



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, April 23, 2024 @ 12:00 Noon

Linden Administrative Office

304 East Houston Street Linden, Texas 75563

Cecelia Huff, Board Chairperson

Michelle Morehead, CCAP, NCRT, NCRI, Executive Director

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 4/23/24 *

4. Approval of Minutes 2/28/24*

5. Chairman's Comments and Recognitions

6. Training

Video – “Process: Who Says What Goes” #8 presented by Michelle Morehead
New Boston Head Start Presentation by Venus Hornbuckle

7. Committee Reports and Information

- A. Planning & Evaluation – No current report required at this time
- B. Personnel – No current report required at this time
- C. Finance – No current report required at this time
- D. Executive – This Committee meets only when necessary
- E. Nominating – No current report required at this time
- F. By Laws- No current report required at this time

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).....Shirley Allen
- 3) Human Resource Report.....(OS 5.9).....Charlotte Hall
- 4) Service & HS Transportation Reports..... (OS 5.9)Bernie Yancey
- 5) Self-Assessment Results 2024
- 6) Winter Progress on Head Start Goals
 - a. Head Start Program Goals 2023-2024
 - b. Parent, Family and Community Engagement 2023-2024
 - c. School Readiness Performance Data 2023-2024
- 7) CSNT School Calendars 2024-2025
- 8) Parent Handbook 2024-2025
- 9) Nutrition Menus 2024-2025

C. Discuss/Approve Discuss and/or Approve Policy Manual Changes ☺

1. Mental Health Behavior Concern Procedure
2. Self-Assessment Procedures
3. iPad Policy
4. Field Trip Procedures

D. Discuss/Approve Board Resolution: Close Accounts ☹

E. Discuss/Approve Disposition of Portable AC Units used during COVID Grant#06CH011282/05 ☹

F. Discuss/Approve IRS Form 990 ☹

G. Discuss/Approve Pursuing the USDA/CACFP Contract 2024-2025 ☹

H. Discuss/Approve Selection Criteria 2024-2025 ☹

1. Head Start
2. Early Head Start including ages

9. Staff Reports

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

10. Executive Director's Report

11. Discussion Items

None

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

1. **Discuss/Approve** Changes to Policy 405 ☹

- 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

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Community Services of Northeast Texas, Inc.
Board Meeting MINUTES
February 28, 2024
Linden Administrative Conference Room

Board Members Present

Dr. Arcolia Jenkins

Representing Creating Opportunities in Marion County, Private Sector

John Baxter, Treasurer

Representing Texana Bank, Private Sector

Keri Winters, Secretary

Representing Linden-Kildare CISD, Private Sector

Cecelia Huff, Board Chair

Representing Bowie County, Poverty Sector

Judge Doug Reeder, Vice-Chair

Morris County Judge, Public Sector

Ross Hyde

Representing State Representative, Gary VanDeaver, Public Sector

Angela Thompson

Representing Bowie County, Poverty Sector

Lindsay Hergert

Representing Cass County Judge Travis Ransom, Public Sector

Board Members Absent

Megan Kirkland

Representing LEDC, Private Sector

Harmony Roberson

Representing Cass County, Poverty Sector

Martavius Jones - Parliamentarian

Representing Camp County, Poverty Sector

Sandra Wright

Representing Marion County Judge Leward Lafleur, Public Sector

CALL TO ORDER

Cecelia Huff, Board Chair called the meeting to order at 12:05 p.m.
Quorum: established 8 of 12, members present.

AGENDA

Motion: Angela Thompson, moved to accept the 2/28/2024 agenda as presented.
Second: Ross Hyde
All in favor voted aye, none opposed, the motion carried unanimously

MINUTES

Motion: Ross Hyde moved to accept the 1/23/2024 minutes
Second: Angela Thompson
All in favor voted aye, none opposed, the motion carried unanimously

CHAIRMAN'S COMMENTS AND RECOGNITIONS

Cecelia Huff, Board Chairman thanked the members for attending, being supportive of the agency.

TRAINING / PRESENTATIONS

Video – “How Do You Get the Right People on Board” #7 presented by Michelle Morehead was viewed by the members.

Hughes Springs Head Start/Early Head Start Presentation was prepared by Carlin Johnson, Campus Director. The presentation was shown by Bridgette Parton which included the staff members and activities that have been completed since the beginning of school.

COMMITTEE REPORTS

- A. Planning & Evaluation – No current report required at this time
- B. Personnel – No current report required at this time
- C. Finance – No current report required at this time
- D. Executive – This Committee meets only when necessary
- E. Nominating – No current report required at this time
- F. By Laws- Discuss By Laws including Executive Committee Requirements

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

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

Action Items

- A. Discuss/Approve Audit – 12:30pm - Neil Phillips presents audit via Zoom***
(OS 8.3, OS 8.4)

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

Motion: Doug Reeder, Vice Chairman, made a motion to accept and receive as presented.

Second: Keri Winters, Secretary

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

- B. Seat New Board Member(s)**

None

- C. Approve Consent Agenda***

- 1) Head Start/EHS & PIR Reports..... (OS 5.9).....Berny Harris
- 2) Community Services Report.....(OS 5.9).....Shirley Allen
- 3) Human Resource Report.....(OS 5.9).....Charlotte Hall
- 4) Service & HS Transportation Reports..... (OS 5.9)Bernie Yancey
- 5) Detailed Monitoring Summary of Results Grantee #06CH011282/05
- 6) Winter 2024 Circle Assessment Data
- 7) Winter 2024 CLASS Data

Motion: Arcolia Jenkins, made a motion to accept as presented.

Second: John Baxter, Treasurer

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

- D. Discuss/Approve Disability Waiver Grant #06CH011282/05**

Bernadette Harris reviewed the waiver with the members.

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

Second: Angela Thompson

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

- E. Discuss/Approve Board Resolution - CSNT Bank Account for in house credit line**

Michelle Morehead reviewed the resolution with the members.

Motion: Arcolia Jenkins, made a motion to accept as presented.

Second: Lindsay Hergert

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

F. Discuss/Approve Board Resolution - Bank Account Closures of Old Accounts
Michelle Morehead reviewed the three inactive accounts including CSBG Cares, CEAP ARP and TX HAF Program with the members.

Motion: Keri Winters, Secretary, made a motion to accept as presented.
Second: Doug Reeder, Vice Chairman
All in favor voted aye, none opposed, the motion carried unanimously

G. Discuss/Approve Small Business Administration Loan Payoff
Michelle Morehead stated that the loan has accrued about \$7,000 in interest and the agency would like to request to use unrestricted funds to pay off the small business administration loan.

Motion: Doug Reeder, Vice Chairman, made a motion to accept as presented.
Second: Arcolia Jenkins
All in favor voted aye, none opposed, the motion carried unanimously

H. Discuss/Approve Personnel Policies and Procedures

- 1) Confidentiality/Non-Disclosure #112 – Labor relations strategies removal
- 2) Recruitment #183 – Chief Financial Officer name change
- 3) Professional Development #184 – Removed the words CSNT Administration Manual
- 4) Employee Assistance Program #324 – The phone number changed due to a change in company from Guardian to Mutual of Omaha
- 5) Parental Leave for School Visits #328 – Added Pre before Kindergarten
- 6) Administrative Leave #384 – Removed Birthday it is no longer a holiday given

Charlotte Hall reviewed all personnel policies and changes as presented.

Motion: John Baxter, Treasurer, made a motion to accept as presented.
Second: Ross Hyde
All in favor voted aye, none opposed, the motion carried unanimously

9. Staff Reports

- A. Financial Reports -1.2.3.4.5.6.7.8.9.10..... (OS 8.7) Shelley Mitchell
Shelley Mitchell gave the financial reports as presented.

10. Executive Director's Report

Michelle Morehead, Executive Director, stated that there has been behind the scenes work on the Jefferson building. The building is an interest to become a Federally Qualified Health Center. There will be tours of the building and when more details come to fruition the members will be notified. Michelle let the members know that she attended a Health Care in Harmony Conference in a pursuit to obtain a better insurance for the agency with the 33% rate increase that occurred in October. She also let them know she was up for recertification for ROMA Implementer and Trainer. Michelle stated that she would like to send Board Members to the CAPLAW Conference this year instead of the TACAA Conference.

11. Discussion Items

Angela Thompson stated that the Atlanta School District has a Homeless Grant through Region 8 Education Service Center that assists families with hotel stays, gas cards and help with housing if we had any clients that need that assistance.

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.

- 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.

Motion to enter into Executive Session at 1:35 PM by Keri Winters, Secretary
Second: Ross Hyde

Motion to exit Executive Session at 1:52 PM by Arcolia Jenkins
Second: Ross Hyde

REQUIRED ACTION FROM EXECUTIVE SESSION

None

ADJOURN

Motion: John Baxter, Treasurer motioned to adjourn at 1:53 pm
Second: Doug Reeder, Vice Chairman
Hearing no descent, adjournment passed.

Approved by: _____, on _____, 2024
(Board Secretary) (Date)

CSNT Head Start Director's Report PY05/FY24

April Report/March Data



How Are We Doing?

HEAD START Attendance - March 2024

- ✓ **457** Actual Enrollment (Under/Over 0 Student(s)) – Funded **465**
- ✓ **7.9%** Disability Students – **10%** Target
- ✓ **89%** Average Daily Attendance



HEAD START NFS/Indirect Costs/Admin Expenses Rate

- ✓ **\$561,410** NFS Collected – **\$1,107,557** NFS Needed
- ✓ **\$70,897** Indirect Costs Collected
- ✓ **9%** Admin Expense Rate



HEAD START CACFP Meals/Reimbursements

- ✓ **\$10,293** Reimbursed This Month - **\$42,946** Reimbursed This Year
- ✓ **16** days of Service – **3,770** Meals Served

Listen with Curocity
Speak with Honesty
Act with Integrity



HEAD START Quality Assurance

- ✓ **195** Files Reviewed/**34** Classrooms Observed/**1** Route Observed
- ✓ **4** Incomes Verified/**0** Interviews/**47** Community Contacts
- ✓ **Self-Assessment** – **4** Findings/**4** Corrections/**0** Remaining
- ✓ **Annual Detailed Monitoring** – **7** Findings/**3** Corrections/**4** Remaining

ANNOUNCEMENTS:

Completing Tasks for End of School Year
Preparing New Five Year Grant Project Period Grant Application

CSNT Early Head Start Director's Report PY05/FY24

April Report/March Data



How Are We Doing?

EARLY HEAD START Attendance - March 2024

- ✓ **16** Actual Enrollment (Under/Over - 0 Student(s)) – Funded **16**
- ✓ **18.8%** Disability Students – **10%** Target
- ✓ **82%** Average Daily Attendance (**Cold/Flu Symptoms**)



EARLY HEAD START NFS/Indirect Costs/Admin Expenses Rate

- ✓ **\$8,241** NFS Collected - **\$65,802** NFS Needed
- ✓ **\$3,687** Indirect Costs Collected
- ✓ **2%** Admin Expense Rate



HEAD START CACFP Meals/Reimbursements

- ✓ **\$1,607** Reimbursed This Month **\$5,888** Reimbursed This Year
- ✓ **16** days of Service – **590** Meals Served

Listen with Curocity
Speak with Honesty
Act with Integrity



HEAD START Quality Assurance

- ✓ **17** Files Reviewed/**12** Classrooms Observed
- ✓ **0** Incomes Verified/**0** Interviews/**3** Community Contacts
- ✓ **Self-Assessment** – **4** Findings/**4** Corrections/**0** Remaining
- ✓ **Annual Detailed Monitoring** – **7** Findings/**3** Corrections/**4** Remaining

ANNOUNCEMENTS:

Completing Tasks for End of School Year
Preparing New Five Year Grant Project Period Grant Application



Office of Head Start - Head Start Services Snapshot

Community Services Of Northeast Texas, Inc. (2023-2024)

Date

4/9/2024

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 | 457 | 98.28% |
| 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 | 524 | 12.69% |

Participants by Age

| | <i># of participants</i> | <i>% of participants</i> |
|-------------|--------------------------|--------------------------|
| 1 Year Old | 0 | 0.00% |
| 2 Years Old | 5 | 0.95% |
| 3 Years Old | 260 | 49.62% |
| 4 Years Old | 259 | 49.43% |
| 5 Years Old | 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 | 33 | 6.30% |

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 | 21 | 4.01% |

Prior Enrollment of Children

| | <i># of children</i> | <i>% of children</i> |
|---------------------|----------------------|----------------------|
| The second year | 146 | 27.86% |
| Three or more years | 9 | 1.72% |

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% | 2 | 0.38% |
| Asian | 0 | 0.00% | 2 | 0.38% |
| Black or African American | 6 | 1.15% | 268 | 51.15% |
| Native Hawaiian or Pacific Islander | 0 | 0.00% | 0 | 0.00% |
| White | 23 | 4.39% | 143 | 27.29% |
| Biracial or Multi-Racial | 6 | 1.15% | 40 | 7.63% |
| Other Race | 33 | 6.30% | 1 | 0.19% |
| Unspecified Race | 0 | 0.00% | 0 | 0.00% |

Primary Language of Parents at Home

| | <i># of children</i> | <i>% of children</i> |
|---|----------------------|----------------------|
| English | 495 | 94.47% |
| Of these, the number of children acquiring/learning another language in addition to English | 14 | |
| Spanish | 29 | 5.53% |
| 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> | <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 | 491 | 93.70% | 396 | 75.57% |
| Children with accessible health care | 472 | 90.08% | 373 | 71.18% |
| Children with up-to-date immunizations or all possible immunizations to date, or exempt | 483 | 92.18% | 317 | 60.50% |
| Children with accessible dental care | 451 | 86.07% | 361 | 68.89% |

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 | 37 | 7.96% |

Family Services

| | <i># of families</i> | <i>% of families</i> |
|--------------------------|----------------------|----------------------|
| Total Number of Families | 495 | 100.00% |

| | <i># of families</i> | <i>% of families</i> |
|---|----------------------|----------------------|
| Families Who Received at Least One Family Service | 466 | 94.14% |

Specific Services

| | <i># of families</i> | <i>% of families</i> |
|---|----------------------|----------------------|
| Emergency or Crisis Intervention | 7 | 1.41% |
| Housing Assistance | 6 | 1.21% |
| Asset Building Services | 124 | 25.05% |
| Mental Health Services | 14 | 2.83% |
| Substance Misuse Prevention | 1 | 0.20% |
| Substance Misuse Treatment | 4 | 0.81% |
| English as a Second Language (ESL) Training | 20 | 4.04% |
| Assistance in enrolling into an education or job training program | 59 | 11.92% |
| Research-based parenting curriculum | 336 | 67.88% |
| Involvement in discussing their child's screening and assessment results and their child's progress | 441 | 89.09% |
| Supporting transitions between programs | 410 | 82.83% |
| Education on preventive medical and oral health | 430 | 86.87% |
| Education on health and developmental consequences of tobacco product use | 198 | 40.00% |
| Education on nutrition | 457 | 92.32% |
| Education on postpartum care | 3 | 0.61% |
| Education on relationship/marriage | 7 | 1.41% |
| Assistance to families of incarcerated individuals | 3 | 0.61% |



Office of Head Start - Early Head Start Services Snapshot

Community Services Of Northeast Texas, Inc. (2023-2024)

Date

4/16/2024

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 | 19 | 118.75% |

Participants by Age

| | <i># of participants</i> | <i>% of participants</i> |
|------------------|--------------------------|--------------------------|
| Under 1 Year Old | 1 | 5.26% |
| 1 Year Old | 10 | 52.63% |
| 2 Years Old | 8 | 42.11% |
| 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 | 3 | 15.79% |

Foster Care

| | # of children | % of children |
|--|---------------|---------------|
| Total number of enrolled children who were in foster care at any point in the program year | 3 | 15.79% |

Prior Enrollment of Children

| | # of children | % of children |
|---------------------|---------------|---------------|
| The second year | 7 | 36.84% |
| Three or more years | 1 | 5.26% |

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% | 9 | 47.37% |
| Native Hawaiian or Pacific Islander | 0 | 0.00% | 0 | 0.00% |
| White | 0 | 0.00% | 6 | 31.58% |
| Biracial or Multi-Racial | 1 | 5.26% | 1 | 5.26% |
| Other Race | 2 | 10.53% | 0 | 0.00% |
| Unspecified Race | 0 | 0.00% | 0 | 0.00% |

Primary Language of Parents at Home

| | # of children | % of children |
|---|---------------|---------------|
| English | 17 | 89.47% |
| Of these, the number of children acquiring/learning another language in addition to English | 0 | 0.00% |
| Spanish | 2 | 10.53% |
| 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 | 19 | 100.00% | 16 | 84.21% |
| Children with accessible health care | 18 | 94.74% | 12 | 63.16% |
| Children with up-to-date immunizations or all possible immunizations to date, or exempt | 18 | 94.74% | 5 | 26.32% |
| Children with accessible dental care | 16 | 84.21% | 12 | 63.16% |

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 | 3 | 18.75% |

Family Services

| | <i># of families</i> | <i>% of families</i> |
|--------------------------|----------------------|----------------------|
| Total Number of Families | 18 | 94.74% |

| | <i># of families</i> | <i>% of families</i> |
|---|----------------------|----------------------|
| Families Who Received at Least One Family Service | 8 | 44.44% |

Specific Services

| | <i># of families</i> | <i>% of families</i> |
|---|----------------------|----------------------|
| Emergency or Crisis Intervention | 1 | 5.56% |
| Housing Assistance | 0 | 0.00% |
| Asset Building Services | 1 | 5.56% |
| Mental Health Services | 1 | 5.56% |
| Substance Misuse Prevention | 0 | 0.00% |
| Substance Misuse Treatment | 0 | 0.00% |
| English as a Second Language (ESL) Training | 2 | 11.11% |
| Assistance in enrolling into an education or job training program | 6 | 33.33% |
| Research-based parenting curriculum | 8 | 44.44% |
| Involvement in discussing their child's screening and assessment results and their child's progress | 7 | 38.89% |
| Supporting transitions between programs | 6 | 33.33% |
| Education on preventive medical and oral health | 8 | 44.44% |
| Education on health and developmental consequences of tobacco product use | 1 | 5.56% |
| Education on nutrition | 8 | 44.44% |
| Education on postpartum care | 0 | 0.00% |
| Education on relationship/marriage | 0 | 0.00% |
| Assistance to families of incarcerated individuals | 0 | 0.00% |

Community Services of Northeast Texas
Submitted: April, 2024

COMMUNITY SERVICES BOARD REPORT



March, 2024, was a been busy for all programs in the Community Services Division of CSNT.

Our Comprehensive Utility Assistance Program (CEAP) has 1.3 million dollars in funds remaining for utility assistance. We have spent 1.2 million dollars to date this calendar year. Effective 03/31/24, LIHWAP (Low Income Household Water Assistance Program) has been closed out statewide, per TDHCA.

We have ten individuals enrolled in our Case Management TOPS Program and are in the process of enrolling more applicants on a weekly basis.

Our Reentry Pilot Program is actively networking with Cass County CSCD (Community Services and Corrections Department) and Workforce Solutions in Bowie County. Our agency has provided presentation to Drug Court and to the Aftercare Program with Cass County CSCD.

Vet Services Now (VSN) still has \$58,000 remaining funds available to spend on qualified veterans. Our Vet Services Coordinator is working with Veteran Services Offices in the counties we serve in order to reach as many veterans as possible in the coming months.

There are still Salvation Army funds available for qualified clients who reside in Marion County.

TBRA (Tenant Based Rental Assistance) is one of our busiest programs. Among the already existing customers, we have 16 preliminarily approved households to add to the program.

HR Report for April 2024

Headcount

104

New Hires

FSW in Atlanta

Facilities

Maint./Transporation for
Service

LT in Early Head Start

Terms

None

Vacancies

LT in New Boston

TA in Texarkana

Subs

PL Hours – 947.54

LWOP Hours – 471.51

Sub Hours – 393.0

Savings – \$3081.89

Interview Stats 2024

Number of Interviews Scheduled – 13 (total of person scheduled 32)

Number of Applicants to Show up – 17 (2 scheduled interviews 0 applicants showed)

Number to No show – 14

Number to decline position or ghost us after the interview -- 4

Service Department Report

March 2024

Service Department

Department makeup

3 full time employees

0 temporary employees

0 Head Start employees under temporary supervision.

Head Start Transportation

Cost per child to transport:

Transportation Costs:

| | Children | Staff | Children | Staff |
|---|----------|-------|----------|----------------|
| Vehicle Maintenance cost (Campus) | | | | YTD = |
| Vehicle Maintenance cost (Buses) | | | | YTD = |
| Vehicle Maintenance cost (Exec. Office) | | | | YTD = |
| Vehicle fuel cost (Gas Campus) | | | 175.37 | YTD = 2,167.12 |
| Vehicle fuel cost (Exec. Office) | | | 375.90 | YTD = 5,070.36 |
| Vehicle fuel cost (BUS CAMPUS) | | | 105.87 | YTD = 1,406.26 |
| Vehicle insurance cost (Buses) | | | | YTD = |
| Vehicle driver cost buses | | | | YTD = |
| Total transportation cost: | | | 657.14 | |
| Total number transported: | | | 123 | |

Monthly Vehicle Cost Summary

Mar-24

By Program

| | Fuel | Repairs | |
|------|--------|---------|---------------|
| TBRA | 24.96 | - | |
| CSBG | 226.05 | 116.20 | |
| CEAP | - | - | |
| VSN | - | - | |
| | | | <u>367.21</u> |

By Location

| | Fuel | Repairs | |
|--------------|--------|---------|---------------|
| Jefferson | - | 13.32 | |
| Linden | 224.51 | 61.03 | |
| Linden Shop | - | 27.90 | |
| Daingerfield | 26.50 | 13.95 | |
| | - | - | |
| | | | <u>367.21</u> |

By Vehicle

| # | Fuel | Repairs | Total | Location |
|-----|--------|---------|---------------|--------------|
| 801 | - | 13.95 | 13.95 | Linden Shop |
| 844 | - | 5.23 | 5.23 | Linden |
| 888 | - | 13.95 | 13.95 | Linden |
| 881 | 24.96 | 13.95 | 38.91 | Linden |
| 882 | - | 13.95 | 13.95 | Linden |
| 883 | - | 13.95 | 13.95 | Linden Shop |
| 884 | 115.45 | 13.95 | 129.40 | Linden |
| 885 | 26.50 | 13.95 | 40.45 | Daingerfield |
| 886 | - | 13.32 | 13.32 | Jefferson |
| 887 | 84.10 | - | 84.10 | Linden |
| 838 | - | - | - | Linden |
| | | | <u>367.21</u> | |



CSNT Head Start Program

2024 Self-Assessment Report - DRAFT

Date: 3-18-2024

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 FY04-PY05 is 465 three-to-four-year-old Head Start 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 PY05 is an average of 464 Head Start 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 after the pandemic. 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 #06CH011282 five-year grant project period.

Goal 1: Strengthen comprehensive health services within the program.

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

Section 2. Methodology

| Date | Action | Purpose |
|-------------------------|---|--|
| 11/13/2023 | <i>Detailed OGM Leadership Meeting</i> | <ul style="list-style-type: none"> • <i>Update 2024 Detailed Monitoring process</i> • <i>Create 2024 Detailed Monitoring Teams for each area</i> |
| 12/5-6/2023 | <i>Detailed Monitoring Training Sessions, as needed</i> | <ul style="list-style-type: none"> • <i>Training – Detailed Monitoring Orientation and Team Training</i> • <i>Each Team Member is trained on confidentiality</i> |
| 2/12/2024 | <i>Detailed OGM Meeting</i> | <ul style="list-style-type: none"> • <i>Discuss Detailed OGM Results</i> • <i>Approve Detailed OGM Summary</i> |
| 3/5/2024 | <i>Self-Assessment Team Leader Meeting</i> | <ul style="list-style-type: none"> • <i>Program Team Leaders analyze data from each area of the program</i> |
| 3/19/2024 | <i>Self-Assessment Committee Meeting</i> | <ul style="list-style-type: none"> • <i>HS/EHS Director gives a short synopsis of each area</i> • <i>Approve 2024 SA Program Draft Report</i> |
| <i>Before 5/31/2024</i> | <i>Final Step in Self-Assessment Process</i> | <ul style="list-style-type: none"> • <i>Policy Council and Governing Board approval of SA Report</i> • <i>Submit to Regional Office with Grant</i> |

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 and to provide educational instruction, when 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 social media platforms and blast text messages.
- ✓ CSNT Head Start/Early Head Start provides extra sanitation cleaning to all sites monthly during the school year to mitigate the spread of harmful viruses to children and staff. Health and safety are key to CSNT families and employees. 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.
- ✓ 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. There are two Coaches that assist classroom staff throughout 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 contacting parents within one hour if a child is absent without prior notice. (45 CFR §1302.16(a)(1))
- ✓ Implement methods to reach 10% disability funded enrollment by end of school year. (45 CFR §1302.14(b))
- ✓ Implement a process to assure Health & Dental related follow-ups are being implemented. (45 CFR §1302.42(b)(1)(i-ii) §1302.44(c))

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, Ready Rosie 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.

Progress in Meeting Program Goals and Objectives (Winter 2024)

| Goals | | Objective(s)/Outcome(s) |
|---|---|--|
| GOAL ONE: Strengthen comprehensive health services within the program. | | 87% of parents will obtain health requirements. |
| Completion Rate | 81% | |
| GOAL ONE: Strengthen comprehensive health services within the program. | | 90% of parents/staff will participate in wellness activities. |
| Completion Rate | 68% | |
| GOAL TWO: Provide comprehensive school readiness. | | 70% of Head Start children will name upper and lowercase letters |
| Completion Rate | 64% | |
| GOAL TWO: Provide comprehensive school readiness. | | 75% of children will sequence count to 50 |
| Completion Rate | 40% | |
| GOAL TWO: Provide comprehensive school readiness. | | 6 in CLASS Emotional Support (HS) 6 in CLASS Classroom Organization (HS) 3 in CLASS Instructional Support (HS) |
| Completion Rate | ES – 6.31 (HS) CO – 5.44 (HS) IS – 4.08 (HS) | |
| GOAL TWO (EHS): Provide comprehensive school readiness. | | 6 Emotional & Behavior Score 6 Engaged Learning Score 6 Responsive Caregiving Score |
| Completion Rate | EB – 6.10 (EHS) – NA Spring EL – 5.67 (EHS) – NA Spring RC – 5.25 (EHS) | |
| GOAL TWO (EHS): Provide comprehensive school readiness. | | 85% of EHS children will demonstrate interactions with their peers. |
| Completion Rate | 97% | |
| GOAL THREE: Increase parent involvement in the Head Start Program. | | 70% of parents will be involved in their child’s education. |
| Completion Rate | 62% | |

Recommendations

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

- Find ways to improve staff shortages by shortening the time between posting open positions, interviewing applicants, and offering positions
- Provide on-site visits prior to Campuses implementing HS Transportation routes
- Find ways to strengthen the planning process between Head Start and ISD Partnership Teachers
- Find ways to strengthen the referral process for children being referred for Disability Services
- Assign mentor/coaches for new staff to assist them with day-to-day tasks such as using the proper forms, completing documents, filing documents properly, etc.

