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“Helping People Help Themselves since 1964”

October 24, 2022

MEMORANDUM

TO: Members of the Board of Directors  
FROM: Shirley Hart, Board Chairperson  
SUBJECT: November 01, 2022, Board of Directors Meeting

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The Board of Directors will meet at the Springhill Suites by Marriott Lumberton on 5128 Fayetteville Rd. Lumberton NC 28360. You may plan to arrive by 5:30 p.m. to take your professional headshots with the photographer; the official meeting will begin at 6:00 p.m.

Should you have any questions or concerns, please contact Cynthia Foskey at 910/277-3500 or your Board Chairperson at 910/273-6137.

A handwritten signature in blue ink that reads "Shirley Hart".

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Shirley Hart, Board Chairperson

**Attachments:**

- Agenda ----- Pg.2
- Minutes – September 28, 2022 ----- Pgs. 3-7
- End of Month Enrollment Report ----- Pgs. 8-11
- Disabilities Service Summary Report – September 2022----- Pg. 12-14
- Early Childhood Dev. and Health Services Summary – September 2022 ---- Pgs. 15-18
- Mentor Coaching Monthly Summary Report – September 2022 ----- Pgs. 19-21
- Family and Community Partnerships Unit – September 2022 ----- Pgs. 22-24
- Statement of Financial Position ----- Pgs. 25-26
- Credit Card Summary Report (Aug. – Sept. 2022) ----- Pgs. 27-28

## Revised Agenda

November 01, 2022, 6:00 P.M.  
Springhill Suites by Marriott Lumberton  
5128 Fayetteville Rd.  
Lumberton NC

1. Call to Order
2. Invocation
3. Mission Statement Recital: “To improve and empower the lives of the people we serve.”
4. Membership Roll Call
5. Seating of New Board Members: \*
  - a. Lakisha Jordan: Columbus County Public Sector
  - b. Veronica McNeill: Lumberton NSC Consumer Sector
6. Excused Absences
7. Approval of Consent Agenda \*
  - a. Head Start End of Month Enrollment 522 and 28
  - b. Disabilities Services Summary Report – September 2022
  - c. Early Childhood Development and Health Services Unit Summary Report – September 2022
  - d. Mentor Coaching – September 2022
  - e. Family and Community Partnerships Unit – Head Start/Early Head Start – September 2022 (PIR)
8. Approval of Agenda \*
9. Minutes – September 28, 2022 \*
10. Community Services Block Grant – Kathleen Lowe-Jacobs
  - a. NC Relief Disaster Video
  - b. 2 Client Testimonials
11. Statement of Financial Position – Loretta Schmitzer, Finance Committee Chair  
Liying Reeder, Chief Financial Officer
  - a. Credit Card Expenditures – August - September 2022
12. Chief Executive Officer – Dr. Ericka J. Whitaker
  - a. Proposed change in time of Board meetings \*
  - b. Board of Directors tentative training summit – February 20-22, 2023 -location TBD
  - c. Next Tentative Meeting Date January 24, 2023 – (due to the holidays) – location TBD
13. Adjournment

**Board approval items \***



September 28, 2022  
Board of Directors Minutes  
10:32 a.m.

The Southeastern Community Action Partnership Board of Directors meeting was held on Wednesday, September 28, 2022, at Holiday Inn Wrightsville Beach Resort in Wrightsville Beach, NC, in conjunction with the annual Board Governance Training Summit. Keith Graham gave the invocation. The mission statement was recited by the board.

**Attendance:** the following members were in attendance, establishing a quorum:

**Bladen**

Rodney Hester  
Keith Graham

**Brunswick**

Valorie Hatten  
Carl Parker

**Columbus**

Pamela Young-Jacobs  
Dorene Evans

**Hoke**

Shirley Hart  
Larry McLean

**Pender**

Lori Kirkpatrick

**Robeson**

William Locklear  
Phoebe Chavis-Harris  
Gwendolyn Gardner

**Scotland**

Tim Ivey  
Tony Spaulding

The following member sent an email requesting an excuse from the meeting due to a conflict in scheduling: Lorretta Schmitzer.

Dorene Evans offered a motion to excuse Loretta Schmitzer from the meeting, seconded by Tim Ivey. Motion approved.

***Consent Agenda Items***

Dorene Evans offered a motion to approve the consent agenda, seconded by Tony Spaulding. Motion approved.

***Agenda***

Dorene Evans offered a motion to approve the agenda, seconded by William Locklear. Motion approved.

***Minutes:*** June 07, 2022

Dorene Evans offered a motion to approve the June 7, 2022, minutes, seconded by Tony Spaulding.

***Administrative Policies and Procedures-*** Tamara Monroe, Chief Operating Officer

- Travel policy update: parents, staff, and board members cash advance and per-diem will now be provided by direct deposit only
- Staff must utilize (PTO) balances for absences; PTO cannot be reserved for a later date within the program year.



- Outside employment is allowable if it does not conflict with Agency's operations and must be approved by the CEO
- The threshold for purchasing is \$10,000 relating to securing bids
- Employee complaints protocol is first the department head, next is the Chief Operating Officer, and if needed, the Chief Executive Officer

The revised and updated Administrative Policies and Procedures will be reviewed by the Agency's attorney for final revisions after receipt of Board approval.

Carl Parker offered a motion to approve the revisions and updates to the Administrative Policies and Procedures, seconded by Dorene Evans. Motion approved.

#### ***Strategic Plan – Overview***

Deberry Tree Marketing and Strategy presented the results of the line of business review (Strategic Plan) from September 26, 2022. The Board unanimously approved the results of the Strategic Plan and agreed to continue to review and assess the goals and objectives.

#### ***Statement of Financial Position – Liying Reeder, CFO***

For informational purposes only, the statement of financial position was presented for the period ending June 30, 2022. The Project Financial Report for the period ending June 31, 2022, was presented. The Credit Card Expenditure Report for July and August 2022 was presented; total credit card expenditures for all programs were \$43,358.95.

