



August 21st, 2017

**Camden County Senate Bill 40 Board
(dba) Camden County Developmental
Disability Resources**

Open Session Board Meeting

Agenda

Camden County Senate Bill 40 Board
D/b/a Camden County Developmental Disability Resources
100 Third Street
Camdenton, MO 65020

Tentative Agenda for Open Session Board Meeting on August 21st, 2017, 4:00 PM

This Board Meeting will be held at:

255 Keystone Industrial Park Drive

Camdenton, MO 65020

Call to Order/Roll Call

Approval of Agenda

Approval of Open Session Board Meeting Minutes for July 17th, 2017

Acknowledgement of Distributed Materials to Board Members

- CLC Monthly Reports
- LAI Monthly Reports
- July 2017 Support Coordination Report
- July 2017 CARF Reports
- July 2017 Employment Report
- July 2017 Agency Economic Report
- June 2017 Credit Card Statement
- Resolutions 2017-26, 2017-27, 2017-28, 2017-29, 2017-30, 2017-31, & 2017-32

Speakers/Guests

- NONE

Monthly Reports

- Lake of the Ozarks Developmental Center (LODC)
- Children's Learning Center (CLC)
- Lake Area Industries (LAI)

Old Business for Discussion

- TCM Contract Negotiations

New Business for Discussion

- CARF Survey Dates
- Ohio Association of County Boards Annual Convention
- MEHTAP Grant

July Support Coordination Report

July CARF Reports

July Employment Report

July Agency Economic Report

June 2017 Credit Card Statement

Discussion & Conclusion of Resolutions:

1. Resolution 2017-26: RFP 2017-1: Award for Repair of Damaged Structural Areas & Roof Replacement
2. Resolution 2017-27: Approval of Amended Accessibility Plan
3. Resolution 2017-28: Approval of Amended Employee Manual
4. Resolution 2017-29: Approval of Amended Transportation Manual
5. Resolution 2017-30: Approval of Amended Health & Safety Manual
6. Resolution 2017-31: Approval of Amended Limited English Proficiency Plan
7. Resolution 2017-32: Approval of Amended Title VI Plan

Public Comment

Pursuant to **ARTICLE IV, "Meetings"**, Section 5. Public Comment:

"The Board values input from the public. There shall be opportunity for comment by the public during the portion of the Board agenda designated for "Public Comment". Public comment shall be limited to no more than 3 minutes per person to allow all who wish to participate to speak. It is the policy of the Board that the Board shall not respond to public comment at the Board meeting."

"Only comments related to agency-related matters will be received, however such comments need not be related to specific items of the Board's agenda for the meeting. The Board shall not receive comments related to specific client matters and/or personnel grievances, which are addressed separately per Board policies and procedures."

Adjournment

The news media may obtain copies of this notice by contacting:

Ed Thomas, CCDDR Executive Director

5816 Osage Beach Parkway, Suite 108, Osage Beach, MO 65065

Office: 573-693-1511 Fax: 573-693-1515 Email: director@ccddr.org

July 17th, 2017

Open Session Minutes

CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES
Open Session Minutes of July 17th, 2017

Members Present Shana Weber, Suzanne Perkins, Chris Bothwell,
Jim Powell, Angela Sellers, Paul DiBello (via telephone until 4:38 PM, then in person)

Members Absent Lisa Jackson, Brian Willey, Max Fisher

Others Present Ed Thomas, Executive Director

Guests Natalie Couch, Lillie Smith, Jim Rogers
Susan Daniels, Lisa Berkstresser(CLC)
Marilyn Martin (LODC)
Jeanna Booth, Linda Gifford, Gigi Maha, Marcie Vansyoc,
Myrna Blaine, Edmond Thomas, Linda Simms (CCDDR)

Approval of Agenda

Motion by Suzanne Perkins, second Chris Bothwell, to approve the agenda as presented.