Governing Board Approval: (_____)

Policy Council Approval: (3/26/2024)

CSNT Head Start 2023-2024 Program Goals Progress Report

| | | | | | |
|---|-----|-----------------|-----|-----------------|--|
| Program Goal 1: Strengthen comprehensive Health Services within the program. | | | | | |
| Year Four Objective One Outcome: 87% of parents will obtain (EPDST) health requirements for their children | | | | | |
| Fall Progress | 71% | Winter Progress | 81% | Spring Progress | |
| Program Goal 1 Challenges: Parents understanding the importance of completing health steps | | | | | |

| | | | | | |
|--|-----|-----------------|-----|-----------------|--|
| Program Goal 1: Strengthen comprehensive Health Services within the program. | | | | | |
| Year Four Objective Two Outcome: 90% of parents/staff will participate in wellness activities | | | | | |
| Fall Progress | 77% | Winter Progress | 68% | Spring Progress | |
| Program Goal 1 Challenges: Parents/staff feeling connected to the activities offered | | | | | |

| | | | | | |
|---|-----|-----------------|-----|-----------------|--|
| Program Goal 2: Provide Comprehensive School Readiness | | | | | |
| Year Four Objective One Outcome: 70% of Head Start children will name upper and lowercase letters | | | | | |
| Fall Progress | 32% | Winter Progress | 64% | 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 Four Objective Two Outcome: 75% of children will sequence count to 50 | | | | | |
| Fall Progress | 15% | Winter Progress | 40% | 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 Four Objective Three 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 6.09 CO 5.61 IS 4.55 EB 6.1 EL 5.67 RC 6.07 | Winter Progress | ES 6.31 CO 5.44 IS 4.08 EB N/A EL N/A RC 5.25 | Spring Progress | ES CO IS EB EL RC |
| Program Goal 2 Challenges: Staff turnover, Teacher motivation, lack of understanding concepts | | | | | |

| | | | | | |
|--|-----|-----------------|-----|-----------------|--|
| Program Goal 2: Provide Comprehensive School Readiness | | | | | |
| Year Four Objective Four Outcome: 85% of Early Head Start children will demonstrate interactions with their peers | | | | | |
| Fall Progress | 56% | Winter Progress | 97% | Spring Progress | |
| Program Goal 2 Challenges: Teachers individualizing according to the data in the child assessment system | | | | | |

| | | | | | |
|--|-----|-----------------|-----|-----------------|--|
| Program Goal 3: Increase Parent Involvement in the Head Start Program | | | | | |
| Year Four Objective One Outcome: 70% of parents will be involved in their child’s education | | | | | |
| Fall Progress | 56% | Winter Progress | 62% | Spring Progress | |
| Program Goal 3 Challenges: Parent’s ability to participate in activities due to other commitments such as work or family responsibilities | | | | | |

Parent, Family, and Community Engagement Framework School Readiness Goals 2023-2024

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

Objective: 85% of all students will complete health requirements. **71%**

Action Steps:

1. 87% compliance of all EPTSD physical requirements. **81%**
2. 92% Compliance on initial physicals. **86%**
3. 85% Compliance on all six month dentals. **51%**
4. 85% compliance on lead and hemoglobin. **65%**

2. Goal: Parents will increase family engagement skills.

Objective: 80% of Parents will participate in Family Engagement Activities. **55%**

Action Steps:

1. 40% Parent Meeting Attendance **15%**
2. 75% participation in Read Across America. – **100%**
3. 80% Ready Rosie Parent Participation-**51%**

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. **86%**

Action Steps:

1. 85% parent participation in Home Visits and Parent Teacher Conferences. **99%**
2. 80% completion of home activities. **72%**
3. 80% participation at the end of the year transition meeting. **NA**

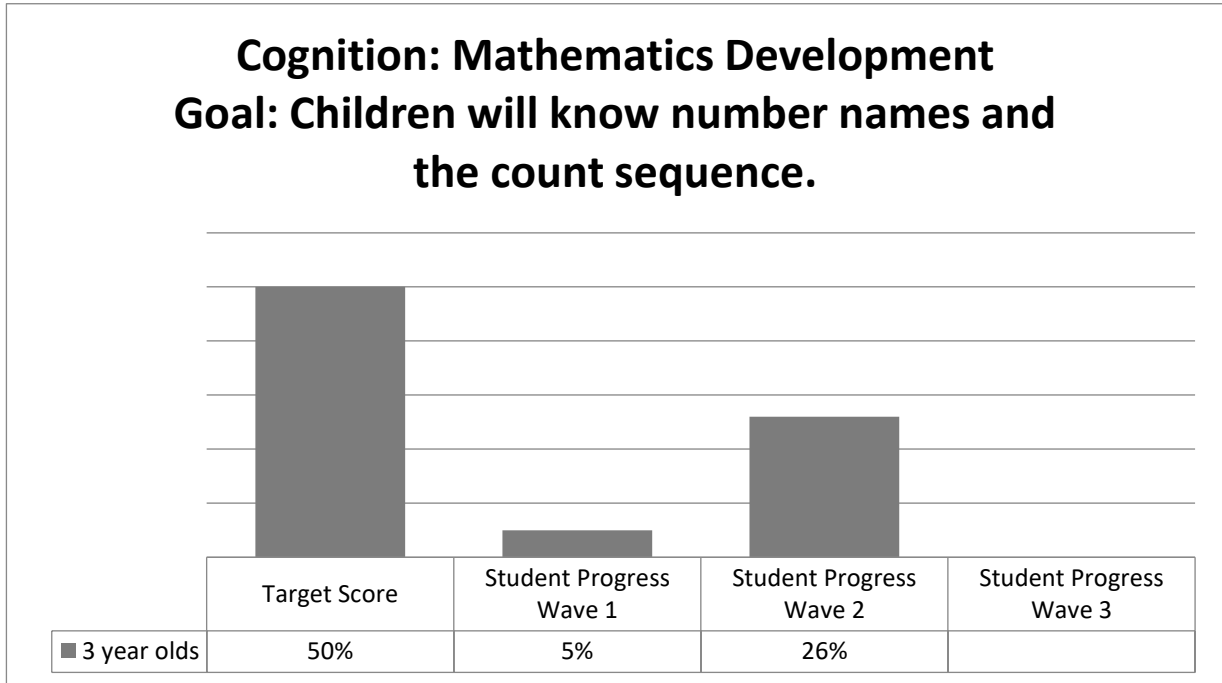
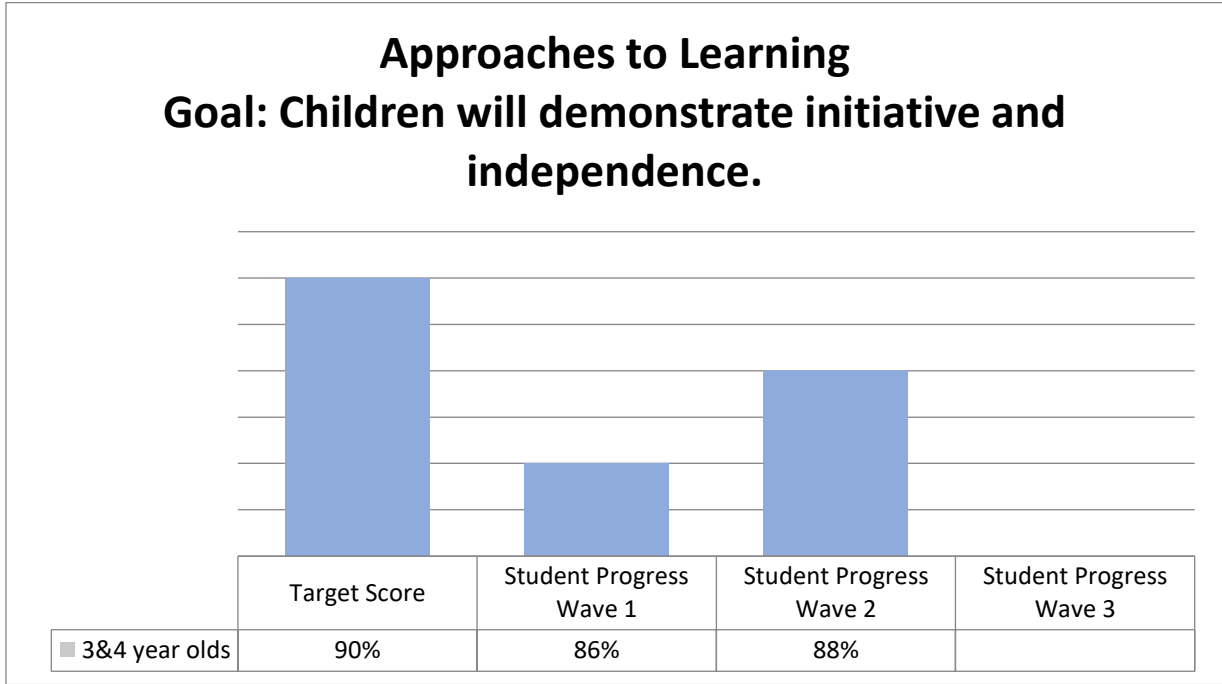
4. Goal: Parent and Staff will participate in Mental Wellness activities.

Objective: 90% of parents and staff will participate in mental wellness activities. **78%**

Action Steps:

1. 50% participation in quarterly staff wellness activity. **35%**
2. 80% of parents will receive a quarterly Health/Wellness Newsletter. **100%**
3. 90% participation in staff wellness training. **100%**

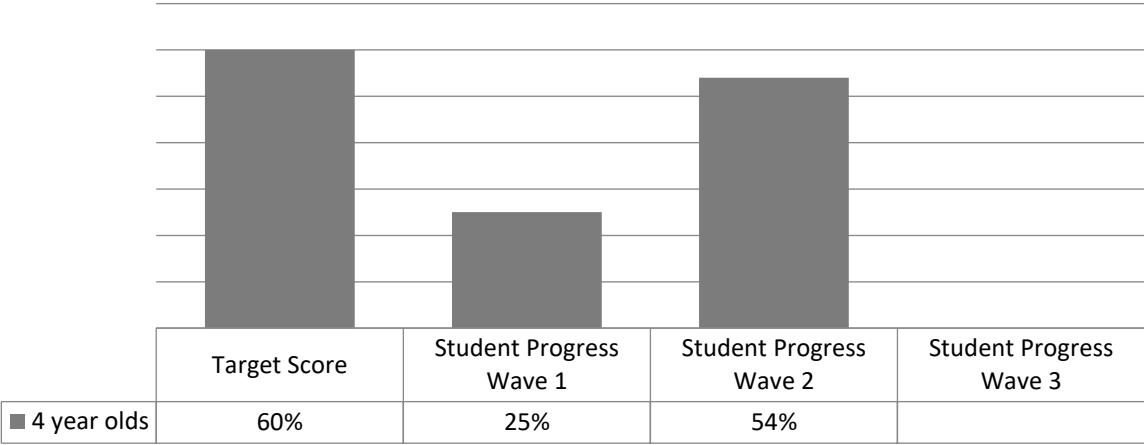
CSNT Head Start
School Readiness Performance Data Report
Head Start
2023-2024



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

CSNT Head Start
School Readiness Performance Data Report
Head Start
2023-2024

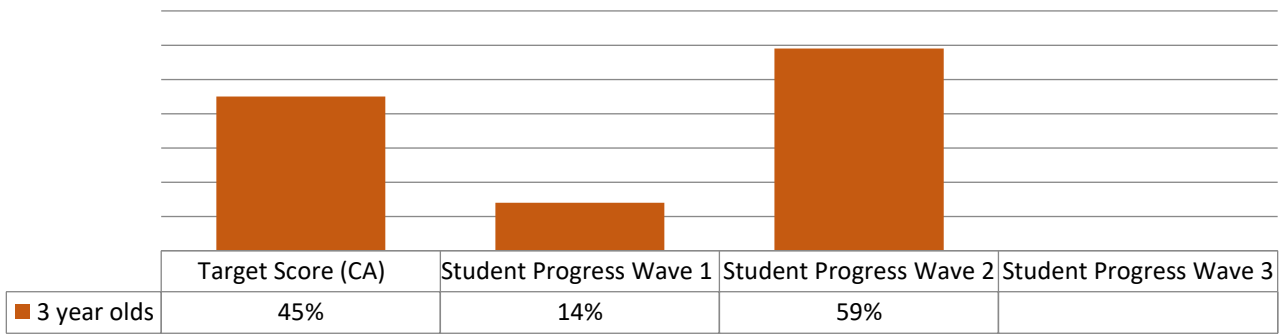
Cognition: Mathematics Development
Goal: Children will know number names and the count sequence.



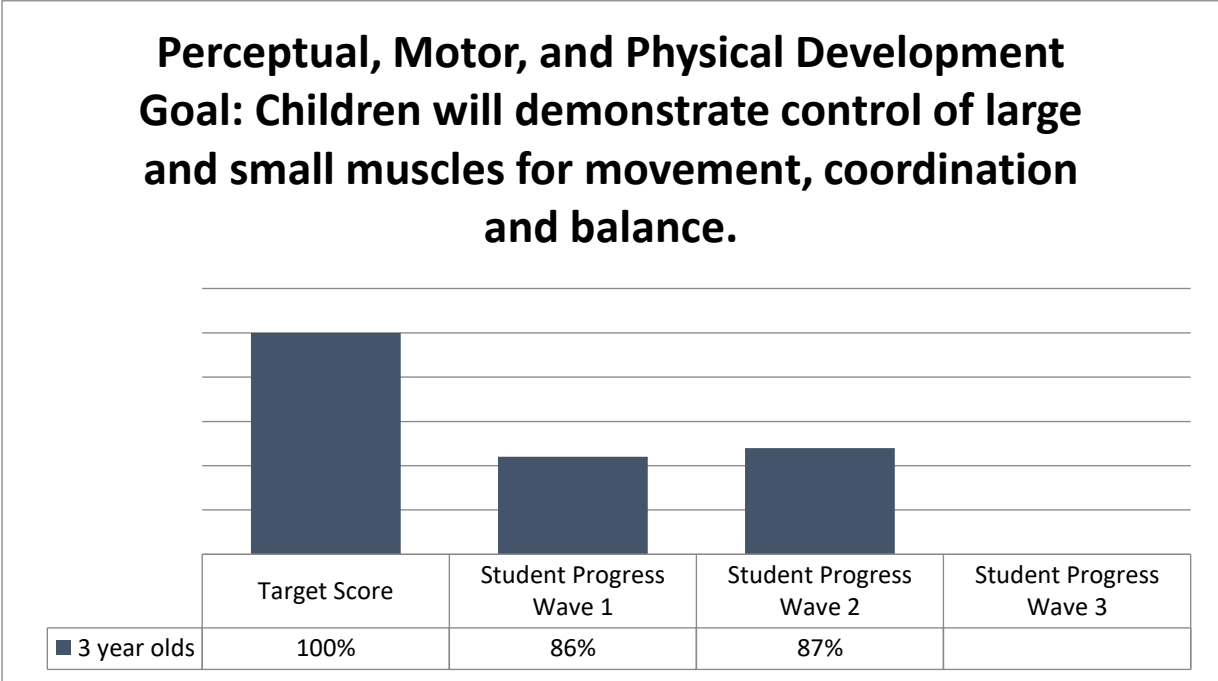
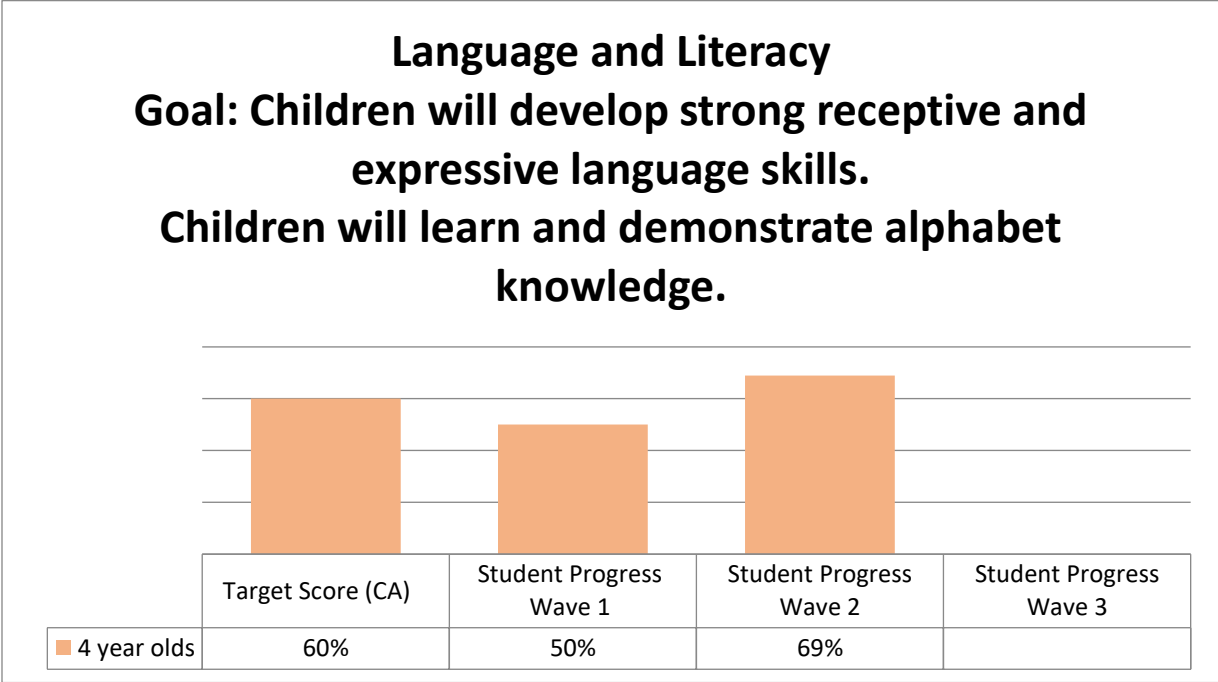
Percentages are based on actual data from Frog Street/Circle Assessment.

CSNT Head Start
School Readiness Performance Data Report
Head Start
2023-2024

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



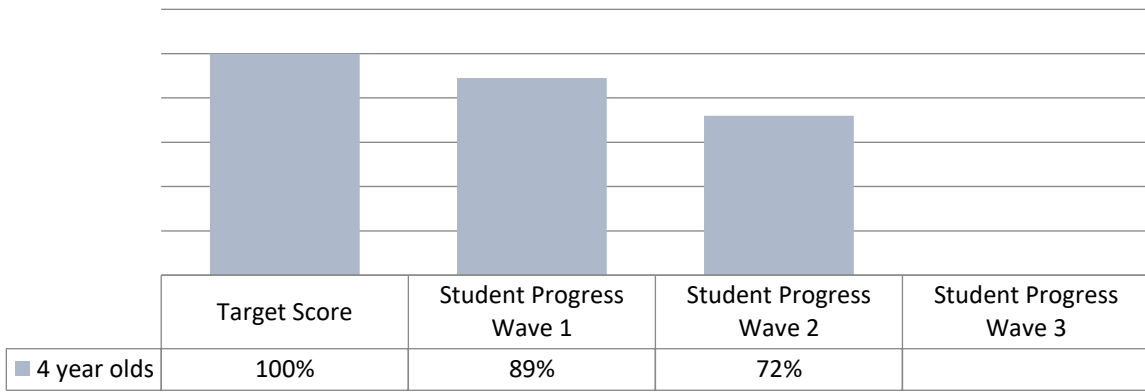
CSNT Head Start
School Readiness Performance Data Report
Head Start
2023-2024



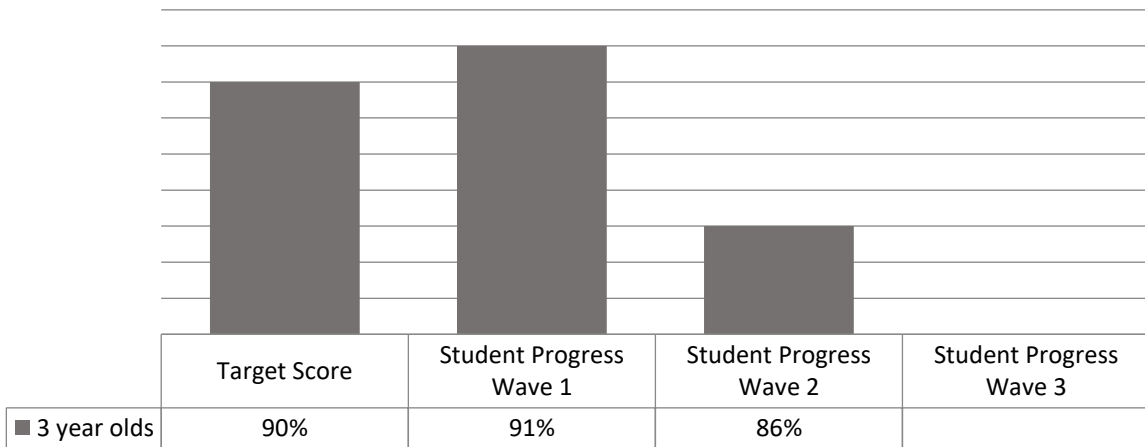
Percentages are based on actual data from Frog Street/Circle Assessment.

CSNT Head Start
School Readiness Performance Data Report
Head Start
2023-2024

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

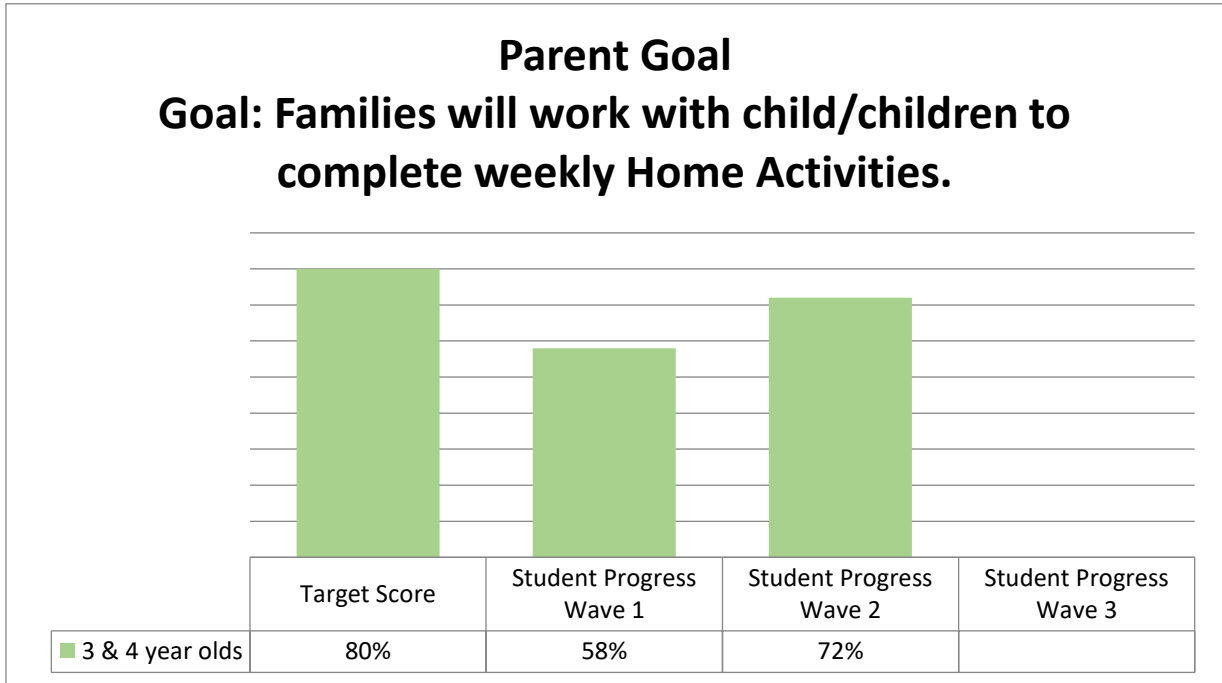
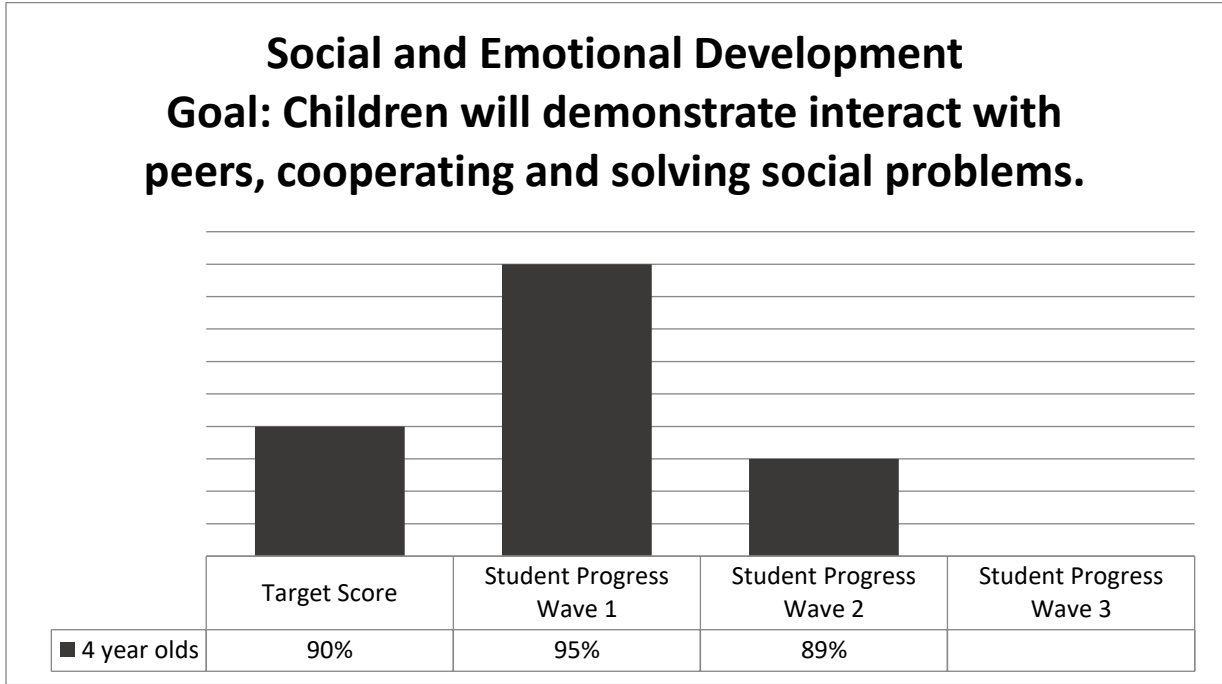


Social and Emotional Development
Goal: Children will demonstrate interact with peers, cooperating and solving problems.



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

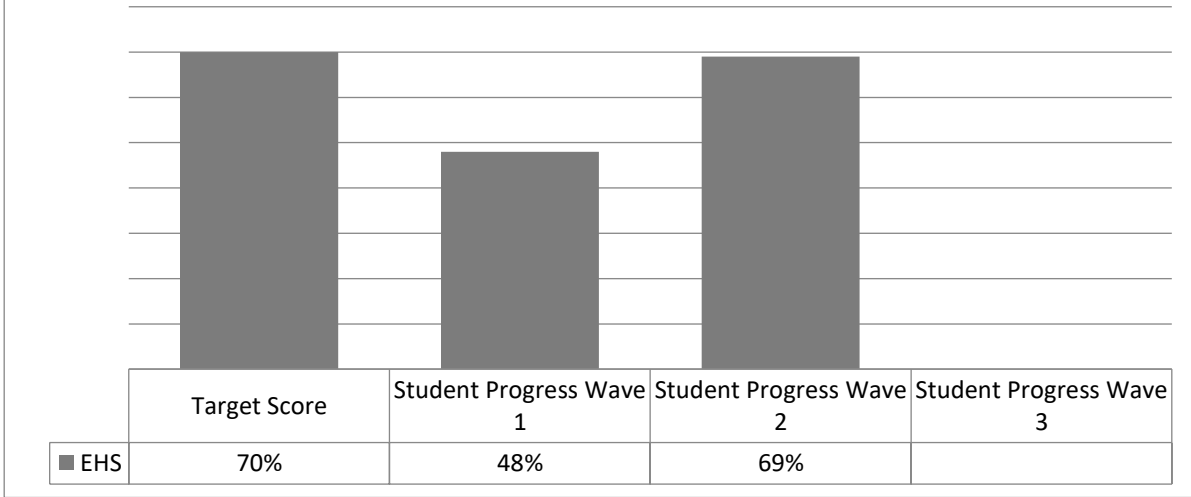
CSNT Head Start
School Readiness Performance Data Report
Head Start
2023-2024



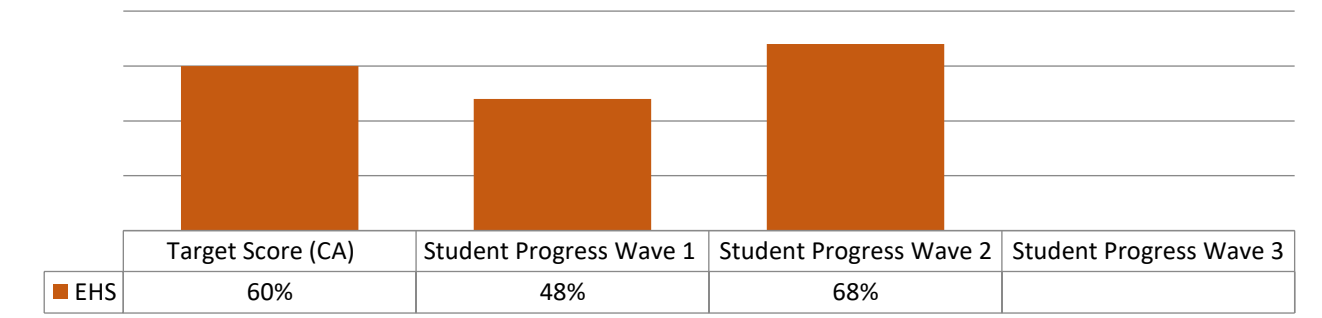
Percentages are based on actual data from Frog Street/Circle Assessment.

CSNT Head Start
School Readiness Performance Data Report
Early Head Start
2023-2024

Cognition: Mathematics Development
Goal: Children will know number names.



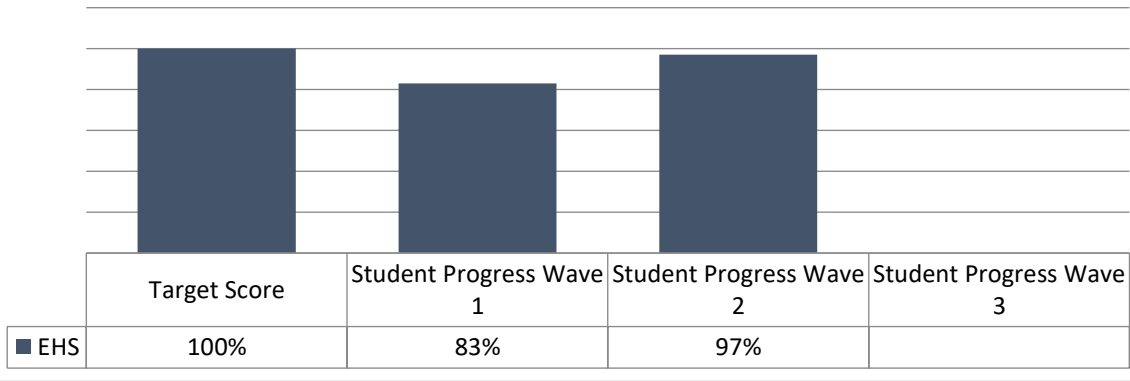
Language and Literacy
Goal: Children will develop strong receptive and expressive language skills.
Children will learn and demonstrate alphabet knowledge....