Dorene Evans accepted the financial position report, seconded by Amanda Howard. The report was accepted.

#### ***Community Services Block Grant Program – Kathleen Lowe Jacobs, Program Director***

The Southeastern Community Action Partnership client satisfaction survey from June through July was presented. Three hundred seventy-eight people responded to the survey.

Tony Spaulding offered a motion to approve the client satisfaction survey, seconded by Pamela Young-Jacobs. Motion approved.

#### ***Section 8 Housing Choice Voucher Program – Tiffany Anthony Program Director***

Recommendation and Request to open Section 8 Housing Choice Voucher Program Wait List effectively October 6, 2022, to ensure we have an adequate pool of applicants.

Dorene Evans offered a motion to approve the opening of the Section 8 Housing Choice Vouchers Programs beginning October 6, 2022, seconded by Tony Spaulding Motion approved.

Effective October 1, 2022, the payment standard for fair market rent is 110%; the payment standard is set between 90 percent and 110 percent of the 40<sup>th</sup> percentile published fair market rent.

#### ***Working Board Committees – Shirley Hart, Board Chairperson***



Please see Attachment A

Tim Ivey offered a motion to approve the 2022-23 Working Board Committees, seconded by William Locklear. Motion approved.

Phoebe Chavis-Harris was approved as the Board representative to serve on the Head Start Policy Council.

The next scheduled board meeting is November 1, 2022, at 6:00 p.m. at the Springhill Suites Lumberton, 5128 Fayetteville Road, Lumberton, NC 28360.

Discussion:

Will poll the Board members about changing the time of the meetings from 6:00 to possibly 3:00 p.m. The Board will vote on this matter in November.

Tim Ivey motioned to adjourn the meeting, seconded by Dorene Evans. The meeting adjourned at 11:25 a.m.

Submitted by

Tony Spaulding, Board Secretary

## Working Board Committees 2022-2023

<b>Executive Committee Present</b>	
Shirley Hart – <b>Chair</b>	
Carl Parker – Vice Chair	
Loretta Schmitzer – Treasurer /Finance Chair	
Tony Spaulding - Secretary	
Liaison Staff: Dr. Ericka J. Whitaker, CEO	
Cynthia Foskey, Executive Administrator	

These committee members are appointed by the Board Chair

<b>Finance Committee</b>	<b>Sectors</b>
Loretta Schmitzer – <b>Chair</b>	<b>Public</b>
Carl Parker	<b>Private</b>
Tim Ivey	<b>Public</b>
Dorene Evans	<b>Private</b>
Shirley Hart	<b>Ex-officio</b>
Liaison Staff: Lying Reeder, CFO	

<b>Personnel Committee</b>	<b>Sectors</b>
Carl Parker – <b>Chair</b>	<b>Private</b>
Amanda Howard	<b>Private</b>
Shirley Hart	<b>Public</b>
Lori Kirkpatrick	<b>Consumer</b>
Tony Spaulding	<b>Private</b>
Liaison Staff: Tamara Monroe, Chief Operating Officer	

<b>Programs Committee</b>	<b>Sectors</b>
Amanda Howard	<b>Private</b>
Larry McLean - <b>Chair</b>	<b>Consumer</b>
William Locklear	<b>Public</b>
Phoebe Chavis Harris	<b>Private</b>
Pamela Young-Jacobs	<b>Private</b>
Liaison Staff: Tonie Brite, HS/EH Director	
Tiffany Anthony, Section 8 HUD Director	
Kathleen Lowe-Jacobs, CSBG Program Director	

***Members of this committee cannot serve on the Executive Committee.***

<b>Nominating/Governance Committee Present</b>	<b>Sectors</b>
Rodney Hester	Public
Keith Graham – <b>Chair</b>	Consumer
Larry McLean	Consumer

Valorie Hatten	Consumer
Jordyn McCormick	Private
Liaison Staff: Dr. Ericka J. Whitaker, CEO	
Cynthia Foskey, Executive Admin.	

<b>Fundraising Committee</b>	<b>Sectors</b>
Carl Parker – Chair	Private
Tony Spaulding	Private
Shirley Hart	Public
William Locklear	Public
Tim Ivey	Public
Loretta Schmitzer	Public
Phoebe Chavis-Harris	Private
Jordyn McCormick	Consumer
Lori Kirkpatrick	Consumer
Valorie Hatten	Consumer
Liaison Staff: Dr. Ericka J. Whitaker, CEO	

**Recommendation as Board Representative to Policy Council – Phoebe Chavis-Harris**

<b><i>Legal Counsel</i></b>	Attorney Jonathan Charleston
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# End Of Month Enrollment Report

Reporting Date: **09/30/2022**

ACF Enrollment Counts by Program

Head Start 522

This report shows children/pregnant mothers who were either enrolled on the Reporting Date or were terminated and not replaced within 30 days prior to the Reporting Date.

The ACF End of Month Reporting System is found at  
<https://hses.ohs.acf.hhs.gov/hsprograms/>



**SCAP, Inc.**

**2005 - Management Report - End of Month Enrollment**

Program Term: Head Start I - 2022-2023 Base Grant, Replacement In Same Program, Replacement In Same Program  
Term, Reporting Date: 9/30/2022

**SCAP, Inc.**

	Total	Actual Enrollment	Vacancies	Days Vacant (Avg)
<b>Elizabethtown Head Start Center</b>				
Head Start Totals:	19	19	0	0 (Avg)
<b>Hoke Head Start Center</b>				
Head Start Totals:	66	60	6	12 (Avg)
<b>Longwood Head Start Center</b>				
Head Start Totals:	51	50	1	1 (Avg)
<b>Mt. Olive Head Start Center</b>				
Head Start Totals:	52	51	1	15 (Avg)
<b>Pembroke Head Start Center</b>				
Head Start Totals:	45	44	1	28 (Avg)
<b>Piney Grove Head Start</b>				
Head Start Totals:	78	77	1	8 (Avg)
<b>Red Springs Head Start Center</b>				
Head Start Totals:	77	76	1	24 (Avg)
<b>Rennert Head Start Center</b>				
Head Start Totals:	42	40	2	16 (Avg)
<b>South Robeson Head Start</b>				
Head Start Totals:	92	91	1	29 (Avg)
<b>SCAP, Inc. Totals:</b>	<b>522</b>	<b>508</b>	<b>14</b>	<b>15 (Avg)</b>

This report shows children/pregnant mothers who were either enrolled on the Reporting Date or were terminated and not replaced within 30 days prior to the Reporting Date.