AYE: Shana Weber, Suzanne Perkins, Chris Bothwell,
Jim Powell, Angela Sellers, Paul DiBello

NO: None

Approval of Open Session Board Minutes for June 19th, 2017

Motion by Jim Powell, second Suzanne Perkins, to approve the June 19th minutes as presented.

AYE: Shana Weber, Suzanne Perkins,
Chris Bothwell, Jim Powell,

NO: None

Abstain: Angela Sellers, & Paul DiBello
as they were not present at the
June 19th, 2017 meeting.

Acknowledgement of Distributed Materials to Board Members

- CLC Monthly Reports
- LAI Monthly Reports
- June 2017 Support Coordination Report
- June 2017 CARF Reports
- June 2017 Employment Report
- June 2017 Agency Economic Report
- May 2017 Credit Card Statement
- Resolution 2017-24, Resolution 2017-25

Speakers/Guests

- None

Monthly Reports

Arc of the Lake Myrna Blaine

The Arc of the Lake will be holding an ice cream social in Versailles City Park from 1:00 PM to 3:00 PM on July 29th and a swim party at Camp Wonderland on August 12th for clients and their families of Camden, Miller and Morgan counties. RSVP's for the swim party must be in by August 4th. The board is invited. The ARC received a check from Bagnell Dam Association of Realtors to assist in funding for week-end camp fees for two persons from each county (Camden, Miller and Morgan). The funding is available on a first come, first serve basis.

Lake of the Ozarks Developmental Center (LODC) Marilyn Martin

No one present from LODC

Children's Learning Center (CLC) Susan Daniels

CLC is busy finalizing the upcoming session for new kids which starts August 22nd. Interviewing for a new Para, First Aid classes, and an audit by Evers & Evers has kept staff busy. Audit results should be arriving soon. The next fund raiser (a lip sync battle) will be held at Wicked Willies in Osage Beach on October 27th.

Lake Area Industries (LAI) Natalie Couch

June was an awful month due to financial recording errors made in March. Contract Packaging shipped out \$36,000 for June. A new sealer has been ordered and should arrive in August. The last load of foam shredding was accepted and should be completed Wednesday of this week. LAI is making sure pricing is in line with product. Fork lift tires have been repaired. Gifted Gardens closed after the 4th of July weekend with a net income of \$5700. Mums have been ordered and should arrive at the end of August. The Culver's fund raiser brought in \$277.

Old Business for Discussion

- TCM Contract Negotiations

The last week was a very busy week. Conversations were ongoing with attorneys regarding the TCM contract. Several topics of discussion were held involving:

1. Non-Medicaid case management – The state will begin notifying people that state-provided case management services for clients not Medicaid eligible will be phased out by June of 2018. Notices should start going out by October.

2. Allocation formula – the current formula is being reviewed and modified.
3. The responsibilities and roles of case managers is being reviewed.
4. TCM Rate – rates are not expected to change, but they are always susceptible to being reduced based on the annual TCM cost per unit reporting.

Other issues brought up were related to other counties but did not affect Camden County. No less than one more meeting will be held before finalization of the new TCM Contract.

New Business for Discussion

- **RFP 2017 -1: REPAIR OF DAMAGED STRUCTURAL AREAS & ROOF REPLACEMENT – Opening of Bids**

One response was received on the RFP for roof replacement and opened. A mandatory pre-conference meeting was held on July 10th. The respondent to the RFP showed up and was very familiar with requirements of the DOL (Department of Labor) prevailing wage law. The proposal was \$19,278 and will be reviewed at the Administrative meeting on July 18th and put in front of the Board at the August 21st meeting for discussion/approval.

- **CCDDR/LAI Joint Committee Report**

CCDDR board members, Lisa, Chris, Shana, and the Executive Director met with LAI representatives. One of the final results of the meeting was that LAI's major purchase will drop to \$500. Overall, it was felt by all in attendance that it was a very good meeting. LAI is looking into providing other services. The APSE summit is July 25th, and 26th and is geared toward transitional services management.

- **2017 Revised Budget Progress**

The CCDDR budget is usually revised in July; however, a better idea of projections for the budget will not occur until the new TCM Contract allocation formula is determined. Some revisions may have to be made to the budget but the current was already amended in April. (Paul DiBello arrived in person to meeting - 4:38 PM) Chris Bothwell presented questions to the Executive Director pertaining to TCM Medicaid and non-Medicaid services.

June Support Coordination Report

Client count at the end of June was 321 with 86% being Medicaid eligible. Caseload counts for some support coordinator remains higher than typical agency comfort levels. Board members were encouraged to attend team meetings in order to be more aware with the functions of case management. Team meetings are held the 1st and 3rd Wednesday of each month in the Camdenton office.

Motion by Suzanne Perkins, second Jim Powell, to approve the report as presented.

AYE: Shana Weber, Suzanne Perkins, Chris Bothwell,
Jim Powell, Angela Sellers, Paul DiBello

NO: None

June CARF Reports

CARF percentages are holding steady with some improvement. CARF application and recertification survey were submitted by the end of June and agency is waiting to hear when the survey will take place. CARF Medicaid eligible report is also holding steady. Myrna will attend a CARF recertification seminar in August to assure all is in line and the agency is prepared for the upcoming recertification. CARF evaluates community services case management.

Motion by Suzanne Perkins, second Chris Bothwell, to approve the report as presented.

AYE: Shana Weber, Suzanne Perkins, Chris Bothwell,
Jim Powell, Angela Sellers, Paul DiBello

NO: None

June Employment Report

CCDDR won the red ribbon for the number of people we have helped to get employment supports and jobs in the community. Progress is monitored monthly.

Motion by Shana Weber, second Chris Bothwell, to approve the report as presented.

AYE: Shana Weber, Suzanne Perkins, Chris Bothwell,
Jim Powell, Angela Sellers, Paul DiBello

NO: None

June Agency Economic Report

Tax receipts were slightly higher than projected this year. Medicaid and non-Medicaid TCM Services continue to fluctuate. Overall expenses were lower than budgeted but may balance out by year end. All old agency tablets were replaced.

Motion by Chris Bothwell, second Paul DiBello, to approve the report as presented.

AYE: Shana Weber, Suzanne Perkins, Chris Bothwell,
Jim Powell, Angela Sellers, Paul DiBello

NO: None

May 2017 Credit Card Statement

No Questions and a vote not necessary.

Discussion & Conclusion of Resolutions:

1. Resolution 2017-24: Amendment to LAI Capital Funding Contract January 1st, 2016 to December 31st, 2017

The CcDDR/LAI Joint Committee Report discussion reflected information regarding the amendment to LAI Capital Funding Contract.

Motion by Suzanne Perkins, second Chris Bothwell, to approve the resolution as presented:

AYE: Shana Weber, Suzanne Perkins, Chris Bothwell,
Jim Powell, Angela Sellers, Paul DiBello

NO: None

2. Resolution 2017-25: Approval of Amended Client-Family Handbook

The Client Family Handbook is one of the first of many manuals, policies, and plans to be amended and submitted for the Board's approval this year.

Motion by Chris Bothwell, second Paul DiBello, to approve the resolution as presented:

AYE: Shana Weber, Suzanne Perkins, Chris Bothwell,
Jim Powell, Angela Sellers, Paul DiBello

NO: None

Adjournment:

Motion by Chris Bothwell, second Paul DiBello, to adjourn meeting.

AYE: Shana Weber, Suzanne Perkins, Chris Bothwell,
Jim Powell, Angela Sellers, Paul DiBello

NO: None

Board Chairman

Secretary

CLC Monthly Report



**SB40/CCDDR Funding Request
for
AUGUST 2017**

Utilizing JULY 2017 Records

CHILDREN'S LEARNING CENTER
Statement of Activity
July 2017

	First Steps	Step Ahead	Not Specified	TOTAL
Revenue				
40000 INCOME				0.00
41000 Contributions & Grants				0.00
41100 CACFP		1,967.27		1,967.27
41200 Camden County SB40	1,544.40	12,297.75		13,842.15
Total 41000 Contributions & Grants	\$ 1,544.40	\$ 14,265.02	\$ 0.00	\$ 15,809.42
42000 Program Services				0.00
Total 42100 First Steps	\$ 5,690.71	\$ 0.00	\$ 0.00	\$ 5,690.71
Total 42000 Program Services	\$ 5,690.71	\$ 0.00	\$ 0.00	\$ 5,690.71
43000 Tuition				0.00
43100 Dining				0.00
43120 Lunch		130.00		130.00
43130 Snack		25.00		25.00
Total 43100 Dining	\$ 0.00	\$ 155.00	\$ 0.00	\$ 155.00
43500 Tuition		1,774.00		1,774.00
43505 Subsidy Tuition		1,166.91		1,166.91
Total 43500 Tuition	\$ 0.00	\$ 2,940.91	\$ 0.00	\$ 2,940.91
Total 43000 Tuition	\$ 0.00	\$ 3,095.91	\$ 0.00	\$ 3,095.91
45000 Other Revenue				0.00
45200 Fundraising Income				0.00
45220 Summer Night Glow 5K		500.00		500.00
45285 Lip Sync Battle		200.00		200.00
Total 45200 Fundraising Income	\$ 0.00	\$ 700.00	\$ 0.00	\$ 700.00
45300 Miscellaneous Revenue				0.00
45310 Donations		181.55		181.55
45312 Community Rewards		228.16		228.16
Total 45310 Donations	\$ 0.00	\$ 409.71	\$ 0.00	\$ 409.71
Total 45300 Miscellaneous Revenue	\$ 0.00	\$ 409.71	\$ 0.00	\$ 409.71
Total 45000 Other Revenue	\$ 0.00	\$ 1,109.71	\$ 0.00	\$ 1,109.71
Total 40000 INCOME	\$ 7,235.11	\$ 18,470.64	\$ 0.00	\$ 25,705.75
Total Revenue	\$ 7,235.11	\$ 18,470.64	\$ 0.00	\$ 25,705.75
Gross Profit	\$ 7,235.11	\$ 18,470.64	\$ 0.00	\$ 25,705.75
Expenditures				
50000 EXPENDITURES				0.00
51000 Payroll Expenditures				0.00
Total 51100 Employee Salaries	\$ 0.00	\$ 18,004.79	\$ 0.00	\$ 18,004.79
Total 51500 Employee Taxes	\$ 0.00	\$ 1,601.17	\$ 0.00	\$ 1,601.17
51600 Health Insurance		954.68		954.68
51900 Workermans Comp Insurance		757.00		757.00
51950 Employee Garnishments		21.05		21.05
Total 51000 Payroll Expenditures	\$ 0.00	\$ 21,338.69	\$ 0.00	\$ 21,338.69
52000 Advertising/Promotional		16.95		16.95

54000 Fundraising/Grants					0.00			
54200 Summer Night Glow 5K		20.28			20.28			
54700 Pizza For A Purpose		65.00			65.00			
54800 Lip Sync Battle Fundraiser		300.00			300.00			
Total 54000 Fundraising/Grants	\$	0.00	\$	385.28	\$	0.00	\$	385.28
56000 Office Expenditures					0.00			
56100 Copy Machine		107.19	250.10		357.29			
56300 Office Supplies			405.03		405.03			
Total 56000 Office Expenditures	\$	107.19	\$	655.13	\$	0.00	\$	762.32
57000 Office/General Administrative Expenditures					0.00			
57100 Accounting Fees			2,000.00		2,000.00			
57150 Online Accounting Software Service			104.00		104.00			
Total 57100 Accounting Fees	\$	0.00	\$	2,104.00	\$	0.00	\$	2,104.00
57400 Child Management Software			35.00		35.00			
57600 License/Accreditation/Permit Fees			425.00		425.00			
57960 Janitorial/Custodial			583.59		583.59			
Total 57000 Office/General Administrative Expenditures	\$	0.00	\$	3,147.59	\$	0.00	\$	3,147.59
58000 Operating Supplies			67.93		67.93			
58100 Consumables			99.00		99.00			
58200 Dining			349.89		349.89			
Total 58000 Operating Supplies	\$	0.00	\$	516.82	\$	0.00	\$	516.82
59000 Program Service Fees					0.00			
Total 59100 First Steps	\$	7,995.22	\$	0.00	\$	0.00	\$	7,995.22
Total 59000 Program Service Fees	\$	7,995.22	\$	0.00	\$	0.00	\$	7,995.22
63000 Utilities					0.00			
63100 Electric		54.66	127.53		182.19			
63200 Internet		18.00	41.99		59.99			
63300 Telephone		38.57	90.00		128.57			
63500 Water Softener			24.00		24.00			
Total 63000 Utilities	\$	111.23	\$	283.52	\$	0.00	\$	394.75
65000 Other Expenditures					0.00			
65100 Miscellaneous Expenditures			0.00		0.00			
Total 65000 Other Expenditures	\$	0.00	\$	0.00	\$	0.00	\$	0.00
Total 50000 EXPENDITURES	\$	8,213.64	\$	26,343.98	\$	0.00	\$	34,557.62
Total Expenditures	\$	8,213.64	\$	26,343.98	\$	0.00	\$	34,557.62
Net Operating Revenue	-\$	978.53	-\$	7,873.34	\$	0.00	-\$	8,851.87
Net Revenue	-\$	978.53	-\$	7,873.34	\$	0.00	-\$	8,851.87

CHILDREN'S LEARNING CENTER
Statement of Activity
 January - July, 2017

	First Steps	Step Ahead	Not Specified	TOTAL
Revenue				
40000 INCOME				0.00
41000 Contributions & Grants				0.00
41100 CACFP		6,653.41		6,653.41
41200 Camden County SB40	6,692.40	68,055.24		74,747.64
41500 Misc. Grant Revenue		2,962.44		2,962.44
Total 41000 Contributions & Grants	\$ 6,692.40	\$ 77,671.09	\$ 0.00	\$ 84,363.49
42000 Program Services				0.00
Total 42100 First Steps	\$ 63,206.58	\$ 19,911.00	\$ 0.00	\$ 83,117.58
Total 42000 Program Services	\$ 63,206.58	\$ 19,911.00	\$ 0.00	\$ 83,117.58
43000 Tuition				0.00
43100 Dining				0.00
43110 Birthday		10.00		10.00
43120 Lunch		1,310.00		1,310.00
43130 Snack		270.00		270.00
Total 43100 Dining	\$ 0.00	\$ 1,590.00	\$ 0.00	\$ 1,590.00
43200 Enrollment Fees		75.00		75.00
43500 Tuition		18,868.00		18,868.00
43505 Subsidy Tuition		12,316.74		12,316.74
Total 43500 Tuition	\$ 0.00	\$ 31,184.74	\$ 0.00	\$ 31,184.74
Total 43000 Tuition	\$ 0.00	\$ 32,849.74	\$ 0.00	\$ 32,849.74
45000 Other Revenue		200.90		200.90
45200 Fundraising Income				0.00
45220 Summer Night Glow 5K		11,947.33		11,947.33
45221 Raffle-Summer Night Glow		365.00		365.00
Total 45220 Summer Night Glow 5K	\$ 0.00	\$ 12,312.33	\$ 0.00	\$ 12,312.33
45240 Scholastic, Inc.		36.00		36.00
45270 Frosty Float Fundraiser		2,300.00		2,300.00
45280 Pizza For A Purpose		3,643.27		3,643.27
45285 Lip Sync Battle		200.00		200.00
Total 45200 Fundraising Income	\$ 0.00	\$ 18,491.60	\$ 0.00	\$ 18,491.60
45300 Miscellaneous Revenue				0.00
45310 Donations		3,884.05		3,884.05
45312 Community Rewards		620.77		620.77
45350 WetSteps		1,793.00		1,793.00
Total 45310 Donations	\$ 0.00	\$ 6,297.82	\$ 0.00	\$ 6,297.82
Total 45300 Miscellaneous Revenue	\$ 0.00	\$ 6,297.82	\$ 0.00	\$ 6,297.82
Total 45000 Other Revenue	\$ 0.00	\$ 24,990.32	\$ 0.00	\$ 24,990.32
Total 40000 INCOME	\$ 69,898.98	\$ 155,422.15	\$ 0.00	\$ 225,321.13
Total Revenue	\$ 69,898.98	\$ 155,422.15	\$ 0.00	\$ 225,321.13
Gross Profit	\$ 69,898.98	\$ 155,422.15	\$ 0.00	\$ 225,321.13
Expenditures				
50000 EXPENDITURES				0.00
51000 Payroll Expenditures				0.00
Total 51100 Employee Salaries	\$ 0.00	\$ 109,167.93	\$ 0.00	\$ 109,167.93
Total 51500 Employee Taxes	\$ 0.00	\$ 10,438.00	\$ 0.00	\$ 10,438.00
Total 51600 Health Insurance	\$ 131.06	\$ 6,750.97	\$ 0.00	\$ 6,882.03
51800 Payroll Bank/Electronic Transaction Fees		-11.00		-11.00
51900 Workermans Comp Insurance		2,564.00		2,564.00
51950 Employee Garnishments		21.05		21.05
Total 51000 Payroll Expenditures	\$ 131.06	\$ 128,930.95	\$ 0.00	\$ 129,062.01
52000 Advertising/Promotional		402.34		402.34
53000 Equipment		3,048.32		3,048.32
54000 Fundraising/Grants		9.85		9.85
54200 Summer Night Glow 5K		3,977.55		3,977.55
54400 Scholastic, Inc.		36.00		36.00