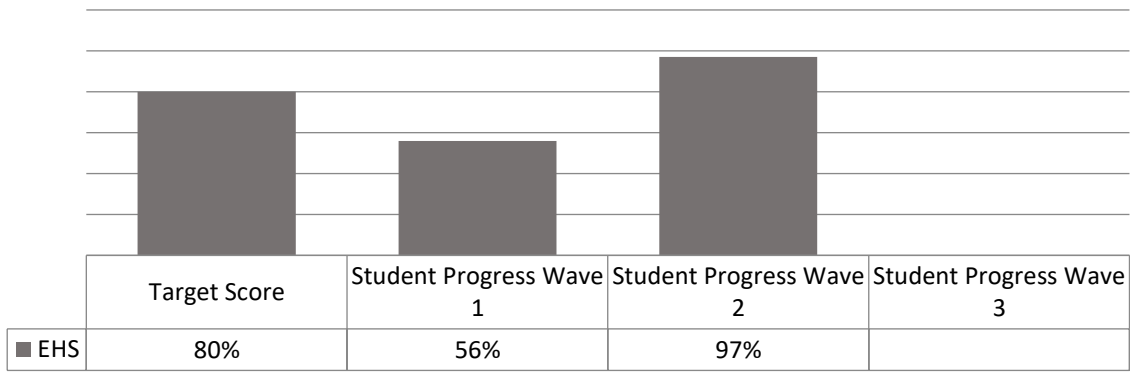
Percentages are based on actual data from Frog Street/Circle Assessment.

CSNT Head Start
School Readiness Performance Data Report
Early Head Start
2023-2024

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

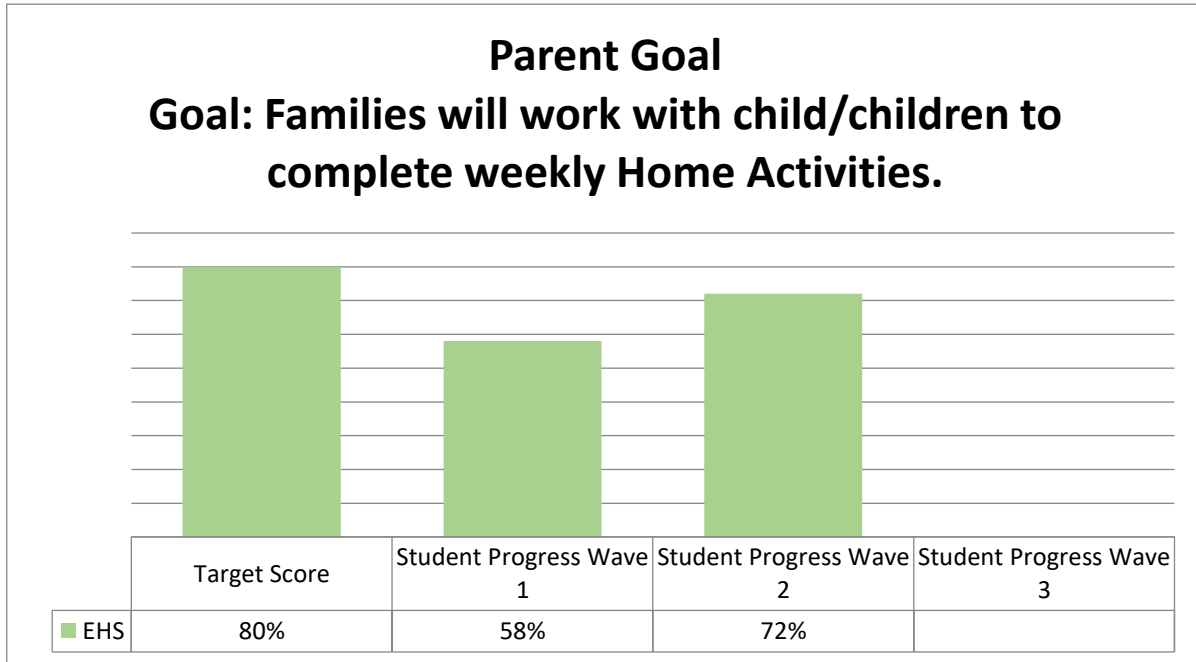


Social and Emotional Development
Goal: Children will demonstrate interact with peers, cooperating and solving social problems.



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

CSNT Head Start
School Readiness Performance Data Report
Early Head Start
2023-2024



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

2024-2025 Calendar



Atlanta Head Start



Student Days:

Full Day—7:50-3:30

Student Hours - 1324.40

Student Days—172

Staff Training/ Students out

- Aug 1—9
- Sept 23
- Nov 4
- Dec 20
- Jan 6
- Feb 24
- May 27—29

Student & Staff Holidays

- Labor Day - Sept 2
- Thanksgiving - Nov 25-29
- Christmas - Dec. 20-Jan 6
- Martin Luther King- Jan 20
- Winter Break - Feb 17-21
- Spring Break - Mar 24-28
- Good Friday - Apr 18
- Memorial Day - May 26
- Juneteenth—Jun 19
- Fourth of July—Jul 4

Early Release

- Nov 22
- Dec 18—19
- May 22—23

Staff Return August 1, 2024

Campus Director:
Alisha Oliver

Family Services:
Alisha Oliver

| August 2024 | | | | | | | September 2024 | | | | | | | October 2024 | | | | | | |
|---------------|----|----|----|----|----|----|----------------|----|----|----|----|----|----|--------------|----|----|----|----|----|----|
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | 1 | 2 | 3 | 4 | 5 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 9 | 7 | 8 | 9 | 10 | 11 | 12 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 29 | 30 | | | | | | 27 | 28 | 29 | 30 | 31 | | |
| November 2024 | | | | | | | December 2024 | | | | | | | January 2025 | | | | | | |
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | | 1 | 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | 1 | 2 | 3 | 4 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | 29 | 30 | 31 | | | | | 26 | 27 | 28 | 29 | 30 | 31 | |
| February 2025 | | | | | | | March 2025 | | | | | | | April 2025 | | | | | | |
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | | | 1 | | | | | | 1 | | | 1 | 2 | 3 | 4 | 5 | |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 23 | 24 | 25 | 26 | 27 | 28 | | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 27 | 28 | 29 | 30 | | | |
| | | | | | | | 30 | 31 | | | | | | | | | | | | |
| May 2025 | | | | | | | June 2025 | | | | | | | July 2025 | | | | | | |
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | 1 | 2 | 3 | 4 | 5 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 29 | 30 | | | | | | 27 | 28 | 29 | 30 | 31 | | |

School Starts: August 12

School Ends: May 23

2024-2025 Calendar



Bloomburg Head Start



Student Days:
Full Day—7:30-3:00

Student Hours - 1230
Student Days—164

Staff Training/ Students out

- July 31-Aug 11
- Jan 6-7, Feb 17, Mar 21

Student & Staff Holidays

- Labor Day - Sept 2
- Columbus Day—Oct 11-14
- Thanksgiving - Nov 25-29
- Christmas - Dec 20 -Jan 3
- Martin Luther King— Jan 20
- Winter Break - Feb 5-9
- Spring Break - Mar 25-29
- Memorial Day - May 26
- Juneteenth - Jun 19
- Fourth of July - Jul 4

Staff Return
July 29, 2024

Campus Director:
Candie Harris

Family Services:
Candie Harris

Contact Number:
(903) 728-5880

| August 2024 | | | | | | | September 2024 | | | | | | | October 2024 | | | | | | |
|---------------|----|----|----|----|----|----|----------------|----|----|----|----|----|----|--------------|----|----|----|----|----|----|
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | 1 | 2 | 3 | 4 | 5 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 29 | 30 | | | | | | 27 | 28 | 29 | 30 | 31 | | |
| | | | | | | | | | | | | | | | | | | | | |
| November 2024 | | | | | | | December 2024 | | | | | | | January 2025 | | | | | | |
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | | 1 | 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | 1 | 2 | 3 | 4 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | 29 | 30 | 31 | | | | | 26 | 27 | 28 | 29 | 30 | 31 | |
| | | | | | | | | | | | | | | | | | | | | |
| February 2025 | | | | | | | March 2025 | | | | | | | April 2025 | | | | | | |
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | | | 1 | | | | | | 1 | | | 1 | 2 | 3 | 4 | 5 | |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 23 | 24 | 25 | 26 | 27 | 28 | | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 27 | 28 | 29 | 30 | | | |
| | | | | | | | 30 | 31 | | | | | | | | | | | | |
| May 2025 | | | | | | | June 2025 | | | | | | | July 2025 | | | | | | |
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | 1 | 2 | 3 | 4 | 5 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 29 | 30 | | | | | | 27 | 28 | 29 | 30 | 31 | | |
| | | | | | | | | | | | | | | | | | | | | |

School Starts: August 8

School Ends: May 14

2024-2025 Calendar



Daingerfield Head Start



Student Days:

Full Day—7:50-3:30

Student Hours - 1301.30

Student Days—169

Staff Training/ Students out

- Aug 1-Aug 13
- Oct 16
- Jan 6

Student & Staff Holidays

- Labor Day - Sept 2
- Fall Break - Oct 14-15
- Thanksgiving - Nov 23-29
- Christmas - Dec 23-Jan 3
- Martin Luther King- Jan 20
- Winter Break - Feb 3-7
- President's Day—Feb 17
- Spring Break - Mar 17-21
- Good Friday - Apr 18
- Memorial Day - May 26
- Juneteenth - Jun 19
- Fourth of July - Jul 4

Early Release

- Dec 20
- May 23

Staff Return August 1, 2024

Campus Director:
MaRenda Traylor

Family Services:
MaRenda Traylor

| August 2024 | | | | | | | September 2024 | | | | | | | October 2024 | | | | | | |
|---------------|----|----|----|----|----|----|----------------|----|----|----|----|----|----|--------------|----|----|----|----|----|----|
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | 1 | 2 | 3 | 4 | 5 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 29 | 30 | | | | | | 27 | 28 | 29 | 30 | 31 | | |
| | | | | | | | | | | | | | | | | | | | | |
| November 2024 | | | | | | | December 2024 | | | | | | | January 2025 | | | | | | |
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | | 1 | 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | 1 | 2 | 3 | 4 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | 29 | 30 | 31 | | | | | 26 | 27 | 28 | 29 | 30 | 31 | |
| | | | | | | | | | | | | | | | | | | | | |
| February 2025 | | | | | | | March 2025 | | | | | | | April 2025 | | | | | | |
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | | | 1 | | | | | | 1 | | | 1 | 2 | 3 | 4 | 5 | |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 23 | 24 | 25 | 26 | 27 | 28 | | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 27 | 28 | 29 | 30 | | | |
| | | | | | | | 30 | 31 | | | | | | | | | | | | |
| May 2025 | | | | | | | June 2025 | | | | | | | July 2025 | | | | | | |
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | 1 | 2 | 3 | 4 | 5 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 29 | 30 | | | | | | 27 | 28 | 29 | 30 | 31 | | |
| | | | | | | | | | | | | | | | | | | | | |

School Starts: August 14

School Ends: May 23

2024-2025 Calendar



Hughes Springs Early Head Start



Student Days:

Full Day—7:30-3:00

Student Hours - 1391.25

Student Days—185.5

Staff Training/ Students out

- July 29-Aug 7
- Oct 17
- Dec 18—19
- Feb 17
- Mar 7

Student & Staff

Holidays

- Labor Day - Sept 2
- Fall Break - Oct 18
- Thanksgiving - Nov 25-29
- Christmas - Dec 20-Jan 3
- Martin Luther King- Jan 20
- Winter Break - Feb 14-17
- Spring Break -Mar 7—14
- Good Friday - Apr 18
- Memorial Day - May 26
- Juneteenth - Jun 19
- Fourth of July—Jul 4

Early Release Day

- Nov 22
- Dec 18
- Mar 6
- May 16
- Jun 6

Staff Return

July 29, 2024

Campus Director:
Carlin Johnson

Family Services:
Jennifer Sullivan
Ellen Smith

Contact Number:

| August 2024 | | | | | | | September 2024 | | | | | | | October 2024 | | | | | | |
|---------------|----|----|----|----|----|----|----------------|----|----|----|----|----|----|--------------|----|----|----|----|----|----|
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | 1 | 2 | 3 | 4 | 5 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 29 | 30 | | | | | | 27 | 28 | 29 | 30 | 31 | | |
| | | | | | | | | | | | | | | | | | | | | |
| November 2024 | | | | | | | December 2024 | | | | | | | January 2025 | | | | | | |
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | | 1 | 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | 1 | 2 | 3 | 4 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | 29 | 30 | 31 | | | | | 26 | 27 | 28 | 29 | 30 | 31 | |
| | | | | | | | | | | | | | | | | | | | | |
| February 2025 | | | | | | | March 2025 | | | | | | | April 2025 | | | | | | |
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | | | 1 | | | | | | 1 | | | 1 | 2 | 3 | 4 | 5 | |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 23 | 24 | 25 | 26 | 27 | 28 | | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 27 | 28 | 29 | 30 | | | |
| | | | | | | | 30 | 31 | | | | | | | | | | | | |
| May 2025 | | | | | | | June 2025 | | | | | | | July 2025 | | | | | | |
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | 1 | 2 | 3 | 4 | 5 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 29 | 30 | | | | | | 27 | 28 | 29 | 30 | 31 | | |
| | | | | | | | | | | | | | | | | | | | | |

School Starts: August 8

School Ends: June 6

2024-2025 Calendar



Hughes Springs Head Start



Student Days:

Full Day—7:30-3:00

Student Hours - 1267.50

Student Days—169

Staff Training/ Students out

- July 29-Aug 7
- Oct 17
- Dec 18—19
- Feb 17
- Mar 7

Student & Staff

Holidays

- Labor Day - Sept 2
- Fall Break - Oct 18
- Thanksgiving - Nov 25-29
- Christmas - Dec 20-Jan 3
- Martin Luther King- Jan 20
- Winter Break - Feb 14-17
- Spring Break -Mar 7—14
- Good Friday - Apr 18
- Memorial Day - May 26
- Juneteenth - Jun 19
- Fourth of July - Jul 4

Early Release Day

- Nov 22
- Dec 18
- Mar 6
- May 16

Staff Return

July 29, 2024

Campus Director:
Carlin Johnson

Family Services:
Jennifer Sullivan
Ellen Smith

Contact Number:
(903) 639-1914

| August 2024 | | | | | | | September 2024 | | | | | | | October 2024 | | | | | | |
|---------------|----|----|----|----|----|----|----------------|----|----|----|----|----|----|--------------|----|----|----|----|----|----|
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | 1 | 2 | 3 | 4 | 5 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 29 | 30 | | | | | | 27 | 28 | 29 | 30 | 31 | | |
| | | | | | | | | | | | | | | | | | | | | |
| November 2024 | | | | | | | December 2024 | | | | | | | January 2025 | | | | | | |
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | | 1 | 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | 1 | 2 | 3 | 4 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | 29 | 30 | 31 | | | | | 26 | 27 | 28 | 29 | 30 | 31 | |
| | | | | | | | | | | | | | | | | | | | | |
| February 2025 | | | | | | | March 2025 | | | | | | | April 2025 | | | | | | |
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | | | 1 | | | | | | 1 | | | 1 | 2 | 3 | 4 | 5 | |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 23 | 24 | 25 | 26 | 27 | 28 | | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 27 | 28 | 29 | 30 | | | |
| | | | | | | | 30 | 31 | | | | | | | | | | | | |
| May 2025 | | | | | | | June 2025 | | | | | | | July 2025 | | | | | | |
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | 1 | 2 | 3 | | | | | | | 1 | | | 1 | 2 | 3 | 4 | 5 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 27 | 28 | 29 | 30 | 31 | | |
| | | | | | | | 29 | 30 | | | | | | | | | | | | |

School Starts: August 8

School Ends: May 16

2024-2025 Calendar



Naples Head Start



Student Days:
Full Day—7:30-3:00

Student Hours - 1316.25
Student Days—175.5

Staff Training/ Students out
■ Jan 6

Student & Staff Holidays

- Labor Day - Sept 2
- Sept Break—Sept 27
- Fall Break—Oct 4
- Thanksgiving - Nov 22-29
- Christmas - Dec 20 -Jan 3
- Martin Luther King— Jan 20
- Winter Break - Feb 14
- Spring Break - Mar 14-21
- Good Friday - Apr 18
- May Break—May 2
- Memorial Day—May 26
- Juneteenth—Jun 19
- Fourth of July—Jul 4

Early Release Day
■ May 22

Staff Return
July 31, 2024

Campus Director:
Felicia Williams

Family Services:
Felicia Williams

Contact Number:

| August 2024 | | | | | | | September 2024 | | | | | | | October 2024 | | | | | | |
|---------------|----|----|----|----|----|----|----------------|----|----|----|----|----|----|--------------|----|----|----|----|----|----|
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | 1 | 2 | 3 | 4 | 5 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 29 | 30 | | | | | | 27 | 28 | 29 | 30 | 31 | | |
| | | | | | | | | | | | | | | | | | | | | |
| November 2024 | | | | | | | December 2024 | | | | | | | January 2025 | | | | | | |
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| | | | | | 1 | 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | 1 | 2 | 3 | 4 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | 29 | 30 | 31 | | | | | 26 | 27 | 28 | 29 | 30 | 31 | |
| | | | | | | | | | | | | | | | | | | | | |
| February 2025 | | | | | | | March 2025 | | | | | | | April 2025 | | | | | | |
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | | | 1 | | | | | | 1 | | | 1 | 2 | 3 | 4 | 5 | |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 23 | 24 | 25 | 26 | 27 | 28 | | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 27 | 28 | 29 | 30 | | | |
| | | | | | | | 30 | 31 | | | | | | | | | | | | |
| May 2025 | | | | | | | June 2025 | | | | | | | July 2025 | | | | | | |
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | 1 | 2 | 3 | 4 | 5 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 29 | 30 | | | | | | 27 | 28 | 29 | 30 | 31 | | |
| | | | | | | | | | | | | | | | | | | | | |

School Starts: August 7

School Ends: May 22

2024-2025 Calendar



New Boston Head Start



Student Days:

Full Day—7:30-3:00

Student Hours - 1327.5

Student Days—177

Staff Training/ Students out

- Dec 20

Student & Staff Holidays

- Labor Day - Sept 2
- Sept Break—Sept 27
- Fall Break—Oct 25
- Thanksgiving - Nov 25-29
- Christmas - Dec 23-Jan 3
- Martin Luther King— Jan 20
- Winter Break - Feb 14
- Spring Break - Mar 7-14
- Good Friday - Apr 18
- May Break—May 2
- Memorial Day—May 26
- Juneteenth—Jun 19
- Forth of July—Jul 4

Early Release Day

- Dec. 19
- May 22

Staff Return

July 29, 2024

Campus Director:
Venus Hornbuckle

Family Services:
Venus Hornbuckle

August 2024 September 2024 October 2024

| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | | | | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | 1 | 2 | 3 | 4 | 5 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 29 | 30 | | | | | | 27 | 28 | 29 | 30 | 31 | | |

November 2024 December 2024 January 2025

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| | | | | | 1 | 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | 1 | 2 | 3 | 4 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | 29 | 30 | 31 | | | | | 26 | 27 | 28 | 29 | 30 | 31 | |

February 2025 March 2025 April 2025

| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
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| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 23 | 24 | 25 | 26 | 27 | 28 | | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 27 | 28 | 29 | 30 | | | |
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May 2025 June 2025 July 2025

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| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 29 | 30 | | | | | | 27 | 28 | 29 | 30 | 31 | | |

School Starts: August 5

School Ends: May 22

2024-2025 Calendar



Pittsburg Head Start



Student Days:

Full Day—7:30-3:00

Student Hours - 1207.50

Student Days—161

Staff Training/ Students out

- Oct 21
- Jan 8
- Feb 14
- Mar 31
- May 16

Student & Staff Holidays

- Labor Day - Sept 2
- Fall Break - Oct 4 and Nov 4
- Thanksgiving - Nov 25-29
- Christmas - Dec 23-Jan 7
- Martin Luther King- Jan 20
- President's Day - Feb 17
- Spring Break - Mar 17-21
- Good Friday - Apr 18
- Memorial Day - May 26
- Juneteenth - Jun 19
- 4th of July - Jul 4

Early Release Day

- Sept 27
- Nov 22
- Dec 20
- Mar 14
- Apr 17
- May 15

Staff Return August 1, 2024

Campus Director:
Kaye Nelms

Family Services:
Claudia Salinas

Contact Number:
(903) 856-1245

| August 2024 | | | | | | | September 2024 | | | | | | | October 2024 | | | | | | | |
|---------------|----|----|----|----|----|----|----------------|----|----|----|----|----|----|--------------|----|----|----|----|----|----|----|
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| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | |
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| November 2024 | | | | | | | December 2024 | | | | | | | January 2025 | | | | | | | |
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| February 2025 | | | | | | | March 2025 | | | | | | | April 2025 | | | | | | | |
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School Starts: August 14

School Ends: May 15

2024-2025 Calendar



Texarkana Head Start



Student Days:

Full Day—7:30-3:00

Student Hours - 1263.75

Student Days—168.50

Staff Training/ Students out

- July 29-Aug 6
- Oct 14 & 15
- Jan 4 & 5
- Mar 17 & 18

Student & Staff Holidays

- Labor Day - Sept 2
- Thanksgiving - Nov 20-24
- Christmas - Dec 23-Jan 3
- Martin Luther King- Jan 20
- Winter Break - Feb 17-21
- Spring Break - Apr 7-11
- Memorial Day—May 26
- Juneteenth—Jun 19
- Fourth of July—Jul 4

Early Release Day

- Sept 26
- Dec 19 & 20
- May 22 & 23

Staff Return July 29, 2024

Campus Director:
Era Moore-Collins

Family Services:
Quintessa Pierce
Keundra Riser
Bridget Jannise
Wanda Davis

| August 2024 | | | | | | | September 2024 | | | | | | | October 2024 | | | | | | |
|---------------|----|----|----|----|----|----|----------------|----|----|----|----|----|----|--------------|----|----|----|----|----|----|
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | 1 | 2 | 3 | 4 | 5 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 29 | 30 | | | | | | 27 | 28 | 29 | 30 | 31 | | |
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| November 2024 | | | | | | | December 2024 | | | | | | | January 2025 | | | | | | |
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| 3 | 4 | 5 | 6 | 7 | 8 | 9 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | 29 | 30 | 31 | | | | | 26 | 27 | 28 | 29 | 30 | 31 | |
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| February 2025 | | | | | | | March 2025 | | | | | | | April 2025 | | | | | | |
| S | M | T | W | Th | F | S | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
| | | | | | | 1 | | | | | | 1 | | | 1 | 2 | 3 | 4 | 5 | |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 23 | 24 | 25 | 26 | 27 | 28 | | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 27 | 28 | 29 | 30 | | | |
| | | | | | | | 30 | 31 | | | | | | | | | | | | |
| May 2025 | | | | | | | June 2025 | | | | | | | July 2025 | | | | | | |
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| | | | | 1 | 2 | 3 | | | | | | 1 | | 1 | 2 | 3 | 4 | 5 | 6 | |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 28 | 29 | 30 | 31 | | | |
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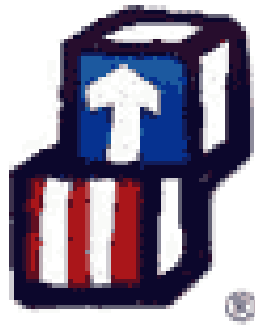
School Starts: August 7

School Ends: May 23

Community Services of
Northeast Texas, Inc.



Head Start/ Early Head Start



Parent Handbook

Policy Council Approval:
Governing Board Approval:



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About Us

Head Start is a comprehensive child development program which focuses on preparing children for entry into kindergarten. The program serves income eligible children ages 3-5 and their families by providing educational, health, dental and social services free of charge.

The educational component focuses on pre-reading skills, phonemic awareness, numeric development and social skills. All children are screened at the beginning of the program year to assess their development. All children receive physicals annually and any needed medical attention is obtained through their insurance or provided by Head Start. Children diagnosed with disabilities are fully included in all aspects of the program.

In addition, each child's family is case studied to determine their strengths and needs and a Family Partnership Agreement is developed to ensure that each child and their family receive the maximum amount of success from the services that are available.

Head Start currently serves more than 481 children in Bowie, Camp, Cass, and Morris counties.

Educational Philosophy of Head Start

Head Start adheres to the philosophy that parents are the prime educators of their children. The Educational Program provides parents with the opportunity to learn additional parenting skills, and also an opportunity to learn how to work more effectively with their own children.

Head Start works to enrich children with a learning environment and varied experiences appropriate to their age, stage of development and cultural background, which will help them to develop socially, intellectually, physically and emotionally.

CSNT Mission Statement

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

CSNT Head Start Vision Statement

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

CSNT Head Start Campus Directory

Atlanta Head Start

Atlanta Primary

505 Rabbit Blvd
Atlanta, Texas 75551
903-796-4118 Fax 903-796-4110

Bloomburg Head Start

201 W. Cypress
Bloomburg, Texas 75556
903-728-5880
Fax 903-728-5870

Daingerfield-Lone Star Head Start

West Elementary

305 West Watson
Daingerfield, Texas 75638
903-645-2901

Hughes Springs Head Start

903 E. 1st Street
Hughes Springs, Texas 75656
903-639-1914
Fax 903-639-1783

Hughes Springs Early Head Start

903 E. 1st Street
Hughes Springs, Texas 75656
903-639-1914
903-639-1783

Naples/Omaha Head Start

412 WL Doc Dodson Blvd.
Naples, Texas 75568
903-897-0318 Fax 903-897-0898

New Boston Head Start

117 Robertson
New Boston, Texas 75570
903-628-5621
Fax 903-628-3680

Pittsburg Head Start

404 Broach Street
Pittsburg, Texas 75686
903-856-1245 FSW 903-856-1246
Fax 903-856-6310

Texarkana Head Start

Paul Laurence Dunbar Early Education
2315 West 10th Street
Texarkana, Texas 75503
903-255-3295
Fax 903-255-3294

Department of Health and Human Services Child Care Licensing Division

You are entitled to see the required postings from Texas Child Care Licensing. You may ask the Campus Director to view: The Minimum Standards for this Licensed Child Care Campus (also available on the web at <https://hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/child-care-licensing/minimum-standards> or at your local Licensing office), Inspection / Investigation Report, (compliance information is also available on the web at http://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/default.asp or from your local Licensing office), Documentation of liability insurance, Fire Marshal's Inspection Report, The most recent Health Department's Sanitation Inspection Report, The most recent Gas Pipe Inspection report, and the Child-Care Campus's operational policies.

Local Child Care Licensing Offices

Texarkana

Jamee Mars

3103 Summerhill Road
Texarkana, Texas 75503
903-791-3406

Paris

Emily Lipe

143019 19th Street NW
Paris, Texas 75460
903-737-0338

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 penalty. You can find this information on your parent board at your campus.

Staff Immunizations

Community Services of Northeast Texas, Inc. does not require staff to obtain Hep A, Influenza and Pertussis, and COVID.

Emergency Preparedness Plan

Each Licensed Campus will have their Emergency Preparedness Plan posted in the entry way to the Campus. This will be available for parents to view at any time. This provides the details of our evacuation plans, as well as, procedures for shelter in place. Our relocation sites are listed on page 7.

Child Abuse

Preventing and Responding to Abuse and Neglect of Child

- A. Employees are required annually to obtain a minimum of one hour training on preventing and responding to neglect of children.
- B. Methods used for increasing employee and parent awareness of issues regarding child abuse and neglect warning signs that a child may be a victim of abuse or neglect are as follows:
 - 1. Printed materials are available for parents and staff relating to increasing employee and parent awareness regarding child abuse and neglect, including warning signs that a child may be a victim of abuse.
 - 2. Poster “Keeping Children Safe” located on parent information board.
 - 3. Refer parent to Child Abuse Hotline at 800-252-5400 or www.dfps.state.tx.us
- C. Methods used for increasing employee and parent awareness of prevention techniques for child abuse as follows:
 - 1. Printed materials are available for parents and staff relating to increasing employee and parent awareness regarding child abuse and neglect, including warning signs that a child may be a victim of abuse.
 - 2. Poster “Keeping Children Safe” located on parent information board.
 - 3. Refer parent to Child Abuse Hotline at 800-252-5400 or www.dfps.state.tx.us
- D. Strategies for coordination between the campus and appropriate community organizations include:
 - 1. Open communication between communities between community organizations by mail, email or telephone.
 - 2. Attending meetings and/or trainings with community organizations.
 - 3. 3. Refer parent to Child Abuse Hotline at 800-252-5400 or www.dfps.state.tx.us
- E. Actions that the parent of the child who is a victim of abuse or neglect should take to obtain assistance are as follows:
 - 1. Refer parent to information on poster “Keeping Children Safe” located on the parent information board.
 - 2. Refer parent to Child Abuse Hotline at 800-252-5400 or www.hhs.state.tx.us
 - 3. Refer parent to local police department or 911.
- F. Parent Education and Resources
 - 1. www.parenttoolkit.com
 - 2. www.discoveryeducations.com/parents/
 - 3. www.pbs.org/parents/
 - 4. www.choosemyplate.gov

Emergency Evacuation Plan

In the event of a situation requiring relocation outside the local area of the facility such as hazardous spill, brush or forest fire or other dangers threatening the safety of the occupants of the immediate area of the facility, all staff and children will relocate as a group to the pre-designated relocation site unless otherwise directed by emergency services personnel. The Campus Director/Designated Staff will notify the Administrative Office of the situation and buses will be dispatched to transport children and staff to pre-designated locations. Program Staff as assigned by the Curriculum Director will contact the parents to inform them of the situation and directions to the relocation site. Telephone numbers will be obtained from the Family Service Workers

Campus Directors/Designated Staff will be responsible for up the emergency pack, parent contact information and ensuring the notification posted is attached to the facility entrance providing the relocation site and contact information. Children will not be released except to an identified authorized pick-up person. **Pre-designated relocations (to verify or ask questions contact your Campus Director)**

| Attendance Site | Relocation Site | Relocation Address | Relocation Telephone # |
|---|--|--|--|
| Atlanta Head Start | AISD Bus Pen | HWY 43 Atlanta, TX | 903-796-4194 |
| Bloomburg Pre-K Academy | Queen City High School Football Field | 905 Houston Street Queen City, TX | 903-796-8259 |
| Daingerfield Head Start | Daingerfield Church of Christ | 818 West Watson Blvd. Daingerfield, TX | 903-645-2896 |
| Hughes Springs Head Start/Early Head Start | 1st Location—Hughes Springs Community Center 2nd Location—Hughes Springs Elementary Gym | 1st Location—902 East 1t Street Hughes Springs, TX 2ns Location—809 Russell Street Hughes Springs, TX | 1st Location—903-639-4484 2nd Location—903-639-3881 |
| Naples Head Start | 1st Location—Pewitt Elementary School Cafeteria 2nd Location—Pewitt High School | 1st Location—374 CR 4318 Omaha, TX 2nd Location - 1216 US Highway 67 West Omaha, TX | 1st Location—903-884-2404 2nd Location—903-884-2293 |
| New Boston Head Start | 1st Location—Oakview Primary 2nd Location—Industrial Air Systems | 1st Location—530 Hospital Drive New Boston, TX 2nd Location - 107 HWY 82 West New Boston, TX | 1st Location—903-628-8901 2nd Location—903-628-5276 |
| Pittsburg Head Start | 1st Location—Pittsburg Primary 2nd Location—First United Methodist Church | 1st Location—405 Broach Street Pittsburg, TX 2nd Location - 109 College Street Pittsburg, TX | 1st Location—903-856-6482 2nd Location—903-856-2839 |
| Paul Laurence Dunbar Early Education Center | Mount Orange Baptist Church | 2510 W 10th Street Texarkana TX | 903-792-6001 |

Parent Committee and Policy Group Participation

You will have an opportunity to serve in the following capacities:

1. Parent Committee: This committee is set up at the local campus level and is composed of all parents with children enrolled in the Head Start (HS)/ Early Head Start (EHS) Program. As a HS/EHS parent you automatically become a member of this committee.
2. Head Start Policy Council: This group is set up at the agency level and is composed of at least 51% parents, plus community representatives. The parents are elected from the local parent groups annually.
3. Board of Directors: This is the grantee agency for the operation of the Head Start Program. The Agency has a 12– member Board of Directors, including one member from Policy Council.

