

Umatilla -Morrow Head Start, Inc.

Healthy Start Monthly Report

Name: _____

Month: _____

Meetings Attended (Including Community Involvement):

Date	Meeting	Purpose

Community Agency Contacts:

Agency	Reason for Contact

Training/Workshops Attended:

Date	Training/Workshop

Training/Workshops/Presentations Made:

Date	Audience	Training/Workshop

Family Advocate Supervision:

Name	Date	Purpose

Program Planning and Monitoring (Successes & Issues):

Goals for Next Month:

Enrollment by Community

Community	Current	Year to Date	Number of families exiting the program
Hermiston			
Stanfield			
Echo			
Umatilla			
Pendleton			
Pilot Rock			
Ukiah			
Athena-Weston			
Helix			
Milton-Freewater			
Total			

Caseload by FSW

	Total	Weekly Home Visits	Bi Weekly Home Visits	Monthly Home Visits	Quarterly Home Visits	Creative Outreach
Emily Ego						
Roxann Malmberg						
Trini Patrick						

NPQ completed during Month _____

NPQ completed year to date _____

Of NPQ completed, number who declined services this month _____

Of NPQ completed, number who declined services year to date _____

Reasons given for declining services _____

Family Development

	Program	Pendleton	Pilot Rock	Ukiah	Milton Freewater	Athena-Weston	Helix	Hermiston	Echo	Stanfield	Umatilla
# of families enrolled											
# of completed Kempe											
# with goals developed											
# with emergency/crisis needs											

The numbers in this table are cumulative for the Program Year (July through June 30)

SPECIAL NEEDS:

	Special Needs	
Age	M	F
0-2		
3-5		
6-8		
9-12		
13-15		
16-18		
19+		
Total		

*Special Needs Definition: A child birth to 18 years of age with physical, developmental, mental, emotional, behavioral, or medical disabilities who requires a level of care over and above the norm for his/her age.