




Community Services of Northeast Texas, Inc.
Head Start
Policy Council Meeting
Wednesday, December 6, 2017 9:15 am
Linden Administrative Offices
304 East Houston
Linden, Texas


CALL TO ASSEMBLY

Please rise.

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

 **Pledge of Allegiance (TX)** – *Honor the Texas flag; I pledge allegiance to thee, Texas, one state under God, one and indivisible.*

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

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

Invocation

- 1. Call Meeting to Order**
- 2. Recognize New Policy Council Members**
- 3. Establishment of Quorum**
- 4. Approval of Agenda**
- 5. Approval of Minutes for November 1, 2017**
- 6. Presentations**
 - A. Texarkana Head Start Debra Jackson
 - B. Detailed On-going Monitoring Interview Shirley Baker
- 7. Reports**
 - A. Financial Report Shelley Mitchell
 - a. Head Start Financial Report November 2017
 - b. Credit Usage Report
 - c. CACFP Financial Report November 2017
 - B. Head Start Director Report Bernadette Harris
 - a. Head Start Report
 - b. PIR Report November 2017
 - C. Executive Director Report Dan Boyd
- 8. Committee Reports**
 - A. Appoint Committee Member(s)
 - B. Health Services Advisory Committee Report
 - C. ERSEA Committee Report

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Head Start
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Wednesday, December 6, 2017 9:15 am
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9. Action Items

- A. Discuss and/or Approve Recommendations Health Services Advisory Committee Meeting:
 - a. Medical/Dental Home Form Update
 - b. CSNT Physical Form
 - c. TB Questionnaire
 - d. Lead Exposure Questionnaire

10. Discussion Items

- A. Discuss CLASS Fall Data 2017

11. Audience Comments

12. Executive Session

A. Personnel

1. New hires and terminations

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

13. Required Action from Executive Session

14. Adjourn

**Community Services of Northeast Texas, Inc.
Head Start Policy Council Meeting Minutes
Wednesday November 1, 2017 9:15am
Linden Administrative Offices
304 East Houston
Linden, Texas**

PC Attendance		Campus	Title	Sep-17	Nov-17
Chairperson - Tamaitha Sartor				x	x
Vice Chairperson - Olivia Woodruff				x	x
Secretary - Stacy Guerrero				x	x
Brenda Swisher	Board Liaison/CC	Representative	x	x	
April Bennett	Morris County	Representative			
Tamaitha Sartor	Atlanta Head Start	Representative	x	x	
Amber Kimbriel	Atlanta Head Start	Alternate			
Courtney Crow	Bloomburg	Representative		x	
Kimberly Jordan	Bloomburg	Alternate			
Stacy Guerrero	D/LS	Representative	x	x	
Shayla Peters	D/LS	Alternate			
Tia Goodwin	Hughes Springs	Representative	x		
Peggy Peters	Hughes Springs	Alternate			
Olivia Woodruff	Linden	Representative	x	x	
Dawn Hansche	Linden	Alternate			
Whitney Williams	Naples	Representative			
Kassi Croley	Naples	Alternate			
Jessica Wilson	New Boston	Representative	x		
Sondra Lyon	New Boston	Alternate			
Liliana Hernandez	Pittsburg	Representative	x	x	
Dwight White	Pittsburg	Alternate			
Daniela Salazar	Texarkana	Representative	x	x	
Gwendolyn "Brandy" Ross	Texarkana	Alternate			

Others in attendance: CSNT Staff: Dan Boyd, Bernadette Harris, Bridgette Grandmaison, Shelley Mitchell, Charlotte Hall, Susan Horner, Wanda Davis, Frances Evans and Felicia Williams

Parent: Victoria Horner

1. Call to Order: The meeting was called to order by Tamaithia Sartor, Policy Council Chairperson at 9:27 am November 1, 2017 in the Linden Administrative Conference Room.

2. Recognize New Policy Council Members: Courtney Crow – Bloomburg Parent Representative

3. Establishment of Quorum:

Quorum was established with the following Policy Council Members present: Olivia woodruff, Courtney Crow, Liliana Hernandez, Brenda Swisher, Tamaithia Sartor, Stacy Guererro and Daniela Salazar

4. Approval of Agenda:

Members reviewed the agenda. Brenda Swisher moved to accept the agenda as presented. The motion was seconded by Olivia Woodruff. The motion was put to a vote with a majority of members voting in favor of by signaling aye. The motion carried.

5. Approval of Minutes from September 27, 2017:

Courtney Crow moved to approve the minutes of the September 27, 2017 meeting as presented. The motion was seconded by Liliana Hernandez. The motion was put to a vote with a majority of members voting in favor of by signaling aye. The motion carried.

6. Presentations:

A. Naples Head Start

Felicia Williams, Campus Director/Family Service Worker, showed a presentation of the Naples Head Start teaching children how to stay healthy.

7. Reports:

A. Financial Report – Shelley Mitchell

Shelley Mitchell gave the Financial Report as presented.

B. Head Start Director Report – Bernadette Harris

Bernadette Harris gave the Head Start Director report as presented. IM 17-01 and IM-17-02 were reviewed.

C. Executive Directors Report

None

8. Committee Report:

A. Appoint Committee Members

None

2017-2018 List of Committees

Self-Assessment

Liliana Hernandez– Policy Council
Tia Goodwin– Policy Council
Donna Early – Governing Board
Gus Gustafson– Governing Board

Community Assessment

Olivia Woodruff– Policy Council
Gus Gustafson – Governing Board
April Bennett– Governing Board

Finance Committee

April Bennett - Policy Council
Donna Early – Governing Board
Kim Cook– Governing Board
Brant Allen – Governing Board

School Readiness Committee

Daniela Salazar - Policy Council
Tia Goodwin – Policy Council
Judge Munkres– Governing Board
Gus Gustafson – Governing Board
Donna Early – Governing Board

Raegan Lee - Governing Board
Brenda Swisher – Governing Board

ERSEA Committee

Tia Goodwin - Policy Council
Kim Cook – Governing Board
Gus Gustafson – Governing Board
April Bennett – Governing Board

Strategic Planning Committee

Jessica Wilson– Policy Council
Ross Hyde– Governing Board
Gus Gustafson – Governing Board

Health Advisory Committee

Olivia Woodruff– Policy Council
Liliana Hernandez- Policy Council
Ross Hyde – Governing Board
Donna Early – Governing Board
Brant Allen– Governing Board

- Tamaithia Sartor – Policy Council Chairperson is invited to serve on all committees

9. Action Items:

A. Discuss and/ or Approve Changes to Policies in handbook:

- 103 – Equal Opportunity**
- 112 – Confidentiality/Non-Disclosure**
- 301 – Employee Benefits**
- 325 - Freshbenies Program**
- 526 - Cell Phone Usage**
- 588 – Social Media**
- 601- Medical Leave**
- 602-Family Leave**
- 603-Leave of Absence**

Dan Boyd and Charlotte Hall reviewed the changes. Stacy Guerrero moved to approve the Changes to Policies in handbook as presented. The motion was seconded by Brenda Swisher. The motion was put to a vote with a majority of members voting in favor by signaling aye. The motion carried.

B. Discuss and/or Approve to Remove Policy

- 386 – Agency Employees Absence Leave**
- 399 – Agency Employees Sick Leave/PTO/*Floating Holidays from handbook**

Charlotte Hall explained the policies were no longer relevant. Brenda Swisher moved to approve the removal of the policies as presented. The motion was seconded by Stacy Guerrero. The motion was put into the vote with the majority of members in favor of by signaling aye. The motion carried.

C. Discuss and/or Approve change to the quote threshold from \$25 - \$50, becomes a change to the Agency Finance Manual

Brenda Swisher moved to approve change to the quote threshold from \$25 - \$50, becomes a change to the Agency Finance Manual as presented. The motion was seconded by Stacy Guerrero. The motion was put into the vote with the majority of members in favor of by signaling aye. The motion carried.

D. Discuss and/or Approve the following:

a. Personnel Policies and Procedures

b. CSNT Job Descriptions

c. Financial Policies and Procedures including the Financial Code of Conduct

Courtney Crow moved to approve the Personnel Policies and Procedures, CSNT Job Descriptions and the Financial Policies and Procedures including the Financial Code of Conduct as presented. The motion was seconded by Stacy Guerrero. The motion was put into the vote with the majority of members in favor of by signaling aye. The motion carried.

E. Discuss and/or Approve 06CH7174/03 Budget Amendment \$300 – Van #803 Disposition

Olivia Woodruff moved to approve the 06CH7174/03 Budget Amendment \$300 – Van #803 Disposition as presented. The motion was seconded by Daniela Salazar. The motion was put into the vote with the majority of members in favor of by signaling aye. The motion carried.

F. Discuss and/ or Approve 2018 Community Assessment Update

Courtney Crow moved to approve the 2018 Community Assessment Update as presented. The motion was seconded by Stacy Guerrero. The motion was put into the vote with the majority of members in favor of by signaling aye. The motion carried.

G. Discuss and/or Approve Volunteer Updates

Courtney Crow moved to approve Volunteer Updates as presented. The motion was seconded by Olivia Woodruff. The motion was put into the vote with the majority of members in favor of by signaling aye. The motion carried.

H. Discuss and/or Approve Wage Payment and Deduction Authorization Agreement

Olivia Woodruff moved to approve the Wage Payment and Deduction Authorization Agreement as presented. The motion was seconded by Stacy Guerrero. The motion was put into the vote with the majority of members in favor of by signaling aye. The motion carried.

10. Discussion Items:

A. Discuss Wave 1 CIRCLE Assessment Fall 2017 Data

Frances Evans reviewed the Wave 1 CIRCLE Assessment Fall 2017 Data as presented.

B. Discuss BOY Frog Street Assessment Fall 2017 Data

Frances Evans reviewed the BOY Frog Street Assessment Fall 2017 Data as presented.

C. Discuss School Readiness Performance Data – Circle Assessment

Frances Evans reviewed the Circle Assessment School Readiness Performance Data as presented.

D. Discuss School Readiness Performance Data – Frog Street

Frances Evans reviewed the Frog Street Assessment School Readiness Performance Data as presented.

11. Audience Comments:

None

12. Executive Session:

Olivia Woodruff moved for Policy Council to go into Executive Session at 10:39 am. Courtney Crow seconded the motion.

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

Courtney Crow moved to come back into regular session at 10:59 am. Stacy Guerrero seconded the motion.

13. Required Action from Executive Session:

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

14. Adjourn:

A motion to adjourn was made by Courtney Crow at 11:01 am. The motion was seconded by Stacy Guerrero.

Minutes Submitted by: Bridgette Grandmaison

Minutes approved by:

Key Performance Area #1: Program Planning

Targeted Questions: Policy Council Interview

Purpose

The Office of Head Start wants to understand the Policy Council's active role in:

- Supporting the agency's mission
- Developing the program's goals
- Contributing to the program's plans for delivering high-quality comprehensive services
- Ensuring the health and safety of Head Start children and families

The Policy Council provides a forum to give parents a voice in program planning and decision-making for the Head Start program. The program relies on the parents and community members on the Policy Council to use their experience and expertise to assist in developing and reviewing program goals and plans. The Policy Council approves and submits to the governing board decisions about program planning and supports the program in implementing its plans.

Planning – CM 1.1

Think about your participation in planning and decision-making to ensure the program provides high-quality comprehensive services to children and families.

How do the plans for providing services align with the community's needs (e.g., are services provided in the necessary languages; are they culturally sensitive)?

The Policy Council should describe:

- *Its familiarity with the program's plans*
- *How the program's plans meet community needs*
- *How it created, reviewed, or provided feedback on the program's plans*

Think about how you participate in planning and decision-making to ensure the program ensures the health and safety of children at the program.

How do the plans ensure that children are healthy and safe?

The Policy Council should describe:

- *Its familiarity with the program's plans and how they meet the health and safety needs of children*
- *How it created, reviewed, or provided feedback on the program's plans*

**Key Performance Area #2:
Developing and Organizing Resources**

Targeted Questions: Policy Council Interview

Purpose

The Policy Council is the representation of parents and community members that serves as a valuable resource to inform relevant services based on community needs. Parent and community representatives provide expertise that supports the program in fulfilling its mission and achieving its goals. The OHS wants to understand how the Policy Council:

- Participates in recruiting and hiring staff
- Advises the program in creating relevant parental involvement activities
- Ensures that program services are culturally relevant
- Confirms the program meets the needs of children and families

In addition, the OHS seeks to understand how the Policy Council is involved in the budget-planning process.

Engaging the Governing Body and Policy Council– CM 2.3

How are new Policy Council members selected?

Policy Council members should explain:

- *How Policy Council members are elected by parents of children currently in the program*

What training have you received? How has it helped you make decisions and provide leadership for the Head Start program?

Policy Council members should describe:

- *The types of training they have received*
- *How they use the information provided in training*
- *What skills or information provided in training support them in fulfilling their leadership role*

Review training documentation to confirm the training described by the Policy Council (e.g., meeting agendas and minutes).

**How do you help the program address the needs of families and the community?
How does the program use your skills, resources, and connections?**

Policy Council members should describe their involvement in:

- *Parental involvement activities (e.g., parenting class topics, parent participation in the classroom, Fatherhood initiatives)*
- *Ensuring program services respond to family and community needs and are culturally relevant (e.g., providing English classes)*
- *Recruiting Head Start-eligible families (e.g., suggesting recruitment locations)*
- *Decisions regarding program staff (e.g., participating in discussions regarding hiring/termination of grantee staff)*

**Key Performance Area #2:
Developing and Organizing Resources**

Targeted Questions: Policy Council Interview (continued)
Engaging the Governing Body and Policy Council—CM 2.3 (continued)

How are you involved in the budget-planning process?

How often do you review the program's budget?

How do you use the information about the budget that is shared with you?

Policy Council members should explain:

- *Their active involvement in the budget-planning process, including reviewing proposed program expenditures*
- *How they submit the budget to the governing body for approval*
- *How they ensure the program's money is used appropriately*
- *How, when an issue arose in the budget-planning process, it was addressed*

How might the program better utilize your skills, resources, and connections?

**Key Performance Area #4:
Evaluating Performance and Stimulating Ongoing Improvement**

Targeted Questions: Policy Council Interview

Purpose

The Policy Council should receive regular reports to enable it to understand the program's performance and its progress in achieving its goals. In addition to confirming that the Policy Council receives all required reports and that they are timely and accurate, the OHS wants to understand how the Policy Council uses these reports. The Policy Council should understand what each report means and use the information to support their evaluation of the program's performance and the decisions they make to ensure continuous improvement in the program.

Policy Council and Governing Body Oversight of Program Evaluation—CM 4.4

How do you know that the program is providing quality comprehensive services?

What types of information do you receive to help you understand whether the program is delivering quality services and meeting the needs of the community?

How do you use the information you receive?

The Policy Council should describe the following reports and explain how they use their information :

Annual Reports

- *The Self-Assessment, including any related findings*
- *The Program Information Report (PIR)*

Monthly Reports

- *Program information summaries*
- *Program enrollment reports, including attendance reports for children whose care is partially subsidized by another public agency*
- *Reports of meals and snacks provided through programs of the U.S. Department of Agriculture (USDA)*

Additional Reports

- *Every 3 years, the Community Assessment*
- *Applicable current updates from the Secretary (e.g., Program Instructions, Information Memoranda)*

How do you know that the program is using money received from the OHS for its intended purpose?

The Policy Council should describe the following reports and explain how it uses their information :

- *The annual financial audit*
- *Monthly financial statements, including credit card expenditures (if the program uses credit cards)*

How do you feel the program is doing at providing services to meet the community's needs? Are you satisfied with the progress?

Governing Body and Policy Council Composition

Policy Council Pre-Site/On-Site Document Review

Purpose

The Policy Council provides the program with the expertise of parents and the community on important program decisions. The OHS needs to verify that the Policy Council has the required composition of parents and community representatives and that each member is elected. In addition, the OHS wants to understand how each member uses his or her understanding of the needs of the community and families the program serves to make decisions on behalf of the program. In order to effectively make decisions and fulfill their roles and responsibilities, it is critical that Policy Council members receive comprehensive training.

Policy Council Composition– CM 5.1

While scheduling the Policy Council interview, determine whether the Policy Council meets the composition requirements.

Does the Policy Council membership meet the following requirements?

- *At least 51 percent of the members are parents of children currently enrolled in the Head Start program (including delegate agencies).*

- *At least one member is from the at-large community served by the program or any delegate agency.*

- *Members are elected by parents of children currently enrolled in the program.*

Head Start

Financial Report for the month of December 2017

(October 2017 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 11-30-2017</i>							
Personnel	\$2,360,038.00	\$93,439.51	\$2,109,649.07	\$250,388.93	\$196,669.83	\$2,163,368.17	\$53,719.10
Fringe Benefits	\$681,300.00	\$43,314.91	\$555,984.71	\$125,315.29	\$56,775.00	\$624,525.00	\$68,540.29
Travel (4120)	\$22,150.00	\$1,226.50	\$24,277.46	(\$2,127.46)	\$1,845.83	\$20,304.17	(\$3,973.29)
Equipment	\$27,500.00	\$0.00	\$25,974.87	\$1,525.13	\$2,291.67	\$25,208.33	(\$766.54)
Supplies	\$125,500.00	\$3,715.79	\$95,515.38	\$29,984.62	\$10,458.33	\$115,041.67	\$19,526.29
Contractual	\$17,838.00	\$0.00	\$10,346.04	\$7,491.96	\$1,486.50	\$16,351.50	\$6,005.46
Facilities / Construction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other (4120)	\$22,724.00	\$511.00	\$15,970.48	\$6,753.52	\$1,893.67	\$20,830.33	\$4,859.85
Other (4122)	\$508,734.00	\$45,933.60	\$529,574.50	(\$20,840.50)	\$42,394.50	\$466,339.50	(\$63,235.00)
Total	\$3,765,784.00	\$188,141.31	\$3,367,292.51	\$398,491.49	\$313,815.33	\$3,451,968.67	\$84,676.16
T&TA	\$44,874.00	\$1,737.50	\$40,247.94	\$4,626.06	\$3,739.50	\$41,134.50	\$886.56
Total							
USDA Reimbursements through September 2017							\$106,426.87
Estimated USDA Reimbursement for October 2017							\$17,089.61
							<u>\$208,192.64</u>
							Resulting (over)/under with USDA

* Total Over/Under without USDA

Accruals:

Actual year end payroll accrual = 140,000.00

	<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	\$156,907.67	\$7,839.22	\$140,303.85	\$13,075.64	\$143,832.03	\$3,528.17
Per Child	\$7,298.03	\$364.61	\$6,525.76	\$608.17	\$6,689.86	\$164.10

Further Analysis	
Number of children	516
Number of classrooms	24

IN-KIND (Non-Federal Share)				
	<u>Needed</u>	<u>This month</u>	<u>Total</u>	<u>Still need</u>
	\$941,446.00	\$138,086.67	\$1,236,190.16	(\$294,744.16)

Community Services of Northeast Texas, Inc.

Credit Usage Report

Board Report -December 2017

Capital One Credit Card

Purchases for September 2017		1,085.94
Payment due by 10/30/2017	Pd on 10/17/2017	<u>(1,085.94)</u>
Balance		-

Lowes Credit Card

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

Sam's Club Credit Card

Purchases for October 2017		59.00
Payment due by 11/02/2017	Pd on 10/17/2017	<u>(59.00)</u>
Balance		-

Line of Credit

Program	CBA UH	CBA CIGNA	CURRENT	CEAP		
Highest October 2017 balance	2,000.00	-	24,500.00	-	-	-
Current balance	-	-	-	-	-	-
Exp pay off date						

In House Line of Credit

Program	CSBG	ETCOG	CSBG D	CBA CIGNA	CBA UNITED	CEAP
Highest October 2017 balance	83,540.00	107,021.06	-	-	4,250.00	1,650.00
Current balance	81,740.00	107,021.06	-	-	-	-
Exp pay off date	-	-				

Capital One Bank Loans



CAPITAL ONE CARD SERVICES
CORPORATE CARD
PO BOX 60024
NEW ORLEANS LA 70160-0024

ACCOUNT NUMBER [REDACTED]
PAYMENT DUE DATE 10-30-17
MINIMUM PAYMENT \$1,085.94
NEW BALANCE \$1,085.94

CAPITAL ONE, N.A.
CORPORATE CARD
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

AMOUNT
ENCLOSED \$

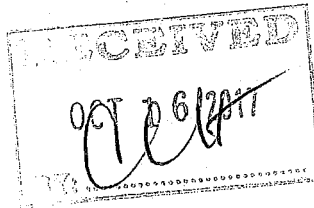
COMMUNITY SERVICES
CSNT INC
PO BOX 427
LINDEN TX 75563-0427

**T0001112



25202780 - 000897 - 0001 - 0002 - 7

Please tear payment coupon at perforation.



CORPORATE ACCOUNT SUMMARY

CORPORATE ACCOUNT NUMBER
[REDACTED]

CLOSING DATE	10-05-17	PREVIOUS BALANCE	1,855.81
PAYMENT DUE DATE	10-30-17	PURCHASES AND OTHER CHARGES	1,784.96
CREDIT LIMIT	10,000	CASH ADVANCES	.00
AVAILABLE CREDIT		CREDITS	699.02
		PAYMENTS	1,855.81-
FOR CUSTOMER SERVICE CALL:		LATE PAYMENT CHARGES	.00
1-866-772-4497		CASH ADVANCE FEE	.00
SEND BILLING INQUIRIES TO:		FINANCE CHARGES	.00
CAP ONE COMMERCIAL		OVERLIMIT FEES	.00
MASTERCARD		NEW BALANCE	1,085.94
P.O. BOX 84012		MINIMUM PAYMENT DUE	1,085.94
COLUMBUS GA 31908-4012		DISPUTED AMOUNT	.00



ACCT. NUMBER:	[REDACTED]		
CREDIT LIMIT	10,000.00	CASH ADVANCE BALANCE	.00
NEW BALANCE	1,085.94	MINIMUM PAYMENT DUE	1,085.94
AVAILABLE CREDIT	8,914.06	PAYMENT DUE DATE	10-30-17

FINANCE CHARGE SUMMARY

	<u>AVERAGE DAILY BALANCE</u>	<u>MONTHLY PERIODIC RATE</u>	<u>CORRESPONDING ANNUAL PERCENTAGE RATE</u>	<u>PERIODIC FINANCE CHARGE</u>
PURCHASES	\$0.00	0.9367%	11.24%	\$0.00
CASH ADVANCES	\$0.00	1.4992%	17.99%	\$0.00

ANNUAL PERCENTAGE RATE*: 11.24%
 Periodic rates may vary
 Number of days in billing cycle: 30

* Cash Advance Fees will cause the APR for Cash Advances & Checks to appear overstated.

CORPORATE ACCOUNT ACTIVITY

COMMUNITY SERVICES OF NORTHEAS
 [REDACTED]

TOTAL CORPORATE ACTIVITY
 \$1,855.81 CR

Post Date	Trans Date	Reference Number	Transaction Description	Amount
09-25	09-25	75528027268610000290016	PAYMENT RECEIVED -- THANK YOU	1,855.81 PY

INDIVIDUAL CARDHOLDER ACTIVITY

DAN LUCKY BOYD
 [REDACTED]

CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
\$699.02	\$1,784.96	\$0.00	\$1,085.94

Post Date	Trans Date	Reference Number	Transaction Description	Amount
09-11	09-07	55310207251698668338657	BEAU RIVAGE - ADV DEP 08552755733 MS 0066833865 ARRIVAL: 09-07-17	677.80 CR
09-11	09-08	05227027252500242218926	MENGER HOTEL SAN ANTONIO TX 0000348809 ARRIVAL: 09-07-17	537.04
09-11	09-05	85486147253703126778584	HAMPTON INN SHERMAN SHERMAN TX 00002518 ARRIVAL: 09-05-17	267.81
09-11	09-05	85486147253703126778584	HAMPTON INN SHERMAN SHERMAN TX 00002522 ARRIVAL: 09-05-17	267.81
09-12	09-12	05587457255000000018410	RBT HAMPTON INN SHERMA EASYSAVINGS NY	10.71 CR
09-12	09-12	05587457255000000018428	RBT HAMPTON INN SHERMA EASYSAVINGS NY	10.71 CR
09-28	09-26	55436877270272706069520	MAGNOLIA HOTEL DALLAS DALLAS TX 0000056938 ARRIVAL: 09-25-17	712.30



Add an authorized user to your account at no additional cost.*

Share the benefits of your Sam's Club® credit card for added convenience and shopping power.

Call the 24-Hour Credit Service phone number on the back of your credit card to add an authorized user.



*The Primary Cardholder will be liable for all purchases made on the account including those made by an authorized user. Authorized users on the credit account must also be on the membership.

Sam's Club® Credit

COMMUNITY COUNCIL OF CASS

Visit us at samsclub.com/credit

Account Number: [REDACTED]

Member Service: 1-800-203-5764

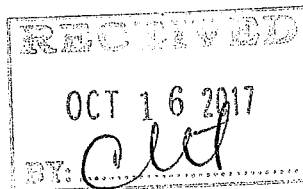
0-235

Summary of Account Activity	
Previous Balance	\$84.10
- Payments	\$84.10
+ Purchases/Debits	\$59.00
New Balance	\$59.00
Credit Limit	\$5,500.00
Available Credit	\$5,441.00
Statement Closing Date	10/08/2017
Days in Billing Cycle	30

Payment Information	
New Balance	\$59.00
Total Minimum Payment Due	\$50.00
Payment Due Date	11/02/2017

Transaction Summary				
Tran Date	Post Date	Reference Number	Description of Transaction or Credit	Amount
10/04	10/04	P9280008T01FHMXBK	WALMART 000226 ATLANTA TX SAM'S/WAL-MART PURCHASE(S)	\$59.00
			Total for COMMUNITY COUNCIL OF CASS	\$59.00
09/30	09/30	P9280008K01GRFYQ6	PAYMENT - THANK YOU	(\$84.10)

Interest Charge Calculation					
Your Annual Percentage Rate (APR) is the annual interest rate on your account.					
Type of Balance	Expiration Date	ANNUAL PERCENTAGE RATE	Balance Subject to Interest Rate	Interest Charge	Balance Method
Regular Purchases	N/A	22.85% (v)	\$0.00	\$0.00	2D
(v) = variable rate					



PAYMENT DUE BY 5 P.M. (ET) ON THE DUE DATE.

NOTICE: We may convert your payment into an electronic debit. See reverse side for details, Billing Rights and other important information.

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

COMMUNITY COUNCIL OF CASS

ACCOUNT #: [REDACTED] DATE OF SALE #: 171004 P.O. #:
 INVOICE#: 007455 AUTHORIZATION #: 001077 CLUB #: 226
 REFERENCE #: P9280008T01FHMXBK TRANSACTION #: 7455 REGISTER #: 11

<u>S.K.U</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>PRICE</u>	<u>EXT. PRICE</u>
097655466	BI PFHELIX TURBO	1.000	EA	\$59.0000	\$59.00
SUB \$59.00		TAX \$0.00		TOTAL INVOICE	\$59.00
				CREDITS TOTAL	\$0.00
				BALANCE DUE	\$59.00

HEAD START NUTRITION PROGRAM

Financial Report

For the month of October 2017

CACFP

	<u>Expenditures</u>	<u>Total To Date</u>
Operating Labor	\$ 3,238.65	\$ 3,238.65
Administrative Labor	365.49	\$ 365.49
Food	7,890.87	\$ 7,890.87
Supplies & Equipment	370.61	\$ 370.61
Purchased Services	-	\$ -
Financial Costs	-	\$ -
Media Costs	-	\$ -
Operating Org Cost	-	\$ -
Total	<u>\$ 11,865.62</u>	<u>\$ 11,865.62</u>

TDHS REVENUE 17,089.61 17,089.61 (Income Starts October 2017)

CSNT Head Start Monthly Report

Program Year 03 2017 06CH7174/03

2017

CSNT HS Report
Revised 2/21/17

Attendance/Enrollment

	December	January	February	March	April	May	June	July	August	September	October	November
Funded Enrollment	516	516	516	516	516	516	NA	NA	516	516	516	
# additional students (partnerships)	14	16	16	15	12	8	NA	NA	13	13	13	
% with Special Needs	7%	7%	8%	9%	9%	10%	NA	NA	5%	6%	7%	
ADA Funded Enrolled* (516)	94%	95%	95%	95%	95%	93%	NA	NA	96%	96%	96%	
Enrollment (w/additional students)	91%	92%	92%	92%	93%	92%	NA	NA	94%	94%	94%	
Present/ Absent	485/31	488/28	488/28	487/29	488/28	482/34	NA	NA	495/34	496/33	496/33	
* If below 85% (Why) -	NA	N/A	N/A	NA	NA	NA	NA	NA	NA	NA	NA	NA

Non-Federal Share

\$932,236 (\$303,954) \$1,236,190 -33% Needed

	December	January	February	March	April	May	June	July	August	September	October	November
\$1,236,190	\$ 125,895	\$ 139,165	\$ 135,665	\$ 133,007	\$ 137,013	\$ 129,121	\$ 55,484	\$ 54,579	\$ 53,252	\$ 134,923	\$ 138,087	\$ -

Adimin Expenditures (including non-federal share)

*Should not be above 15%	December	January	February	March	April	May	June	July	August	September	October	November
13%	\$ 48,210	\$ 96,814	\$ 133,471	\$ 189,394	\$ 235,524	\$ 286,212	\$ 354,886	\$ 404,451	\$ 456,586	\$ 523,448	\$ 566,755	\$ -

Meals/Reimbursements

\$123,517	December	January	February	March	April	May	June	July	August	September	October	November
# of service days	14	20	19	18	19	19	NA	NA	9	20	21	
# of meals served	4,766	7,193	7,345	6,906	7,098	7,246	NA	NA	3,729	7,806	8,237	
CACFP Reimbursement	\$ 9,670	\$ 14,611	\$ 14,862	\$ 14,110	\$ 14,535	\$ 14,780	NA	NA	\$ 7,706	\$ 16,154	\$ 17,090	

Program Monitoring

	December	January	February	March	April	May	June	July	August	September	October	November
# Child Files Reviewed	155	139	154	287	475	419	NA	NA	30	496	666	
# Classrooms Observed	14	19	78	70	91	93	NA	NA	21	76	82	
Incomes Verified	67	62	2	22	5	10	NA	NA	0	366	20	
# Parents Interviewed	15	5	5	5	5	5	NA	NA	0	5	5	
# of Staff interviewed	5	5	5	8	5	4	NA	NA	0	0	15	
# Bus Routes Observed	7	7	1	1	1	1	NA	NA	0	1	2	
# Staff Files Reviewed	1	1	21	16	16	22	NA	NA	0	14	10	
# Community Contacts	13	100	106	106	41	30	NA	NA	30	10	16	
# of Findings Corrected	8	48	37	47	74	29	NA	NA	11	32	47	

Annual Self Assessment Findings

Date: Week of 2/13/2017 Completed

	December	January	February	March	April	May	June	July	August	September	October	November
# of findings	1	1	11	11	11	11	11	11	11	11	11	11
# findings corrected	0	0	0	2	2	2	2	2	11	11	11	11
# findings remaining	1	1	11	9	9	9	9	9	0	0	0	0

Program Updates

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PIR Snapshot	Total	Percentage
Report: Head Start PIR Snapshot (Grid)		
PIR: Head Start 2017-2018		
Section: a. Total Funded Enrollment		
Number of enrollment slots that the program is funded to serve.	516	100%
Section: b. Funded Enrollment by Program Option		
Center-Based	516	100%
Home-Based	0	0%
Combination	0	0%
Family Child Care	0	0%
Locally Designed	0	0%
Section: c. Detail - Center-based Funded Enrollment		
Center-based Part Day (4 days per week)	0	0% of Center-based Total
Center-based Full Day (4 days per week > 6 Hours per Day)	0	0% of Center-based Total
Center-based Part Day (5 days per week)	516	100% of Center-based Total
Center-based Full Day (5 days per week > 6 Hours per Day)	0	0% of Center-based Total
Section: d. Total Cumulative Enrollment		
Actual number of children served by the program throughout the entire year, inclusive of enrollees who left during the program year and the enrollees who filled those empty places. Due to turnover, more children and families may receive Head Start services cumulatively throughout the program year (all of whom are reported in the PIR) than indicated by the funded enrollment numbers.	539	100% of participants
Section: e. Participants By Age		
Two Years Old	0	0% of cumulative enrollment
Three Years Old	228	42.3% of cumulative enrollment
Four Years Old	311	57.7% of cumulative enrollment
Five Years Old and Older	0	0% of cumulative enrollment
Section: f. Homelessness Services		
Total Number of children experiencing homelessness that were served during the enrollment year	25	4.64% of cumulative enrollment
Section: g. Foster Care		
Total number of enrolled children who were in foster care at any point in the program year	8	1.48% of cumulative enrollment
Section: h. Prior Enrollment of Children		
Second Year	174	32.28% of cumulative enrollment
Three (or more) Years	0	0% of cumulative enrollment
Section: i. Ethnicity		
Hispanic or Latino Origin	85	15.77% of cumulative enrollment
Non-Hispanic or Non-Latino Origin	454	84.23% of cumulative enrollment
Section: j. Race		
American Indian or Alaska Native	5	0.93% of cumulative enrollment
Asian	3	0.56% of cumulative enrollment
Black or African American	272	50.46% of cumulative enrollment
Native Hawaiian or Pacific Islander	0	0% of cumulative enrollment
White	161	29.87% of cumulative enrollment

PIR Snapshot	Total	Percentage
Biracial or Multi-Racial	52	9.65% of cumulative enrollment
Other Race	46	8.53% of cumulative enrollment
Unspecified Race	0	0% of cumulative enrollment

Section: k. Language

English	486	90.17% of cumulative enrollment
Spanish	46	8.53% of cumulative enrollment
Central American, South American, or Mexican Languages	0	0% of cumulative enrollment
Caribbean Languages	0	0% of cumulative enrollment
Middle Eastern or South Asian Languages	0	0% of cumulative enrollment
East Asian	0	0% of cumulative enrollment
Native North American or Alaska Native Languages	0	0% of cumulative enrollment
Pacific Island Languages	0	0% of cumulative enrollment
European or Slavic Languages	0	0% of cumulative enrollment
African Languages	0	0% of cumulative enrollment
Other Languages	0	0% of cumulative enrollment
Unspecified Language	7	1.3% of cumulative enrollment

Section: l. Health Services

Children With Health Insurance At Start of Enrollment	511	27.27% of cumulative enrollment
Children With Health Insurance At End of Enrollment	147	27.27% of cumulative enrollment
Children With A Medical Home At Start of Enrollment	445	82.56% of cumulative enrollment
Children With A Medical Home At End of Enrollment	12	2.23% of cumulative enrollment
Children With up-to-date Immunizations or all possible immunizations to date, or exempt at start of enrollment	523	97.03% of cumulative enrollment
Children With up-to-date Immunizations or all possible immunizations to date, or exempt at end of enrollment	502	93.14% of cumulative enrollment
Children with a dental home at start of enrollment	432	80.15% of cumulative enrollment
Children with a dental home at end of enrollment	23	4.27% of cumulative enrollment

Section: m. Disability Services

Children with an Individualized Education Program (IEP), indicating they were determined eligible to receive special education and related services	37	6.86% of cumulative enrollment
---	----	--------------------------------

Section: n. Family Services

Total Number of Families	507	100% of total families
Families Who Received at Least One Family Service	197	38.86% of total families

Section: o. Specific Services

Emergency or Crisis Intervention	5	0.99% of total families
Housing Assistance	5	0.99% of total families
Mental Health Services	1	0.2% of total families
English as a Second Language (ESL) Training	7	1.38% of total families
Adult Education	50	9.86% of total families
Job Training	2	0.39% of total families
Substance Abuse Prevention	0	0% of total families
Substance Abuse Treatment	1	0.2% of total families
Child Abuse and Neglect Services	0	0% of total families
Domestic Violence Services	2	0.39% of total families

PIR Snapshot	Total	Percentage
Child Support Assistance	0	0% of total families
Health Education	534	105.33% of total families
Assistance to Families of Incarcerated Individuals	1	0.2% of total families
Parenting Education	534	105.33% of total families
Relationship or Marriage Education	0	0% of total families



Child Health Form Medical / Dental Home

Family name: _____

Child Health Information			
Eligible child's name			
First Name	Last Name	D.O.B.	
Medical Insurance Providers			
Insurance Type:	_____	Child Health Insurance Program (CHIPS)	
	_____	Medicare / Medicaid	
	_____	Private	
	_____	No Coverage	
Insurance Provider Name:	_____		
Policy Number:	_____		
Insurance Effective Date:	_____		
Primary Insurance:	_____ Yes	_____ No	_____ NA
Include Dental Coverage?	_____ Yes		_____ No
Medical and Dental Providers			
Current Medical Provider:	_____		

	Phone: _____		
Current Dental Provider:	_____		

	Phone _____		
Disabilities	Suspected	Identified	
<input type="checkbox"/> Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Emotional/Behavior disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health Impairment, Including deafness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mental retardation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Orthopedic impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speech or language impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Traumatic brain Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Visual impairment, including blindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Head Start

"Building partnerships, changing lives"



Bernadette Harris
Head Start Director

304 E. Houston St.
Linden, Texas 75563

Phone: 903-756-5596
Fax: 903-756-7294

TB Questionnaire

Child's Name: _____ Campus : _____ Date Completed: _____

Child's Birthday: _____ Name of Parent/Guardian completing form: _____

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child.

Adults who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats.

A person can have TB germs in his or her body but not have active TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if your child has been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

We need your help to find out if your child has been exposed to tuberculosis.

Place a mark in the appropriate box:	Yes	Don't Know	No
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know: has your child been around anyone with any of these symptoms or problems? or has your child had any of these symptoms or problems? or has your child been around anyone sick with TB?			
Was your child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
Has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so, specify which country/countries? _____			
To your knowledge, has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?			

Has your child been tested for TB? Yes ___ (if yes, specify date ___/___/___) No ___
 Has your child ever had a positive TB skin test? Yes ___ (if yes, specify date ___/___/___) No ___

Signature of parent/guardian completing form: _____ Date: _____

Signature of Staff: _____ Date: _____

NOT HIGH RISK

(circle risk that applies)

HIGH RISK (Refer for TB Testing)

TB Testing Completed Date: _____



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Cuestionario de la Tuberculosis

Nombre del Niño: _____ Escuela: _____ Fecha: _____

Fecha de nacimiento: _____ Nombre de padre/guardian: _____

La Tuberculosis (TB) es una enfermedad causada por gérmenes de TB y en la mayoría de los casos es transmitida por una persona adulta con tuberculosis pulmonar activa. Se transmite a otra persona por la tos y por el estornudo al expelir gérmenes de TB al aire que pueden ser respirados por los niños.

Los adultos que tienen la enfermedad activa casi siempre tienen varios de los siguientes síntomas: tos con duración de más de dos semanas, pérdida de apetito, pérdida de peso de diez libras o más en un período corto de tiempo, fiebre, escalofríos y sudores nocturnos.

Una persona puede tener gérmenes de TB en su cuerpo pero no tener la enfermedad activa. Esto se llama infección latente de TB (o LTBI por su sigla en inglés).

La TB es prevenible y curable. La prueba tuberculínica, también llamada PPD o prueba de Mantoux, se utiliza para saber si su niño o niña ha sido infectado/a con el germen de TB. No se recomienda ninguna vacuna para prevenir la tuberculosis. La prueba tuberculínica no es una vacuna contra la tuberculosis.

Necesitamos de su ayuda para saber si su niño/niña ha sido expuesto/a a la tuberculosis.

	Sí	No	No se sabe
La tuberculosis puede causar fiebre de larga duración, pérdida de peso inexplicable, tos severa (con más de dos semanas de duración), o tos con sangre. ¿Es de su conocimiento si: su niño o niña ha estado cerca de algún adulto con esos síntomas o problemas? su niño o niña ha tenido algunos de estos síntomas o problemas? su niño o niña ha estado cerca de alguna persona enferma de tuberculosis?			
¿Su niño o niña nació en México en o cualquier otro país de América Latina, el Caribe, Africa, Europa Oriental o Asia?			
¿Su niño o niña viajó a México o a cualquier otro país de América Latina, el Caribe, Africa, Europa Oriental o Asia durante el último año por más de 3 semanas? Si su respuesta es positiva, favor de especificar a qué país o países.			
¿Es de su conocimiento, si su niño o niña pasó un tiempo (más de 3 semanas) con alguna persona que es o ha sido usuario de droga intravenosa (IV), infectado por VIH, en la prisión, o haya llegado recientemente a los Estados Unidos?			

¿A su niño o niña se le ha realizado la prueba tuberculínica recientemente? Sí___ (si sí, especifique la fecha ___/___/___)
No___

¿Su niño o niña alguna vez tuvo reacción positiva a la tuberculina? Sí___ (si sí, especifique la fecha ___/___/___)
No___

Firma de los padres/guardian: _____ Fecha: _____

Firma de la trabajadora Social: _____ Fecha: _____

NO RIESGO

ALTO RIESGO (Referir a examen)

TB Testing Complete Date: _____



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Lead Exposure Questionnaire

Child's Name: _____ Campus: _____ Date: _____

Child's Birthday: _____ Name of person completing form: _____

Parent Questionnaire

1. Does your child live in or visit a home, daycare or other building built before 1978?
2. Does your child live in or visit a home, daycare or other building with ongoing repairs or remodeling?
3. Does your child eat or chew on non-food things like paint chips or dirt?
4. Does your child have a family member or friend who has or did have an elevated blood lead level?
5. Is your child a newly arrived refugee or foreign adoptee?
6. Is your child exposed to any of the following (if YES, check all that apply):

Yes/Don't Know		No

Contamination from a parent, relative, or friend with jobs or hobbies like these?

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Radiator repair <input type="checkbox"/> House construction or repair <input type="checkbox"/> Chemical preparation <input type="checkbox"/> Pottery making <input type="checkbox"/> Battery manufacture or repair <input type="checkbox"/> Valve and pipe fittings <input type="checkbox"/> Lead smelting <input type="checkbox"/> Burning lead-painted wood or Brass/copper foundry | <ul style="list-style-type: none"> <input type="checkbox"/> Welding <input type="checkbox"/> Automotive repair shop or junkyard <input type="checkbox"/> Refinishing furniture <input type="checkbox"/> Making fishing weights <input type="checkbox"/> Going to a firing range or reloading bullets <input type="checkbox"/> Other: _____ |
|---|--|

Sources of lead in food and remedies?

- Imported for glazed pottery such as a Mexican bean pot
- Imported Candy, (like Chaca Chaca) especially from Mexico
- Nutritional pills other than vitamins
- Foods canned or packaged outside the U.S.
- Remedies such as greta, azarcón, alarcón, alkohl, bali, goli, coral, ghasard, liga, pay-loo-ah, rueda
- Other: _____

Signature of person completing form: _____ Date: _____

Staff Signature: _____ Date: _____

NOT HIGH RISK

(Circle risk that applies)

HIGH RISK (Refer for lead testing)

Lead Test Results _____



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Plomo Cuestionario Exposición

Nombre del Niño: _____ Centro: _____ Fecha: _____

Niño cumpleaños: _____ Nombre de la persona completando: _____

Cuestionario de Padre

1. ¿Vive su hijo(a) o visita una casa, centro de guardería u otro edificio construida antes de 1978?
2. ¿Vive su hijo(a) o visita una casa, centro de guardería u otro edificio que está siendo pintada, remodelada, o en la que están pelando o lijando la pintura?
3. ¿Su hijo(a) come o mastica cosas que no son comida, como pedazos de pintura o tierra?
4. ¿Tienen parientes o compañeros de su hijo(a) que tienen o tuvieron altos niveles de plomo en la sangre?
5. ¿Es su hijo recién refugiado o adoptado del extranjero?
6. ¿Ha sido expuesto su hijo(a) a cualquier de los siguientes? (si SÍ, marque todos que apliquen):

Sí/No lo se		No

Contaminación de un padre, pariente, o amigo con trabajos o pasatiempos como estas?

