1H-3

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

August 15, 2006

Department:

Community Services

Submitted By:

Head Start & Children Services

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

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: appointment of the following Community Representatives to the Head Start/Early Head Start (HS/EHS) Policy Council for a term of three (3) years, effective September 27, 2006.

| Seat ID# | Name | <u>Term</u> | Nominated By |
|----------|---------------|----------------------|---|
| 2 | Retha Lowe | 09/27/06 to 09/26/09 | Comm. Masilotti Comm. Koons Comm. Newell Comm. McCarty Comm. Greene |
| 6 | Cynthia Smith | 09/27/06 to 09/26/09 | Comm. Masilotti Comm. Koons Comm. Newell Comm. Greene |

Summary: The HS/EHS Performance Standards require that community representation be included in the makeup of the HS/EHS Policy Council. The Council responsibilities include, but are not limited to: criteria selection of children within applicable laws and Health and Human Services guidelines, determining the areas in the community in which programs will operate; determining what services should be provided, personnel issues, and budgetary issues. Of the nine (9) Community Representative seats on the Council, seven (7) are currently vacant. The nominees above meet all applicable guidelines and requirements as outlined in the Performance Standards and Resolution R2000 1866. The parent members of the Council endorsed the nominee recommendations at their June 28, 2006 meeting and the terms of service would begin upon Council's ratification of the BCC appointments. (Head Start) Countywide (TKF).

Background and Justification: Per Resolution Number R2000-1866, dated 11/21/00, the BCC adopted the Head Start/Early Head Start Policy Council. The Council is comprised of twenty five (25) 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. At their June 28 Council meeting, the parent members made recommendations for Community Representative membership. Once approved by the BCC, the appointments will be ratified by the parent members of the Council in accordance with the establishing resolution. Community Representatives may serve a maximum of three (3) years on the Council and the above nominees' effective term will begin upon being ratified by parent members at their September 27, 2006 meeting.

Attachments:

Board Appointment Information Forms

Recommended by:

Legal Sufficiency:

II. REVIEW COMMENTS

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| | | |

Department Director

Other Department Review:

A.

REVISED 06/92 ADM FORM 03 (THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)

PALM BEACH COUNTY **BOARD OF COUNTY COMMISSION**

BOARD APPOINTMENT INFORMATION FORM Part I: Board Name: Head Start / Early Head Start Policy Council [X] At Large Appointment [] District Appointment or Term of Appointment: 3 years. From 9/27/06 To 3003/303/303/39/26/09 Seat Requirement: Community Representative Seat # []**Reappointment [X] New Appointment or or [] to complete the term of_____ []other_____ due to: []resignation completion of term to expire on: ___ Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT Retha Lowe Occupation/Affiliation: City Commissioners Business Name:__ City of Lake Worth 7 North Dixie Highway Business Address: City & State: Lake Worth Zip Code: 33460 Residence Address: 1301 12th Avenue South City & State: Lake Worth, FL Zip Code: 33460 Home Phone: 561-585-7276 Business Phone: 561-586-1730 Mailing Address preference: [] Business Address [X] Residence Other or [] other: See above **Minority Identification Code:** []IF (American Indian Female) []AIM (American Indian Male) []AF (Asian Female) []AM (Asian Male) []BM (Black Male)
[]HM (Hispanic Male) [X]BF (Black Female) []HF (Hispanic Female) []WF (White Female) []WM (White Male) Part III: COMMISSIONER COMMENTS Appointment to be made at BCC Meeting on: ___ *When a person is being considered for re-appointment, the number and nature of previously

disclosed voting conflicts shall be considered by the Board of County Commissioners. ___ Number of previously disclosed voting conflicts.

Date: 1/24/06

| Part I: | • | | |
|---|--|--|-----------------------|
| Board Name: | Head Start | /,Early Head Start Pol | licy Council |
| [X] At Large Appointment | or | [] District Appointmen | nt |
| Term of Appointment:3 | years. From | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXX 9/26/09 |
| Seat Requirement: Comm | nunity Representati | ve | Seat # 2 |
| []**Reappointment | or | [X] New Appointment | t |
| or [] to complete the term of | | | |
| due to: []resignation | []other_ | | |
| completion of term to expire on: | | | |
| | | · | _ |
| Part II: APPLICANT, UNLESS | · | | |
| Name: | | ha_Lowe | |
| Occupation/Affiliation: | City Com | missioners | |
| Business Name: | City of Lak | ke Worth | |
| Business Address: | 7 North D | ixie Highway | |
| City & State: | Lake Wort | <u>th</u> Zip | Code: 33460 |
| Residence Address: | 1301 12 th A | venue South | |
| City & State: | Lake Worth | , FL | Zip Code: 33460 |
| Home Phone: 561-585-7276 | 5 | Business Phon | e: 561-586-1730 |
| Mailing Address preference: [] | Business Address | [X] Residence Other or [] other | er: |
| | See above | | |
| | | | |
| Minority Identification Code: | | | |
| []IF (American Indian Female []AF (Asian Female) [X]BF (Black Female) []HF (Hispanic Female) []WF (White Female) | []AM []BM []HM | (American Indian Male) (Asian Male) (Black Male) (Hispanic Male) White Male) | |
| Part III: COMMISSIONER C | OMMENTS | | |
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| Number of previously disclos | ed voting conflicts | 3. | |
| Signature Sluf | (Ver | Date: | 2/17/06 |

