




**Community Services of Northeast Texas, Inc.
Head Start
Policy Council Meeting
Tuesday, December 10, 2024 9:00 am
Head Start Management Building
124 North Main Street
Linden, Texas 75563**


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

 **Our Head Start Vision** – *To provide a system of education and encouragement which results in school-readiness for young children and their families.*

Invocation

- 1. Call Meeting to Order**
- 2. Recognize New Policy Council Members**
- 3. Establishment of Quorum**
- 4. Approval of Agenda**
- 5. Approval of Minutes for October 22, 2024**
- 6. Presentations**
 - A. Roberts Rules of Order Training Bernadette Harris
- 7. Reports**
 - A. Financial Report Shelley Mitchell
 - a. Head Start Financial Report November 2024
 - b. CACFP Financial Report November 2024
 - c. Credit Usage Report November 2024
 - B. Head Start Director Report Bernadette Harris
 - a. Head Start Report November 2024
 - b. PIR November 2024
 - C. Executive Director Report Michelle Morehead

Community Services of Northeast Texas, Inc.
Head Start
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Tuesday, December 10, 2024 9:00 am
Head Start Management Building
124 North Main Street
Linden, Texas 75563

8. Committee Reports

- A. Appoint Committee Member(s)

9. Action Items

- A. Discuss and/or Approve Health and Mental Health Services Advisory Committee Meeting
 - 1. Form 206 TB Questionnaire

10. Discussion Items

- A. Discuss Head Start Program Fall Data
 - 1. School Readiness Performance Fall 2024 Data
 - 2. Parent, Family and Community Engagement Goals Fall 2024 Data
 - 3. CLASS Fall 2024 Data
 - 4. Program Goals Fall 2024 Data

11. Audience Comments

12. Executive Session

A. Personnel

1. New hires and terminations

Discussion with respect to any matter specifically made confidential by law or regulation. Topics may include, but are not limited to: Approval of new hires, terminations, and employee matters of a confidential nature.

13. Required Action from Executive Session

14. Adjourn

Community Services of Northeast Texas, Inc.
Head Start Policy Council Meeting Minutes
Tuesday, October 22, 2024 9:00 am
Linden Administration Offices
304 East Houston Street
Linden, Texas

PC Attendance	Campus	Title	Sep-24	Oct-24
Chairperson - Teresa Thompson			x	x
Vice Chairperson - Emily Capps			x	
Secretary - Jasmine Collier			x	x
Teresa Thompson	Morris County	Representative	x	x
Martavius Jones	Camp County	Representative		x
VACANT	Atlanta	Representative		
VACANT	Atlanta	Alternate		
Heather Lundy	Bloomburg	Representative	x	
Makenzie Kidd	Bloomburg	Alternate		
T'yana Rider	D/LS	Representative		x
Makahila Reeves	D/LS	Alternate		
Nellie McKelvy	Hughes Springs	Representative		
Jessica Benton (10/22/24)	Hughes Springs	Representative		x
Tamera Jackson	Hughes Springs EHS	Representative		
Suzanne Taber	Hughes Springs EHS	Alternate		
Lauren Pace	Hughes Springs ISD	Representative		
Lindsey High	Hughes Springs ISD	Alternate		
Jasmine Collier	Naples	Representative	x	x
Robyn Goins	Naples	Alternate		
Emily Capps	New Boston	Representative	x	
Crystal Nabors	New Boston	Alternate		
Cherie Hooks	New Boston	Alternate		
Rebecca Thompson	Pittsburg	Representative		
David Chustz	Pittsburg	Alternate		
Quaezsha Arnold	Texarkana	Representative		
VACANT	Texarkana	Alternate		

Others in attendance: CSNT Staff: Bernadette Harris, Bridgette Parton, Bernard Yancey, Susan Horner, Jim Howard, Shelley Mitchell, Sarah Anzualda, Frances Evans, Robbie Hudson, and Brenda Cummings

1. Call to Order:

The meeting was called to order by Teresa Thompson, Policy Council Chairperson at 9:03 am, October 22, 2024, in the Linden Administrative Conference Room.

2. Recognize New Policy Council Members:

Martavius Jones – Pittsburg Head Start Camp County Representative,
Jessica Benton – Hughes Springs Head Start Representative
T'yana Rider –Daingerfield Head Start Representative

3. Establishment of Quorum:

Quorum was established with the following Policy Council Members present:
Teresa Thompson, Martavius Jones, Jasmine Collier, Jessica Benton, and
T'yana Rider

4. Approval of Agenda:

Members reviewed the agenda. Martavius Jones moved to accept the agenda as presented. This motion was seconded by Jasmine Collier. The motion was put to a vote with a majority of members voting in favor of by signaling aye. The motion carried.

5. Approval of Minutes from September 24, 2024:

Martavius Jones moved to accept the minutes of September 24, 2024 meeting as presented. The motion was seconded by Jasmine Collier. The motion was put to a vote with a majority of members voting in favor of by signaling aye. The motion carried.

6. Presentations:

A. Robert's Rules of Order Training – Bernadette Harris

Moved to the next meeting.

7. Reports:

A. Financial Report

Shelley Mitchell gave the financial report as presented.

B. Head Start Report

Bernadette Harris gave the Head Start Report as presented.

C. Executive Directors Report

None

8. Committee Report:

A. Appoint Committee Members

Teresa Thompson appointed the following Committee Members

List of Committee Participants:

Self-Assessment

1. Martavius Jones
2. Jessica Benton

Finance Committee

1. Martavius Jones

School Readiness Committee

1. T'wana Rider
2. Jessica Benton

ERSEA Committee

1. Martavius Jones

Strategic Planning Committee

1. Jasmine Collier

Health and Mental Health Advisory Committee

1. Jessica Benton
2. Martavius Jones

B. Committee Report

a. Community Assessment Committee Report

Bernadette Harris explained the Community Assessment Committee met and reviewed data, a report is on the action item list to approve.

Teresa Thompson will serve on all Committee's as the Policy Council Chairperson.

9. Action Items:

A. Discuss and/or Approve Head Start Operating Procedures

Bernadette Harris reviewed the procedures and asked that we continue to use the Head Start Operating Procedures in the past. If any changes occur, they will be brought back before them. As of now the only changes will be minor wording to align with the new Head Start Program Performance Standards such as Head Start Preschool and grant recipient. Martavius Jones moved to approve the Head Start Operating Procedures as presented. The motion was seconded by Jasmine Collier. The motion was put to a vote with a majority of members voting in favor by signaling aye. The motion carried.

B. Discuss and/or Approve the Head Start Operating Manuals and Forms

Bernadette Harris reviewed the procedures and asked that we continue to use the Head Start Operating Manuals and Forms in the past. If any major changes occur, they will be brought back before them. As of now the only changes will be minor wording to align with the new Head Start Program Performance Standards such as Head Start Preschool and grant recipient and title changes. Martavius Jones moved Head Start Operating Manuals and Forms as presented. Jasmine Collier seconded the motion. The motion was put to a vote with a majority of members voting in favor by signaling aye. The motion carried.

C. Discuss and/or Approve Financial Policies and Procedures including the Financial Code of Conduct including petty cash expenditure update

Shelley Mitchell reviewed the Financial Policies and Procedures including the Financial Code of Conduct including the \$100 increase for procurement instead of the petty cash expenditure as presented. Martavius Jones moved to approve the Financial Policies and Procedures including the \$100 procurement update as presented. The motion was seconded by Jasmine Collier. The motion was put to a vote with a majority of members in favor of by signaling aye. The motion carried.

D. Discuss and/or Approve Personnel Policies and Procedures

Bernadette Harris reviewed the Personnel Policies and Procedures including specific policies #183, #405, and #701 as presented. Jasmine Collier moved to approve the Personnel Policies and Procedures as presented. The motion was seconded by Martavius Jones. The motion was put to a vote with a majority of members in favor of by signaling aye. The motion carried.

E. Discuss and/or Approve Job Descriptions

Bernadette Harris reviewed the Job Descriptions as presented. Jasmine Collier moved to approve the Job Descriptions as presented. The motion was seconded by T'yana Rider. The motion was put to a vote with a majority of members in favor of by signaling aye. The motion carried.

F. Discuss and/or Approve Updated Volunteer Rates

Bernadette Harris reviewed the updated volunteer rates as presented. Jasmine Collier moved to approve the Updated Volunteer Rates as presented. The motion was seconded by Martavius Jones. The motion was put to a vote with a majority of members in favor of by signaling aye. The motion carried.

G. Discuss and/or Approve 2025 Community Assessment Update

Bernadette Harris reviewed the 2025 Community Assessment Update as presented. Jasmine Collier moved to approve the 2025 Community Assessment Update as presented. The motion was seconded by T'yana Rider. The motion was put to a vote with a majority of members in favor of by signaling aye. The motion carried.

H. Discuss and/or Approve updated PC By-Laws

Bernadette Harris reviewed the updated PC By-Laws as presented. Jasmine Collier moved to approve the updated PC By-Laws as presented. The motion was seconded by T'yana Rider. The motion was put to a vote with a majority of members in favor of by signaling aye. The motion carried.

10. Discussion Items:

A. Discuss Fall 2024 Circle Assessment Data

Frances Evans reviewed the Fall 2024 Circle Assessment Data as presented.

11. Audience Comments:

None

12. Executive Session:

Martavius Jones moved for Policy Council to go into Executive Session at 9:54 am.
Jasmine Collier seconded the motion.

Discuss new hires, terminations, transfers and employee matters of a confidential nature.

Martavius Jones made a motion to come back into regular session at 9:59 am.
T'yana Rider seconded the motion.

13. Required Action from Executive Session:

A motion was made by Martavius Jones to accept new hires, transfers, and terminations as presented. The motion was seconded by Jasmine Collier. There was no discussion of the matter. The motion was put to a vote with a majority of members voting in favor of by signaling aye. The motion carried.

