



## CALL TO ASSEMBLY

*Please rise.*

- **Pledge of Allegiance (US)**

*I pledge allegiance to the flag of the United States of America and to the Republic for which it stands, one nation, under God, indivisible, with liberty and justice for all.*

- **Pledge of Allegiance (Texas)**

*Honor the Texas flag; I pledge allegiance to thee, Texas, one state under God, one and indivisible.*

- **Community Action Promise**

*Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to Helping People Help themselves and each other.*

- **Our Mission**

*CSNT applies all available strategies enabling Northeast Texas families to lead improved, empowered, and self-reliant lives.*

- **Our Community Services Vision**

*To be the leading organization in our region which empowers families to be self-reliant, educated, and healthy*

- **Our Head Start Vision**

*To provide a system of education and encouragement which results in school-readiness for young children and their families*

- **Invocation**

# Board Meeting

Tuesday, March 25, 2025 @ 12:00 Noon

ETEC

510 Bonham, Jefferson, Texas 75657

*Cecelia Huff, Board Chairperson*

*Michelle Morehead, CCAP, NCRT, NCRI, Chief Executive Officer*

*If you need assistance with physical accessibility to the meeting, please call 903-756-5596 x 201*

## 1. Call Meeting to Order

## 2. Establishment of a Quorum

## 3. Approval of Agenda 3/25/2025 \*

## 4. Approval of Minutes 2/25/2025 Meeting

## 5. Chairman's Comments and Recognitions

## 6. Training

ERSEA - Misty VanHooser

CTE Partnership – Michelle Morehead and Atlanta ISD

## 7. Committee Reports and Information

- A. Planning & Evaluation – Committee should meet as soon as possible.
- B. Personnel – Committee should meet as soon as possible.
- C. Finance – Committee should meet as soon as possible.
- D. Executive – This Committee meets only when necessary.
- E. Nominating – This Committee meets annually in October.
- F. By Laws- Committee should meet as soon as possible.

The Chair may make changes to committee rosters and/or develop new committees.

**\*\*Committees, other than Executive Committee, get named by the Board Chairperson**

## 8. Action Items

### A. Seat new board member(s), if any\*

### B. Approve Consent Agenda\*

- 1) Head Start/EHS & PIR Reports..... (OS 5.9).....Berny Harris
- 2) Community Services Report.....(OS 5.9).....Amy Perales
- 3) Human Resource Report.....(OS 5.9).....Michelle Morehead
- 4) Service & HS Transportation Reports..... (OS 5.9) .....Robert Norton
- 5) Information Technology Report.....(OS 5.9).....David Buford

### C. Discuss/Approve Self-Assessment Results 2025 - Berny Harris

### D. Discuss/Approve ERSEA Form Changes - Misty VanHooser

- 1. File Checklist
- 2. Orientation/Handbook
- 3. Returning Health History
- 4. Returning Student Update

5. TB & Lead
6. Health History
7. Health History – EHS
8. Income Calculation Worksheet
9. Form 2935
10. EHS Transition Form
11. Selection Criteria
- E. Discuss/Approve 2025-2026 School Menus - Susan Horner**
- F. Discuss/Approve Pursuing the USDA/CACFP Contract 2025-2026 - Berny Harris and Susan Horner**

## **9. Staff Reports**

- 1) Financial Reports -1.2.3.4.5.6.7.8.9.10..... (OS 8.7) ..... Shelley Mitchell

## **10. Chief Executive Officer's Report**

### **11. Discussion Items**

**A. Discuss Accounting Software RFP and Award - Michelle Morehead and Bernie Yancey**

**B. Discuss Winter Progress on Head Start Goals – Berny Harris**

1. Head Start Program Goals 2024-2025
2. Parent, Family, and Community Engagement 2024-2025
3. School Readiness Performance Data 2024-2025

**C. Discuss Scheduling Committee Meetings – Michelle Morehead**

## **12. Audience Comments**

## **13. Executive Session**

The board will enter executive session pursuant to Section 551.001(1)(2)(3)(J), and Section 551.074(1)(2) of the government codes

### **Human Resources Personnel**

- A. Consultation between the board and its attorney in those instances in which the board seeks the Attorney's advice with respect to pending or contemplated litigation, settlement offers, and other matters where the duty of the attorney to his client requires confidentiality
- B. Discussion with respect to the purchase, exchange, lease, or value of real property, negotiated contracts, and prospective gifts or donations to the organization, when such discussion, if made public, would have a detrimental effect on the negotiating position of the organization.
- C. Discussion with respect to matters involving the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of an officer or employee or to hear complaints or charges against such officer or employee, unless such officer or employee requests a public session.
- D. Discussion with respect to any matter specifically made confidential by law or regulation. Any other exception available by state law

## **14. Required Action from Executive Session**

## **15. Adjourn Board Meeting**

\* Requires Board Vote

©2023 CSNT, Inc. All rights reserved. All logos and images are the protected trademarks of their respective organizations.

Community Services of Northeast Texas, Inc.  
Board Meeting MINUTES  
February 25, 2025  
510 E Bonham, Jefferson, Texas 75657

**Board Members**

Angela Thompson – Present

*Representing Bowie County, Poverty Sector*

John Baxter, Treasurer - Absent

*Representing Texana Bank, Private Sector*

Cecelia Huff, Board Chair - Absent

*Representing Bowie County, Poverty Sector*

Ross Hyde - Present

*Representing Titus County, Private Sector*

Harmony Roberson - Present

*Representing Cass County, Poverty Sector*

Lindsay Hergert - Present

*Representing Cass County Judge Travis Ransom, Public Sector*

Judge Doug Reeder, Vice-Chair - Absent

*Morris County Judge, Public Sector*

Keri Winters, Secretary - Present

*Representing Linden-Kildare Consolidated Independent School District, Private Sector*

Martavius Jones, Parliamentarian - Present

*Representing Camp County as Policy Council Liaison, Poverty Sector*



## CALL TO ORDER

Ross Hyde, Board Member called the meeting to order at 12:18 p.m.

Quorum: established 5 of 10, members present.

Harmony Roberson arrived at 12:21 PM and the quorum changed to 6 of 9 members present.

---

## AGENDA

---

Motion: Angela Thompson, moved to accept the 2/25/2025 agenda as presented

Second: Lindsay Hergert

All in favor voted aye, none opposed, the motion carried unanimously

---

## MINUTES

---

Motion: Martavius Jones, Parliamentarian moved to accept the 12/10/2024 minutes as presented.

Second: Keri Winters, Secretary

All in favor voted aye, none opposed, the motion carried unanimously

---

## CHAIRMAN'S COMMENTS AND RECOGNITIONS

---

None

---

## TRAINING / PRESENTATIONS

---

### **Audit- Neil Phillips**

Neil Phillips reviewed the audit as presented to the Board Members.

### **2024 Highlights Presentation by Michelle Morehead**

Michelle Morehead gave highlights of 2024 during the Executive Directors Report.

---

## COMMITTEE REPORTS

---

- A. Planning & Evaluation – Committee should meet before the March 2025 meeting.
- B. Personnel – Committee should meet before the March 2025 meeting.
- C. Finance – Committee should meet before the March 2025 meeting.
- D. Executive – This Committee meets only when necessary.
- E. Nominating – This Committee meets annually in October.
- F. By Laws- Committee should meet before the March 2025 meeting.

The Chair may make changes to committee rosters and/or develop new committees.

**\*\*Committees, other than Executive Committee, get named by the Board Chairperson**

---

## Action Items

---

### A. Seat New Board Member(s)

None

### B. Approve Consent Agenda\*

- 1) Head Start/EHS & PIR Reports..... (OS 5.9).....Berny Harris
- 2) Detailed Monitoring Summary of Results Grantee #06CH012925/01.....Berny Harris
- 3) Circle Assessment Winter Data 2025.....Berny Harris
- 4) CLASS Winter Data 2025.....Berny Harris
- 5) Head Start Governance Screener.....Berny Harris
- 6) Community Services Report.....(OS 5.9).....Amy Perales
- 7) Human Resource Report.....(OS 5.9).....Jim Howard
- 8) Service & HS Transportation Reports..... (OS 5.9) .....Robert Norton
- 9) Staff Report: Financial Report..... (OS 8.7) .....Shelley Mitchell
- 10) Staff Report: IT Report .....(OS 5.9) .....David Buford

Motion: Martavius Jones, Parliamentarian

Second: Angela Thompson

All items reviewed and when asked, the Board stipulated that no further discussion was needed on the consent agenda and no items were requested to be removed.

All in favor voted aye, none opposed, the motion carried unanimously

### C. Discuss/Approve Annual Audit: Fiscal Year 2023-2024\*

Neil Phillips presented the audit report to the members. The members were allowed to ask questions.

Motion: Keri Winters, Secretary made a motion to accept and receive as presented.

Second: Lindsay Hergert

All in favor voted aye, none opposed, the motion carried unanimously

### D. Discuss/Approve IRS Form 990\*

Neil Phillips reviewed the 990 with the members.

Motion: Martavius Jones, Parliamentarian made a motion to accept as presented

Second: Angela Thompson

All in favor voted aye, none opposed, the motion carried unanimously

### E. Discuss/Approve Board Resolution: Termination of Mutual of America Retirement Plan\*

Michelle Morehead reviewed the Board Resolution with the members. She stated that there were fees that were being charged that were not disclosed. The Agency purchased a Human Resources package last year that included a retirement plan.

Motion: Keri Winters, Secretary made a motion to accept as presented

Second: Martavius Jones, Parliamentarian

All in favor voted aye, none opposed, the motion carried unanimously

**F. Discuss/Approve** Board Resolution: Adoption of Paychex/Mid Atlantic Trust Retirement Plan\*

Michelle Morehead reviewed Board Resolution with the members and stated that the Paychex/Mid Atlantic Trust Retirement will replace Mutual of America.

Motion: Lindsay Hergert made a motion to accept as presented

Second: Keri Winters, Secretary

All in favor voted aye, none opposed, the motion carried unanimously

**G. Discuss/Approve** Revised Board Resolution: Close 19 Accounts \*

Michelle Morehead stated that the Board Resolution to Close 19 Accounts has come back before them because the Agency was waiting on training for the financial accounting system. The accounts will close by March 25, 2025. The bank stated to the Agency that a new Board Resolution is required to close the accounts.

Motion: Harmony Roberson made a motion to accept as presented

Second: Angela Thompson

All in favor voted aye, none opposed, the motion carried unanimously

**H. Discuss/Approve** Board Resolution: Termination of Higginbotham Brokerage Services\*

Michelle Morehead stated that the Agency switched to Higginbotham from BKCW and Higginbotham is not supporting the Agency with the insurance needs. She requested a termination request from using Higginbotham.

Motion: Martavius Jones, Parliamentarian made a motion to accept as presented

Second: Keri Winters, Secretary

All in favor voted aye, none opposed, the motion carried unanimously

**I. Discuss/Approve** Board Resolution: Adoption of BKCW Brokerage Services \*

Michelle Morehead requested the Board approve adopting BKCW Brokerage Services to replace Higginbotham.

Motion: Martavius Jones made a motion to accept as presented

Second: Lindsay Hergert

All in favor voted aye, none opposed, the motion carried unanimously

**J. Discuss/Approve** Board Resolution: Co-Signatory\*

Michelle Morehead requested the Bernard Yancy be added as a Co-Signatory in the event that she is out and unable to sign checks.

Motion: Keri Winters, Secretary made a motion to accept adding Bernard Yancey as presented

Second: Harmony Roberson

All in favor voted aye, none opposed, the motion carried unanimously

**K. Discuss/Approve Disability Waiver Request Grant# 06CH012925/01\***

Bernadette Harris reviewed the Disability Waiver Request as presented to the members. She stated that currently the Agency is serving 4.5 percent of children with disabilities due to changes with the Special Education Department in the local School Districts and more children are receiving Response to Intervention services instead of an IEP.

Motion: Keri Winters, Secretary made a motion to accept as presented

Second: Martavius Jones, Parliamentarian

All in favor voted aye, none opposed, the motion carried unanimously

**9. Staff Reports**

**Staff Reports were located in the consent agenda for the February Board Meeting.**

**10. Executive Director's Report**

Michelle Morehead presented the Board Members with a Power Point Presentation of Highlights from 2024. She included the History of Community Action and the History of the Agency. She stated that Mr. Bernie and herself have been completing Head Start site visits and they plan to continue that through 2025. A few highlights included the Breast Cancer Awareness T-shirt competition, Amy Perales' shirt design to knockout breast cancer won the competition and all team members were given a shirt to wear. Michelle and Bernie attended Legislative Action Day in Austin, Texas and were able to visit with Cole Hefner the Titus and Rains County Representative. Bernie Yancey is now a Nationally Certified ROMA Implementer. The Agency held their first annual Holiday Party the last day worked in December. It was a day that everyone was able to join together and socialize, play games, receive door prizes and an incentive for all team members except the Executive Director and Deputy Executive Director. The goal for the Agency in 2025 is to have renewed War on Poverty and for CSNT to reach more people to be self-sufficient.

**11. Discussion Items**

None

---

**AUDIENCE COMMENTS**

---

None

---

**EXECUTIVE SESSION**

---

The board will enter executive session pursuant to Section 551.001(1)(2)(3)(J), and section 551.074(1)(2) of the government code.

Personnel Title Changes  
Salary Adjustments- DOL Compliance  
Personnel Changes

Motion to enter Executive Session at 1:14 PM: Martavius Jones, Parliamentarian  
Second: Keri Winters, Secretary

Motion to exit Executive Session at 1:57 PM: Keri Winters, Secretary  
Second: Lindsay Hergert

- a. Consultation between the board and its attorney in those instances in which the board seeks the Attorney's advice with respect to pending or contemplated litigation, settlement offers, and other matters where the duty of the attorney to his client requires confidentiality.
- b. Discussion with respect to the purchase, exchange, lease, or value or real property, negotiated contracts, and prospective gifts or donations to the organization, when such discussion, if made public, would have a detrimental effect on the negotiating position of the organization.
- c. Discussion with respect to matters involving the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of an officer or employee or to hear complaints or charges against such officer or employee, unless such officer or employee requests a public session.
- d. Discussion with respect to any matter specifically made confidential by law or regulation. Any other exception available by state law.

#### **REQUIRED ACTION FROM EXECUTIVE SESSION**

---

Motion: Keri Winters, Secretary made a motion to take action on Personnel Title Changes from Executive Session

Second: Harmony Roberson

All in favor voted aye, none opposed, the motion carried unanimously

Motion: Martavius Jones, Parliamentarian made a motion to take action on Salary Adjustments – DOL Compliance from Executive Session

Second: Harmony Roberson

#### **ADJOURN**

---

Motion: Keri Winters, Secretary motioned to adjourn at 1:58 pm

Second: Lindsay Hergert

Hearing no descent, adjournment passed.

Approved by: \_\_\_\_\_, on \_\_\_\_\_, 2025  
(Board Secretary) (Date)



# ELIGIBILITY

## POLICY COUNCIL & GOVERNING BOARD TRAINING

# PURPOSE OF THE ERSEA:

- To ensure that the neediest children and families within the country receive Head Start & Early Head Start services.



- ERSEA regulations are covered under the Final Rule that were issued August 21, 2024.

# SERVICE AREA

- We serve 465 Head Start students in Cass, Camp, Morris and Bowie Counties.
- We serve 16 Early Head Start students at our Hughes Springs Head Start location. Class began Jan. 19, 2021.



# ELIGIBILITY & SELECTION

- Income is required from all parents prior to acceptance into the program.
- Proof of one month's income is required.
- Income verification can be:
  - Check Stubs
  - Income Tax Form 1040
  - Statement from Employee
  - Declaration of Income from the parent
  - Zero income statement with explanation.
  - Verification letter showing SSI or TANF
  - Foster Care Documentation
  - Food Stamp Documentation



- Income is then calculated using an income calculation worksheet and entered into Child Plus.
  - Income calculation worksheets are signed by parent, staff, and Family Service Administrator to ensure information is correct.
- Child Plus will give each child points based on needs of the family and they will be placed on a waitlist.
- Children are then selected from Child Plus by pulling Report 2025. Highest Points listed first.
  - Children will be assigned a Child Plus ID number and no names will be printed on this form to ensure that no prejudice is shown to a child/family.

# NEW INCOME REGULATIONS

- We no longer count the following income:
  - Child Support
  - VA Benefits
  - Social Security Disability or Retirement Income



# ELIGIBILITY DETERMINATION RECORD

- Every family will complete an in-person or phone interview with the Family Service Worker prior to acceptance.
- All information used to verify income will be placed in the Income section of the child's file.
- Eligibility Determination Records will include:
  - Whether child is eligible for the program.
  - How interview was conducted.
  - Income Status
  - Type of Verification Used

# EXCESSIVE HOUSING CALCULATOR

- Housing expenses should be less than 30% of a family's total income.
- Any amount over 30% can now be deducted from the family's income.
- Allowable expenses (with documentation):
  - Rent/Mortgage
  - Homeowners' or Renter's insurance
  - Utilities (electric, gas, water, sewer, trash)
- Calculation will be made using Child Plus excessive calculator tool.



Family Information	
Family Name	Doe Family
Family ID	17545

ADJUSTED INCOME INFORMATION	
PERCENTAGE OF INCOME SPENT ON HOUSING	39%
DOLLAR AMOUNT OVER 30%	\$411.28
NEW INCOME AFTER ADJUSTMENTS (MONTHLY)	\$4,095.39
NEW INCOME AFTER ADJUSTMENTS (ANNUAL)	\$49,144.64

TOTAL ELIGIBILITY INCOME	
Type in Total Eligibility Income from ChildPlus	\$54,080.00
<b>Total Monthly Income</b>	<b>\$4,506.67</b>

HOUSING	Enter the Cost	Per
Mortgage or rent	\$1,038.00	Month
Property taxes	\$207.36	Year
Electricity	\$112.75	Month
Gas	\$150.00	Month
Water and sewer	\$75.00	Month
Insurance	\$320.25	Month
Waste removal	\$50.00	Month
Other		Month
<b>Total Monthly Costs</b>	<b>\$1,763.28</b>	

Per

Month

Year

Month

Month

Month

Month

Month

## MONTH

**\$1,763.28**

# ENROLLMENT

- After children have been selected using Report 2025, Acceptance letters will be sent to the family.
- Family Service Workers will complete an orientation with parents.
- All required paperwork along with the importance of dental, physical, hemoglobin and lead will be discussed at this orientation.



# RECRUITMENT

- Children will be recruited from service areas.
- Types of recruitment used
  - Flyers
  - Newspaper Articles
  - Banners/Signs
  - Word of Mouth
  - CSNT Website
  - ISD websites
  - Facebook





# ATTENDANCE

- Within one hour of start time, if the family has not notified staff of a child's absence, Family Service Worker will call parents to ensure safety of the child.
- Family Services will track attendance and look for any attendance problems.
- Family Services will conduct home visits as needed or create attendance plans with parents of child with an attendance issue.



# RESPECTING FAMILIES

- Family Service staff will treat all families with dignity and respect.
- Family information will remain private and all records are kept confidential according to the FERPA regulations.
- Staff ensure that an environment of safety is created for the family so that families feel safe sharing issues such as family violence or emergency situations.



# AVOIDING FRAUD

- All Family Service Staff know the importance of accurately reporting income.
- Yearly statements are signed concerning fraud.
- Policy 701, Conduct and Work Rules, cover disciplinary actions associated with committing fraud.



Thank you for all you do for  
Community Services of Northeast Texas!!



2025

# CAREER & TECHNICAL EDUCATIONAL (CTE) PARTNERSHIP





# CTE Proposal

- Adapt the existing afterschool programs for 8th to 12th graders to provide workforce-aligned certifications, equipping high school graduates for their career paths.
- Assist students in acquiring trades before graduation, enabling them to enter the workforce or pursue further education.
- Develop partnerships with local businesses and industries to offer internships and apprenticeships, providing students with hands-on experience and real-world insights into their chosen fields.





# Why We Need Your Help?

**01**

## **Funding**

The current funding for our afterschool program is restricted to payroll and basic supplies. However, with your partnership, we can allocate resources for trade certifications or workforce readiness.

**03**

## **Strengthen Local Community**

Offer certifications to Atlanta graduates that will make a positive difference in our local growing community.

**04**

## **Breaking the Poverty Cycle**

Certifications will be accessible to all students, but a special focus will be placed on those in poverty to encourage economic empowerment.

**02**

## **Increased Student Success**

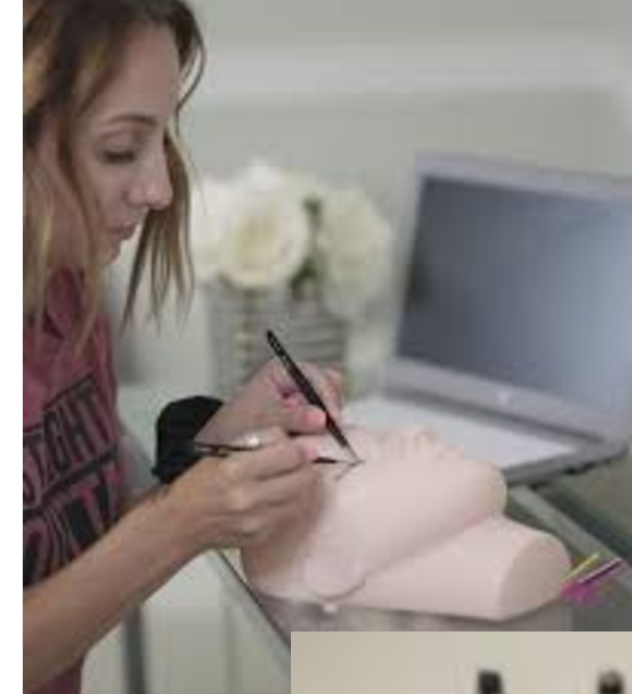
Ensure that students receive adequate mental support as they transition from high school to their workforce paths.



# CTE Examples

\*costs are per student and are approximate

- **Forklift Certification** – \$200; currently \$25 through a TC grant
- **CyberSecurity** – \$129; offered online through TSTC
- **OSHA** – \$100
- **Lash Tech Certification** – \$550
- **Phlebotomy Tech** – \$1800
- **Nursing & Senior Care** – \$165
- **TX Real Estate** – \$500







#### CONTACT INFORMATION:

Shelly Waldon, Director of Afterschool Programs  
(903) 796-4194 x1013  
swaldon@atlisd.net

Jonathan Parker, Atlanta High School ACE Coordinator  
(903) 796-4111 x5148  
jeparker@atlisd.net

Tressa Allen, Atlanta Middle School ACE Coordinator  
(903) 796-7928 x4031  
tallen@atlisd.net

**THANK YOU FOR YOUR  
CONSIDERATION IN INVESTING IN OUR  
LOCAL YOUTHS' SUCCESSES.**

# CSNT Early Head Start Director's Report PY01/FY25

## March Report/February Data



## How Are We Doing?

### EARLY HEAD START Attendance - February 2025

- ✓ **16** Actual Enrollment (Under/Over - 0 Student(s)) – Funded **16**
- ✓ **6.3%** Disability Students – **10%** Target
- ✓ **84%** Average Daily Attendance



### EARLY HEAD START NFS/Indirect Costs/Admin Expenses Rate

- ✓ **\$6,406** NFS Collected - **\$65,802** NFS Needed
- ✓ **\$2,648** Indirect Costs Collected
- ✓ **7%** Admin Expense Rate



### EARLY HEAD START CACFP Meals/Reimburse

- ✓ **\$1,966** Reimbursed This Month - **\$5,083** Reimbursed This Year
- ✓ **18** days of Service – **705** Meals Served

**Listen with Curocity**  
**Speak with Honesty**  
**Act with Integrity**



### EARLY HEAD START Quality Assurance

- ✓ **2** Files Reviewed/**5** Classrooms Observed
- ✓ **0** Incomes Verified/**8** Interviews/**1** Community Contacts
- ✓ **Self-Assessment** – **3** Findings/**1** Corrections/**2** Remaining
- ✓ **Annual Detailed Monitoring** – **12** Findings/**3** Corrections/**9** Remaining

### ANNOUNCEMENTS:

All Campus locations are preparing for Spring Events  
Preparing for end of school year

# CSNT Head Start Director's Report PY01/FY25

## March Report/February Data

### How Are We Doing?



#### HEAD START Preschool Attendance - February 2025

- ✓ **465** Actual Enrollment (Under/Over 0 Student(s)) – Funded **465**
- ✓ **5.5%** Disability Students – **10%** Target
- ✓ **88%** Average Daily Attendance



#### HEAD START Preschool NFS/ICP/Admin Expenses Rate

- ✓ **\$151,361** NFS Collected – **\$1,133,347** NFS Needed
- ✓ **\$51,188** Indirect Costs Collected
- ✓ **11%** Admin Expense Rate



#### HEAD START Preschool CACFP Meals/Reimbursements

- ✓ **\$14,548** Reimbursed This Month - **\$36,678** Reimbursed This Year
- ✓ **19** days of Service – **5181** Meals Served

**Listen with Curocity**  
**Speak with Honesty**  
**Act with Integrity**



#### HEAD START Preschool Quality Assurance

- ✓ **98** Files Reviewed/**34** Classrooms Observed
- ✓ **5** Incomes Verified/**0** Interviews/**0** Community Contacts
- ✓ **Self-Assessment** – **3** Findings/**1** Corrections/**2** Remaining
- ✓ **Annual Detailed Monitoring** – **12** Findings/**3** Corrections/**9** Remaining

#### ANNOUNCEMENTS:

All Campus locations are preparing for Spring Events  
Preparing for end of school year



# Office of Head Start - Early Head Start Services Snapshot

Community Services Of Northeast Texas, Inc. (2024-2025)

Date

3/7/2025

## Funded Enrollment

Number of enrollment slots the program is funded to serve.

