



CHICAGO DEPARTMENT OF
**CHILDREN &
YOUTH SERVICES**

Head Start/Early Head Start Delegate Agency Name:

Our agency held its HSAC 2007-8 meeting(s) as follows [Please list dates]:

Or,

Will hold the HSAC meeting for 2007-8 as follows (Please list date):

Sign-in sheets and agenda are attached.

Signed by Health Coordinator or Program Director

Date