DISCIPLINE/GUIDANCE POLICY

Each Campus has a copy of *MINIMUM STANDARDS RULES for LICENSED CHILD-CARE CENTERS* which contains reasonable standards for childcare facilities in Texas. All staff and volunteers are required to undergo training on minimum standards to ensure safe childcare.

The following is a short, but important, list of discipline and guidance policy that Head Start expects every staff and volunteer to know: The Campus's staff must ensure that discipline and guidance are consistent, are based on an understanding of individual's needs and development and promote self-discipline and acceptable behavior.

- There must be no cruel, harsh, or unusual punishment/treatment.
 - Staff or volunteers must not shake, bite or hit the children.
 - The staff must not put anything in or on a child's mouth as punishment.
 - The Campus's staff may use brief, supervised separation of children from the group if necessary, but the staff must not place children in a locked or dark room with the door closed.
- Use your "inside voice" when speaking to the children. Remember, it is not always WHAT you say but HOW you say it. Your tone of voice should reflect respect for the children and concern for their well-being.
- "No" and "Don't" are not Head Start words. Use positive statements to obtain the behavior you are seeking. For example, instead of "Don't run," try "Use your walking feet" Instead of "Don't throw rocks," try "Let us leave the rocks on the ground".
- You are a role model for the children. Using "Please" and "Thank You" as much as possible will teach them to use these positive words, too.

EMERGENCY AND FIRST AID PROCEDURES

Each Campus has an emergency/evacuation plan for response to fire and/or natural disasters. This plan includes procedures for evacuations for fire and sheltering/severe weather, which includes an alternate location. Fire drills will be conducted monthly; sheltering/severe weather drills are done once every three months.

A copy of the plan is posted in each classroom, Family Service Worker and Campus

Director Offices. Information on dates and times of drills are posted, this plan is available for review at any time through your Campus Director. The Campus Director will go over these procedures with volunteers.

First aid kits and fire extinguishers are in the Campus and on all buses. Staff are the personnel who can administer first aid to the children. Should a child become injured, report it immediately to the classroom teacher.

No unassigned EPI pens are kept on campus.

What can the Head Start/Early Head Start Program Offer to Your Family?

- ✓ The program provides children with activities that help them grow mentally, socially, emotionally, and physically.
- ✓ Staff members offer a nurturing environment, and understanding, the opportunity to learn and to experience success. Your child will leave this program more prepared for kindergarten, excited about learning and ready to succeed.
- ✓ We provide health and developmental screenings/assessments for your children and any follow-up services needed.
- ✓ Head Start/Early Head Start Program offers you a sense of belonging, other support services, and a chance to be involved in activities to help your whole family.

Parent Code of Conduct

Standards of Conduct: All Parents/Guardians and Volunteers will:

- ✓ Respect and promote the unique identity of each child and family and refrain from stereotyping based on gender, race, ethnicity, culture, religion or disability.
- ✓ Follow program confidentiality policies concerning information about children, families, and staff members.
- ✓ Not allow a child to be left alone or unsupervised while under their care.
- ✓ Use positive methods of child guidance and not engage in corporal punishment, emotional, or physical abuse, or humiliation; not employ methods of discipline that involve isolation, the use of food as punishment or reward, or the denial of basic needs; do not bind or tie a child to restrict movement, or tape a child's mouth; use physical activity or outdoor time as a punishment or reward.
- ✓ Conduct themselves in a manner that reflects positively upon the program's reputation and upon the children and families the program serves. Compliance with CSNT Code of Conduct is the responsibility of Head Start parents/guardians, volunteers, or anyone else involved with the program. To ensure orderly operations and provide the best possible learning environment, CSNT expects parents/guardians to follow this Parent Code of Conduct.
- ✓ It is not possible to list all the forms of behavior that are considered unacceptable. The following are examples of violations of rules of conduct.

- ✓ Threats to staff, parents or children
- ✓ Physical or verbal punishment of a child
- ✓ Swearing or cursing
- ✓ Smoking
- ✓ Quarreling, verbal fighting, loud shouting and display of anger
- ✓ Bringing drugs, alcohol or weapons to program sites or events
- ✓ Physical violence
- ✓ Inappropriate or excessive displays of physical affection between adults
- ✓ Inappropriate dress, including for example, low-cut tops, bare midriff or clothes with words or pictures inappropriate for young children

A parent or guardian of a child at a child care facility has the right to:

- (1) enter and examine the child care facility during the facility's hours of operation without advanced notice;
- (2) review the child care facility's publicly accessible records;
- (3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
- (4) obtain a copy of the child care facility's policies and procedures;
- (5) review, at the request of the parent or guardian, the facility's:
 - (A) staff training records; and
 - (B) any in-house staff training curriculum used by the facility;
- (6) review the child care facility's written records concerning the parent's or guardian's child;
- (7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
 - (A) video recordings of the alleged incident are available;
 - (B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own;
 and
 - (C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
- (8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
- (9) be provided the contact information for the child care facility's local Child Care Regulation office;
- (10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and
- (11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

CONFIDENTIALITY POLICY—Protection of Child’s Record

Head Start establishes procedures for the protection of confidential records and information on the families and children we serve. We follow the Family Educational Rights and Privacy Act (FERPA). *Disclosure with parental consent Parents will complete a form for Release of Confidential Information during orientation or when a record is requested from a child’s campus. *Disclosure without parental consent

Files can be accessed by certain entities without parental consent. This would be a review by the Federal Auditors, Fiscal Auditors, USDA audit, Contractors of the program, Appropriate parties in an emergency, records that are subpoenaed by a judicial order, or records requested by Child Protective Services.

All files remain locked in the file cabinet in your child’s Family Service Workers office.

Parental Rights

Parents have the right to inspect child’s records. Only information relating to your child will be disclosed when requested. This request must be completed in writing. If a parent feels the information is incorrect, they can request that the record be amended. Parent has the right to appeal any record within the child’s file by contacting the Family Service Administrator at 903-756-5596 ext. 218.

Education

Early Head Start/ Head Start will provide your child with an individualized educational program based upon Frog Street 2020/Three's/ Infant/ Toddler. A lesson plan will be developed for your child on a weekly basis. Frog Street Curriculum addresses the Head Start Child Development and Early Learning Framework.

This means that your child's needs will be met in a responsive manner by his/her primary teacher. Infants and toddlers learn through play and exploring their environment. Your child's teacher will be provided activities and materials that encourage your child's development. Activities for children in the room will vary according to their own needs.

Early Head Start children will be provided a daily report on your child about your child's days. A minimum of two parent conferences and two home visits will be scheduled during the year to discuss your child's progress. However, your child's teacher is available to meet with you at any time if you have a question or concern.

Head Start/ Early Head Start staff provide an initial developmental, vision and hearing screening for your child. This screening is conducted within 45 days of enrollment into the Program. Early Head Start Developmental screening is Ages and Stages. Head Start uses Dial 4. The results are used to begin individual planning for each child.

Indoor/Outdoor Play

Early Head Start/ Head Start will promote indoor and outdoor physical activity throughout the day. A minimum of two daily opportunities for outdoor play, weather permitting, in which a child makes use of both small and large muscles for a total of 60 minutes daily. A balance of active and quiet play that incorporates group and individual activities, both indoors and outdoors for a minimum of 60 minutes daily for toddlers and 90 minutes daily for pre-kindergarten age children. There will be child initiated activities that include equipment, materials and supplies needed that are within reach of the child and the child will be able to choose the activity. The Teacher will also plan at least two activities daily to promote movement.

Outdoor play provides for greater freedom and flexibility, fuller expression through loud talk, and a greater range of active movement. Outdoor play also extends opportunities for large muscle development, social-emotional development, and small muscle development by offering variety, challenge, and complexity in ways that are not attainable in a confined indoor space. I am moving, I am Learning is a program we use to address obesity. This will include activities in the CSNT Head Start Classroom for indoor play that is a nutritious program that emphasizes healthy choices and movement.

THE TEACHER'S RESPONSIBILITY IS TO:

- Interact with your Child.
- Develop a relationship with your child.
- Consistently respond to your child's needs
- Know your child individual schedule.
- Know your child's moods and best way to comfort.
- Work with you to ensure that your child's needs are met.
- Ensure that you and your child are happy and comfortable in our program.

Sample Schedule

7:30-8:30 – Arrival Time/Handwashing/ Breakfast/ Tooth Brushing/ Free Choice Activities
8:30-8:50 - Circle Time/ Preview Centers/ Music/ Conscious Discipline Strategies
8:50-9:15 – Learning Centers/ Individualization/ Small Group
9:15-9:35 – Circle Time/ Language and Literacy
9:35- 9:50 – Learning Centers/ Individualization/Small Group
9:50- 10:20 – Outdoor Activities/ IMIL (I'm Moving, I'm Learning)
10:20-10:35 – Circle Time/ Math
10:35- 10:50 – Learning Centers/ Individualization/ Small Group
10:50- 11:00 – Cognitive Transition/ Restroom/ Hand Washing/ Prepare for Lunch.
11:00- 11:30 – Family Style Lunch
11:30- 11: 45 – Read Aloud/ Transitions from ISD Teacher to Head Start
11:45- 12:00 – Cognitive Transition/ Restroom/ Hand Washing/ Prepare for rest/ Read Aloud.
12:00- 1:00 – Rest/ Quiet Time/ Nap
1:00 – 1:15 – Cognitive Transition/ Restroom/ Hand Washing/ Music
1:15- 1:30 – Circle Time/ Science/ Social Studies
1:30- 2:00 – Outdoor Activities
2:00- 2:15 – Learning Centers/ Individualization/ Small Group
2:15- 2:30 – Snack
2:30- 3:00 – Circle Time/ Health Nutrition/ IMIL/ Recap/ Dismissal
3:00-4:00 – Teacher Planning Time

YOUR CHILD NEEDS:

- To build close trusting relationships.
- To explore a room that is safe and inviting.
- To engage in stimulating age-appropriate activities.

Field Trips

Field trips are a fun and important part of the Head Start experiences. We encourage parents to participate whenever possible. Please notify your child's teacher if you would like to be a chaperone. Parent chaperones must follow the same nutritional guidelines children are offered during the field trips. The purchase of outside food is not allowed while on the field trip. All food provided for children will also be provided for the chaperones. If you have a food allergy, please notify your child's teacher ahead of time so we can provide a substitute. Parent are asked to complete a request form giving permission for their child to participate prior to all field trips.

Field trips support the classroom educational experience, current curriculum, and the developmental level of the children. Head Start/Early Head Start is prohibited from asking parents for money for a field trip, therefore community sponsorships are welcomed.

Technology/Screen Time

Technology is important to your child's education. Technology may be used to supplement an activity or learning experience that your child has in the classroom. In order to use technology, it must be a planned activity that meets an educational goal, is age-appropriate, does not exceed one hour per day, is not used during mealtime, snack times, naptimes, or rest times, does not include advertisements or violence and is turned off when not in use.

Animals at the Campus

What steps are taken to have animals at each Campus?

- Notify parents in writing when animals are scheduled to be present
- Ensure the animals do not create unsafe or unsanitary conditions
- Ensure that children do not handle any animal that shows signs of illness, such as lethargy or diarrhea
- Ensure that caregivers and children practice good hygiene and hand washing after handling or coming in contact with an animal and items used by an animal, such as water bowls, food bowls, and cages.
- Ensure that all vaccinations for the animals are up to date by the Texas Health and Safety Code.

Water Activities

We do not have water activities for our Head Start children. The only water activities that the children have are a sand and water table inside the Campus.

Family Services

The focus of the Family Services/Parent Involvement Program is on the child, the family, and the community as a group of interacting personalities. The role of the staff is to provide support to the child and family. Family Service Workers also serve as a resource to the family by serving as a liaison between the Head Start Campus, the Family, and the Community. Out of this interaction, empowerment, enhancement of problem-solving skills, and self-reliance is the desired outcome for each family system.

Program Description and Eligibility/Enrollment

Enrollment in the Head Start/Early Head Start Program is limited to:

Families that met Federal Head Start/Early Head Start eligibility requirements.

Availability of the age-appropriate classroom slot Parents will be notified in writing of changes to eligibility and enrollment criteria.

Drop Off and Pick Up Procedures:

- ⇒ Sign in sheets will be available at the drop off location or in each child's classroom. When dropping off your child in the mornings, please sign your child in. Daily sheets for parent/teacher communication are located in the classroom for Early Head Start students. The parent portion needs to be filled in completely. This includes who will pick up your child.
- ⇒ When picking up your child, be sure to sign your child out.
- ⇒ Your child will be released only to the parents or a person (18 years of age or older) designated by the parent on the Enrollment information form.
- ⇒ If it is necessary for a child to be picked up by someone other than those designated, the parent must call the Campus giving permission. A photo ID will be required. Whenever possible, we will ask you to notify us in writing by fax or email if someone else picks up your child.
- ⇒ Once your child is signed out of the Campus and left the classroom, the parent or person picking the child up assumes responsibility for the child.

Hours of Operation

- All Campuses are open Monday thru Friday from 7:30 am to 4:00 pm
- All Campuses are open from August to June.
- All Campuses will have emergency contact numbers posted.
- All information listed above will be posted in all Campuses.
- No child is accepted in the Campus after 8:30 a.m., unless approved by the Campus Director or other designated staff person.

Late Pick-Up

Children will look forward to going home daily. All children are to be picked up no later than 3:30 p.m. Children left after this time will worry about being picked up by their parents. If the parent is not there to pick up the child, staff will begin calling emergency phone numbers. If no response is received, the legal authorities (Child Protective Services/Police) will be contacted. The classroom Teacher or Family Service Worker will review the late pick-up policy with the parents.

Severe Weather Conditions

Head Start/Early Head Start classes abide by the public districts decision to keep schools open or to close them. Please tune into your local radio or television broadcasts. If your local school district cancels school, then your Head Start/Early Head Start classes will also be cancelled.

Absenteeism

Regular school attendance is essential to your child's development. Excessive absenteeism could result in your child not mastering the instructional materials and jeopardize your child's enrollment in Head Start. Parents should make every effort to avoid unnecessary absences. If your child is going to be absent, it is the responsibility of the parent or guardian to inform the Campus Director or Campus Staff as soon as possible.

All dually enrolled children are required to follow the Texas Education Code 25.085: Compulsory School Attendance, which states once a parent enrolls a child in Kindergarten or Pre-Kindergarten, the child is required to attend school regularly. According to Texas Education Code 25.092, a child must attend 90% of the school year. Penalties against parents may be imposed if a school aged student is deliberately not attending school.

If your child is out 3 times, parent must meet with the Family Service Worker. Continual absenteeism without a documented reason may result in your child being dropped from the Program after 10 consecutive days. We do not wish to drop any child from the program; however, there is a waiting list of children who would like to attend school and are willing to attend sessions on a regular basis.

Please make every effort to send your child to school daily. If you have any Questions, please contact the Campus Director.

Up-To-Date Information

IMPORTANT In order to ensure timely communication in case of an emergency, late pick up, or early release, we must keep all children's information current. Please notify your child's Teacher, Campus Director or Family Service Worker immediately if any change in your current address, telephone numbers, emergency contact, and/or name change.

Campus Visits

Parents have the right to enter and inspect the Head Start Campus without advance notice to the teachers during the school hours.

Denial of Campus

Parents may be denied Campus visits if they pose a risk to the children in the Campus. A non-custodial parent may be denied visitation if the custodial parent has a court document and presents a written request not to permit the non-custodial parent access to the child.

Parent Concern

Any parent may file a written or verbal complaint about the Head Start Program. To address any complaint or problem, please follow the chain of command. Report to the lead teacher. If no response report to the Campus Director. If no response report to the Head Start Program Manager at 903-756-5596 ext. 213.

Suspension and Expulsion

No child will be suspended or expelled from the program unless necessary for the safety of the children. All measures will be taken to ensure the child can remain in the classroom.

Transition Tips—Head Start

Is your child starting preschool? During transitions, children often need a little extra time, attention and support from their parents. School transitions also signal a new stage of family life for everyone.

Children may feel....

- Sadness at the loss of the old school, friends, neighbors (and if a preschooler or kindergartner, separation from parents)
- Anxiety about the unknown
- Fear of not making friends, being accepted
- Apprehension about their ability to do their work or master the logistics involved (getting lost, getting lunch, learning the rules, finding the bathrooms, etc.).

Parents may feel....

- Sadness about their child growing up and moving on to the next stage
- Anxiety about whether the new school and/or teacher are the best for their child
- Uncertainty about what their own role should be in the new setting and how the new school views parent involvement
- Awareness that their child's growing up is linked to a new stage of life for parents too, and that family will change.

Health and Nutritional Services

Health, wellness, safety, and nutrition education for families and children

Vision and hearing screenings

Hemoglobin/Lead Screening

Blood Pressure

Height and weight measurements are completed twice during the year

Nutritious breakfast, snack (standalone Campuses only) and lunch served to each class daily. ISD Campuses will receive a supplemental snack if the child is hungry after lunch before leaving for the day. Daily menus and nutrition education are provided.

Child nutrition screening

Family nutritional counseling

Required Screenings

Occasionally you may receive a notice that your child will be screened. Head Start/Early Head Start is required to track height, weight, hearing, vision, nutrition, anemia, developmental and speech/language screenings. It is your responsibility as a parent to review the results for your child and follow-up with any necessary referrals or appointments for your child as requested by Head Start/Early Head Start. Your Family

Service Worker is available to assist you.

Masks

All children, over the age of two, and all staff must wear a CDC approved masks while in the center. Masks will not be worn while eating or drinking, napping, and playing outside when social distancing is allowed.

Accidents/Illness

In the event of an accident, illness or an emergency, the Head Start/Early Head Start program will notify you and provide detailed information, including a written report. If a critical illness or emergency requires the immediate attention of a physician, the HS/EHS Staff will:

- Call 911 for emergency medical services to assess and transport your child to the nearest emergency room, if required;
- Give your child first aid treatment or CPR, if required;
- Contact the physician of record in your child's record;
- Ensure supervision of all other children in your child's group.

Physical Examination

Before your child can enter the classroom, parents must provide a copy of the child's last physical exam signed by the doctor/clinic to the Family Service Worker. The exam must be appropriate to the child's age as recommended by the Texas Health Steps and Texas Department of State Health Services schedule (see below):

Physical Exam Schedule

| | |
|-----------------------|-----------------------|
| 12 months Exam | 30 months Exam |
| 15 months Exam | 36 months Exam |
| 18 months Exam | 4 year Exam |
| 24 months Exam | 5 year Exam |

Dental Exam

Dental exams are required at age 1 year and every 6 months after. Parents are responsible for providing a copy of this exam to your child's Family Service Worker and complete all follow-up appointments.

If you are having difficulty obtaining a copy of your child's exam, please notify the Family Service Worker at your Campus and we will work well with you to get one.

Daily Health Observations

A daily health check of each child is made upon arrival in the presence of the parent or caregiver. Communication between teachers and parents about the child's health status is vital to identify any specific signs or symptoms of illness and to prevent the spread of infection.

Head Start and Early Head Start Children with any symptoms of illness will not be allowed to remain in the campus and will not be allowed back on campus until fever/symptom free for 24 hours.

Temperature over 100 degrees and also has pain, behavior changes, or other symptoms of illness will not be allowed to remain in the Campus.

| | |
|---------------------------------|---|
| An unexplained rash | Conjunctivitis or pink eye, exclude with additional symptoms |
| Vomiting (in the past 24 hours) | Lice or nits |
| Diarrhea (in the past 24 hours) | A contagious disease (ex. Chicken Pox, Flu, Strep Throat, Corona Virus) |
| Blood or mucus in stools | Mouth sores with drooling |

Medical Conditions

Children diagnosed with medical conditions may require medications and/or medical procedures during school hours.

Medical conditions must be reported to the Campus Director and/or Family services staff. Some medical conditions will require further documentation and/or Physician's directives that will ensure proper care is given/taken when indicated.

The following Medical Conditions that will or may require further documentation and/or physician's directives are:

- Asthma—Asthma Action Plan must be completed by parent or primary care physician if indicated
- Allergies requiring EPI Pen usage—Physician's directive required. (Food, medication or Chemical allergies, insect bites, etc.)
- Catheterization—Physician's directive required
- Tube Feedings—Physician's directive required
- Seizures—Physician's directive required
- Diabetes—Physician's directive required

Medications

No medication will be given without a parent/guardian's written permission and a physician's written request. An Authorization for Medication Administration form can be obtained in the health office.

The following information must be on file in the school health office before ANY medication is given including sunscreen and insect repellent:

- a. Name of the medication
- b. Amount of medication to be administered
- c. Time of day or circumstance the medication is to be administered.
- d. Length of time the medication is to be administered (e.g., 1 day, 7 days or all school year, etc.)

All medication must be in the original container and be properly labeled.

Head Start Staff will work in collaboration with ISD Partnerships, accepting their requirements for administration and storage of medications when Head Start classrooms are located on their campus.

Students are not allowed to carry medication or self-medicate during the school day except as specified by state law.

FOOTWEAR

Children are not allowed to wear open-toed shoes or sandals for safety reasons. A child is allowed to wear modified footwear as deemed necessary by the parent. The parent must submit a written request/authorization to verify qualifying condition. After three (3) days a doctor's statement is required for the child to continue to wear the modified footwear.

Immunizations (Shots)

Before the child can enter the classroom or receive direct services (for example, home visits or center-based services) immunizations must be current and appropriate to the age as recommended by Texas Department of State Health Services schedule.

Parents are required to submit updated immunization records after each appointment to the Family Service Worker.

Nutrition

Meals

Nutritional needs and requirements are met by a variety of healthy foods, which are adequate in all nutrients. Meals are funded by USDA. USDA guidelines are followed to ensure each child gets 2/3 of the daily requirements (breakfast, lunch and an afternoon snack). Children are not to bring food from home. No homemade or home baked foods

can be allowed due to health concerns.

Policy for Children Requiring Medically Based Diets or Special Dietary Requirements

1. Children who have certified medical or special dietary needs will be served appropriate substitutions. This includes children with food intolerance (s).
2. The parent/guardian of the child must provide a licensed medical authority's signed statement that includes the following:
3. The medical or special dietary needs that restricts the child's diet.
4. The major life activity affected by the disability.
5. The foods that must not be served to the child.
6. The foods that must be substituted.
7. The Food Allergy Action Form will be used to obtain special diet information needed from the child's medical doctor, as stated in the policy on special diets.

Breastfeeding mothers have the right and are encouraged to come to the program setting to feed their children when possible. The program will provide a comfortable place with a seat that enables a mother to breastfeed her child.

BREAKFAST/LUNCH/SNACK TIME

Breakfast will be served from 7:30 am until 8:30 am. Children who arrive after 8:30 and are hungry will receive a nutritious supplement meeting USDA requirements and licensed dietician approval.

Birthday Parties/Special Occasions

The Campus Director can designate one day a month for all birthdays to be observed. This day will not fall on any one child's birthday. Healthy food is greatly encouraged for special occasions. Parents may donate store bought mini cupcakes/cookies or baked chips for these occasion. A healthy/low fat snack will be served. Example: sugar free Jello with cool whip, fruit parfait, fruit-kabob.

USDA/CACFP Monitor:

A USDA Monitoring of the Campus will be conducted three times a year by the Nutrition Manager.

Disability Services

Since 1972, Head Start has operated under the requirements of a congressional mandate to make available, at a minimum, ten percent of its enrollment opportunities to children with disabilities. Head Start staff plays an important role in helping to identify children who may need special services. Staff actively recruits families and offers enrollment opportunities for children with disabilities. The Program collaborates with other agencies that assist children with disabilities to ensure that children are identified and provided a full range of services to meet individual needs. Head Start's philosophy of inclusion supports the rights of all children to be active participants in natural settings within their communities.

Children with Special Needs

All children enrolled in the Head Start/Early Head Start program will receive a Developmental Screening within forty-five (45) days of the child's enrollment date with parental consent.

The purpose of the Dial 4 Screener is to obtain a snapshot of a child's development in order to identify the children who may need more comprehensive evaluation. When the decision is made to refer a child for further assessment because of failed screening assessments and/or previous services, the classroom teacher will conduct a conference with the parent of the child and discuss the developmental screenings and assessments.

Children, ages six weeks to three years, also receive the Ages and Stages Screener. Any child needing further assessments will be referred to Opportunities, Inc. upon written permission from the parent. The Mental Health Advocate will assist the family throughout this process.

Children three to five years of ages with suspected disabilities are referred to the Local Educational Agencies (LEA's), once the parental consent has been obtained. Services will be provided to address developmental needs through the implementation of an Individual Educational Plan (IEP).

Mental Health Services

In the over-arching goal of Head start/Early Head Start to aid in the development of growth of the whole child, we strive to monitor, assess, and provide intervention related to the social, emotional, and behavioral learning needs of participating children. All Head Start/Early Head Start children will receive a social emotional screening within the first 45 days of entry using the Ages and Stages Social Emotional Screener.

We focus on developing healthy relationships with children and their caregivers, creating a supportive, nurturing, safe environment, and using age appropriate social/emotional curriculum to help children develop greater awareness and improved social functioning.

These strategies are typically effective at helping children reach social, emotional, and behavioral milestones, but for those children and families identified through early screening, teacher or parent referrals as needing additional support, more intensive individual and family interventions are available from trained mental health professionals and paraprofessionals, including observations, screenings, assessments, and treatment services for the child and family.

Transportation

Early Head Start DOES NOT provide transportation*

Head Start Transportation is very limited. Transportation to the Head Start Campus is provided only to those children with no transportation, or transportation issues. No bus services will be provided for children with adequate means of transportation. Families that are found with adequate transportation will be denied bus services or dropped from

the bus route.

Bus Safety

Riding on the Bus

- ⇒ Students must go to a seat and be seated immediately upon boarding.
- ⇒ The bus will not move until all children are seated and buckled.
- ⇒ Students must remain seated while the bus is moving.
- ⇒ Students should keep arms, hands, legs and heads inside the bus at all times.
- ⇒ Fighting, scuffling and the use of profane or inappropriate language is not allowed.
- ⇒ The emergency doors and exit window controls should be used only during drills or actual emergencies.

Unloading from the Bus

- ⇒ All students will remain seated until the bus comes to a complete stop. **DO NOT RUSH!**
- ⇒ All students and Bus Monitor will move away from the bus immediately upon leaving the bus.
- ⇒ If a child must cross the street or road after getting off the bus, he/she should walk to the front of the crossing arm, then stop and look to the driver for a signal to cross in front of the bus with the Bus Monitor.

Children riding ISD school buses will follow the policies and procedures of the district.

In-Kind

The Federal Government requires that twenty percent (20%) of the Head Start grant will be matched with contributions from parents and the community. These contributions are called “in-kind” and consist of volunteering, attending Head Start activities, donating materials, working on your child’s educational goals at home, serving on Policy Council or Head Start Committee’s and many other ways. You will be asked to fill out an “in-kind” form when services or materials are provided to the Head Start /Early Head Start Program. If goods or materials are purchased, please submit receipt.