14. Adjourn:

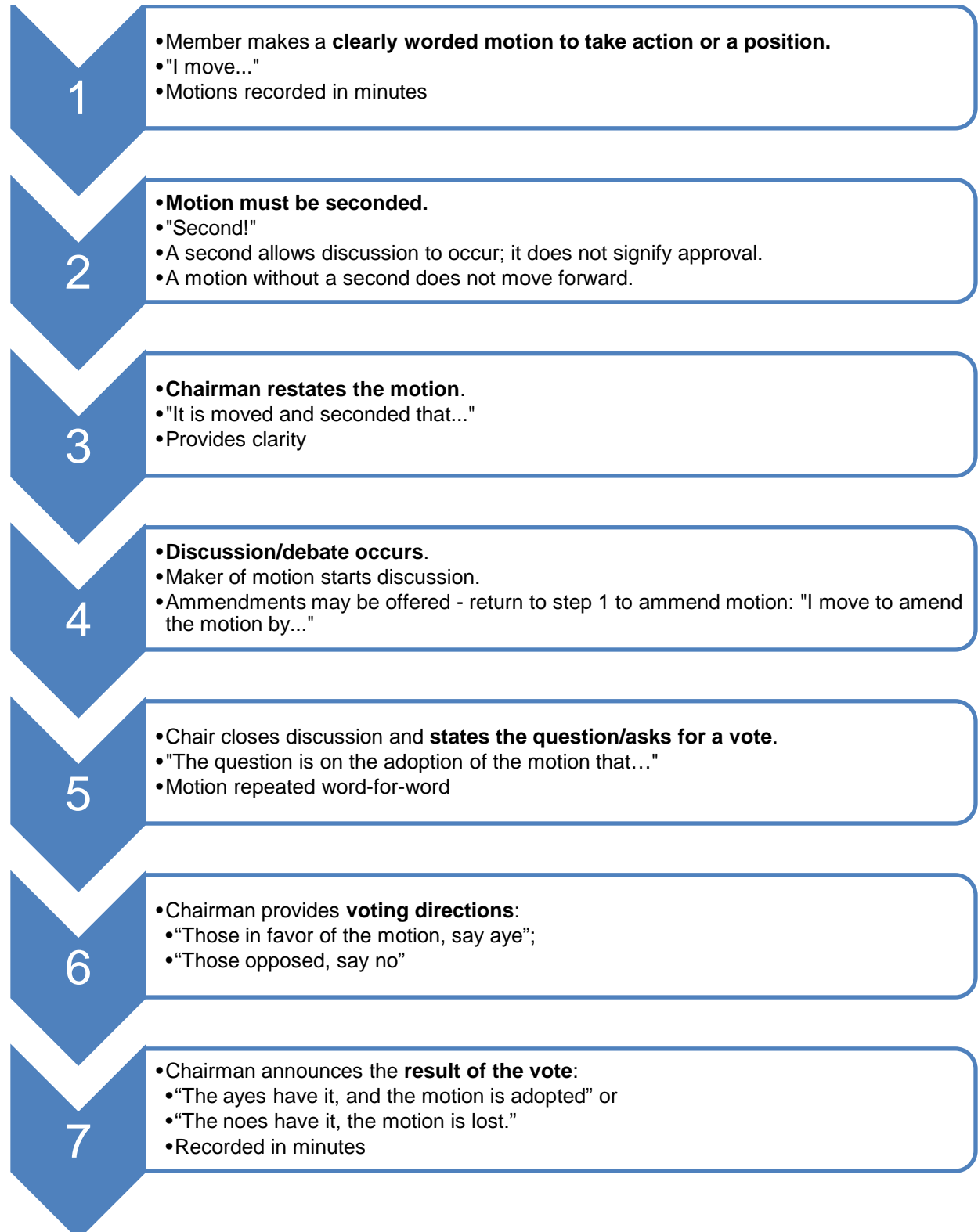
A motion to adjourn was made by Jessica Benton at 10:00 am. The motion was seconded by T'yana Rider.

Minutes Submitted by: Bridgette Parton

Minutes approved by:

Robert's Rules of Order Cheat Sheet

HOW TO INTRODUCE NEW BUSINESS – The Main Motion Process



Robert's Rules of Order Cheat Sheet

WHAT DO I SAY?

To Do This	Motion	You Say This	Debate Allowed?	Vote Required
Introduce Business	Main	"I move that..."	Yes	Majority
Second a Motion	Second	"Second!"	No	No
Change the Wording or add Clarity of a Motion	Amend	"I move to amend the motion by..." (adding words; striking out words; substitute words)	Yes	Majority
Send to Committee	Commit/Refer	"I move the motion be referred to ..."	Yes	Majority
Postpone Action until a Specific Time	Postpone	"I move the motion be postponed until..." (provide a specific time on the agenda or next meeting date)	Yes	Majority
Postpone Action until an Unspecified Time (a motion will be required to discuss in the future)	Lay on the Table	"I move to lay the motion on the table."	No	Majority
Limit Debate	Limit Debate	"I move that the debate on this motion be limited to (one) speech of (two) minutes for each member."	No	Two-thirds
End Debate or Request a Vote	Previous Question	"I move the previous question."	No	Two-thirds
Take Intermission	Recess	"I move to recess for (time)."	No	Majority
Close Meeting	Adjourn	"I move to adjourn."	No	Majority

Head Start

Financial Report for the month of November 2024

(October 2024 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 11-30-2024</i>							
Personnel	\$2,259,638.00	\$149,517.13	\$1,927,009.34	\$332,628.66	\$188,303.17	\$2,071,334.83	\$144,325.49
Fringe Benefits	\$559,846.00	\$37,922.12	\$445,107.38	\$114,738.62	\$46,653.83	\$513,192.17	\$68,084.79
Travel (4120)	\$10,000.00	\$3,334.27	\$14,198.38	(\$4,198.38)	\$833.33	\$9,166.67	(\$5,031.71)
Equipment	\$48,000.00	\$0.00	\$47,138.50	\$861.50	\$4,000.00	\$44,000.00	(\$3,138.50)
Supplies	\$245,000.00	\$16,315.42	\$151,782.50	\$93,217.50	\$20,416.67	\$224,583.33	\$72,800.83
Contractual	\$291,066.00	\$144,038.00	\$291,066.00	\$0.00	\$24,255.50	\$266,810.50	(\$24,255.50)
Facilities / Construction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other (4120)	\$30,381.00	\$1,890.00	\$11,771.87	\$18,609.13	\$2,531.75	\$27,849.25	\$16,077.38
Other (4122)	\$1,049,075.00	\$83,787.33	\$988,991.07	\$60,083.93	\$87,422.92	\$961,652.08	(\$27,338.99)
Total	\$4,493,006.00	\$436,804.27	\$3,877,065.04	\$615,940.96	\$374,417.17	\$4,118,588.83	\$241,523.79
T&TA	\$40,381.00	\$5,224.27	\$25,970.25	\$14,410.75	\$3,365.08	\$37,015.92	\$11,045.67
Total							
USDA Reimbursements through September 2024							\$96,326.56
Estimated USDA Reimbursement for October 2024							\$17,303.41
							<u>\$355,153.76</u>
							Resulting (over)/under with USDA

* Total Over/Under without USDA

Accruals: \$4.00
 Actual year end payroll accrual \$95,000.00

Further Analysis	
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	\$16,800.16	\$149,117.89	\$14,400.66	\$158,407.26	\$9,289.38
Per Child	\$9,662.38	\$939.36	\$8,337.77	\$805.20	\$8,857.18	\$519.41

IN-KIND (Non-Federal Share)				
	Needed	This month	Total	Still need
	\$1,133,347.00	\$151,153.81	\$1,400,224.02	(\$266,877.02)

Early Head Start

Financial Report for the month of November 2024

(October 2024 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 11-30-2024</i>							
Personnel	\$150,316.00	\$9,106.98	\$122,837.12	\$27,478.88	\$12,526.33	\$137,789.67	\$14,952.55
Fringe Benefits	\$37,191.00	\$2,432.56	\$24,484.47	\$12,706.53	\$3,099.25	\$34,091.75	\$9,607.28
Travel (4120)	\$2,190.00	\$216.46	\$1,584.68	\$605.32	\$182.50	\$2,007.50	\$422.82
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies	\$15,250.00	\$479.38	\$5,400.78	\$9,849.22	\$1,270.83	\$13,979.17	\$8,578.39
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	\$822.50	\$2,212.75	\$854.25	\$255.58	\$2,811.42	\$598.67
Other (4122)	\$55,997.00	\$2,232.92	\$36,995.10	\$19,001.90	\$4,666.42	\$51,330.58	\$14,335.48
Total	\$264,011.00	\$15,290.80	\$193,514.90	\$70,496.10	\$22,000.92	\$242,010.08	\$48,495.18
T&TA	\$5,257.00	\$1,038.96	\$3,797.43	\$1,459.57	\$438.08	\$4,818.92	\$1,021.49
Total							
USDA Reimbursements through September 2024							\$14,883.84
Estimated USDA Reimbursement for October 2024							\$2,559.27
							<u>\$65,938.29</u>
							Resulting (over)/under with USDA

* Total Over/Under without USDA

Accruals:

Actual year end payroll accrual \$5,900.00

Further Analysis	
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	\$7,645.40	\$96,757.45	\$11,000.46	\$121,005.04	\$24,247.59
Per Child	\$16,500.69	\$955.68	\$12,094.68	\$1,375.06	\$15,125.63	\$3,030.95

IN-KIND (Non-Federal Share)				
	<u>Needed</u>	<u>This month</u>	<u>Total</u>	<u>Still need</u>
	\$67,318.00	\$2,025.49	\$20,139.61	\$47,178.39

HEAD START and EARLY HEAD START NUTRITION PROGRAM

November 2024 Financial Report

For the month of October 2024

CACFP

		<u>Expenditures</u>	<u>Total To Date</u>
Operating Labor	\$	5,247.04	5,247.04
Administrative Labor		586.54	586.54
Food		8,882.07	8,882.07
Supplies & Equipment		259.83	259.83
Purchased Services		-	0.00
Financial Costs		-	0.00
Media Costs		-	0.00
Operating Org Cost		625.00	625.00
Other		-	0.00
Total	\$	15,600.48	\$ 15,600.48

TDHS REVENUE 20,573.68 20,573.68
(Income Starts October 2024)

Community Services of Northeast Texas, Inc.

Credit Usage Report

Board Report -November 2024

Sam's Club

Purchases for October 2024		715.16
Payment due by 10/28/2024	Pd on 10/22/2024	<u>(715.16)</u>
Balance		-

American Express

Purchases for September 2024		8,539.30
Payment due by ---	Pd on 10/09/2024	<u>(8,539.30)</u>
Balance		-

American Express

Purchases for September 2024 & October 2024		5,594.69
Payment due by ---	Pd on 10/30/2024	<u>(5,594.69)</u>
Balance		-

Texana Bank Line of Credit

Program		
Highest October 2024 Balance	-	
Current balance	-	
Exp pay off date		

Local Admin In House Line of Credit

Program	CSBG A	VSN
Highest October 2024 Balance	12,007.54	19,319.00
Current balance	12,007.54	19,319.00
Exp pay off date		

CSNT Line of Credit

Program	
Highest October 2024 Balance	-
Current balance	-
Exp pay off date	



Corporate Purchasing Cardmember Report

Sign-up For
Online Statements

www.americanexpress.com/gopaperless

Prepared For
MICHELLE MOREHEAD
CSNT INC

Account Number
XXXX-XXXX-XXXX-XXXX

Closing Date
09/28/24

Page 1 of 3

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$	Do Not Pay
4,556.19	8,006.21	103.71	0.00	1,087.76	11,578.35	For important information regarding your account refer to page 2.

\$7022.16 pay

Your account is past due, please contact your program administrator.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-492-4920.

Do not staple or use paper clips
Payment Coupon

Account Number [REDACTED]

Enter 15 digit account number on all payments.

