

Community Services of Northeast Texas, Inc.

Head Start

Policy Council Meeting

Tuesday, June 27, 2023 9:00 am

ZOOM

<https://us06web.zoom.us/j/81157157975?pwd=Vk5tM0RBTIZHb0w2aFBwQ3ZSNHRzQT09>


Meeting ID: 811 5715 7975


Passcode: 304329

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.*

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 June 13, 2022**
6. **Presentations**
None
7. **Reports**
 - A. Financial Report Shelley Mitchell
 - a. Head Start and Early Head Start Financial Report June 2023
 - b. Credit Usage Report June 2023
 - c. CACFP Financial Report June 2023
 - B. Head Start Director Report Bernadette Harris
 - a. Head Start and Early Head Start Report June 2023
 - b. PIR Head Start and Early Head Start Report June 2023
 - C. Executive Director Report Dan Boyd

Community Services of Northeast Texas, Inc.

Head Start

Policy Council Meeting

Tuesday, June 27, 2023 9:00 am

ZOOM

<https://us06web.zoom.us/j/81157157975?pwd=Vk5tM0RBTIZHb0w2aFBwQ3ZSNHRzQT09>

Meeting ID: 811 5715 7975

Passcode: 304329

Linden, Texas

8. Committee Reports

A. Appoint Committee Member(s)

9. Action Items

A. Discuss and/or Approve Fleet Personnel Policy #509

B. Discuss and/or Approve Cost Allocation Plan

10. Discussion Items

None

11. Audience Comments

12. Executive Session

A. Personnel

1. New hires and terminations

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

13. Required Action from Executive Session

14. Adjourn

Community Services of Northeast Texas, Inc.
Head Start Policy Council Meeting Minutes
Tuesday, June 13, 2023 10:00 am
Zoom

<https://us06web.zoom.us/j/83285155869?pwd=am0wR0hTYUJybUovM1M2Y0dMN2hyZz09>

Meeting ID: 832 8515 5869

Passcode: 672295

Linden, Texas

PC Attendance	Campus	Title	Sep-22	Oct-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	#####	Jun-23
Chairperson - Cecelia Huff			x	x	x	x	x	x	NO QUORUM	NO QUORUM	x
Vice Chairperson - Martavius Jones			x			x	x	x			x
Secretary - Carlos Johnson			x	x	x		x	x			x
Cecelia Huff	Board Liaison/BC	Representative	x	x	x	x	x	x			
Sheran West	Morris County	Representative	x		x			x			
Mary Hurd	Atlanta	Representative	x								
La'Kimya Pinson	Atlanta	Alternate									
Marissa Jones	Bloomburg	Representative	x								
Megan Hervey 3/28/23-Rep	Bloomburg	Alternate	x	x	x	x	x	x			
Kathrine Smith	D/LS	Representative									
Krista Huffman	D/LS	Alternate									
Chyenne Battensby	Hughes Springs EHS	Representative	x	x	x			x			
Sonia Abbasi	Hughes Springs EHS	Alternate									
	Naples	Representative									
	Naples	Alternate									
Carlos Johnson	New Boston	Representative	x	x	x		x	x			
Vicki Taylor	New Boston	Alternate									
Martavius Jones	Pittsburg	Representative	x			x	x	x			
Tara Petty	Pittsburg	Alternate		x							
	Texarkana	Representative									
Ramisha Jeffery	Texarkana	Alternate									

Others in attendance: CSNT Staff: Bernadette Harris, Bridgette Parton, Michelle Morehead, Misty Van Hooser, Charlotte Hall, Susan Horner, Frances Evans and Shelley Mitchell

1. **Call to Order:** The meeting was called to order by Cecelia Huff, Policy Council Chairperson, June 13, 2023 at 10:18 am, on the Zoom Virtual Call.

2. **Recognize New Policy Council Members:**
None

3. **Establishment of Quorum:**
Quorum was established with the following Policy Council Members present: Cecelia Huff, Chyenne Battensby, Carlos Johnson and Megan Hervey. Chyenne Battensby left at 10:57 AM

4. Approval of Agenda:

Members reviewed the agenda. Carlos Johnson moved to accept the agenda as presented. This motion was seconded by Chyenne Battensby. 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 March 28, 2023:

Carlos Johnson moved to accept the minutes of March 28, 2023 meeting as presented. The motion was seconded by Chyenne Battensby. The motion was put to a vote with a majority of members voting in favor of by signaling aye. The motion carried.

6. Presentations:

None

7. Reports:

A. Financial Report

Shelly Mitchell gave the Financial Report as presented.

B. Head Start Report

Bernadette Harris gave the Head Start Report as presented. She also presented the Office of Head Start CLASS Pilot Report.

C. Executive Directors Report

Michelle Morehead, Deputy Executive Director, reported that there was a retirement party held for Dan Boyd on Friday, June 9, 2023. She stated that Dan Boyd will officially retire on July 5th and on July 6th she will become the Interim Executive Director.

8. Committee Reports:

A. Appoint Committee Members

None

9. Action Items:

A. Discuss and/or Approve School Calendars 2023-2024

- 1. Atlanta Head Start**
- 2. Bloomburg Head Start**
- 3. Daingerfield Head Start**
- 4. Hughes Springs Head Start**
- 5. Naples Head Start**
- 6. Pittsburg Head Start**
- 7. Texarkana Head Start**
- 8. Hughes Springs Early Head Start**

Misty Van Hooser reviewed the calendars as presented. Bridgette Parton stated that New Boston Head Start came later, but it was added to the calendars. Carlos Johnson moved to approve the School Calendars for 2023 – 2024 including New Boston Head Start as presented. Chyenne Battensby seconded the motion. 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 Parent Handbook 2023 - 2024

Misty Van Hooser reviewed the Parent Handbook 2023 – 2024 as presented. Megan Hervey moved to approve the Parent Handbook 2023 - 2024 presented. Carlos Johnson seconded the motion. The motion was put to a vote with a majority of members voting in favor by signaling aye. The motion carried.

C. Discuss and/or Approve Nutrition Menus 2023-2024

Susan Horner reviewed the Nutrition Menus 2023-2024 as presented. Carlos Johnson moved to approve Nutrition Menus 2023-2024 as presented. Chyenne Battensby seconded the motion. The motion was put to a vote with a majority of members voting in favor by signaling aye. The motion carried.

D. Discuss and/or Approve USDA/CACFP Contract

Susan Horner asked the members permission to apply for the USDA/CACFP Contract. Carlos Johnson moved to approve applying for the USDA/CACFP Contract as presented. Megan Hervey seconded the motion. The motion was put to a vote with a majority of members voting in favor by signaling aye. The motion carried.

E. Discuss and/or Approve Head Start/Early Head Start Continuation Grant

#06CH011282/05 \$5,866,791 (\$4,647,794, \$45,638 T&TA, Non-Federal Share \$1,173,359)

a. Head Start \$5,537,783 (\$4,389,845, \$40,381 T&TA, Non-Federal Share - \$1,107,557)

b. Early Head Start \$329,008 (\$257,949, \$5,257 T&TA, Non-Federal Share \$65,802)

Bernadette Harris reviewed the Head Start/Early Head Start Continuation Grant as presented. She stated that we had not received the official funding letter and she has worked it up with the COLA amount that has not yet been approved. She asked for permission to submit the grant with or without COLA once the funding letter is sent. Carlos Johnson moved to approve the Head Start/Early Head Start Continuation Grant #06CH011282/05 as presented. Chyenne Battensby seconded the motion. The motion was put to a vote with a majority of members voting in favor by signaling aye. The motion carried.

F. Discuss and/or Approve School Readiness Goals

a. School Readiness Goals 2023-2024

b. Parent Family and Community Engagement Goals 2023-2024

c. Program Goals 2023-2024

Frances Evans reviewed the 2023 – 2024 School Readiness Goals as presented. Misty Van Hooser reviewed the Parent Family and Community Engagement goals 2023-2024 as presented. Bridgette Parton reviewed the Program Goals 2023-2024 as presented. Carlos Johnson moved to approve the School Readiness Goals as presented. Chyenne Battensby seconded the motion. The motion was put to a vote with a majority of members voting in favor by signaling aye. The motion carried.

