AWSYC Head Start 2019-2020 Monthly Compliance Reports

April 28th, 2020

SUMMARY:

- This item requests approval of the monthly Head Start compliance reports including Enrollment & Attendance, Meal Count, Volunteer Hours, Financial, and Program Information Report.

Board Goal:

I.   **Vision**…In pursuit of excellence the district will
- b.   Develop and maintain a culture where learning remains our first priority.
- e.   Develop a budget focused on student and professional learning.

VI.   **Growth, Change, and Fiscal Responsibility…**In pursuit of excellence the district will
- e.   Demonstrate effective and efficient management of district resources.
- f.   Provide leadership and/or oversight to ensure District meets all fiscal, legal, and regulatory requirements.

PREVIOUS BOARD ACTION:

- None

BACKGROUND INFORMATION:

- Head Start requires the Governing Body routinely receive the information provided in this consent agenda item.

SIGNIFICANT ISSUES:

-None

FISCAL IMPLICATIONS:

- None

BENEFIT OF ACTION:

- Passage will document the Governing Body's review of the Head Start Compliance requirements.

PROCEDURAL AND REPORTING IMPLICATIONS:

- The Governing Body's review of these reports demonstrates active involvement in Denton ISD's Head Start Program.

PUBLIC COMMENT RECEIVED:

- Comments received from public through the AWSYC Head Start Policy Council.

ALTERNATIVES:

- No alternative actions are proposed.

OTHER COMMENTS:

- None

SUPERINTENDENT'S RECOMMENDATION:

Recommend approval of the monthly compliance reports.

STAFF PERSONS RESPONSIBLE:
      - Angela Hellman, Head Start Director, AWSYC

ATTACHMENTS:
      -2019-2020   Head Start February Enrollment/Attendance
      -2019-2020   Head Start February Meal Count
      -2019-2020   Head Start February Volunteer Hours
      -2019-2020   Head Start February Budget
      -2019-2020   Head Start February Monthly Program Information Report

APPROVAL:

Signature of Staff Member Proposing Recommendation: _____

Signature of Divisional Assistant Superintendent: _____

Signature of Superintendent: _____