	# of funded enrollment slots	% of funded enrollment slots
Total Funded Enrollment	16	100.00%

## Funded Enrollment by Program Option

	# of funded enrollment slots	% of funded enrollment slots
Center-based	16	100.00%
Home-based	0	0%
Family Child Care	0	0%
Locally Designed	0	0%

## Detail - Center-based Funded Enrollment

	# of center-based funded enrollment slots	% of center-based funded enrollment slots
Number of slots equal to or greater than 1,020 annual hours for Head Start preschool children or 1,380 annual hours for Early Head Start infants and toddlers	16	100.00%
Of these, the number that are available for the full-working-day and full-calendar-year	0	
Number of slots with fewer than 1,020 annual hours for Head Start preschool children or 1,380 annual hours for Early Head Start infants and toddlers	0	0%
Of these, the number that are available for 3.5 hours per day for 128 days	0	
Of these, the number that are available for a full working day	0	

## Total Cumulative Enrollment

	# of participants	% of participants
Total Cumulative Enrollment	16	100.00%

## Participants by Age

	# of participants	% of participants
Under 1 Year Old	0	0.00%
1 Year Old	3	18.75%
2 Years Old	13	81.25%
3 Years Old	0	0.00%
Pregnant Women	0	0.00%

## Homelessness Services

	# of children	% of children
Total number of children experiencing homelessness that were served during the enrollment year	2	12.50%

## Foster Care

	# of children	% of children
Total number of enrolled children who were in foster care at any point in the program year	2	12.50%

## Prior Enrollment of Children

	# of children	% of children
The second year	7	43.75%
Three or more years	0	0.00%

## Ethnicity And Race

	# of Hispanic or Latino Origin participants	% of Hispanic or Latino Origin participants	# of Non-Hispanic or Non-Latino Origin participants	% of Non-Hispanic or Non-Latino Origin participants
American Indian or Alaska Native	0	0.00%	0	0.00%
Asian	0	0.00%	0	0.00%
Black or African American	0	0.00%	10	62.50%
Native Hawaiian or Pacific Islander	0	0.00%	0	0.00%
White	2	12.50%	3	18.75%
Biracial or Multi-Racial	0	0.00%	0	0.00%
Other Race	1	6.25%	0	0.00%
Unspecified Race	0	0.00%	0	0.00%

## Primary Language of Parents at Home

	# of children	% of children
English	14	87.50%
Of these, the number of children acquiring/learning another language in addition to English	0	0.00%
Spanish	2	12.50%
Central American, South American, or Mexican Languages	0	0.00%
Caribbean Languages	0	0.00%
Middle Eastern or South Asian Languages	0	0.00%
East Asian Languages	0	0.00%
Native North American or Alaska Native Languages	0	0.00%
Pacific Island Languages	0	0.00%
European or Slavic Languages	0	0.00%
African Languages	0	0.00%
American Sign Language	0	0.00%
Other Languages	0	0.00%
Unspecified Languages	0	0.00%

## Health Services

<i>Services to All Children at Beginning of Enrollment Year Compared to End of Enrollment Year (based on Cumulative Enrollment)</i>	# at Beginning of Enrollment Year	% at Beginning of Enrollment Year	# at End of Enrollment Year	% at End of Enrollment Year
Children with health insurance	16	100.00%	15	93.75%
Children with accessible health care	16	100.00%	16	100.00%
Children with up-to-date immunizations or all possible immunizations to date, or exempt	15	93.75%	15	93.75%
Children with accessible dental care	16	100.00%	16	100.00%

## Disabilities Services

	<i># of children</i>	<i>% of children</i>
Children with an Individualized Family Service Plan (IFSP), indicating they were determined eligible to receive early intervention services	1	6.25%

## Family Services

	<i># of families</i>	<i>% of families</i>
Total Number of Families	16	100.00%

	<i># of families</i>	<i>% of families</i>
Families Who Received at Least One Family Service	7	43.75%

## Specific Services

	<i># of families</i>	<i>% of families</i>
Emergency or Crisis Intervention	0	0.00%
Housing Assistance	0	0.00%
Asset Building Services	0	0.00%
Mental Health Services	0	0.00%
Substance Misuse Prevention	0	0.00%
Substance Misuse Treatment	0	0.00%
English as a Second Language (ESL) Training	1	6.25%
Assistance in enrolling into an education or job training program	0	0.00%
Research-based parenting curriculum	7	43.75%
Involvement in discussing their child's screening and assessment results and their child's progress	7	43.75%
Supporting transitions between programs	7	43.75%
Education on preventive medical and oral health	7	43.75%
Education on health and developmental consequences of tobacco product use	0	0.00%
Education on nutrition	7	43.75%
Education on postpartum care	0	0.00%
Education on relationship/marriage	0	0.00%
Assistance to families of incarcerated individuals	0	0.00%



# Office of Head Start - Head Start Services Snapshot

Community Services Of Northeast Texas, Inc. (2024-2025)

Date

3/7/2025

## Funded Enrollment

Number of enrollment slots the program is funded to serve.

	<i># of funded enrollment slots</i>	<i>% of funded enrollment slots</i>
Total Funded Enrollment	465	100.00%

## Funded Enrollment by Program Option

	<i># of funded enrollment slots</i>	<i>% of funded enrollment slots</i>
Center-based	465	100.00%
Home-based	0	0%
Family Child Care	0	0%
Locally Designed	0	0%

## Detail - Center-based Funded Enrollment

	<i># of center-based funded enrollment slots</i>	<i>% of center-based funded enrollment slots</i>
Number of slots equal to or greater than 1,020 annual hours for Head Start preschool children or 1,380 annual hours for Early Head Start infants and toddlers	462	99.35%
Of these, the number that are available for the full-working-day and full-calendar-year	0	
Number of slots with fewer than 1,020 annual hours for Head Start preschool children or 1,380 annual hours for Early Head Start infants and toddlers	0	0%
Of these, the number that are available for 3.5 hours per day for 128 days	0	
Of these, the number that are available for a full working day	0	

## Total Cumulative Enrollment

	<i># of participants</i>	<i>% of participants over Funded Enrollment</i>
Total Cumulative Enrollment	507	9.03%

## Participants by Age

	<i># of participants</i>	<i>% of participants</i>
1 Year Old	0	0.00%
2 Years Old	2	0.39%
3 Years Old	229	45.17%
4 Years Old	275	54.24%
5 Years Old	1	0.20%

## Homelessness Services

	<i># of children</i>	<i>% of children</i>
Total number of children experiencing homelessness that were served during the enrollment year	25	4.93%

## Foster Care

	<i># of children</i>	<i>% of children</i>
Total number of enrolled children who were in foster care at any point in the program year	15	2.96%

## Prior Enrollment of Children

	<i># of children</i>	<i>% of children</i>
The second year	156	30.77%
Three or more years	11	2.17%

## Ethnicity And Race

	<i># of Hispanic or Latino Origin participants</i>	<i>% of Hispanic or Latino Origin participants</i>	<i># of Non-Hispanic or Non-Latino Origin participants</i>	<i>% of Non-Hispanic or Non-Latino Origin participants</i>
American Indian or Alaska Native	0	0.00%	4	0.79%
Asian	1	0.20%	2	0.39%
Black or African American	11	2.17%	232	45.76%
Native Hawaiian or Pacific Islander	0	0.00%	0	0.00%
White	25	4.93%	133	26.23%
Biracial or Multi-Racial	16	3.16%	45	8.88%
Other Race	36	7.10%	2	0.39%
Unspecified Race	0	0.00%	0	0.00%

## Primary Language of Parents at Home

	<i># of children</i>	<i>% of children</i>
English	471	92.90%
Of these, the number of children acquiring/learning another language in addition to English	18	
Spanish	35	6.90%
Central American, South American, or Mexican Languages	0	0.00%
Caribbean Languages	0	0.00%
Middle Eastern or South Asian Languages	0	0.00%
East Asian Languages	1	0.20%
Native North American or Alaska Native Languages	0	0.00%
Pacific Island Languages	0	0.00%
European or Slavic Languages	0	0.00%
African Languages	0	0.00%
American Sign Language	0	0.00%
Other Languages	0	0.00%
Unspecified Languages	0	0.00%



## Health Services

<i>Services to All Children at Beginning of Enrollment Year Compared to End of Enrollment Year (based on Cumulative Enrollment)</i>	<i># at Beginning of Enrollment Year</i>	<i>% at Beginning of Enrollment Year</i>	<i># at End of Enrollment Year</i>	<i>% at End of Enrollment Year</i>
Children with health insurance	459	90.53%	450	88.76%
Children with accessible health care	422	83.23%	384	75.74%
Children with up-to-date immunizations or all possible immunizations to date, or exempt	471	92.90%	472	93.10%
Children with accessible dental care	391	77.12%	351	69.23%

## Disabilities Services

	<i># of children</i>	<i>% of children</i>
Children with an Individualized Education Program (IEP), indicating they were determined eligible to receive special education and related services	25	5.38%

## Family Services

	<i># of families</i>	<i>% of families</i>
Total Number of Families	465	100.00%

	<i># of families</i>	<i>% of families</i>
Families Who Received at Least One Family Service	322	69.25%

## Specific Services

	<i># of families</i>	<i>% of families</i>
Emergency or Crisis Intervention	14	3.01%
Housing Assistance	4	0.86%
Asset Building Services	69	14.84%
Mental Health Services	8	1.72%
Substance Misuse Prevention	1	0.22%
Substance Misuse Treatment	0	0.00%
English as a Second Language (ESL) Training	11	2.37%
Assistance in enrolling into an education or job training program	19	4.09%
Research-based parenting curriculum	240	51.61%
Involvement in discussing their child's screening and assessment results and their child's progress	315	67.74%
Supporting transitions between programs	314	67.53%
Education on preventive medical and oral health	313	67.31%
Education on health and developmental consequences of tobacco product use	117	25.16%
Education on nutrition	316	67.96%
Education on postpartum care	3	0.65%
Education on relationship/marriage	7	1.51%
Assistance to families of incarcerated individuals	2	0.43%

# COMMUNITY SERVICES REPORT



OUR CEAP PROGRAM IS READY TO SPRING FORWARD WITH GREAT BENEVOLENCE. THEY ARE PROCESSING AT EMPHASIZED SPEED AND EFFICIENCY.



THE TOPS PROGRAM IS ENDEAVORING TO ACHIEVE A RECORD GOAL.

EVERY PLANT HAS THEIR OWN REQUIREMENTS IN ORDER TO GROW...



AND SO DO PEOPLE.



MANY CLIENTS LOST A LOT OF FOOD WHEN THEIR ELECTRICITY WENT OUT FROM THE STORMS THAT HIT OUR SURROUNDING COMMUNITIES.

SOME DO NOT HAVE THE FINANCIAL AID OR THE ABILITY TO REPLACE WHAT WAS LOST.

OUR SMALL BUT MIGHTY MOUNT PLEASANT OFFICE FOOD BANK DISTRIBUTED NUMEROUS BAGS OF FOOD. HOWEVER, NOW OUR SHELVES NEED REFUELING.

IF YOU KNOW SOMEONE OR IF YOU WOULD LIKE TO DONATE, PLEASE CALL KARI AT 903-717-7305 OR AMY AT 903-717-7301.

Donations may be food, cash, gift cards, or a check





## Human Resources Report

Submitted by: Jim Howard - Human Resources Manager

Total Employee Count 94 as of 02/28/2025

	Total Employees	Full Time Includes alloc	Part Time Regular Emp	Sub/Temp	Information
Head Start	76	71	1	4	0 Termination
Early Head Start	4	4	0	0	
CSBG/CEAP	9	9	0	0	0 Terminations
ICP	7	7	0	0	0 Termination

Employee Attendance Report	Personal Leave	LWOP	Total Hours Absent	Information
Pay Period 01/26/2025 - 02/08/2025	Used	Used		
Head Start Staff	313.50	280.25	593.75	Unfilled Positions 0
Hours worked by Subs 275.75				
Early Head Start Staff	0.00	0.00	0.00	Unfilled Positions 0
Hours worked by Subs -				
CSBG/CEAP Staff	36.50	0.00	36.50	Unfilled Positions 0
ICP Staff	8.75	0.00	8.75	Unfilled Positions 0
Number of Employer's Initial Report (DWC-1) Forms filed during this pay period			0	
Resulting in time lost: 0		Requiring medical attention:	0	

Employee Attendance Report	Personal Leave	LWOP	Total Hours Absent	Information
Pay Period 02/09/2025 - 02/22/2025	Used	Used		
Head Start Staff	282.00	138.75	420.75	
Hours worked by Subs				
Early Head Start Staff	3.00	14.00	17.00	
Hours worked by Subs -				
CSBG/CEAP Staff	44.50	10.00	54.50	
ICP Staff	38.00	0.00	38.00	
Number of Employer's Initial Report (DWC-1) Forms filed during this pay period			0	
Resulting in time lost: 0		Requiring medical attention:	0	

LWOP Savings	\$	6,773.47	\$	15.29	443.00	14.15 average hourly rate
HS Sub Usage Expense	\$	2,757.50	\$	10.00	275.75	\$10.75 average hourly sub rate
Savings for both periods	\$	4,015.97				

### Change in Potential

### Liability with

Leave Earned and Used \$ 3,653.65

## Monthly Vehicle Cost Summary

FEB

### By Program

	Fuel	Repairs	
TBRA	-	-	
CSBG	202.94	-	
CEAP	-	-	
VSN	-	-	
			<u>202.94</u>

### By Location

	Fuel	Repairs	
Jefferson	80.60	-	
Linden	81.43	-	
Linden Shop	40.91	-	
Daingerfield	-	-	
	-	-	
			<u>202.94</u>

### By Vehicle

#	Fuel	Repairs	Total	Location
801	40.91	-	40.91	Linden Shop
844	-	-	-	Linden
888	-	-	-	Linden
881	-	-	-	Linden
882	-	-	-	Linden
883	-	-	-	Linden Shop
884	-	-	-	Linden
885	-	-	-	Daingerfield
886	80.60	-	80.60	Jefferson
887	31.00	-	31.00	Linden
838	50.43	-	50.43	Linden
			<u>202.94</u>	



# **I.T. REPORT (MARCH)**

**DAVID BUFORD**

**I.T. COORDINATOR**

## **REPORT ON CAMERA INSTALLATION AND COMPUTER SETUP**

**I HAVE SUCCESSFULLY INSTALLED FIVE ADDITIONAL CAMERAS AT HUGHES SPRINGS HEAD START TO ENHANCE VISIBILITY IN AREAS WITH BLIND SPOTS WITHIN THE CLASSROOMS. THIS WAS ACCOMPLISHED WITH THE ASSISTANCE OF THE MAINTENANCE CREW. ALL CAMERAS HAVE BEEN INSTALLED, THOROUGHLY TESTED, AND ARE NOW FUNCTIONING PROPERLY.**

**IN ADDITION TO THE CAMERA INSTALLATIONS, I AM CONTINUING THE PROCESS OF SETTING UP THE REMAINING COMPUTERS WITH WINDOWS 11.**





## **CSNT Head Start Program**

# **2025 Self-Assessment Report - DRAFT**

**Date: 3-11-2025**

### **Section 1. Introduction**

#### **Program description**

Head Start and Early Head Start are two of several programs offered through Community Services of Northeast Texas, Inc. (CSNT). CSNT, a community action agency, has been providing Head Start services to eligible children in Northeast Texas since the 1960s. CSNT started providing Early Head Start services to eligible children in January of 2021. Total program funded enrollment for FY-25 is 465 three-to-four-year-old Head Start Preschool children and 16 twelve-to-thirty-six-month Early Head Start children. There are eight Head Start locations within the four county service area of Bowie, Camp, Cass, and Morris Counties and one Early Head location in Cass County only. Actual enrollment for PY01 is an average of 462 Head Start Preschool children and 16 Early Head Start children. The Office of Head Start (OHS) has issued Program Instruction HS-18-04 to address programs that are chronically under enrolled. At this time in the Program Year Head Start has met the funded enrollment of 465 slots. CSNT Head Start can serve more children than the funded enrollment due to partnerships with local education agencies. CSNT utilizes resources within the community to assist parents of enrolled children.

**CSNT Head Start Program has (3) broad goals for Grant #06CH012925 five-year grant project period.**

**Goal 1: Strengthen comprehensive health services to children and families.**

**Goal 2: Provide comprehensive school readiness.**

**Goal 3: Increase parent involvement in the Head Start Program.**

## **Context for Self-Assessment**

1. The Self-Assessment Team Leaders receive training on how to utilize the program data to check for systemic issues, document innovations and list any recommendations. The data used during the Self-Assessment is comprised of previous monitoring summaries, assessment data, and Program Information Reports. The Team Leaders are instructed on how to complete analyzation of data for their assigned content areas.
2. The Self-Assessment Leadership Team analyzes data from the On-Going Monitoring System including Detailed Monitoring summaries.
3. Self-Assessment Team Leaders analyze progress made on program goals/objectives as well as strengths and weaknesses of program systems. Team Leaders are program staff with experience in the areas being surveyed. Program data is collected throughout the grant project period and is examined by different staff in all areas. The Leadership Team documents systemic strengths along with any weaknesses based on the data. They also discuss staff recommendations concerning systemic issues and document any areas of innovation within the program.
4. Information from monitoring summaries is provided to the Self-Assessment Team Leaders including Self-Assessment Summary Reports for each area of the program and progress reports on program goals/objects. The Self-Assessment Team Leaders analyze the program data along with child assessment data, CLASS data, and any other relevant data to develop conclusions for each area of the program. Their findings are presented to the Self-Assessment Committee for approval.
5. After the Self-Assessment Committee approves a final Self-Assessment Report, it is presented to the Policy Council and Governing Board for approval. Input from the Governing Board and the Policy Council occur when members of the Governing Board and Policy Council serve as part of the Self-Assessment Committee.
6. Upon approval by the governing bodies, the program begins developing strategies on how to implement any changes into the program. Recommendations on any changes to the program goals/objectives are discussed during the Strategic Planning Committee Meeting. These changes become part of the program goals/objectives at that time.

SA Leadership Team	Questions to Consider
Area One: Program Governance/ Program Management & QI/ Financial and Administrative Requirements/ Human Resources	<ol style="list-style-type: none"> <li>1. Does the Board &amp; PC have the required composition and representation?</li> <li>2. Has training been provided throughout the program, as required?</li> <li>3. Does the program's Personnel Policies meet the requirements including a standard of conduct?</li> <li>4. Does the program meet the background check requirements?</li> <li>5. Does the program meet the requirements for staff professional development, health &amp; wellness, and safety?</li> <li>6. Does the program meet the requirements for management systems?</li> <li>7. Is the program meeting financial and administrative requirements?</li> </ol>
Area Two: Comprehensive Health Services/ Safety	<ol style="list-style-type: none"> <li>1. Does the program collaborate with parents as partners in health?</li> <li>2. Does the program meet the requirements for up-to-date child health status?</li> <li>3. Does the program implement safety practices?</li> </ol>
Area Three: Early Childhood Education & Development/ CLASS/ Additional Disability Services	<ol style="list-style-type: none"> <li>1. Do teaching practices meet the requirements?</li> <li>2. Does the program implement dual-language instruction?</li> <li>3. Does the program's curriculum meet the requirements?</li> <li>4. Does the program utilize child assessment data to determine strengths for children?</li> <li>5. Do classrooms have a variety of age-appropriate materials that are changed on a regular basis?</li> <li>6. Does the program recognize parents' roles in their child's education?</li> <li>7. Have CLASS scores for the Program improved?</li> <li>8. Does the program meet the requirements for additional services for children with disabilities?</li> </ol>
Area Four: Family & Community Engagement – ERSEA/ Transition/ Program Structure	<ol style="list-style-type: none"> <li>1. Does the program have a Community Assessment that meets the requirements and is it updated at least every (4) years?</li> <li>2. Does the program have an approved selection criterion that meets the requirements of the HSPPS?</li> <li>3. Are integrated parent and family engagement strategies implemented into all systems and program services?</li> <li>4. Did the program reach 10% of its funded enrollment as children with disabilities by the end of the program year?</li> <li>5. Does the program implement a research-based parent curriculum?</li> <li>6. Does the program implement a transition process for children coming into and out of Head Start as required?</li> </ol>



## Section 2. Methodology

Date	Action	Purpose
11/18/2024	<i>Detailed OGM Leadership Meeting</i>	<ul style="list-style-type: none"> <li>• Update 2025 Detailed Monitoring process</li> <li>• Create 2025 Detailed Monitoring Teams for each area</li> </ul>
12/6/2024	<i>Detailed Monitoring Training Sessions, as needed</i>	<ul style="list-style-type: none"> <li>• Training – Detailed Monitoring Orientation and Team Training</li> <li>• Each Team Member is trained on confidentiality</li> </ul>
2/7/2025	<i>Detailed OGM Meeting</i>	<ul style="list-style-type: none"> <li>• Discuss Detailed OGM Results</li> <li>• Approve Detailed OGM Summary</li> </ul>
3/4/2024	<i>Self-Assessment Team Leader Meeting</i>	<ul style="list-style-type: none"> <li>• Program Team Leaders analyze data from each area of the program</li> </ul>
3/11/2025	<i>Self-Assessment Committee Meeting</i>	<ul style="list-style-type: none"> <li>• HS Director gives a short synopsis of each area</li> <li>• Approve 2025 SA Program Draft Report</li> </ul>
<i>Before 5/31/2025</i>	<i>Final Step in Self-Assessment Process</i>	<ul style="list-style-type: none"> <li>• Policy Council and Governing Board approval of SA Report</li> <li>• Submit to Regional Office with Grant</li> </ul>

## Section 3. Key In-Sights

### **Strengths**

- ✓ Technology plays an instrumental role in keeping CSNT Head Start and Early Head Start operating effectively and efficiently. CSNT utilizes technology to hold virtual meetings, to provide educational instruction, and to provide communication with parents and the community, as needed. Technology is used to gather and analyze large amounts of program data. Program data is tracked and monitored for accuracy on a regular, on-going basis. On-going Monitoring results are tracked and analyzed electronically. Program Inventory is tracked and monitored electronically with scanners. Electronic management systems track and create reports that assist staff and governing bodies in making informed and knowledgeable decisions based on accurate information. Technology is also playing a larger role in communication with parents including supplying home activities and blast text messages.
- ✓ CSNT Head Start/Early Head Start promotes wellness for the staff, parents, and children throughout the school year. This includes providing sanitation cleaning to all sites monthly during the school year to mitigate the spread of harmful viruses to children and staff. Wellness is promoted throughout the program including adding health supplies as part of transition bags that children receive as they transition into and out of the Program. Families are provided bags that contained toothbrushes and other health and wellness supplies. The Agency also implements a Wellness Committee to address physical and mental wellness implementation within the Program/Agency. The Agency provides up to (4) mental wellness visits during the school year for employees. Staff provide resources and assistance to families that need mental wellness support. Health and Mental Health are key for employees and families.
- ✓ CSNT Head Start/Early Head Start implements a research-based early childhood curriculum that meets or exceeds the Head Start Early Learning Outcomes Framework and the Texas Pre-K Guidelines. Head Start and Early Head Start services are provided in partnership with local public school districts throughout the four-county service area. In each partnership classroom, Head Start Standards and State Guidelines are followed creating high quality services for each child and family. CLASS is being implemented throughout the program to analyze the overall classroom quality.
- ✓ All CSNT staff receive systematic, on-going training on a regular basis. Staff are encouraged and assisted in gaining the required education and/or certifications for their jobs. All staff receive

professional development that enables them to carry out their job duties more efficiently. Currently, CSNT Lead Teachers meet or exceed the Head Start Performance Standards qualifications.

Management staff are instrumental in providing college-level, certified, classroom-based training to CSNT staff. Two Professional Development Coaches engage and encourage classroom staff throughout the school year. They assist classroom staff in creating individual professional goals for the school year.

- ✓ All CSNT children receive standardized and structured assessments three times per year. These assessments provide ongoing, individualized data that aligns with the Head Start Early Learning Outcomes Framework and the Texas Pre-Kindergarten Guidelines. Teachers create reports from these assessments that indicate a child's progress in each of the areas designated by Head Start/Early Head Start. The teachers as well as parents and other staff utilize these reports.
- ✓ Currently, CSNT has 465 Head Start slots and 16 Early Head Start slots. The Early Head Start Program is being implemented at the Hughes Springs Head Start Campus. The CSNT Community Assessment indicated a need for Early Head Start services in the service area and CSNT is looking for opportunities to provide more Early Head Start slots. CSNT is also seeking ways to expand Head Start services within and outside the service area.

### **Systemic Issues**

- ✓ Implement method(s) to assure staff are engaging toddlers in learning (CLASS – Engaged Support for Learning). (45 CFR §1302.31(a))
- ✓ Implement methods to reach 10% disability funded enrollment by end of school year. (45 CFR §1302.14(b))
- ✓ Implement a process to assure IEP/IFSP goals are obtained and teachers have access to them. (45 CFR §1302.61(c)(1))

### **Innovations**

- ✓ CSNT Head Start implements a Family Service Credentialing program. The Family Service Administrator is a certified Family Service Credential Trainer. CSNT Family Service Workers can attend classes that lead to a Family Service Credential.
- ✓ CSNT Head Start/Early Head Start utilizes technology to maintain quality throughout the Head Start/Early Head Start Program. The program implements Child Plus to track and monitor data, Parent Power Curriculum to assist parents, Frog Street On-line Curriculum for students, web-based assessments and

screeners, inventory scanners, and ZOOM to keep staff, parents, and governing bodies connected on a regular basis.

