



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2012	2013	2014	2015	2016
Capital Expenditures					
Operating Costs	13,355				
External Revenue	(13,555)				
Program Income					
In-Kind Match (County)					
<b>NET FISCAL IMPACT</b>	<b>0</b>				

# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included In Current Budget? Yes \_\_\_\_\_ No X  
 Budget Account No.: Fund 1002 Dept 147 Unit 1451/1457/1458/1464/1465 Object Various  
 Program Code Various Program Period Various

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**  
 Notice of Award submitted on September 11, 2012 Agenda. No County funds are required.

**C. Departmental Fiscal Review:** \_\_\_\_\_  
 Taruna Malhotra, Director, Financial & Support Svcs.

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Development and Control Comments:**

OFMB \_\_\_\_\_ 8/23/12  
 cc 8/23/12  
 Contract Development and Control \_\_\_\_\_ 8/27/12

**B. Legal Sufficiency:**

\_\_\_\_\_ 8/30/12  
 Chief Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

**AMENDMENT 001 TO HEAD START DELEGATE AGENCY AGREEMENT**

**THIS AMENDMENT 001 TO THE HEAD START DELEGATE AGENCY AGREEMENT** dated December 6, 2011 (R2011-1899), made and entered into on this day of \_\_\_\_\_, by and between Palm Beach County, a Political Subdivision of the State of Florida herein referred to as the COUNTY, and Florence Fuller Child Development Centers, Inc., a corporation authorized to do business in the State of Florida, herein referred to as the DELEGATE AGENCY.

**WITNESSETH:**

**WHEREAS**, the need exists to amend the AGREEMENT to increase the Agreement amount by \$4,159 for the period of October 1, 2011 through September 30, 2012, to reflect the Fiscal Year 2012 Department of Health and Human Services permanent Cost of Living Adjustment (COLA). County obligations under this agreement are subject to receipt of Notice of Award.

**NOW, THEREFORE**, the above named parties hereby mutually agree that the AGREEMENT is hereby amended as follows:

- I. So much as Article 3 reads One Million Five Thousand, Seven Hundred Nineteen Dollars (\$1,005,719) is amended to read One Million Nine Thousand, Eight Hundred Seventy-Eight Dollars (\$1,009,878) in accordance with the budget set forth herein as Exhibit B1 hereof.
- II. The existing Exhibit "B" Schedule of Payment and Budget Data is deleted in its entirety and Exhibit "B1" attached hereto is substituted in its stead.

**OTHER PROVISIONS**

All provisions in the Agreement or Exhibits to the AGREEMENT in conflict with this Amendment and Exhibits or Attachments thereto are hereby changed to conform to this Amendment.

All provisions not in conflict with the Amendment are still in effect and are to be performed at the same level as specified in the AGREEMENT.

**IN WITNESS WHEREOF**, the parties hereto have caused this 1 page Amendment to be executed by their officials thereupon duly authorized.

**ATTEST:**  
Sharon R. Bock, Clerk & Comptroller

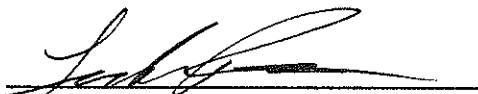
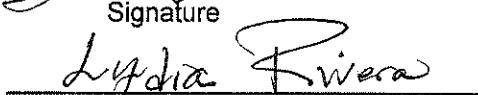
**PALM BEACH COUNTY, FLORIDA**  
**BY ITS BOARD OF COUNTY**  
**COMMISSIONERS**

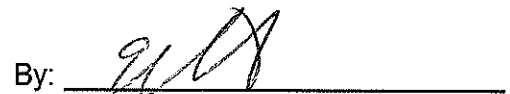
By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Shelley Vana, Chair

WITNESS:

DELEGATE AGENCY: FLORENCE FULLER  
CHILD DEVELOPMENT CENTERS, INC.