Part I: Board Name:__ [X] At Large Appointment [] District Appointment Term of Appointment: 3 years. From XXXXXXXX9/27/06 To Seat Requirement: Community Representative Seat # []**Reappointment [X] New Appointment or or [] to complete the term of_____ []other_____ due to: resignation completion of term to expire on: ___ Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT Retha Lowe Occupation/Affiliation: City Commissioners City of Lake Worth Business Address: 7 North Dixie Highway Zip Code: 33460 City & State: Lake Worth Residence Address: 1301 12th Avenue South Lake Worth, FL Zip Code: 33460 City & State: Home Phone: 561-585-7276 Business Phone: 561-586-1730 Mailing Address preference: [] Business Address [X] Residence Other or [] other: See above **Minority Identification Code:** []IF (American Indian Female) []AIM (American Indian Male) []AF (Asian Female) []AM (Asian Male) [X]BF (Black Female) []BM (Black Male) (Hispanic Female) HF []HM (Hispanic Male) []WF (White Female) []WM (White Male) Part III: COMMISSIONER COMMENTS Appointment to be made at BCC Meeting on: *When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners. __ Number of previously disclosed voting conflicts.

Signature:___

Part I: Board Name:__ Head Start / Early Head Start Policy Council [X] At Large Appointment or [] District Appointment Term of Appointment: _____3 ___ years. From _____ Seat Requirement: Community Representative Seat #_ []**Reappointment [X] New Appointment or or [] to complete the term of___ []other_____ due to: []resignation completion of term to expire on: ___ Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT Retha Lowe Occupation/Affiliation: City Commissioners Business Name:___ City of Lake Worth Business Address: 7 North Dixie Highway Lake Worth City & State:____ ____ Zip Code: 33460 Residence Address: 1301 12th Avenue South City & State: Lake Worth, FL Zip Code: 33460 Home Phone: 561-585-7276 Business Phone: 561-586-1730 Mailing Address preference: [] Business Address [X] Residence Other or [] other: See above **Minority Identification Code:** []IF (American Indian Female) []AIM (American Indian Male) []AF (Asian Female) []AM (Asian Male) [X]BF (Black Female) []BM (Black Male) (Hispanic Female) []HF []HM (Hispanic Male) []WF (White Female) []WM (White Male) **Part III: COMMISSIONER COMMENTS** Appointment to be made at BCC Meeting on: ___ *When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners. ___ Number of previously disclosed voting conflicts.

Date: 7-19-06

Signature For County Mary Mary

| Board Name: | Head Start Policy | Council | | |
|---|------------------------|---------------------------------------|----------------------------------|---------------------------------------|
| [X] At Large Appointment | or | [] District | Appointment | |
| Term of Appointment:3 ye | ears. From | 08 / 15 /06 | To | 09 / 30 / 09 |
| Seat Requirement: Commu | nity Representative | | <u> </u> | Seat # 8 |
| []**Reappointment | or | [X] New A | Appointment | |
| or [] to complete the term of | | | | · · · · · · · · · · · · · · · · · · · |
| due to: []resignation | []other | <u></u> | | |
| completion of term to expire on: | | | | |
| Part II: APPLICANT, UNLESS E | VEMDTED MIST | DE A COUNTY | DECIDENT | |
| Name: | | | | |
| Occupation/Affiliation: | | • | | |
| Business Name: | | | | |
| Business Address: | | | | |
| City & State: | | | | |
| Residence Address: | | | - | |
| City & State: | | | | |
| Home Phone: 561-585-7276 | | | | 561-586-1730 |
| Mailing Address preference: [] Bu | | | | 301-380-1730 |
| g | See above | r Residence Ome | r or [] omer. | |
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| Minority Identification Code: | | | | |
| []IF (American Indian Female) []AF (Asian Female) [X]BF (Black Female) []HF (Hispanic Female) []WF (White Female) | []AM (As []BM (Bl | ack Male) spanic Male) | ıle) | |
| Part III: COMMISSIONER COM | IMENTS | | | |
| Appointment to be made at BCC Med | eting on: | | | |
| *When a person is being considered disclosed voting conflicts shall be conflicted. | d for re-appointmen | nt, the number an eard of County C | nd nature of pr ommissioners. | reviously |
| Number of previously disclosed | voting conflicts. | | | |
| Signature: Rollie | Groom a | | Dota | |

