

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.

Please type or print clearly using ball point pen.

MONTH/YEAR OF THIS REPORT	NAME OF EMPLOYEE	POSITION/TITLE OF EMPLOYEE
		Administrative Assistant/Program Support
DIVISION/SITE		NAME OF IMMEDIATE SUPERVISOR
Head Start/State Preschool		Cindy Nishi, AD of Health Services and Safety

Certification

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

SIGNATURE OF EMPLOYEE	DATE SIGNED

SIGNATURE OF SUPERVISOR	DATE SIGNED

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

All applicable as they pertain to Assistant Director, ERSEA, Health and Safety, Nutrition, Family/Community Engagement

Monthly Activities:

- 1) Provide Clerical support to Assistant Director of Head Start and State Preschool program**
- 2) Provide assistance for answering phones as needed**
- 3) Provide monthly attendance report to Coordinator, Fiscal & AD**
- 4) Support all departments under AD as needed**
- 5) Assist the AD with Nutrition Department (meal count and communication with other department and vendors)**
- 6) Assist AD with Health Department, pulling reports; provide reports to Health/Nutrition Coordinators, AD.**