# End Of Month Enrollment Report

Reporting Date: **09/30/2022**

ACF Enrollment Counts by Program

Early Head Start 28

This report shows children/pregnant mothers who were either enrolled on the Reporting Date or were terminated and not replaced within 30 days prior to the Reporting Date.

The ACF End of Month Reporting System is found at  
<https://hses.ohs.acf.hhs.gov/hsprogram/>

**SCAP, Inc.**

**2005 - Management Report - End of Month Enrollment**

Program Term: Early Head Start 2022 -2023 Rob, Replacement In Same Program, Replacement In Same Program Term,  
Reporting Date: 9/30/2022

**SCAP, Inc.**

	Total	Actual Enrollment	Vacancies	Days Vacant (Avg)
<b>Allenton Head Start Center</b>				
Early Head Start Totals:	15	14	1	15 (Avg)
<b>Greengrove Head Start Center</b>				
Early Head Start Totals:	13	12	1	18 (Avg)
<b>SCAP, Inc. Totals:</b>	<b>28</b>	<b>26</b>	<b>2</b>	<b>16 (Avg)</b>

SOUTHEASTERN COMMUNITY ACTION PARTNERSHIP, INC.  
HEAD START / EARLY HEAD START PROGRAM

**DISABILITIES SERVICES SUMMARY REPORT**

Date: September 2022Staff Completing Report: Alana Norris

<b>1 IDEA Eligibility Determination</b>		Head Start I Base Grant	Early Head Start I Base Grant	Head Start II Robeson Grant	Early Head Start II Robeson Grant	Agency TOTAL
The total number of children referred for an evaluation to determine eligibility under the Individuals with Disabilities Education Act (IDEA).		<b>93</b>	<b>2</b>	<b>19</b>	<b>7</b>	<b>121</b>
A	Of these children, the number who received an evaluation to determine IDEA eligibility.	<b>51</b>	<b>1</b>	<b>10</b>	<b>3</b>	<b>65</b>
1	Of the children that received an evaluation, the number that were diagnosed with a disability under IDEA (Has IEP or IFSP).	<b>13</b>	<b>1</b>	<b>5</b>	<b>3</b>	<b>22</b>
2	Of the children that received an evaluation, the number that were not diagnosed with a disability under IDEA (Does Not Have IEP or IFSP).	<b>19</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>21</b>
a	Of these children, the number for which the program is still providing or facilitating individualized services and supports such as an individualized learning plan, services through the child's health insurance, supports described under Section 504 of the Rehabilitation Act, RTI (Response to Intervention), MTSS (Multi-Tiered System of Support).	<b>15</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>17</b>
i	Of these children, the number of supports through child's health insurance.	<b>15</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>17</b>
ii	Of these children, the number of supports by individualized learning plan.	<b>15</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>17</b>
B	Of the children that were referred, the number who did not receive an evaluation to determine IDEA eligibility.	<b>42</b>	<b>1</b>	<b>9</b>	<b>4</b>	<b>56</b>
Specify the primary reason that the children referred for an evaluation to determine IDEA eligibility did not receive it:						
1	The responsible agency assigned child to RTI (Response to Intervention) or MTSS (Multi-Tiered System of Support). {These children are receiving services through health insurance.}					
2	Parent/guardian refused evaluation.	<b>5</b>		<b>1</b>		<b>6</b>
3	Evaluation is pending but had not been completed by responsible party.					
4	Other ( <i>Specify</i> ):					
	Child Dropped					
	Have not signed Permission to Evaluate for the LEA or CDSA	<b>37</b>	<b>1</b>	<b>8</b>	<b>4</b>	<b>50</b>
a	Of these children, the number of supports by individualized learning plan.	<b>42</b>	<b>1</b>	<b>9</b>	<b>4</b>	<b>56</b>





<b>5 Screenings</b>		Head Start I Base Grant	Early Head Start I Base Grant	Head Start II Robeson Grant	Early Head Start II Robeson Grant	Agency TOTAL
A	Total number of children who completed required screenings for Speech/Language (PLS-5).	505	34	55	15	609
B	Total number of children who completed required screenings for Developmental (Brigance III).	496	37	59	23	615
C	Total number of children who completed required screenings for Social-Emotional (ASQ-2:SE).	523	31	54	20	628
D	Total number of children identified as needing follow-up assessment or formal evaluation.	181	2	10	4	197

		Head Start I Base Grant Current	Head Start I Base Grant Year to Date	Early Head Start I Base Grant Current	Early Head Start I Base Grant Year to Date	Head Start II Robeson Grant Current	Head Start II Robeson Grant Year to Date	Early Head Start II Robeson Grant Current	Early Head Start II Robeson Grant Year to Date	Agency TOTAL Current	Agency TOTAL Year to Date
6	<b>Total Number of Trainings Provided by Program Specialist – Disabilities / Mental Health:</b>	1	1	1	1	1	1	1	1	4	4
7	<b>Total Number of Visits by Program Specialist – Disabilities / Mental Health:</b>	6	7	1	1	0	0	0	0	7	8
8	<b>Total Number of Technical Assistance provided by Program Specialist – Disabilities / Mental Health:</b>	6	10	2	3	0	0	0	0	8	13