| Board Name: Head Start / Early Head Start Policy Council |
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| [X] At Large Appointment or [] District Appointment |
| Term of Appointment: 3 years. From 2007 9/27/06 To 2007 20 |
| Seat Requirement: Community Representative Seat # 6 |
| [X]**Reappointment or [X] New Appointment |
| or [] to complete the term of |
| due to: []resignation []other |
| completion of term to expire on: |
| Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT |
| Name: Cynthia Smith |
| Occupation/Affiliation: Self Employed |
| Business Name: N/A |
| Business Address: N/A |
| City & State: N/A Zip Code: N/A |
| Residence Address: 944 30 th Court |
| City & State: West Palm Beach Zip Code: 33407 |
| Home Phone: (561) 844-0457 Business Phone: N/A |
| Mailing Address preference: [] Business Address [X] Residence Other or [] other: |
| See Above |
| |
| Minority Identification Code: |
| []IF (American Indian Female) []IM (American Indian Male) []AF (Asian Female) []AM (Asian Male) [[X]BF (Black Female) [X]BM (Black Male) []HF (Hispanic Female) []HM (Hispanic Male) []WF (White Female) []WM (White Male) |
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| Appointment to be made at BCC Meeting on: |
| *When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners. |
| Number of previously disclosed voting conflicts. |
| Signature: Jony Maulollo Date: 7/14/06 |

| Part I: |
|---|
| Board Name: Head Start/Early Head Start Policy Council |
| [X] At Large Appointment or [] District Appointment |
| Term of Appointment: 3 years. From XXXXXXXXX 9/27/06 To XXXXXXX 9/26/09 |
| Seat Requirement: Community Representative Seat # 6 |
| []**Reappointment or [X] New Appointment |
| or [] to complete the term of |
| due to: []resignation []other |
| completion of term to expire on: |
| Dowt II. ADDI ICANT UNI ECC EVENDTED MUCT DE A COMMUN DECEDENT |
| Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT |
| Name: Cynthia Smith |
| Occupation/Affiliation: Self Employed |
| Business Name: N/A |
| Business Address: N/A |
| City & State: N/A Zip Code: N/A |
| Residence Address: 944 30 th Court |
| City & State: Zip Code: 33407 |
| Home Phone: (561) 844-0457 Business Phone: N/A |
| Mailing Address preference: [] Business Address [X] Residence Other or [] other: |
| See Above |
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| Minority Identification Code: |
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| Number of previously disclosed voting conflicts. |

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| Term of Appointment: | years. From | ХДОХДУРУДОК Х 9/27/06 | 5 To | XXXXXXXXXXXXXXXX | 9/26/09 |
| Seat Requirement: | Community Represen | tative | _ Seat # | 6 | |
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| or [] to complete the term of_ | | | | | |
| due to: []resignation | n []other | | | | |
| completion of term to expire or | ı: | | | | ···· |
| Part II: APPLICANT, UNLE | ecc evempted mile | T DE 4 COUNTY DEGEN | TO A TOP | | |
| Name: Cyr | | | | | |
| Occupation/Affiliation: | | | | | |
| Business Name: | | | | | · · |
| Business Address: | | | | | · · · - · · · · · · · · · · · · · · · · |
| City & State: | | | | | |
| Residence Address: | | | | | |
| City & State: | | | | | |
| Home Phone: (561) 84 | | | _ | N/A | |
| Mailing Address preference: | | | | VA | |
| 8 | See Above | [X] Residence Offici of [] | other. | | |
| | 200120010 | | · · · · · · · · · · · · · · · · · · · | | |
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| Number of previously disc | closed voting conflicts. | | | | |
| Signature: | | | Date: | 7/28/0 | 06 |