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

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



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

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



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



Prepared For
MICHELLE MOREHEAD
CSNT INC

Account Number
[REDACTED]

Closing Date
09/28/24

Activity Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
09/26/24 CLDTKN AMZN MKTP US*JJ71V2X AMZN.COM/BILL W HAMJ6JDEY 113-2578275-7310698109 09/26/24 ROC NUMBER HAMJ6JDEY6ZC		23.97
09/26/24 CLDTKN AMZN MKTP US*LO6JZ2V AMZN.COM/BILL W 66RJEWMOU 113-1452011-7267498109 09/26/24 ROC NUMBER 66RJEWMOUWKL		2,537.99
09/26/24 CLDTKN AMZN MKTP US*M91S341 AMZN.COM/BILL W 4QAGMZPWD 113-3511305-5854698109 09/26/24 ROC NUMBER 4QAGMZPWDAXP		2,519.91
09/26/24 CLDTKN AMZN MKTP US*RW7Y96U AMZN.COM/BILL W 6LBYGZ1KT 113-7981772-9581098109 09/26/24 ROC NUMBER 6LBYGZ1KT18X		175.99
09/21/24 CC MORTGAGE-APPR 000 CLEVELAND OH REF# 55200087 440-262-3539 09/20/24 PROFESSIONAL SEVICE ROC NUMBER 55200087	55200087000	550.00
09/24/24 HILTON GARDEN INN AU AUSTIN TX FOL# 138876 HILTON GARDEN 09/24/24 ARRIVAL DATE DEPARTURE DATE 08/19/24 08/21/24 00 ROC NUMBER 138876	61383604700	-351.77 Credit
09/24/24 HILTON GARDEN INN AU AUSTIN TX FOL# 138877 HILTON GARDEN 09/24/24 ARRIVAL DATE DEPARTURE DATE 08/19/24 08/21/24 00 ROC NUMBER 138877	61383604800	-351.77 Credit
09/24/24 HILTON GARDEN INN AU AUSTIN TX FOL# 138878 HILTON GARDEN 09/24/24 ARRIVAL DATE DEPARTURE DATE 08/19/24 08/21/24 00 ROC NUMBER 138878	61383604900	-351.77 Credit
09/25/24 PAR*TACOS 4 LIFE - T TEXARKANA TX REF# 999999942695 8702458599 09/24/24 FAST FOOD REST. ROC NUMBER 9999999426950007	99999994269	610.35
09/25/24 PAR*TACOS 4 LIFE - T TEXARKANA TX REF# 999999942695 8702458599 09/24/24 FAST FOOD REST. ROC NUMBER 9999999426950007	99999994269	-32.45 Credit
08/29/24 RUBBERCYCLE, LLC 732-363-0600 NJ REF# 211051742420 MAKES AND SE 08/28/24	21105174242	674.00
08/29/24 RUBBERCYCLE, LLC 732-363-0600 NJ REF# 211051742420 MAKES AND SE 08/28/24	21105174242	674.00
09/03/24 STARLINK INTERNET HAWTHORNE CA REF# #####Tvd5Ze COMPUTER NETWOR 09/03/24		120.00
09/14/24 WIPFLI LLP WIPFLI LL MADISON WI REF# 321739242579 CIVIC & SOCIAL 09/12/24	32173924257	120.00
09/28/24 DELINQUENCY CHARGE ON 3,468.43		103.71

Total for MICHELLE MOREHEAD

New Charges/Other Debits 8,109.92
Payments/Other Credits -1,087.76



Corporate Purchasing Cardmember Report

Sign-up For
Online Statements

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Prepared For
BERNARD YANCEY
CSNT INC

Account Number
XXXX-XXXX-XXXX-XXXX
Closing Date
09/28/24

Page 1 of 3

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$	Do Not Pay
1,479.82	1,472.89	44.25	0.00	0.00	2,996.96	For important information regarding your account refer to page 2.

\$1517.14 pay

Your account is past due, please contact your program administrator.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-492-4920.

Do not staple or use paper clips
Payment Coupon

BERNARD YANCEY
CSNT INC
POB 427
LINDEN TX 75563

Account Number [REDACTED]

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



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
- 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
BERNARD YANCEY
 CSNT INC

Account Number
 XXXX-XXXX [REDACTED]

Closing Date
 09/28/24

Activity

Date reflects either transaction or posting date

Card Number	XXXX-XXXX [REDACTED]	Reference Code	Amount \$
09/13/24	American Airlines FT WORTH TX TKT# 0012175990858 AMERICAN AIR 09/13/24 PASSENGER TICKET YANCEY II/BERNARD American Airlines American Airlines FT WORTH TX FROM DALLAS/FT WORTH TX TO CARRIER CLASS WASHINGTON NATL D AA S TO DALLAS/FT WORTH TX AA Q TO UNAVAILABLE YY 00 TO UNAVAILABLE YY 00	20240913000	580.94
09/13/24	ALLIANZ TRAVEL INS RICHMOND VA REF# KR96BNRY 8006285404 09/13/24		31.95
09/13/24	COMMUNITY ACTION PAR WASHINGTON DC REF# 59326418 202-265-7546 09/12/24 TRANSACTION ROC NUMBER 59326418	59326418000	595.00
09/11/24	WIPFLI LLP WIPFLI LL MADISON WI REF# 321739242549 CIVIC & SOCIAL 09/09/24	32173924254	265.00
09/28/24	DELINQUENCY CHARGE ON 1,479.82		44.25
Total for BERNARD YANCEY		New Charges/Other Debits Payments/Other Credits	1,517.14 0.00

**Corporate Purchasing Cardmember Report****Sign-up For
Online Statements**www.americanexpress.com/gopaperlessPrepared For
**MICHELLE MOREHEAD
CSNT INC**

Account Number

Closing Date
10/28/24

Page 1 of 4

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$	Do Not Pay
11,578.35	5,594.69	0.00	11,578.35	0.00	5,594.69	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 or call Customer Service at **1-800-492-4920**.Do not staple or use paper clips
Payment Coupon**MICHELLE MOREHEAD
CSNT INC
304 E HOUSTON ST
LINDEN TX 75563-5600**

Account Number

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 your 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.



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Dial Relay 711 and
1-800-492-4920

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



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85072-3611

Change of Address, phone number, email

- Online at 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
[REDACTED]

Closing Date
10/28/24

Activity

Date reflects either transaction or posting date

			Reference Code	Amount \$
10/01/24	CORPORATE REMITTANCE RECEIVED	10/01	0540900000	-4,556.19
10/16/24	CORPORATE REMITTANCE RECEIVED	10/16	0540900000	-7,022.16
10/24/24	CLDTKN AMAZON MKTPL*XI3J52Q AMZN.COM/BILL W 29WI16UGI 113-8728008-9256298109 10/22/24 ROC NUMBER 29WI16UGIP0A			19.94
09/30/24	CLDTKN AMAZON.COM*9N7RV72O3 AMZN.COM/BILL W 1H78ZT5WZ 113-6025103-1241098109 09/28/24 ROC NUMBER 1H78ZT5WZ95A			131.97
10/05/24	CAMBRIA HOTEL AUSTIN AUSTIN TX FOL# 63739037 LODGING 10/04/24 ARRIVAL DATE DEPARTURE DATE 10/03/24 10/04/24 00 ROC NUMBER 63739037		63739037000	628.29
10/05/24	CAMBRIA HOTEL AUSTIN AUSTIN TX FOL# 63739082 LODGING 10/04/24 ARRIVAL DATE DEPARTURE DATE 10/03/24 10/04/24 00 ROC NUMBER 63739082		63739082000	628.29
09/29/24	DOCUSIGN INC. WILMINGTON DE REF# P-28523034 DIGITAL GOODS: 09/29/24			511.68
10/18/24	DOUBLETREE RICHARDSO RICHARDSON TX FOL# 681517 DOUBLETREE HO 10/18/24 ARRIVAL DATE DEPARTURE DATE 10/14/24 10/17/24 00 ROC NUMBER 681517		90121703200	403.41
10/18/24	DOUBLETREE RICHARDSO RICHARDSON TX FOL# 681516 DOUBLETREE HO 10/18/24 ARRIVAL DATE DEPARTURE DATE 10/14/24 10/17/24 00 ROC NUMBER 681516		90121717000	403.41
10/02/24	HAMPTON INN AND SUIT DECATUR TX FOL# 92347612 HAMPTON INNS 10/02/24 ARRIVAL DATE DEPARTURE DATE 09/30/24 10/01/24 00 ROC NUMBER 92347612		92976000500	122.71
10/02/24	HAMPTON INN AND SUIT DECATUR TX FOL# 92347612 HAMPTON INNS 10/02/24 ARRIVAL DATE DEPARTURE DATE 09/30/24 10/01/24 00 ROC NUMBER 92347612		92976000600	122.71
10/02/24	HAMPTON INN AND SUIT DECATUR TX FOL# 92347612 HAMPTON INNS 10/02/24 ARRIVAL DATE DEPARTURE DATE 09/30/24 10/01/24 00 ROC NUMBER 92347612		92976001400	122.71
10/02/24	HAMPTON INN AND SUIT DECATUR TX FOL# 92347612 HAMPTON INNS 10/02/24 ARRIVAL DATE DEPARTURE DATE 09/30/24 10/01/24 00 ROC NUMBER 92347612		92976002000	122.71
10/10/24	HAMPTON INN HAMPTON DALLAS TX FOL# 53134990 HAMPTON INNS 10/10/24 ARRIVAL DATE DEPARTURE DATE 10/07/24 10/09/24 00 ROC NUMBER 53134990		77637300800	329.38


Continued on reverse

Prepared For
MICHELLE MOREHEAD
CSNT INC

Account Number
[REDACTED]

Activity Continued		Reference Code	Amount \$
10/10/24	HAMPTON INN HAMPTON DALLAS TX FOL# 53137512 HAMPTON INNS 10/10/24 ARRIVAL DATE DEPARTURE DATE 10/07/24 10/09/24 00 ROC NUMBER 53137512	77637302200	329.38
10/23/24	PY *GHEKO DESIGNS ATLANTA TX REF# 710944742962 903-733-6727 10/22/24 6717C1357FB3979780407B4 6717C1358541C7FE88FAD21 6717C1358ABB03E289C7596 6717C1358F88AE09041C2FF ROC NUMBER 7109447429621220	71094474296	1,598.10
10/03/24	STARLINK INTERNET HAWTHORNE CA REF# 52295a73-b05 COMPUTER NETWORK 10/03/24		120.00
Total for MICHELLE MOREHEAD		New Charges/Other Debits Payments/Other Credits	5,594.69 -11,578.35

Payment Information

	New Balance:	\$715.16
	Total Minimum Payment Due:	\$50.00
	Payment Due Date:	10/28/2024

Payments must be received by 5pm ET on 10/28/2024 if mailed, or by 11:59pm ET on 10/28/2024 for online and phone payments.

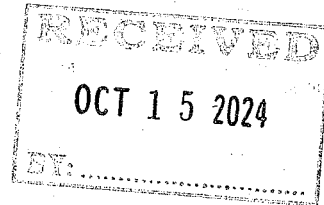
MEMBER SERVICE: For Account Information log on to SamsClubCredit.com/businesscard. This account is registered. See your online Administrator to get a User ID & Password. Or call toll-free 1-800-203-5764

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


1-2




Previous Balance as of 09/09/2024	\$0.00	Credit Limit	\$3,400
Purchases/Debits	+ 715.16	Available Credit	\$2,684
New Balance as of 10/08/2024	\$715.16		
30 Day Billing Cycle from 09/09/2024 to 10/08/2024			



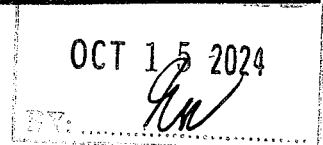
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Download the Sam's Club[®] app.
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-  **Shop and scan.**
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6709 0002 HCJ

1 7 8 241008

PAGE 1 of 5

9280 2000 HP17 01FX6709

13547

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

Account Number	[REDACTED]
New Balance	\$715.16
Total Minimum Payment Due	\$50.00
Payment Due Date	10/28/2024
Amount Enclosed	\$

VIEW AND PAY YOUR BILL ONLINE!
SamsClubCredit.com/businesscard

No other correspondence please.
Print new address or email changes on back.