- ✓ CSNT Head Start utilizes Mental Health Advocates within the service area to assist CSNT staff in obtaining disability services for eligible children. The Mental Health Advocates assist Campus staff with completing the necessary paperwork to obtain vital services for students. They provide communication and documentation between the HS/EHS Program and the service provider for each child and family that require disability or mental health services.
- ✓ CSNT Head Start has implemented a Wellness Program that includes Mental Wellness. The program is partnering with a local mental health provider to provide up to (4) mental health counselling sessions for each employee as needed. The provider will also assist Family Service Workers with resources for families in crisis. They will train with Head Start staff on how to assist employees and families when dealing with crisis situations.

#### Progress in Meeting Program Goals and Objectives (Winter 2024)

Goals		Objective(s)/Outcome(s)
<b><u>GOAL ONE:</u></b> Strengthen comprehensive health services for children and families.		75% of parents will obtain (EPDST) health requirements.
Completion Rate	<b>74%</b>	
<b><u>GOAL ONE:</u></b> Strengthen comprehensive health services within the program.		70% of parents/staff will participate in wellness activities.
Completion Rate	<b>86%</b>	
<b><u>GOAL TWO:</u></b> Provide comprehensive school readiness.		60% of Head Start Preschool children will identify letters and make connections between letter, sounds, and print.
Completion Rate	<b>66%</b>	
<b><u>GOAL TWO:</u></b> Provide comprehensive school readiness.		60% of Early Head Start children will identify letters and make connections between letter, sounds, and print.
Completion Rate	<b>88%</b>	
<b><u>GOAL TWO:</u></b> Provide comprehensive school readiness.		75% of children will sequence count to 50.
Completion Rate	<b>68%</b>	
<b><u>GOAL TWO:</u></b> Provide comprehensive school readiness. <b><u>(Head Start Preschool &amp; Early Head Start</u></b>		6 in CLASS Emotional Support (HS Preschool)

		6 in CLASS Classroom Organization (HS Preschool)
Completion Rate	<b>ES – 6.25 (HS Preschool)</b> <b>CO – 6.00 (HS Preschool)</b> <b>IS – 5.67 (HS Preschool)</b> <b>EB – 6.40 (EHS)</b> <b>EL – 5.22 (EHS)</b> <b>RC – NA Fall 2024 (EHS)</b>	3 in CLASS Instructional Support (HS Preschool) 6 CLASS Emotional & Behavior Score (EHS) 6 CLASS Engaged Learning Score (EHS) 6 CLASS Responsive Caregiving Score (EHS)
<b><u>GOAL THREE:</u></b> Increase parent involvement in the Head Start Program.		65% of parents will be involved in their child's education.
Completion Rate	<b>89%</b>	

## **Recommendations**

These recommendations encompass the categories of progress on goals and objectives, systemic issues, and/or innovations.

- Follow-up with progress on Inventory amended procedures/process
- Provide training to EHS Teaching Staff on the use of open-ended questions in the classroom
- Find ways to encourage parents to volunteer at their child's Head Start location
- Follow-up on Disability implementation at the Campus level – documents are filed properly and provided to Classroom Teachers, as appropriate

Governing Board Approval: (\_\_\_\_\_)

Policy Council Approval: (\_\_\_\_\_)



# Head Start

*"Building partnerships, changing lives"*



Child's Name: \_\_\_\_\_

\_\_\_ Confidentiality

\_\_\_ Orientation & Receipt of Handbook

**Nutrition:** \_\_\_ Nutrition Enrollment (CACFP ONLY)

\_\_\_ BMI Parent Notification

\_\_\_ Growth Chart



\_\_\_ Incident/Illness Report (Form #7239)



# Head Start

*"Building partnerships, changing lives"*



## Enrollment:

- ☐ Returning Student Update Form
- ☐ Enrollment Form (Child Plus App)
- ☐ Birth Certificate
- ☐ Social Security Card
- ☐ Driver's License

## Income:

- ☐ Selection Criteria
- ☐ Eligibility Determination Record
- ☐ Income Calculation Worksheet
- ☐ Income Verification
- ☐ Excessive Housing Calculator (if needed)
- ☐ Excessive Housing Calculator Verification (if needed)

## Consents:

- ☐ Head Start Consents
- ☐ Consent to Disclosure of Confidential Information
- ☐ Consent to Release Record





# Head Start

*"Building partnerships, changing lives"*



## Health:

- ☐ Returning Student Health History
- ☐ Health History & Nutrition Assessment
- ☐ Insurance Card/Documentation of Health Insurance
- ☐ Lead & TB Questionnaire
- ☐ Mental Health - e-DECA

## Health Request

- ☐ Health Request and Correspondence (See Child Plus)
  - 1st Request Date: \_\_\_\_\_
  - 2nd Request Date: \_\_\_\_\_
  - 3rd Request Date: \_\_\_\_\_
  - Referred to HS Date: \_\_\_\_\_

## Action Plans:

- ☐ Allergy
- ☐ Ashtma
- ☐ Diabetic
- ☐ Seizure



# Head Start

"Building partnerships, changing lives"



Progress:

\_\_\_ Behavioral Observation Statement

\_\_\_ Transportation Safety Certificate

\_\_\_ 1st Dial-4 (no screen on 2nd year student)

\_\_\_ 2nd Dial-4 (if needed)

\_\_\_ Circle Assessment                      1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

\_\_\_ Home Visit                                1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

\_\_\_ Parent/Teacher Conference        1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

Please place dates from Children's Activity List for Circle Assessment, Home Visits and Parent/Teacher Conference.

**Individualism:**        See Classroom



# Head Start

"Building partnerships, changing lives"



## Orientation & Receipt of Handbook

### Parent Orientation

I have participated in the Community Services of Northeast Texas, INC. Head Start Parent Orientation in which all of the program content areas were presented.

- ☐ Access to Minimum Standards and Performance Standards
- ☐ Child Abuse Orientation Sheet
- ☐ School Menus (available upon request)
- ☐ School Calendars located at [www.csntexas.org](http://www.csntexas.org)
- ☐ Available for viewing on our website: Community Resource Directory, CACFP school menus, Volunteer Application, Immunization Chart, USDA Parent Letter, Building for the Future flyer, WIC information.

### Receipt of Handbook

You are encouraged to read and understand this manual as there will be information that you may need during the school year. The handbook includes:

Discipline and guidance	Procedures for release of children
Suspension and expulsion	Illness and exclusion criteria
Emergency plans	Procedures for dispensing medicines
Procedures for conducting health checks	Immunization requirements
Safe sleep	Meals and food service practices
Procedures for parents to discuss concerns with the director	Procedures to visit the center without securing prior approval
Procedures for parents to participate in operation activities.	Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website.
Class Schedules	Parent Rights

\_\_\_\_\_ I will access the parent handbook at [www.csntexas.org](http://www.csntexas.org).  
\_\_\_\_\_ I would like a paper copy of the handbook.

Printed Name	Child's Name
Signature	Date
Employee Signature:	Revised: 1/22/2025

\_\_\_\_\_





# Head Start

"Building partnerships, changing lives"



## Returning Student Health History Update

Child's Name: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_

In case of illness or accident, do school officials and/or medical personal have your permission to necessary for the welfare of the above-named student (CPR, First Aid, Etc)? Yes \_\_\_\_\_ No \_\_\_\_\_

### Health Questionnaire

1. Has your child suffered from any severe injuries, extended illness, or had surgery in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Explain:			
2. Does your child have any physical limitations: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Explain:			
3. Does your child have any of the following: <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> Food Allergies <input type="checkbox"/> Insect Allergies <input type="checkbox"/> Environmental Allergies <b>(Action Plans may require updated forms. These will be sent to you by Family Service Worker)</b>			
4. Is your child prescribed any of the following? <input type="checkbox"/> EpiPen <input type="checkbox"/> Inhaler/nebulizer			
5. List any daily medications to be given at school: Name of Medication: _____ Time to be given: _____ <b>(All medications MUST be accompanied with a Medication Administration log sign by the prescribing doctor. All medication must be in original pharmacy bottle.)</b>			
6. Do you have any concerns about your child's development/speech or behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please explain:			
<b>Medical/Dental Insurance</b>			
Medicaid Medical	Medicaid Dental	CHIP Medical	CHIP Dental
Private Medical Insurance	Private Dental Insurance	No Insurance	

### Consents, Authorizations and Releases

**Completed at School:** Vision/Hearing Screening, Height/Weight, Speech Screening (Completed by teacher), Social- Emotional screener (completed by teacher & parent), Development Screening (Completed by teacher)

**Other Permission:** Consent for First Aid, Transportation (Field Trips/Emergency Care), Use of child's photograph (classroom, district website, campus newsletters, display boards), Audio/Visual Recording for educational purposes ONLY, sharing of records for purpose of ongoing program monitoring, transfer records to other Head Start center (if you move).

I **DO NOT** give permission for: \_\_\_\_\_

Printed Name	
Signature	Date
Employee Signature:	Revised: 1/27/2025



## Returning Student Update Form

Child's Name: \_\_\_\_\_

Current Address: Has address changed: ☐ Yes ☐ No

\_\_\_\_\_

Parent/Guardian Contact Number: Has contact number changed: ☐ Yes ☐ No

\_\_\_\_\_

My child may be released to the following people:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I will access the handbook \_\_\_\_\_ online at [www.csntexas.org](http://www.csntexas.org) \_\_\_\_\_ receive a paper copy

You can access the school calendar online at [www.csntexas.org](http://www.csntexas.org)

Menus are available upon request

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised: 1/22/25



# Head Start

"Building partnerships, changing lives"



## TB & Lead Questionnaire / Survey

### TB Questionnaire

- Does your child have any of the following **unexplained and untreated** conditions? ☐ **Yes** ☐ **No**  
Cough for more than two weeks, loss of appetite, unexpected, rapid weight loss, chest pain, fever, chills or night sweats.
- Was your child born in or has your child lived in or visited a country where there is a lot of TB? (Mexico or Asia, Africa, Central or South America, Eastern Europe) ☐ **Yes** ☐ **No**
- Has your child been homeless or stayed in a shelter within the last 12 months? ☐ **Yes** ☐ **No**
- Has your child spent longer than 3 weeks with anyone who is/has been an IV drug user, HIV-infected, in jail or prison or recently came to the United States from a different county? ☐ **Yes** ☐ **No**

Has your child been tested for TB? ☐ **Yes** ☐ **No** If Yes, date of last testing: \_\_\_\_\_

Has your child ever had a positive TB skin test? ☐ **Yes** ☐ **No** If Yes, date of last testing: \_\_\_\_\_

### Lead Questionnaire

- Does your child live in or visit a home, daycare or other building built before 1978? ☐ **Yes** ☐ **No**
- Does your child live in or visit a home, daycare or other building with ongoing remodeling or repairs? ☐ **Yes** ☐ **No**
- Does your child eat or chew on non-food things like paint chips or dirt? ☐ **Yes** ☐ **No**
- Does your child have a family member who has or did have an elevated blood lead level? ☐ **Yes** ☐ **No**
- Is your child a newly arrived refugee or foreign adoptee? ☐ **Yes** ☐ **No**
- Has your child been exposed to contamination from parent, relative or friend with jobs like this? radiator repair, chemical preparation, pottery making, battery manufacture/repair, valve/pipe fitting lead smelting, welding, automotive repair shop, refinishing furniture, making fish weights, going to firing range ☐ **Yes** ☐ **No**
- Has your child be exposed to sources of lead in food/remedies?  
imported for glazed pottery such as Mexican bean pot, imported candy especially from Mexico, nutritional pills other than vitamins, food canned or packaged outside the US, remedies such as greta, azarcon, alarcon, alkohl, bali, goli, coral, ghasard, lig, pay-loo-ah, rueda ☐ **Yes** ☐ **No**

Printed Name	Child's Name
Signature	Date
Employee Signature:	For office use _____ Refer for TB Testing _____ High Risk for Lead _____ Lead Test Score: _____
Revised: 1/22/2025	





---

## HEAD START ENROLLMENT HEALTH HISTORY FORM

**Child's Name:** \_\_\_\_\_

**Child's Doctor:** \_\_\_\_\_

**Child's Dentist:** \_\_\_\_\_

**Child's Insurance:** Medicaid    CHIP    None    Private Insurance: \_\_\_\_\_

Insurance Number: \_\_\_\_\_

**Hospital in case of an Emergency:** \_\_\_\_\_

### Medication

**Is your child currently taking any medication?** ☐ Yes ☐ No

**If yes, what medication and when does the child receive the medication?** \_\_\_\_\_

*\*if your child receives medication at school, medication administration forms need to be completed by doctor*

### Medical

**Is your child current with well-child exams?** ☐ Yes ☐ No    Date of Last Exam: \_\_\_\_\_

**Is your child being treated by a physician for any of the following conditions?**

- |   |   |
|---|---|
| <input type="checkbox"/> Anemia/Sickle Cell | <input type="checkbox"/> Vision Problems(glasses/difficulty seeing/headaches) |
| <input type="checkbox"/> Asthma             | <input type="checkbox"/> Hearing Problems (difficulty hearing/tubes/earaches) |
| <input type="checkbox"/> Diabetes           | <input type="checkbox"/> High Lead Levels                                     |
| <input type="checkbox"/> Seizures           |   |
| <input type="checkbox"/> Cardiac Disorders  |   |

**Please specify:** \_\_\_\_\_

**Does your child have any of the following allergies that require an EPI-PEN?**

- |  |   |
|--|---|
| <input type="checkbox"/> Insect Stings/Bites | <input type="checkbox"/> Poison Ivy/Oak |
| <input type="checkbox"/> Medication: _____   |   |

*\*If your child has an allergy, an ALLERGY ACTION PLAN will need to be completed by doctor*

**Does your child have any of the following problems?**

- |   |   |
|---|---|
| <input type="checkbox"/> Seasonal Allergies: _____          | <input type="checkbox"/> Painful urination            |
| <input type="checkbox"/> Eczema, hives, other skin problems | <input type="checkbox"/> Wears diapers/training pants |
| <input type="checkbox"/> Bed wetting                        | <input type="checkbox"/> Frequent indigestion         |
| <input type="checkbox"/> Daytime wetting                    | <input type="checkbox"/> Frequent stomachaches        |
| <input type="checkbox"/> Frequent diarrhea                  | <input type="checkbox"/> Frequent vomiting            |
| <input type="checkbox"/> Frequent urination                 | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Frequent constipation              |   |

**Does your child have any of the following conditions?**

- |  |   |
|--|---|
| <input type="checkbox"/> Bites when angry/frustrated | <input type="checkbox"/> Hyperactivity    |
| <input type="checkbox"/> Bone/joint/muscle disease   | <input type="checkbox"/> Frequent fevers  |
| <input type="checkbox"/> Fainting spells             | <input type="checkbox"/> Trouble sleeping |
| <input type="checkbox"/> Bone/joint/muscle injury    | <input type="checkbox"/> Lack of energy   |

**Is your child seeing a medical specialist for ANY reason?** ☐ Yes ☐ No

**If yes, specify:** \_\_\_\_\_

**Is your child in pain right now because of their teeth?** ☐ Yes ☐ No

## Disability/Mental Health

Does your child have any of the following disabilities?

- |  |   |
|--|---|
| <input type="checkbox"/> Autism              | <input type="checkbox"/> Orthopedic Impairment  |
| <input type="checkbox"/> Emotional/Behavior  | <input type="checkbox"/> IDD                    |
| <input type="checkbox"/> Hearing Deafness    | <input type="checkbox"/> Multiple Disabilities  |
| <input type="checkbox"/> Vision Blindness    | <input type="checkbox"/> Speech/Language        |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Traumatic Brain Injury |

Is your child currently seeing a counselor or therapist? ☐ Yes ☐ No

If yes, who? \_\_\_\_\_

Did your child receive services from Early Childhood Intervention (ECI)? ☐ Yes ☐ No

*\* speech/language, physical/occupational therapy*

## Nutrition

Is your family currently involved with WIC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have concerns about your child's eating patterns? (picky eater, over/under eating, other)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____
Does your child take a vitamin or mineral supplement that contains iron and/or fluoride?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____
Were the supplements prescribed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there foods not eaten for medical, religious, cultural, or personal reasons?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____
Is your child on a special diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____
Has your child's appetite changed in the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____
Does your child have trouble chewing or swallowing?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____
Do you have any concerns about what your child eats or your child's weight?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please list concerns: _____
Does your child have a food allergy documented by a physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child need nutritional treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No List the treatment you feel your child needs _____
Is your child receiving nutritional treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No List the treatment your child is receiving _____

Printed Name	
Signature	Date
Employee Signature:	Date
Teacher's Signature:	Date



---

**EARLY HEAD START ENROLLMENT HEALTH HISTORY FORM**

---

**Child's Name:** \_\_\_\_\_

**Child's Doctor:** \_\_\_\_\_

**Child's Dentist:** \_\_\_\_\_

**Child's Insurance:** Medicaid    CHIP    None    Private Insurance: \_\_\_\_\_

Insurance Number: \_\_\_\_\_

**Hospital in case of an Emergency:** \_\_\_\_\_

**Birth**

Delivery Method: ☐ Vaginal ☐ C-Section

Birth Weight: \_\_\_\_\_ Length: \_\_\_\_\_

Gestation Age: \_\_\_\_\_ weeks ☐ Unknown

Birth Facility: \_\_\_\_\_

Describe any complications associated with this delivery (Pre-term labor, fetal distress, etc.)

\_\_\_\_\_

Did the baby have any problems at birth? \_\_\_\_\_

Describe any observable defects. \_\_\_\_\_

Did the mother have any health problems during this pregnancy (High Blood Pressure, Diabetes, etc.)

\_\_\_\_\_

**Medication**

Is your child currently taking any medication? ☐ Yes ☐ No

If yes, what medication and when does the child receive the medication? \_\_\_\_\_

\_\_\_\_\_

*\*if your child receives medication at school, medication administration forms need to be completed by doctor*

**Medical**

Is your child current with well-child exams? ☐ Yes ☐ No    Date of Last Exam: \_\_\_\_\_

Is your child being treated by a physician for any of the following conditions?

☐ Anemia/Sickle Cell

☐ Asthma

☐ Diabetes

☐ Seizures

☐ Cardiac Disorders

☐ Vision Problems(glasses/difficulty seeing/headaches)

☐ Hearing Problems (difficulty hearing/tubes/earaches)

☐ High Lead Levels

Please specify: \_\_\_\_\_

\_\_\_\_\_

Does your child use diapers or pull ups? ☐ Diapers ☐ Pull Ups ☐ Potty Trained

Preferred Brand: \_\_\_\_\_

Size: \_\_\_\_\_

**Does your child have any of the following allergies?**

- ☐ Insect Stings/Bites
- ☐ Medication: \_\_\_\_\_
- ☐ Poison Ivy/Oak

**Does your child require an EPI-PEN?** ☐ Yes ☐ No

*\*If your child has an allergy, an ALLERGY ACTION PLAN will need to be completed by doctor*

**Does your child have any of the following conditions?**

- ☐ Bone/joint/muscle disease
- ☐ Fainting spells
- ☐ Bone/joint/muscle injury
- ☐ Hyperactivity
- ☐ Frequent fevers
- ☐ Trouble sleeping
- ☐ Lack of energy

**Is your child seeing a medical specialist for ANY reason?** ☐ Yes ☐ No

If yes, specify: \_\_\_\_\_

**Dental**

**Is your child in pain right now because of their teeth?** ☐ Yes ☐ No

**Nutrition**

Is your family currently involved with WIC?	<input type="checkbox"/> Yes <input type="checkbox"/> No Where?
What does your child drink from?	<input type="checkbox"/> Regular Cup <input type="checkbox"/> Sippy Cup <input type="checkbox"/> Bottle
What milk does your child drink?	<input type="checkbox"/> Breast <input type="checkbox"/> Whole Milk <input type="checkbox"/> 2% <input type="checkbox"/> 1% <input type="checkbox"/> Lactose Free <input type="checkbox"/> Other:
Is your child documented as lactose intolerant per physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child take a vitamin or mineral supplement that contains iron and/or fluoride?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify
Were the supplements prescribed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there foods not eaten for medical, religious, cultural, or personal reasons?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify
Is your child on a special diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify
Has your child's appetite changed in the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify
Does your child have trouble chewing or swallowing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any concerns about what your child eats or your child's weight?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please list concerns: _____
Does your child have a food allergy documented by a physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify
Does your child need nutritional treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No List the treatment you feel your child needs _____
Is your child receiving nutritional treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No List the treatment your child is receiving _____

## Disability/Mental Health

Does your child have any of the following disabilities?

- |  |   |
|--|---|
| <input type="checkbox"/> Autism              | <input type="checkbox"/> Orthopedic Impairment  |
| <input type="checkbox"/> Emotional/Behavior  | <input type="checkbox"/> IDD                    |
| <input type="checkbox"/> Hearing Impairment  | <input type="checkbox"/> Multiple Disabilities  |
| <input type="checkbox"/> Vision Impairment   | <input type="checkbox"/> Speech/Language        |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Traumatic Brain Injury |

Did your child receive services from Early Childhood Intervention (ECI)? ☐ Yes ☐ No

*\* speech/language, physical/occupational therapy*

If yes, which agency? \_\_\_\_\_ IFSP in place? ☐ Yes ☐ No

Does your child have any sleeping problems? ☐ Yes ☐ No

What time does your child go to bed? \_\_\_\_\_ Wake up? \_\_\_\_\_

Does your child take a nap? ☐ Yes ☐ No

Does your child sleep through the night? ☐ Yes ☐ No

Does your child have frequent nightmares? ☐ Yes ☐ No

Has your child been in daycare or go to a babysitter? ☐ Yes ☐ No

Does your child play well with others? ☐ Yes ☐ No

## Special Concerns

List any additional concerns

---

---

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

I verify that I have reviewed this health history form and have taken any needed actions regarding this child.

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

# Income Calculation Worksheet

For One Income

Child's Name:	Date of birth:		
This wage-earner's name	Number of Adults	Children 6 to 18	Children under 6

## Select all types of income:

- ☐ Employment Income  
☐ Unemployment compensation  
☐ Public Assistance (TANF, SSI, SNAP)

## Verified Payment Frequency:

- ☐ **Weekly**  
☐ **Semi-Monthly** (twice per month)  
☐ **Bi-Weekly** (every two weeks)  
☐ **Monthly**  
☐ **Annual**  
☐ **Other**

## HOW TO CALCULATE NORMAL MONTHLY INCOME

Use when "Other" is selected under EMPLOYMENT INCOME  
or when check stubs do not represent normal hours worked.

Enter the normal hours worked weekly:

Enter the normal rate per hour:

This is the normal monthly amount: \$  -

Enter this amount in the green box under EMPLOYMENT INCOME

## AND CHECK THE MONTHLY FREQUENCY

Is this family homeless? ☐ Yes ☐ No

Is this child in foster care? ☐ Yes ☐ No

Enter >

## UNEMPLOYMENT COMPENSATION

Enter >

## Income Totals:

% of FPV =

Employment

\$ - Annualized: \$ -

Unemployment Compensation

\$ - Annualized: \$ -

Total Annualized Income: \$ -

## DOCUMENTATION TYPE

Check each type of documentation used

- ☐ Income Tax Form 1040  
☐ Living Arrangement Statement  
☐ TANF / SSI / SNAP Documentation  
☐ Pay Stub  
☐ Unemployment Documentation  
☐ Foster Care Documentation  
☐ Excessive Housing Expense Form  
☐ Written Statements From Employers  
☐ Other \_\_\_\_\_  
☐ Documentation of Income (attached)

Based on the information given, this child is:

**ELIGIBLE - Income Calculation (100%)**

The total annual pay calculated on this form is representative of my total annual income.

I understand, under penalty of perjury, that I have provided accurate and true documentation of my household income.

Parent/Guardian Signature	Date:
---------------------------	-------

## Comments/Remarks

For office use

Signature of Head Start employee \_\_\_\_\_ Date: \_\_\_\_\_

# Income Calculation Worksheet

For Two Incomes

Child's Name: <b>Child's Name:</b>	Date of birth: <b>Date of birth:</b>
---------------------------------------	---

This wage-earner's name: <b>Parent's Name:</b>	Number of Adults <b>1</b>	Children 6 to 18 <b>1</b>	Children under 6 <b>1</b>
---	------------------------------	------------------------------	------------------------------

## Select all types of income:

- ☐ Employment Income
- ☐ Unemployment compensation
- ☐ Public Assistance (TANF, SSI, etc.)

## HOW TO CALCULATE NORMAL MONTHLY INCOME

Use when "Other" is selected under EMPLOYMENT INCOME  
or when check stubs do not represent normal hours worked.

Enter the normal hours worked weekly:

Enter the normal rate per hour:

This is the normal monthly amount: \$  -

Enter this amount in the green box under EMPLOYMENT INCOME

## AND CHECK THE MONTHLY FREQUENCY

Is this family homeless? ☐ Yes ☐ No

Is this child in foster care? ☐ Yes ☐ No

## Income Totals (FROM BOTH INCOMES):

% of FPV =  **0.0%**

Employment

\$ - Annualized: \$ -

Unemployment Compensation

\$ - Annualized: \$ -

Total Annualized Income: \$ -

## DOCUMENTATION TYPE

- ☐ Income Tax Form 1040
- ☐ Living Arrangement Statement
- ☐ TANF / SSI / SNAP Documentation
- ☐ Pay Stub
- ☐ Unemployment Documentation
- ☐ Foster Care Documentation
- ☐ Excessive Housing Calculator
- ☐ Written Statements From Employers
- ☐ Other \_\_\_\_\_
- ☐ Documentation of Income (attached)

Based on the information given, this child is:

**ELIGIBLE - Income Calculation (100%)**

The total annual pay calculated on this form is representative of my total annual income.