| Board Name: | Head Start Policy | Council | | | |
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| [X] At Large Appointment | or | [] District App | pointment | | |
| Term of Appointment:3 | years. From | 08 / 15 / 06 | To | 0 9 / 30 / 09 | |
| Seat Requirement: | Community Represen | ntative | Seat # | 6 | |
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| completion of term to expire on: | | | | | |
| Part II: APPLICANT, UNLESS | S FYFMPTED MIG | ST RE A COUNTY DES | SIDENT | | |
| Name: Cynth | ŕ | OF BEACOUNTY RES | SIDE IVI | | |
| Occupation/Affiliation: | | | | | |
| Business Name: | | | | | |
| Business Address: | | | | | |
| City & State: | | | | | |
| Residence Address: | | | - | | |
| City & State: | West Palm Beach | | Zip Code: | 33407 | |
| Home Phone: (561) 844- | 0457 | Busine | ess Phone: N | I/A | |
| Mailing Address preference: [] | Business Address | [X] Residence Other or | ·[] other: | | |
| | See Above | | | | |
| | | | | | |
| Minority Identification Code: | | | | | |
| []IF (American Indian Female | , | American Indian Male) | | | |
| []AF (Asian Female) [X]BF (Black Female) | | Asian Male) Black Male) | | | |
| []HF (Hispanic Female) | []HM (| Hispanic Male) | | | |
| []WF (White Female) Part III: COMMISSIONER C | ' | Vhite Male) | | | |
| Appointment to be made at BCC I | | | | | |
| *When a person is being conside | - | pant the number and | ostura of muoviou | ander. | |
| disclosed voting conflicts shall b | e considered by the | Board of County Com | missioners. | isiy | |
| Number of previously disclo | sed voting conflicts. | | | | |
| | | | | | |
| Signature: Addic | : Grea | no | Date: | | |

Education

Bachelor of Science, December 2003

Elementary Education- K-6/ Psychology

Nova Southeastern University Ft. Lauderdale, FL

Certification

CHILD DEVELOPMENT ASSOCIATE II, August 1997

Teaching Related Experiences

School Bus Aide, Palm Beach County School Board, October 1993 to February 1996

Facilitated the communication process between home, school, and the driver.

- Contributed to the student's safety and maintaining an atmosphere that supported disable students.
- Responsible for reporting immediately to the principle any conditions that threatened the safety of students.
- Prepared and maintained logs on a daily basis for bus schedules of the students.

Child Care Provider/Owner Operator, Smith's Family Daycare November 1996 to

- Developed balanced lesson plans that were developmentally appropriate and intellectually challenging.
- Utilized lesson plans that reflect mandated elements that included cognitive development, cooperative learning, and fine motor skills.
- Individualized one-on-one and group activities to reflect the unique needs, and strengths of the children.
- Participated in regularly scheduled meetings to stay current on state regulated issues and to collaborate planning lessons.

Paraprofessional II, U/B Kinsey Palm View Elementary School of the Arts, October 2000 to May 2002

- Assisted the teacher with class activities, in small groups, whole groups, and individually.
- Made copies, laminating, bulletin boards, and grading papers.
- Field trips, Reading stories, and gave support to the teacher in any way possible to reflect the needs of the students.

Permanent Sub. Joseph Little Charter School, November 2002 to October 2004

- Teaches kindergarten/1st grade
 Teaches 3rd & 4th grade reading and writing
 Educates students in social studies grades 3rd thru 6th grade

Kindergarten Teacher/ West Riviera Elementary School, October 2004 to Present

Lake Worth, Florida Where the Tropics Begin



Term Expires: March 2007

Retha Lowe (Vice-Mayor)



Commissioner Lowe

Born in Tallahassee and moved to Boynton Beach in 1957; graduated from Carver High School in Delray Beach in 1964. Received a business communications degree from Florida Institute of Government, and currently pursuing a degree in Psychology through the Stratford Career Institute. Married for thirty-two years,

mother of four children. Joined J. Byron in 1965 as Sales Manager. In 1970, joined First Federal Savings and Loan in Lake Worth.

Commissioner Lowe is a champion for neighborhoods bringing residents and Commissioners together and working united on issues facing our City such as crime prevention and equal education for all citizens. Her number one priority is to improve the quality of lives for all residents of the City of Lake Worth.

After twenty-five years as a Bank Manager, was elected to Lake Worth City Commission in 1995. Served as Vice Mayor, Vice Mayor Pro-Tem, and City Commissioner. Served on the Commission for eight years. Former President of the Palm Beach County League of Cities, member of the Treasure Coast Planning Council, the Florida League Policy Committee, the Community Development Corporation, and the Lake Worth Code Enforcement Board. Member of the Lake Worth C.O.P. Program, Salvation Army Board, ABC School Advisory Committee, Palm Beach County Historical Committee, Lake Worth High School Dollar for Scholars, the Liaison on MPO and the Palm Beach County Conference of Black Elected Officials.

Phone: 561-586-7276 Fax: 561-586-1798

E-mail: rlowe@lakeworth.org

Location:

7 N. Dixie Highway