Volunteering or becoming active at the campus or with home activities is a great way to be engaged in your child’s education and is included with the Head Start Performance Standards. All of the activities listed) but not limited to) in this handbook are ways for parents to lend a helping hand and volunteer. The activities also count a “In-Kind” for the program. See chart below

| Classroom of Campus Activities | Non-Classroom Activities | Home Activities |
|--|--|---|
| Reading or telling stories to children | Working on parent or classroom bulletin boards | Cutting out items for collages, arts and crafts items |

| | | |
|--|--|--|
| Assisting the teacher in preparing a class activity (large or small group) | Attending Parent Committee, Policy Council and Agency Committee Meetings | Typing Campus meeting minutes |
| Participating in Circle Time | Attending Parent Training | Scheduling Reading Time in the Home |
| Assisting with office task or call other parents to encourage engagement | Chaperone Field Trips | Telling your neighbors about Head Start/posting flyers in your Community |
| Working on the Newsletter | Assisting with Annual Self—Assessment | Completing Home Activities with your child |

If you want to volunteer on a consistent basis we will need you to complete a background screening and a TB skin test. *

Head Start Parent Responsibilities

My responsibilities as a parent/guardian in the Head Start/ Early Head Start program includes;

1. Ensure my child attends the program consistently and on time to support his/her development.
2. Participate actively in the program and take advantage of the opportunities that the program offers.
3. Work with teachers, faculty, and other families in a cooperative manner.
4. Be open to new ideas and experiences that can benefit me and my children.
5. Help make the HS/HS program better by offering my opinions, constructive criticism, and suggestions.
6. Ask questions of my child's Teacher, Family Service Worker, and the Campus Director or other members of the staff.
7. Reinforces what my child learns at the program by working with my child at home.
8. Ensure that my child is up to date on all required medical and dental needs.
9. Participate in two home visits each year with my child's Teacher and Family Service Worker.
10. Participate in two Parent/Teacher Conferences per year.
11. Ensure that my child has extra clothing at the center and has items for nap time.

Community Services Head Start 2024/2025 Menu

Cycle One

+ MEANS A GOOD SOURCE OF VITAMIN A

* MEANS A GOOD SOURCE OF VITAMIN C



The quantities of food specified are the minimum serving size for children ages 3-5 based on the Child and Adult Food Program

| Component size | | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|-----------|---|---|--|---|---|
| Milk - 3/4 c / 1/2 pt. Fruit/vegetable - 1/2 c Grain - 1/2 oz. eq. Meat/ma - maybe served 3 times a week in place of grain | BREAKFAST | MILK BANANA WG CEREAL | MILK CHERRY / PINEAPPLES MIX* CINNAMON WW TOAST | MILK APPLESAUCE CHICKEN SAUSAGE BISCUIT** | MILK ORANGE SLICES* FRENCH TOAST STICKS | MILK PEACHES MINI BAGEL** |
| Milk - 3/4 c or 1/2 pt. Vegetable - 1/4 c Fruit - 1/4 c Grain - 1/2 oz eq. Meat/ma - 1 1/2 oz eq. | LUNCH | MILK BROCCOLI/CAULIFLOWER SALAD*+ TROPICAL FRUIT*+ CHICKEN & WAFFLE | MILK SALAD w/diced tomatoes*+ ROSIE PEARS BEEF/CHEESE TACO | MILK PEACHES JAMMIN' JAMBALAYA *+ | MILK GREEN BEANS MASHED POTATO CORNBREAD SALSBURY STEAK** | MILK BUNNY STICKS*+ BERRIES*+ CHICKEN SALAD SANDWICH |
| Serve 2 of the 5 Milk - 1/2 c Vegetable - 1/2 c Fruit - 1/2 c Grain -1/2 oz eq. Meat/ma - 1/2 oz | PM SNACK | VEGGIE WHEAT THINS CRACKERS** CHEESE STICK WATER | MEXICAN STREET CORN TORTILLA CHIPS WATER | APPLES SLICES * SUNBUTTER WATER | BUG BITE GRAHAM CRACKERS YOGURT GO-GURT WATER | MANDARIN ORANGES RICE CAKES WATER |

EXAMPLE OF SEASONAL FRESH FRUIT : Berries, Melon, Apple, Banana, Peach, Pineapple, Orange, Nectarine, Mangos, Kiwi, or Plum

The Milk we serve is 1/2 pint of 1% Unflavored, white.

** CN Product

Milk is served with Breakfast and Lunch. (Lactose free milk is served for children with lactose intolerance that have a Doctor statement)

*** We serve 1/2 cup water with our pm snacks

Community Services Head Start 2024/2025 Menu



Cycle Two

+ MEANS A GOOD SOURCE OF VITAMIN A

* MEANS A GOOD SOURCE OF VITAMIN C

The quantities of food specified are the minimum serving size for children ages 3-5 based on the Child and Adult Food Program

| Component size | | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|-----------|---|---|---|--|--|
| Milk - 3/4 c / 1/2 pt. Fruit/vegetable - 1/2 c Grain - 1/2 oz. eq. Meat/ma - maybe served 3 times a week in place of grain | BREAKFAST | MILK BERRY BANANA SPLIT*+ | MILK APRICOTS*+ TOASTED ENGLISH MUFFIN w/cream cheese | MILK PEARS GOLDEN PORRIDGE | MILK FRESH FRUIT WG CEREAL | MILK BREAKFAST PIZZA |
| Milk - 3/4 c or 1/2 pt. Vegetable - 1/4 c Fruit - 1/4 c Grain - 1/2 oz eq. Meat/ma - 1 1/2 oz eq. | LUNCH | MILK SWEET POTATO FRIES GREEN SALAD w/sliced tomatoes * + CRABBY PATTY BURGER** | MILK MANGO*+ BROWN RICE ASIAN CHICKEN & BROCCOLI *+ | MILK PINTO BEANS COLESLAW*+ CORNBREAD FISH** | MILK MASHED POTATO ZUCCHINI / SQUASH *+ BBQ CHICKEN SLIDDER | MILK SPINACH SALAD w/ diced tomatoes*+ ORANGE SLICES* BEEF & CHEESE NACHOS |
| Serve 2 of the 5 Milk - 1/2 c Vegetable - 1/2 c Fruit - 1/2 c Grain -1/2 oz eq. Meat/ma - 1/2 oz | PM SNACK | TIGER BITE GRAHAM CRACKER MANDARIN ORANGES WATER | TEDDY BEAR SMOOTHIES* WW CRACKERS WATER | CELERY STICKS, BELL PEPPER SLICES & CARROT SLICES*+ SUNBUTTER DIP WATER | FRUIT-ASTIC SALSA*+ BUG BITE GRAHAM CRACKER WATER | TOASTED ENGLISH MUFFIN w/SUNBUTTER WATER |

EXAMPLE OF SEASONAL FRESH FRUIT : Berries, Melon, Apple, Banana, Peach, Pineapple, Orange, Nectarine, Mangos, Kiwi, or Plum

The Milk we serve is 1/2 pint of 1% Unflavored, white.

** CN Product

Milk is served with Breakfast and Lunch. (Lactose free milk is served for children with lactose intolerance that have a Doctor statement)

*** We serve 1/2 cup water with our pm snacks

Community Services Head Start 2024/2025 Menu

Cycle Three

+ MEANS A GOOD SOURCE OF VITAMIN A

* MEANS A GOOD SOURCE OF VITAMIN C



The quantities of food specified are the minimum serving size for children ages 3-5 based on the Child and Adult Food Program

| Component size | | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|-----------|---|---|--|---|--|
| Milk - 3/4 c / 1/2 pt. Fruit/vegetable - 1/2 c Grain - 1/2 oz. eq. Meat/ma - maybe served 3 times a week in place of grain | BREAKFAST | MILK BERRY *+ & YOGURT PARFAIT | MILK COOKED CINNAMON APPLES CHICKEN SAUSAGE BISCUIT** | MILK PEACHES MINI CINNAMON ROLL** | MILK MANDARIN ORANGES FRENCH TOAST STICKS | MILK APPLESAUCE CINNAMON TOAST |
| Milk - 3/4 c or 1/2 pt. Vegetable - 1/4 c Fruit - 1/4 c Grain - 1/2 oz eq. Meat/ma - 1 1/2 oz eq. | LUNCH | MILK GREEN BEANS PEACHES CHICKEN SPAGHETTI | MILK PEAS & CARROTS*+ PEARS BUGER WONDERLAND*+ | MILK FRESH FRUIT MIX SALAD* CHICKEN RAMEN* | MILK SWEET POTATO FRIES PINEAPPLE & CHERRY MIX* SLOPPY JOE | MILK TROPICAL FRUIT*+ JAMMIN JAMBALAYA |
| Serve 2 of the 5 Milk - 1/2 c Vegetable - 1/2 c Fruit - 1/2 c Grain -1/2 oz eq. Meat/ma - 1/2 oz | PM SNACK | RICE CAKE YOGURT GO-GURT ** WATER | TROPICAL SMOOTHIE*+ WW CRACKERS WATER | WG CHEEZ- IT CRACKERS ** DELI TURKEY ROLL UP WATER | FRESH VEGETABLE MIX* SUNBUTTER DIP WATER | MINI BAGEL ** BANANA WATER |

EXAMPLE OF SEASONAL FRESH FRUIT : Berries, Melon, Apple, Banana, Peach, Pineapple, Orange, Nectarine, Mangos, Kiwi, or Plum

The Milk we serve is 1/2 pint of 1% Unflavored, white.

** CN Product

Milk is served with Breakfast and Lunch. (Lactose free milk is served for children with lactose intolerance that have a Doctor statement)

*** We serve 1/2 cup water with our pm snacks

Community Services Head Start 2024/2025 Menu

Cycle Four

+ MEANS A GOOD SOURCE OF VITAMIN A

* MEANS A GOOD SOURCE OF VITAMIN C



The quantities of food specified are the minimum serving size for children ages 3-5 based on the Child and Adult Food Program

| Component size | | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|-----------|---|--|--|---|--|
| Milk - 3/4 c / 1/2 pt. Fruit/vegetable - 1/2 c Grain - 1/2 oz. eq. Meat/ma - maybe served 3 times a week in place of grain | BREAKFAST | MILK BANANA WG CEREAL | MILK CINNAMON PEARS CHEESY TOAST | MILK MIXED BERRIES*+ GOLDEN PORRIDGE | MILK APPLESAUCE MINI CINNAMON ROLL** | MILK MANDARIN ORANGES ENGLISH MUFFIN w/jelly |
| Milk - 3/4 c or 1/2 pt. Vegetable - 1/4 c Fruit - 1/4 c Grain - 1/2 oz eq. Meat/ma - 1 1/2 oz eq. | LUNCH | MILK BROCCOLI/CAULIFLOWER SALAD*+ BUNNY STICKS*+ WW ROLL BBQ CHICKEN | MILK MANGO*+ TWO HEADED MONSTER MEAL | MILK PINTO BEANS COLESLAW *+ CORNBREAD FISH ** | MILK GREEN BEANS TROPICAL FRUIT*+ CHICKEN & WAFFLE | MILK PEAS & CARROTS*+ WW ROLL TATOR TOT CASSEROLE |
| Serve 2 of the 5 Milk - 1/2 c Vegetable - 1/2 c Fruit - 1/2 c Grain -1/2 oz eq. Meat/ma - 1/2 oz | PM SNACK | CHERRY & PINEAPPLE MIX* BUG BITE GRAHAM CRACKERS WATER | MEXICAN STREET CORN TORTILLA CHIPS WATER | SUNBUTTER TORTILLA ROLL UP WATER | ORANGE SLICES* RICECAKE WATER | APPLE NACHOS w/ CARMEL YOGURT WATER |

EXAMPLE OF SEASONAL FRESH FRUIT : Berries, Melon, Apple, Banana, Peach, Pineapple, Orange, Nectarine, Mangos, Kiwi, or Plum

The Milk we serve is 1/2 pint of 1% Unflavored, white.

** CN Product

Milk is served with Breakfast and Lunch. (Lactose free milk is served for children with lactose intolerance that have a Doctor statement)

*** We serve 1/2 cup water with our pm snacks

Community Services Head Start 2024/2025 Menu

Cycle Five

+ MEANS A GOOD SOURCE OF VITAMIN A

* MEANS A GOOD SOURCE OF VITAMIN C



The quantities of food specified are the minimum serving size for children ages 3-5 based on the Child and Adult Food Program

| Component size | | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|-----------|--|--|--|--|--|
| Milk - 3/4 c / 1/2 pt. Fruit/vegetable - 1/2 c Grain - 1/2 oz. eq. Meat/ma - maybe served 3 times a week in place of grain | BREAKFAST | MILK BERRY BANANA SPLIT*+ | MILK APRICOTS*+ FRECH TOAST STICK | MILK PEACHES MINI BAGEL** | MILK MANDARIN ORANGES CHICKEN SAUSAGE BISCUIT** | MILK BREAKFAST PIZZA |
| Milk - 3/4 c or 1/2 pt. Vegetable - 1/4 c Fruit - 1/4 c Grain - 1/2 oz eq. Meat/ma - 1 1/2 oz eq. | LUNCH | MILK APPLE SLICES* CHICKEN TORTILLA SOUP | MILK TATOR TOTS TROPICAL FRUIT*+ CRABBY PATTY BURGER ** | MILK FRESH FRUIT SALAD* BROWN RICE ASIAN CHICKEN & BROCCOLI *+ | MILK GREEN SALAD /diced tomatoes*+ COOKED CINNAMON APPLES BEEF & CHEESE TACOS | MILK FRESH VEGETABLES* ORANGE SLICES* TURKEY & CHEESE SANDWICH |
| Serve 2 of the 5 Milk - 1/2 c Vegetable - 1/2 c Fruit - 1/2 c Grain -1/2 oz eq. Meat/ma - 1/2 oz | PM SNACK | VEGGIE WHEAT THIN CRACKERS** CHEESE STICK WATER | CHEEZY ENGLISH MUFFIN WATER | WG CHEEZ-IT CRACKERS GOGURT YOGURT WATER | FRUIT-ASTIC SALSA*+ TORTILLA CHIPS WATER | TEDDY BEAR SMOOTHIE* WW CRACKERS WATER |

EXAMPLE OF SEASONAL FRESH FRUIT : Berries, Melon, Apple, Banana, Peach, Pineapple, Orange, Nectarine, Mangos, Kiwi, or Plum

The Milk we serve is 1/2 pint of 1% Unflavored, white.

** CN Product

Milk is served with Breakfast and Lunch. (Lactose free milk is served for children with lactose intolerance that have a Doctor statement)

*** We serve 1/2 cup water with our pm snacks

Community Services Head Start 2024/2025 Menu

Cycle Six

+ MEANS A GOOD SOURCE OF VITAMIN A

* MEANS A GOOD SOURCE OF VITAMIN C



The quantities of food specified are the minimum serving size for children ages 3-5 based on the Child and Adult Food Program

| Component size | | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|-----------|---|---|---|--|---|
| Milk - 3/4 c / 1/2 pt. Fruit/vegetable - 1/2 c Grain - 1/2 oz. eq. Meat/ma - maybe served 3 times a week in place of grain | BREAKFAST | MILK PEARS WG CEREAL | MILK COOKED APPLES CINNAMON TOAST | MILK CHERRY & MANGO*+ GOLDEN PORRIDGE | MILK APRICOTS*+ CHICKEN SAUSAGE BISCUIT** | MILK ROSIE APPLESAUCE SUNBUTTER on a WAFFLE |
| Milk - 3/4 c or 1/2 pt. Vegetable - 1/4 c Fruit - 1/4 c Grain - 1/2 oz eq. Meat/ma - 1 1/2 oz eq. | LUNCH | MILK GREEN BEANS BERRY MIX*+ WW ROLL SALSBURY STEAK** | MILK ZUCCHINI & SQUASH*+ PINEAPPLES WW ROLL BBQ CHICKEN | MILK SPINACH SALAD w/diced tomatoes*+ ORANGE SLICES* BEEF & CHEESE NACHOS | MILK TROPICAL FRUIT*+ CHICKEN RAMEN* | MILK SPINACH SALAD w/ diced tomatoes*+ MANGOES*+ WW ROLL TATOR TOT CASSEROLE |
| Serve 2 of the 5 Milk - 1/2 c Vegetable - 1/2 c Fruit - 1/2 c Grain -1/2 oz eq. Meat/ma - 1/2 oz | PM SNACK | TIGER BITE GRAHAM CRACKER TROPICAL FRUIT*+ WATER | FRESH VEGETABLES* SUNBUTTER DIP WATER | MEXICAN STREET CORN TORTILLA CHIPS WATER | CHEEZ-IT CRACKERS ** YOGURT WATER | TOOTIE FRUITY CHIP DIP RICE CAKE WATER |

EXAMPLE OF SEASONAL FRESH FRUIT : Berries, Melon, Apple, Banana, Peach, Pineapple, Orange, Nectarine, Mangos, Kiwi, or Plum

The Milk we serve is 1/2 pint of 1% Unflavored, white.

** CN Product

Milk is served with Breakfast and Lunch. (Lactose free milk is served for children with lactose intolerance that have a Doctor statement)

*** We serve 1/2 cup water with our pm snacks



Community Services

Early Head Start 2024/2025 Menu

Cycle One



+ MEANS A GOOD SOURCE OF VITAMIN A
* MEANS A GOOD SOURCE OF VITAMIN C

The quantities of food specified are the minimum serving size for children ages 12 months - 36 months based on the Child and Adult Care Food Program

| Component size | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|---|---|--|---|---|
| Milk - 1/2 c Fruit/vegetable - 1/ 4c Grain - 1/2 oz. eq. Meat/ma - may be served 3 times a week in place of grain | BREAKFAST MILK BANANA WG CEREAL | BREAKFAST MILK CHERRY / PINEAPPLES MIX* 1/2 CINNAMON WW TOAST | BREAKFAST MILK APPLESAUCE 1/2 CHICKEN SAUSAGE BISCUIT** | BREAKFAST MILK ORANGE SLICES* FRENCH TOAST STICKS | BREAKFAST MILK PEACHES MINI BAGEL** |
| Milk - 1/2c Vegetable - 1/8 c Fruit - 1/8 c Grain - 1/2 oz eq. Meat/ma - 1 oz eq. | LUNCH MILK DICED BROCCOLI / CAULIFLOWER SALAD*+ TROPICAL FRUIT*+ CHICKEN & WAFFLE | LUNCH MILK SALAD w/diced tomatoes*+ ROSIE PEARS BEEF/CHEESE TACO | LUNCH MILK PEACHES JAMMIN' JAMBALAYA *+ | LUNCH MILK GREEN BEANS MASHED POTATO CORNBREAD SALSBURY STEAK** | LUNCH MILK BUNNY STICKS*+ BERRIES*+ MINI CHICKEN SALAD SANDWICH |
| Serve 2 of the 5 Milk - 1/2 c Vegetable - 1/2 c Fruit - 1/2 c Grain -1/2 oz eq. Meat/ma - 1/2 oz | PM SNACK VEGGIE WHEAT THINS CRACKERS** CHEESE STICK WATER | PM SNACK MEXICAN STREET CORN WW CRACKERS WATER | PM SNACK APPLES SLICES* SUNBUTTER WATER | PM SNACK BUG BITE GRAHAM CRACKERS YOGURT GO-GURT WATER | PM SNACK MANDARIN ORANGES RICE CAKES WATER |

Milk is served with Breakfast and Lunch. (Lactose free milk is served for children with lactose intolerance that have a Doctor's statement)

The Milk we serve is whole unflavored to 1-2 years of age: 2-3 years of age we serve 1% unflavored milk.

** CN Product

Example of Seasonal Fresh Fruit: Berries, Melon, Apple, Banana, Peach, Pineapple, Orange, Nectarine, Mango, Kiwi, or Plum

*** We serve 1/2 cup water with our pm snacks



Community Services

Early Head Start 2024/2025 Menu

Cycle Two



+ MEANS A GOOD SOURCE OF VITAMIN A
* MEANS A GOOD SOURCE OF VITAMIN C

The quantities of food specified are the minimum serving size for children ages 12 months - 36 months based on the Child and Adult Care Food Program

| Component size | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | |
|---|------------------|---|---|--|--|--|
| Milk - 1/2 c Fruit/vegetable - 1/ 4c Grain - 1/2 oz. eq. Meat/ma - may be served 3 times a week in place of grain | BREAKFAST | MILK BERRY BANANA SPLIT*+ | MILK APRICOTS*+ TOASTED ENGLISH MUFFIN w/cream cheese | MILK PEARS GOLDEN PORRIDGE | MILK FRESH FRUIT WG CEREAL | MILK BREAKFAST PIZZA |
| Milk - 1/2c Vegetable - 1/8 c Fruit - 1/8 c Grain - 1/2 oz eq. Meat/ma - 1 oz eq. | LUNCH | MILK SWEET POTATO FRIES GREEN SALAD w/sliced tomatoes*+ MINI CRABBY PATTY BURGER** | MILK MANGO*+ BROWN RICE ASIAN CHICKEN & BROCCOLI *+ | MILK PINTO BEANS COLESLAW*+ CORNBREAD FISH** | MILK MASHED POTATO ZUCCHINI / SQUASH *+ BBQ CHICKEN SLIDDER | MILK SPINACH SALAD w/ diced tomatoes*+ ORANGE SLICES* BEEF & CHEESE NACHOS |
| Serve 2 of the 5 Milk - 1/2 c Vegetable - 1/2 c Fruit - 1/2 c Grain -1/2 oz eq. Meat/ma - 1/2 oz | PM SNACK | TIGER BITE GRAHAM CRACKER MANDARIN ORANGES WATER | TEDDY BEAR SMOOTHIES* WW CRACKERS WATER | CUCUMBER SLICES SUNBUTTER DIP WATER | FRUIT-ASTIC SALSA*+ BUG BITE GRAHAM CRACKER WATER | TOASTED ENGLISH MUFFIN w/SUNBUTTER WATER |

Milk is served with Breakfast and Lunch. (Lactose free milk is served for children with lactose intolerance that have a Doctor's statement)

The Milk we serve is whole unflavored to 1-2 years of age: 2-3 years of age we serve 1% unflavored milk.

** CN Product

Example of Seasonal Fresh Fruit: Berries, Melon, Apple, Banana, Peach, Pineapple, Orange, Nectarine, Mango, Kiwi, or Plum

*** We serve 1/2 cup water with our pm snacks



Community Services

Early Head Start 2024/2025 Menu

Cycle Three



+ MEANS A GOOD SOURCE OF VITAMIN A
* MEANS A GOOD SOURCE OF VITAMIN C

The quantities of food specified are the minimum serving size for children ages 12 months - 36 months based on the Child and Adult Care Food Program

| Component size | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | |
|---|------------------|---|---|---|--|--|
| Milk - 1/2 c Fruit/vegetable - 1/ 4c Grain - 1/2 oz. eq. Meat/ma - may be served 3 times a week in place of grain | BREAKFAST | MILK BERRY ** & YOGURT PARFAIT | MILK COOKED CINNAMON APPLES CHICKEN SAUSAGE BISCUIT | MILK PEACHES MINI CINNAMON ROLL** | MILK MANDARIN ORANGES FRENCH TOAST STICKS | MILK APPLESAUCE 1/2 CINNAMON TOAST |
| Milk - 1/2c Vegetable - 1/8 c Fruit - 1/8 c Grain - 1/2 oz eq. Meat/ma - 1 oz eq. | LUNCH | MILK GREEN BEANS PEACHES CHICKEN SPAGHETTI | MILK PEAS & CARROTS*+ PEARS BUGER WONDERLAND*+ | MILK FRESH FRUIT MIX SALAD* CHICKEN RAMEN* | MILK SWEET POTATO FRIES PINEAPPLE & CHERRY MIX* MINI SLOPPY JOE | MILK TROPICAL FRUIT*+ JAMMIN JAMBALAYA |
| Serve 2 of the 5 Milk - 1/2 c Vegetable - 1/2 c Fruit - 1/2 c Grain -1/2 oz eq. Meat/ma - 1/2 oz | PM SNACK | RICE CAKE YOGURT GO-GURT ** WATER | TROPICAL SMOOTHIE*+ WW CRACKERS WATER | WG CHEEZ-IT CRACKERS ** DELI TURKEY ROLL UP WATER | FRESH VEGETABLE MIX* SUNBUTTER DIP WATER | MINI BAGEL ** BANANA WATER |

Milk is served with Breakfast and Lunch. (Lactose free milk is served for children with lactose intolerance that have a Doctor's statement)

The Milk we serve is whole unflavored to 1-2 years of age: 2-3 years of age we serve 1% unflavored milk.

** CN Product

Example of Seasonal Fresh Fruit: Berries, Melon, Apple, Banana, Peach, Pineapple, Orange, Nectarine, Mango, Kiwi, or Plum

*** We serve 1/2 cup water with our pm snacks



Community Services

Early Head Start 2024/2025 Menu



Cycle Four

+ MEANS A GOOD SOURCE OF VITAMIN A

* MEANS A GOOD SOURCE OF VITAMIN C

The quantities of food specified are the minimum serving size for children ages 12 months - 36 months based on the Child and Adult Care Food Program

| Component size | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|---|--|---|---|--|
| Milk - 1/2 c Fruit/vegetable - 1/ 4c Grain - 1/2 oz. eq. Meat/ma - may be served 3 times a week in place of grain | BREAKFAST MILK BANANA WG CEREAL | BREAKFAST MILK CINNAMON PEARS 1/2 CHEESY TOAST | BREAKFAST MILK MIXED BERRIES*+ GOLDEN PORRIDGE | BREAKFAST MILK APPLESAUCE MINI CINNAMON ROLL** | BREAKFAST MILK MANDARIN ORANGES ENGLISH MUFFIN w/jelly |
| Milk - 1/2c Vegetable - 1/8 c Fruit - 1/8 c Grain - 1/2 oz eq. Meat/ma - 1 oz eq. | LUNCH MILK DICED BROCCOLI / CAULIFLOWER SALAD*+ BUNNY STICKS*+ WW ROLL BBQ CHICKEN | LUNCH MILK MANGO*+ TWO HEADED MONSTER MEAL | LUNCH MILK PINTO BEANS COLESLAW *+ CORNBREAD FISH** | LUNCH MILK GREEN BEANS TROPICAL FRUIT*+ CHICKEN & WAFFLE | LUNCH MILK PEAS & CARROTS*+ WW ROLL TATOR TOT CASSEROLE |
| Serve 2 of the 5 Milk - 1/2 c Vegetable - 1/2 c Fruit - 1/2 c Grain -1/2 oz eq. Meat/ma - 1/2 oz | PM SNACK CHERRY & PINEAPPLE MIX* BUG BITE GRAHAM CRACKERS WATER | PM SNACK MEXICAN STREET CORN WW CRACKERS WATER | PM SNACK SUNBUTTER TORTILLA ROLL UP WATER | PM SNACK ORANGE SLICES* RICECAKE WATER | PM SNACK APPLE NACHOS w/ CARMEL YOGURT WATER |

Milk is served with Breakfast and Lunch. (Lactose free milk is served for children with lactose intolerance that have a Doctor's statement)

The Milk we serve is whole unflavored to 1-2 years of age: 2-3 years of age we serve 1% unflavored milk.

** CN Product

Example of Seasonal Fresh Fruit: Berries, Melon, Apple, Banana, Peach, Pineapple, Orange, Nectarine, Mango, Kiwi, or Plum

*** We serve 1/2 cup water with our pm snacks



Community Services

Early Head Start 2024/2025 Menu



Cycle Five

+ MEANS A GOOD SOURCE OF VITAMIN A

* MEANS A GOOD SOURCE OF VITAMIN C

The quantities of food specified are the minimum serving size for children ages 12 months - 36 months based on the Child and Adult Care Food Program

| Component size | | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|-----------|--|--|---|---|--|
| Milk - 1/2 c Fruit/vegetable - 1/ 4c Grain - 1/2 oz. eq. Meat/ma - may be served 3 times a week in place of grain | BREAKFAST | MILK BERRY BANANA SPLIT*+ | MILK APRICOTS*+ FRECH TOAST STICK | MILK PEACHES MINI BAGEL** | MILK MANDARIN ORANGES 1/2 CHICKEN SAUSAGE BISCUIT** | MILK BREAKFAST PIZZA |
| Milk - 1/2c Vegetable - 1/8 c Fruit - 1/8 c Grain - 1/2 oz eq. Meat/ma - 1 oz eq. | LUNCH | MILK APPLE SLICES* CHICKEN TORTILLA SOUP | MILK TATOR TOTS TROPICAL FRUIT*+ MINI CRABBY PATTY BURGER ** | MILK FRESH FRUIT SALAD* BROWN RICE ASIAN CHICKEN & BROCCOLI*+ | MILK GREEN SALAD /diced tomatoes*+ COOKED CINNAMON APPLES BEEF &CHEESE TACOS | MILK FRESH VEGETABLES* ORANGE SLICES* 1/2 TURKEY & CHEESE SANDWICH |
| Serve 2 of the 5 Milk - 1/2 c Vegetable - 1/2 c Fruit - 1/2 c Grain -1/2 oz eq. Meat/ma - 1/2 oz | PM SNACK | VEGGIE WHEAT THIN CRACKERS** CHEESE STICK WATER | CHEEZY ENGLISH MUFFIN WATER | WG CHEEZ-IT CRACKERS YOGURT GO-GURT WATER | FRUIT-ASTIC SALSA* CRACKERS WATER | TEDDY BEAR SMOOTHIE* WW CRACKERS WATER |

Milk is served with Breakfast and Lunch. (Lactose free milk is served for children with lactose intolerance that have a Doctor's statement)

The Milk we serve is whole unflavored to 1-2 years of age: 2-3 years of age we serve 1% unflavored milk.