54600 Frosty Float Fundraiser	1,496.07	266.80	1,762.87
54700 Pizza For A Purpose		137.81	137.81
54800 Lip Sync Battle Fundraiser		300.00	300.00
Total 54000 Fundraising/Grants	\$ 1,496.07	\$ 4,728.01	\$ 0.00 \$ 6,224.08
55000 Insurance			0.00
55100 Brokerage/Other Fees		66.00	66.00
55200 Commercial General Liability		632.00	632.00
55300 Commercial Property		512.00	512.00
55400 Director's & Officers		478.00	478.00
55500 Hired & Non-Owned Auto		52.00	52.00
55600 Professional Liability		933.00	933.00
55700 Crime Policy		533.00	533.00
Total 55000 Insurance	\$ 0.00	\$ 3,206.00	\$ 0.00 \$ 3,206.00
56000 Office Expenditures			0.00
56100 Copy Machine	784.99	2,381.73	3,166.72
56200 Miscellaneous		196.00	196.00
56300 Office Supplies		1,494.88	1,494.68
56400 Postage & Delivery	19.20	182.60	201.80
Total 56000 Office Expenditures	\$ 804.19	\$ 4,255.01	\$ 0.00 \$ 5,059.20
57000 Office/General Administrative Expenditures			0.00
57100 Accounting Fees		2,000.00	2,000.00
57150 Online Accounting Software Service		475.90	475.90
Total 57100 Accounting Fees	\$ 0.00	\$ 2,475.90	\$ 0.00 \$ 2,475.90
57160 QuickBooks Payments Fees	71.94	167.76	239.70
57200 Bank Charges			0.00
57220 Stop Payment/Return Check Fees		0.00	0.00
Total 57200 Bank Charges	\$ 0.00	\$ 0.00	\$ 0.00 \$ 0.00
57400 Child Management Software		245.00	245.00
57600 License/Accreditation/Permit Fees		2,087.55	2,087.55
57900 Seminars/Training		190.00	190.00
57960 Janitorial/Custodial		3,183.59	3,183.59
Total 57000 Office/General Administrative Expenditures	\$ 71.94	\$ 8,349.80	\$ 0.00 \$ 8,421.74
58000 Operating Supplies			1,435.04
58100 Consumables		2,963.57	2,963.57
58200 Dining		5,478.72	5,478.72
58400 Sanitizing		295.40	295.40
Total 58000 Operating Supplies	\$ 0.00	\$ 10,172.73	\$ 0.00 \$ 10,172.73
59000 Program Service Fees			0.00
Total 59100 First Steps	\$ 63,306.29	\$ 0.00	\$ 0.00 \$ 63,306.29
Total 59000 Program Service Fees	\$ 63,306.29	\$ 0.00	\$ 0.00 \$ 63,306.29
61000 Repair & Maintenance			899.36
62000 Safety & Security	45.00	131.01	176.01
63000 Utilities			0.00
63100 Electric	649.10	1,802.25	2,451.35
63200 Internet	126.00	293.93	419.93
63300 Telephone	264.45	617.05	881.50
63400 Trash Service		254.59	254.59
63500 Water Softener		144.00	144.00
Total 63000 Utilities	\$ 1,039.55	\$ 3,111.82	\$ 0.00 \$ 4,151.37
65000 Other Expenditures			0.00
65100 Miscellaneous Expenditures		0.00	0.00
Total 65000 Other Expenditures	\$ 0.00	\$ 0.00	\$ 0.00 \$ 0.00
Total 50000 EXPENDITURES	\$ 66,894.10	\$ 167,235.35	\$ 0.00 \$ 234,129.45
Total Expenditures	\$ 66,894.10	\$ 167,235.35	\$ 0.00 \$ 234,129.45
Net Operating Revenue	\$ 3,004.88	-\$ 11,813.20	\$ 0.00 -\$ 8,808.32
Net Revenue	\$ 3,004.88	-\$ 11,813.20	\$ 0.00 -\$ 8,808.32