  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Name (type or print)

By:   
\_\_\_\_\_  
Signature  
Ellyn Okrent  
\_\_\_\_\_  
Name (type or print)  
Chief Executive Officer  
\_\_\_\_\_  
Title

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS  
AND CONDITIONS

By: \_\_\_\_\_  
County Attorney

By: \_\_\_\_\_  
Department Head

**EXHIBIT "B1"**

**FOR PAYMENT AND BUDGET DATA FOR REIMBURSABLE SCHEDULE EXPENSES ONLY  
FOR DELEGATE AGENCY AGREEMENT WITH: FLORENCE FULLER CHILD  
DEVELOPMENT CENTERS, INC.**

BILLING RATE: 25.99563

Based on Maximum Enrollment  
of 156 Children

<u>MONTH OF</u>	<u>DAYS</u>	<u>BILLING RATE</u> PER MONTH
October 2011	21	\$85,161.68
November 2011	20	\$81,106.37
December 2011	17	\$68,940.41
January 2012	21	\$85,161.68
February 2012	21	\$85,161.68
March 2012	22	\$89,217.00
April 2012	21	\$85,161.68
May 2012	22	\$89,217.00
June 2012	21	\$85,161.68
July 2012	21	\$85,161.68
August 2012	22	\$89,217.00
September 2012	19	\$77,051.05
Total number of Care Days	<u>248</u>	<u>\$1,005,718.93</u>

BUDGET DATA

Payment will only be made for budgeted categories up to the maximum amount set forth below:

<u>COST CATEGORY</u>	<u>AUTHORIZED AMOUNT</u>
To provide Head Start services for 156 children and their families for 248 days at a rate of \$25.99563 per child/per day for 3 & 4 year olds for a total of	\$1,005,718.93
Permanent Cost of Living Adjustment (COLA)	\$ 4,159.00
<b>MAXIMUM AMOUNT AUTHORIZED UNDER THIS AGREEMENT</b>	<b>\$1,009,878</b>

All payments are subject to availability to the COUNTY of funds from the various sources funding this Agreement:

U.S. Department of Health and Human Services (Federal)	\$691,166
Palm Beach County (Non-Federal Match)	\$171,777
Palm Beach County (Non-Federal Overmatch)	<u>\$146,935</u>
<b>TOTAL</b>	<b>\$1,009,878</b>

The DELEGATE AGENCY shall maintain records in auditable form that permit allocation of the expenses to the various funding sources.

1. In accordance with the Head Start Performance Standards Attendance guidelines (1305.8):

(A) The DELEGATE AGENCY will be paid for the full month care days and children as stated above in Exhibit B. **The COUNTY will be responsible for enrollment.** The DELEGATE AGENCY will not be penalized in the event of under enrollment. A child is considered enrolled (slot filled) up to 30 calendar days after officially terminated and the slot is not filled by another eligible child.

New Delegates/Child Care Providers/Contract Providers will be paid for the full month care days and children as stated above in Exhibit B for the first two months of services provided to the children. Payment to the DELEGATE AGENCY will be evaluated on a monthly basis. The DELEGATE AGENCY should endeavor to reach enrollment capacity within this period.

(B) In catastrophic conditions which are beyond the control of the DELEGATE AGENCY which prevents the centers from being opened, the DELEGATE AGENCY may be paid for the full month care days and children as stated above in Exhibit B. Payment to the DELEGATE AGENCY will be evaluated on an individual basis with the potential that the termination clause (Article 5) could be invoked.