COMMUNITYSERVICESOFNETEXAS
MICHELLE MOREHEAD
PO BOX 427
LINDEN TX 75563-0427

13547
Q203



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





COMMUNITY SERVICES OF NETEXAS
Account Number ending in [REDACTED]



PAGE 2 of 5

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See what new items have landed at your club.

Visit SamsClub.com/NewItems or scan the QR code to check them out.



Transaction Detail

Date	Reference #	Description	Amount
Purchases and Other Debits			\$715.16
10/02	P928000M501AL1WNF	SAM'S CLUB 008295 TEXARKANA TX SAM'S/WAL-MART PURCHASE(S)	\$547.24 ✓
10/02	P928000M501AL1WN7	SAM'S CLUB 008295 TEXARKANA TX SAM'S/WAL-MART PURCHASE(S)	\$167.92 ✓
		Total for Sarah Anzualda	\$715.16
Total Fees Charged This Period			\$0.00
Total Interest Charged This Period			\$0.00

1-2

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	29.99% (v)	\$0.00	\$0.00	2D

Cardholder News and Information

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 to sign up. Register today to start receiving your statements online.

ACCOUNT #: [REDACTED]

COMMUNITYSERVICESOFNETEXAS

INVOICE#: 000000

DATE OF SALE #: 241002

P.O. #:

REFERENCE #: P928000M501AL1WNF

AUTHORIZATION #: 000890

CLUB #: 8295

TRANSACTION #: 0

REGISTER #: 96

S.K.U	DESCRIPTION	QUANTITY	UNIT	PRICE	EXT. PRICE
SALES TAX					
380004989	MM FRAGRANCE FREE	1.000		\$0.0000	\$0.00
380044095	PULL-UPS S4T-5T GIRL	2.000	EA	\$21.7400	\$43.48
380044103	PULL-UPS S3T-4T GIRL	4.000	EA	\$41.9800	\$167.92
380044107	PULL-UPS S4T-5T BOY	2.000	EA	\$41.9800	\$83.96
380044131	PULL-UPS S3T-4T BOY	4.000	EA	\$41.9800	\$167.92
		2.000	EA	\$41.9800	\$83.96

SUB \$547.24	TAX \$0.00	TOTAL INVOICE	\$547.24
		CREDITS TOTAL	\$0.00
		BALANCE DUE	\$547.24

1-2

ACCOUNT #: [REDACTED]

COMMUNITYSERVICESOFNETEXAS

INVOICE#: 000000

DATE OF SALE #: 241002

P.O. #:

REFERENCE #: P928000M501AL1WN7

AUTHORIZATION #: 000510

CLUB #: 8295

TRANSACTION #: 0

REGISTER #: 96

S.K.U	DESCRIPTION	QUANTITY	UNIT	PRICE	EXT. PRICE
SALES TAX					
380044107	PULL-UPS S4T-5T BOY	1.000		\$0.0000	\$0.00
		4.000	EA	\$41.9800	\$167.92

SUB \$167.92	TAX \$0.00	TOTAL INVOICE	\$167.92
		CREDITS TOTAL	\$0.00
		BALANCE DUE	\$167.92

CSNT Head Start Director's Report PY05/FY24

November Report/October Data

How Are We Doing?



HEAD START Attendance - October 2024

- ✓ **455** Actual Enrollment (Under/Over **-10** Student(s)) – Funded **465**
- ✓ **2.9%** Disability Students – **10%** Target
- ✓ **90.8%** Average Daily Attendance



HEAD START NFS/Indirect Costs/Admin Expenses Rate

- ✓ **\$1,477,955** NFS Collected – **\$1,133,347** NFS Needed
- ✓ **\$299,942** Indirect Costs Collected
- ✓ **11%** Admin Expense Rate



HEAD START CACFP Meals/Reimbursement

- ✓ **\$17,303** Reimbursed This Month - **\$113,630** Reimbursed This Year
- ✓ **21** days of Service – **6,129** Meals Served

Listen with Curocity
Speak with Honesty
Act with Integrity



HEAD START Quality Assurance

- ✓ **133** Files Reviewed/**32** Classrooms Observed/**0** Route Observed
- ✓ **0** Incomes Verified/**0** Interviews/**52** Community Contacts
- ✓ **Self-Assessment** – **4** Findings/**4** Corrections/**0** Remaining
- ✓ **Annual Detailed Monitoring** – **7** Findings/**7** Corrections/**0** Remaining

ANNOUNCEMENTS:

Head Start has updated the Head Start Program Performance Standards. The Agency is in the process of implementing the updates.

CSNT Early Head Start Director's Report PY05/FY24

November Report/October Data

How Are We Doing?



Early HEAD START Attendance - October 2024

- ✓ **16** Actual Enrollment (Under/Over - **0** Student(s)) – Funded **16**
- ✓ **0%** Disability Students – **10%** Target
- ✓ **93.2%** Average Daily Attendance



Early HEAD START NFS/Indirect Costs/Admin Expenses Rate

- ✓ **\$20,143** NFS Collected - **\$67,318** NFS Needed
- ✓ **\$15,824** Indirect Costs Collected
- ✓ **8%** Admin Expense Rate



EARLY HEAD START CACFP Meals/Reimbursements

- ✓ **\$2,559** Reimbursed This Month **\$17,443** Reimbursed This Year
- ✓ **21** days of Service – **919** Meals Served

Listen with Curocity
Speak with Honesty
Act with Integrity



HEAD START Quality Assurance

- ✓ **2** Files Reviewed/**20** Classrooms Observed
- ✓ **0** Incomes Verified/**0** Interviews/**0** Community Contacts
- ✓ **Self-Assessment** – **4** Findings/**4** Corrections/**0** Remaining
- ✓ **Annual Detailed Monitoring** – **7** Findings/**7** Corrections/**0** Remaining

ANNOUNCEMENTS:

Head Start has updated the Head Start Program Performance Standards. The Agency is in the process of implementing the updates.



November 2024 PI/IM Data Report

Head Start Program Instructions (PIs) Released

ACF-OHS-PI-24-07 The effective date in the Head Start Program Performance Standards (the Performance Standards) that raises the CLASS Instructional Support competitive threshold from 2.3 to 2.5 was August 1, 2025. This final rule officially delays the effective date to August 1, 2027.

Head Start Information Memorandums (IMs) Released

ACF-OHS-IM-24-07 This Information Memorandum (IM) outlines the OHS monitoring process for fiscal year 2025 (FY25). It describes the types of monitoring reviews that recipients may experience, highlighting Focus Area 1 (FA1), Focus Area 2 (FA2), Classroom Assessment Scoring System (CLASS®), Risk Assessment Notification (RAN), and unannounced reviews.

This IM supersedes ACF-OHS-IM-24-02 with updates to the FY25 monitoring implementation format.

ACF-OHS-IM-24-06 The Head Start Program Performance Standards (the Performance Standards) at [45 CFR §1302.102\(d\)\(1\)\(ii\)](#), updated on August 21, 2024, require programs to submit reports, as appropriate, to the responsible U.S. Department of Health and Human Services (HHS) official immediately, but no later than seven calendar days, following an incident. This includes reports of any significant incident that affects the health or safety of a child.



Office of Head Start - Head Start Services Snapshot

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

Date

11/6/2024

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	455	97.85%
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 Cummulative Enrollment

	<i># of participants</i>	<i>% of participants over Funded Enrollment</i>
Total Cumulative Enrollment	482	3.66%

Participants by Age

	<i># of participants</i>	<i>% of participants</i>
1 Year Old	0	0.00%
2 Years Old	0	0.00%
3 Years Old	216	44.81%
4 Years Old	265	54.98%
5 Years Old	1	0.21%

Homelessness Services

	<i># of children</i>	<i>% of children</i>
Total number of children experiencing homelessness that were served during the enrollment year	19	3.94%

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	13	2.70%

Prior Enrollment of Children

	<i># of children</i>	<i>% of children</i>
The second year	156	32.37%
Three or more years	11	2.28%

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	0.83%
Asian	1	0.21%	2	0.41%
Black or African American	11	2.28%	224	46.47%
Native Hawaiian or Pacific Islander	0	0.00%	0	0.00%
White	20	4.15%	126	26.14%
Biracial or Multi-Racial	12	2.49%	44	9.13%
Other Race	36	7.47%	2	0.41%
Unspecified Race	0	0.00%	0	0.00%

Primary Language of Parents at Home

	<i># of children</i>	<i>% of children</i>
English	449	93.15%
Of these, the number of children acquiring/learning another language in addition to English	17	
Spanish	32	6.64%
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	0.21%
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	19	3.94%

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	437	90.66%	433	89.83%
Children with accessible health care	404	83.82%	378	78.42%
Children with up-to-date immunizations or all possible immunizations to date, or exempt	445	92.32%	440	91.29%
Children with accessible dental care	374	77.59%	346	71.78%

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	11	2.37%

Family Services

	<i># of families</i>	<i>% of families</i>
Total Number of Families	442	100.00%

	<i># of families</i>	<i>% of families</i>
Families Who Received at Least One Family Service	298	67.42%

Specific Services

	<i># of families</i>	<i>% of families</i>
Emergency or Crisis Intervention	11	2.49%
Housing Assistance	3	0.68%
Asset Building Services	65	14.71%
Mental Health Services	8	1.81%
Substance Misuse Prevention	1	0.23%
Substance Misuse Treatment	0	0.00%
English as a Second Language (ESL) Training	10	2.26%
Assistance in enrolling into an education or job training program	20	4.52%
Research-based parenting curriculum	219	49.55%
Involvement in discussing their child's screening and assessment results and their child's progress	292	66.06%
Supporting transitions between programs	290	65.61%
Education on preventive medical and oral health	291	65.84%
Education on health and developmental consequences of tobacco product use	97	21.95%
Education on nutrition	294	66.52%
Education on postpartum care	3	0.68%
Education on relationship/marriage	7	1.58%
Assistance to families of incarcerated individuals	2	0.45%



Office of Head Start - Early Head Start Services Snapshot

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

Date

11/6/2024

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	16	100.00%

Funded Enrollment by Program Option

	<i># of funded enrollment slots</i>	<i>% of funded enrollment slots</i>
Center-based	16	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	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

	<i># of participants</i>	<i>% of participants</i>
Total Cumulative Enrollment	16	100.00%

Participants by Age

	<i># of participants</i>	<i>% of participants</i>
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

	<i># of children</i>	<i>% of children</i>
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	15	93.75%	15	93.75%
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	13	81.25%	13	81.25%

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	0	0.00%


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%

FORM	P	
206	Revised	
	6-Nov-24	

Community Services of Northeast Texas, Inc.

304 E.Houston • P.O. Box 427

Linden, Texas 75563



TB Questionnaire / Survey

Why do I have to fill out this form?