CHILDREN'S LEARNING CENTER
Statement of Cash Flows
July 2017

	First Steps	Step Ahead	Not Specified	TOTAL
OPERATING ACTIVITIES				
Net Revenue	-978.53	-7,873.34		-8,851.87
Adjustments to reconcile Net Revenue to Net Cash provided by operations:				0.00
Accounts Receivable (A/R)			-364.00	-364.00
Accounts Payable (A/P)			21.05	21.05
21000 CBOLO MasterCard -8027			459.85	459.85
21200 Kroger-DS1634 CLC		-887.01	403.50	-483.51
22100 Payroll Liabilities:Anthem			73.06	73.06
22200 Payroll Liabilities:Childcare Tuition			120.00	120.00
22300 Payroll Liabilities:Federal Taxes (941/944)			0.00	0.00
22400 Payroll Liabilities:MO Income Tax			30.00	30.00
22500 Payroll Liabilities:MO Unemployment Tax			-497.14	-497.14
Direct Deposit Payable			1,126.64	1,126.64
Payroll Liabilities:Health Care (United HealthCare)			0.00	0.00
Payroll Liabilities:US Department of Education			42.10	42.10
Total Adjustments to reconcile Net Revenue to Net Cash provided by operations:	\$ 0.00	-\$ 887.01	\$ 1,415.06	\$ 528.05
Net cash provided by operating activities	-\$ 978.53	-\$ 8,760.35	\$ 1,415.06	-\$ 8,323.82
Net cash increase for period	-\$ 978.53	-\$ 8,760.35	\$ 1,415.06	-\$ 8,323.82
Cash at beginning of period			31,738.24	31,738.24
Cash at end of period	-\$ 978.53	-\$ 8,760.35	\$ 33,153.30	\$ 23,414.42