(C) In conditions when the monthly average daily attendance rate is below 85% the daily rate per child will be applied along with the following:

Pre-school children enrolled in the Head Start Program will be allowed six (6) days of paid absences. Infants and toddlers enrolled in the Early Head Start Program will be allowed seven (7) days of paid absences in any given month. Pre-school children, infants, toddlers and their families, are allowed absences above the six (6) or seven (7) day limit, but not exceeding thirty (30) consecutive days of absences, when children and families experience extenuating circumstances that warrant payment above the six (6) or seven (7) day limit. **Holidays will not be counted as paid absences.** These occurrences of extenuating circumstances must be documented and approved by the COUNTY. The following are categories of extenuating circumstances and some examples that will be considered for payment:

1. Child or other family members illness must be documented with a doctor's note (severe medical conditions with a doctor's note that identifies days absent);
2. Transportation problems (car breaks down and family is unable to obtain other means of transportation);
3. Family emergencies/vacation (extensive travel to native country; other state/city for death or illness in family);
4. Crisis situation at home (mother on maternity leave and keeps child home or death in family locally);

Absence resulting from extenuating circumstances included on monthly payment requests must be supported by proper documentation. Proper documentation shall include but not be limited to:

- A. Doctor's note;
- B. Results of Family Services Specialist parent contact; (case notes) and/or
- C. Notarized statement from parent including dates of absence.

**Documentation should not be submitted with the monthly payment requests, but maintained by the Family Services Specialist (FSS).**

These instances will be reviewed on a case-by-case basis by the COUNTY.

After thirty (30) consecutive days of absences, the pre-school children, infant/toddler's slot may be terminated, and a vacancy will exist. In extenuating circumstances, the family is to be advised that the pre-school children infant/toddler will be given first priority once a slot is available for re-enrollment. Reimbursement requests must include supportive documentation as listed above, and will be reviewed on a case-by-case basis.

2. DELEGATE AGENCY will be paid at the daily rate set forth above for up to three (3) days 6 annual Pre-Service Training provided all staff is in attendance. It is mandatory that all Head Start and Early Head Start staff of all CONTRACT PROVIDERS and CHILD CARE PROVIDERS attend the **Pre-Service Training!** **To verify staff attendance, the DELEGATE AGENCY will submit a written and signed memo with the names of the staff who attended training.**

3. The DELEGATE AGENCY will be allowed up to three (3) **Early Release Days** during a contract/agreement period to be used for planning and in-service training. The DELEGATE AGENCY will inform the COUNTY which days are designated for Early Release.

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Nothing below this line

**AMENDMENT 001 TO HEAD START DELEGATE AGENCY AGREEMENT**

**THIS AMENDMENT 001 TO THE HEAD START DELEGATE AGENCY AGREEMENT** dated December 6, 2012 (R2011-1892), made and entered into on this day of \_\_\_\_\_, by and between Palm Beach County, a Political Subdivision of the State of Florida herein referred to as the COUNTY, and Hispanic Human Resources Council, Inc., a corporation authorized to do business in the State of Florida, herein referred to as the DELEGATE AGENCY.

**WITNESSETH:**

**WHEREAS**, the need exists to amend the AGREEMENT to increase the Agreement amount by \$6,957, for the period of October 1, 2011 through September 30, 2012, to reflect the Fiscal Year 2012 Department of Health and Human Services permanent Cost of Living Adjustment(COLA). County obligations under this agreement are subject to receipt of Notice of Award.

**NOW, THEREFORE**, the above named parties hereby mutually agree that the AGREEMENT is hereby amended as follows:

- I. So much as Article 3 reads One Million, Six Hundred Eighty-Two Thousand, Six Hundred Forty- Seven Dollars (\$1,682,647) is amended to read One Million Six Hundred Eighty-Nine Thousand, Six Hundred Four Dollars (\$1,689,604) in accordance with the budget set forth herein as Exhibit B1 hereof.
- II. The existing Exhibit "B" Schedule of Payment and Budget Data is deleted in its entirety and Exhibit "B1" attached hereto is substituted in its stead.

**OTHER PROVISIONS**

All provisions in the Agreement or Exhibits to the AGREEMENT in conflict with this Amendment and Exhibits or Attachments thereto are hereby changed to conform to this Amendment.

All provisions not in conflict with the Amendment are still in effect and are to be performed at the same level as specified in the AGREEMENT.