## Early Childhood Development and Health Services Unit Summary Report

Month: September 2022

HEALTH (1302.40)	HEAD START 1 BASE GRANT CURRENT MONTH	HEAD START 1 BASE GRANT YEAR TO DATE	EARLY HEAD START 1 BASE GRANT CURRENT MONTH	EARLY HEAD START 1 BASE GRANT YEAR TO DATE	HEAD START 2 ROBESON GRANT CURRENT MONTH	HEAD START 2 ROBESON GRANT YEAR TO DATE	EARLY HEAD START 2 ROB GRANT CURRENT MONTH	EARLY HEAD START 2 ROB GRANT YEAR TO DATE	TOTAL AGENCY
<b>A. HEALTH INSURANCE</b>									
1. Number of all children with Health Insurance.	221	221	20	20	38	38	16	19	298
2. Of the children with health insurance, the number of children whose primary health insurance fits into the following categories:									
a. Number of children enrolled in Medicaid/EPSDT/CHIP	213	213	12	12	38	16	3	16	289
b. Number of children enrolled in Health Choice	0	0	1	1	38	16	3	0	59
c. Number of children with private Health Insurance.	7	7	0	0	0	0	0	0	14
d. Number of children enrolled with other Health Insurance (Tri-Care/CHAMPUS)	2	2	0	0	0	0	0	0	4
3. Number of Children with NO Health Insurance.	43	43	3	3	0	0	0	0	86
<b>INSURANCE COVERAGE:</b>									
4. Of the previous non-insured enrollees, how many has received insurance this month?	0	0	0	0	0	0	0	0	0
<b>MEDICAL HOME:</b>									
1. Number of children with an on-going source of continuous, accessible health care.	261	261	21	21	38	38	40	40	325
<b>B. MEDICAL SERVICES:</b>									
2. Number of children that received a medical exam and are up-to-date with age-appropriate preventive and primary health care this month.	246	246	7	7	6	6	4	5	325
a. Of these, how many were diagnosed by a health care professional with any chronic condition needing medical treatment.	7	0	0	0	0	0	0	0	7
1. Of these, how many have received or are receiving medical treatment.	2	2	0	0	0	0	0	0	4
b. Specify the primary reason why children who needed medical treatment, for any Chronic Condition diagnosed by a health professional did not receive it.									
1. No health insurance	0	0	0	0	0	0	0	0	0
2. No pediatric care available	0	0	0	0	0	0	0	0	0
3. Medicaid not accepted by health provider	0	0	0	0	0	0	0	0	0
4. Parents did not keep/make appointment	0	0	0	0	0	0	0	0	0
5. Children left the program before their appointment	0	0	0	0	0	0	0	0	0
6. Appointment is scheduled for future date	1	1	0	0	3	3	1	1	3
7. No transportation	0	0	0	0	2	2	1	0	2
3. Number of children who received medical treatment for the following Chronic Conditions, who were diagnosed by a health care professional.									
a. Anemia	0	0	0	0	1	1	0	0	0
b. Asthma	6	6	0	0	2	2	1	1	2
c. Hearing Difficulties	0	0	0	0	0	0	0	0	0
d. Vision Problems	14	14	0	0	1	1	1	1	0
e. High Lead Levels	0	0	0	0	0	0	0	0	0

## Early Childhood Development and Health Services Unit Summary Report

Month: September 2022

f.	Diabetes	0	0	0	0	0	0	1	1	0
g.	Seizures	1	1	0	0	1	1	0	2	2
h.	Autism Spectrum Disorder	2	2	0	0	0	0	0	0	2
i.	Attention Deficit Hyperactivity Disorder	0	0	0	0	0	0	0	1	0
j.	Life threatening allergies (e.g. food allergies, bee stings, and medication allergies that may result in systematic anaphylaxis)	0	0	0	0	2	2	2	0	0
<b>C. IMMUNIZATIONS:</b>										
1.	Number of children who have been determined by a health care professional to be up-to-date on all immunizations appropriate for their age.	254	254	1	1	37	37	40	19	425
2.	Number of children who have been determined by a health care professional to have received all immunizations possible at this time, but who have not received all immunizations appropriate for their age.	53	53	0	0	1	1	1	0	63
3.	Number of children who meet the state's guidelines for an exemption from immunizations.	8	8	0	0	1	1	1	0	9
<b>D. DENTAL HOME:</b>										
1.	Number of children with continuous, accessible dental care provided by a dentist.	228	228	1	1	38	38	40	19	287
<b>DENTAL SERVICES:</b>										
2.	Number of children who visited a dentist for preventive care during their initial visit/exam.	115	115	1	1	38	38	41	20	176
a.	Of those children how many were diagnosed as needing treatment?	29	29	0	0	0	0	0	0	29
b.	Of those children diagnosed as needing treatment how many are or have received treatment?	15	15	2	2	2	2	0	0	17
3.	Specify the primary reason that children who needed dental treatment did not receive it.									
1.	Health insurance doesn't cover dental treatment	0	0	0	0	0	0	0	0	0
2.	No dental care available in local area	0	0	0	0	0	0	0	0	0
3.	Medicaid not accepted by dentist	0	0	0	0	0	0	0	0	0
4.	Dentists in the area do not treat 3-5 year old children	0	0	0	0	0	0	0	0	0
5.	Parents did not keep/make appointment	0	0	0	0	0	0	0	0	9
6.	Child left the program before their appointment date	0	0	0	0	0	0	0	0	31
7.	Appointment is scheduled for future date	28	28	2	2	4	4	4	1	2
8.	No Transportation	0	0	0	0	2	2	2	0	0
9.	Other	0	0	0	0	0	0	0	0	0
<b>E. VISITS BY PROGRAM SPECIALIST - HEALTH</b>										
1.	Number of visits by Program Specialist – Health	0	0	0	0	2	2	2	2	4