CSNT Personnel Policies and Procedures - Policy 183

All new employees will have a pre-employment TB skin test and/or chest x-ray; additionally every 12 months, each CSNT employee will be required to complete a confidential TB survey. (appropriate action will be taken based on the results of the screen).

State Minimum Standard Rules for Licensed Child-Care Centers - 746.901 (3)

a copy of a health care or physician's statement verifying the employee is free of active tuberculosis, if required by the regional Texas Department of State Health Services TB program or local health authority must be maintained in the employee's personnel file.

Head Start Performance Standards - 1302.93 (a)

Grantee and delegate agencies must assure that each staff member has an initial health examination (that includes screening for tuberculosis) and a periodic re-examination (as recommended by their health care provider or as mandated by State, Tribal, or local laws) so as to assure that they do not, because of communicable diseases, pose a significant risk to the health or safety of others in the Early Head Start or Head Start Preschool program that cannot be eliminated or reduced by reasonable accommodation. This requirement must be implemented consistent with the requirements of the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

What is the purpose of this form?

This survey/questionnaire is to assess an adult individual's risk for TB infection or TB disease. TB is transmitted from one person to another through airborne droplets that are coughed or sneezed into the air and breathed in by another person who spends a lot of time with an infectious person. An individual can have TB infection but not have TB disease. TB infection (positive Skin test, no symptoms, chest x-ray normal) may cause TB disease in some people years later. TB infection is more likely to be transmitted in certain risk categories. TB disease in adults frequently causes symptoms. See your health care provider if you have unexplained symptoms.

Who gets this form, and how should I deliver it to them?

Directions: Please complete this confidential questionnaire / survey and return it in a **SEALED ENVELOPE** marked **PERSONAL and CONFIDENTIAL** to the Human Resources Department within ten (10) days. Head Start Campus Directors are required to keep a copy of this form in the employee/provider/volunteer confidential medical file.

You do not have to provide a YES or NO answer to the following questions, however, if you can answer YES to ANY of the questions below, you must mark the SCHEDULE ME box at the bottom.

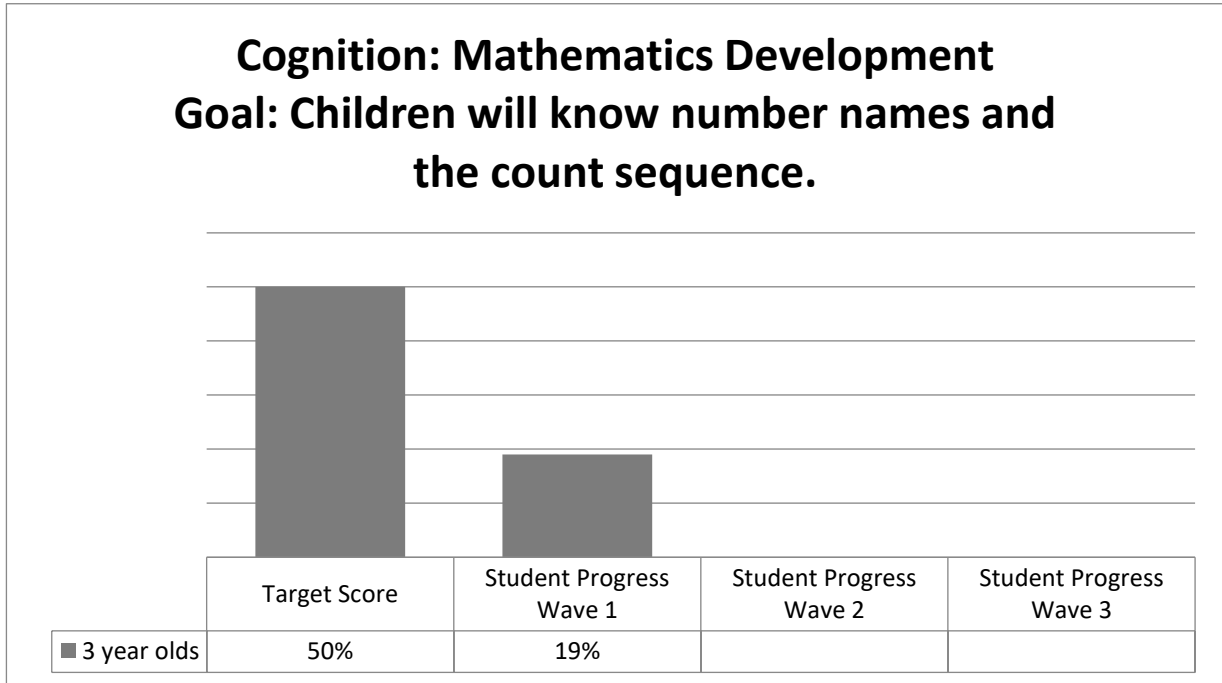
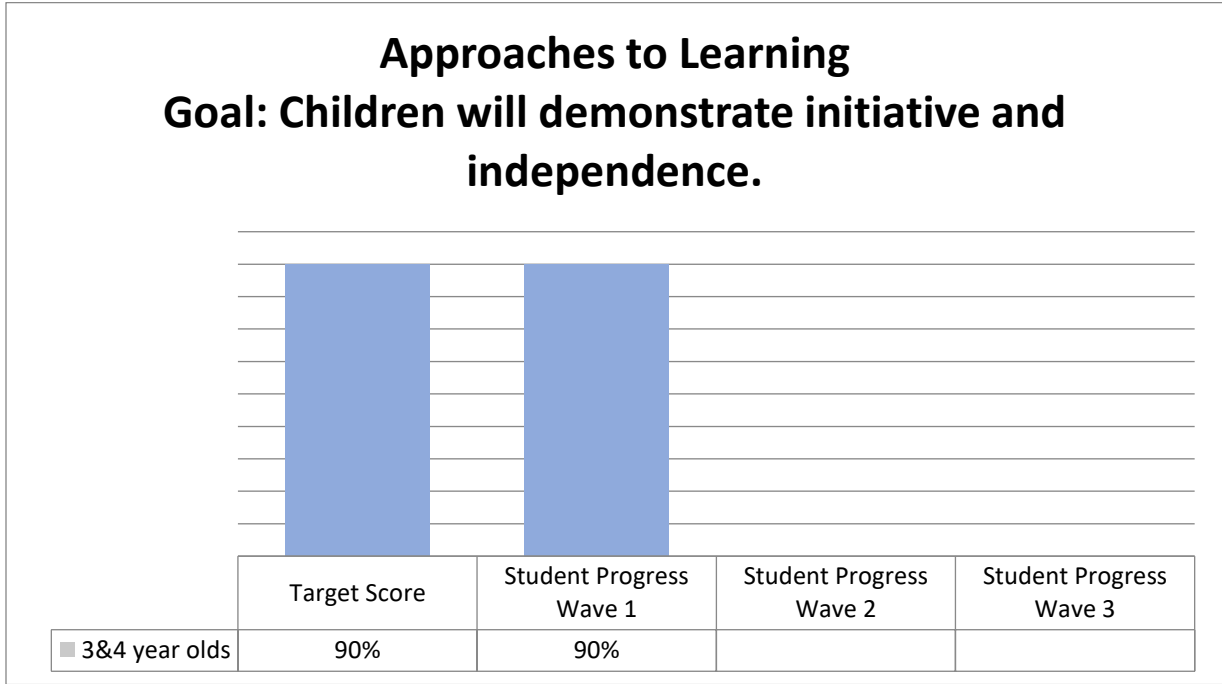
- Have you lived or worked with anyone with TB disease? (see above)
- Were you born in or have you lived in or visited a country where there is a lot of TB?
(Asia, Africa, Central or South America, Eastern Europe)
- Have you been homeless or stayed in a shelter within the last 12 months?
- Have you been incarcerated or worked in a jail or prison within the last 12 months?
- Do you have any of the following **unexplained and untreated** conditions?

Cough for more than two weeks, loss of appetite, unexpected, rapid weight loss, chest pain, fever, chills or night sweats.

SCHEDULE ME for a TB screen. (Human Resources will contact you)

Printed Name	Work Location
Signature	Date
Please check one: Agency Employee <input type="checkbox"/> Service Provider <input type="checkbox"/> Volunteer/Other <input type="checkbox"/> _____	For office use

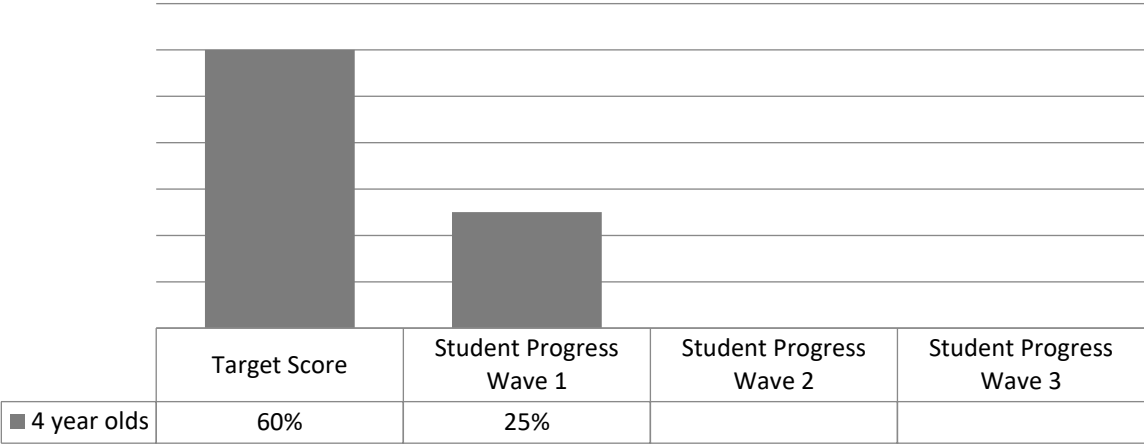
CSNT Head Start
School Readiness Performance Data Report
Head Start
2024-2025



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

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

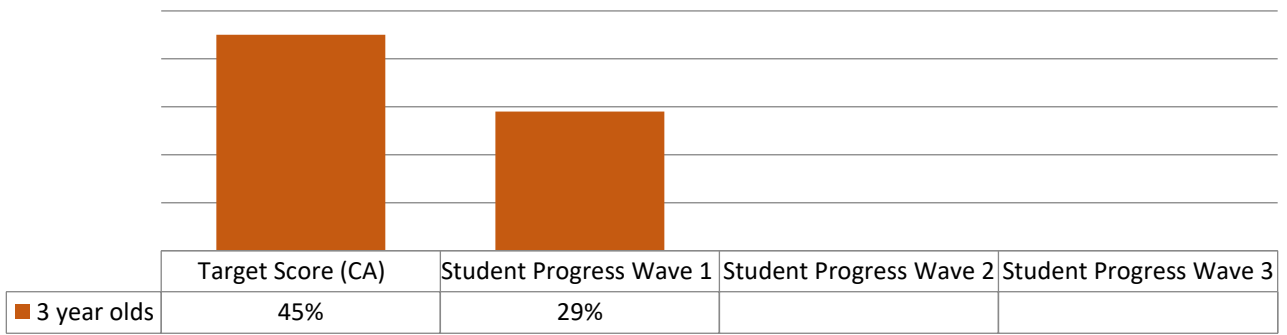
Cognition: Mathematics Development
Goal: Children will know number names and the count sequence.



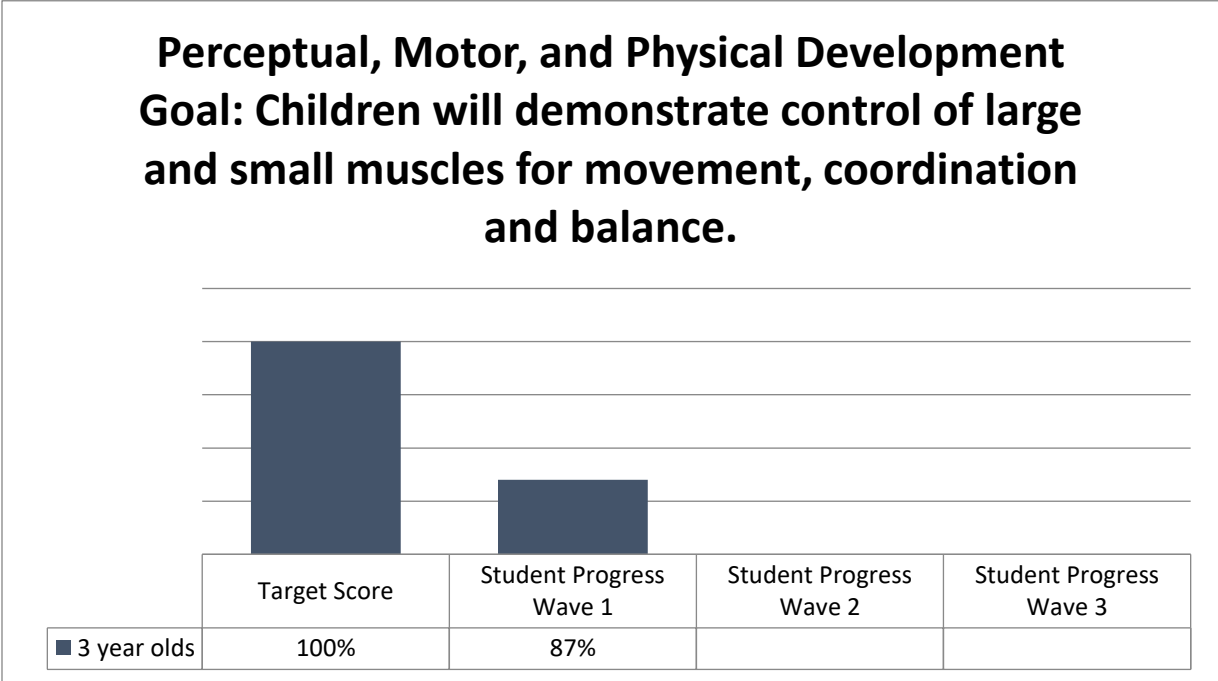
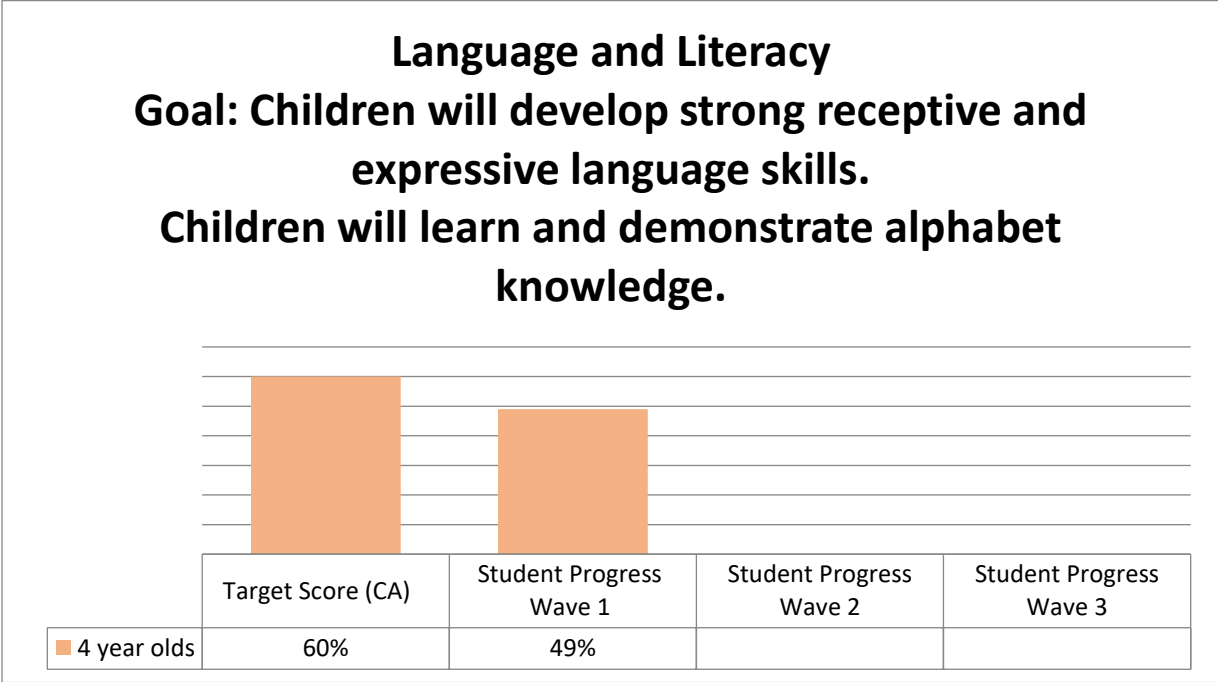
Percentages are based on actual data from Frog Street/Circle Assessment.

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....



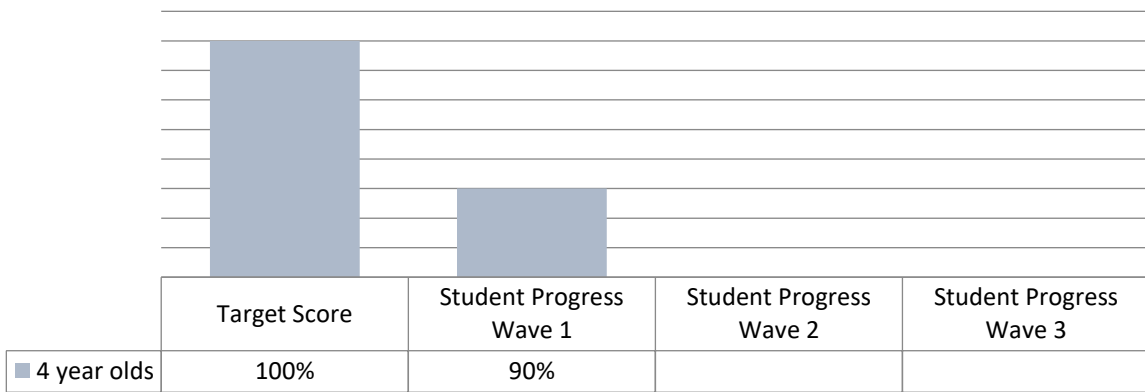
CSNT Head Start
School Readiness Performance Data Report
Head Start
2024-2025



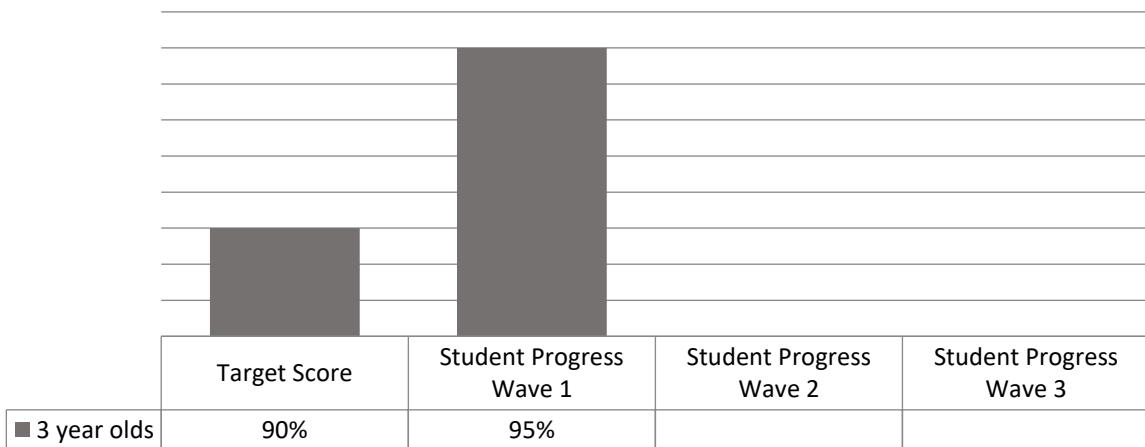
Percentages are based on actual data from Frog Street/Circle Assessment.