**IN WITNESS WHEREOF**, the parties hereto have caused this 1 page Amendment to be executed by their officials thereupon duly authorized.

**ATTEST:**  
**Sharon R. Bock, Clerk & Comptroller**

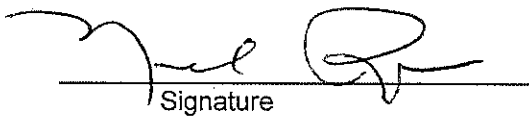
**PALM BEACH COUNTY, FLORIDA**  
**BY ITS BOARD OF COUNTY COMMISSIONERS**

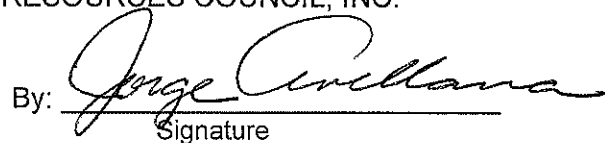
By: \_\_\_\_\_  
Deputy Clerk

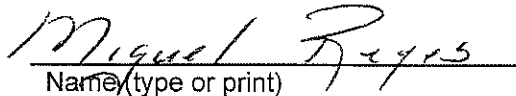
By: \_\_\_\_\_  
Shelley Vana, Chair

WITNESS:

DELEGATE AGENCY: HISPANIC HUMAN RESOURCES COUNCIL, INC.

  
\_\_\_\_\_  
Signature

By:   
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Name (type or print)

Jorge Avellana  
Name (type or print)

Executive Director  
Title

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND CONDITIONS

By: \_\_\_\_\_  
County Attorney

By: \_\_\_\_\_  
Department Head

**EXHIBIT "B1"**

**SCHEDULE FOR PAYMENT AND BUDGET DATA FOR REIMBURSABLE EXPENSES ONLY FOR DELEGATE AGENCY AGREEMENT WITH: HISPANIC HUMAN RESOURCES COUNCIL, INC.**

BILLING RATE: 25.99566

Based on Maximum Enrollment  
of 261 Children

<u>MONTH OF</u>	<u>DAYS</u>	<u>BILLING RATE</u> PER MONTH
October 2011	21	\$142,482.21
November 2011	20	\$135,697.35
December 2011	20	\$135,697.35
January 2012	20	\$135,697.35
February 2012	21	\$142,482.21
March 2012	22	\$149,267.08
April 2012	19	\$128,912.48
May 2012	21	\$142,482.21
June 2012	21	\$142,482.21
July 2012	21	\$142,482.21
August 2012	22	\$149,267.08
September 2012	20	\$135,697.35
Total number of Care Days	<u>248</u>	<u>\$1,682,647.08</u>

BUDGET DATA

Payment will only be made for budgeted categories up to the maximum amount set forth below:

<u>COST CATEGORY</u>	<u>AUTHORIZED AMOUNT</u>
To provide Head Start services for 261 children and their families for 248 days at a rate of \$25.99566 per child/per day for 3 & 4 year olds for a total of	\$1,682,647.08
Permanent Cost of Living Adjustment (COLA)	\$ 6,957.00

MAXIMUM AMOUNT AUTHORIZED UNDER THIS AGREEMENT      \$1,689,604

All payments are subject to availability to the COUNTY of funds from the various sources funding this Agreement:

U.S. Department of Health and Human Services (Federal)	\$1,156,373
Palm Beach County (Non-Federal Match)	\$ 287,396
Palm Beach County (Non-Federal Overmatch)	<u>\$ 245,835</u>
TOTAL	\$1,689,604

The DELEGATE AGENCY shall maintain records in auditable form that permit allocation of the expenses to the various funding sources.

1. In accordance with the Head Start Performance Standards Attendance guidelines (1305.8):

(A) The DELEGATE AGENCY will be paid for the full month care days and children as stated above in Exhibit B. **The COUNTY will be responsible for enrollment.** The DELEGATE AGENCY will not be penalized in the event of under enrollment. A child is considered enrolled (slot filled) up to 30 calendar days after officially terminated and the slot is not filled by another eligible child.