** CN Product

Example of Seasonal Fresh Fruit: Berries, Melon, Apple, Banana, Peach, Pineapple, Orange, Nectarine, Mango, Kiwi, or Plum

*** We serve 1/2 cup water with our pm snacks



Community Services

Early Head Start 2024/2025 Menu

Cycle Six



+ MEANS A GOOD SOURCE OF VITAMIN A

* MEANS A GOOD SOURCE OF VITAMIN C

The quantities of food specified are the minimum serving size for children ages 12 months - 36 months based on the Child and Adult Care Food Program

| Component size | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|--|---|--|--|---|
| BREAKFAST Milk - 1/2 c Fruit/vegetable - 1/4c Grain- 1/2 oz. eq. Meat/ma- may be served 3 times a week in place of grain | MILK PEARS WG CEREAL | MILK COOKED APPLES 1/2 CINNAMON TOAST | MILK CHERRY & MANGO*+ GOLDEN PORRIDGE | MILK APRICOTS*+ CHICKEN SAUSAGE BISCUIT** | MILK BREEN BEANS BERRY MIX*+ WW ROLL SALSBURY STEAK** |
| LUNCH Milk - 1/2c Vegetable- 1/8 c Fruit- 1/8 c Grain- 1/2 oz eq. Meat/ma - 1 oz eq. | MILK APPLE SLICES* CHICKEN TORTILLA SOUP | MILK ZUCCHINI & SQUASH*+ PINEAPPLES WW ROLL BBQ CHICKEN | MILK SPINACH SALAD w/diced tomatoes*+ ORANGE SLICES* BEEF & CHEESE NACHOS | MILK TROPICAL FRUIT*+ CHICKEN RAMEN* | MILK SPINACH SALAD w/ diced tomatoes*+ MANGOS*+ WW ROLL TATOR TOT CASSEROLE |
| PM SNACK Serve 2 of the 5 Milk - 1/2 c Vegetable - 1/2 c Fruit - 1/2 c Grain -1/2 oz eq. Meat/ma - 1/2 oz | TIGER BITE GRAHAM CRACKER TROPICAL FRUIT*+ WATER | CUCUMBER SLICES * SUNBUTTER DIP WATER | MEXICAN STREET CORN WW CRACKERS WATER | WG CHEEZ-IT CRACKERS ** YOGURT GO-GURT WATER | TOOTIE FRUITY CHIP DIP RICE CAKE WATER |

Milk is served with Breakfast and Lunch. (Lactose free milk is served for children with lactose intolerance that have a Doctor's statement)

The Milk we serve is whole unflavored to 1-2 years of age: 2-3 years of age we serve 1% unflavored milk.

** CN Product

Example of Seasonal Fresh Fruit: Berries, Melon, Apple, Banana, Peach, Pineapple, Orange, Nectarine, Mango, Kiwi, or Plum

***** We serve 1/2 cup water with our pm snacks**

XVI. Campus Intervention Team: Step-by-Step – Mental Health

Parent, Teacher, Campus Director has a serious concern regarding a student's academic progress, abilities and/or behavior and wants to refer this student to the HSCIT (Head Start Campus Intervention Team).

1. Teacher has concern – Contact Campus Director, document in Child Plus and email to Mental Health Advocate.
2. Mental Health Advocate will email the Curriculum Director and Disability/Mental Health Specialist that concern has been identified.
3. If behavior is severe and could cause harm to self, other children and/or staff, Mental Health Advocate will schedule a Parent Meeting to discuss safety issue.
4. Mental Health Advocate will schedule the Curriculum Director to observe student.
 - a. If Curriculum Director documents that the teacher needs assistance with the child's behavior – the Education Specialist will mentor/coach the teacher on behavior management
 - b. If the Curriculum Director sees the same concern as the teacher, the MHA will get consents from the Parent to move forward in the process.
 - c. If the Curriculum Director does not see any issues in the classroom with the child's behavior or the teacher's interactions with the child, the Campus Director or Teacher will follow-up with the parent on things that will be done in the classroom to alleviate the behavior
5. Observation from Mental Health Provider with notes from observation provided to MHA.
6. After observation by Mental Health Provider, meeting with CSNT staff – MHA, CD, Curriculum Director, Mental Health/Disability Specialist, will be conducted to prepare for Parent Meeting
7. Parent Meeting is conducted to start services – Parent, Teacher, MHA/FSW, & Mental Health Provider

SELF-ASSESSMENT PROCESS

Self-Assessment Overview

During each school year, a self-assessment will be completed by the Program. The extent of the on-site assessing, the number of site visits, and the amount of on-going contact with staff/parents in each area will be based on the results of the program data that is used during the assessment. The data that will be used during self-assessment will include:

On-going Monitoring – Quarterly Monitoring Reports and Detailed Monitoring Reports.

Program Information Reports – Annual Program Information Reports. (Following the 5-year grant cycle.)

Program Goals – Quarterly Progress Reports on goal implementation.

School Readiness Goals – Quarterly Progress Reports on goal implementation.

Family, Parent, and Community Engagement Goals – Quarterly Progress Reports on goal implementation.

Child Assessments – Quarterly Child Assessment Reports on areas of strengths and weaknesses.

CLASS (Classroom Assessment Scoring System) – CLASS observation reports.

Monthly Progress Reports – Monthly Program Progress Report Summary for the 5-year grant cycle.

Financial Reports – Annual and Monthly Financial Report Summaries

Any other data that would be relevant to the Head Start Program's analyzation of the implementation of program services and the effectiveness of the services within the Head Start service area.

Self-Assessment Implementation

The Self-Assessment will be performed according to the following schedule:

| <u>What</u> | <u>When</u> |
|------------------------|---|
| Leadership Team | Meet to analyze data at the end of Detailed Monitoring |

| <u>Who</u> | <u>Responsibility</u> |
|----------------------------|--|
| Head Start Director | Create List of SA Committee Members |
| | Create Updated SA Draft |

| <u>What</u> | <u>When</u> |
|----------------------------------|---|
| Self-Assessment Committee | Meet to approve Updated SA Draft |

| <u>Who</u> | <u>Responsibility</u> |
|----------------------------|---|
| Head Start Director | Present Updated SA Draft to PC/GB for approval |

SA TOOL FOR THIS AREA (SA TOOL FOUND ON THE ECKLC WEBSITE)

Listed below are some of the tools that are available for use during the monitoring and self-assessment process:

***Child Plus Inc.* – Database System for tracking program information pertaining to children, families, and personnel**

***CIRCLE Child Assessment (CLI Engage)* – Database System for tracking children’s developmental progress in each of the Head Start Framework Domains**

***CLASS* – Classroom Assessment Scoring System**

***DIAL 4* – Speed Dial is an early learning screener used to track the development of children entering the Head Start Program.**

***ECI Engage Development Checklist* – EC Developmental Checklists is an early learning screener used to track the development of infants and toddlers entering the Early Head Start Program.**

MIP – Financial database tracking system and system for Payroll and Personnel Data Tracking each of the Head Start Framework Domains

Circle – Database System for assessing children’s development levels in Mathematics and Language/Literacy (Part of the Texas School Ready System)

Monthly Progress Reports – CSNT Head Start spreadsheet used to track monthly progress in each content area and for the program.

2. Teachers will assess children three times per year. The assessments will begin around September 15th, January 15th, and April 15th. Each assessment period will last approximately 30 days. At the end of the year, the teacher will provide a copy of the Individual Summary of the child's progress will be given to the FSW to place in the Progress Notes Section of the child's file.

3. Information from the assessment will be used to assist children in meeting the CSNT Head Start School Readiness Goals. Teachers will use this information to individualize with children in areas where improvement is needed in certain skill areas. Campus Directors will monitor implementation of the assessment in the classroom.

INTERACTIVE BOARDS/ I-PADS/ MP3 PLAYER AND SPEAKERS

1. No unauthorized devices shall be attached to the MP3 player, Interactive Boards or I-pads.
2. Do not attempt to alter, destroy or disable the devices or speakers.
3. Accessing non-educational content without prior written permission from the Curriculum Directors or designee is prohibited.
4. Do not install, download or place any software or external data on the devices.
5. Contact your Curriculum Director or Program Manager to add new songs/music to the devices.
6. Store your assigned devices and speakers in a safe and secure place as you are responsible for the upkeep.
7. Include your assigned MP3 player and speakers on your inventory list.
8. Report immediately to your Curriculum Director or Program Manager any problems with your device/speakers or if either becomes lost or stolen.
9. Delete photos from your iPad immediately after the photo has been used for its original purpose. Do not store children's photos on your classroom iPad. These devices share an Apple Account and all classroom photos can be seen by other classrooms within the CSNT Head Start Program.

Revised 2/27/2024

FIELD TRIPS

Each classroom can take two educational field trips a year (one in the fall and one in the spring). These two trips do not include the kindergarten transition trip or the end of the year celebration.

PROCEDURES FOR COMPLETING THE FIELD TRIP FORM:

1. This Field Trip and Transportation Request form must be completed and turned in **one month prior** to the date of the field trip.
2. The teacher fills out all appropriate information and turns in the forms **one month in advance** of the field trip.
3. The teacher gives the forms to the Campus Director for approval and signature.
4. The Campus Director sends the Field Trip and Transportation Forms to the Curriculum Director.
5. The Curriculum Director will sign the Field Trip Request Form and send it to the Program Manager for approval and signature.
6. Once the field trip has been approved and has all required signatures. The Curriculum Director will send the Transportation Request Form to the Support Services Manager for approval and signature. The Support Services Manager will return the approved and signed Transportation Request Form to the Curriculum Director.
7. The Curriculum Director will send copies of the approved Field Trip Request Form and the Transportation Request Form back to the Campus Director to schedule the field trip.
8. If the menu has been changed, the Nutrition Manager approves all meals and signs the form as well.
9. If at any time in this process the field trip, transportation, meals, etc. are not approved, the forms will be returned to the Campus Director as unapproved with the reason why it was not approved.

PROCEDURES FOR IN HOUSE FIELD TRIPS

1. For in – house field trips, please have the guest fill out an in – kind form.



BOARD RESOLUTION

STATE OF TEXAS §

COUNTY OF CASS §

A meeting of the Board of Directors of Community Services of Northeast Texas, Inc., a Texas Corporation, being properly constituted and with a quorum present was held in Linden, Texas on the following date and time:

Date: April 23, 2024

Time: 12:00 p.m. (noon)

It was duly moved and seconded, that the following resolution be adopted:

Close inactive accounts including:

CSBG CARES - *5915

CEAP ARP - *6407

HAF - *7689

The RESOLUTION was passed by a majority of those present and voting in accordance with the By-Laws and/or Articles of the Corporation.

I certify that the above and foregoing constitutes a true and correct copy of a part of the minutes of a meeting of the Board of Directors.

HELD ON THE 23rd DAY OF April, 2024.

Board President or Board Secretary

Community Services of Northeast Texas, Inc. • 304 E. Houston St. • Box 427
Linden, Texas 75563 • 903-756-5596 • www.csntexas.org

**Documentation of Request for Disposition
Head Start Portable AC Units
Head Start Grant #06CH011282/05**

| Date | Description of Item(s) | Disposition/ Estimated Value | Budget Line Item |
|-----------|--|---|---|
| 3/26/2024 | Keystone 600 Sq. Ft. Portable Cooler | \$123.75 (Half of estimated life of unit at 10 years) \$1,237.50 | Any funds recovered will be placed in the Supplies Line Item Due to length of time in storage and |
| 3/26/2024 | Hisense 200 Sq. Ft. 115 Volt Portable AC | \$159.50 (Half of estimated life of unit at 10 years) \$638.00 | not sure if they are working properly (could be hazardous if |
| | Estimated Total Value | \$1,875.75 | not working properly) – recommended disposition through Local scrape Metal or Waste Management Company |

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning **10/01/22** , and ending **09/30/23**

COMMUNITY SERVICES OF NORTHEAST TEXAS **75-1232080**

Net Asset / Fund Balance at Beginning of Year 1,717,080

Revenue

| | | |
|-------------------------|-------------------|-------------------|
| Contributions | <u>11,526,585</u> | |
| Program service revenue | | |
| Investment income | | |
| Capital gain / loss | | |
| Fundraising / Gaming: | | |
| Gross revenue | | |
| Direct expenses | | |
| Net income | | |
| Other income | <u>38,941</u> | |
| Total revenue | | <u>11,565,526</u> |

Expenses

| | | |
|---------------------------|------------------|-------------------|
| Program services | <u>9,907,660</u> | |
| Management and general | <u>1,102,186</u> | |
| Fundraising | <u>8,658</u> | |
| Total expenses | | <u>11,018,504</u> |
| Excess / (deficit) | | <u>547,022</u> |

Changes

Net Asset / Fund Balance at End of Year 2,264,102

Reconciliation of Revenue

| | | |
|--|--------------------------|--|
| Total revenue per financial statements | <u>12,990,320</u> | |
| Less: | | |
| Unrealized gains | | |
| Donated services | <u>1,424,794</u> | |
| Recoveries | | |
| Other | | |
| Plus: | | |
| Investment expenses | | |
| Other | | |
| Total revenue per return | <u><u>11,565,526</u></u> | |

Reconciliation of Expenses

| | | |
|---|--------------------------|--|
| Total expenses per financial statements | <u>12,443,298</u> | |
| Less: | | |
| Donated services | <u>1,424,794</u> | |
| Prior year adjustments | | |
| Losses | | |
| Other | | |
| Plus: | | |
| Investment expenses | | |
| Other | | |
| Total expenses per return | <u><u>11,018,504</u></u> | |

Balance Sheet

| | Beginning | Ending | Differences |
|-------------|-------------------------|-------------------------|----------------|
| Assets | <u>2,208,205</u> | <u>3,104,182</u> | |
| Liabilities | <u>491,125</u> | <u>840,080</u> | |
| Net assets | <u><u>1,717,080</u></u> | <u><u>2,264,102</u></u> | <u>547,022</u> |

Miscellaneous Information

| | |
|----------------------------|-----------------------------|
| Amended return | |
| Return / extended due date | <u>02/15/24</u> |
| Failure to file penalty | <u> </u> |

Jarred, Gilmore & Phillips, PA
P.O. Box 779
Chanute, KS 66720
620-431-6342

February 6, 2024

CONFIDENTIAL

COMMUNITY SERVICES OF NORTHEAST
TEXAS
PO BOX 427
LINDEN, TX 75563-0427

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 9/30/23 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Jarred, Gilmore & Phillips, PA
P.O. Box 779
Chanute, KS 66720

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Jarred, Gilmore & Phillips, PA

Form **8879-TE**

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 10/01, 2022, and ending 9/30, 2023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

**COMMUNITY SERVICES OF NORTHEAST
TEXAS**

EIN or SSN

75-1232080

Name and title of officer or person subject to tax

**MICHELLE MOREHEAD
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | | |
|--|--|-----|-------------------|
| 1a Form 990 check here <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 11,565,526 |
| 2a Form 990-EZ check here <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a Form 1120-POL check here <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b | |
| 5a Form 8868 check here <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b | |
| 6a Form 990-T check here <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b | |
| 7a Form 4720 check here <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b | |
| 8a Form 5227 check here <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b | |
| 9a Form 5330 check here <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b | |
| 10a Form 8038-CP check here <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b | |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Jarred, Gilmore & Phillips, PA to enter my PIN 32080 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 02/06/24

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

48077012189

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Philip A. Jarred, CPA

Date

02/06/24

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2022)

Form **990**

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
 Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 10/01/22, and ending 09/30/23

| | | |
|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization COMMUNITY SERVICES OF NORTHEAST TEXAS Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 427 City or town, state or province, country, and ZIP or foreign postal code LINDEN TX 75563-0427 | D Employer identification number 75-1232080 E Telephone number 903-756-5596 G Gross receipts \$ 11,565,526 |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions |
| J Website: www.csntexas.org | | H(c) Group exemption number |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 1965 M State of legal domicile: TX |

Part I Summary

| | | | |
|---|--|--|-----------------------------------|
| | 1 Briefly describe the organization's mission or most significant activities: See Schedule O | | |
| Activities & Governance | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 12 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 |
| | 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 126 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 947 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| | 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0 |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 13,023,382 | Current Year 11,526,585 |
| | 9 Program service revenue (Part VIII, line 2g) | | 0 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 5,730 | 0 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 81,666 | 38,941 |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 13,110,778 | 11,565,526 |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 7,212,322 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 3,673,102 | 3,845,529 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) | | 8,658 | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,963,525 | 2,149,706 |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 12,848,949 | 11,018,504 |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | 261,829 | 547,022 |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 2,208,205 | End of Year 3,104,182 |
| | 21 Total liabilities (Part X, line 26) | 491,125 | 840,080 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 1,717,080 | 2,264,102 |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | |
|-------------------------------|--|--|--|
| Sign Here | Signature of officer MICHELLE MOREHEAD Type or print name and title | Date 2/6/24 | |
| Paid Preparer Use Only | Print/Type preparer's name Philip A. Jarred, CPA | Preparer's signature Philip A. Jarred, CPA | Date 02/06/24 |
| | Firm's name Jarred, Gilmore & Phillips, PA | Firm's EIN 20-3906022 | Check <input type="checkbox"/> if self-employed PTIN P00012189 |
| | Firm's address P.O. Box 779 Chanute, KS 66720 | Phone no. 620-431-6342 | |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,614,972 including grants of \$ 5,023,269) (Revenue \$)

Emergency Assistance - Provides utility assistance to low-income individuals to assist them with energy bills, this could be gas, electric, propane, etc. Approximately 10,906 people served.

4b (Code:) (Expenses \$ 3,980,652 including grants of \$) (Revenue \$)

Early Childhood Development - Provides high quality comprehensive child and family development services to income and age eligible children and their families, which includes education, health, nutrition, mental health, and parent involvement. Approximately 541 children served.

4c (Code:) (Expenses \$ 312,036 including grants of \$) (Revenue \$)

Community Services - Community services programs strive to reduce poverty and empower low-income families to become self-sufficient. Approximately 7,322 people served.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 9,907,660

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----|--|-----|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24b | | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| 24c | | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 24d | | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| 25b | | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | | X |
| 28a | | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | | X |
| 28b | | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV | | X |
| 28c | | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | X |
| 29 | | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 30 | | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | X |
| 31 | | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | X |
| 32 | | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | X |
| 33 | | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | | X |
| 34 | | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| 35a | | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | |
| 35b | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | X |
| 36 | | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | X |
| 37 | | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | X | |
| 38 | | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

| | | Yes | No |
|----|--|-----|----|
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | |
| 1a | | | 51 |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | |
| 1b | | | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |
| 1c | | | |

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No | | |
|--|--|------------|------------|----------|----------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 126 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | | X |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | | X |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 | | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|----------|----------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| | | | |
| 1b | Enter the number of voting members included on line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | The governing body? | X | |
| 8b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|------------|--|----------|----------|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | X |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | The organization's CEO, Executive Director, or top management official | X | |
| 15b | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | X | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

**COMMUNITY SERVICES OF NORTHEAST TEX 304 E HOUSTON
LINDEN**

TX 75563

903-756-5596

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) DR. ARCOLIA JENKINS | 2.00 | | | | | | | | | |
| CHAIRMAN | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (2) JUDGE DOUG REEDER | 2.00 | | | | | | | | | |
| VICE-CHAIRMAN | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (3) CECILIA HUFF | 2.00 | | | | | | | | | |
| SECRETARY | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (4) ANGELA THOMPSON | 1.00 | | | | | | | | | |
| PARLIAMENTARIAN | 0.00 | X | | | | | 0 | 0 | 0 | |
| (5) SANDRA WRIGHT | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (6) LINDSAY HERGERT | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (7) JOHN BAXTER | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (8) ROSS HYDE | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (9) HARMONEY ROBERSON | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (10) MARTAVIUS JONES | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (11) KERI WINTERS | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (12) MEGAN KIRKLAND | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (13) SHELLEY MITCHELL | 40.00 | | | | | | | | | |
| FINANCIAL DIRECTOR | 0.00 | | | X | | | 70,906 | 0 | 0 | |
| (14) MICHELLE MOREHEAD | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | 0.00 | | | X | | | 0 | 0 | 0 | |
| 1b Subtotal | | | | | | | 70,906 | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 70,906 | | | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|--|-----------------|----------------------|--|--------------------------------------|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | 11,518,044 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 8,541 | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | |
| | h Total. Add lines 1a-1f | | | 11,526,585 | | |
| | Program Service Revenue | 2a | Business Code | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | b Less: rental expenses | 6b | | | | |
| | c Rental inc. or (loss) | 6c | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | b Less: cost or other basis and sales exps. | 7b | | | | |
| | c Gain or (loss) | 7c | | | | |
| | d Net gain or (loss) | | | | | |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | | | | | |
| | | 8a | | | | |
| b Less: direct expenses | 8b | | | | | |
| c Net income or (loss) from fundraising events | | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | | | | | | |
| | 9a | | | | | |
| b Less: direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | | | | | | |
| | 10a | | | | | |
| b Less: cost of goods sold | 10b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11a MISCELLANEOUS | Business Code | 900099 | 38,941 | | 38,941 |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | | | 38,941 | | |
| 12 Total revenue. See instructions | | | 11,565,526 | 0 | 0 | 38,941 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 5,023,269 | 5,023,269 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 70,906 | 66,483 | 3,499 | 924 |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 71,604 | 66,223 | 3,485 | 1,896 |
| 7 Other salaries and wages | 2,989,950 | 2,296,823 | 690,517 | 2,610 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 713,069 | 621,060 | 91,293 | 716 |
| 10 Payroll taxes | | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 391,320 | 331,027 | 59,831 | 462 |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 391,261 | 355,787 | 35,202 | 272 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 420,322 | 388,798 | 31,198 | 326 |
| 17 Travel | 53,991 | 16,409 | 37,289 | 293 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 143,424 | 110,305 | 32,865 | 254 |
| 23 Insurance | 71,483 | 32,270 | 38,912 | 301 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a FOOD | 154,706 | 154,448 | 256 | 2 |
| b PROGRAM SERVICES | 121,997 | 121,997 | | |
| c MISCELLANEOUS | 110,365 | 76,560 | 33,546 | 259 |
| d REPAIRS & MAINTENANCE | 93,482 | 73,159 | 20,167 | 156 |
| e All other expenses | 197,355 | 173,042 | 24,126 | 187 |
| 25 Total functional expenses. Add lines 1 through 24e | 11,018,504 | 9,907,660 | 1,102,186 | 8,658 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year |
|---|--|-----------------------------|------------------|-----------------------------|
| Assets | 1 Cash—non-interest-bearing | 557,966 | 1 | 748,974 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 189,789 | 3 | 653,169 |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 18,597 | 9 | 12,917 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 3,071,902 | | |
| | b Less: accumulated depreciation | 10b 1,671,641 | 1,441,853 | 10c 1,400,261 |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | 288,861 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | | 2,208,205 | 16 | 3,104,182 |
| Liabilities | 17 Accounts payable and accrued expenses | 152,780 | 17 | 350,080 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 188,345 | 19 | 31,877 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 150,000 | 23 | 150,000 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | 18,400 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | 289,723 |
| | 26 Total liabilities. Add lines 17 through 25 | | 491,125 | 26 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 1,340,452 | 27 | 1,903,322 |
| | 28 Net assets with donor restrictions | 376,628 | 28 | 360,780 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 1,717,080 | 32 | 2,264,102 |
| 33 Total liabilities and net assets/fund balances | 2,208,205 | 33 | 3,104,182 | |

| Part XI Reconciliation of Net Assets | | | |
|---|--|--------------------------|------------|
| Check if Schedule O contains a response or note to any line in this Part XI | | <input type="checkbox"/> | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 11,565,526 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 11,018,504 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 547,022 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,717,080 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 2,264,102 |

| Part XII Financial Statements and Reporting | | | |
|--|---|--------------------------|----|
| Check if Schedule O contains a response or note to any line in this Part XII | | <input type="checkbox"/> | |
| | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | X | |

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

COMMUNITY SERVICES OF NORTHEAST TEXAS

Employer identification number

75-1232080

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|-----------|-----------|-----------|------------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 6,835,063 | 8,145,254 | 8,926,279 | 13,023,382 | 11,526,585 | 48,456,563 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 6,835,063 | 8,145,254 | 8,926,279 | 13,023,382 | 11,526,585 | 48,456,563 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 48,456,563 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|-----------|-----------|-----------|------------|------------|------------|
| 7 Amounts from line 4 | 6,835,063 | 8,145,254 | 8,926,279 | 13,023,382 | 11,526,585 | 48,456,563 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 31,040 | 48,478 | 64,533 | 81,666 | 38,941 | 264,658 |
| 11 Total support. Add lines 7 through 10 | | | | | | 48,721,221 |

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|----|---------|
| 14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.46 % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 99.44 % |

16a **33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here []

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Numerator, Denominator. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) - 15 / %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 - 16 / %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Numerator, Denominator. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) - 17 / %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 - 18 / %

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization []

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization []

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions []

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|----|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | | |
| b | A family member of a person described on line 11a above? | | |
| c | A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|---|--|-----|----|
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|---|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|---|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|--|---|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a | <input type="checkbox"/> | The organization satisfied the Activities Test. Complete line 2 below. | |
| b | <input type="checkbox"/> | The organization is the parent of each of its supported organizations. Complete line 3 below. | |
| c | <input type="checkbox"/> | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | |
| a | | Yes | No |
| | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C – Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D – Distributions | | Current Year |
|---------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2022 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
|---|---|--|---|
| 1 | Distributable amount for 2022 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2022 | | |
| a | From 2017 | | |
| b | From 2018 | | |
| c | From 2019 | | |
| d | From 2020 | | |
| e | From 2021 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2022 distributable amount | | |
| i | Carryover from 2017 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2022 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2022 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2018 | | |
| b | Excess from 2019 | | |
| c | Excess from 2020 | | |
| d | Excess from 2021 | | |
| e | Excess from 2022 | | |

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

MISCELLANEOUS \$ 225,717

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

| | |
|--|---|
| Name of the organization COMMUNITY SERVICES OF NORTHEAST TEXAS | Employer identification number 75-1232080 |
|--|---|

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization **COMMUNITY SERVICES OF NORTHEAST** Employer identification number **75-1232080**

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|--|
| 1 | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE SW WASHINGTON DC 20201 | \$ 11,012,844 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 451 7TH ST. SW WASHINGTON DC 20410 | \$ 305,780 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: COMMUNITY SERVICES OF NORTHEAST TEXAS; Employer identification number: 75-1232080

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, rows 5-6 for Yes/No questions.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with checkboxes for purposes of conservation easements, a table for lines 2a-2d, and Yes/No questions for monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions 1a, 1b, 2, and 2a-2b regarding art and historical treasures, including dollar amounts.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
 - b** Permanent endowment %
 - c** Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------------|-------|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 192,630 | | 192,630 |
| b Buildings | | 1,663,677 | 664,369 | 999,308 |
| c Leasehold improvements | | | | |
| d Equipment | | 359,441 | 330,905 | 28,536 |
| e Other | | 856,154 | 676,367 | 179,787 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 1,400,261 |

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) RIGHT TO USE ASSETS | 288,861 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 288,861 |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) LEASES PAYABLE | 289,723 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 289,723 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|---|---|----|------------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 12,990,320 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | 1,424,794 | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | 2e | 1,424,794 | |
| 3 | Subtract line 2e from line 1 | 3 | 11,565,526 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 11,565,526 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|---|--|----|------------|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 12,443,298 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 1,424,794 | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | 2e | 1,424,794 | |
| 3 | Subtract line 2e from line 1 | 3 | 11,018,504 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 11,018,504 | |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

**COMMUNITY SERVICES OF NORTHEAST
TEXAS**

Employer identification number

75-1232080

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----|--|---------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2022)

Schedule I (Form 990) (2022) **COMMUNITY SERVICES OF NORTHEAST** 75-1232080

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 UTILITY ASSISTANCE | 10906 | 5,023,269 | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

The Agency reconciles programmatic software reports to financial software reports, maintains client files by component/assistance type, tracks per client expenditures to ensure only allowable assistance is given, and no payments are made directly to clients.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

**COMMUNITY SERVICES OF NORTHEAST
TEXAS**

Employer identification number

75-1232080

Form 990 - Organization's Mission

Community Services of Northeast Texas, Inc. is a private non-profit corporation incorporated under the laws of the State of Texas. Community Services is governed by a Board or Directors composed of members from the counties they serve. Community Services operates as a community action agency administering various federal and state funded programs designed to provide assistance to the poor and disadvantaged in the various counties in Texas that Community Services serves.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Form 990 is presented to the Board at board meeting subsequent to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Board members disclose any potential conflicts of interest prior to appointment to the Board. Any changes are provided as needed.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Board of Directors approves the Executive Director's salary. Salaries are based on comparable salaries for organization's size, structure, location, and employee's duties and responsibilities. Periodically a state-wide wage comparison study is referenced and the board approves all changes.

