



Lutheran Services Florida, Inc. Head Start/Early Head Start

**EXHIBIT "G"**

**MONTHLY NARRATIVE REPORT**

Month and Year: \_\_\_\_\_

Submitted By: \_\_\_\_\_  
Name, Title

1. Current Enrollment (for center supervised)

Center/Program	Number of assigned slots	Current enrollment (last day of the month)

Explain if less than fully enrolled per center:

2. Summarize Training Activities for the Month for Staff:
3. Report anything else significant that happened during the month, including any positive information of family and/or community comments, etc.
4. Summarize Parent Training and Activities:
5. Nature Based Play Activities
6. Any Parent/Staff/Community concerns/compliments (attach copies for newsletter):      \_\_\_ (HS)      \_\_\_\_ (EHS)



**Explain:**

7. Report any staff vacancies and explain how coverage is being provided in the comments below:

Position	Vacancy Date	Comments

8. Summarize accomplishments:

9. Summarize revisions, non-compliance, and internal monitoring: