



Exhibit "G"

Subrecipients  
Continuous Quality Improvement  
Monthly Reporting

Program Name:

Month/ Year:

Grant Number:

**PROGRAM HIGHLIGHTS AND INFORMATION SUMMARY**

**Palm Beach Delegate Agency:**

**Goals and Objectives**

**Program Goal 1:**

**Objective:**

**Objective:**

**Objective:**

**Objective:**

**Objective:**

**Program Goal 2:**

**Objective:**

**Objective:**

**Objective:**

**Objective:**

**Program Goal 3:**

**Objective:**

**Objective:**

**Program Goal 4:**

**Objective:**

**Objective:**

**Program Goal 5:**

**Objective:**

**COMMUNITY OUTREACH AND EVENTS**

Please identify the full name of community events and what you learn from events

LUTHERAN SERVICES FLORIDA, INC. HEAD START POLICY COUNCILS Date of Meeting, Policy Council meeting approved the following actions items

**LSF HEAD START  
CHILDREN WITH DISABILITIES**

Year to Date Children with Disabilities					
Programs	Head Start	Early Head Start	Program Total	The number of referrals	The cumulative number of referrals
Delegate:					

**If the disabilities is below 10%, please write plan of action in 2 sentences.  
Plan of action: (2 sentences required)**

**ENROLLMENT**

Current Enrollment (CE) VS Funded Enrollment (FE)				
Programs	CE Head Start	FE Head Start	CE Early Head Start	FE Early Head Start
Delegate				

**If the current enrollment is below funded enrollment, please write plan of action in 2 sentences.  
Plan of action: (2 sentences required)**

**TOTAL CHILDREN SERVED**

Year-to-Date Total Participation of Children		
Programs	Head Start	Early Head Start
Delegate		

**VOLUNTARY PRE-KINDERGARTEN (VPK):**

Programs	Current VPK Enrollment	VPK Supposed to be
Delegate		

**AVERAGE DAILY ATTENDANCE**

Average Daily Attendance (ADA)		
Programs	Head Start	Early Head Start
Delegate		

**If the current ADA is below 85%, please write plan of action in 2 sentences.  
Plan of action: (2 sentences required)**

**WAITING LIST**

Number of Children on Head Start/Early Head Start Waiting List		
Programs	Head Start	Early Head Start
Delegate		

**If your waiting list goes down from previous month, please send the plan of action.  
Plan of action: (2 sentences required)**

**PROGRAM MEAL COUNT**

MEAL COUNT				
Programs	BREAKFAST	LUNCH	SNACK	TOTAL
Delegate				

***NOTE: Please remember to attach all supporting documentations.***