32 West Palm Beach FL 33401								

NOMINATED BY :

19	Jacquelyn Palmer	Alternate M.	AA	F	561-707-7492	Parent Representative W. Palm Beach	11/16/2010		11/15/2013
	1452 9th St West Palm Beach FL 33401								

NOMINATED BY :

Appointed by : AT Large

20	Luckner Otalus	Member	AA	M	561-909-8220	Parent Rep. Union Baptist Head Start	11/16/2010	11/02/2012
	423 Silver Beach Rd Lake Park FL 33403							

NOMINATED BY :

20	Latoia Jennings	Alternate M	AA	F	561-236-7766	Parent Rep. Union Baptist Head Start	11/16/2010	11/02/2012
	1598 W 19th St Riviera Beach FL 33404							

NOMINATED BY :

21	Magdalena Bazile	Member	AA	F	561-424-6157	Parent Rep/EHS/Delray Beach	11/16/2010	09/26/2011
	219 SW 1st Ave Delray Beach FL 33444							

NOMINATED BY :

21	Casetra Frederick	Alternate M	AA	F	561-809-5654	Parent Rep/EHS/Delray Beach	11/16/2010	11/02/2012
	921 SW 10th Ave Delray Beach FL 33444							

NOMINATED BY :

Appointed By : AT Large

21 Charlemagne Louis-Charles Alternate M AA M 561-201-3902 Parent Rep/EHS/Delray Beach 11/16/2010 11/15/2013  
2925 SW 22nd Ave Apt 204  
Delray Beach FL 33445

NOMINATED BY :

22 Guilene Beaubrun Member AA F 561-729-1968 Parent Rep/Achievement Center 11/16/2010 11/15/2013  
617 SW 7th Ave  
Delray Beach FL 33444

NOMINATED BY :

22 Madelyn Victor Alternate M AA F 561-542-5221 Parent Rep/Achievement Center 11/16/2010 11/15/2013  
2627 NE 4th Ct  
Boynton Beach FL 33435

NOMINATED BY :

23 Vacant Member UN M -- Family Child Care Operator  
FL

NOMINATED BY :



Appointed by : AT Large

24 Sakina Bivins Member AA F 561-882-0154 Early Head Start Home Based 11/03/2009 11/16/2010 11/02/2012  
226 W 24th St  
Riviera Beach FL 33404

NOMINATED BY :

24 Marie Severe Alternate M. AA F 561-543-3971 Early Head Start Home Based 11/16/2010 11/02/2012  
3650 E Sandpiper Dr Apt 7  
Boynton Beach FL 33436

NOMINATED BY :

25 Rose Corso Member CA F 561-706-0543 Parent Rep/Florence Fuller CDC 11/16/2010 11/15/2013  
10429 Greenbriar Ct  
Boca Raton FL 33432

NOMINATED BY :

26 Marie Plaisir Member AA F 786-975-9930 Parent Rep/Apostolic CDC 11/16/2010 11/15/2013  
5100 45th St Apt 5A  
West Palm Beach FL  
33407

NOMINATED BY :

Appointed by : AT Large

26	Jennifer Carter	Alternate M	AA	F	561-804-6958		11/16/2010	11/15/2013
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817 7th St  
West Palm Beach FL  
33401 3831

NOMINATED BY :

27	Melissa Brown	Member	AA	F	561-809-3662	Parent Rep/A Step Above	11/16/2010	11/02/2012
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1628 NE 2nd Ct  
Boynton Beach FL 33435

NOMINATED BY :

27	Vacant	Alternate M	UN	M	--	Parent Rep/A Step Above		
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FL

NOMINATED BY :

28	Vacant	Member	UN	M	--	Parent Rep/Emmanuel CDC		
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FL

NOMINATED BY :

Appointed By : AT Large

28 Vacant Alternate M UN M -- Parent Rep/Emmanuel CDC

FL

NOMINATED BY :

29 Romona Coleman Member AA F 561-574-4157 Parent Rep/Kings Kids 11/16/2010 11/15/2013

4755 Hampton Ct Apt 203 Eig  
West Palm Beach FL  
33407

NOMINATED BY :

29 Vacant Alternate M UN M -- Parent Rep/Kings Kids

FL

NOMINATED BY :

30 Marie-France Augustin Member AA F 561-683-2806 Parent Rep/My First Steps 11/16/2010 11/02/2012

1019 Lake Terry Dr Apt A  
West Palm Beach FL  
33411

NOMINATED BY :

Appointed : AT Large

30 Vacant Alternate M UN M -- Parent Rep/My First Steps

FL

**NOMINATED BY :**

31 J. Jarrodd Cadore Member AA M 561-324-6369 11/16/2010 11/02/2012  
2400 N Seacrest Blvd  
Boynton Beach FL 33435

**NOMINATED BY :**

31 Alexandra Ritchie Alternate M CA F 561-215-6268 Parent Rep/San Castle EHS 11/16/2010 11/02/2012  
320 Tulip Tree Dr  
Lantana FL 33462

**NOMINATED BY :**

32 Jaseth Minott Member AA F 561-337-7866 Parent Rep/YMCA 11/16/2010 11/15/2013  
18559 Hamlin Blvd  
Loxahatchee FL 33470

**NOMINATED BY :**

Appointed : AT Large

32	Rhonda Wynds	Alternate M	AA	F	561-795-9835	Parent Rep/YMCA	11/16/2010	11/15/2013
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134 Bilbao St  
Royal Palm Beach FL  
33411

NOMINATED BY :

33	Vacant	Member	UN	M	--	Parent Rep/Tender Love & Care	/ /	
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FL

NOMINATED BY :