New Delegates/Child Care Providers/Contract Providers will be paid for the full month care days and children as stated above in Exhibit B for the first two months of services provided to the children. Payment to the DELEGATE AGENCY will be evaluated on a monthly basis. The DELEGATE AGENCY should endeavor to reach enrollment capacity within this period.

(B) In catastrophic conditions which are beyond the control of the DELEGATE AGENCY which prevents the centers from being opened, the DELEGATE AGENCY may be paid for

the full month care days and children as stated above in Exhibit B. Payment to the DELEGATE AGENCY will be evaluated on an individual basis with the potential that the termination clause (Article 5) could be invoked.

(C) In conditions when the monthly average daily attendance rate is below 85% the daily rate per child will be applied along with the following:

Pre-school children enrolled in the Head Start Program will be allowed six (6) days of paid absences. Infants and toddlers enrolled in the Early Head Start Program will be allowed seven (7) days of paid absences in any given month. Pre-school children, infants, toddlers and their families, are allowed absences above the six (6) or seven (7) day limit, but not exceeding thirty (30) consecutive days of absences, when children and families experience extenuating circumstances that warrant payment above the six (6) or seven (7) day limit. **Holidays will not be counted as paid absences.** These occurrences of extenuating circumstances must be documented and approved by the COUNTY. The following are categories of extenuating circumstances and some examples that will be considered for payment:

1. Child or other family members illness must be documented with a doctor's note (severe medical conditions with a doctor's note that identifies days absent);
2. Transportation problems (car breaks down and family is unable to obtain other means of transportation);
3. Family emergencies/vacation (extensive travel to native country; other state/city for death or illness in family);
4. Crisis situation at home (mother on maternity leave and keeps child home or death in family locally);

Absence resulting from extenuating circumstances included on monthly payment requests must be supported by proper documentation. Proper documentation shall include but not be limited to:

- A. Doctor's note;
- B. Results of Family Services Specialist parent contact; (case notes) and/or
- C. Notarized statement from parent including dates of absence.

**Documentation should not be submitted with the monthly payment requests, but maintained by the Family Services Specialist (FSS).**

These instances will be reviewed on a case-by-case basis by the COUNTY.

After thirty (30) consecutive days of absences, the pre-school children, infant/toddler's slot may be terminated, and a vacancy will exist. In extenuating circumstances, the family is to be advised that the pre-school children infant/toddler will be given first priority once a slot is available for re-enrollment. Reimbursement requests must include supportive documentation as listed above, and will be reviewed on a case-by-case basis.

2. DELEGATE AGENCY will be paid at the daily rate set forth above for up to three (3) days for annual Pre-Service Training provided all staff is in attendance. It is mandatory that all Head Start and Early Head Start staff of all CONTRACT PROVIDERS and CHILD CARE PROVIDERS attend the **Pre-Service Training! To verify staff attendance, the DELEGATE AGENCY will submit a written and signed memo with the names of the staff who attended training.**

3. The DELEGATE AGENCY will be allowed up to three (3) **Early Release Days** during a contract/agreement period to be used for planning and in-service training. The DELEGATE AGENCY will inform the COUNTY which days are designated for Early Release.

---

Nothing below this line



**AMENDMENT 001 TO HEAD START DELEGATE AGENCY AGREEMENT**

**THIS AMENDMENT 001 TO THE HEAD START DELEGATE AGENCY AGREEMENT** dated December 6, 2011 (R2011-1891), made and entered into on this day of \_\_\_\_\_, by and between Palm Beach County, a Political Subdivision of the State of Florida herein referred to as the COUNTY, and The Young Women's Christian Association of Palm Beach, Florida, (YWCA), a corporation authorized to do business in the State of Florida, herein referred to as the DELEGATE AGENCY.