## Early Childhood Development and Health Services Unit Summary Report

Month: September 2022

<b>EDUCATION AND EARLY CHILDHOOD DEVELOPMENT (1302.30)</b>	HEAD START I BASE GRANT CURRENT MONTH	HEAD START I BASE GRANT YEAR TO DATE	EARLY HEAD START I BASE GRANT CURRENT MONTH	EARLY HEAD START I BASE GRANT YEAR TO DATE	HEAD START 2 ROBESON GRANT CURRENT MONTH	HEAD START 2 ROBESON GRANT YEAR TO DATE	EARLY HEAD START 2 ROB GRANT CURRENT MONTH	EARLY HEAD START 2 ROB GRANT YEAR TO DATE	TOTAL AGENCY
1. Home Visits (Education)	0	0	0	0	37	37	16	16	53
2. Parent/Teacher Conferences	0	0	0	0	0	0	0	0	0
3. Family Educational Resource Packets Distributed (Per Family)	85	85	7	7	37	37	16	16	145
4. Field Trips and Walks (per classroom)	4	4	0	0	0	0	0	0	4
5. Staff Meetings	21	21	8	8	4	4	3	3	36
6. Number of visits by Child Development & Health Services Administrators	4	4	2	2	3	3	3	3	12
7. Number of CLASS observations conducted by Center Manager	3	3	0	0	0	0	0	0	3
8. Number of CLASS observations conducted by Mentor Coach	10	10	0	0	2	2	0	0	12
9. Number of visits by Compliance-Mentor Coach Specialist	3	3	0	0	3	3	2	2	8

<b>CHILD NUTRITION (1302.44)</b>	HEAD START I BASE GRANT CURRENT MONTH	HEAD START I BASE GRANT YEAR TO DATE	EARLY HEAD START I BASE GRANT CURRENT MONTH	EARLY HEAD START I BASE GRANT YEAR TO DATE	HEAD START 2 ROBESON GRANT CURRENT MONTH	HEAD START 2 ROBESON GRANT YEAR TO DATE	EARLY HEAD START 2 ROB GRANT CURRENT MONTH	EARLY HEAD START 2 ROB GRANT YEAR TO DATE	TOTAL AGENCY
<b>A. ENROLLEES WITH ALLERGIES/SPECIAL DIET</b>									
1. Number of enrollees with allergies.	18	18	2	2	1	1	1	1	22
2. Number of enrollees on special diet.	0	0	0	0	0	0	0	0	0
3. Total number of Allergies/Special Diets.	18	18	2	2	1	1	1	1	22
<b>B. NUTRITION EDUCATION ACTIVITIES WITH ENROLLEES</b>									
1. Number of Educational Activities with enrollees.	11	11	0	0	17	17	1	1	29
<b>C. NUMBER OF MENU SUBSTITUTIONS</b>									
1. Number of Menu Substitutions.	31	46	6	9	44	53	44	53	161
<b>D. NUMBER OF WOMAN INFANT AND CHILDREN (WIC) PARTICIPANTS</b>									
1. Number of families receiving services (WIC).	55	206	0	11	0	30	0	13	260
<b>E. NUMBER OF BODY MASS INDEX (BMI)</b>									
1. Number of Healthy Weight	58	174	6	14	18	45	19	19	252
2. Number of Underweight (BMI less than 5 <sup>th</sup> percentile).	5	16	3	3	6	6	0	1	26
3. Number of Overweight (BMI at or above 85 <sup>th</sup> and below 95 <sup>th</sup> percentile).	2	38	2	2	12	13	1	2	55
4. Number of Obese (BMI at or above 95 <sup>th</sup> percentile).	7	43	0	0	13	13	4	4	60
<b>F. NUMBER OF SUPPLEMENTAL NUTRITION ASSISTANT (SNAP)</b>									
1. Number of families receiving Supplemental Nutrition Assistant (SNAP).	0	182	3	16	1	37	1	17	252
<b>G. PROGRAM SPECIALIST – NUTRITION</b>									
1. Number of visits by Program Specialist – Nutrition.	6	6	0	0	1	1	1	1	8

## Early Childhood Development and Health Services Unit Summary Report

Month: September 2022

CHILD MENTAL HEALTH (1302.45)	HEAD START 1 BASE GRANT CURRENT MONTH	HEAD START 1 BASE GRANT YEAR TO DATE	EARLY HEAD START 1 BASE GRANT CURRENT MONTH	EARLY HEAD START 1 BASE GRANT YEAR TO DATE	HEAD START 2 ROBESON GRANT CURRENT MONTH	HEAD START 2 ROBESON GRANT YEAR TO DATE	EARLY HEAD START 2 ROB GRANT CURRENT MONTH	EARLY HEAD START 2 ROB GRANT YEAR TO DATE	TOTAL AGENCY
<b>A. MENTAL HEALTH CONSULTANT(S)</b>									
1. Number of children for whom the Mental Health Professional consulted with staff about behavior/Mental Health.	5	5	1	1	0	0	1	1	7
2. Number of children for whom the Mental Health Professional consulted with parent(s) about behavior/ Mental Health.	5	5	1	1	0	0	1	1	7
3. Number of children for whom the Mental Health Consultant provided a Behavior Intervention Plan.	0	0	0	0	0	0	0	0	0
4. Number of classroom teachers that received assistance from the Mental Health Consultant through observation, consultation or interventions/strategies.	2	2	1	1	0	0	1	1	4
<b>B. MENTAL HEALTH REFERRALS/SERVICES</b>									
1. Number of children who were referred for Mental Health Services outside Head Start through health insurance.	1	1	0	0	0	0	0	0	1
a. Of the children referred, the number of children who received Mental Health Services outside Head Start through health insurance.	0	0	0	0	0	0	0	0	0
<b>C. PARENT SUPPORT GROUP MEETINGS</b>									
1. Number of parent support group meetings conducted by Center Staff.	4	6	4	5	0	0	0	0	11
<b>D. STAFF SUPPORT GROUP MEETINGS</b>									
1. Number of staff support group meetings conducted by Center Staff.	7	18	4	10	1	2	1	2	32
<b>E. PROGRAM SPECIALIST – DISABILITIES / MENTAL HEALTH</b>									
1. Number of Observations (Classroom and Individual Child) conducted by Program Specialist – Disabilities / Mental Health.	9	12	2	2	0	0	0	0	14
2. Number of assistance received from Program Specialist-Disabilities/Mental Health through interventions, Behavior Plan/Plan of Action or Behavior Intervention Plan.	6	10	2	3	0	0	0	0	13
3. Number of visits by Program Specialist – Disabilities/Mental Health	6	7	1	1	0	0	1	1	9