G. Discuss and/or Approve Update to Home Visit Procedure in all HS/EHS Operating Manuals and Policies

Bernadette Harris reviewed the Home Visit Procedure Update as presented. Megan Hervey moved to approve the Update to the Home Visit Procedure in all HS/EHS Operating Manuals and Policies as presented. Chyenne Battensby seconded the motion. 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 CIRCLE Assessment Data Spring 2023

Bridgette Parton reviewed as presented.

B. Discuss School Readiness Performance Data Spring 2023

Frances Evans reviewed as presented.

C. Discuss PFCE Goals Progress Spring 2023

Misty Van Hooser reviewed as presented.

D. Discuss Program Goals Progress Spring 2023

Bridgette Parton reviewed as presented.

E. Discuss CLASS Data Spring 2023

Bridgette Parton reviewed as presented.

F. Discuss June and July Meetings

The Members discussed having June and July Meetings. The meeting today was to review Program Information due to no quorum in April and May. It was decided that the members would like to have a June 27, 2023 meeting on Zoom to help with attendance. The members decided not to have a July meeting unless necessary and would prefer Zoom if there needed to be a meeting.

11. Audience Comments:

None

12. Executive Session:

Carlos Johnson moved for Policy Council to go into Executive Session at 11:15 am. Megan Hervey seconded the motion.

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

Carlos Johnson made a motion to come back into regular session at 11:18 am. Megan Hervey seconded the motion.

13. Required Action from Executive Session:

A motion was made by Carlos Johnson to accept new hires, transfers, and terminations as presented. The motion was seconded by Megan Hervey. 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 Megan Hervey at 11:18 am. The motion was seconded by Carlos Johnson.

Minutes Submitted by: Bridgette Parton

Minutes approved by:

Head Start

Financial Report for the month of June 2023

May 2023 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 11-30-2022</i>							
Personnel	\$2,147,995.00	\$160,139.44	\$950,638.54	\$1,197,356.46	\$178,999.58	\$1,073,997.50	\$123,358.96
Fringe Benefits	\$526,259.00	\$42,991.30	\$251,668.70	\$274,590.30	\$43,854.92	\$263,129.50	\$11,460.80
Travel (4120)	\$10,000.00	(\$22.07)	\$4,933.23	\$5,066.77	\$833.33	\$5,000.00	\$66.77
Equipment	\$35,000.00	\$26,065.00	\$26,065.00	\$8,935.00	\$2,916.67	\$17,500.00	(\$8,565.00)
Supplies	\$189,500.00	\$19,261.82	\$70,457.24	\$119,042.76	\$15,791.67	\$94,750.00	\$24,292.76
Contractual	\$275,350.00	\$0.00	\$0.00	\$275,350.00	\$22,945.83	\$137,675.00	\$137,675.00
Facilities / Construction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other (4120)	\$30,381.00	\$1,950.00	\$31,198.16	(\$817.16)	\$2,531.75	\$15,190.50	(\$16,007.66)
Other (4122)	\$858,320.00	\$61,451.87	\$410,841.38	\$447,478.62	\$71,526.67	\$429,160.00	\$18,318.62
Total	\$4,072,805.00	\$311,837.36	\$1,745,802.25	\$2,327,002.75	\$339,400.42	\$2,036,402.50	\$290,600.25
T&TA	\$40,381.00	\$1,927.93	\$36,131.39	\$4,249.61	\$3,365.08	\$20,190.50	(\$15,940.89)
Total							
USDA Reimbursements through April 2023							\$62,122.12
Estimated USDA Reimbursement for May 2023							\$11,159.19
							<u>\$363,881.56</u>
							Resulting (over)/under with USDA

* Total Over/Under without USDA

Accruals:

Actual year end payroll accrual \$75,600.00

\$4.00

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	\$156,646.35	\$11,993.74	\$67,146.24	\$13,053.86	\$78,323.17	\$11,176.93
Per Child	\$8,758.72	\$670.62	\$3,754.41	\$729.89	\$4,379.36	\$624.95

IN-KIND (Non-Federal Share)

Needed	This month	Total	Still need
\$1,018,201.00	\$129,015.61	\$797,246.71	\$220,954.29

Early Head Start

Financial Report for the month of June 2023

(May 2023 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 11-30-2022</i>							
Personnel	\$134,771.00	\$9,636.68	\$75,692.38	\$59,078.62	\$11,230.92	\$67,385.50	(\$8,306.88)
Fringe Benefits	\$33,019.00	\$3,767.67	\$25,618.59	\$7,400.41	\$2,751.58	\$16,509.50	(\$9,109.09)
Travel (4120)	\$2,190.00	\$0.00	\$416.01	\$1,773.99	\$182.50	\$1,095.00	\$678.99
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies	\$19,350.00	\$1,613.85	\$3,963.29	\$15,386.71	\$1,612.50	\$9,675.00	\$5,711.71
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	\$1,149.00	\$2,839.59	\$227.41	\$255.58	\$1,533.50	(\$1,306.09)
Other (4122)	\$50,741.00	\$1,765.30	\$13,008.73	\$37,732.27	\$4,228.42	\$25,370.50	\$12,361.77
Total	\$243,138.00	\$17,932.50	\$121,538.59	\$121,599.41	\$20,261.50	\$121,569.00	\$30.41
T&TA	\$5,257.00	\$1,149.00	\$3,255.60	\$2,001.40	\$438.08	\$2,628.50	(\$627.10)
Total							
USDA Reimbursements through April 2023							\$7,796.90
Estimated USDA Reimbursement for May 2023							\$1,939.40
							<u>\$9,766.71</u>
							Resulting (over)/under with USDA

* Total Over/Under without USDA

Accruals:

Actual year end payroll accrual \$7,200

\$4.00

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	\$121,569.00	\$8,966.25	\$60,769.30	\$10,130.75	\$60,784.50	\$15.21
Per Child	\$15,196.13	\$1,120.78	\$7,596.16	\$1,266.34	\$7,598.06	\$1.90

IN-KIND (Non-Federal Share)				
	<u>Needed</u>	<u>This month</u>	<u>Total</u>	<u>Still need</u>
	\$243,138.00	\$1,971.25	\$12,441.76	\$230,696.24

Community Services of Northeast Texas, Inc.
Credit Usage Report

Board Report -June 2023

Sam's Club

Purchases for April 2023		571.72
Payment due by 05/28/2023	5/31/2023	<u>(571.72)</u>
Balance		-

American Express

Purchases for April 2023		4,698.18
Payment due by ---	Pd on 05/11/2023	<u>(4,698.18)</u>
Balance		-

Line of Credit

Program	CEAP A	CSBG A	TBRA	TX-HAF
Highest May 2023 Balance	7,900.00	9,300.00	8,625.00	
Current balance	17,100.00	15,900.00	8,625.00	
Exp pay off date	6/30/2023	6/30/2023	6/30/2023	

In House Line of Credit

Program	CEAP A	CSBG A	TRBA	LIHWAP
Highest May 2023 Balance	200.00	6,850.00	2,435.00	80.00
Current balance		6,400.00	12,435.00	80.00
Exp pay off date		6/30/2023	6/30/2023	6/30/2023

U.S. SMALL BUSINESS ADMINISTRATION LOAN

\$145,513



COMMUNITY COUNCIL OF CASS
Account Number ending in **4974**



PAGE 1 of 5

Visit us at SamsClubCredit.com/businesscard or Call 1-800-203-5764

Payment Information

	New Balance:	\$571.72
	Total Minimum Payment Due:	\$50.00
	Payment Due Date:	05/28/2023

Payments must be received by 5pm ET on 05/28/2023 if mailed, or by 11:59pm ET on 05/28/2023 for online and phone payments.

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

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

Account Summary

Previous Balance as of 04/09/2023	\$230.00	Credit Limit	\$1,700
Payments	- 185.00	Available Credit	\$1,128
Other Credits	- 45.00		
Purchases/Debits	+ 571.72		
New Balance as of 05/08/2023	\$571.72		
30 Day Billing Cycle from 04/09/2023 to 05/08/2023			

Transaction Detail

Date	Reference #	Description	Amount
Payments			
04/24	P9280003L014X41FL	PAYMENT - THANK YOU	-\$185.00
			-\$185.00
Other Credits			
04/03	F92800037000WW103	SAM'S CLUB 008295 TEXARKANA TX	-\$45.00
		Total for COMMUNITY COUNCIL OF CASS	-\$45.00
Purchases and Other Debits			
04/17	P9280003Q01B06PP4	SAM'S CLUB 008295 TEXARKANA TX	\$571.72
		SAM'S/WAL -MART PURCHASE(S)	\$254.88
04/20	P9280003F01BF143J	SAM'S CLUB 008295 TEXARKANA TX	\$316.84
		SAM'S/WAL -MART PURCHASE(S)	
		Total for JOHN YOUNG	\$571.72

(Continued on next page)

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

Account Number	6046002039380574
New Balance	\$571.72
Total Minimum Payment Due	\$50.00
Payment Due Date	05/28/2023
Amount Enclosed	\$

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

COMMUNITY COUNCIL OF CASS
KAY PHILLIPS
PO BOX 427
LINDEN TX 75563-0427

16120
Q203



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



00050000018500 000500000057172 000604600 ~~203933017422~~

COMMUNITY COUNCIL OF CASS

ACCOUNT #: ~~6046 0020 3933 0674~~ DATE OF SALE #: 230417 P.O. #:
 INVOICE#: 000000 AUTHORIZATION #: 000428 CLUB #: 8295
 REFERENCE #: P9280003Q01B06PP4 TRANSACTION #: 0 REGISTER #: 4

S.K.U	DESCRIPTION	QUANTITY	UNIT	PRICE	EXT. PRICE
SALES TAX		1.000		\$0.0000	\$0.00
380004989	MM FRAGRANCE FREE	4.000	EA	\$21.7400	\$86.96
380044107	PULL-UPS S4T-5T BOY	4.000	EA	\$41.9800	\$167.92
SUB \$254.88		TAX \$0.00		TOTAL INVOICE	\$254.88
				CREDITS TOTAL	\$0.00
				BALANCE DUE	\$254.88

1-2

COMMUNITY COUNCIL OF CASS

ACCOUNT #: ~~6046 0020 3933 0674~~ DATE OF SALE #: 230420 P.O. #:
 INVOICE#: 000000 AUTHORIZATION #: 000493 CLUB #: 8295
 REFERENCE #: P9280003F01BF143J TRANSACTION #: 0 REGISTER #: 3

S.K.U	DESCRIPTION	QUANTITY	UNIT	PRICE	EXT. PRICE
SALES TAX		1.000		\$0.0000	\$0.00
000249296	NJOY SALTPACK 1200CT	1.000	EA	\$2.4800	\$2.48
000249298	NJOY PEP PACK 800CT	2.000	EA	\$3.8800	\$7.76
030089094	MM PURIFIED WATER	1.000	EA	\$3.9800	\$3.98
030689482	COOKIE TRAY	1.000	EA	\$19.9800	\$19.98
053390527	CHICKEN SALAD SANWIC	10.130	EA	\$6.6791	\$67.66
053675387	16 OZ CUPS	1.000	EA	\$11.5800	\$11.58
055511713	MEMBER'S MARK NAPKIN	1.000	EA	\$11.9800	\$11.98
056842956	GOLD PEAK SWEET TEA	2.000	EA	\$15.9800	\$31.96
057208817	ASSORTED WRAP	13.170	EA	\$5.3804	\$70.86
057316282	FRUIT AND CHEESE	14.080	EA	\$4.9801	\$70.12
380005853	FL VARIETY MIX	1.000	EA	\$18.4800	\$18.48
SUB \$316.84		TAX \$0.00		TOTAL INVOICE	\$316.84
				CREDITS TOTAL	\$0.00
				BALANCE DUE	\$316.84



COMMUNITY COUNCIL OF CASS
Account Number ending in 0674



PAGE 2 of 5

Visit us at SamsClubCredit.com/businesscard or Call 1-800-203-5764

Transaction Detail (Continued)

Date	Reference #	Description	Amount
Total Fees Charged This Period			\$0.00
Total Interest Charged This Period			\$0.00

Interest Charge Calculation

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

Type of Balance	Expiration Date	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge	Balance Method
Purchases	N/A	29.99% (v)	\$0.00	\$0.00	2D

Cardholder News and Information

Please Note: Our current Payment address has changed. If you mail your payment, please use the new address on your remittance coupon portion of the statement.

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

1-2

Member News and Information

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

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Corporate Purchasing Cardmember Report

Sign-up For Online
Statements
www.americanexpress.com/gopaperless

Prepared For
DAN BOYD
CSNT INC

Account Number
XXXX-XXXXX1-21009

Closing Date
04/29/23

Page 1 of 3

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$ Do Not Pay
5,729.65	4,009.04	0.00	6,015.56	0.00	3,723.13

For important information regarding your account refer to page 2.

For your records only - do not pay.

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

Activity

Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
XXXX-XXXXX1-21009		
04/08/23 PAYMENT RECEIVED - THANK YOU 04/08	05012000000	-6,015.56
04/07/23 ASTOR CROWNE PLAZA N NEW ORLEANS LA FOL# 58836407 CROWNE PLAZA 04/04/23 ARRIVAL DATE DEPARTURE DATE 04/11/23 04/15/23 00 ROOM RATE \$160.69 ROC NUMBER 58836407	58836407000	188.72
04/17/23 ASTOR CROWNE PLAZA N NEW ORLEANS LA FOL# 60212396 CROWNE PLAZA 04/15/23 ARRIVAL DATE DEPARTURE DATE 04/11/23 04/15/23 00 ROOM RATE \$305.55 ROC NUMBER 60212396	60212396000	1,110.21
04/27/23 BEST WESTERN PREMIER DENTON TX FOL# 0000041446 BEST WESTERN 04/25/23 ARRIVAL DATE DEPARTURE DATE 04/23/23 04/25/23 00 ROOM RATE \$129.99 ROC NUMBER 0000041446	74910210100	283.53
04/01/23 CAMBRIA HOTEL AUSTIN AUSTIN TX FOL# 47166137 LODGING 03/31/23 ARRIVAL DATE DEPARTURE DATE 03/28/23 03/31/23 00 ROC NUMBER 47166137	47166137000	768.69

Continued on Page 3

Do not staple or use paper clips

Payment Coupon

Account Number **6796-562931-21009** Enter 15 digit account number on all payments.

MB 01 000013 93987 H 1 A



DAN BOYD
CSNT INC
304 E HOUSTON BX 427
LINDEN TX 75563-5600

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

000013 1/2

989

RO4LSMR1 11923

000000786

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

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

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

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

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

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



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International Collect:
1-336-393-1111.

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

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



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

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

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



Prepared For
DAN BOYD
CSNT INC

Account Number
 XXXX-XXXXX-121009

Closing Date
 04/29/23

Activity Continued

Reference Code

Amount \$

04/28/23	HOLIDAY INN EXPRESS DUNCANVILLE TX FOL# 13583132 HOLIDAY INNS 04/27/23 ARRIVAL DATE DEPARTURE DATE 04/24/23 04/27/23 00 ROOM RATE \$88.37 ROC NUMBER 13583132	11707435100	299.58
04/05/23	RESIDENCE INN AN3 Austin TX FOL# 000004040001 LODGING 04/04/23 ARRIVAL DATE DEPARTURE DATE 04/03/23 04/04/23 00 ROC NUMBER 000004040001	04040001000	275.19
04/05/23	RESIDENCE INN AN3 Austin TX FOL# 000004040002 LODGING 04/04/23 ARRIVAL DATE DEPARTURE DATE 04/03/23 04/04/23 00 ROC NUMBER 000004040002	04040002000	269.31
04/05/23	RESIDENCE INN AN3 Austin TX FOL# 000004040003 LODGING 04/04/23 ARRIVAL DATE DEPARTURE DATE 04/03/23 04/04/23 00 ROC NUMBER 000004040003	04040003000	269.31
04/06/23	RESIDENCE INN AN3 Austin TX FOL# 000005040001 LODGING 04/05/23 ARRIVAL DATE DEPARTURE DATE 04/03/23 04/05/23 00 ROC NUMBER 000005040001	05040001000	544.50

Total for DAN BOYD

New Charges/Other Debits
 Payments/Other Credits

4,009.04
 -6,015.56

000013 2/2



Corporate Purchasing Cardmember Report

Sign-up For Online Statements

www.americanexpress.com/gopaperless

Prepared For
CREW DYKES
CSNT INC

Account Number
XXXX-XXXXX-81008

Closing Date
04/29/23

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$	Do Not Pay
6,083.14	689.14	0.00	6,083.14	0.00	689.14	For important information regarding your account refer to page 2.

For your records only - do not pay.

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

Activity

Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
XXXX-XXXXX-81008		
04/08/23 PAYMENT RECEIVED - THANK YOU 04/08	0501200000	-6,083.14
04/28/23 CLDTKN AMAZON.COM*HM13E73D0 AMZN.COM/BILL W 89.98 ✓ 2WCWT4BT6 113-9716225-2004298109 04/25/23 ROC NUMBER 2WCWT4BT6QHT		
04/28/23 HOLIDAY INN EXPRESS DUNCANVILLE TX 299.58 FOL# 13578823 HOLIDAY INNS 04/27/23 11707431400 ARRIVAL DATE DEPARTURE DATE 04/24/23 04/27/23 00 ROOM RATE \$88.37 ROC NUMBER 13578823		
04/28/23 HOLIDAY INN EXPRESS DUNCANVILLE TX 299.58 FOL# 13586259 HOLIDAY INNS 04/27/23 11707441700 ARRIVAL DATE DEPARTURE DATE 04/24/23 04/27/23 00 ROOM RATE \$88.37 ROC NUMBER 13586259		
Total for CREW DYKES	New Charges/Other Debits Payments/Other Credits	689.14 -6,083.14

Do not staple or use paper clips

Payment Coupon

Account Number Enter 15 digit account number on all payments.
3796-560037-81008

CREW DYKES
CSNT INC
302 E HOUSTON BX 427
LINDEN TX 75563-5600

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

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

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- Voice automated: call the number on the back of your card
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Please do not add any written communication or address change on this stub.

HEAD START and EHS NUTRITION PROGRAM

June 2023 Financial Report

For the month of May 2023

CACFP

		<u>Expenditures</u>	<u>Total To Date</u>
Operating Labor	\$	6,772.79	56,724.66
Administrative Labor		1,694.76	10,291.47
Food		11,850.94	86,367.72
Supplies & Equipment		891.63	6,222.33
Purchased Services		-	0.00
Financial Costs		-	0.00
Media Costs		-	0.00
Operating Org Cost		1,379.72	2,913.80
Other		294.67	517.15
Total	\$	22,884.51	\$ 163,037.13

****Operating Labor includes C5 and C6 money****

TDHS REVENUE		13,098.59	112,739.74
		(Income Starts October 2022)	

CSNT Head Start Director's Report PY04/FY23

June Report/April Data How Are We Doing?



HEAD START Attendance - May 2023

- ✓ **459** Actual Enrollment (Under/Over -6 Student(s)) – Funded **465**
- ✓ **12%** Disability Students – **10%** Target
- ✓ **87%** Average Daily Attendance



HEAD START NFS/Indirect Costs/Admin Expenses Rate

- ✓ **\$797,247** NFS Collected - **\$1,018,201** NFS Needed
- ✓ **\$68,795** Indirect Costs Collected
- ✓ **8%** Admin Expense Rate



HEAD START CACFP Meals/Reimbursements

- ✓ **\$11,159** Reimbursed This Month - **\$73,281** Reimbursed This Year
- ✓ **19** days of Service – **4,255** Meals Served

ATTITUDE IS EVERYTHING



HEAD START Quality Assurance

- ✓ **157** Files Reviewed/**56** Classrooms Observed
- ✓ **20** Incomes Verified/**77** Interviews/**44** Community Contacts
- ✓ **Self-Assessment** – **4** Findings/**4** Corrections/**0** Remaining
- ✓ **Annual Detailed Monitoring** – **7** Findings/**7** Corrections/**0** Remaining

ANNOUNCEMENTS:

Preparing for 2023-2024 School Year
Enrolling for the 2023-2024 School Year



Office of Head Start - Head Start Services Snapshot

Community Services Of Northeast Texas, Inc. (2022-2023)

Date

6/15/2023

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	459	98.71%
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	6	1.15%
3 Years Old	248	47.33%
4 Years Old	270	51.53%
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	39	7.44%

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	25	4.77%

Prior Enrollment of Children

	<i># of children</i>	<i>% of children</i>
The second year	130	24.81%
Three or more years	10	1.91%

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%	1	0.19%
Asian	0	0.00%	5	0.95%
Black or African American	9	1.72%	258	49.24%
Native Hawaiian or Pacific Islander	0	0.00%	0	0.00%
White	25	4.77%	149	28.44%
Biracial or Multi-Racial	6	1.15%	37	7.06%
Other Race	34	6.49%	0	0.00%
Unspecified Race	0	0.00%	0	0.00%

Primary Language of Parents at Home

	<i># of children</i>	<i>% of children</i>
English	494	94.27%
Of these, the number of children acquiring/learning another language in addition to English	12	
Spanish	27	5.15%
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	3	0.57%
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	489	93.32%	374	71.37%
Children with accessible health care	470	89.69%	369	70.42%
Children with up-to-date immunizations or all possible immunizations to date, or exempt	483	92.18%	484	92.37%
Children with accessible dental care	456	87.02%	360	68.70%

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	56	12.04%

Family Services

	<i># of families</i>	<i>% of families</i>
Total Number of Families	496	100.00%

	<i># of families</i>	<i>% of families</i>
Families Who Received at Least One Family Service	482	97.18%

Specific Services

	<i># of families</i>	<i>% of families</i>
Emergency or Crisis Intervention	18	3.63%
Housing Assistance	8	1.61%
Asset Building Services	129	26.01%
Mental Health Services	9	1.81%
Substance Misuse Prevention	2	0.40%
Substance Misuse Treatment	6	1.21%
English as a Second Language (ESL) Training	14	2.82%
Assistance in enrolling into an education or job training program	67	13.51%
Research-based parenting curriculum	429	86.49%
Involvement in discussing their child's screening and assessment results and their child's progress	466	93.95%
Supporting transitions between programs	449	90.52%
Education on preventive medical and oral health	466	93.95%
Education on health and developmental consequences of tobacco product use	157	31.65%
Education on nutrition	479	96.57%
Education on postpartum care	7	1.41%
Education on relationship/marriage	16	3.23%
Assistance to families of incarcerated individuals	3	0.60%

June Report/April Data How Are We Doing?



HEAD START Attendance - May 2023

- ✓ **16** Actual Enrollment (Under/Over **0** Student(s)) – Funded **465**
- ✓ **13%** Disability Students – **10%** Target
- ✓ **72%** Average Daily Attendance (**Surgery/Siblings Out**)



HEAD START NFS/Indirect Costs/Admin Expenses Rate

- ✓ **\$12,442** NFS Collected - **\$60,785** NFS Needed
- ✓ **\$5,306** Indirect Costs Collected
- ✓ **4%** Admin Expense Rate



HEAD START CACFP Meals/Reimbursements

- ✓ **\$1,939** Reimbursed This Month - **\$9,736** Reimbursed This Year
- ✓ **22** days of Service – **742** Meals Served

ATTITUDE IS EVERYTHING



HEAD START Quality Assurance

- ✓ **11** Files Reviewed/**9** Classrooms Observed
- ✓ **1** Incomes Verified/**5** Interviews/**0** Community Contacts
- ✓ **Self-Assessment** – **4** Findings/**4** Corrections/**0** Remaining
- ✓ **Annual Detailed Monitoring** – **7** Findings/**7** Corrections/**0** Remaining

ANNOUNCEMENTS:

Preparing for 2023-2024 School Year
Enrolling for the 2023-2024 School Year



Office of Head Start - Early Head Start Services Snapshot

Community Services Of Northeast Texas, Inc. (2022-2023)

Date

6/15/2023

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	17	106.25%

Participants by Age

	<i># of participants</i>	<i>% of participants</i>
Under 1 Year Old	1	5.88%
1 Year Old	7	41.18%
2 Years Old	9	52.94%
3 Years Old	0	0.00%
Pregnant Women	0	0.00%

Homelessness Services

	<i># of children</i>	<i>% of children</i>
Total number of children experiencing homelessness that were served during the enrollment year	2	11.76%

Foster Care

	# of children	% of children
Total number of enrolled children who were in foster care at any point in the program year	1	5.88%

Prior Enrollment of Children

	# of children	% of children
The second year	4	23.53%
Three or more years	1	5.88%

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%	1	5.88%
Black or African American	0	0.00%	8	47.06%
Native Hawaiian or Pacific Islander	0	0.00%	0	0.00%
White	0	0.00%	4	23.53%
Biracial or Multi-Racial	1	5.88%	1	5.88%
Other Race	2	11.76%	0	0.00%
Unspecified Race	0	0.00%	0	0.00%

Primary Language of Parents at Home

	# of children	% of children
English	15	88.24%
Of these, the number of children acquiring/learning another language in addition to English	2	11.76%
Spanish	2	11.76%
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	17	100.00%	17	100.00%
Children with accessible health care	17	100.00%	16	94.12%
Children with up-to-date immunizations or all possible immunizations to date, or exempt	17	100.00%	16	94.12%
Children with accessible dental care	17	100.00%	16	94.12%

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	2	12.50%

Family Services

	<i># of families</i>	<i>% of families</i>
Total Number of Families	16	94.12%

	<i># of families</i>	<i>% of families</i>
Families Who Received at Least One Family Service	16	100.00%

Specific Services

	<i># of families</i>	<i>% of families</i>
Emergency or Crisis Intervention	0	0.00%
Housing Assistance	0	0.00%
Asset Building Services	0	0.00%
Mental Health Services	0	0.00%
Substance Misuse Prevention	0	0.00%
Substance Misuse Treatment	0	0.00%
English as a Second Language (ESL) Training	2	12.50%
Assistance in enrolling into an education or job training program	11	68.75%
Research-based parenting curriculum	16	100.00%
Involvement in discussing their child's screening and assessment results and their child's progress	13	81.25%
Supporting transitions between programs	10	62.50%
Education on preventive medical and oral health	16	100.00%
Education on health and developmental consequences of tobacco product use	3	18.75%
Education on nutrition	16	100.00%
Education on postpartum care	0	0.00%
Education on relationship/marriage	0	0.00%
Assistance to families of incarcerated individuals	0	0.00%

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509 Fleet Safety Policy

Effective Date:

Revision Date:

Community Services of Northeast Texas, Inc. (CSNT) considers safety and accident prevention to be one of our highest priorities in all areas of operation, including fleet vehicle safety. Since most vehicle accidents are caused by driver error, one of our goals is to employ only drivers who have a safe driving record, and to ensure that they drive defensively. We strive to make sure that vehicles are maintained in safe operating condition and are regularly inspected. Should an accident occur, CSNT will ensure that the circumstances of the accident are thoroughly investigated, and that a determination is made as to whether the accident was preventable on the part of the CSNT employee. Employees involved in a preventable or an at-fault accident will be subject to disciplinary action, including the suspension of driving privilege.

We have a responsibility to our clients, our employees, and the general public to ensure that our vehicles are at all times in safe operating condition and operated only by licensed, qualified, and safe drivers. This Fleet Safety Program is intended to assist us in meeting this responsibility and to convey to all drivers and other employees the specific duties and responsibilities that each has regarding fleet vehicle safety.

Responsibility and Accountability:

Responsibility for Fleet Vehicles:

CSNT Transportation Coordinator is responsible for the implementation of the Fleet Safety Program. The Transportation Coordinator's duties will include, but not be limited to the following duties where they pertain to the Fleet Safety Program:

- CSNT will obtain a driving history of all drivers to ensure that meet he/she meet the criteria for driver qualification. This will be accomplished by obtaining and reviewing the motor vehicle records for all new hires. Human Resources will run an annual MVR review each July on all current drivers. The criteria for a qualified driver includes the following:

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No serious moving violations such as DWI conviction, hit and run, vehicular manslaughter, or other vehicle felony.

No more than **two** citations **in a three year period** for a moving violation.

No more than **one** at fault accident within the previous **three-year period**.

- Ensuring that vehicles are regularly inspected by the driver using the vehicle checklist on a daily frequency and that all necessary repairs are made when needed. Vehicles must be inspected daily by the driver before making a trip and a weekly Inspection must be documented using the vehicle checklist.
- Investigating all vehicle accidents and completing the appropriate accident Investigation forms and documentation.
- Ensuring that training and instruction in defensive driving is provided to all fleet vehicle operators. Drivers who are involved in an accident while operating an agency vehicle, or while operating their own vehicles on agency business, will be required to complete an approved defensive driving course within **thirty** days following a determination that the accident was preventable on the part of the agency employed driver.
- Ensuring that agency vehicles are used only for agency business and that no personal or unauthorized use of the vehicles is permitted.

Each CSNT employee who is authorized to drive on agency business, whether driving a personal vehicle or any fleet vehicle, is also responsible for vehicle safety. Drivers are required to maintain a current drivers license, to maintain a driving record that meets the qualification criteria contained in this policy, to comply with the accident reporting procedures contained in this policy, and to conduct a pre-trip inspection on any fleet vehicle before leaving the property of CSNT with passengers in this vehicle. The daily pre-trip inspection does not have to be documented with the vehicle condition report, but the driver must check, at a minimum, the condition of the tires, safe operation of the brakes, and safe operation of all lights and signals before loading of passengers. The driver is responsible to report any deficiencies to the Transportation Coordinator, and to remove the vehicle from service if there is a defect that will affect the safe operation of the vehicle.

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Drivers of Agency vehicles must also comply with the following provisions:

- All vehicles must be properly checked out and signed out
- The driver is responsible for making sure that all passengers are wearing seat belts while in agency vehicles; the driver must also wear a seat belt at all times. (Policy 501)
- Drivers are expected to operate vehicles in a manner consistent with all applicable laws and regulations, and to follow the vehicles safety rules contained in this policy.
- CSNT employees who operate their privately owned vehicles on agency business are responsible for complying with state laws regarding liability insurance for that vehicle. **Employees who transport clients in privately owned vehicles must carry proof of liability insurance in the vehicle and must also have a copy of the current liability insurance certificate on file in the office.** Any accident that occurs while operating a privately owned vehicle on agency business must be promptly reported to the Transportation Coordinator.

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Motor Vehicle Record Policy

Employees with MVRs that violate the following standards may be subject to having their driving privileges revoked. The employee will be considered for a driving position at such time as the MVR shows improvement. The criteria for acceptable MVRs are as follows:

- **No more than 2 moving violations in any 12-month period.**
- **No more than 2 at-fault accidents in any 12-month period.**
- **No restricted or suspended license in the past 12 months.**
- **No driving under the influence (DWI) convictions.**

During the hiring process for drivers the Agency will consider the following :

- The applicant must have a valid operator's license of the appropriate type for the vehicle driven
- Employment application will be reviewed
- The motor vehicle record (MVR) will be reviewed prior to hiring and at least bi-annually thereafter to help identify deteriorating driving experience
- A personal interview will be conducted
- References will be checked to verify information on the application
- A background investigation will be conducted
- A drug test will be conducted
- A physical examination will be required
- Each driver's driving performance and record will be included in the personnel file

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Driver Education and Training

It is important to train new drivers to ensure that these new employees are aware of their responsibilities and duties, how to operate the equipment safely, what is expected of them, and to ensure that they are aware of the agency's safety policies. Training may take place in a classroom, in the yard, on the job, or on the road. The Transportation Coordinator will ensure that all training is documented.

Remedial training will be provided to those drivers with poor driving performance records.

Training topics will include, but not be limited to, the following:

- Importance of wearing seat belts
- Dangers of driving while under the influence of drugs or alcohol
- Traffic laws and regulations
- Emergency procedures - What to do in the event of an accident
- First Aid
- Proper backing techniques
- Proper passing procedures
- Reporting of accidents
- Vehicle maintenance
- Proper loading and unloading of vehicles
- Cell phone use is prohibited while driving (Policy 526)

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Vehicle Inspection and Preventive Maintenance

Motor vehicle fleets require regular safety inspections and maintenance to keep the equipment operating safely and efficiently. Drivers should make daily pre-trip inspections of their vehicles focusing on key areas such as tires, mirrors, lights, glass, wiper blades, horn, gages, fluid levels, brakes, emergency equipment, etc. If the inspection indicates a deficiency or a component in need of repair, this should be brought to the attention of the drivers Supervisor who should report it to the Transportation Coordinator immediately. Depending on the severity of the problem, the vehicle may be taken out of service until repairs can be made.

The Transportation Coordinator may, at his/her discretion, conduct unannounced spot inspections of vehicles.

Accident Investigations

I. PURPOSE:

The purpose of incident and accident investigation can be defined by one word - "**Prevention**". Incident and accident investigation should be viewed as an opportunity to correct deficiencies, **not find fault or place blame**.

Only when all incidents are reported and investigated (major, minor, as well as non injury incidents) can we identify the causes and implement corrective action to prevent their recurrence.

It is the policy of CSNT that all incidents and accidents be reported promptly and investigated. This incident and accident investigation program will provide an opportunity for management to evaluate and correct deficiencies found within the safety process.

The depth of the investigation should not be determined by the severity of the injury or the amount of financial loss, but rather by the **potential** severity and the probability of recurrence of the accident or near miss (both to the employee and to the equipment). The difference between major, minor and non-injury incidents are often times merely determined by **LUCK or CHANCE**. And, in the case of safety, we make our own luck.

II. RESPONSIBILITY:

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The Transportation Coordinator will be responsible to see the incident investigation program is implemented. The Transportation Coordinator is responsible to see that all incidents are promptly reported and properly investigated. The Transportation Coordinator will participate in, or review, every incident investigation that occurs. **Human Resources** will be responsible to investigate and provide suggestions for corrective action.

III. INTERVIEW PROCESS:

Interviewing accident/injury victims and witnesses can be a difficult job if not handled properly. Interview employees as soon as possible, while the incident is fresh in their minds. After a prolonged period of time it is possible to rationalize what might have or could have happened.

The individual being interviewed often is fearful and/or reluctant to relate all the facts about the accident. Many employees believe incident investigations are **fault-finding or blaming** actions rather than a **fact-finding process**. This is due mainly to the narrow focus of most incident investigations that concentrate more on the unsafe acts of employees rather than solutions to correct the problem.

Definitions:

Just to re-iterate, the purpose of conducting the investigation should be to obtain factual information in order to determine the root cause of the accident, in hope of preventing future similar occurrences - **not to place blame**. Always determine what happened and why. Was it preventable or non-preventable?

Reportable Accident: Any accident involving an agency vehicle that results in death, bodily injury or property damages. An accident is reportable regardless of who was hurt, what property was damaged or to what extent, where it occurred, or who was responsible.

Preventable Accident: Any reportable accident in which the driver failed to exercise every reasonably possible precaution to prevent the accident from occurring. Responsibility for the accident goes beyond observance of traffic rules and regulations. A fair and proper determination can only be made after conducting a thorough accident investigation.

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Responsibility For Accident: The responsibility for accidents is based on whether the accident was preventable and not on who was at fault.

KEY QUESTIONS THAT MUST BE ASKED AND ANSWERED IN CONDUCTING AN ACCIDENT INVESTIGATION	
WHO:	<ul style="list-style-type: none"> • Was Injured?
	<ul style="list-style-type: none"> • Saw the accident?
	<ul style="list-style-type: none"> • Was the supervisor/manager at the time of the accident?
	<ul style="list-style-type: none"> • Was working with the person involved?
	<ul style="list-style-type: none"> • Else was involved?
	<ul style="list-style-type: none"> • Instructed the employee?
	<ul style="list-style-type: none"> • Trained the injured employee?
	<ul style="list-style-type: none"> • Assigned the employee to the job or task?
	<ul style="list-style-type: none"> • Can help or assistance with the job prevent a recurrence?
WHAT:	<ul style="list-style-type: none"> • Was the accident type?
	<ul style="list-style-type: none"> • Was the type of injury?
	<ul style="list-style-type: none"> • Part of the body was injured?
	<ul style="list-style-type: none"> • Job or task was the employee performing?
	<ul style="list-style-type: none"> • Was he told to do?
	<ul style="list-style-type: none"> • Tool was the employee using?
	<ul style="list-style-type: none"> • Machine or equipment was involved?
	<ul style="list-style-type: none"> • Instructions did the employee receive?
	<ul style="list-style-type: none"> • Specific precautions were necessary to do the job?
	<ul style="list-style-type: none"> • Specific precautionary instructions were given?
	<ul style="list-style-type: none"> • Protective equipment was used?
	<ul style="list-style-type: none"> • Protective equipment should have been used?
	<ul style="list-style-type: none"> • Protective equipment was available?
	<ul style="list-style-type: none"> • Problems or questions were encountered?
	<ul style="list-style-type: none"> • Did the employee or witness do when the accident occurred
	<ul style="list-style-type: none"> • Extenuating circumstances were involved?
	<ul style="list-style-type: none"> • Did the employee or witness see?
	<ul style="list-style-type: none"> • Will be done to prevent recurrence?
	<ul style="list-style-type: none"> • Safety rules were violated?

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	<ul style="list-style-type: none"> • New rules are needed, if any?
NOTES:	

WHEN:	<ul style="list-style-type: none"> • Did the accident occur?
	<ul style="list-style-type: none"> • Was the employee hired?
	<ul style="list-style-type: none"> • Did the employee start the job/task?
	<ul style="list-style-type: none"> • Were the specifics of the job/task discussed with the employee?
	<ul style="list-style-type: none"> • Were hazardous conditions discussed with the employee?
	<ul style="list-style-type: none"> • Did the supervisor last check on the employee's progress?
	<ul style="list-style-type: none"> • Will the hazardous situation be corrected?
	<ul style="list-style-type: none"> • Will the employee return to work?

WHERE:	<ul style="list-style-type: none"> • Did the accident occur?
	<ul style="list-style-type: none"> • Was the employee at the time of the accident?
	<ul style="list-style-type: none"> • Was the supervisor/manager?
	<ul style="list-style-type: none"> • Were the other people that were involved at the time of the accident?
	<ul style="list-style-type: none"> • Were witnesses when the accident occurred?

WHY:	<ul style="list-style-type: none"> • Was the employee injured?
	<ul style="list-style-type: none"> • Did employee do whatever contributed to the accident? (If another employee was involved.)
	<ul style="list-style-type: none"> • Wasn't protective equipment used?
	<ul style="list-style-type: none"> • Was the employee in the position he/she was in?
	<ul style="list-style-type: none"> • Was employee using the tools/equipment/machine he/she was using?

HOW:	<ul style="list-style-type: none"> • Was the employee injured?
	<ul style="list-style-type: none"> • Could the accident been avoided?

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	<ul style="list-style-type: none"> • Could the other employee(s) have helped to prevent the accident
	<ul style="list-style-type: none"> • Could the supervisor/manager have prevented the accident?
NOTES:	
GENERAL:	<ul style="list-style-type: none"> • Was protective equipment available?
	<ul style="list-style-type: none"> • Were specific instructions given?
	<ul style="list-style-type: none"> • Were specific instructions followed?
	<ul style="list-style-type: none"> • Was equipment/tools/machine defective?
	<ul style="list-style-type: none"> • Was the defective condition reported?
	<ul style="list-style-type: none"> • Did the employee continue working with the defective equipment?
	<ul style="list-style-type: none"> • Did the employee continue working with the defective equipment?
	<ul style="list-style-type: none"> • Did the employee continue working under the circumstances he or she was working under that led to the accident?
	<ul style="list-style-type: none"> • Were safe procedures followed?
NOTES:	

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General Vehicle Safety Rules

- All occupants must wear safety belts whenever you are in a moving vehicle (Medical exceptions must have a doctor's note) (Policy 501)
- Be constantly aware of traffic, road, and weather conditions
- When driving, always keep your eye on the road and your mind on driving
- Stay at least four seconds behind the vehicle in front of you
- Pass on the left, but only where it is permitted and where you can see enough clear space to pass comfortably
- Be especially alert in heavy traffic. Watch for sudden stops, cars passing or moving in out of lanes, debris, construction, or potholes. (Policy 501)
- Constantly check rear view mirrors and side mirrors for approaching traffic
- Come to a complete stop at stop signs
- Drivers must comply with applicable federal, state, and local laws and minimum requirements, including posted speed limits (Policy 701)
- Always yield the right-of-way
- Use windshield wipers, lights, and defroster when driving in the rain
- During periods of limited visibility or adverse weather conditions such as rain, sleet, snow, ice, or fog vehicle headlights will be turned on
- Always expect the other driver to do the unexpected
- Do not overload vehicles with material or passengers
- Drivers are responsible for making daily inspections of agency owned vehicles before they are placed into use

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- All items that are discovered to need repair during the inspection will be reported immediately. No vehicle will be driven unless it is in road worthy condition
- Consumption of alcohol prior to and during the operation of a vehicle is strictly prohibited
- All incidents and accidents must be reported immediately to management (Policy 501)
- Cell phone use is prohibited while driving (Policy 526)
- No unauthorized passengers or hitch hikers are permitted. No one may ride on top of any vehicle
- Any employee who operates a vehicle rigorously or occasionally is required to report any suspension or revocation of their license to their supervisor
- Employees must carry their current state drivers license at all times while operating agency vehicles. Employees with suspended or revoked licenses will not be allowed to operate vehicles
- When stopping behind a vehicle in traffic always leave adequate clearance between your vehicle and the vehicle in front of you
- Avoid backing up if at all possible. All drivers will visually inspect the area that will be backed into before backing up
- Slow down and watch for cross traffic at uncontrolled intersections and/or intersections with yield signs
- Stop look and listen for trains at all on guarded railroad crossings
- Slow down and/or stop at railroad crossings with limited visibility
- If a train is visible, come to a complete stop and wait until the train has passed before proceeding over the tracks
- At no time should an agency owned vehicle stop on or within fifteen feet of railroad tracks. Stop at least 15 feet from the tracks

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- Personal use of agency vehicles is prohibited unless specifically authorized by management
- Unauthorized persons will not be allowed to drive or operate a agency owned vehicle

WHAT TO DO IN CASE OF AN ACCIDENT

I. REMAIN AT THE SCENE:

Do not move the vehicle unless it presents a safety hazard to others or appropriate authorities direct you to do so. If someone is injured, call for medical aid and notify the agency office immediately. Warn other motorists and place flares, cones, or warning signals as appropriate.

II. REPORT THE ACCIDENT TO THE APPROPRIATE AUTHORITIES:

Report any accident involving injury or significant damage to the nearest police officer. When you cannot leave the vehicle or get to a telephone within a short distance, ask a passing motorist to call.

III. GATHER ACCIDENT INFORMATION:

Complete the information in the driver's accident information kit. Draw a complete diagram the accident scene showing streets and vehicles. Give no information at the scene of the accident (except to the appropriate authorities) and sign no papers for anyone except police. If the driver of the other vehicle leaves the scene or is uncooperative, you must, at a minimum, obtain the vehicle license plate number and a description of the vehicle, driver, and any passengers.

IV. OBTAIN NAMES, TELEPHONE NUMBERS, AND ADDRESSES OF ALL WITNESSES:

V. CALL YOUR IMMEDIATE SUPERVISOR:

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Report the accident immediately to your supervisor. Telephone to report any accident, as there may be steps to take before you leave the scene.

DRIVERS REPORT OF VEHICLE ACCIDENT

Incident Date:	Incident Time: AM / PM
----------------	---

- | |
|--|
| <p>In Case of an Accident
Follow these Instructions</p> <ol style="list-style-type: none"> 1. Stop immediately but do not obstruct traffic. 2. Call for immediate aid for anyone who appears injured. 3. Call the police. 4. Call your supervisor. 5. Gather information necessary to complete this form. 6. Do not hastily accept claim settlement or make statements regarding employer's liability to pay or "take care of the claim". 7. Do not admit liability to anyone. 8. File a written report with your supervisor that includes the police report. |
|--|

INJURED:	Circle: Our Driver/Other Car/Pedestrian
Name:	
Address:	
Phone:	
Nature of Injury:	
Hospital Taken To:	
INJURED:	Circle: Our Driver/Other Car/Pedestrian
Name:	
Address:	
Phone:	
Nature of Injury:	
Hospital Taken To:	
POLICE REPORT:	
Officer:	
Badge Number:	
Citation Issued:	Yes No

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Type of Violation:	
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WITNESS:	
Name:	
Address:	
Phone:	

WITNESS:	
Name:	
Address:	
Phone:	
WITNESS:	
Name:	
Address:	
Phone:	
YOUR VEHICLE:	
License Number:	
Vehicle Number:	
Make/Yr:	
Driven By:	
Department:	
Supervisor:	
Damage:	
OTHER VEHICLE:	
License Number:	
Make/Yr:	
Driver:	
Age:	
Address:	
Phone:	
Insurance Company	
Policy Number:	
Expiration Date:	
Agent/Address	

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Damage:	
Diagram What Happened:	Indicate North:

Completed By: _____

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CSNT, Inc. VEHICLE ACCIDENT INVESTIGATION REPORT

Driver:	Age:
Location:	
Time:	Date:
Job:	Length of Time on this job:
Describe Accident:	
Why did it happen?	
Describe Injury:	
Was this accident preventable on part of agency driver?	
Recommended Corrective Action:	
Follow Up - Has Corrective Action been Completed?	
Explain:	

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Investigated By:	
Date:	
Reviewed By:	
Date:	

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Employee Acknowledgment

I have read, been trained, and understand the fleet safety program. I agree to follow the rules it contains. I also understand that failure to comply with this program could result in disciplinary action, up to and including termination.

Employee: (Print) _____

Employee Signature: _____

Date: _____

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Attachments:

1. Pre-Trip Inspection Checklist
2. Vehicle-Bus Inspection Log
3. Daily Vehicle Mileage Log
4. Bus Rules
5. Bus Discipline Report



Vehicle Pre-Trip Inspection Checklist

Vehicle #: _____ Odometer Reading: _____

Driver name and employee#: _____

Before starting vehicle.

Tires: Visually inspect for condition and possible under inflation. Insure tire tread is good, if you place a penny in tread the top of Lincolns head should not be visible.

Paint/Exterior Damage: Make sure there are no loose body parts, etc. Make sure there is no apparent damage possibly caused by an accident or vehicle being struck by an object.

Fluids: Visually inspect that there are no fluids leaking from car such as oil, transmission fluid, radiator coolant etc..

Mirrors: Adjust interior and exterior mirrors before proceeding.

Seat: Adjust seat to allow you to easily reach gas pedal and brake pedal. Do this before putting vehicle in gear.

Locate the insurance card, should be in glove box. If not found report this immediately to the Transportation Coordinator. Please obtain insurance card before operating vehicle.

Start vehicle and check following.

Lights: Make sure the head lights, tail lights, brake lights, and turn signals are all functioning properly.

Windshield Wipers/Washer: Activate the windshield washers and ensure there is fluid in bottle and that the wipers are functions. Spotty removal of fluid may mean wipers need replaced.

Gauges/Instruments: Make sure all gauges are working properly. Make sure there are no warning lights on or the "check engine" light is on. Turn off vehicle and report this immediately to the Transportation Coordinator. You will also need to check out a different vehicle.

I, _____ attest that all of the above checks have been performed.

Name

Date

Vehicle Inspection Log

Vehicle VIN #:	Center:																														Month																														
Inspect each item below: Mark "S" for satisfactory or "U" for unsatisfactory.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31																														
Oil Level																																																													
Radiator level																																																													
Battery Level																																																													
Windshield Washer Level																																																													
Engines/Hoses/Belts																																																													
Tires																																																													
Turn Signals																																																													
Head Lights																																																													
Tail/Brake Lights																																																													
Windshield Wipers																																																													
Paint/Exterior Damage																																																													
Brakes																																																													
Steering																																																													
Transmission																																																													
Mirrors																																																													
Gauges/Instruments																																																													
Equipment Controls																																																													
Radio/Phone																																																													
Interior Damage/Cleanliness																																																													
Fire Extinguisher																																																													
Flares/Triangles																																																													
First Aid Kit.																																																													
Red ER Binder.																																																													
Bio-hazard kit																																																													
Seat Belt Cutter																																																													
Insurance Card																																																													
Inspection Sticker																																																													
Registration																																																													
Jumper Cables																																																													

Additional information on the back: fuel, oil and mileage. Check each item on a daily basis for one month by placing initials in each block. Copy of this reported is to be sent to the Transportation Specialist when a repair or problem is found and monthly. Signature below indicates each item was inspected daily and a written report sent to the Transportation Specialist. By signing and initialing in the appropriate areas indicates that each item has been inspected and the condition written on this report.

Signature: _____ Date: _____ Initials _____

Signature: _____ Date: _____ Initials _____

Month Beginning Mileage: _____ Month Ending Mileage: _____

Center Director Signature: _____ Date: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
A M & M i d d a y	Preliminary: Check for leaks(oil, coolant, etc.) & vandalism																														
	ER Equip.: Available & operable(fire ext., 1st aid & spill kits, flares/triangles, phone binder, etc), seatbelt cutter																														
	Start bus: warm 5 min., not to exceed 1,000 RPM. Check clutch free play on manual trans																														
	Check all gauges: amp, volt oil pressure, fuel- no lees than 1/4 tank																														
P M	Driver Compartment: steering, horns, indicator & dome lights, mirrors(clean & adjust), wind shield wipers, heater, defroster, driver seat.																														
	Interior: amber safety lights, ER exits(doors, windows, escape hatches) buzzer sounds & exit opens, Seats(cushions, backs & belts), floor & door operations																														
	Exterior walk around: check all lights(head, tail, clearance, hazard, turn signals, red safety, brake, stop arm, fuel tank). Look under bus body, lug nuts(turn by hand)																														
	Preliminary: Check for leaks(oil, coolant, etc.) & vandalism																														
	Stretching warm-ups: see handouts																														
	Engine: DO NOT crawl on or under the bus: compartment, front wheels, brakes, suspension																														
	Engine compartment: check belts(water pump, alternator), fluid leaks, wiring, hoses																														
	Front suspension: steering box & spring, front susp. (springs, mounts & shocks)																														
	Front wheels: front wheels, rims, tires, lug nuts(turn by hand), hub oil seal)																														
	Front brakes: front brakes, hoses, drums/rotors.																														
	ER Equip.: Available & operable(fire ext., 1st aid & spill kits, flares/triangles, phone binder, etc), seat belt cutter.																														
	P M	Check all gauges: amp, volt oil pressure fuels- no lees than 1/4 tank																													
Driver Compartment: steering, horns, indicator & dome lights, mirrors(clean & adjust), wind shield wipers, heater, defroster, driver seat.																															
Interior: amber safety lights, ER exits(doors, windows, escape hatches) buzzer sounds & exit opens, Seats(cushions, backs & belts), floor & door operations																															
Exterior walk around: check all lights(head, tail, clearance, hazard, turn signals, red safety, brake, stop arm, fuel tank). Look under bus body, lug nuts(turn by hand)																															
Lights: head(high/low), fog, tail, clearance, hazard, turn signals, read safety, brake, back-up light /alarm, entry area, grab handle, stepwell.																															
Driver/fuel area: door, mirrors, fuel tank, leaks.																															
Rear wheels: rims, tires, axle, seals, lug nuts(turn by hand), mud flaps.																															
Rear suspension: springs, spring mounts, shocks.																															
Rear brakes: brakes, brake chamber(if equipped), hoses, drums/rotors.																															
Other items: lettering, numbers, paint, bumpers, tow hooks, exhaust system, drive line, frame, ER door from outside, storage/ battery compartment, jumper cables, registration/ inspection, insurance, seatbelt cutter.																															
Check parking/service brake: Release brake while holding service brake down(if manual trans. Let out clutch) Vehicle should remain stationary.																															
Release service pedal, while vehicle moves forward apply service pedal firmly. Make sure brakes operate correctly & stop the bus w/o mushiness or unusual delay.																															
Hydraulic disc brakes: pull forward, apply brakes & hold																															
Firmness: pump 5 times, turn key off, turn on, return pedal. Any brake malfunction should be reported before leaving																															
T R I P	Clean: sweep bus, squeegee windows(windshield, rear, door, driver)																														
	Lost & found: Try to return to students.																														
	Repairs: complete form for repairs & notify Transportation Specialist																														

The above inspection is complete & all applicable areas have been addressed appropriately.

Signature: _____	Date: _____	Initials: _____
Signature: _____	Date: _____	Initials: _____

Month Beginning Mileage: _____ Month Ending Mileage: _____

Center Director Signature: _____ Date: _____



Head Start

"Building partnerships, changing lives"



Dear Parent,

Please read the following rules with your child and impress upon him/her the importance of behaving while on the bus.

- Follow the driver's and monitor's directions at all times.
- Wait for the monitor to assist in boarding or leaving the bus.
- Keep feet, backpacks, and other objects out of the aisle.
- Don't eat or drink on the bus.
- Do not deface the bus or its equipment.
- Do not put head, hands, arms, or legs out of the window.
- Do not throw objects in or out of the bus.
- Be seated and fastened in a child restraint system while the vehicle is moving.
- Wait for the monitor, parent, or guardian to assist in crossing the street.

Students not following the above rules are subject to the following disciplinary action:

- First offense: Verbal Warning given to student.
- Second offense: Written Warning sent to parents.
Possibility of a three day suspension from bus.
- Third offense: Parents asked to meet with Center Director and Bus driver.
Bus riding privileges suspended for three days.
- Fourth offense: Student will lose bus riding privileges for 30 school days.

In addition to these rules, children participating in transportation services provided by a partnership ISD are required to follow the ISD rules and will be subject to their policies and procedures regarding transportation. CSNT Head Start will ensure that parents are provided with a copy of the partnership ISD rules and regulations.

Parent/Guardian signature

Date

Daily Vehicle Mileage Log

Vehicle VIN#: _____ Month/Year: _____

CODES: HS EHS CSBG CEAP VSN

DATE	DRIVER	PURPOSE OF TRAVEL	BEGINNING ODOMETER READING	ENDING ODOMETER READING	CODE	TOTAL MILES FOR TRIP	COST OF FUEL/ MAINTENANCE

Complete daily with all information in each item

Bus Disciplinary Report CSNT, Inc Head Start (903) 756-5596	Student Name	
	Date	Bus No.
	Driver's Name	
Location	<input type="checkbox"/> 1st Notice <input type="checkbox"/> 2nd Notice <input type="checkbox"/> 3rd Notice	
Notice to Parents This is to inform you of a disciplinary issue involving your child on the school bus.		
Driver's Report		
Disciplinary Action Taken		
<input type="checkbox"/> Verbal Warning <input type="checkbox"/> Placed on Probation <input type="checkbox"/> Written Warning <input type="checkbox"/> 3 Day Suspension <input type="checkbox"/> Telephoned Parent <input type="checkbox"/> Loss of Bus Privileges until : _____ <input type="checkbox"/> Parent Conference		
_____	_____	_____
(Drivers Signature)	(Directors Signature)	(Date)

Bus Disciplinary Report CSNT, Inc Head Start (903) 756-5596	Student Name	
	Date	Bus No.
	Driver's Name	
Location	<input type="checkbox"/> 1st Notice <input type="checkbox"/> 2nd Notice <input type="checkbox"/> 3rd Notice	
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_____	_____	_____
(Drivers Signature)	(Directors Signature)	(Date)