**WITNESSETH:**

**WHEREAS**, the need exists to amend the AGREEMENT to increase the Agreement amount by \$2,239, for the period of October 1, 2011 through September 30, 2012 to reflect the Fiscal Year 2012 Department of Health and Human Services permanent Cost of Living Adjustment(COLA). County obligations under this agreement are subject to receipt of Notice of Award.

**NOW, THEREFORE**, the above named parties hereby mutually agree that the AGREEMENT is hereby amended as follows:

- I. So much as Article 3 reads Five Hundred Forty-One Thousand, Six Hundred Thirty-Two Dollars (\$541,632) is amended to read Five Hundred Forty-Three Thousand, Eight Hundred Seventy-One Dollars (\$543,871) in accordance with the budget set forth herein as Exhibit B1 hereof.
- II. The existing Exhibit "B" Schedule of Payment and Budget Data is deleted in its entirety and Exhibit "B1" attached hereto is substituted in its stead.

**OTHER PROVISIONS**

All provisions in the Agreement or Exhibits to the AGREEMENT in conflict with this Amendment and Exhibits or Attachments thereto are hereby changed to conform to this Amendment.

All provisions not in conflict with the Amendment are still in effect and are to be performed at the same level as specified in the AGREEMENT.

**IN WITNESS WHEREOF**, the parties hereto have caused this 1 page Amendment to be executed by their officials thereupon duly authorized.

**ATTEST:**  
Sharon R. Bock, Clerk & Comptroller

**PALM BEACH COUNTY, FLORIDA**  
**BY ITS BOARD OF COUNTY COMMISSIONERS**

By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Shelley Vana, Chair

**WITNESS:**

**DELEGATE AGENCY: THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION of PALM BEACH, FLORIDA**

Carol Ann Henry  
Signature  
Carol Ann Henry  
Name (type or print)

By: Suzanne Turner  
Signature  
Suzanne Turner  
Name (type or print)  
Executive Director  
Title

**APPROVED AS TO FORM AND LEGAL SUFFICIENCY**

**APPROVED AS TO TERMS AND CONDITIONS**

By: \_\_\_\_\_  
County Attorney

By: \_\_\_\_\_  
Department Head

**EXHIBIT "B1"**

**SCHEDULE FOR PAYMENT AND BUDGET DATA FOR REIMBURSABLE EXPENSES ONLY FOR DELEGATE AGENCY AGREEMENT WITH: THE YWCA.**

BILLING RATE: 26.00

Based on Maximum Enrollment of 84 Children

<u>MONTH OF</u>	<u>DAYS</u>	<u>BILLING RATE</u> PER MONTH
October 2011	21	\$45,864.00
November 2011	20	\$43,680.00
December 2011	17	\$37,128.00
January 2012	20	\$43,680.00
February 2012	21	\$45,864.00
March 2012	22	\$48,048.00
April 2012	21	\$45,864.00
May 2012	22	\$48,048.00
June 2012	21	\$45,864.00
July 2012	21	\$45,864.00
August 2012	23	\$50,232.00
September 2012	19	\$41,496.00
Total number of Care Days	<u>248</u>	<u>\$541,632.00</u>

BUDGET DATA

Payment will only be made for budgeted categories up to the maximum amount set forth below:

<u>COST CATEGORY</u>	<u>AUTHORIZED AMOUNT</u>
To provide Head Start services for 84 children and their families for 248 days at a rate of \$26.00 per child/per day for 3 & 4 year olds for a total of	\$541,632
Permanent Cost of Living Adjustment (COLA)	\$ 2,239
<b>MAXIMUM AMOUNT AUTHORIZED UNDER THIS AGREEMENT</b>	<b>\$543,871</b>

All payments are subject to availability to the COUNTY of funds from the various sources funding this Agreement:

U.S. Department of Health and Human Services (Federal)	\$372,166
Palm Beach County (Non-Federal Match)	\$ 92,495
Palm Beach County (Non-Federal Overmatch)	<u>\$ 79,210</u>
<b>TOTAL</b>	<b>\$543,871</b>

The DELEGATE AGENCY shall maintain records in auditable form that permit allocation of the expenses to the various funding sources.