**Mentor Coaching**  
*Head Start I & Head Start II*  
 Monthly Summary Report

Month: September	Year: 2022
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Job Title: <i>Mentor Coach &amp; Compliance Specialist</i>	Today's Date: 09-30-22
Signature of Person Completing Form (Required): <i>Tina Baldwin</i>	

**MENTOR COACHING (1302.30)**

<b>A. Mentor Coaching</b>	(HS) Current	(HS) YTD	(EHS) Current	(EHS) YTD
1. Number of classrooms receiving mentor coaching (Mentor Coaches)	9	9	1	1
2. Number of classrooms NOT receiving intensive mentor coaching	36	36	9	9
3. Number of classrooms in My Teaching Partnership Program	3	3	1	1

<b>B. Goals</b>	(HS) Current	(HS) YTD	(EHS) Current	(EHS) YTD
1. Number of Goals Developed	0	0	0	0
2. Number of Goals Met	0	0	0	0

<b>C. Observations</b>	(HS) Current	(HS) YTD	(EHS) Current	(EHS) YTD
Number of observations	0	0	0	0
Number of CLASS observations	17	17		
Number of reflection meetings	8	8	1	1
Number of TOTAL visits by mentor coaches	8	8	0	0

**Follow-Up Compliance**

Monthly Summary Report

Month: September	Year: 2022
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Signature of Person Completing Form (Required):	Today's Date: 9-30-22
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**FOLLOW-UP COMPLIANCE (1304.2)**

A. Visits	Current	YTD
Number of follow-up compliance visits	3	3

B. Center Visits	Current	YTD
1. Allenton	0	0
2. Elizabethtown	0	0
3. Green Grove	1	1
4. Hoke	0	0
5. Laurinburg	0	0
6. Longwood	1	1
7. Maxton	0	0
8. Mt. Olive	0	0
9. Pembroke	0	0

Month of Report: September	Year: 2022
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Follow-Up Compliance Monthly Summary  
Page 2 of 2

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<b>B. Center Visits</b>	<b>Current</b>	<b>YTD</b>
10. Piney Grove	0	0
11. Red Springs	0	0
12. Rennert	0	0
13. South Robeson	1	0

<b>C. Recommendations</b>	<b>Current</b>	<b>YTD</b>
Number of centers with recommendations	3	3

<b>D. Assistance</b>	<b>Current</b>	<b>YTD</b>
Number of centers needing assistance	3	3

# Southeastern Community Action Partnership, Inc. – Head Start/Early Head Start Program

## Family and Community Partnerships Unit – Head Start/Early Head Start

Family Partnerships Monthly Program Information Report (PIR) – HSPPS Subpart E: 1302.50 – 11302.52(d)

Center Name: Composite      Month: September      Year: 2022

Signature of Person Completing Report: Pennie Richardson

Signature of Center Manager:

**Instructions and/or Definitions:**

- The following questions refer to the families of children enrolled in **HEAD START-EARY HEAD START**.
- Selected items in these sections require data to be reported both at the time of enrollment (see **Month**) and at the end of the enrollment year (see **YTD**).
- Report of **ALL** families of children enrolled during the course of the enrollment year in both columns, including enrollees who left the program and/or enrolled late
- **At Enrollment** – The status of individual families at the time of their child's enrollment (i.e., include the status of each child's family who enrolled during the current month.
- **YTD** – Year to date. (The status of each family at the end of their child's enrollment in the program. Include the status of those who left the program during the enrollment year.

**A. Family Services**

**Instructions and/or Definitions:** Head Start programs provide program services that relate to family engagement outcomes as described in the Head Start Parent, Family, and Community Engagement (PFCE) Framework, including family well-being, parent-child relationships, families as lifelong educators, families as learners, family engagement in transitions, family connections to peers and the local community, and families as advocates and leaders. This PIR question collects information on families receiving a selection of many possible family services to promote progress toward child and family outcomes.

Report the number of families that received the following program services. Families may be counted in more than one category. Only include families that received services directly through the program or through program referrals. Please count only those families that actually received the services, not those that were referred and either did not go or were not yet able to receive the services.

Families who attend educational presentations including those provided through electronic means (e.g. online training modules) may be counted as receiving a service. Informational brochures and pamphlets distributed to all families are not counted in the PIR.

	Month # of families	YTD
<b>Number of Families that Received Program Services to Promote Family Outcomes:</b>		
a. Emergency/crisis intervention (e.g. meeting immediate needs for food, clothing, or shelter)	0	1
b. Housing assistance (e.g. subsidies, utilities, repairs)	7	13
c. Mental health services	0	0
d. Asset building services (e.g. financial education, debt counseling)	5	9
e. Substance misuse prevention	0	0
f. Substance misuse treatment	0	0
g. English as a Second Language (ESL) training	5	7
h. Assistance in enrolling into an education or job training program	13	19
i. Research-based parenting curriculum	0	4
j. Involvement in discussing their child's screening and assessment results and their child's progress	13	13

Month of Report	Center Name
September	Composite

k. Supporting transitions between programs (i.e. EHS to HS, HS to kindergarten)	0	13
l. Education on preventive medical and oral health	1	1
m. Education on health and developmental consequences of tobacco product use	0	0
n. Education on nutrition	0	0
o. Education on postpartum care (e.g. breastfeeding support)	0	0
p. Education on relationship/marriage	4	8
q. Assistance to families of incarcerated individuals	1	2
Number of Families Counted in at Least One of the Services Listed above (TOTAL)	53	95

**B. Parent Committee Meetings, Parent Workshops/Trainings, Parent Support Group Meetings**

**Instructions and/or Definitions:** Indicate the number of meetings and trainings conducted at your center or with another center. For YTD totals, add the current month total to the number in your last month's YTD column.