Form 990, Part VI, Line 15b - Compensation Process for Officers

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

COMMUNITY SERVICES OF NORTHEAST

75-1232080

The Executive Director approves all employee's salaries. Salaries are based on comparable salaries for organization's size, structure, location, and employee's duties and responsibilities. Periodically a state-wide wage comparison study is referenced and the board approves all changes.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

They are made available upon request.

| | | |
|--|-----------------------------------|------------------------|
| Form 990 | Two Year Comparison Report | 2021 & 2022 |
| For calendar year 2022, or tax year beginning 10/01/22 , ending 09/30/23 | | |

Name **COMMUNITY SERVICES OF NORTHEAST TEXAS** Taxpayer Identification Number **75-1232080**

| | | 2021 | 2022 | Differences |
|--|--|------------|------------|-------------|
| R e v e n u e | 1. Contributions, gifts, grants | 37,576 | 8,541 | -29,035 |
| | 2. Membership dues and assessments | | | |
| | 3. Government contributions and grants | 12,985,806 | 11,518,044 | -1,467,762 |
| | 4. Program service revenue | | | |
| | 5. Investment income | | | |
| | 6. Proceeds from tax exempt bonds | | | |
| | 7. Net gain or (loss) from sale of assets other than inventory | 5,730 | | -5,730 |
| | 8. Net income or (loss) from fundraising events | | | |
| | 9. Net income or (loss) from gaming | | | |
| | 10. Net gain or (loss) on sales of inventory | | | |
| | 11. Other revenue | 81,666 | 38,941 | -42,725 |
| | 12. Total revenue. Add lines 1 through 11 | 13,110,778 | 11,565,526 | -1,545,252 |
| E x p e n s e s | 13. Grants and similar amounts paid | 7,212,322 | 5,023,269 | -2,189,053 |
| | 14. Benefits paid to or for members | | | |
| | 15. Compensation of officers, directors, trustees, etc. | 175,556 | 70,906 | -104,650 |
| | 16. Salaries, other compensation, and employee benefits | 3,497,546 | 3,774,623 | 277,077 |
| | 17. Professional fundraising fees | | | |
| | 18. Other professional fees | 358,546 | 391,320 | 32,774 |
| | 19. Occupancy, rent, utilities, and maintenance | 429,973 | 420,322 | -9,651 |
| | 20. Depreciation and Depletion | 137,336 | 143,424 | 6,088 |
| | 21. Other expenses | 1,037,670 | 1,194,640 | 156,970 |
| | 22. Total expenses. Add lines 13 through 21 | 12,848,949 | 11,018,504 | -1,830,445 |
| | 23. Excess or (Deficit). Subtract line 22 from line 12 | 261,829 | 547,022 | 285,193 |
| O t h e r I n f o r m a t i o n | 24. Total exempt revenue | 13,110,778 | 11,565,526 | -1,545,252 |
| | 25. Total unrelated revenue | | | |
| | 26. Total excludable revenue | 87,396 | 38,941 | -48,455 |
| | 27. Total assets | 2,208,205 | 3,104,182 | 895,977 |
| | 28. Total liabilities | 491,125 | 840,080 | 348,955 |
| | 29. Retained earnings | 1,717,080 | 2,264,102 | 547,022 |
| | 30. Number of voting members of governing body | 11 | 12 | |
| | 31. Number of independent voting members of governing body | 11 | 12 | |
| | 32. Number of employees | 134 | 126 | |
| 33. Number of volunteers | 4264 | 947 | | |

Form 990 Tax Return History 2022

Name **COMMUNITY SERVICES OF NORTHEAST TEXAS** Employer Identification Number **75-1232080**

| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|-----------------------------------|------------------|------------------|------------------|-------------------|-------------------|------|
| Contributions, gifts, grants | 6,835,063 | 8,145,254 | 8,926,279 | 13,023,382 | 11,526,585 | |
| Membership dues | | | | | | |
| Program service revenue | | | | | | |
| Capital gain or loss | 1,000 | -4,478 | | 5,730 | | |
| Investment income | | | | | | |
| Fundraising revenue (income/loss) | | | | | | |
| Gaming revenue (income/loss) | | | | | | |
| Other revenue | 31,040 | 48,478 | 64,533 | 81,666 | 38,941 | |
| Total revenue | 6,867,103 | 8,189,254 | 8,990,812 | 13,110,778 | 11,565,526 | |
| Grants and similar amounts paid | 1,937,304 | 2,309,804 | 2,690,983 | 7,212,322 | 5,023,269 | |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | 153,951 | 168,893 | 175,555 | 175,556 | 70,906 | |
| Other compensation | 3,625,047 | 3,731,548 | 3,909,695 | 3,497,546 | 3,774,623 | |
| Professional fees | 108,412 | 110,699 | 338,943 | 358,546 | 391,320 | |
| Occupancy costs | 330,167 | 419,273 | 398,148 | 429,973 | 420,322 | |
| Depreciation and depletion | 138,276 | 141,145 | 136,054 | 137,336 | 143,424 | |
| Other expenses | 677,808 | 1,142,628 | 1,418,105 | 1,037,670 | 1,194,640 | |
| Total expenses | 6,970,965 | 8,023,990 | 9,067,483 | 12,848,949 | 11,018,504 | |
| Excess or (Deficit) | -103,862 | 165,264 | -76,671 | 261,829 | 547,022 | |
| Total exempt revenue | 6,867,103 | 8,189,254 | 8,990,812 | 13,110,778 | 11,565,526 | |
| Total unrelated revenue | | | | | | |
| Total excludable revenue | 32,040 | 44,000 | 64,533 | 87,396 | 38,941 | |
| Total Assets | 1,937,446 | 2,782,551 | 2,185,629 | 2,208,205 | 3,104,182 | |
| Total Liabilities | 570,788 | 1,250,629 | 730,378 | 491,125 | 840,080 | |
| Net Fund Balances | 1,366,658 | 1,531,922 | 1,455,251 | 1,717,080 | 2,264,102 | |

Federal Statements

75-1232080

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|-------------|----------------|-----------------|----------------------|--------------|
| | \$ 331,027 | \$ 331,027 | \$ | \$ |
| | 60,293 | | 59,831 | 462 |
| Total | \$ 391,320 | \$ 331,027 | \$ 59,831 | \$ 462 |

Form 990, Part IX, Line 24e - All Other Expenses

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|-------------------|----------------|-----------------|----------------------|--------------|
| VEHICLE | \$ 88,659 | \$ 68,619 | \$ 19,886 | \$ 154 |
| SMALL EQUIPMENT | 64,120 | 59,847 | 4,240 | 33 |
| CLIENT ASSISTANCE | 44,576 | 44,576 | | |
| Total | \$ 197,355 | \$ 173,042 | \$ 24,126 | \$ 187 |

Federal Statements

75-1232080

Schedule A. Part II, Line 1(e)

| Description | Amount |
|------------------------------------|----------------------|
| Government Grants or Contributions | \$ 11,518,044 |
| Other | 8,541 |
| Total | <u>\$ 11,526,585</u> |

Schedule A. Part II, Line 10(e)

| Description | Amount |
|---------------|------------------|
| MISCELLANEOUS | \$ 38,941 |
| Total | <u>\$ 38,941</u> |

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 10/01 2022, and ending 9/30 2023

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2022

Department of the Treasury
Internal Revenue Service

Name of filer

**COMMUNITY SERVICES OF NORTHEAST
TEXAS**

EIN or SSN

75-1232080

Name and title of officer or person subject to tax

**MICHELLE MOREHEAD
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | | | |
|-----------------------------|-------------------------------------|--|-----|-------------------|
| 1a Form 990 check here | <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <u>11,565,526</u> |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b | |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b | |
| 6a Form 990-T check here | <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b | |
| 7a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b | |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b | |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b | |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b | |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) Michelle Morehead, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Jarred, Gilmore & Phillips, PA to enter my PIN 32080 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 02/06/24

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

48077012189

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Philip A. Jarred, CPA

Date 02/06/24

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

DAA

Form **8879-TE** (2022)

Community Services Of Northeast Tex Eligibility Configuration

Selection Criteria 2024-2025

Applies to:

- Community Services Of Northeast Tex - Head Start 2023-2024
- Community Services Of Northeast Tex - Head Start 2024-2025

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 2024-2025

Other Eligibility Criteria

ESL

100 Yes

Active Military

100 Yes

Former Foster Child

100 Yes

Three Year old in Naples/New Boston/Pittsburg

40 Yes

Parent Currently Incarcerated

40 Yes

Parent works for ISD

40 Yes

Domestic Violence Victim

40 Yes

Community Services Of Northeast Tex Eligibility Configuration

EHS Selection Criteria 2024-2025

Applies to:

Community Services Of Northeast Tex - Early Head Start 2024-2025

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

Over income with a 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 2024-2025

Other Eligibility Criteria

Parent Currently Incarcerated

40 Yes

Domestic Violence Victim

40 Yes

Head Start

Financial Report for the month of April 2024

(March 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 | \$2,189,058.00 | \$242,402.26 | \$672,959.00 | \$1,516,099.00 | \$182,421.50 | \$729,686.00 | \$56,727.00 |
| Fringe Benefits | \$536,319.00 | \$47,435.53 | \$167,673.67 | \$368,645.33 | \$44,693.25 | \$178,773.00 | \$11,099.33 |
| Travel (4120) | \$10,000.00 | \$813.73 | \$3,328.30 | \$6,671.70 | \$833.33 | \$3,333.33 | \$5.03 |
| Equipment | \$48,000.00 | \$0.00 | \$0.00 | \$48,000.00 | \$4,000.00 | \$16,000.00 | \$16,000.00 |
| Supplies | \$245,000.00 | \$13,910.74 | \$40,651.34 | \$204,348.66 | \$20,416.67 | \$81,666.67 | \$41,015.33 |
| Contractual | \$291,066.00 | \$0.00 | \$0.00 | \$291,066.00 | \$24,255.50 | \$97,022.00 | \$97,022.00 |
| Facilities / Construction | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Other (4120) | \$30,381.00 | \$400.00 | \$1,785.00 | \$28,596.00 | \$2,531.75 | \$10,127.00 | \$8,342.00 |
| Other (4122) | \$1,040,021.00 | \$141,545.00 | \$294,682.59 | \$745,338.41 | \$86,668.42 | \$346,673.67 | \$51,991.08 |
| Total | \$4,389,845.00 | \$446,507.26 | \$1,181,079.90 | \$3,208,765.10 | \$365,820.42 | \$1,463,281.67 | \$282,201.77 |
| T&TA | \$40,381.00 | \$1,213.73 | \$5,113.30 | \$35,267.70 | \$3,365.08 | \$13,460.33 | \$8,347.03 |
| Total | | | | | | | |
| USDA Reimbursements through February 2024 | | | | | | | \$32,652.56 |
| Estimated USDA Reimbursement for March 2024 | | | | | | | \$10,293.02 |
| | | | | | | | <u>\$325,147.35</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 | \$168,840.19 | \$17,173.36 | \$45,426.15 | \$14,070.02 | \$56,280.06 | \$10,853.91 |
| Per Child | \$9,440.53 | \$960.23 | \$2,539.96 | \$786.71 | \$3,146.84 | \$606.89 |

| IN-KIND (Non-Federal Share) | | | | |
|-----------------------------|----------------|--------------|--------------|--------------|
| | Needed | This month | Total | Still need |
| | \$1,107,557.00 | \$142,120.32 | \$561,501.16 | \$546,055.84 |

Early Head Start

Financial Report for the month of April 2024

(March 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 | \$146,166.00 | \$14,956.84 | \$40,651.77 | \$105,514.23 | \$12,180.50 | \$48,722.00 | \$8,070.23 |
| Fringe Benefits | \$35,811.00 | \$2,638.77 | \$9,273.32 | \$26,537.68 | \$2,984.25 | \$11,937.00 | \$2,663.68 |
| Travel (4120) | \$2,190.00 | \$0.00 | \$0.37 | \$2,189.63 | \$182.50 | \$730.00 | \$729.63 |
| Equipment | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Supplies | \$15,250.00 | \$395.56 | \$1,349.38 | \$13,900.62 | \$1,270.83 | \$5,083.33 | \$3,733.95 |
| 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 | \$0.00 | \$0.00 | \$3,067.00 | \$255.58 | \$1,022.33 | \$1,022.33 |
| Other (4122) | \$55,465.00 | \$5,329.34 | \$9,319.20 | \$46,145.80 | \$4,622.08 | \$18,488.33 | \$9,169.13 |
| Total | \$257,949.00 | \$23,320.51 | \$60,594.04 | \$197,354.96 | \$21,495.75 | \$85,983.00 | \$25,388.96 |
| T&TA | \$5,257.00 | \$0.00 | \$0.37 | \$5,256.63 | \$438.08 | \$1,752.33 | \$1,751.96 |
| Total | | | | | | | |
| USDA Reimbursements through February 2024 | | | | | | | \$4,281.24 |
| Estimated USDA Reimbursement for March 2024 | | | | | | | \$1,607.46 |
| | | | | | | | <u>\$31,277.66</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 | \$128,974.50 | \$11,660.26 | \$30,297.02 | \$10,747.88 | \$42,991.50 | \$12,694.48 |
| Per Child | \$16,121.81 | \$1,457.53 | \$3,787.13 | \$1,343.48 | \$5,373.94 | \$1,586.81 |

| IN-KIND (Non-Federal Share) | | | | |
|------------------------------------|---------------|-------------------|--------------|-------------------|
| | <u>Needed</u> | <u>This month</u> | <u>Total</u> | <u>Still need</u> |
| | \$65,802.00 | \$2,068.69 | \$8,237.73 | \$57,564.27 |

HEAD START and EHS NUTRITION PROGRAM

April 2024 Financial Report

For the month of March 2024

CACFP

| | | <u>Expenditures</u> | <u>Total To Date</u> |
|----------------------|----|---------------------|----------------------|
| Operating Labor | \$ | 8,321.64 | 43,861.83 |
| Administrative Labor | | 1,917.39 | 7,153.44 |
| Food | | 12,377.93 | 61,914.58 |
| Supplies & Equipment | | 1,713.13 | 5,171.67 |
| Purchased Services | | - | 0.00 |
| Financial Costs | | - | 0.00 |
| Media Costs | | - | 0.00 |
| Operating Org Cost | | 1.16 | 151.16 |
| Other | | - | 0.00 |
| Total | \$ | 24,331.25 | \$ 118,252.68 |

| | | | |
|--------------|--|------------------------------|-----------|
| TDHS REVENUE | | 11,900.48 | 79,284.93 |
| | | (Income Starts October 2023) | |

CSBG 2023

Financial Report for the month of April 2024

CSBG Current Program (March 2024 Expenditures)

| | |
|---------------|------|
| % of contract | 100% |
| % of money | 100% |

| <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 03/31/2024</i> | | | | | | | |
| Personnel | \$159,248.16 | 3,708.66 | \$184,673.80 | (\$25,425.64) | \$10,616.54 | \$159,248.16 | (\$25,425.64) |
| Fringe Benefits | 53,987.58 | 2,471.61 | \$40,751.27 | 13,236.31 | 3,599.17 | 53,987.58 | 13,236.31 |
| Travel* | 9,010.50 | 483.00 | \$6,177.80 | 2,832.70 | 600.70 | 9,010.50 | 2,832.70 |
| Equipment | 10,070.43 | 154.80 | \$6,321.65 | 3,748.78 | 671.36 | 10,070.43 | 3,748.78 |
| Supplies | 15,746.44 | 316.59 | \$7,132.54 | 8,613.90 | 1,049.76 | 15,746.44 | 8,613.90 |
| Contractual | 3,629.50 | 0.00 | \$3,158.09 | 471.41 | 241.97 | 3,629.50 | 471.41 |
| Other | 152,966.09 | 3,125.55 | \$177,785.85 | (24,819.76) | 10,197.74 | 152,966.09 | (24,819.76) |
| Indirect Costs | 43,114.30 | 0.00 | \$21,772.00 | 21,342.30 | 2,874.29 | 43,114.30 | 21,342.30 |
| Total | \$447,773.00 | \$10,260.21 | \$447,773.00 | \$0.00 | \$29,851.53 | \$447,773.00 | \$0.00 |
| | | | | | | Future Payments | \$0.00 |

CEAP SUPPLEMENTAL 2023

Financial Report for the month of April 2024

CEAP Current Program (March 2024 Expenditures)

| | |
|---------------|------|
| % of contract | 100% |
| % of money | 100% |

| | <u>Amount Funded</u> | <u>Expenditures</u> | <u>Total To Date</u> | <u>Balance</u> | | <u>Contract Budget</u> | | | | |
|--|-----------------------|---------------------|-----------------------|----------------|----|------------------------|---------|-----------------------|-----|----------------------|
| <i>Comprehensive Energy Assistance Program (CEAP) 12 month program ending 03/31/2024</i> | | | | | | Minimum | Maximum | | | |
| Administration* | \$97,868.00 | 0.00 | \$97,868.00 | \$0.00 | 7% | \$6,524.53 | min | \$84,041.37 | max | (\$13,826.63) |
| Household Crisis** | 545,249.00 | 0.00 | \$95,473.18 | 449,775.82 | | 118,224.68 | min | 545,249.00 | max | 449,775.82 |
| Utility Assistance** | 545,249.00 | 126,411.19 | \$1,086,773.64 | (541,524.64) | | 118,224.68 | min | 545,249.00 | max | (541,524.64) |
| Program Services | 167,140.00 | 24,214.52 | \$75,391.18 | 91,748.82 | 6% | 11,142.67 | min | 100,611.04 | max | 25,219.86 |
| Total | \$1,355,506.00 | \$150,625.71 | \$1,355,506.00 | \$0.00 | | \$254,116.56 | | \$1,275,150.41 | | (\$80,355.59) |

*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 | 7.2% | Program Services with Future Payments | | Future Payments | \$0.00 |
| | | | | 108% | |

CSBG 2024

Financial Report for the month of April 2024

CSBG Current Program (March 2024 Expenditures)

| | |
|---------------|-----|
| % of contract | 25% |
| % of money | 27% |

| <u>Funding Source</u> | <u>Amount Funded</u> | <u>Expenditures</u> | <u>Total To Date</u> | <u>Balance</u> | <u>Monthly</u> <u>Budget</u> | <u>YTD</u> <u>Budget</u> | <u>(Over)/Under</u> |
|---|----------------------|---------------------|----------------------|---------------------|---------------------------------|-----------------------------|---------------------|
| <i>Community Services Block Grant (CSBG) 12 month program ending 12/31/2024</i> | | | | | | | |
| Personnel | \$0.00 | 17,208.81 | \$17,208.81 | (\$17,208.81) | \$0.00 | \$0.00 | (\$17,208.81) |
| Fringe Benefits | 0.00 | 1,231.64 | \$1,231.64 | (1,231.64) | 0.00 | 0.00 | (1,231.64) |
| Travel* | 0.00 | 341.06 | \$341.06 | (341.06) | 0.00 | 0.00 | (341.06) |
| Equipment | 0.00 | 144.81 | \$144.81 | (144.81) | 0.00 | 0.00 | (144.81) |
| Supplies | 0.00 | 267.36 | \$267.36 | (267.36) | 0.00 | 0.00 | (267.36) |
| Contractual | 0.00 | 195.17 | \$195.17 | (195.17) | 0.00 | 0.00 | (195.17) |
| Other | 0.00 | 6,298.26 | \$22,178.66 | (22,178.66) | 0.00 | 0.00 | (22,178.66) |
| Indirect Costs | 0.00 | 0.00 | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total | \$155,353.00 | \$25,687.11 | \$41,567.51 | \$113,785.49 | \$12,946.08 | \$38,838.25 | (\$2,729.26) |
| Future Payments | | | | | | | \$0.00 |

CEAP 2024

Financial Report for the month of April 2024

CEAP Current Program (March 2024 Expenditures)

| | |
|---------------|-----|
| % of contract | 25% |
| % of money | 22% |

| <u>Amount Funded</u> | <u>Expenditures</u> | <u>Total To Date</u> | <u>Balance</u> | | <u>Contract Budget</u> | | | | | |
|----------------------|-----------------------|----------------------|---------------------|-----------------------|------------------------|---------------------|---------|-----------------------|-----|-----------------------|
| | | | | | Minimum | | Maximum | | | |
| Administration* | \$140,212.00 | 7,361.53 | \$24,852.44 | \$115,359.56 | 6% | \$11,684.33 | min | \$25,914.67 | max | \$1,062.23 |
| Household Crisis** | 780,078.00 | 51,755.09 | \$51,755.09 | 728,322.91 | | 37,530.62 | min | 780,078.00 | max | 728,322.91 |
| Utility Assistance** | 780,079.00 | 320,713.95 | \$323,551.09 | 456,527.91 | | 37,530.62 | min | 780,079.00 | max | 456,527.91 |
| Program Services | 239,124.00 | 0.00 | \$17,820.00 | 221,304.00 | 5% | 19,927.00 | min | 31,450.09 | max | 13,630.09 |
| Training Travel | 2,500.00 | 0.00 | \$0.00 | 2,500.00 | | 0.00 | min | 2,500.00 | max | 2,500.00 |
| Total | \$1,941,993.00 | \$379,830.57 | \$417,978.62 | \$1,524,014.38 | | \$106,672.57 | | \$1,620,021.77 | | \$1,202,043.15 |

*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

5.9%

Program Services with Future Payments

0

Future Payments **\$0.00**

Community Services of Northeast Texas, Inc.
Credit Usage Report

Board Report -April 2024

Sam's Club

| | | |
|----------------|-------|----------|
| Purchases for | | - |
| Payment due by | Pd on | - |
| Balance | | <u>-</u> |

American Express

| | | |
|--|------------------|-----------------|
| Purchases for December 2023 & January 2024 | | 931.89 |
| Payment due by --- | Pd on 03/13/2024 | <u>(931.89)</u> |
| Balance | | - |

Line of Credit

| Program | CEAP B | CSBG B |
|----------------------------|-----------|-----------|
| Highest March 2024 Balance | 27,570.00 | 29,390.00 |
| Current balance | | 29,390.00 |
| Exp pay off date | | 5/31/2024 |

In House Line of Credit

| Program | CSBG A | CSBG B | CEAP B | VSN |
|----------------------------|-----------|-----------|-----------|-----------|
| Highest March 2024 Balance | 24,001.00 | 125.00 | 20,911.00 | 29,786.00 |
| Current balance | 16,165.00 | 17,620.00 | - | 36,366.00 |
| Exp pay off date | 5/31/2024 | 5/31/2024 | | 5/31/2024 |

AMERICAN EXPRESS CORPORATE PURCHASING CARD - BILLING STATEMENT

MICHELLE MOREHEAD
 CSNT INC
 304 E. HOUSTON ST.
 LINDEN, TX, 75563

Statement Date: 02/28/2024

Load Number: 113096
 Remittance Account Number: 3735-966748-91000
 Corporate ID: 102313

Account Summary

TERMS - PAYABLE IN FULL AS PER YOUR CORPORATE CONTRACT

| Previous Balance | Charges (+) | Credits (-) | Other Charges (+) | Debit Adjustment (+) | Other Credits (-) | Current Due | Payments (-) | Debit Remittances for Credit Balances (+) |
|------------------|-------------|-------------|-------------------|----------------------|-------------------|-------------|--------------|---|
| \$8,470.74 | \$1,587.37 | (\$655.48) | \$0.00 | \$0.00 | \$0.00 | \$931.89 | (\$8,470.74) | \$0.00 |

TERMS - PAYABLE IN FULL UPON RECEIPT PER CORPORATE CONTRACT

Payment Due Date: 03/13/2024

Account Aging Summary

| | |
|--------------------|----------|
| Current Due | \$931.89 |
| 30 Days Past Due | \$0.00 |
| 60 Days Past Due | \$0.00 |
| 90 + Days Past Due | \$0.00 |

| | |
|---------------------------------|----------|
| Past due | \$0.00 |
| Total Due Payable in US Dollars | \$931.89 |
| By: 03/13/2024 | |

Historical Balance Summary

| Month | Balance |
|----------|-------------|
| January | \$8,470.74 |
| December | \$9,177.90 |
| November | \$17,088.36 |

CPC Statement Contains

- Remittance Advice 4
- List of Accounts 5
- Transaction Details 6
- Important Account Information 8

AMERICAN EXPRESS CORPORATE PURCHASING CARD - BILLING STATEMENT

MICHELLE MOREHEAD
CSNT INC
304 E. HOUSTON ST.
LINDEN, TX, 75563

Statement Date: 02/28/2024

Load Number: 113096
Remittance Account Number: 8965-994748-31099
Corporate ID: 102313

Remittance Advice

TERMS - PAYABLE IN FULL AS PER YOUR CORPORATE CONTRACT

| Account Name | Employee ID | Cost Center | Account Aging | Account Number | Balance Due |
|--------------------|-------------|-------------|---------------|-------------------|------------------------------------|
| CREW DYKES | | | 30 | 3796-566037-81008 | \$330.00 |
| MICHELLE MOREHEAD | | | 60 | 3796-573232-41000 | \$601.89 |
| No. of Accounts: 2 | | | | | \$931.89 |
| Total Accounts: 2 | | | | | Remittance Account Total: \$931.89 |

Payment Due Date: 03/13/2024

Amount Owed (\$): \$931.89 Amount Paid (\$) \$

AMERICAN EXPRESS CORPORATE PURCHASING CARD - BILLING STATEMENT

MICHELLE MOREHEAD
 CSNT INC
 304 E. HOUSTON ST.
 LINDEN, TX, 75563

Statement Date: 02/28/2024

Load Number: 113096
 Remittance Account Number: 3785-964758-91009
 Corporate ID: 102313

List of Accounts

TERMS - PAYABLE IN FULL AS PER YOUR CORPORATE CONTRACT

| Account Number | Account Name | Previous Balance | Charges | Credits | Debit Adjustment (+) | Current Due | Payments | Debit Remittances |
|-------------------|-------------------|------------------|-------------------|-------------------|----------------------|---------------|-------------------|---------------------|
| | | | Other Charges (+) | Other Credits (-) | | | (-) | For |
| 3785-964758-91009 | CREW DYKES | \$529.91 | \$330.00 | \$0.00 | \$0.00 | \$330.00 | (\$529.91) | Credit Balances (+) |
| 3796-573232-41000 | MICHELLE MOREHEAD | \$7,940.83 | \$1,257.37 | (\$655.48) | \$0.00 | \$601.89 | (\$7,940.83) | \$0.00 |
| | | | | | | BCA Subtotal: | 3785-964758-91009 | \$931.89 |

Total Accounts: 2

Remittance Account Total: \$931.89

Payment Due Date: 03/13/2024

Remittance Account Number: 3755-957743-9100

AMERICAN EXPRESS CORPORATE PURCHASING CARD - BILLING STATEMENT

Account Number: **028-566027-31002**

Account Name: **CREW DYKES**

Employee ID:

Universal ID:

Statement Date: **02/28/2024**

Previous Balance: \$529.91

Cost Center:

Spending Limit / Type: \$50,000.00 / TRN,

\$50,000.00 / MTH

Transaction Details

TERMS - PAYABLE IN FULL AS PER YOUR CORPORATE CONTRACT

| Service Establishment Name & Address | Ref. # | Supplier Ref. | Cardmember Ref # | Transaction Date | Processing Date | Transaction Amount |
|--------------------------------------|---------------|---------------|------------------|------------------|-----------------|--------------------|
| TARLINK INTERNET 06 HAWTHORNE | 0073011004042 | | | 02/09/2024 | 02/11/2024 | \$120.00 |
| TECHSOUP 000000001 SAN FRANCISCO | 566055c0-a1 | | | 02/11/2024 | 02/12/2024 | \$20.00 |
| CORPORATE REMITTANCE RECEIVED | 0005604000000 | | | 02/13/2024 | 02/13/2024 | (\$529.91) |
| TECHSOUP 000000001 SAN FRANCISCO | 5fe25e99-f2 | | | 02/14/2024 | 02/15/2024 | \$70.00 |
| HUMBLEFAX RIDGEWOOD | NT_PE6Q9XP8 | | | 02/28/2024 | 02/28/2024 | \$120.00 |

Transaction Total for CREW DYKES - ~~0182566027-31002~~ **\$330.00**

AMERICAN EXPRESS CORPORATE PURCHASING CARD - BILLING STATEMENT

Account Number: ~~0062628222000~~
 Account Name: MICHELLE MOREHEAD
 Employee ID:
 Universal ID:

Statement Date: 02/28/2024

Previous Balance: \$7,940.83
 Cost Center:
 Spending Limit / Type: \$50,000.00 /TRN,
 \$50,000.00 /MTH

TERMS - PAYABLE IN FULL AS PER YOUR CORPORATE CONTRACT

Transaction Details

| Service Establishment Name & Address | Ref. # | Supplier Ref. | Cardmember Ref # | Transaction Date | Processing Date | Transaction Amount |
|--------------------------------------|---------------|---------------|------------------|------------------|-----------------|--------------------|
| RESIDENTS INN DENTON DENTON TX76210 | 000000000000 | C5 65131 | 65131 | 02/10/2024 | 02/10/2024 | \$161.00 |
| RESIDENTS INN DENTON DENTON TX76210 | 000000000000 | C5 65129 | 65129 | 02/10/2024 | 02/10/2024 | \$161.00 |
| RESIDENTS INN DENTON DENTON TX76210 | 000000000000 | C5 65130 | 65130 | 02/10/2024 | 02/10/2024 | \$161.00 |
| CORPORATE REMITTANCE RECEIVED | 0005604000000 | | | 02/13/2024 | 02/13/2024 | (\$7,940.83) |
| SOUTHWEST AIRLINES (DALLAS | 5262256562858 | | | 02/13/2024 | 02/14/2024 | \$1.16 |
| SOUTHWEST AIRLINES (DALLAS | 5262256562859 | | | 02/13/2024 | 02/14/2024 | \$1.16 |
| OMNI BARTON CREEK OM AUSTIN | 0070211200500 | | | 02/19/2024 | 02/20/2024 | \$327.74 |
| OMNI BARTON CREEK OM AUSTIN | 0070211200600 | | | 02/19/2024 | 02/20/2024 | \$327.74 |
| CAMBRIA HOTEL AUSTIN AUSTIN | 0012108446000 | | | 02/21/2024 | 02/21/2024 | \$29.97 |
| OMNI BARTON CREEK RE AUSTIN | 0000020702000 | | | 02/23/2024 | 02/24/2024 | (\$655.48) |
| OMNI BARTON CREEK RE AUSTIN | 0000021510000 | | | 02/27/2024 | 02/28/2024 | \$43.30 |
| OMNI BARTON CREEK RE AUSTIN | 0000022270000 | | | 02/27/2024 | 02/28/2024 | \$43.30 |

