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) |
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|  |  |  |

Explain if less than fully enrolled per center:

* + 1. Summarize Training Activities for the Month for Staff:
		2. Report anything else significant that happened during the month, including any positive information of family and/or community comments, etc.
		3. Summarize Parent Training and Activities:
		4. Nature Based Play Activities
		5. Any Parent/Staff/Community concerns/compliments (attach copies for newsletter):

 \_ (HS) (EHS)

**Explain:**

* + 1. Report any staff vacancies and explain how coverage is being provided in the comments below:

|  |  |  |
| --- | --- | --- |
| Position | Vacancy Date | Comments |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* + 1. Summarize accomplishments:
		2. Summarize revisions, non-compliance, and internal monitoring: