Community Services of Northeast Texas, Inc. Head Start Policy Council Meeting Wednesday, February 28, 2018 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.

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

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

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

Catherine Early Bernadette Harris

**Shelley Mitchell** 

**Bernadette Harris** 

#### 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 February 28, 2018
- 6. Presentations
  - A. Atlanta Head Start
  - B. Training
- 7. Reports
  - A. Financial Report
    - a. Head Start Financial Report March 2018
    - b. Credit Usage Report March 2018
    - c. CACFP Financial Report March 2018
  - B. Head Start Director Report
    - a. Head Start Report March 2018
    - b. PIR Report March 2018

C. Executive Director Report Dan Boyd

#### Community Services of Northeast Texas, Inc. Head Start Policy Council Meeting Wednesday, February 28, 2018 9:15 am Linden Administrative Offices 304 East Houston Linden, Texas

## 8. Committee Reports

A. Appoint Committee Member(s)

## 9. Action Items

- A. Discuss and/or Approve TSR! Substitute Reimbursement \$150 in Head Start Budget Personnel/Substitute Line-Item
- B. Discuss and/or Approve Sale of Used Head Start Classroom Furniture Stored at the Texarkana Depot (All funds obtained will be placed into the Classroom Supplies Line-Item in the PY04 Head Start Budget)
  - Discuss and/or Approve Cost Allocation Plan

#### 10. Discussion Items

## None

C.

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 February 28, 2018 9:15am Linden Administrative Offices 304 East Houston Linden, Texas

			Sep-17	Nov-17	Dec-17	Jan-18	Feb-18
PC Attendance	Campus	Title	7	7	7	8	8
Chairpe	rson - Tamaithia Sarto	or	x	x	X	x	x
Vice Chair	person - Olivia Wood	ruff	x	x	X		x
Secret	tary - Stacy Guerrero	1	х	x	х	x	x
Brenda Swisher	Board Liaison/CC	Representative	х	х	х	х	x
April Bennett	Morris County	Representative			х	х	
Tamaithia Sartor	Atlanta Head Start	Representative	х	х	х	х	x
Amber Kimbriel	Atlanta Head Start	Alternate					
Courtney Crow	Bloomburg	Representative		х	х		
Kimberly Jordan	Bloomburg	Alternate				х	
Stacy Guerrero	D/LS	Representative	х	х	х	х	х
Shayla Peters	D/LS	Alternate					
Tia Goodwin	Hughes Springs	Representative	х		х		
Peggy Peters	Hughes Springs	Alternate				х	
Olivia Woodruff	Linden	Representative	х	х	х		х
Dawn Hansche	Linden	Alternate					
Whitney Williams	Naples	Representative					
Kassi Croley	Naples	Alternate					
Jessica Wilson	New Boston	Representative	х		х	х	х
Sondra Lyon	New Boston	Alternate					
Liliana Hernandez	Pittsburg	Representative	х	х	х	х	
Dwight White	Pittsburg	Alternate					
Daniela Salazar	Texarkana	Representative	х	х	х	х	
Gwendolyn "Brandy" Ross	Texarkana	Alternate					

- Others in attendance: CSNT Staff: Dan Boyd, Bernadette Harris, Bridgette Grandmaison, Charlotte Hall, Susan Horner, Debra Goodnight-Byrd, Michele Rowe, Frances Evans and Venus Hornbuckle
- 1. <u>Call to Order:</u> The meeting was called to order by Tamaithia Sartor, Policy Council Chairperson at 9:18 am February 28, 2018 in the Linden Administrative Conference Room.
- 2. Recognize New Policy Council Members

None

#### 3. Establishment of Quorum:

Quorum was established with the following Policy Council Members present: Jessica Wilson, Brenda Swisher, Tamaithia Sartor, Stacy Guererro and Olivia Woodruff

#### 4. Approval of Agenda:

Members reviewed the agenda. Olivia Woodruff moved to accept the agenda as presented. The motion was seconded by Brenda Swisher. 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 January 24, 2018:

Olivia Woodruff moved to approve the minutes of the January 24, 2018 meeting as presented. The motion was seconded by Stacy Guerrero. 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. New Boson Head Start

Venus Hornbuckle, New Boston Head Start, Campus Director gave a presentation on Music and Movement each day throughout the entire school day at New Boston Head Start.

#### B. Texarkana Head Start

Debra Goodnight-Byrd, Texarkana Family Service Worker, reviewed activities that were done with the children and their families at Paul Laurence Dunbar Early Education Center. A few examples include the following: Tunnel of Hope, Parent make and take, Veteran's Day Program, Family bingo night and a program for Black History Month which included the children learning parts and completing a skit.

#### C. Training

None

#### 7. Reports:

#### A. Financial Report – Shelley Mitchell

Dan Boyd gave the Financial Report as presented.

#### **B. Head Start Director Report – Bernadette Harris**

Bernadette Harris gave the Head Start Director report as presented.

#### **C. Executive Directors Report**

Dan Boyd reviewed information learned at the TACCA Board Meeting with the members.

#### 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 Safety Policy #501

Charlotte Hall reviewed the updated safety policy. Olivia Woodruff moved to approve the Safety Policy #501 as presented. The motion was seconded by Jessica Wilson. The motion was put to a vote with a majority of members voting in favor by signaling aye. The motion carried.

#### 10. Discussion Items:

#### A. Discuss CLASS Self-Assessment Data 2018

Michele Rowe reviewed the CLASS Self-Assessment Data 2018 as presented.

#### B. Discuss CIRCLE Assessment Data Wave 2

Frances Evans reviewed the CIRCLE Assessment Data Wave 2 as presented.

#### C. Discuss Frog Street Assessment Wave 2 Frances Evans reviewed the Frog Street Assessment Wave 2 Data as presented.

D. Discuss Wave 2 School Readiness Performance Data – Circle Assessment

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

E. Discuss Wave 2 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 10:35 am. Stacy Guerrero seconded the motion.

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

Olivia Woodruff made a motion to come back into regular session at 10:42 am. Jessica Wilson seconded the motion.

## 13. <u>Required Action from Executive Session:</u>

A motion was made by Olivia Woodruff to accept new hires, transfers, and terminations as presented. The motion was seconded by Stacy Guerrero. 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. <u>Adjourn:</u>

A motion to adjourn was made by Olivia Woodruff at 10:43 am. The motion was seconded by Stacy Guerrero.

# Minutes Submitted by: Bridgette Grandmaison Minutes approved by:

# **Head Start**

## Financial Report for the month of March 2018

(February 2018 Expenditures)

					Monthly	YTD	
<b>Funding Source</b>	Amount Funded	Expenditures	<u>Total To Date</u>	Balance	Budget	Budget	(Over)/Under
12 month program endir	ng 11-30-2018						
Personnel	\$2,382,989.00	\$176,147.55	\$502,268.81	\$1,880,720.19	\$198,582.42	\$595,747.25	\$93,478.44
Fringe Benefits	\$613,858.00	\$51,288.10	\$149,644.07	\$464,213.93	\$51,154.83	\$153,464.50	\$3,820.43
Travel (4120)	\$22,150.00	\$1,080.39	\$5,845.32	\$16,304.68	\$1,845.83	\$5,537.50	(\$307.82)
Equipment	\$56,000.00	\$0.00	\$0.00	\$56,000.00	\$4,666.67	\$14,000.00	\$14,000.00
Supplies	\$144,726.00	\$8,292.61	\$13,297.99	\$131,428.01	\$12,060.50	\$36,181.50	\$22,883.51
Contractual	\$17,838.00	\$0.00	\$0.00	\$17,838.00	\$1,486.50	\$4,459.50	\$4,459.50
Facilities / Construction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other (4120)	\$22,724.00	\$1,150.00	\$6,652.53	\$16,071.47	\$1,893.67	\$5,681.00	(\$971.53)
Other (4122)	\$460,625.00	\$61,252.15	\$137,940.99	\$322,684.01	\$38,385.42	\$115,156.25	(\$22,784.74)
Total	\$3,720,910.00	\$299,210.80	\$815,649.71	\$2,905,260.29	\$310,075.83	\$930,227.50	\$114,577.79
Т&ТА	\$44,874.00	\$2,230.39	\$12,497.85	\$32,376.15	\$3,739.50	\$11,218.50	(\$1,279.35)
Total							
USDA Reimbursements	<b>U</b>						\$22,161.48
Estimated USDA Reimb	oursement for Febr	uary 2018					\$15,080.15
				Resulting (over)/unde	er with USDA		\$151,819.42
* Total Over/Under without	t USDA				Further Analys		
A					Number of child		516
Accruals:	1 #40.000				Number of class	rooms	24
Actual year end payroll a	ccrual   = \$49,000.0	00					
	A ( T 1 1				Monthly	YTD	
Den Classic	Amount Funded	Expenditures	Total To Date		Budget	<u>Budget</u>	(Over)/Under
Per Classroom	\$155,037.92	\$12,467.12	\$33,985.40		\$12,919.83	\$38,759.48	\$4,774.07
Per Child	\$7,211.07	\$579.87	\$1,580.72		\$600.92	\$1,802.77	\$222.05
IN-KIND (Non-Federal S	Share)						
	Needed	This month	Total	Still need			
	\$941,466.00	\$150,591.38	\$430,743.00	\$510,723.00			
	wanter the second difference of the second		,				

# **Community Services of Northeast Texas, Inc.**

# Credit Usage Report

# **Board Report - March 2018**

# Capital One Credit Card

Purchases for January & February Payment due by 03/02/2018 Balance	2018	Pd on 02/21/2	018	3,539.80 (3,539.80) -
Lowes Credit Card				
Purchases for Payment due Balance		Pd on	· ,	-
Sam's Club Credit Card				
Purchases for January 2018 Payment due by 03/05/2018 Balance		Pd on 02/14,	/2018	1,512.76 (1,512.76) -
Line of Credit				
Program Highest February 2018 balance	CSBG	CEAP	LOCAL ADMIN 18,000.00	
Current balance Exp pay off date	-	-	- 5/31/2018	-

## In House Line of Credit

Program	CSBG	ETCOG	CSBG D	CEAP
Highest January 2018 balance	146,390.00	107,021.06	-	-
			-	
Current balance	146,390.00	107,021.06	-	-
Exp pay off date	-	-		

-

# Capital One Bank Loans

Summary of Ac	count Activity		<b>Payment Information</b>		
Previous Balance	Э	\$479.90	New Balance	nasilaren arrena izten den erten	\$1,512.76
- Payments		\$479.90	Total Minimum Payme	nt Due	\$64.00
+ Purchases/Deb	bits	\$1,512.76	Payment Due Date		03/05/2018
New Balance		\$1,512.76	TEPTER	The second se	
			20 23 V	-EIVED	
Credit Limit		\$5,500.00	Pres		let i i i i i
Available Credit		\$3,987.00	L L L L	1, 2, 2018	
Statement Closin	0	02/08/2018	NO TR	H	
Days in Billing Cy	/cle	31	BY		a de Cueste de la com
11 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	A.C. B.	Low E. Low Law 1		A CONTRACTOR OF A CONT	
Transaction Sun			e o con provincio cato		
Tran Date Pos	t Date Reference Numbe		otion of Transaction or Cr		Amount
Tran Date Pos	t Date Reference Numbe	N9PQ SAM'S	CLUB 006422 LONGVIE	W TX	Amount \$581.50
Tran Date Pos 01/23 01/2	t Date Reference Numbe 23 P928000D900XXN	N9PQ SAM'S SAM'S/	CLUB 006422 LONGVIE WAL-MART PURCHASE	W TX (S)	
Tran Date Pos 01/23 01/2	t Date Reference Numbe 23 P928000D900XXN	N9PQ SAM'S SAM'S/ N9PL SAM'S	CLUB 006422 LONGVIE	W TX :(S) INA TX	\$581.50
Tran Date Pos 01/23 01/2	t Date Reference Numbe 3 P928000D900XXN 23 P928000D900XXN	N9PQ SAM'S SAM'S/ N9PL SAM'S/ SAM'S/	CLUB 006422 LONGVIE WAL-MART PURCHASE CLUB 008295 TEXARKA	W TX (S) NNA TX (S)	\$581.50
Tran Date Pos 01/23 01/2 01/23 01/2	t Date Reference Numbe 3 P928000D900XXN 23 P928000D900XXN	N9PQ SAM'S SAM'S/ N9PL SAM'S SAM'S/ V3MA SAM'S/	CLUB 006422 LONGVIE WAL-MART PURCHASE CLUB 008295 TEXARKA WAL-MART PURCHASE	W TX (S) NA TX (S) NA TX	\$581.50 \$867.30
Tran Date Pos 01/23 01/2 01/23 01/2	t Date Reference Numbe 3 P928000D900XXN 23 P928000D900XXN	N9PQ SAM'S SAM'S/ N9PL SAM'S/ SAM'S/ V3MA SAM'S/ SAM'S/	CLUB 006422 LONGVIE WAL-MART PURCHASE CLUB 008295 TEXARKA WAL-MART PURCHASE CLUB 008295 TEXARKA	W TX (S) NA TX (S) NA TX (S)	\$581.50 \$867.30

	Date	RATE	Interest Rate	5
Regular Purchases	N/A	24.15% (v)	\$0.00	\$0.00
(v) = variable rate				

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

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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.

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Detach and mail this portion with your check. Do not include any correspondence with your check.

Method 2D

		Account	Number: 0245 0020 3052 7414
Suzala	Total Minimum Payment Due	Payment Due Date	New Balance
Camp	\$64.00	03/05/2018	\$1,512.76
Payme	nt Enclosed: Please use blue or black ink.	w address or email? Print cl	nanges on back.
COMMUNITY COUNCIL OF CASS KAY PHILLIPS	Q302	ուսիրուսելինուրդուր	իրուրուներին
PO BOX 427 LINDEN TX 75563-0427	Make Pa	yment to: SAM'S CLUB/SYN P.O. BOX 530981	ICHRONY BANK
and the staff have a second second second	n	ATLANTA, GA 303	353-0981

աներություններներին հերակություններին հերակություննեն հերակություննենին հերակություննեննենին հերակություննենին հերակությունինինինենինինինինենինինինենինինինինենինինենինենինենինենինինենինենինենինենինինենինենինենինենինենինենինենինենին հերակություննենին հերակություննեն

#### 00064000047990 000640000151276

		COMMUNITY COUNC	CIL OF CAS	SS	
ACCOUNT #: 2048 0020 3032 7414		DATE OF SALE #: 180123		P.O. #:	
INVOICE#: 004525		AUTHORIZATION #: 001345		CLUB #: 6422	
REFERENCE #: P928000D900XXN9PQ		TRANSACTION #: 4525		REGISTER #: 49	
<u>S.K.U</u>	DESCRIPTION	QUANTITY	UNIT	PRICE	EXT. PRICE
037989538	POM 2PLY BATH TISSUE	2.000	EA	\$19.9800	\$39.96
050897620	STACK CHAIR	15.000	EA	\$24.7800	\$371.70
052942890	PRO PLUS WATER	1.000	EA	\$169.8400	\$169.84
SUB \$581.50		TAX \$0.00		TOTAL INVOICE	\$581.50
				CREDITS TOTAL	\$0.00
				BALANCE DUE	\$581.50

	COMMUNITY COUNCIL OF CASS						
	ACCOUNT #: 0048 0020 3032 7414		DATE OF SALE #: 180123		P.O. #:		
	INVOICE#: 001037		AUTHORIZATION #: 001631		CLUB #: 8295		
5	REFERENCE #	#: P928000D900XXN9PL	TRANSACTION #: 103	37	REGISTER #: 2		
	<u>S.K.U</u>	DESCRIPTION	QUANTITY	UNIT	PRICE	EXT. PRICE	
	050897620	STACK CHAIR	35.000	EA	\$24.7800	\$867.30	
	SUB \$867.30		TAX \$0.00		TOTAL INVOICE	\$867.30	
					CREDITS TOTAL	\$0.00	
					BALANCE DUE	\$867.30	
		1					
			COMMUNITY COUNCI	L OF CAS	SS		
	ACCOUNT #:	046 0029 3032 7414	DATE OF SALE #: 180	0125	P.O. #:		

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	COMMUNITY COUNCIL OF CASS					
ACCOUNT #: 0540 0020 3032 7414		DATE OF SALE #: 180125		P.O. #:		
INVOICE#: 003077		AUTHORIZATION #: 000829		CLUB #: 8295		
REFERENCE #: P928000DQ00YJV3MA		TRANSACTION #: 3077		REGISTER #: 91		
<u>s.K.U</u>	DESC	RIPTION	QUANTITY	UNIT	PRICE	EXT. PRICE
005690280	PEDIA	SURE VANILLA	2.000	EA	\$36.9800	\$73.96
053708772	IS \$	7.00 OFF	2.000	EA	\$5.0000-	\$10.00-
SUB \$63.96			TAX \$0.00		TOTAL INVOICE	\$63.96
					CREDITS TOTAL	\$0.00
					BALANCE DUE	\$63.96

RECONVER FEB 1 2 2018 BY:

Capita	10no

#### Capital One, N.A. Corporate Card Statement



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

ACCOUNT NUMBER	xxxx xxxx xxxx 🍘
PAYMENT DUE DATE	03-02-18
MINIMUM PAYMENT	\$3,539.80
NEW BALANCE	\$3,539.80

AMOUNT ENCLOSED	\$
	đ

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

#### 716000000370410498964035398003539

Please tear payment coupon at perforation

#### STATEMENT MESSAGES

\*\*T0001256

Your total finance charge paid for 2017 was \$0.00.

1 REC FEB 1 2.2018 BY

#### **CORPORATE ACCOUNT SUMMARY**

# CORPORATE ACCOUNT NUMBER

CLOSING DATE	02-05-18	PREVIOUS BALANCE	4,989.64
PAYMENT DUE DATE	03-02-18	PURCHASES AND OTHER CHARGES	3,539.80
CREDIT LIMIT	10,000	CASH ADVANCES	.00
AVAILABLE CREDIT		CREDITS	.00
		PAYMENTS	4,989.64-
FOR CUSTOMER SER	VICE CALL:	LATE PAYMENT CHARGES	.00
1-866-772-44	97	CASH ADVANCE FEE	.00
		FINANCE CHARGES	.00
SEND BILLING INQUIRIES TO: CAP ONE COMME	PCIAL	OVERLIMIT FEES	.00
MASTERCAR P.O. BOX 840	D 12	NEW BALANCE	t 3,539.80
COLUMBUS GA 319	008-4012	MINIMUM PAYMENT DUE	3,539.80
		DISPUTED AMOUNT	.00



	Capital One	timora, e construir e const		mastercard.
			FEB 1 2 2018	
	ACCT. NUMBER: xxxx xxxx xxxx			
0002 - 7	CREDIT LIMIT	10,000.00	BY: CASH ADVANCE BAL	ANCE .00
	NEW BALANCE	3,539.80	MINIMUM PAYMENT	DUE 3,539.80
- 0002 -	AVAILABLE CREDIT	6,460.20	PAYMENT DUE DATE	03-02-18
- 10000336 -				
25200360				

		FINANC	E CHARGE SI	JMMARY		
	DA	AVERAGE	MONTHLY PERIODIC RATE	CORRESPONDING ANNUAL PERCENTAGE RATE	PERIODIC FINANCE CHAI	RGE
PURCHASES CASH ADVANCES		\$0.00 \$0.00	0.9575% 1.4992%	11.49% 17.99%	\$0.0 \$0.0	
			Perio	UAL PERCENTAGE RATE*: odic rates may vary	<b>11.49%</b> 31	
* Cash Advance Fees	will cau	se the APR for Cas		ber of days in billing cycle: s to appear overstated.	51	

## **CORPORATE ACCOUNT ACTIVITY**

	UNITY SER	VICES OF NORTHEAS
Post	Trans	
		Reference Number

01-29

01-29

Trans Date Reference Number 75528028029970000330016

Transaction Description PAYMENT RECEIVED -- THANK YOU Amount 4,989.64 PY

TOTAL CORPORATE ACTIVITY \$4,989.64 CR

## INDIVIDUAL CARDHOLDER ACTIVITY

	UCKY BC		CREDITS \$0.00	PURCHASES \$3,539.80	CASH ADV \$0.00	TOTAL ACTIVITY \$3,539.80	ar Sec. 1
Post Date	Trans Date	Reference Number	Transaction Desc	ription			Amount
01-09	01-09	55436878009730099857294	HAMPTON INNS M 1140109042	OBILE AL ARRIVAL: 01	-07-18		101.46
01-09	01-09	55436878009730099857302	HAMPTON INNS M 1140109042	OBILE AL ARRIVAL: 01	-07-18		101.46
01-12	01-10	55310208011722468160704	HYATT REGENCY 16462833	HOUSTON HOUSTON TX ARRIVAL: 01	-08-18		473.40
01-15	01-12	55310208013722467525343	HYATT REGENCY 16333344	HOUSTON HOUSTON TX ARRIVAL: 01	-08-18		946.80
01-15	01-13	55436878013150137639360	HAMPTON INNS M 1180113042	OBILE AL ARRIVAL: 01	I-11-18		112.86
01-15	01-13	55436878013150137639410	HAMPTON INNS M 1180113042	OBILE AL ARRIVAL: 01	-11-18		112.86
02-01	01-31	05227028031300180611653	THE HR SOUTHWE	ST CONFE 214-631-8775 T	Х		869.00
02-05	02-02	55432868034200131077990		09524968 800-435-9792 TX			410.98
02-05	02-02	55432868034200131078006	SOUTHWES 52614 VENZOR/JUSTIN S DAL WN Y CMH	09524969 800-435-9792 TX			410.98

## HEAD START NUTRITION PROGRAM

Financial Report

For the month of February 2018

# CACFP

	<u>Ex</u>	<u>penditures</u>	To	otal To Date
Operating Labor	\$	6,318.72	\$	32,404.44
Administrative Labor		957.68	\$	4,101.50
Food		9,474.98	\$	41,613.66
Supplies & Equipment		816.41	\$	2,299.83
Purchased Services		-	\$	-
Financial Costs		-	\$	_1
Media Costs		-	\$	-
Operating Org Cost		-	\$	150.00
Total	\$	17,567.79		\$80,569.43

TDHS REVENUE

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15,080.15 67,607.54 (Income Starts October 2017)

1 of 1 BGrandmaison

PIR Snapshot	Total	Percentage
port: Head Start PIR Snapshot (Grid)		
IR: 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 mat receive Head Start services cumulatively throughout the program year(all of	559	100% of participants
whom are reported in the PIR) than indicated by the funded enrollment numbers.		
Section: e. Participants By Age		
Two Years Old	0	0% of cumulative enrollmen
Three Years Old	240	42.93% of cumulative enrollme
Four Years Old	319	57.07% of cumulative enrollme
Five Years Old and Older	0	0% of cumulative enrollmen
Section: f. Homelessness Services		
Total Number of children experiencing homelessness that were served during the enrollment year	26	4.65% of cumulative enrollme
Section: g. Foster Care		
Total number of enrolled children who were in foster care at any point in the program year	12	2.15% of cumulative enrollme
Section: h. Prior Enrollment of Children		
Second Year	174	31.13% of cumulative enrollme
Three (or more) Years	0	0% of cumulative enrollmen
Section: i. Ethnicity	0	
	07	15 5COV of example the environment
Hispanic or Latino Origin	87 472	15.56% of cumulative enrollme 84.44% of cumulative enrollme
Non-Hispanic or Non-Latino Origin	472	64.44% Of Cumulative enrolline
Section: j. Race	_	
American Indian or Alaska Native	5	0.89% of cumulative enrollme
Asian	3	0.54% of cumulative enrollme
Black or African American	282	50.45% of cumulative enrollme
Native Hawaiian or Pacific Islander	1	0.18% of cumulative enrollme
	170	30.41% of cumulative enrollme
White Directed or Multi-Decisi	50	
Biracial or Multi-Racial Other Race	52 46	9.3% of cumulative enrollmer 8.23% of cumulative enrollmer

#### Section: k. Language

ection: k. Language		
English	505	90.34% of cumulative enrollmen
Spanish	47	8.41% of cumulative enrollmen
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	1.25% of cumulative enrollmen
ection: I. Health Services		· ·
Children With Health Insurance At Start of Enrollment	539	35.42% of cumulative enrollmer
Children With Health Insurance At End of Enrollment	198	35.42% of cumulative enrollmer
Children With A Medical Home At Start of Enrollment	514	91.95% of cumulative enrollmer
Children With A Medical Home At End of Enrollment	319	57.07% of cumulative enrollmer
Children With up-to-date Immunizations or all possible immunizations to date, or exempt at start of enrollment	548	98.03% of cumulative enrollmer
Children With up-to-date Immunizations or all possible immunizations to date, or exempt at end of enrollment	544	97.32% of cumulative enrollmer
Children with a dental home at start of enrollment	491	87.84% of cumulative enrollmer
Children with a dental home at end of enrollment	309	55.28% of cumulative enrollmer
ection: m. Disability Services	1	
Children with an Individualized Education Program (IEP), indicating they were determined eligible to receive special education and related services	48	8.59% of cumulative enrollmen
ection: n. Family Services	1	
Total Number of Families	527	100% of total families
Families Who Received at Least One Family Service	327	62.05% of total families
ection: o. Specific Services		
Emergency or Crisis Intervention	15	2.85% of total families
Housing Assistance	9	1.71% of total families
Mental Health Services	13	2.47% of total families
English as a Second Language (ESL) Training	8	1.52% of total families
Adult Education	40	7.59% of total families
	40	0.76% of total families
Job Training Substance Abuse Prevention	0	0% of total families
Substance Abuse Fredention	0	0% of total families
Child Abuse and Neglect Services	2	0.38% of total families
Domestic Violence Services	2	0.38% of total families
Child Support Assistance	1	0.19% of total families
Health Education	273	51.8% of total families
Assistance to Families of Incarcerated Individuals	0	0% of total families
Parenting Education	291	55.22% of total families
Relationship or Marriage Education	0	0% of total families

# **CSNT Head Start Monthly Report**

Program Year 04 2018 06CH7174/04

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2018
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#### CSNT HS Report Revised 2/21/17

Attendance/Enrollment

Attendance/Enronment												
	December	January	February	March	April	May	June	July	August	September	October	November
Funded Enrollment	516	516	516									
# additional students (partnerships)	11	12	12									
% with Special Needs	8%	8%	8%									
ADA Funded Enrolled* (516)	92%	92%	93%									
Enrollment (w/additional students)	90%	90%	91%									
Present/ Absent	474/53	473/55	479/49									
* If below 85% (Why) -	NA	N/A	N/A	NA	NA	NA	NA	NA	NA	NA	NA	NA
Non-Federal Share		<b>CO11 11C</b>	\$510,704	\$430,742	E 40/	Needed						
Non-Federal Share	December	\$941,446 January	February	5430,742 March	April	May	June	July	August	September	October	Novembe
\$430,742	\$ 126,784	\$ 153,367	\$ 150,591	IVIALCIT	Арпі	iviay	Julie	July	Augusi	September	October	Novembe
ψ <del>+</del> 30,7+2	φ 120,704	φ 155,507	\$ 150,591								<u> </u>	
Adimin Expenditures (includir	ng non-federal s	share)										
*Should not be above 15%												
14%	\$ 43,518	\$ 101,577	\$ 171,656									
Meals/Reimbursements												
\$37.242	December	January	February	March	April	May	June	July	August	September	October	Novembe
# of service days	14	17	20			Í		Í	Ŭ			
# of meals served	4,868	5,768	7,266									
CACFP Reimbursement	\$ 10,168	\$ 11,993		\$-	\$-	\$-	\$ -	\$ -	\$	- \$ -	\$-	\$
D												
Program Monitoring		<u>г.</u>					<u>т.</u>					I NI - I
	December	January	February	March	April	May	June	July	August	September	October	Novembe
# Child Files Reviewed	87	121	411		-	-	-	-			<b> </b>	
# Classrooms Observed	54	42	64								<b></b>	
Incomes Verified	0	7	3								<b> </b>	
# Parents Interviewed	5	5	5								<b> </b>	
# of Staff interviewed	5	4	3								<b></b>	
# Bus Routes Observed	1	1	2		ļ	ļ	1	ļ	1		<b></b>	
# Staff Files Reviewed	15	8	0								<b></b>	
# Community Contacts	15	30	40		<u> </u>						<b></b>	
# of Findings Corrected	25	55	37									
Annual Detailed Monitoring F	indings		Date:	Week of	2/13/2017	Completed						
	December	January	February	March	April	May	June	July	August	September	October	Novembe
# of findings	11	11	12					1	-			
# findings corrected	11	11	1		1	1			1			
<u> </u>	1		1								/	+
# findings remaining	0	0	11									

Program Updates

Preparing for the end of the school year

Scheduling ISD Partnership Meetings



Texas School Ready!

401790253 Invoice for Substitute Reimbursement

2017-18

Invoice #REG8ESC12

6344

Date: 01/30/18

Please remit to: COMMUNITY SERVICES OF NORTHEAST TEXAS

School Name:

Address: 304 E. HOUSTON STREET

P. O. BOX 427

LINDEN, TX 75563

SITE VENDOR CODE: 65529

TSR Teacher	Type of Training	Date of Training	Reimbursement Amount			
Kishina Shaw	2 DAY CIRCLE	10/04/17	75.00			
Kishina Shaw	2 DAY CIRCLE	10/11/17	75.00			
Ronald King	2 DAY CIRCLE	10/04/17	75.00			
Ronald King	2 DAY CIRCLE	10/11/17	75.00			
Ronald King Progress Monitoring		10/17/17	75.00			

Total: \$375.00

Substitute Reimbursement DD 2/19/18 Funding: # 12997\_; Class Code: 23041 Mars