Transaction Total for MICHELLE MOREHEAD - 6262628222000

\$601.89

1045 - TEXANA
 ACCOUNTS
 PAYABLE
 DISBURSEMENT
 2

Check Register for the Month of March 2024

| Check Number | Effective Date | Vendor Name | Check Amount | Description |
|--------------|----------------|--|--------------|----------------------------------|
| 79563 | 03/06/24 | ABILA | 1,161.07 | Software Support |
| 79564 | 03/06/24 | ARAMARK UNIFORM & CAREER APPAREL LLC | 582.30 | Bldg Maint Cleaning Svcs |
| 79565 | 03/06/24 | ASSOCIATION OF NATIONALLY CERTIFIED ROMA TRAINEE | 180.00 | Employee Training |
| 79566 | 03/06/24 | BEJE FOSTER | 200.00 | Donation |
| 79567 | 03/06/24 | BERNADETTE HARRIS | 144.89 | Travel Per Diem |
| 79568 | 03/06/24 | BLUE CROSS BLUE SHIELD | 39,844.83 | Employee Insurance |
| 79569 | 03/06/24 | BOBBY'S B&G AUTOMOTIVE INC. | 181.32 | Vehicle Repair |
| 79570 | 03/06/24 | BRENDA CUMMINGS | 96.00 | Travel Per Diem |
| 79571 | 03/06/24 | CENTERPOINT ENERGY ENTEX | 82.25 | Utilities Power |
| 79572 | 03/06/24 | CITY OF HUGHES SPRINGS | 362.98 | Utilities City Svcs |
| 79573 | 03/06/24 | CITY OF JEFFERSON WATER . | 60.50 | Utilities City Svcs |
| 79574 | 03/06/24 | CITY OF LINDEN | 469.34 | Utilities City Svcs |
| 79575 | 03/06/24 | CITY OF NEW BOSTON | 96.00 | Utilities City Svcs |
| 79576 | 03/06/24 | CITY OF PITTSBURG | 424.98 | Utilities City Svcs |
| 79577 | 03/06/24 | CRAWFORD ELECTRIC SUPPLY | 547.84 | Bldg Maint Repair / Maint |
| 79578 | 03/06/24 | CRISTAL SMITH | 21.44 | Policy Mileage Reimbursement |
| 79579 | 03/06/24 | ERA MOORE COLLINS | 96.00 | Travel Per Diem |
| 79580 | 03/06/24 | JARRED GILMORE & PHILLIPS, PA | 10,700.00 | Auditor |
| 79581 | 03/06/24 | KIM'S CONVENIENCE STORES | 73.75 | Vehicle Fuel |
| 79582 | 03/06/24 | MARTAVIUS JONES | 48.24 | Policy Mileage Reimbursement |
| 79583 | 03/06/24 | MCI | 69.76 | Utilities Phone / Fax / Internet |
| 79584 | 03/06/24 | MOUNTAIN VALLEY OF TEXARKANA | 120.25 | Dept Bottle Water |
| 79585 | 03/06/24 | MUTUAL OF OMAHA PAYMENT PROCESSING CENTER | 5,962.35 | Employee Insurance |
| 79586 | 03/06/24 | MY ALARM CENTER, LLC. | 42.79 | Bldg Maint Alarm Svc |
| 79587 | 03/06/24 | NEW BOSTON SERVICE CO LLC | 189.00 | Ground / Lawncare |
| 79588 | 03/06/24 | NORTH TEXAS TOLLWAY AUTHORITY | 51.04 | Vehicle Toll Fees |
| 79589 | 03/06/24 | ODP BUSINESS SOLUTIONS, LLC | 1,628.60 | Office Supplies |
| 79590 | 03/06/24 | PAUL H. BROOKES PUBLISHING CO., INC. | 849.90 | HS Training Material |
| 79591 | 03/06/24 | PEST-PRO SERVICES INC | 420.00 | Bldg Maint Pest Control |
| 79592 | 03/06/24 | RELIABLE ALARM SERVICE, LLC | 45.00 | Bldg Maint Alarm Svc |
| 79593 | 03/06/24 | REPUBLIC SERVICES #070 | 111.29 | Utilities Trash |
| 79594 | 03/06/24 | ROBBIE HUDSON | 96.00 | Travel Per Diem |
| 79595 | 03/06/24 | S.W. ARKANSAS TELE. CO-OP | 897.60 | Utilities Phone / Fax / Internet |
| 79596 | 03/06/24 | SOUTHWESTERN ELECTRIC POWER | 1,589.44 | Utilities Power |
| 79597 | 03/06/24 | TERESA THOMPSON | 36.18 | Policy Mileage Reimbursement |
| 79598 | 03/06/24 | TOSHIBA FINANCIAL SERVICES | 1,717.00 | Copier Lease/Copy Charges |
| 79599 | 03/06/24 | TRICO LUMBER CO. | 24.48 | Bldg Maint Repair / Maint |
| 79600 | 03/06/24 | WASTE MANAGEMENT CORPORATE SERVICES, INC. | 196.31 | Utilities Trash |
| 79601 | 03/14/24 | ABERNATHY COMPANY | 2,612.18 | Cleaning Supplies |
| 79602 | 03/14/24 | ADT SECURITY SERVICES | 119.97 | Bldg Maint Alarm Svc |
| 79608 | 03/14/24 | AEP-SWEPKO-EA | 101,633.87 | Client Assistance |
| 79609 | 03/14/24 | AMERICAN EXPRESS | 931.89 | Travel and/or supplies |
| 79610 | 03/14/24 | AT&T | 1,009.46 | Utilities Phone / Fax / Internet |
| 79611 | 03/14/24 | ATMOS ENERGY | 789.17 | Client Assistance |
| 79612 | 03/14/24 | BLOOMBURG WATER SUPPLY | 51.23 | Utilities City Svcs |
| 79613 | 03/14/24 | BLUE MARLIN INVESTMENT PROPERTIES, LLC | 830.00 | Client Assistance |
| 79614 | 03/14/24 | BOWIE CASS | 1,367.05 | Client Assistance |
| 79615 | 03/14/24 | BOWIE CASS | 2,200.00 | Client Assistance |
| 79616 | 03/14/24 | BOWIE CASS | 2,123.14 | Client Assistance |
| 79617 | 03/14/24 | BOWIE CASS | 2,300.00 | Client Assistance |
| 79618 | 03/14/24 | BOWIE CASS | 192.38 | Client Assistance |
| 79619 | 03/14/24 | BOWIE CASS | 246.79 | Client Assistance |

1045 - TEXANA
 ACCOUNTS
 PAYABLE
 DISBURSEMENT
 2

Check Register for the Month of March 2024

| Check Number | Effective Date | Vendor Name | Check Amount | Description |
|--------------|----------------|------------------------------------|--------------|----------------------------------|
| 79620 | 03/14/24 | BOWIE CASS | 1,827.49 | Client Assistance |
| 79621 | 03/14/24 | BOWIE CASS | 595.72 | Client Assistance |
| 79622 | 03/14/24 | BOWIE CASS | 2,300.00 | Client Assistance |
| 79623 | 03/14/24 | BOWIE CASS | 2,170.58 | Client Assistance |
| 79624 | 03/14/24 | BOWIE CASS | 2,311.81 | Client Assistance |
| 79625 | 03/14/24 | BOWIE CASS | 456.17 | Client Assistance |
| 79626 | 03/14/24 | BOWIE CASS | 1,900.00 | Client Assistance |
| 79627 | 03/14/24 | BOWIE CASS | 283.92 | Client Assistance |
| 79628 | 03/14/24 | BOWIE CASS | 2,200.00 | Client Assistance |
| 79629 | 03/14/24 | BOWIE CASS | 583.27 | Client Assistance |
| 79630 | 03/14/24 | BOWIE CASS | 2,200.00 | Client Assistance |
| 79631 | 03/14/24 | BOWIE CASS | 475.83 | Client Assistance |
| 79632 | 03/14/24 | BOWIE CASS | 2,200.00 | Client Assistance |
| 79633 | 03/14/24 | BOWIE CASS | 1,956.62 | Client Assistance |
| 79634 | 03/14/24 | BOWIE CASS | 359.23 | Client Assistance |
| 79635 | 03/14/24 | BOWIE CASS | 1,634.63 | Client Assistance |
| 79636 | 03/14/24 | BRANDON ELLIOTT | 500.00 | Client Assistance |
| 79637 | 03/14/24 | BRENDA DAVIS | 1,259.60 | Employee Mileage Reimbursement |
| 79638 | 03/14/24 | CENTERPOINT ENERGY | 5,179.63 | Client Assistance |
| 79639 | 03/14/24 | CENTERPOINT ENERGY ENTEX | 209.29 | Utilities Power |
| 79640 | 03/14/24 | CHAMPION ENERGY SERVICES | 2,200.00 | Client Assistance |
| 79641 | 03/14/24 | CHARLOTTE HALL | 48.24 | Employee Mileage Reimbursement |
| 79642 | 03/14/24 | CONN AUTO SUPPLY | 128.00 | Vehicle Repair |
| 79643 | 03/14/24 | DEBERRY BUTANE COMPANY | 1,023.79 | Client Assistance |
| 79644 | 03/14/24 | DIRECT ENERGY | 2,400.00 | Client Assistance |
| 79645 | 03/14/24 | ETEX TELEPHONE CORP, INC. | 545.80 | Utilities Phone / Fax / Internet |
| 79646 | 03/14/24 | FARMER ELECTRIC | 1,199.98 | Client Assistance |
| 79647 | 03/14/24 | GREEN MOUNTAIN ENERGY | 1,297.11 | Client Assistance |
| 79648 | 03/14/24 | GREG'S MIRACLE MART | 594.50 | Vehicle Fuel |
| 79649 | 03/14/24 | Heartland Village - MAIN OFFICE | 659.00 | Client Assistance |
| 79650 | 03/14/24 | HIEM Legacy Corp (Magnolia Garden) | 750.00 | Client Assistance |
| 79651 | 03/14/24 | HIEM Legacy Corp (Magnolia Garden) | 775.00 | Client Assistance |
| 79652 | 03/14/24 | Intellicorp Records | 126.10 | Pre-Employment |
| 79653 | 03/14/24 | James Jackson | 900.00 | Client Assistance |
| 79654 | 03/14/24 | JIMMY MITCHELL | 899.00 | Client Assistance |
| 79655 | 03/14/24 | LINDEN FUEL CENTER | 842.08 | Vehicle Fuel |
| 79656 | 03/14/24 | LUMINOUS SERVICES LLC | 1,382.18 | Bldg Maint Cleaning Svcs |
| 79657 | 03/14/24 | NATHAN BELL, LLC | 316.00 | Client Assistance |
| 79658 | 03/14/24 | PAM MCMICHEAL | 1,192.00 | Client Assistance |
| 79659 | 03/14/24 | PITTSBURG CORNER EXPRESS | 74.50 | Vehicle Fuel |
| 79660 | 03/14/24 | PTL VILLAGE LLC | 620.00 | Client Assistance |
| 79661 | 03/14/24 | REDFEARN PROPERTIES | 1,955.55 | Client Assistance |
| 79662 | 03/14/24 | RELIABLE MANAGEMENT | 600.00 | Client Assistance |
| 79663 | 03/14/24 | RELIANT ENERGY | 2,400.00 | Client Assistance |
| 79664 | 03/14/24 | SKAGGS TRAVEL STOPS INC. | 71.88 | Vehicle Fuel |
| 79665 | 03/14/24 | TEXARKANA WATER UTILITIES | 0.00 | Client Assistance |
| 79666 | 03/14/24 | THE SIGN SHOP | 75.00 | Bldg Maint Repair / Maint |
| 79667 | 03/14/24 | TORI DALLAS KINGS LLC | 441.00 | Client Assistance |
| 79668 | 03/14/24 | TRICO LUMBER CO. | 59.96 | Bldg Maint Repair / Maint |
| 79669 | 03/14/24 | TXU-ASSISTANCE GROUP | 3,942.36 | Client Assistance |
| 79671 | 03/14/24 | UPSHUR RURAL ELEC. CORP. | 18,569.03 | Client Assistance |
| 79672 | 03/14/24 | VANCO SYSTEMS, INC. | 465.41 | Copier Lease/Copy Charges |

1045 - TEXANA
 ACCOUNTS
 PAYABLE
 DISBURSEMENT
 2

Check Register for the Month of March 2024

| Check Number | Effective Date | Vendor Name | Check Amount | Description |
|--------------|----------------|---|--------------|----------------------------------|
| 79673 | 03/21/24 | ADT SECURITY SERVICES | 119.97 | Bldg Maint Alarm Svc |
| 79678 | 03/21/24 | AEP-SWEPKO-EA | 84,728.22 | Client Assistance |
| 79679 | 03/21/24 | AMERICAN ASSOCIATES OF NOTARIES | 108.90 | Membership |
| 79680 | 03/21/24 | AREA WIDE PROPERTIES | 1,400.00 | Rent |
| 79681 | 03/21/24 | ATLANTA ISD | 700.00 | Rent |
| 79682 | 03/21/24 | B & S TRUE VALUE HARDWARE | 5.49 | Bldg Maint Maint supplies |
| 79684 | 03/21/24 | BEN E KEITH CO | 8,824.30 | HS Grocery |
| 79686 | 03/21/24 | BOWIE CASS | 23,946.76 | Client Assistance |
| 79688 | 03/21/24 | CENTERPOINT ENERGY | 8,096.36 | Client Assistance |
| 79689 | 03/21/24 | CENTERPOINT ENERGY ENTEX | 385.52 | Utilities Power |
| 79690 | 03/21/24 | ERICK BALLESTEROS | 450.00 | Ground / Lawncare |
| 79691 | 03/21/24 | ETEX TELEPHONE CORP, INC. | 5,550.08 | Utilities Phone / Fax / Internet |
| 79692 | 03/21/24 | GLENN B. LANIER | 240.00 | Rent |
| 79693 | 03/21/24 | HOPE FIRE EXTINGUISHER SERVICE, INC/ KLEEN KING | 28.95 | Bldg Maint Alarm Svc |
| 79694 | 03/21/24 | HUGHES SPRINGS ISD | 800.00 | Rent |
| 79695 | 03/21/24 | JENNIFER SULLIVAN | 40.58 | Employee Fingerprinting |
| 79696 | 03/21/24 | JIMMIE RAY AYERS | 800.00 | Rent |
| 79697 | 03/21/24 | JUST ENERGY | 44.54 | Client Assistance |
| 79698 | 03/21/24 | LAKESHORE LEARNING MATERIALS | 1,365.00 | HS Training Material |
| 79699 | 03/21/24 | MOORE PEST CONTROL | 580.00 | Bldg Maint Pest Control |
| 79701 | 03/21/24 | ODP BUSINESS SOLUTIONS, LLC | 2,395.87 | Office Supplies |
| 79702 | 03/21/24 | POSITIVE PROMOTIONS, INC. | 1,201.97 | HS Training Material |
| 79703 | 03/21/24 | R. MORGAN, LLC | 1,000.00 | Rent |
| 79704 | 03/21/24 | RELIANT ENERGY | 427.63 | Client Assistance |
| 79705 | 03/21/24 | RPM STAFFING PROFESSIONALS, INC. | 397.44 | Program Staffing |
| 79706 | 03/21/24 | SMALL BUSINESS ADMINISTRATION | 155,249.49 | Rent / Payoff |
| 79707 | 03/21/24 | SOUTHWESTERN ELECTRIC POWER | 3,298.47 | Utilities Power |
| 79708 | 03/21/24 | TEXARKANA INDEPENDENT SCHOOL DISTRICT | 3,882.00 | Rent |
| 79709 | 03/21/24 | TEXARKANA WATER UTILITIES | 73.01 | Client Assistance |
| 79710 | 03/21/24 | TRICO LUMBER CO. | 144.87 | Bldg Maint Repair / Maint |
| 79711 | 03/21/24 | TURNER DAVID K | 1,000.00 | Rent |
| 79712 | 03/21/24 | TXU-ASSISTANCE GROUP | 2,558.44 | Client Assistance |
| 79714 | 03/21/24 | UPSHUR RURAL ELEC. CORP. | 29,298.17 | Client Assistance |
| 79715 | 03/21/24 | VANEVER EXCAVATION LLC | 0.00 | Client Assistance |
| 79716 | 03/21/24 | VERIZON WIRELESS | 2,329.90 | Utilities Phone / Fax / Internet |
| 79717 | 03/21/24 | WEX HEALTH, INC. | 1,158.81 | Employee Insurance |
| 79718 | 03/21/24 | WILLIAMS CHAPEL BAPTIST CHURCH | 1,000.00 | Rent |
| 79719 | 03/21/24 | WINDSTREAM | 308.39 | Utilities Phone / Fax / Internet |
| 79720 | 03/21/24 | WIPFLI LLP | 995.00 | Membership |
| 79721 | 03/21/24 | XEROX CORPORATION | 831.72 | Copier Lease/Copy Charges |
| 79722 | 03/26/24 | A & R SERVICE CENTER LLC | 61.50 | Vehicle Repair |
| 79723 | 03/26/24 | ABILA | 156.00 | Software Support |
| 79730 | 03/26/24 | AEP-SWEPKO-EA | 106,476.38 | Client Assistance |
| 79731 | 03/26/24 | AFLAC | 1,039.70 | Employee Insurance |
| 79732 | 03/26/24 | AMY PERALES | 88.50 | Travel Per Diem |
| 79733 | 03/26/24 | AT&T | 82.43 | Utilities Phone / Fax / Internet |
| 79734 | 03/26/24 | B & S TRUE VALUE HARDWARE | 14.98 | Bldg Maint Maint supplies |
| 79735 | 03/26/24 | BLUE CROSS BLUE SHIELD | 851.47 | Employee Insurance |
| 79737 | 03/26/24 | BOWIE CASS | 30,005.31 | Client Assistance |
| 79738 | 03/26/24 | CAMCO ELEVATOR INC | 150.00 | Bldg Maint Elevator |
| 79740 | 03/26/24 | CENTERPOINT ENERGY | 8,778.92 | Client Assistance |
| 79741 | 03/26/24 | CENTERPOINT ENERGY ENTEX | 75.96 | Utilities Power |

1045 - TEXANA
 ACCOUNTS
 PAYABLE
 DISBURSEMENT
 2

Check Register for the Month of March 2024

| Check Number | Effective Date | Vendor Name | Check Amount | Description |
|--------------|----------------|---|--------------|----------------------------------|
| 79742 | 03/26/24 | CHEANEITA GEORGE | 29.48 | Utilities City Svcs |
| 79743 | 03/26/24 | CITY OF LINDEN | 534.12 | Utilities City Svcs |
| 79744 | 03/26/24 | CLUBBS PLUMBING | 270.00 | Bldg Maint Repair / Maint |
| 79745 | 03/26/24 | DAINGERFIELD - LONE STAR ISD | 295.00 | HS Meals |
| 79746 | 03/26/24 | HEALTHCARE EXPRESS LLP | 143.00 | Pre-Employment |
| 79747 | 03/26/24 | HEALTHJOY LLC | 955.50 | Employee Insurance |
| 79748 | 03/26/24 | Heartland Village - MAIN OFFICE | 659.00 | Client Assistance |
| 79749 | 03/26/24 | HOPE FIRE EXTINGUISHER SERVICE | 498.25 | Bldg Maint Fire Extinguidher svc |
| 79750 | 03/26/24 | HOPE FIRE EXTINGUISHER SERVICE | 377.85 | Bldg Maint Fire Extinguidher svc |
| 79751 | 03/26/24 | HOPE FIRE EXTINGUISHER SERVICE | 269.75 | Bldg Maint Fire Extinguidher svc |
| 79752 | 03/26/24 | HOPE FIRE EXTINGUISHER SERVICE | 345.75 | Bldg Maint Fire Extinguidher svc |
| 79753 | 03/26/24 | HUGHES SPRINGS ISD | 286.15 | HS Meals |
| 79754 | 03/26/24 | James Jackson | 900.00 | Client Assistance |
| 79755 | 03/26/24 | JIMMY MITCHELL | 899.00 | Client Assistance |
| 79756 | 03/26/24 | LOLA MCGEE | 700.00 | HS Consultant |
| 79757 | 03/26/24 | MOUNTAIN VALLEY OF TEXARKANA | 231.25 | Dept Bottle Water |
| 79758 | 03/26/24 | ODP BUSINESS SOLUTIONS, LLC | 2,344.17 | Office Supplies |
| 79759 | 03/26/24 | OLGA LOVE | 88.50 | Travel Per Diem |
| 79760 | 03/26/24 | PAM MCMICHEAL | 298.00 | Client Assistance |
| 79761 | 03/26/24 | PHYNET, INC. | 25.00 | Other Employee Costs |
| 79762 | 03/26/24 | REDFEARN PROPERTIES | 551.00 | Client Assistance |
| 79763 | 03/26/24 | RELIABLE MANAGEMENT | 600.00 | Client Assistance |
| 79764 | 03/26/24 | RPM STAFFING PROFESSIONALS, INC. | 662.40 | Program Staffing |
| 79765 | 03/26/24 | SHIRLEY ALLEN | 130.29 | Travel Per Diem |
| 79766 | 03/26/24 | SOUTHWESTERN ELECTRIC POWER | 1,146.06 | Utilities Power |
| 79767 | 03/26/24 | TEXANA LA | 2,329.90 | Grant Reimbursement |
| 79768 | 03/26/24 | TEXAS DEPARTMENT OF HOUSING & COMMUNITY AFFAIR: | 3,270.42 | Grant Reimbursement |
| 79769 | 03/26/24 | TOMBELL CORPORATION | 869.17 | Bldg Maint Repair / Maint |
| 79770 | 03/26/24 | TORI DALLAS KINGS LLC | 441.00 | Client Assistance |
| 79771 | 03/26/24 | TRICO LUMBER CO. | 35.13 | Bldg Maint Repair / Maint |
| 79772 | 03/26/24 | TXU-ASSISTANCE GROUP | 11,539.29 | Client Assistance |
| 79774 | 03/26/24 | UPSHUR RURAL ELEC. CORP. | 26,927.29 | Client Assistance |
| 79775 | 03/26/24 | WEST STREET HOME AND AUTO | 82.96 | Vehicle Repair |
| 79776 | 03/26/24 | WILLIAMS CHAPEL BAPTIST CHURCH | 2,807.13 | Rent Utilities |
| Report Total | | | 818,073.92 | |

COMMUNITY SERVICES OF NORTHEAST TEXAS

Balance Sheet
As of 3/31/2024

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 | 1,717.21 |
| 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 | 5,358.60 |
| TEXANA ACCOUNTS PAYABLE DISBURSEMENT 2 | 28,893.19 |
| NEW DISBURSEMENT CHECKING | 67,380.59 |
| TEXANA CSBG A CHECKING | 4,130.13 |
| TEXANA CSBG B CHECKING | 2,383.10 |
| TEXANA CSBG DISCRETIONARY CHECKING | 8,524.02 |
| TEXANA HEAD START CHECKING | 2,753.37 |
| TEXANA CEAP A CHECKING | 10,332.50 |

COMMUNITY SERVICES OF NORTHEAST TEXAS

Balance Sheet

As of 3/31/2024

| | |
|---|--------------|
| TEXANA CEAP B CHECKING | 198,573.75 |
| TEXANA CBA UNITED HEALTH CARE CHECKING | 0.00 |
| TEXANA CBA CIGNA HEALTH SPRING CHECKING | 0.00 |
| TEXANA UPSHUR RURAL CHECKING | 21,623.00 |
| TEXANA TLC CHECKING | 42,378.13 |
| TEXANA LOCAL ADMINISTRATIVE CHECKING | (111,575.63) |
| TEXANA PAYROLL CASH ACCOUNT | 0.00 |
| TEXANA CLIENT FUNDS FOR SSA BENEFITS | 162.39 |
| TEXANA TBRA CHECKING | 30,933.66 |
| TEXANA POSTAL ACCOUNT CHECKING | 90.60 |
| TEXANA VET SERVICES NOW | 5.95 |
| TEXANA BANK YOUTH EMPOWERMENT CHECKING | 20,671.68 |
| TEXANA CSBG CARES CHECKING | 3.63 |
| TEXANA CEAP CARES CHECKING | (6,631.64) |
| TEXANA NEW PAYROLL CASH ACCOUNT | 9,571.29 |
| TEXANA EARLY HEAD START CHECKING | 0.90 |
| TEXANA CEAP ARP CHECKING | 1.80 |
| TEXANA INDIRECT COST RATE CHECKING | 388,765.46 |
| TEXANA ATMOS ENERGY 'SHARE THE WARMTH' PROGRAM CHECKING | 21,668.31 |
| TEXANA ORGANIZATION PAYEE FUNDS | 0.00 |
| TEXANA LOW INCOME HOUSEHOLD WATER ASSISTANCE CHECKING | 31,700.80 |
| TEXANA TEXAS HOMEOWNER ASSISTANCE FUND | 0.52 |
| 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 | 28,714.93 |
| GRANT RECEIVABLE-ATC | 0.00 |
| GRANT RECEIVABLE-TIT | 0.00 |
| INDIRECT COST RECEIVABLE | 14,825.93 |
| EMPLOYEE ADVANCE | 0.00 |
| GRANTS RECEIVABLE - USDA | 11,900.48 |
| 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 | (119,108.23) |
| PREPAID RENT | 9,204.50 |
| Prepaid Expense | 995.00 |
| PREPAID WORKERS COMP | 0.00 |
| PREPAID INSURANCE | (7,640.82) |
| PREPAID MAINTENANCE | 0.00 |

COMMUNITY SERVICES OF NORTHEAST TEXAS

Balance Sheet
As of 3/31/2024

| | | |
|--------------------------------------|----------------------|---------------------|
| | Total Current Assets | 719,309.10 |
| Long Term Assets | | |
| PROPERTY & EQUIPMENT | | 3,071,902.39 |
| LAND | | 0.00 |
| BUILDINGS | | 0.00 |
| EQUIPMENT | | 0.00 |
| ACCUMULATED DEPRECIATION | | (1,671,641.11) |
| RIGHT TO USE ASSETS | | 407,969.68 |
| | Total Assets | <u>2,527,540.06</u> |
| 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 | | 34,374.83 |
| STATE UNEMPLOYMENT TAXES | | 0.00 |
| Sales Tax Payable | | 0.00 |
| WORKERS COMP PAYABLE | | 0.00 |
| SUPPLEMENTAL INSURANCE PAYABLE | | 0.01 |
| EMPLOYEE PORTION HLTH INS PAYABLE | | 0.02 |
| Employee Insurance Repayment | | 0.00 |
| Short Term Disability Payable | | (2.72) |
| Long Term Disability Payable | | 0.00 |
| DENTAL INSURANCE PAYABLE | | (0.02) |
| VISION INSURANCE PAYABLE | | 0.58 |
| 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 | | 179,390.00 |
| DEFERRED REVENUE | | 0.00 |
| RECIPROCAL ADJUSTMENT - ACCT 2000 | | 0.00 |
| RECIPROCAL ADJUSTMENT - ACCOUNT 2007 | | 0.00 |
| ACCRUED INTEREST PAYABLE | | 0.00 |
| ACCRUED PAYROLL | | 0.00 |
| ACCRUED VACATION | | 65,105.59 |
| LEASE PAYABLE | | 289,723.19 |
| CONTIGENT LIABILITY | | 0.00 |
| CONTINGENCY WX-QUESTIONED COST | | 0.00 |

COMMUNITY SERVICES OF NORTHEAST TEXAS

Balance Sheet

As of 3/31/2024

| | |
|-----------------------------------|----------------------------|
| 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 | <u>568,591.48</u> |
| Net Assets | |
| NET ASSETS | 77,362.36 |
| 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 | <u>77,362.36</u> |
| Excess Revenues over Expenditures | <u>1,881,586.22</u> |
| Total Liabilities and Net Assets | <u><u>2,527,540.06</u></u> |

Community Services of Northeast Texas, Inc.

Personnel Policies & Procedures

405 Employment Termination

Effective Date: 9/1/2003

Revision Date: 12/28/16

Termination of employment is an inevitable part of personnel activity within any organization, and many of the reasons for termination are routine. Below are examples of some of the most common circumstances under which employment is terminated:

- * Resignation - voluntary employment termination initiated by an employee.
- * Discharge - involuntary employment termination initiated by the organization.

Community Services of Northeast Texas, Inc. (CSNT) will generally schedule exit interviews at the time of employment termination. The exit interview will afford an opportunity to discuss such issues as employee benefits, conversion privileges, repayment of outstanding debts to CSNT, or return of CSNT-owned property. Suggestions, complaints, and questions can also be voiced. Employees will receive their final pay in accordance with applicable state law.

The Governing Board of Directors approves the employment termination of the Executive Director, Head Start Director, Human Resources Director, Finance Director and any other person in an equivalent position with the Agency [*Pursuant to the Office of Head Start On-Site Review Protocol 642(e)(iv)(IX)*]. The Governing Board of Directors actively participates with input and approval of the Personnel Policies and Procedures. Annually the Personnel Policies and Procedures are brought before the Governing Board for discussion and approval. Minutes of meetings support the Executive Session discussions and approvals of employment terminations of said key staff by the Governing Board of Directors.

The sole and ultimate responsibility and authority for the termination of staff employment lies with the Executive Director, subject to additional approvals by the Governing Board of Directors and Policy Council for the Head Start Director, Human Resources Director, Finance Director or any other person in an equivalent position with the Agency or ratifications as prescribed by law.

Policy Council provides input and approves Personnel Policies and Procedures [*Pursuant to Head Start Performance Standard 1301.3(a)*]. Minutes of meetings support discussion, approval and training on such policies. Policy Council members annually review and approve the agency's procedures concerning employment. Policy Council additionally approves decisions to terminate employment, as the final step of the involuntary termination process, within the Head Start program [*Pursuant to Head Start Performance Standard 1301.3(c)(1)*]. Minutes of meetings support the Executive Session discussions regarding personnel matters, required approvals and training on such policies. This procedure is in compliance with respect to the inclusion of Policy Council in the policy-making process as it pertains to the involuntary employment termination of persons paid primarily with Head Start funds.