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

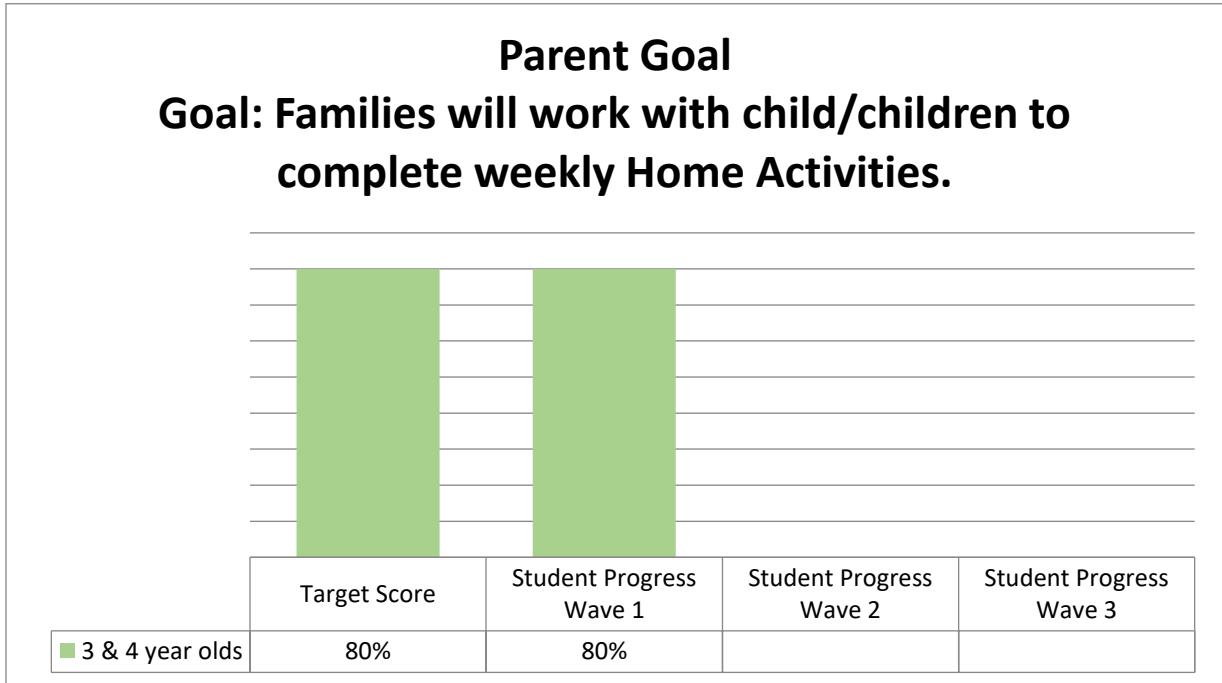
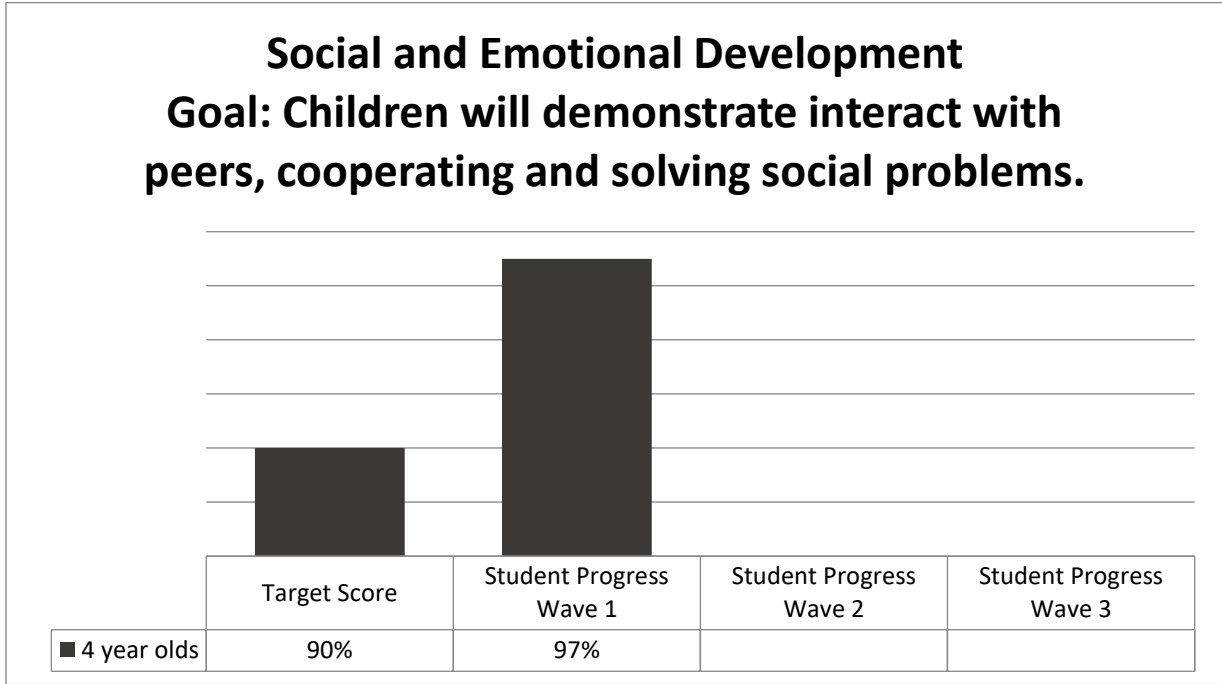
Perceptual, Motor, and Physical Development
Goal: Children will control of large and small muscles for movement, coordination and balance.



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

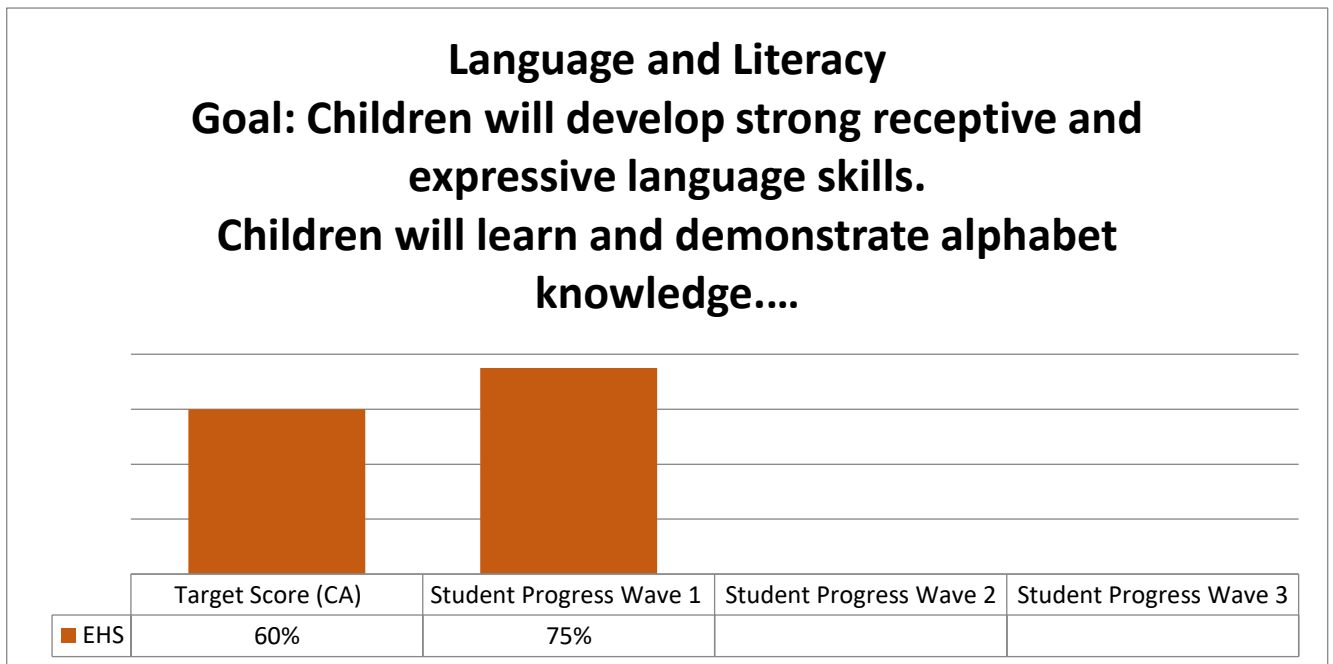
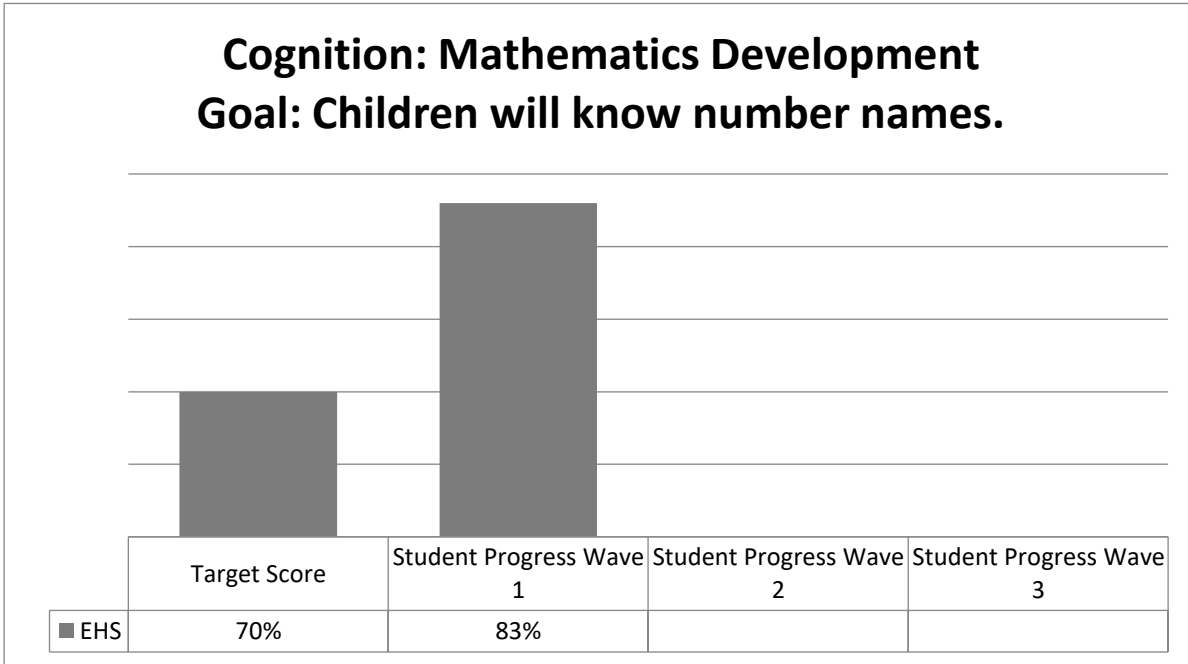


CSNT Head Start
School Readiness Performance Data Report
Head Start
2024-2025



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

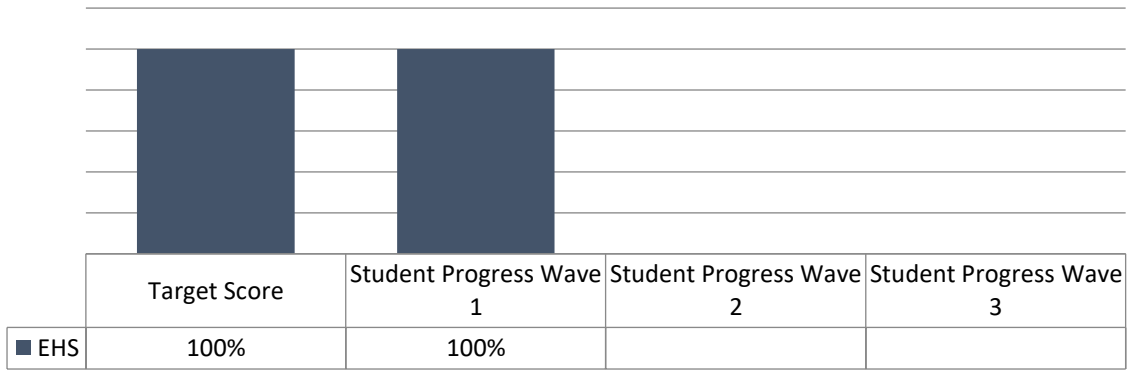
CSNT Head Start
School Readiness Performance Data Report
Early Head Start
2024-2025



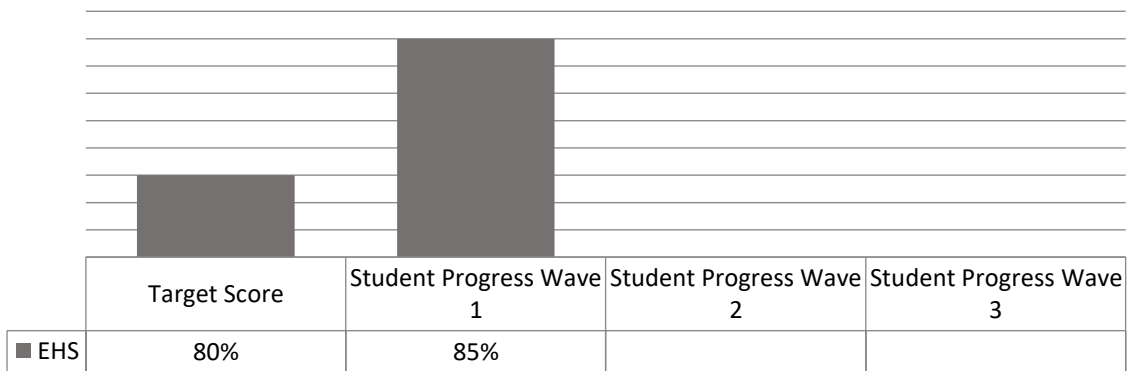
Percentages are based on actual data from Frog Street/Circle Assessment.

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

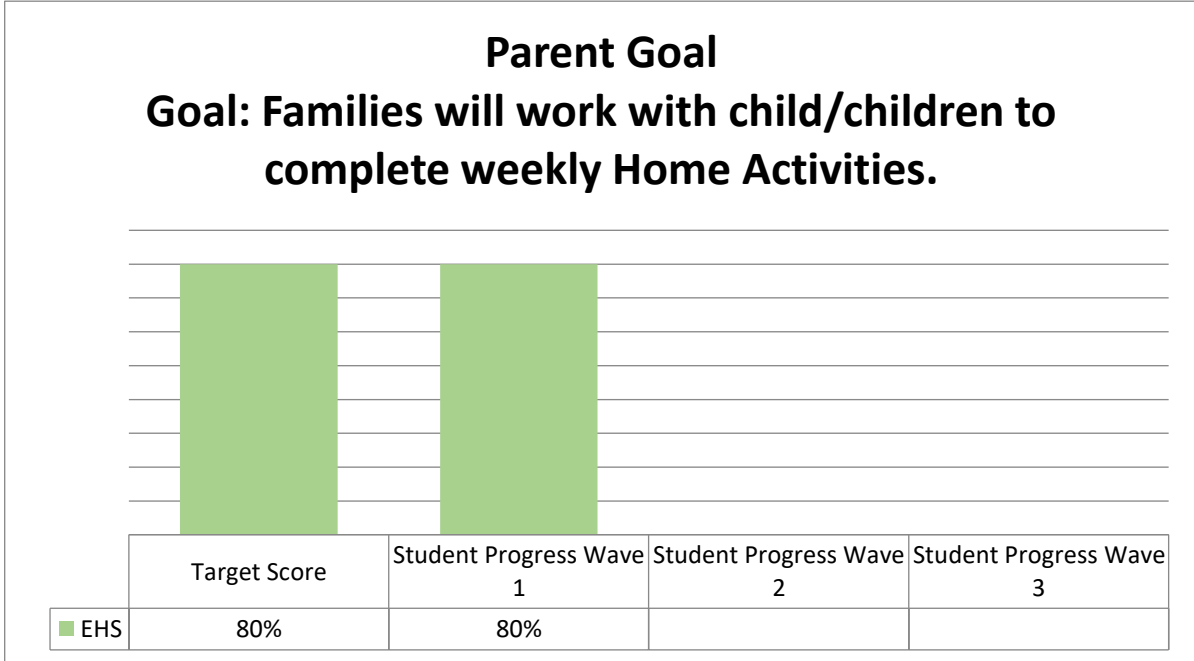
Perceptual, Motor, and Physical Development
Goal: Children will demonstrate control of large and small muscles for movement, coordination and balance.



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.

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.

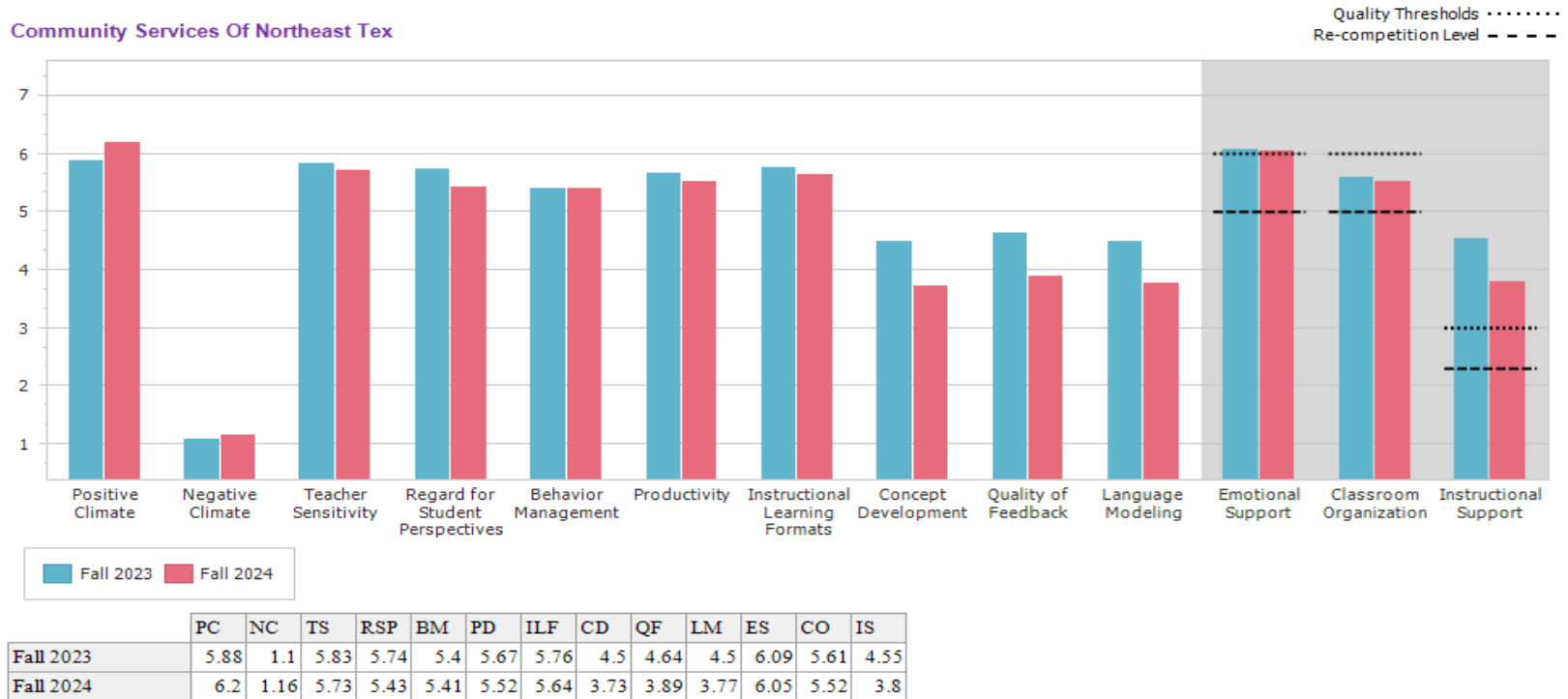
Objective: 90% of parents and staff will participate in mental wellness activities. **79%**

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 CLASS Program Scores-Head Start **Fall 2023** Vs. **Fall 2024**

Pre-K-CLASS Averages



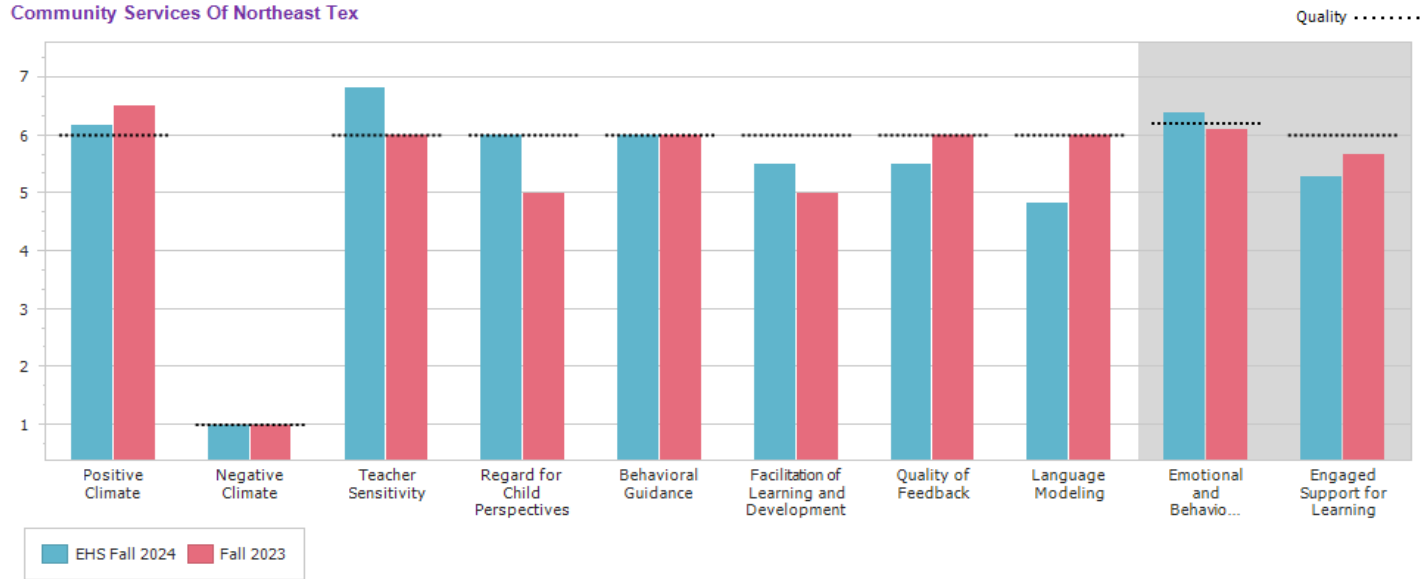
Competitive Thresholds	Quality Thresholds	CSNT CLASS Scores Fall 2023	CSNT CLASS Scores Fall 2024
Emotional Support-5	Emotional Support-6	Emotional Support-6.09	Emotional Support 6.05
Classroom Organization-5	Classroom Organization-6	Classroom Organization-5.61	Classroom Organization 5.52
Instructional Support-2.3	Instructional Support-3	Instructional Support-4.55	Instructional Support 3.80

***Fall 2023**- Out of 22 classrooms, we have 4 new teachers and 1 classroom wasn't observed because of shortage of staff and no lead teacher.

***Fall 2024**-Out of 22 classrooms, we had 8 new teachers, 1 substitute and 1 teacher's assistant taking on the roll as the lead teacher. There are 2 classrooms with no Lead Teacher during the fall CLASS observations.

CSNT CLASS Program Scores **Fall 2023** Vs. **Fall 2024**

Early Head Start Averages-Toddlers



	PC	NC	TS	RCP	BG	FLD	QF	LM	EBS	ESL
Fall 2023	6.5	1	6	5	6	5	6	6	6.1	5.67
EHS Fall 2024	6.17	1	6.83	6	6	5.5	5.5	4.83	6.4	5.28

Quality Thresholds	CSNT CLASS Scores Fall 2023	CSNT CLASS Scores Fall 2024
Emotional and Behavioral Support 6.00	Emotional and Behavioral Support 6.10	Emotional and Behavioral Support 6.40
Engaged Support for Learning 6.00	Engaged Support for Learning 5.67	Engaged Support for Learning 5.28

***Fall 2024-Out of the 4 classrooms we had 2 new teachers during the fall CLASS observations**

CSNT Head Start 2024-2025 Program Goals Progress Report

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

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

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

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

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

Program Goal 2: Provide Comprehensive School Readiness.					
Year One Objective Four Outcome: <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 CO IS EB EL RC	Spring Progress	ES CO IS EB EL RC
Program Goal 2 Challenges: Staff turnover, Teacher motivation, lack of understanding concepts					

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