1. In accordance with the Head Start Performance Standards Attendance guidelines (1305.8):

(A) The DELEGATE AGENCY will be paid for the full month care days and children as stated above in Exhibit B. **The COUNTY will be responsible for enrollment.** The DELEGATE AGENCY will not be penalized in the event of under enrollment. A child is considered enrolled (slot filled) up to 30 calendar days after officially terminated and the slot is not filled by another eligible child.

New Delegates/Child Care Providers/Contract\_Providers will be paid for the full month care days and children as stated above in Exhibit B for the first two months of services provided to the children. Payment to the DELEGATE AGENCY will be evaluated on a monthly basis. The DELEGATE AGENCY should endeavor to reach enrollment capacity within this period.

(B) In catastrophic conditions which are beyond the control of the DELEGATE AGENCY which prevents the centers from being opened, the DELEGATE AGENCY may be paid for the full month care days and children as stated above in Exhibit B. Payment to the DELEGATE AGENCY will be evaluated on an individual basis with the potential that the termination clause (Article 5) could be invoked.

(C) In conditions when the monthly average daily attendance rate is below 85% the daily rate per child will be applied along with the following:

Pre-school children enrolled in the Head Start Program will be allowed six (6) days of paid absences. Infants and toddlers enrolled in the Early Head Start Program will be allowed seven (7) days of paid absences in any given month. Pre-school children, infants, toddlers and their families, are allowed absences above the six (6) or seven (7) day limit, but not exceeding thirty (30) consecutive days of absences, when children and families experience extenuating circumstances that warrant payment above the six (6) or seven (7) day limit. **Holidays will not be counted as paid absences.** These occurrences of extenuating circumstances must be documented and approved by the COUNTY. The following are categories of extenuating circumstances and some examples that will be considered for payment:

1. Child or other family members illness must be documented with a doctor's note (severe medical conditions with a doctor's note that identifies days absent);
2. Transportation problems (car breaks down and family is unable to obtain other means of transportation);
3. Family emergencies/vacation (extensive travel to native country; other state/city for death or illness in family);
4. Crisis situation at home (mother on maternity leave and keeps child home or death in family locally);

Absence resulting from extenuating circumstances included on monthly payment requests must be supported by proper documentation. Proper documentation shall include but not be limited to:

- A. Doctor's note;
- B. Results of Family Services Specialist parent contact; (case notes) and/or
- C. Notarized statement from parent including dates of absence.

**Documentation should not be submitted with the monthly payment requests, but maintained by the Family Services Specialist (FSS).**

These instances will be reviewed on a case-by-case basis by the COUNTY.

After thirty (30) consecutive days of absences, the pre-school children, infant/toddler's slot may be terminated, and a vacancy will exist. In extenuating circumstances, the family is to be advised that the pre-school children infant/toddler will be given first priority once a slot is available for re-enrollment. Reimbursement requests must include supportive documentation as listed above, and will be reviewed on a case-by-case basis.

2. DELEGATE AGENCY will be paid at the daily rate set forth above for up to three (3) days 6 annual Pre-Service Training provided all staff is in attendance. It is mandatory that all Head Start and Early Head Start staff of all CONTRACT PROVIDERS and CHILD CARE PROVIDERS attend the **Pre-Service Training!** **To verify staff attendance, the DELEGATE AGENCY will submit a written and signed memo with the names of the staff who attended training.**

3. The DELEGATE AGENCY will be allowed up to three (3) **Early Release Days** during a contract/agreement period to be used for planning and in-service training. The DELEGATE AGENCY will inform the COUNTY which days are designated for Early Release.

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Nothing below this line