FOUNDATION FOR EARLY CHILDHOOD EDUCATION Monthly Report of Activities

This is a certification form only. Contemporaneous records (i.e., appointment calendar, client record, etc.) must be attached or retained by employee for a minimum of three years.

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Head Start/State Presc	nool	Fiscal Officer
DIVISION/SITE	NAME OF IMMEDIATE SUPERVISOR	
		Accountant I
MONTH/YEAR OF THIS REPORT	NAME OF EMPLOYEE	POSITION/TITLE OF EMPLOYEE

Certification

I certify that the information recorded on this report is true and correct to the best of my knowledge.

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SIGNATURE OF EMPLOYEE	DATE SIGNED
SIGNATURE OF SUPERVISOR	DATE SIGNED

Agency has a total of 42 classrooms; 18 are Part-day and 13 are Full-day and 11 Dosage

Monthly Activities:

- 1) Assist with the Supervision of all disbursements to all vendors ensuring proper allocation of expenditures by funding sources
- 2) Record all transactions as per OHS, State, Grantee, and GAP
- 3) Ensure compliance with all Grantee, OHS, and/or State fiscal reporting and documentation
- 4) Ensure compliance with Agencies procurement procedures as per Grantee, OHS, and State guidelines
- 5) Post, review, and analyze all General Ledge entries to ensure accurate recording of expenditures by funding source.
- 6) Assist with the preparation of all reports for the applicable funding sources i.e. CCFP, State, and Grantee.
- 7) Assist in the coordination and preparation of the Agency annual audit