Total Number of:	Month # of families	YTD
a. Parent Committee Meetings held at your center this month	9	10
b. Parent Workshops/Trainings held at your center or at another site this month and sponsored/co-sponsored by your center.	9	9
c. Parent Support Group Meetings this month held at your center this month.	1	1

**C. Required Parent Trainings/Workshops**

**Instructions and/or Definitions:** Indicate whether the following required trainings are not scheduled, scheduled, or completed. If scheduled or completed, please list date scheduled or date completed.

Descriptions of Trainings/Workshops	Not Scheduled	Scheduled	Completed
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Date	<input checked="" type="checkbox"/> Date
a. Orientation to HS/EHS Components (see "Parent Handbook/Resource Guide" and/or Open House Registration/Orientation Worksheet.)	<input type="checkbox"/>	<input type="checkbox"/> 9/2022	<input type="checkbox"/> 9/30/22
b. Child Abuse and Neglect/Child Maltreatment	<input type="checkbox"/>	<input type="checkbox"/> 10/2022	<input type="checkbox"/> ongoing
c. Child Growth and Development (See "Curriculum and Child Growth and Dev. Parent Resource Booklet")	<input type="checkbox"/>	<input type="checkbox"/> 9/2022	<input type="checkbox"/> 9/30/22
d. Transitions – From Head Start to Kindergarten	<input type="checkbox"/>	<input type="checkbox"/> 4/2023	<input type="checkbox"/>
e. Transitions – From EHS to Head Start	<input type="checkbox"/>	<input type="checkbox"/> 4/2023	<input type="checkbox"/>
f. Bus Safety ( <b>*within first 30 days of school</b> )	<input type="checkbox"/>	<input type="checkbox"/> 9/2022	<input type="checkbox"/> 9/30/22
g. N.C. Child Care Laws and Regulations	<input type="checkbox"/>	<input type="checkbox"/> 9/2022	<input type="checkbox"/> 9/30/22
h. Money Management (Include other asset building services)	<input type="checkbox"/>	<input type="checkbox"/> 10/2022	<input type="checkbox"/> ongoing
i. Principles of Nutrition	<input type="checkbox"/>	<input type="checkbox"/> 10/2022	<input type="checkbox"/> ongoing
j. Eat Smart-Move More / Obesity	<input type="checkbox"/>	<input type="checkbox"/> 10/2022	<input type="checkbox"/> ongoing



<b>Month of Report</b>	<b>Center Name</b>
September	Composite

### D. Family Service Home Visits

**Instructions and/or Definitions:** All families are to have (documented) family service home visits as needed. Do not count the same family twice. For YTD totals, add the current month total to the number in your last month's YTD column.

	Month # of Family Service Home Visits	YTD
How many families of your enrolled children have received at least one Family Service Home Visit this month?	14	71

### E. Volunteer Services

**Instructions and/or Definitions:** Include both classroom and non-classroom volunteers. Count each person only once *per year*, regardless of the number of times they have volunteered in your center.

	Month # of Volunteers	YTD
a. Number of new persons providing any volunteer service to your center this month.	166	245
• Of these, the number who are current or former Early Head Start parents	26	34
• Of these, the number who are current or former Head Start parents	6	66

### F. Program Specialist/Parent Involvement—Services to Your Center

	Month	YTD
a. Number of visits made by the PS/Parent Involvement to your center.	8	9
b. Number of trainings and/or other services provided by the PS/Parent Involvement for your staff and/or parents.	5	8

**Notes:**

**Southeastern Community Action Partnership, Inc.**

**Statement of Financial Position**

Period Ending: 9/30/2022

**Assets:**

Cash	1,833,235.62
Certificate of Deposits	105,800.25
Grants Receivable	74,328.49
Other Receivables	37,402.08
Other Assets	3,809.56
Property and Equipment	13,847,674.13
Accumulated Depreciation	(5,286,405.91)

Assets: **\$10,615,844.22**

**Liabilities:**

Accounts Payables	652,047.46
Accrued Liabilities	673,972.48
Accrued Payroll and Payroll Taxes	357,371.31
Cost Allocation Control	9,298.93

Liabilities: **\$1,692,690.18**

**Equity:**

Unrestricted	60,028.27
Temporarily Restricted	8,863,125.77

Equity: **\$8,923,154.04**

**Total Liabilities and Equity**

**\$10,615,844.22**

## Project Financial Report

### Southeastern Community Action Partnership, Inc.

Period Ending: 9/30/2022

Code	Description	Project Period	Budget	Project Total	Un/Over	% Budget
30023	HS/EHS	7/1/2022- 6/30/2023	9,902,907.00	1,666,806.37	8,236,100.63	16.83%
30222	USDA - FY22	10/1/2021-9/30/2022	1,247,812.50	352,287.06	895,525.44	28.23%
30323	American Rescue Grant (04HE000131)	4/1/2021-3/31/2023	1,657,699.00	1,540,827.91	116,871.09	92.95%
30416	LRDA - FY22 (04CH011643)	11/1/2021-10/31/2022	2,108,186.00	1,019,128.66	1,089,057.34	48.34%
30523	HUD	7/1/2022-6/30/2023	2,590,577.00	496,682.74	2,093,894.26	19.17%
31023	CSBG	7/1/2022-6/30/2023	1,598,395.00	232,154.58	1,366,240.42	14.52%
33801	Disaster Relief Grant - Maxton (04ND000030)	11/1/2020-10/31/2022	2,547,743.00	2,210,917.11	336,825.89	86.78%
33804	Disaster Relief Grant - CSBG FY22	10/1/2021-9/30/2022	2,671,407.00	1,787,121.33	884,285.67	66.90%
33830	Care Act Grant - CSBG	6/1/2020-9/30/2022	1,548,224.00	1,525,823.66	22,400.34	98.55%
<b>Totals:</b>			<b>25,872,950.50</b>	<b>10,831,749.42</b>	<b>15,041,201.08</b>	<b>41.87%</b>

Southeastern Community Action Partnership, Inc  
Credit Card Expenditures

August 22, 2022- September 20, 2022

Program	Vendor	Description	Amount
CSBG-NC Relief	Spectrum	Telephone/Internet	\$ 201.13
CSBG	Spectrum	Telephone/Internet	\$ 201.11
HS ADMIN	Spectrum	Telephone/Internet	\$ 113.00
EHS	Spectrum	Telephone/Internet	\$ 13.62
HS	Spectrum	Telephone/Internet	\$ 604.85
HS- LRDA	AT&T	Telephone/Internet	\$ 105.00
ADMIN	GO AIRLINK	Out of Area Travel	\$ 371.33
HS	Duke Energy	Construction in Progress (Maxton)	\$ 13,864.91
ADMIN	NASCAP	Out of Area Travel	\$ 1,068.00
CSBG-NC Relief	Food Lion	Emergency Assistance	\$ 28,510.00
ADMIN	RDU Airport	Out of Area Travel	\$ 57.00
ADMIN	Delta Airlines	Out of Area Travel	\$ 60.00
ADMIN	NY Marriott	Out of Area Travel	\$ 970.95
HS	Spectrum	Telephone	\$ 612.01
EHS	Spectrum	Telephone	\$ 13.62
CSBG	Spectrum	Telephone/Internet	\$ 138.97
CSBG-NC Relief	Spectrum	Telephone/Internet	\$ 138.97
ADMIN	Spectrum	Telephone/Internet	\$ 164.99
HS-Admin	Spectrum	Telephone/Internet	\$ 146.80
HUD	Spectrum	Telephone/Internet	\$ 50.55
HS	CNN Hotel	Out of Area Travel	\$ 8,883.52
HS	Amazon	Office Supplies	\$ 271.76
ADMIN	Ruby Tuesday	In Service Training	\$ 215.02
ADMIN/Board	HYATT Hotel - NY	Out of Area Travel	\$ 514.16
HS/EHS	USPS	Mail & Postage	\$ 261.00
HS	Amazon	Office Supplies	\$ 2,696.40
HS	Spectrum	Telephone/Internet	\$ 644.19
CSBG-All Grants	Embassy Suites	Out of Area Travel	\$ 10,902.43
ADMIN	North Beach Resort	Out of Area Travel	\$ 832.76
ADMIN	Delta Airlines	Out of Area Travel	\$ 1,514.40
CSBG	Delta Airlines	Out of Area Travel	\$ 757.20
ADMIN/CSBG	Jayride	Out of Area Travel	\$ 200.00
HS	Spectrum	Telephone/Internet	\$ 382.76
CSBG-NC Relief	Black Hawk (Gas Cards)	Emergency Assistance	\$ 30,968.96
CSBG-NC Relief	Convenience Kits	Emergency Assistance	\$ 2,620.24
ADMIN	TowB Parking	Out of Area Travel	\$ 5.00
ADMIN	Walmart	In Service Training	\$ 144.03
ADMIN	Walmart	In Service Training	\$ 37.14
ADMIN	Dollar General	Dues & Registration	\$ 14.55
ADMIN	Delta Airlines	Out of Area Travel	\$ 60.00
ADMIN	Shell Oil	Out of Area Travel	\$ 57.82
ADMIN	RDU Airport	Out of Area Travel	\$ 93.00
ADMIN	NY Marriott	Out of Area Travel	\$ 970.95
ADMIN	NY Marriott	Out of Area Travel	\$ 970.95
ADMIN	Adelio	In Service Training	\$ 87.77
ADMIN	Clear	Misc.	\$ 189.00
ADMIN	Best Buy	Office Supplies	\$ 213.99
ADMIN	North Beach Resort	Out of Area Travel	\$ 971.18
ADMIN	Robeson Community College	Dues & Registration	\$ 216.00
Agency Wide	Kin Laws	Misc.	\$ 305.39
Agency Wide	Sam's Club	Misc.	\$ 1,495.40
HS	Lead Now	Dues & Registration	\$ 900.00
HS	American Airlines	Out of Area Travel	\$ 1,264.40
HS	Custom Ink	Office Supplies	\$ 430.94
HS	North Beach Resort	Out of Area Travel	\$ 156.64
CSBG-Cares	Lowe's	Emergency Assistance	\$ 44.92
CSBG-Cares	Walmart	Emergency Assistance	\$ 11.15
CSBG-Cares	Walmart	Emergency Assistance	\$ 26.62
CSBG	Castle Uniforms	Employment Support	\$ 293.08
CSBG-All Grants	Chic Fil A	In Service Training	\$ 126.90
CSBG-All Grants	NY Marriott	Out of Area Travel	\$ 1,432.30
CSBG-All Grants	Super Shuttle	Out of Area Travel	\$ 88.46
CSBG-NC Relief/Cares	Staples	Office Supplies	\$ 75.91
CSBG	Cakes & Pastries	In Service Training	\$ 38.52
CSBG-Cares	Walmart	Emergency Assistance	\$ 180.00
CSBG	Castle Uniforms	Employment Support	\$ 241.75