I understand, under penalty of perjury, that I have provided accurate and true documentation of my household income.

Parent/Guardian Signature	Date:
---------------------------	-------

## Comments/Remarks

For office use

Signature of Head Start employee \_\_\_\_\_ Date: \_\_\_\_\_

# Income Calculation Worksheet

Second Income

Child's Name:	Date of birth:
Child's Name:	Date of birth:

This wage-earner's name

**Parent's Name:**

**Select all types of income:**

- ☐ Employment Income
- ☐ Unemployment compensation
- ☐ Child Support
  
- ☐ Social Security Income (SSA, SSDA)

## HOW TO CALCULATE NORMAL MONTHLY INCOME

Use when "Other" is selected under EMPLOYMENT INCOME  
or when check stubs do not represent normal hours worked.

Enter the normal hours worked weekly:

Enter the normal rate per hour:

This is the normal monthly amount: \$  -

Enter this amount in the green box under EMPLOYMENT INCOME

**AND CHECK THE MONTHLY FREQUENCY**

## EMPLOYMENT INCOME

**Verified Payment Frequency:**

- ☐ **Weekly**
- ☐ **Semi-Monthly** (twice per month)
- ☐ **Bi-Weekly** (every two weeks)
- ☐ **Monthly**
- ☐ **Annual** (tax form used)
- ☐ **Other**

Enter >

## UNEMPLOYMENT COMPENSATION

Enter >

Employment

\$ - Annualized: \$ -

Unemployment Compensation

\$ - Annualized: \$ -

Total Annualized Income: \$ -

- ☐ Income Tax Form 1040
- ☐ Living Arrangement Statement
- ☐ TANF / SSI / SNAP Documentation
- ☐ Pay Stub
- ☐ Unemployment Documentation
- ☐ Foster Care Documentation
- ☐ Excessive Housing Calculator
- ☐ Written Statements From Employers
- ☐ Other \_\_\_\_\_
- ☐ Documentation of Income (attached)

The total annual pay calculated on this form is representative of my total annual income.

I understand, under penalty of perjury, that I have provided accurate and true documentation of my household income.

Parent/Guardian Signature	Date:
---------------------------	-------

**Comments/Remarks**

For office use

Signature of Head Start employee \_\_\_\_\_ Date: \_\_\_\_\_





## Admission Information

Use this form to collect all required information about a child enrolling in day care.

**Directions:** The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

## General Information

Operation's Name:

Director's Name:

Child's Full Name:		Child's Date of Birth:	Child Lives With: <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian	
Child's Home Address:		Date of Admission:	Date of Withdrawal:	
Name of Parent or Guardian 1:		Address of Parent or Guardian 1 if different from the child's:		
Name of Parent or Guardian 2:		Address of Parent or Guardian 2 if different from the child's:		
List phone numbers below where parents or guardian may be reached while child is in care.				
Parent 1 Area Code and Phone No.:	Parent 2 Area Code and Phone No.:	Guardian's Area Code and Phone No.:	Custody Documents on File: <input type="radio"/> Yes <input type="radio"/> No	
<b>In case of an emergency, when the parent or guardian cannot be reached, call:</b>				
Name of Emergency Contact:		Relationship:	Area Code and Phone No.:	
Address:				
I authorize the child care operation <b>to release</b> my child to leave the child care operation <b>only</b> with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.				
Name:			Area Code and Phone No.:	
Name:			Area Code and Phone No.:	
Name:			Area Code and Phone No.:	

## Consent Information

### 1. Transportation:

I give consent for my child to be transported and supervised by the operation's employees. Check all that apply.

☒ for emergency care    ☒ on field trips    ☒ to and from home    ☒ to and from school

## 2. Field Trips:

☐ I give consent for my child to participate in field trips. ☐ I do not give consent for my child to participate in field trips.

Comments:

--

### 3. Water Activities:

I give consent for my child to participate in the following water activities. Check all that apply.

☒ water table play   ☐ sprinkler play   ☐ splashing or wading pools   ☐ swimming pools   ☐ aquatic playgrounds

Is your child able to swim without assistance?

☐ Yes   ☐ No

**Not Applicable**

If no, your child is required to wear a life jacket while in or near a swimming pool.

Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming?

☐ Yes   ☐ No

**Not Applicable**

If yes, your child is required to wear a life jacket while in or near a swimming pool.

Do you want your child to wear a life jacket while in or near a swimming pool?

☐ Yes   ☐ No

**Not Applicable**

### 4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for the following. Check all that apply.

☐ Discipline and guidance

☐ Procedures for release of children

☐ Suspension and expulsion

☐ Illness and exclusion criteria

☐ Emergency plans

☐ Procedures for dispensing medications

☐ Procedures for conducting health checks

☐ Immunization requirements for children

☐ Safe sleep

☐ Meals and food service practices

☐ Procedures for parents to discuss concerns with the director

☐ Procedures to visit the center without securing prior approval

☐ Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions

☐ Procedures for supporting inclusive services

☐ Procedures for parents to participate in operation activities

☐ Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website

### 5. Meals:

I understand that the following meals will be served to my child while in care. Check all that apply:

☐ None   ☒ Breakfast   ☐ Morning snack   ☒ Lunch   ☒ Afternoon snack   ☐ Supper   ☐ Evening snack

### 6. Days and Times in Care:

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday	7:30	3:00
Tuesday	7:30	3:00
Wednesday	7:30	3:00
Thursday	7:30	3:00
Friday	7:30	3:00
Saturday		
Sunday		

### 7. Receipt of Parent's Rights:

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

\_\_\_\_\_  
**Signature — Parent or Legal Guardian**

\_\_\_\_\_  
**Date Signed**

### 8. Child's Special Care Needs, check all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> Environmental allergies                             | <input type="checkbox"/> Limitations or restrictions on child's activities   |
| <input type="checkbox"/> Food intolerances                                   | <input type="checkbox"/> Reasonable accommodations or modifications          |
| <input type="checkbox"/> Existing illness                                    | <input type="checkbox"/> Adaptive equipment, include instructions below      |
| <input type="checkbox"/> Previous serious illness                            | <input type="checkbox"/> Symptoms or indications of complications            |
| <input type="checkbox"/> Injuries and hospitalizations in the past 12 months | <input type="checkbox"/> Medications prescribed for continuous long-term use |
| <input type="checkbox"/> Other: _____  |  |

Explain any needs selected above:

Does your child have diagnosed food allergies? ☐ Yes ☐ No Food Allergy Emergency Plan Submitted Date: \_\_\_\_\_

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit [www.ada.gov/resources/child-care-centers/](http://www.ada.gov/resources/child-care-centers/). If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

\_\_\_\_\_  
**Signature — Parent or Legal Guardian**

\_\_\_\_\_  
**Date Signed**

### 9. School Age Children

My child attends the following school:

**NOT APPLICABLE**

School Area Code and Phone No.:

My child has permission to:

Check all that apply.

- ☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of their sibling younger than 18 years old

Authorized pick up or drop off locations other than the child's address:

- ☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

### Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Area Code and Phone No.
Name of Emergency Care Facility	Address	Area Code and Phone No.

I give consent for the facility to secure any and all necessary emergency medical care for my child.

\_\_\_\_\_  
**Signature — Parent or Legal Guardian**

\_\_\_\_\_  
**Date Signed**

### Admission Requirement

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission. Select **only one** option.

- ☐ Health Care Professional's Statement: I have examined the above named child within the past year and find they are able to take part in the day care program.
- ☐ A signed and dated copy of a health care professional's statement is attached.
- ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
- ☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name of Health Care Professional, if selected

Address of Health Care Professional, if selected

\_\_\_\_\_  
Signature — Health Care Professional

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature — Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

### Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

### Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at <https://hhs.texas.gov/policies-practices-privacy#security>

### Signatures

\_\_\_\_\_  
Child's Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Center Designee

\_\_\_\_\_  
Date Signed



# Head Start

*"Building partnerships, changing lives"*



## EHS Transition Plan

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Initial Plan Date: \_\_\_\_\_ Date of Transition: \_\_\_\_\_  
Transitioning to: \_\_\_\_\_

<b>IFSP?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Current IFSP Date: _____	<b>Mental Health?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Services Provided:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	IEP Date: _____		
	School District Notified:		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### Family's Transition Plan:

- Discuss 3-year old transition
- Discuss Head Start Options, eligibility, and application process
- Share early childhood community offerings
- Share strategies for a successful preschool experience
- Offer classroom visit

### Parent Comments

--

### Teacher's Comments

--

Printed Name	Child's Name
Signature	Date
Employee Signature:	For office use _____ Referral to Incoming Head Start Program
Revised: 3/4/25	

# Community Services Of Northeast Tex

## Eligibility Configuration

### Selection Criteria 2025-2026

Applies to:

Community Services Of Northeast Tex - Head Start 2025-2026

#### Automatically assign points based on Income

---

Foster	200
Homeless	200
Public Assistance	200
0 - 50%	85
51 - 75%	75
76 - 100%	65
101 - 130%	15
131 - 150%	10
151 - 400%	5

#### Automatically assign points based on Class Age

---

0 - 35 mo	0
36 - 41 mo	65
42 - 47 mo	75
48 - 53 mo	85
54 - 59 mo	95

Participant is not eligible if less than 36 months old on the school-year cut-off date or at the time of enrollment.

Participant is not eligible if 60 months old or older on the school-year cut-off date.

#### Other Eligibility Criteria

---

##### Attending and/or attended Early Head Start or ECI

95 Yes

##### Medicaid/CHIPS, CCMS, WIC

80 Yes

##### Parental Status

95 Guardian  
90 One Parent/Dad  
85 One Parent/Mom  
80 Grandparent raising grandchild  
75 Two Parent

##### Disability

100 Diagnosed Disability with IEP  
85 Suspected Disability with explanation  
0 No Diagnosed Disability

##### Child with sibling enrolled in the program

70 Yes

##### Open case with CPS

40 Yes

##### Over income with a Disability

100 Yes

##### 4 Year old with a disability with an IEP

20 Yes

##### 3 Year old with a disability with an IEP

25 Yes

##### Homeless, Foster, Kinship, TANF, SSI, SNAP

100 Yes

# Community Services Of Northeast Tex

## Eligibility Configuration

### Selection Criteria 2025-2026

#### Other Eligibility Criteria

---

##### ESL

100 Yes

##### Active Military

100 Yes

##### Former Foster Child

100 Yes

##### Three Year old in Pittsburg

40 Yes

##### Parent Currently Incarcerated

40 Yes

##### Parent works for ISD

40 Yes

##### Domestic Violence Victim

40 Yes

##### Parent works for HS/EHS

50 Yes

# Community Services Of Northeast Tex

## Eligibility Configuration

### EHS Selection Criteria 2025-2026

Applies to:

Community Services Of Northeast Tex - Early Head Start 2025-2026

#### Automatically assign points based on Income

Foster	200
Homeless	200
Public Assistance	200
0 - 50%	85
51 - 75%	75
76 - 100%	65
101 - 130%	15
131 - 150%	10
151 - 400%	5

#### Automatically assign points based on Class Age

0 - 11 mo	75
12 - 23 mo	85
24 - 36 mo	95

Participant is not eligible if less than 12 months old on the school-year cut-off date or at the time of enrollment.

Participant is not eligible if 36 months old or older on the school-year cut-off date.

#### Other Eligibility Criteria

Medicaid/CHIPS, CCMS, WIC

80 Yes

Parental Status

95 Guardian  
90 One Parent/Dad  
85 One Parent/Mom  
80 Grandparent raising grandchild  
75 Two Parent

Disability

100 Diagnosed Disability with IEP/IFSP  
85 Suspected Disability with explanation  
0 No Diagnosed Disability

Child with sibling enrolled in the Head Start program

70 Yes

Open case with CPS

40 Yes

Income eligible, 130% or AG with disability

100 Yes

Homeless, Foster, SSI, TANF, SNAP

100 Yes

ESL

100 Yes

Active Military

100 Yes

Former Foster Child

100 Yes

Teen Parent

40 Yes



# Community Services Of Northeast Tex

## Eligibility Configuration

### EHS Selection Criteria 2025-2026

#### Other Eligibility Criteria

---

Parent Currently Incarcerated

40 Yes

Domestic Violence Victim

40 Yes

Parent works for ISD

40 Yes

Parent works for HS/EHS

50 yes



# Community Services

## Head Start Program 2025-2026 Menu

### Cycle One



Component	Age 1-2	Age 3-5	Meal	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Milk	1/2 cup	3/4c/1/2pt	BREAKFAST	MILK	MILK CHERRY PINEAPPLE MIX*	MILK	MILK	MILK
Fruit/Vegetable	1/4 cup	1/2 cup		PEACHES		MANDARIN ORANGES	BANANA	MIX BERRIES*+
Grain/Meat*	1/2 oz eq	1/2 oz eq		MINI BAGEL**	FRENCH TOAST STICKS	EGG	WG CEREAL	YOGURT PARFAIT
Milk	1/2 cup	3/4c/1/2pt	LUNCH	MILK	MILK	MILK	MILK CINNAMON COOKED	MILK
Fruit*	1/8 cup	1/4 cup		PEAS/CARROTS*	ORANGE SMILES*	PEARS	APPLES COLORFUL	TROPICAL FRUIT*+
Vegetable	1/8 cup	1/4 cup		MASH POTATOS	BROCCOLI/ CAULIFLOWER*+	GREEN BEANS	CABBAGE SALAD*+	CHICKEN
Grain	1/2 oz eq	1/2 oz eq		CORNBREAD	1/2 WW BREAD	BURGER	CORNBREAD	RAMEN*
Meat/MA	1 oz	1 1/2 oz		SALISBURY STEAK**	BBQ CHICKEN	WONDERLAND*+	FISH**	SOUP
Milk	1/2 cup	1/2 cup	PM SNACK	FRUIT-ASTIC* SALSA		APPLE BITES*	1/2 SUNBUTTER	WHEAT THIN CRACKERS**
Fruit	1/2 cup	1/2 cup						
Vegetable	1/2 cup	1/2 cup						
Grain	1/2 oz eq	1/2 oz eq		RICE CAKE**	CHEESY ENGLISH MUFFIN	YOGURT GO-GURT	SANDWICH	CHEESE STICK
Meat/MA	1/2 oz	1/2 oz						
Water	1/2 cup	1/2 cup						
				WATER	WATER	WATER	WATER	WATER

The quantities of food specified are the minimum serving size for children ages 1-5 based on the Child and Adult Food Program

Age 1 serve whole milk/Ages 2-18 serve 1% or fat-free

At least one serving of grains per day must be whole grain-rich.

**\*\* CN Product**

(Lactose free milk is served for children with lactose intolerance that have a Doctor statement)

**\*At breakfast MEAT/MA may be served in place of grain up to 3 times a week**

**\* lunch 2 VEGETABLES maybe served in place of FRUIT**

**At Snack serve 2 components plus water**

**\*Good Source of Vitamin C**

**+Good Source of vitamin A**



# Community Services

## Head Start Program 2025-2026 Menu

### Cycle Two



Component	Age 1-2	Age 3-5	Meal	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Milk	1/2 cup	3/4c/1/2pt	BREAKFAST	MILK	MILK	MILK	MILK	MILK
Fruit/Vegetable	1/4 cup	1/2 cup		MIXED FRUIT	COOKED APPLES	PEARS	APRICOTS*+	BERRY BANANA
Grain/Meat*	1/2 oz eq	1/2 oz eq		WG CEREAL	CINNAMON TOAST	GOLDEN PORRIDGE	SAUSAGE BISCUIT	SPLIT*+
Milk	1/2 cup	3/4c/1/2pt	LUNCH	MILK	MILK	MILK	MILK	MILK
Fruit*	1/8 cup	1/4 cup		TROPICAL FRUIT*+	MANGO*	MIX BERRIES*+ GREEN SALAD MIX w tomatoes/*+	PEACHES	PEAS/CARROTS*+
Vegetable	1/8 cup	1/4 cup		CARROTS*	TATOR TOTS	SOUTHWEST CHICKEN QUESADILLA	GREEN BEANS	MASH POTATOS
Grain	1/2 oz eq	1/2 oz eq		WAFFLE &	SLOPPY		GROUND BEEF CHEESESTEAK	WW ROLL
Meat/MA	1 oz	1 1/2 oz		CHICKEN**	JOE		SANDWICH	CHICKEN NUGGETS**
Milk	1/2 cup	1/2 cup	PM SNACK	BANANA	BIG BIRD SUNRISE SMOOTHIE*	CHEESY CORN RANCH FRITOS	CHEEZ-IT CRACKERS	MANDARIN ORANGES
Fruit	1/2 cup	1/2 cup						
Vegetable	1/2 cup	1/2 cup		ANIMAL CRACKER	CRACKERS		TURKEY ROLL-UP	MINI CINNAMON ROLL**
Grain	1/2 oz eq	1/2 oz eq						
Meat/MA	1/2 oz	1/2 oz						
Water	1/2 cup	1/2 cup						

The quantities of food specified are the minimum serving size for children ages 1-5 based on the Child and Adult Food Program

Age 1 serve whole milk/Ages 2-18 serve 1% or fat-free

At least one serving of grains per day must be whole grain-rich.

\*\* CN Product

(Lactose free milk is served for children with lactose intolerance that have a Doctor statement)

\*At breakfast MEAT/MA may be served in place of grain up to 3 times a week

\* lunch 2 VEGETABLES maybe served in place of FRUIT

At Snack serve 2 components plus water

\*Good Source of Vitamin C

+Good Source of vitamin A



# Community Services

## Head Start Program 2025-2026 Menu

### Cycle Three



Component	Age 1-2	Age 3-5	Meal	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Milk	1/2 cup	3/4c/1/2pt	BREAKFAST	MILK	MILK	MILK	MILK	MILK
Fruit/Vegetable	1/4 cup	1/2 cup		BANANA	BREAKFAST	APPLESAUCE MINI CINNAMON ROLL**	PINEAPPLE	PEACHES TOASTED ENGLISH MUFFIN w/jelly
Grain/Meat*	1/2 oz eq	1/2 oz eq		WG CERAL	PIZZA*+		1/2 TOAST & 1/2 EGG	
Milk	1/2 cup	3/4c/1/2pt	LUNCH	MILK	MILK	MILK	MILK	MILK
Fruit*	1/8 cup	1/4 cup		APPLE BITES* SPINACH SALAD w/tomatoes*+	ROSIE PEARS	ORANGE SMILES* CUCUMBER & TOMATO SALAD*+	MANGO*+	BERRY MIX*+ COLORFUL CABBAGE SALAD*+
Vegetable	1/8 cup	1/4 cup			CHEESY BROCCOLLI*		DICED TOMATOES*	
Grain	1/2 oz eq	1/2 oz eq			BROWN RICE	TUNA SALAD	TWO HEADED	CORNBREAD
Meat/MA	1 oz	1 1/2 oz		PIZZA**	BAKED CHICKEN	SANDWICH	MONSTER MEAL*	FISH**
Milk	1/2 cup	1/2 cup	PM SNACK					
Fruit	1/2 cup	1/2 cup						TEDDY BEAR SMOOTHIE*
Vegetable	1/2 cup	1/2 cup					BROCCOLLI & CAULIFLOWER	
Grain	1/2 oz eq	1/2 oz eq		1/2 CINNAMON TOAST	WW CRACKERS	WG GOLDFISH CRACKERS	WW CRACKERS	GRAHAM CRACKERS
Meat/MA	1/2 oz	1/2 oz		YOGURT GO-GURT	EGG	CHEESE STICK		
Water	1/2 cup	1/2 cup		WATER	WATER	WATER	WATER	WATER

The quantities of food specified are the minimum serving size for children ages 1-5 based on the Child and Adult Food Program

Age 1 serve whole milk/Ages 2-18 serve 1% or fat-free

At least one serving of grains per day must be whole grain-rich.

\*\* CN Product

(Lactose free milk is served for children with lactose intolerance that have a Doctor statement)

\*At breakfast MEAT/MA may be served in place of grain up to 3 times a week

\* lunch 2 VEGETABLES maybe served in place of FRUIT

\*Good Source of Vitamin C

+Good Source of vitamin A



# Community Services

## Head Start Program 2025-2026 Menu

### Cycle Four



Component	Age 1-2	Age 3-5	Meal	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Milk	1/2 cup	3/4c/1/2pt	BREAKFAST	MILK	MILK	MILK	MILK	MILK
Fruit/Vegetable	1/4 cup	1/2 cup		MANGO*+	APRICOTS*+	PEARS FRENCH TOAST STICKS	BERRY BANANA	TROPICAL FRUIT*+
Grain/Meat*	1/2 oz eq	1/2 oz eq		SAUSAGE BISCUIT	GOLDEN PORRIDGE		SPLIT*+	WAFFLE
Milk	1/2 cup	3/4c/1/2pt	LUNCH	MILK	MILK	MILK	MILK	MILK
Fruit*	1/8 cup	1/4 cup		PEACHES GREEN SALAD MIX w/tomatoes*+	PEAS & CARROTS*	APPLE BITES*	MANGO*+	GREEN BEANS
Vegetable	1/8 cup	1/4 cup				CHICKEN	BABY CARROTS*	MASHED POTATO
Grain	1/2 oz eq	1/2 oz eq		CRABBY PATTY	WW ROLL TATOR TOT CASSEROLE	TORTILLA	TURKEY & CHEESE	CORNBREAD
Meat/MA	1 oz	1 1/2 oz		BURGER**		SOUP*	SANDWICH	SALISBURY STEAK**
Milk	1/2 cup	1/2 cup	PM SNACK	PINEAPPLE & CHERRY MIX*	MEXICAN STREET CORN	FRUIT-ASTIC* SALSA		ORANGE SMILES*
Fruit	1/2 cup	1/2 cup						
Vegetable	1/2 cup	1/2 cup		ANIMAL CRACKER	FRITOS	GRAHAM CRACKERS	CHEESY	WHEAT THIN CRACKERS
Grain	1/2 oz eq	1/2 oz eq						
Meat/MA	1/2 oz	1/2 oz					ENGLISH MUFFIN	
Water	1/2 cup	1/2 cup		WATER	WATER	WATER	WATER	WATER

The quantities of food specified are the minimum serving size for children ages 1-5 based on the Child and Adult Food Program

Age 1 serve whole milk/Ages 2-18 serve 1% or fat-free

At least one serving of grains per day must be whole grain-rich.

\*\* CN Product

(Lactose free milk is served for children with lactose intolerance that have a Doctor statement)

\*At breakfast MEAT/MA may be served in place of grain up to 3 times a week

\* lunch 2 VEGETABLES maybe served in place of FRUIT

\*Good Source of Vitamin C

+Good Source of vitamin A



# Community Services

## Head Start Program 2025-2026 Menu

### Cycle Five



Component	Age 1-2	Age 3-5	Meal	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Milk	1/2 cup	3/4c/1/2pt	BREAKFAST	MILK	MILK	MILK	MILK	MILK
Fruit/Vegetable	1/4 cup	1/2 cup		BANANA	MANDARIN ORANGES	APRICOTS*+	PINEAPPLE	APPLESAUCE
Grain/Meat*	1/2 oz eq	1/2 oz eq		WG CERAL	MINI BAGEL	1/2 TOAST & 1/2 EGG	CINNAMON TOAST	SAUSAGE BISCUIT
Milk	1/2 cup	3/4c/1/2pt	LUNCH	MILK	MILK	MILK	MILK	MILK
Fruit*	1/8 cup	1/4 cup		MANGO*+	ROSIE APPLESauce	ORANGE SMILES* CUCUMBER &	MANGO*+	BERRY MIX*+ COLORFUL
Vegetable	1/8 cup	1/4 cup		GREEN BEANS	CHEESY BROCCOLI*	TOMATO SALAD*+	TWO HEADED	CABBAGE SALAD*+
Grain	1/2 oz eq	1/2 oz eq		CHICKEN	BROWN RICE	TUNA SALAD	MONSTER	CORNBREAD
Meat/MA	1 oz	1 1/2 oz		SPAGHETTI	BAKED CHICKEN	SANDWICH	MEAL*	FISH**
Milk	1/2 cup	1/2 cup	PM SNACK	PINEAPPLE  GOLDFISH CRACKERS  WATER	TROPICAL SMOOTHIE*+  WW CRACKERS  WATER	PEARS  CHEEZ-IT CRACKERS  WATER	CHEESY CORN RANCH FRITOS  WATER	TROPICAL FRUIT*+  RICE CAKES  WATER
Fruit	1/2 cup	1/2 cup						
Vegetable	1/2 cup	1/2 cup						
Grain	1/2 oz eq	1/2 oz eq						
Meat/MA	1/2 oz	1/2 oz						
Water	1/2 cup	1/2 cup						

The quantities of food specified are the minimum serving size for children ages 1-5 based on the Child and Adult Food Program

Age 1 serve whole milk/Ages 2-18 serve 1% or fat-free

At least one serving of grains per day must be whole grain-rich.

\*\* CN Product

(Lactose free milk is served for children with lactose intolerance that have a Doctor statement)

\*At breakfast MEAT/MA may be served in place of grain up to 3 times a week

\* lunch 2 VEGETABLES maybe served in place of FRUIT

\*Good Source of Vitamin C

+Good Source of vitamin A



# Community Services

## Head Start Program 2025-2026 Menu

### Cycle Six



Component	Age 1-2	Age 3-5	Meal	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Milk	1/2 cup	3/4c/1/2pt	BREAKFAST	MILK	MILK	MILK	MILK	MILK
Fruit/Vegetable	1/4 cup	1/2 cup		BANANA WW TOAST w/SUNBUTTER	PEACHES	BREAKFAST	ROSIE PINEAPPLE	COOKED APPLES
Grain/Meat*	1/2 oz eq	1/2 oz eq			WG CEREAL	PIZZA*+	SAUSAGE BISCUIT	MINI CINNAMON ROLL
Milk	1/2 cup	3/4c/1/2pt	LUNCH	MILK PINEAPPLE & CHERRY MIX*+	MILK CINNAMON APPLESAUCE	MILK	MILK	MILK
Fruit*	1/8 cup	1/4 cup		GREEN SALAD w/tomatoes*+	CHEESY BROCCOLI*	ROSIE PEARS GREEN SALAD w/tomatoes*+	TROPICAL FRUIT*+	APRICOTS*+
Vegetable	1/8 cup	1/4 cup			BROWN RICE	BEEF & CHEESE SOFT TACO	CHICKEN	TATOR TOTS
Grain	1/2 oz eq	1/2 oz eq		PIZZA**	BAKED CHICKEN		RAMEN*	GROUND BEEF CHEESE STEAK SANDWICH
Meat/MA	1 oz	1 1/2 oz	PM SNACK					
Milk	1/2 cup	1/2 cup			MANGO*+	MIX FRUIT		
Fruit	1/2 cup	1/2 cup						
Vegetable	1/2 cup	1/2 cup		CHEEZ-IT CRACKERS	WHEAT THIN CRACKERS	ANIMAL CRACKER	WW CRACKERS	BERRY & YOGURT PARFAIT*+
Grain	1/2 oz eq	1/2 oz eq		TURKEY ROLL UP			CHEESE STICK	
Meat/MA	1/2 oz	1/2 oz						
Water	1/2 cup	1/2 cup		WATER	WATER	WATER	WATER	WATER

The quantities of food specified are the minimum serving size for children ages 1-5 based on the Child and Adult Food Program

Age 1 serve whole milk/Ages 2-18 serve 1% or fat-free

At least one serving of grains per day must be whole grain-rich.

**\*\* CN Product**

(Lactose free milk is served for children with lactose intolerance that have a Doctor statement)

**\*At breakfast MEAT/MA may be served in place of grain up to 3 times a week**

**\* lunch 2 VEGETABLES maybe served in place of FRUIT**

**\*Good Source of Vitamin C**

**+Good Source of vitamin A**



# Head Start

## Financial Report for the month of March 2025

(February 2025 Expenditures)

<u>Funding Source</u>	<u>Amount Funded</u>	<u>Expenditures</u>	<u>Total To Date</u>	<u>Balance</u>	<u>Monthly Budget</u>	<u>YTD Budget</u>	<u>(Over)/Under</u>
<i>12 month program ending 11-30-2025</i>							
Personnel	\$2,277,370.00	\$168,202.07	\$507,499.29	\$1,769,870.71	\$189,780.83	\$569,342.50	\$61,843.21
Fringe Benefits	\$659,071.00	\$46,122.83	\$126,906.15	\$532,164.85	\$54,922.58	\$164,767.75	\$37,861.60
Travel (4120)	\$10,000.00	\$2,247.00	\$2,577.46	\$7,422.54	\$833.33	\$2,500.00	(\$77.46)
Equipment	\$10,000.00	\$0.00	\$0.00	\$10,000.00	\$833.33	\$2,500.00	\$2,500.00
Supplies	\$209,369.00	\$7,616.36	\$17,257.74	\$192,111.26	\$17,447.42	\$52,342.25	\$35,084.51
Contractual	\$291,066.00	\$0.00	\$0.00	\$291,066.00	\$24,255.50	\$72,766.50	\$72,766.50
Facilities / Construction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other (4120)	\$30,381.00	\$1,270.77	\$2,287.77	\$28,093.23	\$2,531.75	\$7,595.25	\$5,307.48
Indirect Cost	\$396,943.00	\$51,187.71	\$51,187.71	\$345,755.29	\$33,078.58	\$99,235.75	\$48,048.04
Other (4122)	\$608,806.00	\$76,613.70	\$173,255.85	\$435,550.15	\$50,733.83	\$152,201.50	(\$21,054.35)
<b>Total</b>	<b>\$4,493,006.00</b>	<b>\$353,260.44</b>	<b>\$880,971.97</b>	<b>\$3,612,034.03</b>	<b>\$374,417.17</b>	<b>\$1,123,251.50</b>	<b>\$242,279.53</b>
T&TA	\$40,381.00	\$3,517.77	\$4,865.23	\$35,515.77	\$3,365.08	\$10,095.25	\$5,230.02
<b>Total</b>							
USDA Reimbursements through January 2025							\$23,129.60
Estimated USDA Reimbursement for February 2025							\$14,548.29
Resulting (over)/under with USDA							<u>\$279,957.42</u>

\* Total Over/Under without USDA

Accruals:

\$4.00

Actual year end payroll accrual \$95,000.00

<b>Further Analysis</b>	
Number of children	465
Number of classrooms	26

	<u>Amount Funded</u>	<u>Expenditures</u>	<u>Total To Date</u>	<u>Monthly Budget</u>	<u>YTD Budget</u>	<u>(Over)/Under</u>
Per Classroom	\$172,807.92	\$13,586.94	\$33,883.54	\$14,400.66	\$43,201.98	\$9,318.44
Per Child	\$9,662.38	\$759.70	\$1,894.56	\$805.20	\$2,415.59	\$521.03

IN-KIND (Non-Federal Share)				
	Needed	This month	Total	Still need
	\$1,133,347.00	\$151,361.00	\$436,370.93	\$696,976.07



# Early Head Start

## Financial Report for the month of March 2025

(February 2025 Expenditures)

<u>Funding Source</u>	<u>Amount Funded</u>	<u>Expenditures</u>	<u>Total To Date</u>	<u>Balance</u>	<u>Monthly Budget</u>	<u>YTD Budget</u>	<u>(Over)/Under</u>
<i>12 month program ending 11-30-2025</i>							
Personnel	\$147,373.00	\$10,154.95	\$31,188.20	\$116,184.80	\$12,281.08	\$36,843.25	\$5,655.05
Fringe Benefits	\$42,650.00	\$1,442.39	\$3,514.14	\$39,135.86	\$3,554.17	\$10,662.50	\$7,148.36
Travel (4120)	\$2,190.00	\$749.00	\$754.58	\$1,435.42	\$182.50	\$547.50	(\$207.08)
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies	\$17,650.00	\$372.30	\$1,362.00	\$16,288.00	\$1,470.83	\$4,412.50	\$3,050.50
Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Facilities / Construction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other (4120)	\$3,067.00	\$88.23	\$376.23	\$2,690.77	\$255.58	\$766.75	\$390.52
Indirect Cost	\$23,737.00	\$2,648.28	\$2,648.28	\$21,088.72	\$1,978.08	\$5,934.25	\$3,285.97
Other (4122)	\$27,344.00	\$2,140.95	\$4,801.00	\$22,543.00	\$2,278.67	\$6,836.00	\$2,035.00
Total	\$264,011.00	\$17,596.10	\$44,644.43	\$219,366.57	\$22,000.92	\$66,002.75	\$21,358.32
T&TA	\$5,257.00	\$837.23	\$1,130.81	\$4,126.19	\$438.08	\$1,314.25	\$183.44
Total							
USDA Reimbursements through January 2025							\$3,116.73
Estimated USDA Reimbursement for February 2025							\$1,965.69
Resulting (over)/under with USDA							\$26,440.74

\* Total Over/Under without USDA

### Accruals:

Actual year end payroll accrual \$6000.00

<b>Further Analysis</b>	
Number of children	16
Number of classrooms	2

	<u>Amount Funded</u>	<u>Expenditures</u>	<u>Total To Date</u>	<u>Monthly Budget</u>	<u>YTD Budget</u>	<u>(Over)/Under</u>
Per Classroom	\$132,005.50	\$8,798.05	\$22,322.22	\$11,000.46	\$33,001.38	\$10,679.16
Per Child	\$16,500.69	\$1,099.76	\$2,790.28	\$1,375.06	\$4,125.17	\$1,334.90

IN-KIND (Non-Federal Share)				
	Needed	This month	Total	Still need
	\$67,317.00	\$2,183.61	\$6,406.44	\$60,910.56

# HEAD START and EARLY HEAD START NUTRITION PROGRAM

## March 2025 Financial Report

For the month of February 2025

### CACFP

		<u>Expenditures</u>	<u>Total To Date</u>
Operating Labor	\$	5,618.71	34,354.74
Administrative Labor		876.47	5,893.30
Food		14,293.20	57,512.57
Supplies & Equipment		2,094.21	17,209.85
Purchased Services		-	0.00
Financial Costs		-	0.00
Media Costs		-	0.00
Operating Org Cost		968.70	1,668.70
Other		-	0.00
Total	\$	23,851.29	\$ 116,639.16

TDHS REVENUE	16,513.98	77,955.59
(Income Starts October 2024)		

# CSBG 2024

## Financial Report for the month of March 2025

CSBG Current Program (February 2025 Expenditures)

% of contract	93%
% of money	85%

<u>Funding Source</u>	<u>Amount Funded</u>	<u>Expenditures</u>	<u>Total To Date</u>	<u>Balance</u>	<u>Monthly Budget</u>	<u>YTD Budget</u>	<u>(Over)/Under</u>
<i>Community Services Block Grant (CSBG) 12 month program ending 03/31/2025</i>							
Personnel	\$0.00	8,164.21	\$168,283.56	(\$168,283.56)	\$0.00	\$0.00	(\$168,283.56)
Fringe Benefits	0.00	2,443.70	\$31,435.56	(31,435.56)	0.00	0.00	(31,435.56)
Travel*	0.00	440.52	\$5,294.38	(5,294.38)	0.00	0.00	(5,294.38)
Equipment	0.00	115.75	\$2,570.84	(2,570.84)	0.00	0.00	(2,570.84)
Supplies	0.00	297.08	\$3,667.59	(3,667.59)	0.00	0.00	(3,667.59)
Contractual	0.00	205.74	\$4,463.50	(4,463.50)	0.00	0.00	(4,463.50)
Other	0.00	13,705.38	\$133,299.33	(133,299.33)	0.00	0.00	(133,299.33)
Indirect Costs	0.00	0.00	\$21,523.59	(21,523.59)	0.00	0.00	(21,523.59)
Total	\$436,850.00	\$25,372.38	\$370,538.35	\$66,311.65	\$29,123.33	\$407,726.67	\$37,188.32

# CEAP 2024

## Financial Report for the month of March 2025

CEAP Current Program (February 2025 Expenditures)

% of contract	93%
% of money	95%

	<u>Amount Funded</u>	<u>Expenditures</u>	<u>Total To Date</u>	<u>Balance</u>		<u>Contract Budget</u>			
						<u>Minimum</u>		<u>Maximum</u>	
<i>Comprehensive Energy Assistance Program (CEAP) 12 month program ending 03/31/2025</i>									
Administration*	\$274,343.00	7,806.21	\$124,707.69	\$149,635.31	3%	\$18,289.53	min	\$222,798.73	max \$98,091.04
Household Crisis**	1,527,364.00	0.00	\$77,691.56	1,449,672.44		319,890.34	min	1,527,364.00	max 1,449,672.44
Utility Assistance**	1,527,364.00	217,148.04	\$3,121,211.86	(1,593,847.86)		319,890.34	min	1,527,364.00	max (1,593,847.86)
Program Services	468,197.00	19,800.50	\$269,895.13	198,301.87	8%	31,213.13	min	277,503.88	max 7,608.75
Training Travel	2,500.00	0.00	\$21.71	2,478.29		0.00	min	2,500.00	max 2,478.29
Total	\$3,799,768.00	\$244,754.75	\$3,593,527.95	\$206,240.05		\$689,283.35		\$3,557,530.62	(\$35,997.33)

\*Cannot be over-budget by end of contract \*\*Must be at least 10% of total expenditures

Compliance calculation used, Admin = 6.0% of total grant, Program Services = 6.25% of direct expenditures

Admin with Future Payments

3.5%

**Community Services of Northeast Texas, Inc.**  
*Credit Usage Report*

**Board Report -March 2025**

Sam's Club

Purchases for January 2025		241.86
Payment due by 02/28/2025	Pd on 02/19/2025	<u>(241.86)</u>
Balance		-

American Express

Purchases for January 2025		1,975.86
Payment due by ---N/A	Pd on 02/05/2025	<u>(1,975.86)</u>
Balance		-

Texana Bank Line of Credit

Program  
Highest February 2025 Balance  
Current balance  
Exp pay off date

-

Local Admin In House Line of Credit

Program	<b>VSN</b>
Highest February 2025 Balance	19,319.00
Current balance	19,319.00
Exp pay off date	

CSNT Line of Credit

Program	<b>CSBG B</b>	<b>CEAP A</b>	<b>CEAP B</b>	<b>Payroll</b>
Highest February 2025 Balance	8,122.00	52,060.00	7,314.00	29,000.00
Current balance		52,060.00		3,825.00
Exp pay off date		3/31/2025		





COMMUNITY SERVICES OF TEXAS  
Account Number ending in [REDACTED]



COPY

PAGE 1 of 5

Visit us at [SamsClubCredit.com/businesscard](https://SamsClubCredit.com/businesscard) or Call 1-800-203-5764

## Payment Information



New Balance: \$241.86  
Total Minimum Payment Due: \$50.00  
Payment Due Date: 02/28/2025

Payments must be received by 5pm ET on 02/28/2025 if mailed, or by 11:59pm ET on 02/28/2025 for online and phone payments.

MEMBER SERVICE: For Account Information log on to [SamsClubCredit.com/businesscard](https://SamsClubCredit.com/businesscard). This account is registered. See your online Administrator to get a User ID & Password. Or call toll-free 1-800-203-5764

To make a payment, please visit us online or mail your payment using the coupon below. Payments are also accepted at your local CheckFreePay\* or MoneyGram locations\*. \*Fees may apply.

## Account Summary

Previous Balance as of 01/09/2025	\$1,345.33	Credit Limit	\$3,400
Payments	- 1,345.33	Available Credit	\$3,158
Purchases/Debits	+ 241.86		
New Balance as of 02/08/2025	\$241.86		

31 Day Billing Cycle from 01/09/2025 to 02/08/2025

RECEIVED

FEB 12 2025

BY: [Signature]

Skip the checkout line  
with Scan & Go<sup>TM</sup> shopping!

Download the Sam's Club app.  
Then select the Scan & Go feature.



Shop and scan.  
Scan item barcodes as you go.



Pay with your Sam's Club  
Business Credit Card.\*



Head to the door.  
Show your digital receipt and go.

\*Subject to credit approval.

Synchrony Bank does not provide, endorse or guarantee any Sam's Club services or policies.



COMMUNITY SERVICES OF NETEXAS  
Account Number ending in [REDACTED]

synchrony

PAGE 2 of 5

Visit us at [SamsClubCredit.com/businesscard](http://SamsClubCredit.com/businesscard) or Call 1-800-203-5764

**See what new items have landed at your club.**

Visit [SamsClub.com/NewItems](http://SamsClub.com/NewItems) or scan the QR code to check them out.



### Transaction Detail

Date	Reference #	Description	Amount
<b>Payments</b>			<b>-\$1,345.33</b>
01/22	P9280000R01TXR2JB	PAYMENT - THANK YOU	-\$1,345.33
<b>Purchases and Other Debits</b>			<b>\$241.86</b>
01/22	P9280000P00ZL9TQ1	SAM'S CLUB 008295 TEXARKANA TX SAM'S/WAL-MART PURCHASE(S) Total for SHELLY MITCHELL	\$241.86 \$241.86
<b>Total Fees Charged This Period</b>			<b>\$0.00</b>
<b>Total Interest Charged This Period</b>			<b>\$0.00</b>

### Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account. (v) = Variable Rate

Type of Balance	Expiration Date	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge	Balance Method
Purchases	N/A	27.15% (v)	\$0.00	\$0.00	2D

### Cardholder News and Information

If you are charged interest, the charge will never be less than the minimum interest charge disclosed in your terms and conditions. If you incurred interest less than this amount (please see above in the Interest Charge Calculation section) we will increase this charge to this amount.

**NOTICE:** We may convert your payment into an electronic debit. See back of page one for details, Billing Rights and other important information.

### Member News and Information

Interested in changing your due date for your Sam's Club® credit card account? Call the Credit Customer Service phone number, located on your billing statement and on the back of your Sam's Club® credit card, to determine eligibility and discuss available options.

Go green and support the environment with paperless statements! All you have to do is visit [SamsClubCredit.com/businesscard](http://SamsClubCredit.com/businesscard) to sign up. Register today to start receiving your statements online.

COMMUNITYSERVICESOFNETEXAS

ACCOUNT #: [REDACTED] DATE OF SALE #: 250122 P.O. #:  
 INVOICE#: 000000 AUTHORIZATION #: 000330 CLUB #: 8295  
 REFERENCE #: P9280000P00ZL9TQ1 TRANSACTION #: 0 REGISTER #: 1

<u>S.K.U</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>PRICE</u>	<u>EXT. PRICE</u>
SALES TAX		1.000		\$0.0000	\$0.00
052837963	2.2 CFT S MICROWAVE	1.000	EA	\$179.9400	\$179.94
055245099	MM SAT PAPER TOWELS	1.000	EA	\$19.9800	\$19.98
056189555	LYSOL DISINFECTANT	3.000	EA	\$15.9800	\$47.94
060203027	RECKITT LYSOL DISIN	2.000	EA	\$3.0000-	\$6.00-
<b>SUB \$241.86</b>		<b>TAX \$0.00</b>		<b>TOTAL INVOICE</b>	<b>\$241.86</b>
				<b>CREDITS TOTAL</b>	<b>\$0.00</b>
				<b>BALANCE DUE</b>	<b>\$241.86</b>

0107 0004 1103

1 7 0 230207

PAGE 1 OF 3

7600 2000 0011 01100107

031711

RECEIVED

Use blue or black ink,  
detach & mail with your  
check.

FEB 12 2025

BY:

*gn*

VIEW AND PAY YOUR BILL ONLINE!  
[SamsClubCredit.com/businesscard](http://SamsClubCredit.com/businesscard)

Account Number

New Balance

\$241.86

Total Minimum Payment Due

\$50.00

Payment Due Date

02/28/2025

Amount

Enclosed

\$

No other correspondence please.

Print new address or email changes on back.

COMMUNITYSERVICESOFNETEXAS  
MICHELLE MOREHEAD  
PO BOX 427  
LINDEN TX 75563-0427

351947  
Q211



Make SAM'S CLUB/SYNCHRONY BANK  
Payment P.O. BOX 669825  
to: DALLAS, TX 75266-0782



00050000134533 000500000024186







# Corporate Purchasing Cardmember Report

**Sign-up For  
Online Statements**

[www.americanexpress.com/gopaperless](http://www.americanexpress.com/gopaperless)

Prepared For  
**MICHELLE MOREHEAD  
CSNT INC**

Account Number

Closing Date  
**01/28/25**

Page 1 of 3

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$	Do Not Pay
303.99	1,975.86	0.00	303.99	0.00	1,975.86	For important information regarding your account refer to page 2.

For your records only - do not pay.

For assistance or questions about your account, contact us at [www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill) or call Customer Service at **1-800-492-4920**.

Do not staple or use paper clips  
**Payment Coupon**

Account Number

**MICHELLE MOREHEAD  
CSNT INC  
304 E HOUSTON ST  
LINDEN TX 75563-5600**

Enter 15 digit account number on all payments.

See reverse side for instructions on how to update your address, phone number, or email.

**Payments:** The American Express® Corporate Purchasing Card statement is payable in full by your Company upon receipt. Payments received after 5:00pm may not be credited until the next day. Payments must be made in US currency, with a single draft or check drawn on a US bank and payable in US dollars or with a single negotiable instrument payable in US dollars and clearable through the US banking system, or through an electronic payment method clearable through the US banking system. The Account number must be included on or with all payments. If payment does not conform to these requirements, crediting may be delayed and additional Charges may be imposed. If we accept payment made in a foreign currency, we will choose a conversion rate that is acceptable to us to convert remittance into US currency, unless a particular rate is required by law. Please do not send post-dated checks. They will be deposited upon receipt. Our acceptance of any payment marked with a restrictive legend will not operate as an accord and satisfaction without our express prior written approval.

**Authorization for Electronic Debit:** We will process checks electronically, at first presentment and any re-presentments, by transmitting the amount of the check, routing number, account number and check serial number to the financial institution, unless the check is not processable electronically or a less costly process is available. By submitting a check for payment, Company authorizes us to initiate an electronic debit from its bank or asset account. When we process a check electronically, payment may be debited to the bank or asset account as soon as the same day we receive the check, and that cancelled check will not be received with that bank or asset account statement. If we cannot collect the funds electronically we may issue a draft against the bank or asset account for the amount of the check. If you currently send in an individual payment for expenses on the Corporate Purchasing Card, please note that you are eligible to pay your bill online.

**Authorization for Electronic Payments:** By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you will be authorizing us to initiate an electronic debit to the financial account you specify in the amount you request. Payments received after 5:00pm may not be credited until the next day.

**Transactions Made in Foreign Currencies:** If you incur a Charge in a foreign currency, it will be converted into US dollars on the date it is processed by us or our agents. Unless a particular rate is required by applicable law, we will choose a conversion rate that is acceptable to us for that date. Currently the conversion rate that we use for a Charge in a foreign currency is no greater than (a) the highest official conversion rate published by a government agency, or (b) the highest interbank conversion rate identified by us from customary banking sources, on the conversion date or the prior business day, **in each instance increased by 2.5%.** This conversion rate may differ from rates in effect on the date of your Charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

**In Case of Errors or Questions About Your Bill:** If you think your bill is incorrect, or if you need more information about a transaction on your bill, please call 1-800-492-4920 or the number on the back of your Card. You can also write us on a separate sheet of paper at the Customer Service address noted to the right. If you have a dispute concerning goods and services purchased with the Corporate Purchasing Card, you should contact the merchant directly. If you are unable to obtain resolution, please contact us at 1-800-492-4920.

**When Contacting Us Regarding Errors or Questions:** We must hear from you no later than 60 days after we send you the first bill on which the error or problem appeared. When contacting us, please give us the following information: 1. Your name and account number; 2. The dollar amount of the suspected error; 3. Describe why you believe there is an error. If you need more information, describe the item you are unsure about.

**Note:** Your corporation, firm or organization may have its own policy or customized program, which takes precedence over any provision stated above.



**Manage your Card account online at:**  
[americanexpress.com/checkyourbill](http://americanexpress.com/checkyourbill)



**For all further inquiries,**  
please call the number on the back of your Card.

**If your Card has been lost or stolen, please**  
call 1-800-492-4920.

**International Collect:**  
1-336-393-1111

**Hearing Impaired Services:**  
Dial Relay 711 and  
1-800-492-4920

**Large Print and Braille Statements:**  
1-800-492-4920



**Customer Service**  
P.O. Box 53611  
Phoenix, AZ  
85072-3611

#### Change of Address, phone number, email

- Online at [www.americanexpress.com/updatecontactinfo](http://www.americanexpress.com/updatecontactinfo)
- Via Mobile device
- Voice automated: call the number on the back of your card
- For Name, Company Name, and Foreign Address or Phone changes, please call Customer Care

**Please do not add any written communication or address change on this stub.**



Prepared For  
MICHELLE MOREHEAD  
CSNT INC

Account Number

Closing Date

01/28/25

Page 3 of 3

## Activity

Date reflects either transaction or posting date

Card Number XXXX-XXXX	Reference Code	Amount \$
01/22/25 CORPORATE REMITTANCE RECEIVED 01/22	05409000000	-303.99
01/08/25 COMBINED COMMUNITY A AUSTIN TX REF# #####93322F CHARITABLE ORG 01/07/25		1,400.00
01/26/25 HILTON HOTELS ANATOL DALLAS TX FOL# 3516088 HILTON HOTELS 01/26/25 ARRIVAL DATE DEPARTURE DATE 01/25/25 01/25/25 00 ROC NUMBER 3516088	55540916900	224.85
01/26/25 HILTON HOTELS ANATOL DALLAS TX FOL# 3516089 HILTON HOTELS 01/26/25 ARRIVAL DATE DEPARTURE DATE 01/25/25 01/25/25 00 ROC NUMBER 3516089	55540917000	224.85
01/03/25 STARLINK INTERNET HAWTHORNE CA REF# da985ff1-968 COMPUTER NETWORK 01/03/25		120.00
01/09/25 TEXAS S.O.S. SVC HAGERSTOWN MD REF# 14333322 512-463-5601 01/09/25 BUSINESS SERVICES ROC NUMBER 14333322	14333322000	0.16
01/09/25 TEXAS SECRETARY OF S AUSTIN TX REF# 48433321 512-463-5601 01/09/25 BUSINESS SERVICES ROC NUMBER 48433321	48433321000	6.00
<b>Total for MICHELLE MOREHEAD</b>		
New Charges/Other Debits		1,975.86
Payments/Other Credits		-303.99

1045 - TEXANA  
ACCOUNTS  
PAYABLE  
DISBURSEMENT  
T 2

Check Register for the Month of February 2025

Check Number	Effective Date	Vendor Name	Check Amount	Description
81559	02/05/25	AMERICAN EXPRESS	1,975.86	Travel / Supplies
81560	02/05/25	AT&T	1,214.53	Phone / Internet
81561	02/05/25	BEN E KEITH CO	456.27	HS Grocery
81562	02/05/25	BEN E KEITH CO	242.59	HS Grocery
81563	02/05/25	BEN E KEITH CO	130.36	HS Grocery
81564	02/05/25	BEN E KEITH CO	495.38	HS Grocery
81565	02/05/25	BEN E KEITH CO	405.60	HS Grocery
81566	02/05/25	BEN E KEITH CO	875.41	HS Grocery
81567	02/05/25	BEN E KEITH CO	213.39	HS Grocery
81568	02/05/25	BEN E KEITH CO	363.98	HS Grocery
81569	02/05/25	BEN E KEITH CO	881.73	HS Grocery
81570	02/05/25	BEN E KEITH CO	473.66	HS Grocery
81571	02/05/25	BEN E KEITH CO	880.96	HS Grocery
81572	02/05/25	BEN E KEITH CO	340.80	HS Grocery
81573	02/05/25	BEN E KEITH CO	259.92	HS Grocery
81574	02/05/25	BEN E KEITH CO	789.59	HS Grocery
81575	02/05/25	BEN E KEITH CO	132.32	HS Grocery
81576	02/05/25	BLUE CROSS BLUE SHIELD	68.41	Employee Insurance
81577	02/05/25	BLUE CROSS BLUE SHIELD	38,547.72	Employee Insurance
81578	02/05/25	CITY OF HUGHES SPRINGS	404.56	Utilities
81579	02/05/25	CITY OF JEFFERSON WATER .	61.21	Utilities
81580	02/05/25	CITY OF NEW BOSTON	73.66	Utilities
81581	02/05/25	CITY OF PITTSBURG	307.65	Utilities
81582	02/05/25	FELICIA WILLIAMS PETTY CASH CUSTODIAN	7.56	Petty Cash
81583	02/05/25	MCI	68.64	Phone / Internet
81584	02/05/25	PEST-PRO SERVICES INC	55.00	Pest Control
81585	02/05/25	RELIABLE ALARM SERVICE, LLC	45.00	Alarm Svcs
81586	02/05/25	REPUBLIC SERVICES #070	182.63	Utilities
81587	02/05/25	S.W. ARKANSAS TELE. CO-OP	214.24	Phone / Internet
81588	02/05/25	SCHOOL HEALTH CORPORATION	171.74	HS Classroom supplies
81589	02/05/25	TEXARKANA ISD CATERING DEPT	1,262.50	HS Meals
81590	02/05/25	TEXARKANA ISD CATERING DEPT	74.10	HS Meals
81591	02/05/25	VANCO SYSTEMS, INC.	876.09	Copier Lease
81592	02/05/25	VESTIS GROUP , INC	147.46	HS Safety Mats
81593	02/05/25	WASTE MANAGEMENT CORPORATE SERVICES, INC.	202.19	Utilities
V00230	02/05/25	ABILA	1,296.06	Subscription
V00231	02/05/25	HEALTHJOY LLC	22.06	Employee Insurance
V00232	02/05/25	HEALTHJOY LLC	1,125.06	Employee Insurance
V00233	02/05/25	HEALTHJOY LLC	1,091.97	Employee Insurance
V00234	02/05/25	MUTUAL OF OMAHA PAYMENT PROCESSING CENTER	4,905.00	Employee Insurance
V00235	02/05/25	SOUTHWESTERN ELECTRIC POWER	863.86	Utilities
V00236	02/05/25	SOUTHWESTERN ELECTRIC POWER	315.41	Utilities
V00237	02/05/25	STAPLES	117.38	Office Supplies
V00238	02/05/25	STAPLES	28.98	Office Supplies
V00239	02/05/25	TEACHSTONE TRAINING LLC	810.00	HS Training
81594	02/12/25	A & R SERVICE CENTER LLC	54.00	Vehicle Repair
81595	02/12/25	ATLANTA ISD	476.00	HS Field Trip
81596	02/12/25	ATMOS ENERGY	1,382.29	Client Assistance

1045 - TEXANA  
ACCOUNTS  
PAYABLE  
DISBURSEMENT  
T 2

Check Register for the Month of February 2025

Check Number	Effective Date	Vendor Name	Check Amount	Description
81597	02/12/25	AUDREY N ALEXANDER	290.00	Client Assistance
81598	02/12/25	BARBARA LARRY, LPC	1,000.00	HS Consultant
81599	02/12/25	BLOOMBURG WATER SUPPLY	68.78	Utilities
81600	02/12/25	BLUE MARLIN INVESTMENT PROPERTIES, LLC	850.00	Client Assistance
81601	02/12/25	BOYCE WHATLEY	500.00	Client Assistance
81602	02/12/25	CAWANNA SPARKS	39.31	Fingerprinting
81603	02/12/25	CENTERPOINT ENERGY	1,299.20	Client Assistance
81604	02/12/25	CITY OF DAINGERFIELD	181.00	Client Assistance
81605	02/12/25	CITY OF MOUNT PLEASANT	11.00	Client Assistance
81606	02/12/25	CREEKSIDE HOLDINGS LLC	588.00	Client Assistance
81607	02/12/25	DEBERRY BUTANE COMPANY	704.00	Client Assistance
81608	02/12/25	ERA MOORE-COLLINS PCC	10.98	Petty Cash
81609	02/12/25	FEDERAL EXPRESS	116.82	Postage
81610	02/12/25	FROG STREET PRESS LLC	2,996.00	HS Training
81611	02/12/25	H&M PROPERTIES	449.00	Client Assistance
81612	02/12/25	Heartland Village - MAIN OFFICE	637.00	Client Assistance
81613	02/12/25	HIGGINBOTHAM COBRA ADMINISTRATION	65.90	Employee Insurance
81614	02/12/25	JAN KITLINGER	642.00	Client Assistance
81615	02/12/25	JIMMY MITCHELL	980.00	Client Assistance
81616	02/12/25	KALASHINE HOPKINS LLC	596.00	Client Assistance
81617	02/12/25	LINDA SUE BEST	655.00	Client Assistance
81618	02/12/25	LINDEN FUEL CENTER	655.30	Vehicle Fuel
81619	02/12/25	MACK JONES	569.00	Client Assistance
81620	02/12/25	MARGARETT JOHNSON	805.00	Client Assistance
81621	02/12/25	MARIA B GUERRERO	500.00	Client Assistance
81622	02/12/25	NAPLES HARDWARE & SUPPLIES LLC	27.71	Bldg Maint
81623	02/12/25	NATHAN BELL, LLC	196.00	Client Assistance
81624	02/12/25	ODP BUSINESS SOLUTIONS, LLC	2,409.35	Office Supplies
81625	02/12/25	Patricia Jones	350.00	Client Assistance
81626	02/12/25	PEST-PRO SERVICES INC	195.00	Pest Control
81627	02/12/25	PITTSBURG CORNER EXPRESS	34.87	Vehicle Fuel
81628	02/12/25	PTL VILLAGE LLC	665.00	Client Assistance
81629	02/12/25	RELIABLE MANAGEMENT	704.00	Client Assistance
81630	02/12/25	S E BURTON ENTERPRISES	612.00	Client Assistance
81631	02/12/25	STREAM	1,200.00	Client Assistance
81632	02/12/25	SUMMIT UTILITIES OF ARKANSAS	432.93	Client Assistance
81633	02/12/25	TEXARKANA WATER UTILITIES	409.35	Client Assistance
81634	02/12/25	TNT Properties of Texarkana	1,100.00	Client Assistance
81635	02/12/25	TRICO LUMBER CO.	73.75	Bldg Maint
81636	02/12/25	TXU-ASSISTANCE GROUP	1,317.71	Client Assistance
81637	02/12/25	UPSHUR RURAL ELEC. CORP.	6,447.64	Client Assistance
81638	02/12/25	VENUS HORNBuckle PETTY CASH CUSTODIAN	16.08	Petty Cash
81639	02/12/25	VESTIS GROUP , INC	146.84	HS Safety Mats
81640	02/12/25	WILLIAM MICHAEL BERRY	18.15	Bldg Maint
V00240	02/12/25	AEP-SWEPCO-EA	213.73	Client Assistance
V00241	02/12/25	AEP-SWEPCO-EA	127.85	Client Assistance
V00242	02/12/25	AEP-SWEPCO-EA	282.11	Client Assistance
V00243	02/12/25	AEP-SWEPCO-EA	1,200.00	Client Assistance

1045 - TEXANA  
ACCOUNTS  
PAYABLE  
DISBURSEMENT  
T 2

Check Register for the Month of February 2025

Check Number	Effective Date	Vendor Name	Check Amount	Description
V00244	02/12/25	AEP-SWEPKO-EA	1,835.98	Client Assistance
V00245	02/12/25	AEP-SWEPKO-EA	1,007.57	Client Assistance
V00246	02/12/25	AEP-SWEPKO-EA	1,500.00	Client Assistance
V00247	02/12/25	AEP-SWEPKO-EA	761.03	Client Assistance
V00248	02/12/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00249	02/12/25	AEP-SWEPKO-EA	1,164.36	Client Assistance
V00250	02/12/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00251	02/12/25	AEP-SWEPKO-EA	1,850.32	Client Assistance
V00252	02/12/25	AEP-SWEPKO-EA	1,000.94	Client Assistance
V00253	02/12/25	AEP-SWEPKO-EA	2,330.38	Client Assistance
V00254	02/12/25	AEP-SWEPKO-EA	1,626.67	Client Assistance
V00255	02/12/25	AEP-SWEPKO-EA	1,800.00	Client Assistance
V00256	02/12/25	AEP-SWEPKO-EA	1,357.62	Client Assistance
V00257	02/12/25	AEP-SWEPKO-EA	993.35	Client Assistance
V00258	02/12/25	AEP-SWEPKO-EA	1,800.00	Client Assistance
V00259	02/12/25	AEP-SWEPKO-EA	1,500.00	Client Assistance
V00260	02/12/25	AEP-SWEPKO-EA	1,979.32	Client Assistance
V00261	02/12/25	AEP-SWEPKO-EA	1,500.00	Client Assistance
V00262	02/12/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00263	02/12/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00264	02/12/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00265	02/12/25	AEP-SWEPKO-EA	250.00	Client Assistance
V00266	02/12/25	AEP-SWEPKO-EA	2,264.48	Client Assistance
V00267	02/12/25	AEP-SWEPKO-EA	1,140.84	Client Assistance
V00268	02/12/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00269	02/12/25	AEP-SWEPKO-EA	2,653.37	Client Assistance
V00270	02/12/25	AEP-SWEPKO-EA	1,500.00	Client Assistance
V00271	02/12/25	AEP-SWEPKO-EA	56.00	Client Assistance
V00272	02/12/25	AEP-SWEPKO-EA	1,500.00	Client Assistance
V00273	02/12/25	AEP-SWEPKO-EA	72.00	Client Assistance
V00274	02/12/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00275	02/12/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00276	02/12/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00277	02/12/25	AEP-SWEPKO-EA	2,584.77	Client Assistance
V00278	02/12/25	AEP-SWEPKO-EA	1,696.51	Client Assistance
V00279	02/12/25	AEP-SWEPKO-EA	1,970.69	Client Assistance
V00280	02/12/25	AEP-SWEPKO-EA	1,232.69	Client Assistance
V00281	02/12/25	AEP-SWEPKO-EA	828.18	Client Assistance
V00282	02/12/25	AEP-SWEPKO-EA	1,392.85	Client Assistance
V00283	02/12/25	AEP-SWEPKO-EA	788.45	Client Assistance
V00284	02/12/25	AEP-SWEPKO-EA	822.46	Client Assistance
V00285	02/12/25	AEP-SWEPKO-EA	1,075.78	Client Assistance
V00286	02/12/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00287	02/12/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00288	02/12/25	AEP-SWEPKO-EA	2,261.84	Client Assistance
V00289	02/12/25	AEP-SWEPKO-EA	1,800.00	Client Assistance
V00290	02/12/25	AEP-SWEPKO-EA	1,500.00	Client Assistance
V00291	02/12/25	AEP-SWEPKO-EA	216.00	Client Assistance

1045 - TEXANA  
ACCOUNTS  
PAYABLE  
DISBURSEMEN  
T 2

Check Register for the Month of February 2025

Check Number	Effective Date	Vendor Name	Check Amount	Description
V00292	02/12/25	AEP-SWEPKO-EA	1,800.00	Client Assistance
V00293	02/12/25	AEP-SWEPKO-EA	447.88	Client Assistance
V00294	02/12/25	AEP-SWEPKO-EA	939.99	Client Assistance
V00295	02/12/25	AEP-SWEPKO-EA	1,800.00	Client Assistance
V00296	02/12/25	BEN E KEITH CO	224.52	HS Grocery
V00297	02/12/25	BEN E KEITH CO	829.83	HS Grocery
V00298	02/12/25	BEN E KEITH CO	226.87	HS Grocery
V00299	02/12/25	BEN E KEITH CO	482.33	HS Grocery
V00300	02/12/25	BEN E KEITH CO	740.67	HS Grocery
V00301	02/12/25	BEN E KEITH CO	623.64	HS Grocery
V00302	02/12/25	BEN E KEITH CO	702.85	HS Grocery
V00303	02/12/25	BEN E KEITH CO	942.24	HS Grocery
V00304	02/12/25	BOWIE CASS	1,200.00	Client Assistance
V00305	02/12/25	BOWIE CASS	2,367.38	Client Assistance
V00306	02/12/25	BOWIE CASS	923.75	Client Assistance
V00307	02/12/25	BOWIE CASS	1,800.00	Client Assistance
V00308	02/12/25	BOWIE CASS	1,500.00	Client Assistance
V00309	02/12/25	BOWIE CASS	1,200.00	Client Assistance
V00310	02/12/25	BRENDA DAVIS	1,052.80	Mileage Reimbursement
V00311	02/12/25	CENTERPOINT ENERGY ENTEX	559.28	Utilities
V00312	02/12/25	CENTERPOINT ENERGY ENTEX	404.75	Utilities
V00313	02/12/25	HOPE FIRE EXTINGUISHER SERVICE, INC/ KLEEN KIN	28.95	Fire Alarm
V00314	02/12/25	KATHY JO RODGERS	258.00	Client Assistance
V00315	02/12/25	KIM'S CONVENIENCE STORES	68.01	Vehicle Fuel
V00316	02/12/25	MOUNT PLEASANT HOUSING AUTHOURITY	264.00	Client Assistance
V00317	02/12/25	MOUNTAIN VALLEY OF TEXARKANA	111.00	Dept Bottle Water
V00318	02/12/25	NARROW PATH PROPERTY MANAGEMENT	660.00	Client Assistance
V00319	02/12/25	NARROW PATH PROPERTY MANAGEMENT	418.00	Client Assistance
V00320	02/12/25	NARROW PATH PROPERTY MANAGEMENT	795.00	Client Assistance
V00321	02/12/25	PADDY PROPERTIES	1,735.00	Client Assistance
V00322	02/12/25	PADDY PROPERTIES	1,626.00	Client Assistance
V00323	02/12/25	PAM MCMICHEAL	924.00	Client Assistance
V00324	02/12/25	PINE TERRACE APARTMENT	287.00	Client Assistance
V00325	02/12/25	PINE TERRACE APARTMENT	1,329.00	Client Assistance
V00326	02/12/25	STAPLES	109.61	Office Supplies
V00327	02/12/25	STAPLES	466.66	Office Supplies
V00328	02/12/25	STAPLES	319.35	Office Supplies
V00329	02/12/25	WEX HEALTH, INC.	87.00	Employee Insurance
V00330	02/12/25	WILLIE MITCHELL, JR.	30.00	HS CPR
81641	02/19/25	AREA WIDE PROPERTIES	1,400.00	Rent
81642	02/19/25	AT&T	108.60	Phone / Internet
81643	02/19/25	ATMOS ENERGY	2,716.36	Client Assistance
81644	02/19/25	CENTERPOINT ENERGY	1,437.74	Client Assistance
81645	02/19/25	CIRRO ENERGY	1,935.74	Client Assistance
81646	02/19/25	GREEN MOUNTAIN ENERGY	2,400.00	Client Assistance
81647	02/19/25	GREG'S MIRACLE MART	387.93	Vehicle Fuel
81648	02/19/25	HUGHES SPRINGS ISD	800.00	Rent
81649	02/19/25	LARRY NEELEY	1,145.00	CACFP Bldg Maint
81650	02/19/25	MY ALARM CENTER, LLC.	42.79	Alarm Svcs
81651	02/19/25	ODP BUSINESS SOLUTIONS, LLC	165.70	Office Supplies
81652	02/19/25	R. MORGAN, LLC	1,150.00	Rent
81653	02/19/25	RELIANT ENERGY	3,062.72	Client Assistance
81654	02/19/25	SAM'S CLUB	241.86	Membership

1045 - TEXANA  
ACCOUNTS  
PAYABLE  
DISBURSEMENT  
T 2

Check Register for the Month of February 2025

Check Number	Effective Date	Vendor Name	Check Amount	Description
81655	02/19/25	SHELBY'S SERVICE CENTER & TIRES	74.38	Vehicle Repair
81656	02/19/25	SKAGGS TRAVEL STOPS INC.	28.17	Vehicle Fuel
81657	02/19/25	STREAM	1,200.00	Client Assistance
81658	02/19/25	TRICO LUMBER CO.	4.44	Bldg Maint
81659	02/19/25	TURNER DAVID K	1,150.00	Rent
81660	02/19/25	TXU-ASSISTANCE GROUP	7,719.13	Client Assistance
81661	02/19/25	UPSHUR RURAL ELEC. CORP.	3,591.57	Client Assistance
81662	02/19/25	VERIZON WIRELESS	2,361.53	Phone / Internet
81663	02/19/25	VESTIS GROUP , INC	30.91	HS Safety Mats
81664	02/19/25	VESTIS GROUP , INC	61.54	HS Safety Mats
81665	02/19/25	VESTIS GROUP , INC	30.57	HS Safety Mats
81666	02/19/25	VESTIS GROUP , INC	27.32	HS Safety Mats
81667	02/19/25	WILLIAMS CHAPEL BAPTIST CHURCH	1,000.00	Rent
81668	02/19/25	WINDSTREAM	652.10	Phone / Internet
V00331	02/19/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00332	02/19/25	AEP-SWEPKO-EA	1,800.00	Client Assistance
V00333	02/19/25	AEP-SWEPKO-EA	912.36	Client Assistance
V00334	02/19/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00335	02/19/25	AEP-SWEPKO-EA	1,260.99	Client Assistance
V00336	02/19/25	AEP-SWEPKO-EA	103.76	Client Assistance
V00337	02/19/25	AEP-SWEPKO-EA	73.75	Client Assistance
V00338	02/19/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00339	02/19/25	AEP-SWEPKO-EA	1,156.09	Client Assistance
V00340	02/19/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00341	02/19/25	AEP-SWEPKO-EA	126.56	Client Assistance
V00342	02/19/25	AEP-SWEPKO-EA	732.16	Client Assistance
V00343	02/19/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00344	02/19/25	AEP-SWEPKO-EA	1,800.00	Client Assistance
V00345	02/19/25	AEP-SWEPKO-EA	1,355.81	Client Assistance
V00346	02/19/25	AEP-SWEPKO-EA	1,800.00	Client Assistance
V00347	02/19/25	AEP-SWEPKO-EA	1,193.23	Client Assistance
V00348	02/19/25	AEP-SWEPKO-EA	689.64	Client Assistance
V00349	02/19/25	AEP-SWEPKO-EA	1,347.59	Client Assistance
V00350	02/19/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00351	02/19/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00352	02/19/25	AEP-SWEPKO-EA	2,179.45	Client Assistance
V00353	02/19/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00354	02/19/25	ATLANTA ISD	700.00	Rent
V00355	02/19/25	BOWIE CASS	1,200.00	Client Assistance
V00356	02/19/25	BOWIE CASS	126.11	Client Assistance
V00357	02/19/25	BOWIE CASS	1,500.00	Client Assistance
V00358	02/19/25	BOWIE CASS	1,200.00	Client Assistance
V00359	02/19/25	BOWIE CASS	1,367.23	Client Assistance
V00360	02/19/25	CENTERPOINT ENERGY ENTEX	148.55	Utilities
V00361	02/19/25	CENTERPOINT ENERGY ENTEX	126.25	Utilities
V00362	02/19/25	ETEX TELEPHONE CORP, INC.	4,586.16	Phone / Internet
V00363	02/19/25	GLENN B. LANIER	240.00	Rent
V00364	02/19/25	MCADAMS PROPANE COMPANY	292.00	Client Assistance
V00365	02/19/25	MOORE PEST CONTROL	75.00	Pest Control
V00366	02/19/25	MOORE PEST CONTROL	55.00	Pest Control
V00367	02/19/25	MOORE PEST CONTROL	55.00	Pest Control
V00368	02/19/25	MOORE PEST CONTROL	75.00	Pest Control
V00369	02/19/25	MOORE PEST CONTROL	50.00	Pest Control
V00370	02/19/25	MOORE PEST CONTROL	55.00	Pest Control



1045 - TEXANA  
ACCOUNTS  
PAYABLE  
DISBURSEMEN  
T 2

Check Register for the Month of February 2025

Check Number	Effective Date	Vendor Name	Check Amount	Description
V00371	02/19/25	MOORE PEST CONTROL	55.00	Pest Control
V00372	02/19/25	MOORE PEST CONTROL	75.00	Pest Control
V00373	02/19/25	RPM STAFFING PROFESSIONALS, INC.	529.92	Program Staffing
V00374	02/19/25	RPM STAFFING PROFESSIONALS, INC.	343.62	Program Staffing
V00375	02/19/25	SOUTHWESTERN ELECTRIC POWER	580.90	Utilities
V00376	02/19/25	SOUTHWESTERN ELECTRIC POWER	556.28	Utilities
V00377	02/19/25	SOUTHWESTERN ELECTRIC POWER	150.51	Utilities
V00378	02/19/25	SOUTHWESTERN ELECTRIC POWER	291.04	Utilities
V00379	02/19/25	SOUTHWESTERN ELECTRIC POWER	159.05	Utilities
V00380	02/19/25	SOUTHWESTERN ELECTRIC POWER	66.95	Utilities
V00381	02/19/25	SOUTHWESTERN ELECTRIC POWER	1,397.76	Utilities
V00382	02/19/25	SOUTHWESTERN ELECTRIC POWER	59.23	Utilities
V00383	02/19/25	TEXARKANA INDEPENDENT SCHOOL DISTRICT	3,882.00	Rent
81669	02/26/25	ATLANTA ISD FOOD SERVICE	480.00	HS Grocery
81670	02/26/25	ATMOS ENERGY	1,262.87	Client Assistance
81671	02/26/25	AUDREY N ALEXANDER	290.00	Client Assistance
81672	02/26/25	B & S TRUE VALUE HARDWARE	23.99	Bldg Maint
81673	02/26/25	BLUE MARLIN INVESTMENT PROPERTIES, LLC	1,279.00	Client Assistance
81674	02/26/25	CENTERPOINT ENERGY	3,236.63	Client Assistance
81675	02/26/25	CIRRO ENERGY	1,200.00	Client Assistance
81676	02/26/25	CITY OF DAINGERFIELD	181.00	Client Assistance
81677	02/26/25	CITY OF LINDEN	351.98	Utilities
81678	02/26/25	CITY OF MOUNT PLEASANT	11.00	Client Assistance
81679	02/26/25	CREEKSIDE HOLDINGS LLC	588.00	Client Assistance
81680	02/26/25	FRONTIER	1,970.01	Client Assistance
81681	02/26/25	GREEN MOUNTAIN ENERGY	2,786.89	Client Assistance
81682	02/26/25	H&M PROPERTIES	449.00	Client Assistance
81683	02/26/25	Heartland Village - MAIN OFFICE	637.00	Client Assistance
81684	02/26/25	HUGHES SPRINGS ISD	305.00	HS Meals
81685	02/26/25	JAN KITLINGER	642.00	Client Assistance
81686	02/26/25	JIMMY MITCHELL	980.00	Client Assistance
81687	02/26/25	KALASHINE HOPKINS LLC	596.00	Client Assistance
81688	02/26/25	KAYE NELMS	50.00	Employee Reimbursement
81689	02/26/25	LINDA SUE BEST	655.00	Client Assistance
81690	02/26/25	LONGVIEW WORLD OF WONDERS	195.00	HS Field Trip
81691	02/26/25	MACK JONES	569.00	Client Assistance
81692	02/26/25	MARGARETT JOHNSON	805.00	Client Assistance
81693	02/26/25	MARIA B GUERRERO	500.00	Client Assistance
81694	02/26/25	NAPLES HARDWARE & SUPPLIES LLC	16.13	Bldg Maint
81695	02/26/25	NATHAN BELL, LLC	196.00	Client Assistance
81696	02/26/25	NORTHEAST TEXAS COMMUNITY COLLEGE	100.00	Client Assistance
81697	02/26/25	ODP BUSINESS SOLUTIONS, LLC	1,090.44	Office Supplies
81698	02/26/25	Patricia Jones	350.00	Client Assistance
81699	02/26/25	PTL VILLAGE LLC	665.00	Client Assistance
81700	02/26/25	PULSE ACADEMY LLC	821.00	Client Assistance
81701	02/26/25	RELIABLE MANAGEMENT	704.00	Client Assistance
81702	02/26/25	RELIANT ENERGY	3,558.61	Client Assistance
81703	02/26/25	S & S AUTOMOTIVE	119.00	Vehicle Repair
81704	02/26/25	S E BURTON ENTERPRISES	612.00	Client Assistance
81705	02/26/25	STREAM	1,543.77	Client Assistance
81706	02/26/25	TERESA THOMPSON	37.80	Mileage Reimbursement
81707	02/26/25	TEXANA LA	2,216.12	Journal Corx
81708	02/26/25	TEXARKANA WATER UTILITIES	150.00	Client Assistance
81709	02/26/25	TEXAS DEPARTMENT OF HOUSING & COMMUNITY AF	145.23	Grant Refund

1045 - TEXANA  
ACCOUNTS  
PAYABLE  
DISBURSEMENT  
T 2

Check Register for the Month of February 2025

Check Number	Effective Date	Vendor Name	Check Amount	Description
81710	02/26/25	TNT Properties of Texarkana	1,100.00	Client Assistance
81711	02/26/25	TRICO LUMBER CO.	74.96	Bldg Maint
81712	02/26/25	TXU-ASSISTANCE GROUP	9,364.96	Client Assistance
81713	02/26/25	UPSHUR RURAL ELEC. CORP.	4,557.95	Client Assistance
81714	02/26/25	WELCH GAS DAINGERFIELD	600.00	Client Assistance
V00384	02/26/25	ABERNATHY COMPANY	44.90	Janitorial Supplies
V00385	02/26/25	ABERNATHY COMPANY	1,690.00	Janitorial Supplies
V00386	02/26/25	ABERNATHY COMPANY	260.00	Janitorial Supplies
V00387	02/26/25	ABERNATHY COMPANY	213.80	Janitorial Supplies
V00388	02/26/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00389	02/26/25	AEP-SWEPKO-EA	188.12	Client Assistance
V00390	02/26/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00391	02/26/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00392	02/26/25	AEP-SWEPKO-EA	221.10	Client Assistance
V00393	02/26/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00394	02/26/25	AEP-SWEPKO-EA	1,477.76	Client Assistance
V00395	02/26/25	AEP-SWEPKO-EA	1,500.00	Client Assistance
V00396	02/26/25	AEP-SWEPKO-EA	1,500.00	Client Assistance
V00397	02/26/25	AEP-SWEPKO-EA	530.88	Client Assistance
V00398	02/26/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00399	02/26/25	AEP-SWEPKO-EA	899.00	Client Assistance
V00400	02/26/25	AEP-SWEPKO-EA	1,279.58	Client Assistance
V00401	02/26/25	AEP-SWEPKO-EA	1,314.88	Client Assistance
V00402	02/26/25	AEP-SWEPKO-EA	1,112.73	Client Assistance
V00403	02/26/25	AEP-SWEPKO-EA	249.56	Client Assistance
V00404	02/26/25	AEP-SWEPKO-EA	827.97	Client Assistance
V00405	02/26/25	AEP-SWEPKO-EA	1,500.00	Client Assistance
V00406	02/26/25	AEP-SWEPKO-EA	1,000.00	Client Assistance
V00407	02/26/25	AEP-SWEPKO-EA	1,116.37	Client Assistance
V00408	02/26/25	AEP-SWEPKO-EA	1,500.00	Client Assistance
V00409	02/26/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00410	02/26/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00411	02/26/25	AEP-SWEPKO-EA	5.47	Client Assistance
V00412	02/26/25	AEP-SWEPKO-EA	945.15	Client Assistance
V00413	02/26/25	AEP-SWEPKO-EA	168.45	Client Assistance
V00414	02/26/25	AEP-SWEPKO-EA	815.86	Client Assistance
V00415	02/26/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00416	02/26/25	AEP-SWEPKO-EA	983.81	Client Assistance
V00417	02/26/25	AEP-SWEPKO-EA	1,000.00	Client Assistance
V00418	02/26/25	AEP-SWEPKO-EA	1,244.35	Client Assistance
V00419	02/26/25	AEP-SWEPKO-EA	152.86	Client Assistance
V00420	02/26/25	AEP-SWEPKO-EA	1,474.52	Client Assistance
V00421	02/26/25	AEP-SWEPKO-EA	1,200.00	Client Assistance
V00422	02/26/25	AEP-SWEPKO-EA	1,158.61	Client Assistance
V00423	02/26/25	AEP-SWEPKO-EA	96.65	Client Assistance
V00424	02/26/25	AEP-SWEPKO-EA	1,403.52	Client Assistance
V00425	02/26/25	AEP-SWEPKO-EA	849.81	Client Assistance
V00426	02/26/25	AEP-SWEPKO-EA	1,300.00	Client Assistance
V00427	02/26/25	AEP-SWEPKO-EA	72.00	Client Assistance
V00428	02/26/25	AEP-SWEPKO-EA	250.00	Client Assistance
V00429	02/26/25	AEP-SWEPKO-EA	110.00	Client Assistance
V00430	02/26/25	AEP-SWEPKO-EA	56.00	Client Assistance
V00431	02/26/25	AEP-SWEPKO-EA	216.00	Client Assistance
V00432	02/26/25	BEN E KEITH CO	509.76	HS Grocery

1045 - TEXANA  
ACCOUNTS  
PAYABLE  
DISBURSEMENT  
T 2

Check Register for the Month of February 2025

Check Number	Effective Date	Vendor Name	Check Amount	Description
V00433	02/26/25	BEN E KEITH CO	15.10	HS Grocery
V00434	02/26/25	BEN E KEITH CO	621.37	HS Grocery
V00435	02/26/25	BEN E KEITH CO	869.13	HS Grocery
V00436	02/26/25	BEN E KEITH CO	520.95	HS Grocery
V00437	02/26/25	BEN E KEITH CO	516.34	HS Grocery
V00438	02/26/25	BEN E KEITH CO	701.75	HS Grocery
V00439	02/26/25	BEN E KEITH CO	877.75	HS Grocery
V00440	02/26/25	BEN E KEITH CO	429.08	HS Grocery
V00441	02/26/25	BLUE CROSS BLUE SHIELD	36,902.95	Employee Insurance
V00442	02/26/25	BOWIE CASS	1,200.00	Client Assistance
V00443	02/26/25	BOWIE CASS	1,200.00	Client Assistance
V00444	02/26/25	BOWIE CASS	855.35	Client Assistance
V00445	02/26/25	BOWIE CASS	1,200.00	Client Assistance
V00446	02/26/25	BOWIE CASS	600.00	Client Assistance
V00447	02/26/25	BRENDA DAVIS	329.00	Mileage Reimbursement
V00448	02/26/25	CECELIA HUFF	54.60	Mileage Reimbursement
V00449	02/26/25	HEALTHCARE EXPRESS LLP	705.00	Employee Physical
V00450	02/26/25	HEALTHCARE EXPRESS LLP	571.00	Employee Physical
V00451	02/26/25	HEALTHJOY LLC	1,091.97	Employee Insurance
V00452	02/26/25	HOPE FIRE EXTINGUISHER SERVICE, INC/ KLEEN KIN	292.00	Annual fire Svcs
V00453	02/26/25	KATHY JO RODGERS	258.00	Client Assistance
V00454	02/26/25	LAKESHORE LEARNING MATERIALS	1,707.15	HS Classroom supplies
V00455	02/26/25	MOUNT PLEASANT HOUSING AUTHORITY	264.00	Client Assistance
V00456	02/26/25	MOUNTAIN VALLEY OF TEXARKANA	194.25	Dept Bottle Water
V00457	02/26/25	MUTUAL OF OMAHA PAYMENT PROCESSING CENTER	4,367.75	Employee Insurance
V00458	02/26/25	NARROW PATH PROPERTY MANAGEMENT	660.00	Client Assistance
V00459	02/26/25	NARROW PATH PROPERTY MANAGEMENT	795.00	Client Assistance
V00460	02/26/25	NARROW PATH PROPERTY MANAGEMENT	418.00	Client Assistance
V00461	02/26/25	PADDY PROPERTIES	716.00	Client Assistance
V00462	02/26/25	PADDY PROPERTIES	542.00	Client Assistance
V00463	02/26/25	PAM MCMICHEAL	308.00	Client Assistance
V00464	02/26/25	PINE TERRACE APARTMENT	287.00	Client Assistance
V00465	02/26/25	RPM STAFFING PROFESSIONALS, INC.	1,589.76	Program Staffing
V00466	02/26/25	STAPLES	167.97	Office Supplies
V00467	02/26/25	TOSHIBA FINANCIAL SERVICES	236.78	Copier Lease
V00468	02/26/25	TOSHIBA FINANCIAL SERVICES	1,661.02	Copier Lease
V00469	02/26/25	VESTIS GROUP , INC	30.91	HS Safety Mats
V00470	02/26/25	VESTIS GROUP , INC	30.57	HS Safety Mats
V00471	02/26/25	VESTIS GROUP , INC	27.32	HS Safety Mats
V00472	02/26/25	VESTIS GROUP , INC	27.47	HS Safety Mats

1080 - TEXANA  
NEW PAYROLL  
CASH  
ACCOUNT

Check Number	Effective Date	Vendor Name	Check Amount	
6563	02/13/25	KIMBERLY GEORGE	242.33	Final Check
6564	02/13/25	FAITH IRVIN	151.45	Final Check
6565	02/13/25	CHARLENE COLEMAN	276.48	Final Check
6566	02/13/25	KRISTA CLAYTON	307.54	Final Check
Report Total			429,862.90	

COMMUNITY SERVICES OF NORTHEAST TEXAS  
Balance Sheet  
As of 2/28/2025

Assets

CASH IN BANK CHECKING	0.00
HEAD START CHECKING	1,000.00
DHS MEALS CHECKING	0.00
CSBG/CEAP/WX CHECKING	0.00
WEATHERIZATION CHECKING	0.00
DISBURSEMENTS CHECKING	0.00
FEMA CHECKING	0.00
ETCOG CHECKING	0.00
OLD - CEAP CHECKING (Do Not Use)	0.00
CEAP CHECKING (Do Not Use)	0.00
PAYROLL CASH ACCOUNT	0.00
IP Grant Checking	0.00
HOUSING CHECKING	0.00
LOCAL ADMIN CHECKING	0.00
CASH DONATIONS - LINDEN	0.00
CSBG Checking	0.00
CEAP Checking	0.00
Upshur Rural Checking	0.00
TLC Checking	0.00
CSBG 2012 SP	0.00
JEFFERSON CHECKING	0.00
BECKVILLE SR. CHECKING	0.00
CARTHAGE SR. CHECKING	0.00
HALLSVILLE SR. CHECKING	0.00
MARSHALL SR. CHECKING	0.00
WESTEND CHECKING	0.00
PITTSBURG SR. CHECKING	0.00
WASKOM SR. CHECKING	0.00
NEWSOME SR. CHECKING	0.00
CEAP UB CASH ACCOUNT	0.00
SALVATION ARMY CHECKING	1,242.54
HS ARRA CHECKING	0.00
CSBG ARRA CHECKING	0.00
CHILD CARE WELLNESS CHECKING	0.00
CSBG UB CHECKING	0.00
PARENT FUND CHECKING	0.00
CBA UNITED HEALTH	0.00
CBA CIGNA HEALTH SPRING	0.00
CSBG DISCRETIONARY	0.00
TEXANA ACCOUNTS PAYABLE DISBURSEMENT	0.00
TEXANA ACCOUNTS PAYABLE DISBURSEMENT 2	17,588.30
NEW DISBURSEMENT CHECKING	0.00
TEXANA CSBG A CHECKING	123,413.43
TEXANA CSBG B CHECKING	6,543.68
TEXANA CSBG DISCRETIONARY CHECKING	34,727.30
TEXANA HEAD START CHECKING	1,000.00

COMMUNITY SERVICES OF NORTHEAST TEXAS

Balance Sheet

As of 2/28/2025

TEXANA CEAP A CHECKING	61,534.40
TEXANA CEAP B CHECKING	(41,645.18)
TEXANA CBA UNITED HEALTH CARE CHECKING	0.00
TEXANA CBA CIGNA HEALTH SPRING CHECKING	0.00
TEXANA UPSHUR RURAL CHECKING	23,938.63
TEXANA TLC CHECKING	22,336.99
TEXANA LOCAL ADMINISTRATIVE CHECKING	77,357.98
TEXANA PAYROLL CASH ACCOUNT	0.00
TEXANA CLIENT FUNDS FOR SSA BENEFITS	0.00
TEXANA TBRA CHECKING	11,599.98
TEXANA POSTAL ACCOUNT CHECKING	1,188.55
TEXANA VET SERVICES NOW	0.00
TEXANA BANK YOUTH EMPOWERMENT CHECKING	20,671.68
TEXANA CSBG CARES CHECKING	0.00
TEXANA CEAP CARES CHECKING	0.00
TEXANA NEW PAYROLL CASH ACCOUNT	11,622.12
TEXANA EARLY HEAD START CHECKING	500.00
TEXANA CEAP ARP CHECKING	0.00
TEXANA INDIRECT COST RATE CHECKING	226,140.80
TEXANA ATMOS ENERGY 'SHARE THE WARMTH' PROGRAM CHECKING	46,403.11
TEXANA ORGANIZATION PAYEE FUNDS	0.00
TEXANA LOW INCOME HOUSEHOLD WATER ASSISTANCE CHECKING	0.00
TEXANA TEXAS HOMEOWNER ASSISTANCE FUND	0.00
TEXANA IN HOUSE LINE OF CREDIT CHECKING	3,504.00
ACCOUNTS RECEIVABLE - AISD	0.00
ACCOUNTS RECEIVABLE - Employee Reimbursement	0.00
ACCOUNTS RECEIVABLE - LKISD	0.00
ACCOUNTS RECEIVALBE - BISD	0.00
ACCOUNTS RECEIVABLE	0.00
GRANT RECEIVABLE	0.00
GRANT RECEIVABLE-ATC	0.00
GRANT RECEIVABLE-TIT	0.00
INDIRECT COST RECEIVABLE	57,324.85
EMPLOYEE ADVANCE	0.00
GRANTS RECEIVABLE - USDA	13,865.70
PROMISES TO GIVE	0.00
DUE FROM OTHER FUNDS	0.00
DUE FROM DHS MEALS	0.00
DUE FROM WEATHERIZATION	0.00
DUE FROM FEMA	0.00
DUE FROM ETCOG	0.00
DUE FROM CEAP	0.00
DUE FROM DHS TRANSPORTATION	0.00
DUE FROM HOUSING	0.00
DUE FROM LOCAL ADMIN	0.00
RENTAL HOME DEPOSITS	0.00
ACCUMULATED AMORTIZATION	(226,442.87)
PREPAID RENT	8,704.50

COMMUNITY SERVICES OF NORTHEAST TEXAS

Balance Sheet

As of 2/28/2025

Prepaid Expense	772.43
PREPAID WORKERS COMP	0.00
PREPAID INSURANCE	(632.87)
PREPAID MAINTENANCE	0.00
Total Current Assets	504,260.05
Long Term Assets	
PROPERTY & EQUIPMENT	3,158,094.33
LAND	0.00
BUILDINGS	0.00
EQUIPMENT	0.00
ACCUMULATED DEPRECIATION	(1,710,669.05)
RIGHT TO USE ASSETS	407,969.68
	1,855,394.96
Total Assets	2,359,655.01
Current Liabilities	
ACCOUNTS PAYABLE	0.00
ACCOUNTS PAYABLE-OLD BOX	0.00
ACCOUNTS PAYABLE - REALWORLD	0.00
ACCOUNTS PAYABLE - ACCR & ADJ	0.00
ACCOUNTS PAYABLE - VALLEY	0.00
GRANT PAYABLE	0.00
NEW ACCOUNTS PAYABLE	0.00
TEXANA ACCOUNTS PAYABLE	(40,508.15)
STATE UNEMPLOYMENT TAXES	0.00
Sales Tax Payable	0.00
WORKERS COMP PAYABLE	0.00
SUPPLEMENTAL INSURANCE PAYABLE	313.92
EMPLOYEE PORTION HLTH INS PAYABLE	0.00
Employee Insurance Repayment	0.00
Short Term Disability Payable	0.00
Long Term Disability Payable	0.00
DENTAL INSURANCE PAYABLE	0.00
VISION INSURANCE PAYABLE	0.00
HSA CONTRIBUTIONS PAYABLE	0.00
CAFETERIA PLAN PAYABLE	0.00
AUL CONTRIBUTIONS PAYABLE	0.00
LIFE/DISABILITY INSURANCE	0.00
COBRA PREMIUMS PAYABLE	0.00
RETIREMENT PAYABLE	0.00
GARNISHED WAGES PAYABLE	0.00
INSURANCE W/H	0.00
MISCELLANEOUS PAYABLE	0.00
PAYROLL LIABILITIES - AUDIT	0.00
ACCRUED LIABILITIES	0.00
NOTE PAYABLE	0.00
DEFERRED REVENUE	0.00
RECIPROCAL ADJUSTMENT - ACCT 2000	0.00
RECIPROCAL ADJUSTMENT - ACCOUNT 2007	0.00

COMMUNITY SERVICES OF NORTHEAST TEXAS

Balance Sheet

As of 2/28/2025

ACCRUED INTEREST PAYABLE	0.00
ACCRUED PAYROLL	0.00
ACCRUED VACATION	202,522.68
LEASE PAYABLE	181,858.73
CONTINGENT LIABILITY	0.00
CONTINGENCY WX-QUESTIONED COST	0.00
DUE TO OTHER FUNDS	0.00
DUE TO HEADSTART	0.00
DUE TO DHS MEALS	0.00
DUE TO CSBG	0.00
DUE TO FEMA	0.00
DUE TO DHS TRANSPORTATION	0.00
DUE TO LOCAL ADMIN	0.00
DUE TO STATE	0.00
Total Current Liabilities	344,187.18
Net Assets	
NET ASSETS	82,720.97
NET ASSETS - EQUIPMENT	0.00
NET ASSETS - NON FEDERAL	0.00
NET ASSETS - SFSP	0.00
NET ASSETS - CHIPS	0.00
NET ASSETS - PROPERTY	0.00
PRIOR PERIOD ADJUSTMENTS	0.00
Total Current Net Assets	82,720.97
Excess Revenues over Expenditures	1,932,746.86
Total Liabilities and Net Assets	2,359,655.01

# CSNT Head Start 2024-2025 Program Goals Progress Report

<b>Program Goal 1:</b> Strengthen comprehensive Health Services for children and families.					
<b>Year One Objective One Outcome:</b> 75% of parents will obtain (EPDST) health requirements for their children					
Fall Progress	65%	Winter Progress	74%	Spring Progress	
<b>Program Goal 1 Challenges:</b> Parents obtaining documentation from health provider					

<b>Program Goal 1:</b> Strengthen comprehensive Health Services within the program.					
<b>Year One Objective Two Outcome:</b> 70% of parents/staff will participate in wellness activities					
Fall Progress	79%	Winter Progress	86%	Spring Progress	
<b>Program Goal 1 Challenges:</b> Parents/staff feeling connected to the activities offered					

<b>Program Goal 2:</b> Provide Comprehensive School Readiness					
<b>Year One Objective One Outcome:</b> 60% of Head Start children will identify letters and make connections between letters, sounds, and print					
Fall Progress	39%	Winter Progress	66%	Spring Progress	
<b>Program Goal 2 Challenges:</b> Teachers individualizing according to the data in the child assessment system					

<b>Program Goal 2:</b> Provide Comprehensive School Readiness					
<b>Year One Objective One Outcome:</b> 60% of Early Head Start children will identify letters and make connections between letters, sounds, and print					
Fall Progress	75%	Winter Progress	88%	Spring Progress	
<b>Program Goal 2 Challenges:</b> Teachers individualizing according to the data in the child assessment system					



<b>Program Goal 2:</b> Provide Comprehensive School Readiness					
<b>Year One Objective Three Outcome:</b> 75% of children will sequence count to 50					
Fall Progress	22%	Winter Progress	68%	Spring Progress	
<b>Program Goal 2 Challenges:</b> Teachers individualizing according to the data in the child assessment system					

<b>Program Goal 2:</b> Provide Comprehensive School Readiness.					
<b>Year One Objective Four Outcome:</b> <u>Head Start</u> - 6 (Quality Score) in CLASS Emotional Support (ES) And Classroom Organization (CO) and 3 (Quality Score) increase in Instructional Support (IS) <u>Early Head Start</u> – Emotional & Behavior score of 6 and Engaged Learning score of 6 and Responsive Caregiving score of 6					
Fall Progress	ES – 6.05 CO – 5.52 IS – 3.8 EB- 6.40 EL – 5.28 RC – N/A	Winter Progress	ES – 6.25 CO – 6.00 IS – 5.67 EB– 6.40 EL– 5.22 RC– NA	Spring Progress	ES CO IS EB EL RC
<b>Program Goal 2 Challenges:</b> Staff turnover, Teacher motivation, lack of understanding concepts					

<b>Program Goal 3:</b> Increase Parent Involvement in the Head Start/Early Head Start Program					
<b>Year One Objective One Outcome:</b> 65% of parents will be involved in their child’s education					
Fall Progress	73%	Winter Progress	89%	Spring Progress	
<b>Program Goal 3 Challenges:</b> Parent’s willingness to participate and their ability to participate due to other commitments such as work or family responsibilities					

# Parent, Family, and Community Engagement Framework

## School Readiness Goals 2024-2025

**1. Goal:** Parents will ensure that all children are healthy.

**Objective:** 85% of all students will complete health requirements. **68%**

**Action Steps:**

1. Compliance on initial physicals – **78%**
2. Compliance on initial dentals- **85%**
3. Compliance on six-month dentals – **49%**
4. Compliance on annual physicals – **78%**
5. Compliance on lead – **61%**
6. Compliance on hemoglobin – **57%**

**2. Goal:** Parents will increase family engagement skills.

**Objective:** 80% of Parents will participate in Family Engagement Activities. **51%**

**Action Steps:**

1. Parent Engagement Events -**20%**
2. Participation in Read Across America – **no data yet**
3. Parent Powered Parenting Curriculum Participation – **81%**

**3. Goal:** Parents will be prepared for transition into kindergarten.

**Objective:** 80% of parents will complete activities that will ensure their child is ready to transition to ISD campus. **88%**

**Action Steps:**

1. Parent participation in Home Visits – **91%**
2. Parent participation in Parent Teacher Conferences. **94%**
3. Completion of home activities. – **79%**

**4. Goal:** Parent and Staff will participate in Mental Wellness activities.

**Objective:** 90% of parents and staff will participate in mental wellness activities. **79%**

**Action Steps:**

1. Participation in quarterly staff wellness activity.- **56%**
2. Parents will participate in Parent Powered Parenting Curriculum - **81%**
3. Participation in staff wellness training **100%**

# **CSNT Head Start**

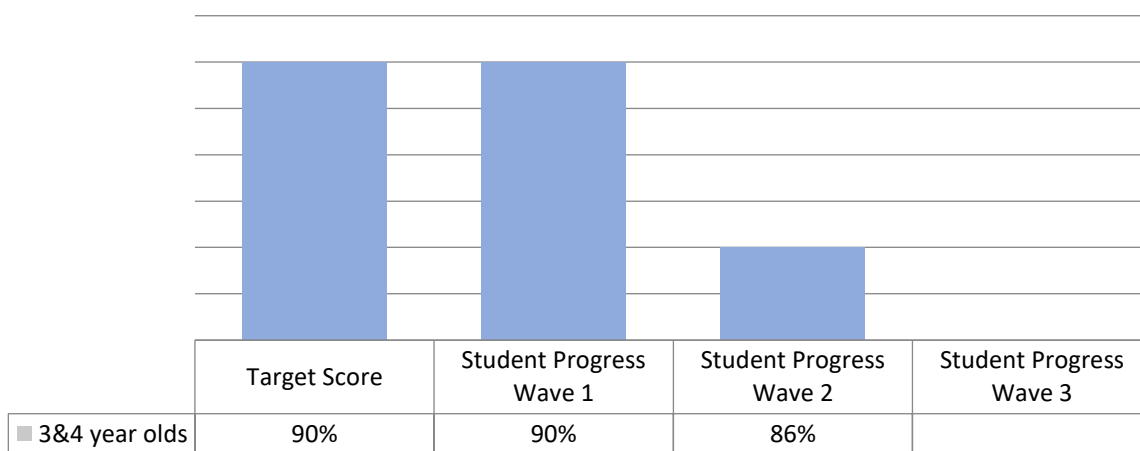
## **School Readiness Performance Data Report**

### **Head Start**

### **2024-2025**

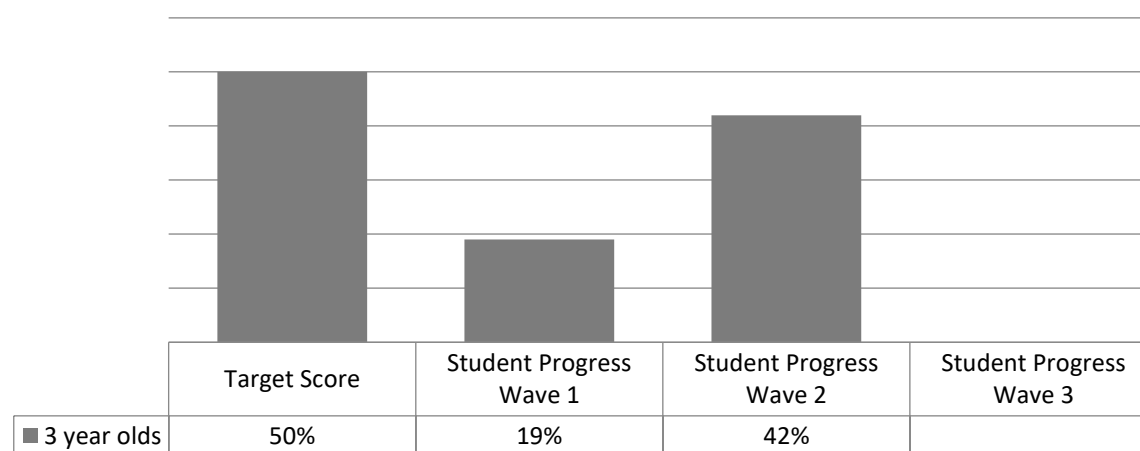
#### **Approaches to Learning**

**Goal: Children will demonstrate initiative and independence.**

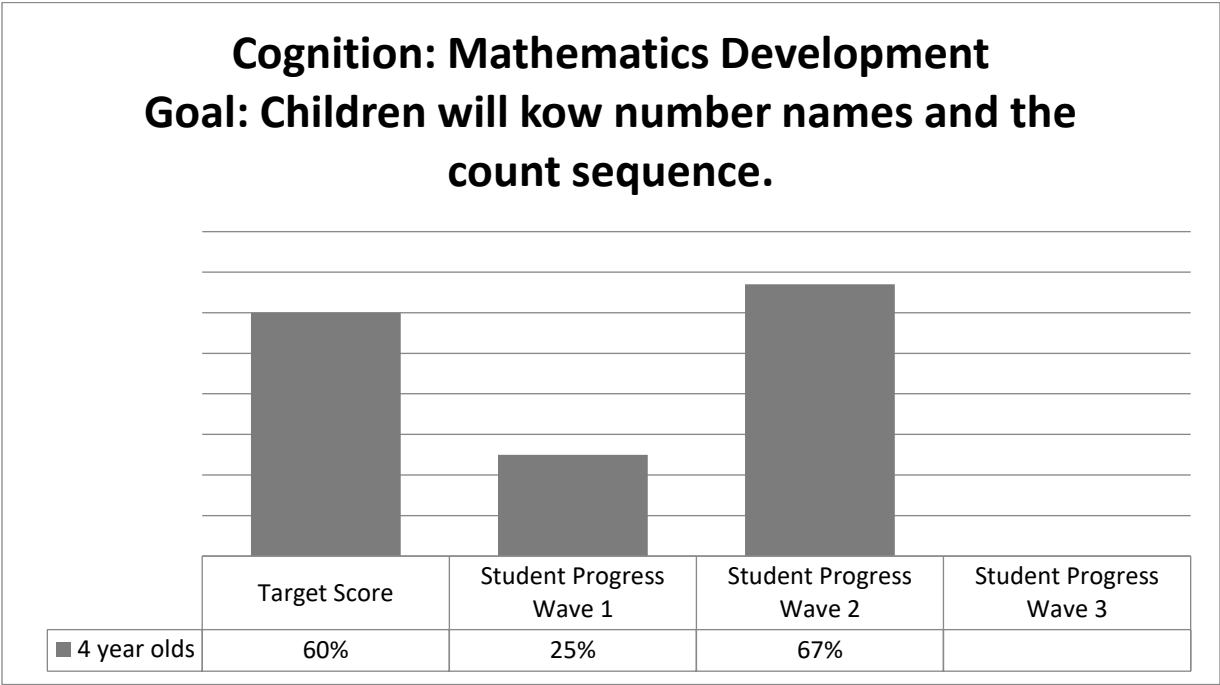


#### **Cognition: Mathematics Development**

**Goal: Children will know number names and the count sequence.**



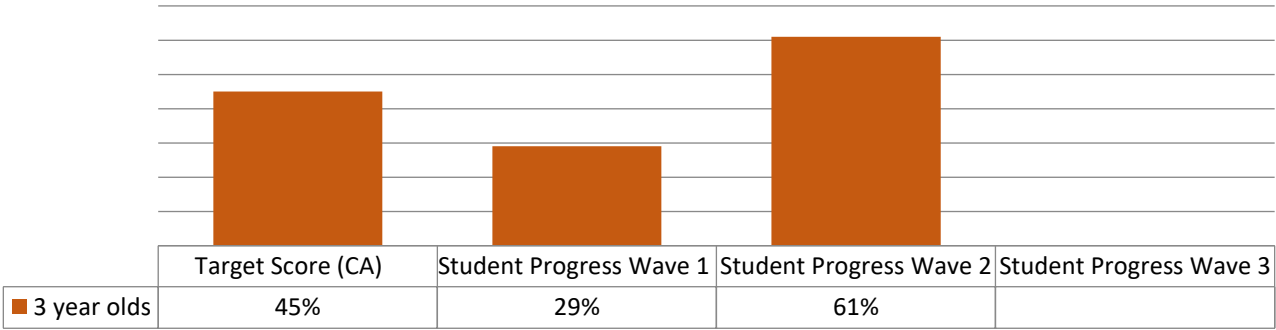
**CSNT Head Start**  
**School Readiness Performance Data Report**  
**Head Start**  
**2024-2025**



*Percentages are based on actual data from Frog Street/Circle Assessment.*

**CSNT Head Start**  
**School Readiness Performance Data Report**  
**Head Start**  
**2024-2025**

**Language and Literacy**  
**Goal: Children will develop strong receptive and expressive language skills.**  
**Children will learn and demonstrate alphabet knowledge....**



# **CSNT Head Start**

## **School Readiness Performance Data Report**

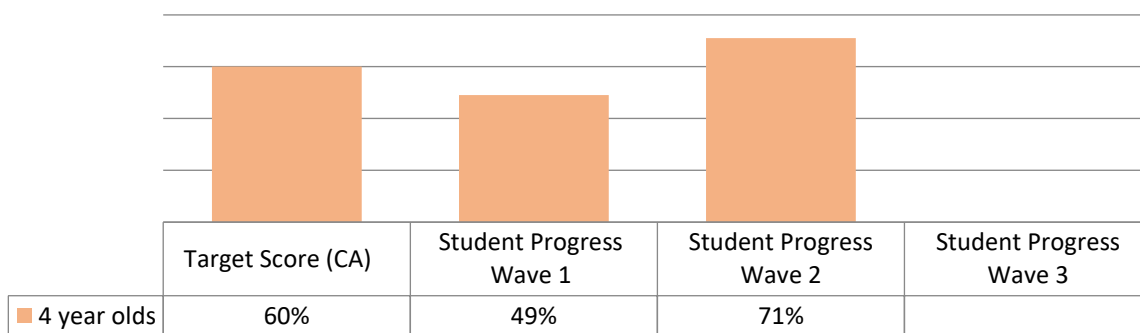
### **Head Start**

### **2024-2025**

#### **Language and Literacy**

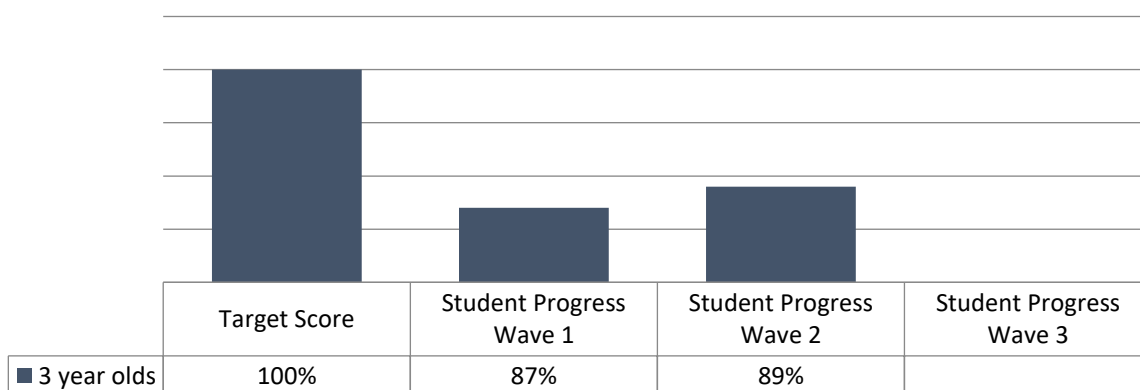
**Goal: Children will develop strong receptive and expressive language skills.**

**Children will learn and demonstrate alphabet knowledge.**



#### **Perceptual, Motor, and Physical Development**

**Goal: Children will demonstrate control of large and small muscles for movement, coordination and balance.**



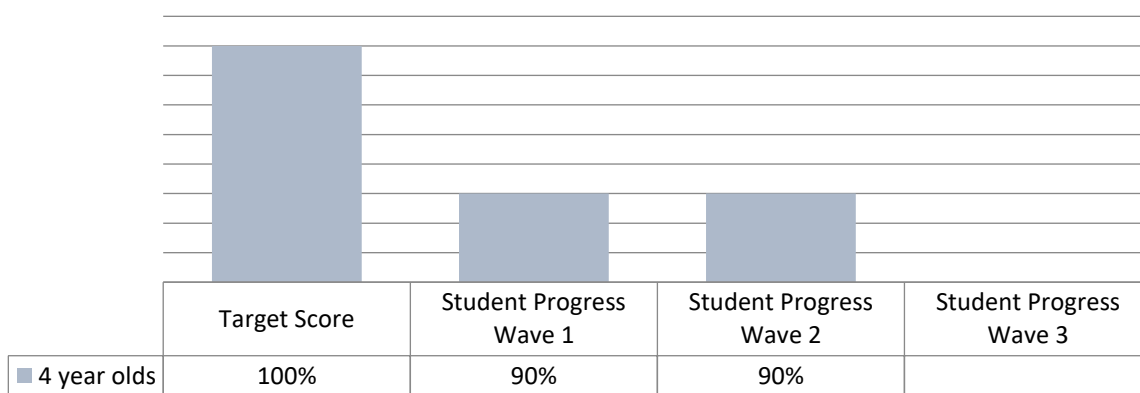
# **CSNT Head Start**

## **School Readiness Performance Data Report**

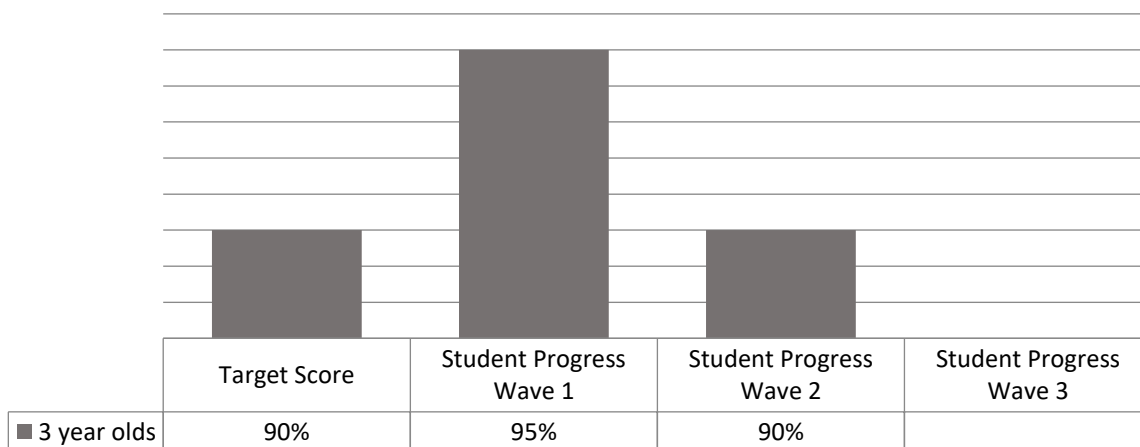
### **Head Start**

### **2024-2025**

**Perceptual, Motor, and Physical Development**  
**Goal: Children will control of large and small muscles for movement, coordination and balance.**



**Social and Emotional Development**  
**Goal: Children will demonstrate interact with peers, cooperating and solving problems.**

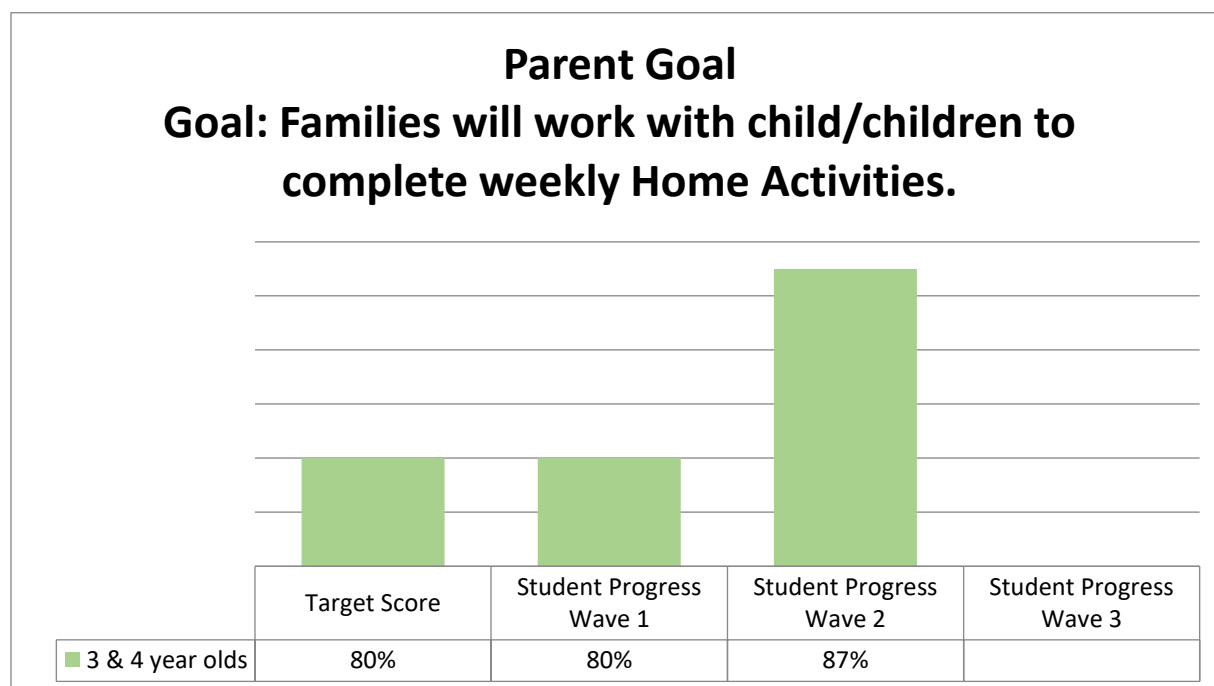
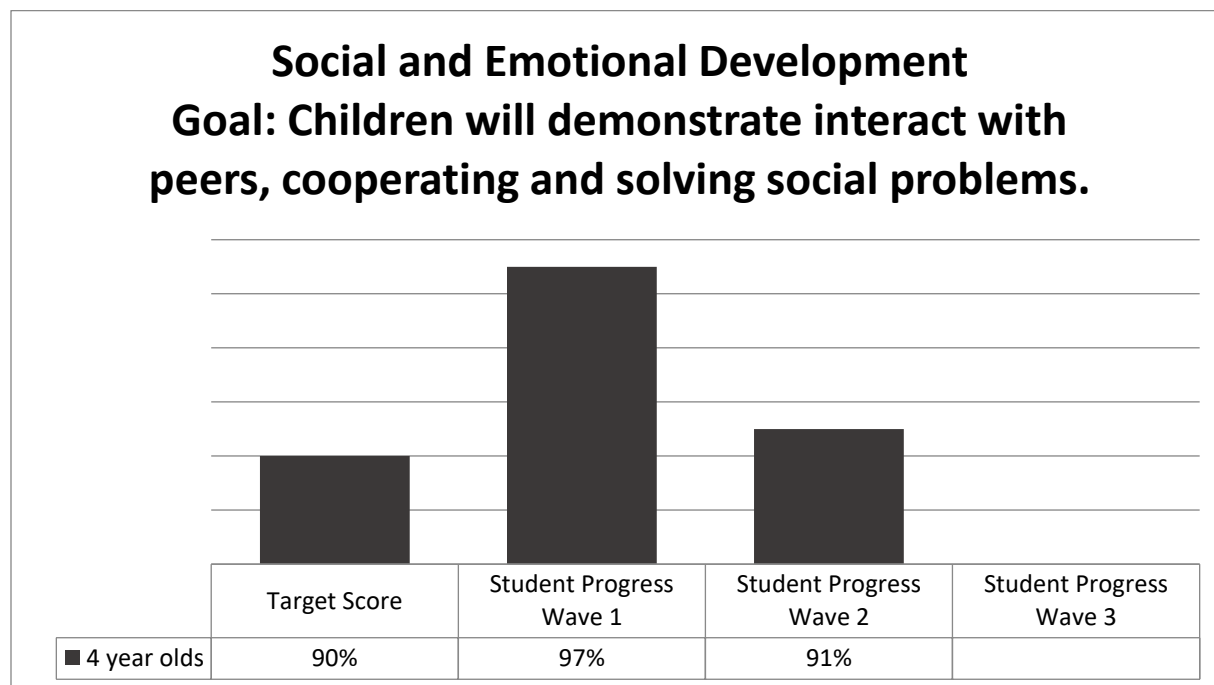


# **CSNT Head Start**

## **School Readiness Performance Data Report**

### **Head Start**

### **2024-2025**





# **CSNT Head Start**

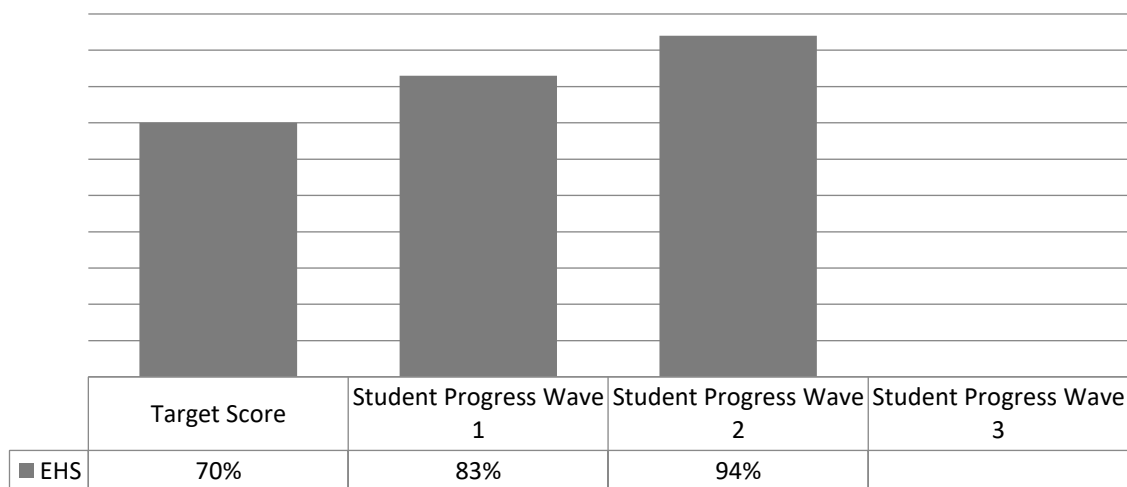
## **School Readiness Performance Data Report**

### **Early Head Start**

### **2024-2025**

#### **Cognition: Mathematics Development**

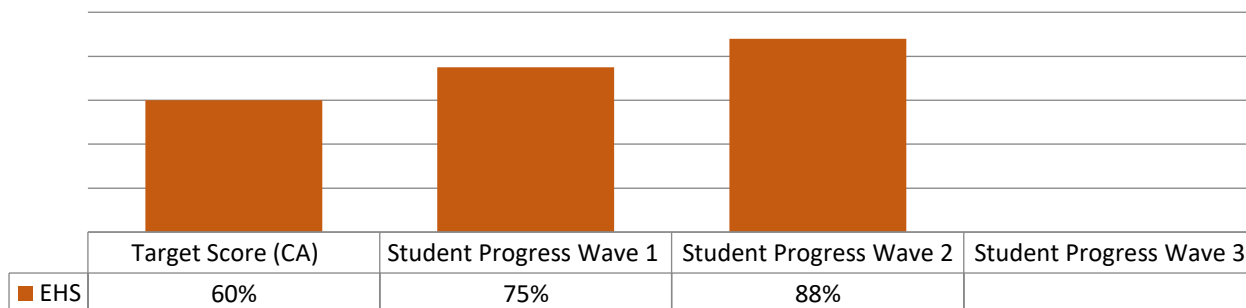
**Goal: Children will know number names.**



#### **Language and Literacy**

**Goal: Children will develop strong receptive and expressive language skills.**

**Children will learn and demonstrate alphabet knowledge....**



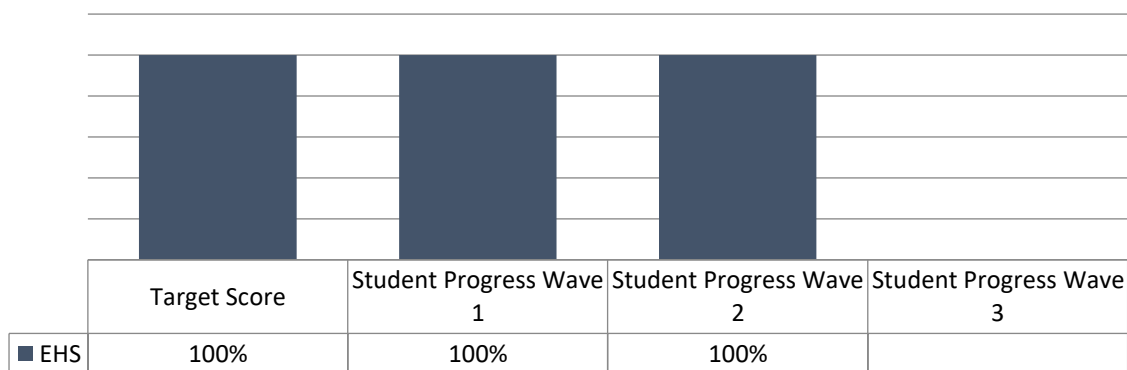
# **CSNT Head Start**

## **School Readiness Performance Data Report**

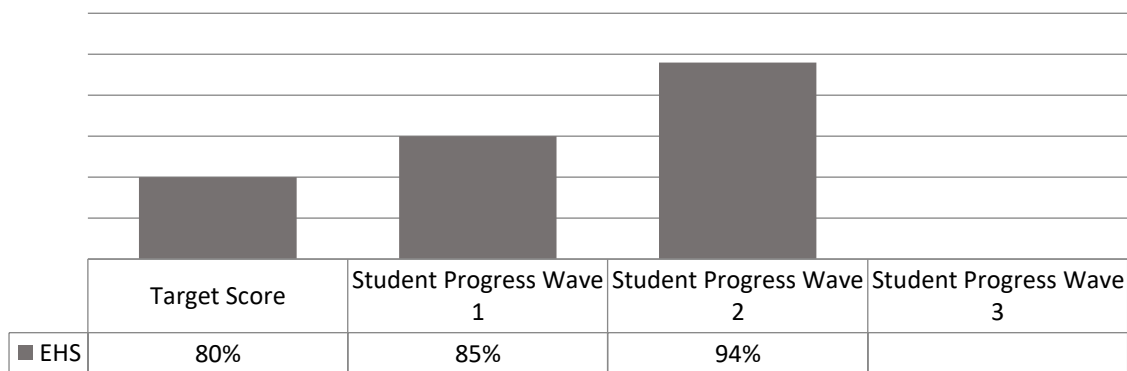
### **Early Head Start**

### **2024-2025**

**Perceptual, Motor, and Physical Development**  
**Goal: Children will demonstrate control of**  
**large and small muscles for movement,**  
**coordination and balance.**



**Social and Emotional Development**  
**Goal: Children will demonstrate interact with**  
**peers, cooperating and solving social**  
**problems.**

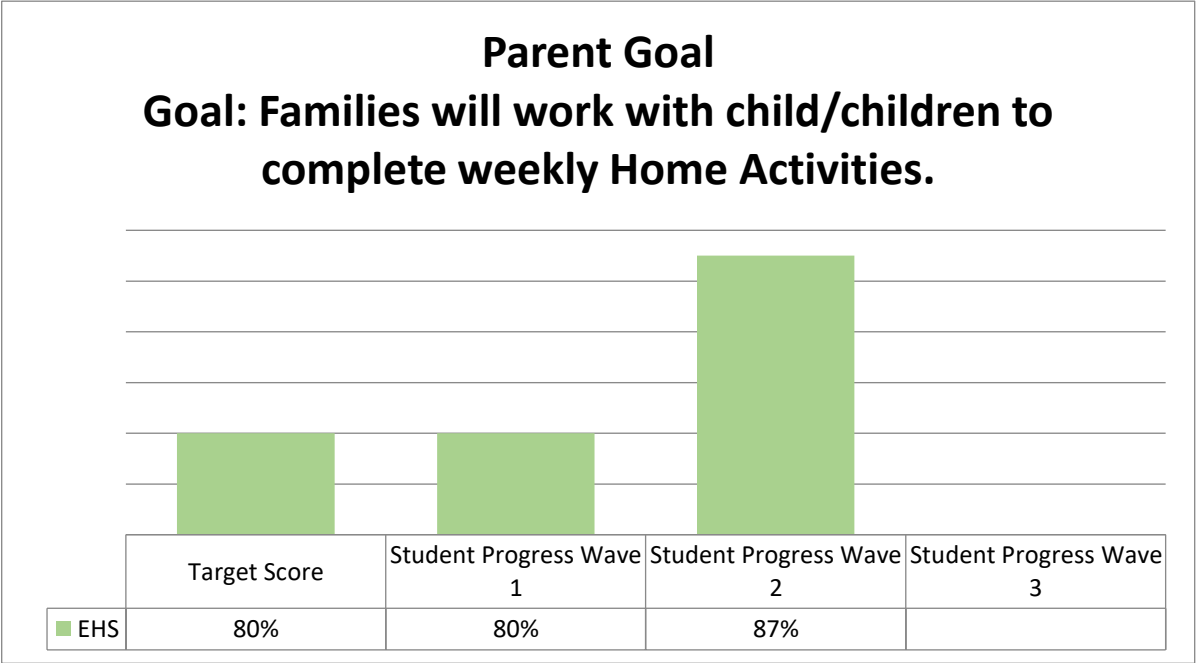


# CSNT Head Start

## School Readiness Performance Data Report

### Early Head Start

#### 2024-2025



Percentages are based on actual data from Frog Street/Circle Assessment.