- | | |
|---|--|
| <input type="checkbox"/> Reparación de radiadores | <input type="checkbox"/> Fundición de latón/cobre |
| <input type="checkbox"/> Construcción o reparación de casas | <input type="checkbox"/> Soldadura |
| <input type="checkbox"/> Preparación de químicos | <input type="checkbox"/> Taller mecánico para autos o lote de chatarra |
| <input type="checkbox"/> Fabricación de cerámica | <input type="checkbox"/> Terminado de muebles |
| <input type="checkbox"/> Fabricación o reparación de baterías | <input type="checkbox"/> Fabricación de pesas para pescar |
| <input type="checkbox"/> Partes sueltas para tubos de cañerías y válvulas | <input type="checkbox"/> Ir a un campo de tiro o recargar balas |
| <input type="checkbox"/> Industria del plomo | <input type="checkbox"/> Otros: _____ |
| <input type="checkbox"/> Quema de madera pintada con plomo | |

Fuentes de plomo en comidas y remedios?

- Productos de cerámica importada o con recubrimiento de barniz, como una olla para frijoles de México
- Productos enlatados o empacados fuera de los Estados Unidos
- Dulces importados, (como Chaca Chaca) especialmente de México
- Remedios tradicionales como greta, azarcón, alarcón, alcoh1, bali goli, coral, ghasard, liga, pay-loo-ah, rueda
- Píldoras alimenticias con excepción de las vitaminas
- Otros: _____

Firma de la persona que llena la forma: _____ Fecha: _____

Firma del personal: _____ Fecha: _____

NOT HIGH RISK

(Circle risk that applies)

HIGH RISK (Refer for lead testing)

Lead Test Results _____

CSNT

CLASS Fall - 2017

Fall CLASS Observations were not scheduled with the teachers. The observations were conducted during all parts of the day. Most classrooms had experienced Head Start Lead Teachers being observed. Atlanta 153, Daingerfield 111 and Texarkana 122 had new Lead Teachers. Naples 101 and Texarkana 121 and 122 had Head Start Teacher Assistants performing the Lead Teacher position. Texarkana 124 had two new to our agency Teacher Assistants performing Lead Teacher position. The program improved scores in all domains from the 2016-2017 School year. (Chart is included with report to show the increase.)



Community Services Of Northeast Tex

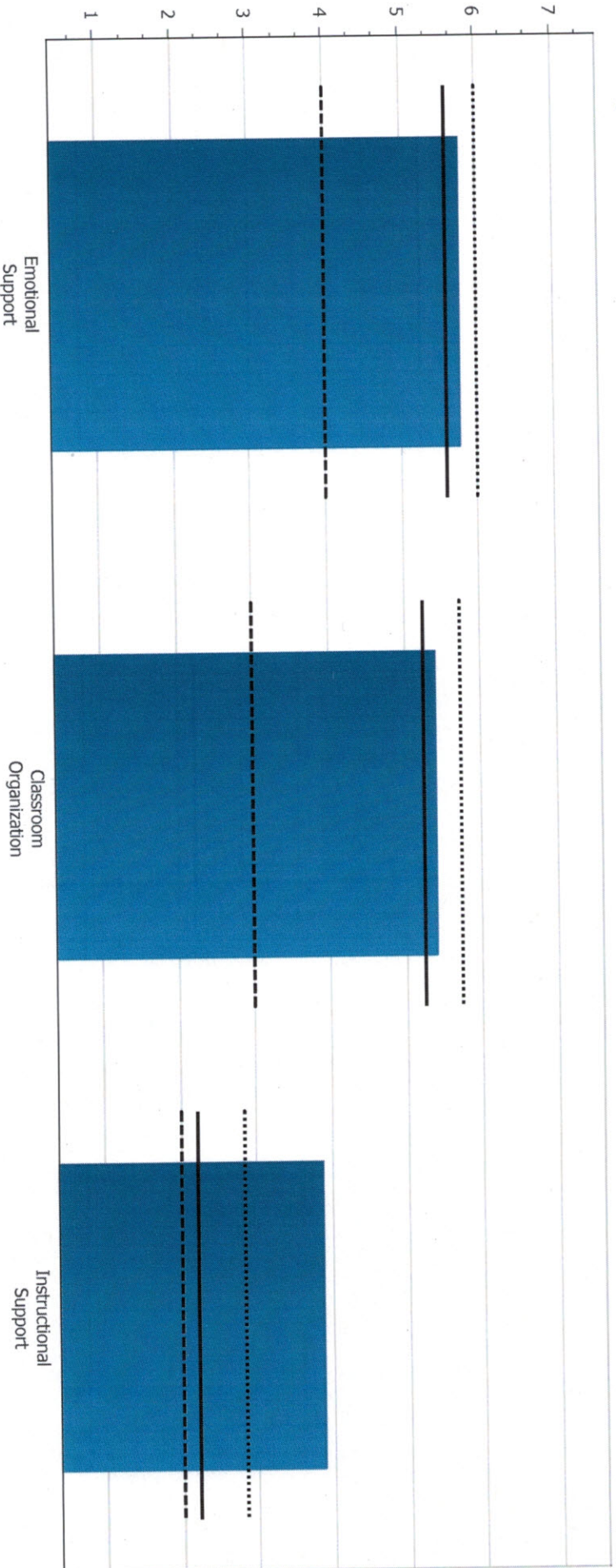
5630 - Pre-K CLASS® Average Score Charts

Observations occurring: 10/19/2017 - 11/17/2017

Agency Fall 2017

2016 National Average
Re-competition Level - - - -
2016 Lowest 10% Nationality _____

Community Services Of Northeast Tex



10/19/17 - 11/17/17	ES	CO	IS
	5.78	5.41	3.87

CLASS Improvement

	Average 2016-17	Fall 2017	Increase Average 2016-2017	
Domains				
Emotional Support	5.49	5.78	↑	0.29
Classroom Organization	4.99	5.41	↑	0.42
Instructional Support	3.59	3.87	↑	0.28