CHILDREN'S LEARNING CENTER
Statement of Cash Flows
January - July, 2017

	First Steps	Step Ahead	Not Specified	TOTAL
OPERATING ACTIVITIES				
Net Revenue	3,004.88	-11,813.20	0.00	-8,808.32
Adjustments to reconcile Net Revenue to Net Cash provided by operations:				0.00
Accounts Receivable (A/R)			-935.25	-935.25
Accounts Payable (A/P)			-24.00	-24.00
21000 CBOLO MasterCard -8027		-8,454.04	6,400.97	-53.07
21200 Kroger-DS1634 CLC		-8,523.22	7,864.98	-658.24
22100 Payroll Liabilities:Anthem			182.65	182.65
22200 Payroll Liabilities:Childcare Tuition			720.00	720.00
22300 Payroll Liabilities:Federal Taxes (941/944)			0.00	0.00
22400 Payroll Liabilities:MO Income Tax			91.00	91.00
22500 Payroll Liabilities:MO Unemployment Tax			-255.83	-255.83
Direct Deposit Payable			-289.84	-289.84
Payroll Liabilities:Health Care (United HealthCare)			172.50	172.50
Payroll Liabilities:US Department of Education			42.10	42.10
Total Adjustments to reconcile Net Revenue to Net Cash provided by operations:	\$ 0.00	-\$ 14,977.26	\$ 13,969.28	-\$ 1,007.98
Net cash provided by operating activities	\$ 3,004.88	-\$ 26,790.46	\$ 13,969.28	-\$ 9,816.30
Net cash increase for period	\$ 3,004.88	-\$ 26,790.46	\$ 13,969.28	-\$ 9,816.30
Cash at beginning of period			33,230.72	33,230.72
Cash at end of period	\$ 3,004.88	-\$ 26,790.46	\$ 47,200.00	\$ 23,414.42

CHILDREN'S LEARNING CENTER
Statement of Financial Position
As of July 31, 2017

		Jan - Jul, 2017
ASSETS		
Current Assets		
Bank Accounts		
11000 CBOLO Checking	23,414.42	
Total Bank Accounts	\$ 23,414.42	
Accounts Receivable		
Accounts Receivable (A/R)	772.75	
Total Accounts Receivable	\$ 772.75	
Other Current Assets		
14000 Undeposited Funds	0.00	
Prepaid Expenses	7,971.74	
Total Other Current Assets	\$ 7,971.74	
Total Current Assets	\$ 32,158.91	
TOTAL ASSETS	\$ 32,158.91	
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
Accounts Payable (A/P)	0.00	
Total Accounts Payable	\$ 0.00	
Credit Cards		
21000 CBOLO MasterCard -8027	681.60	
21200 Kroger-DS1634 CLC	82.34	
Total Credit Cards	\$ 763.94	
Other Current Liabilities		
22000 Payroll Liabilities		
22100 Anthem	1,607.15	
22200 Childcare Tuition	1,371.44	
22300 Federal Taxes (941/944)	-8,242.68	
22400 MO Income Tax	-2,623.48	
22500 MO Unemployment Tax	-311.06	
22600 Primevest Financial	448.19	
Health Care (United HealthCare)	776.25	
US Department of Education	42.10	
Total 22000 Payroll Liabilities	-\$ 6,931.99	
Direct Deposit Payable	-6,613.69	
Total Other Current Liabilities	-\$ 13,545.68	
Total Current Liabilities	-\$ 12,781.74	
Total Liabilities	-\$ 12,781.74	
Equity		
30000 Opening Balance Equity	13,816.12	
Retained Earnings	39,932.85	
Net Revenue	-8,808.32	
Total Equity	\$ 44,940.65	
TOTAL LIABILITIES AND EQUITY	\$ 32,158.91	

**CLC AGENCY
PROGRESS
REPORT
(Step Ahead/First
Steps)**

CHILDREN'S LEARNING CENTER
AGENCY UPDATE/PROGRESS REPORT
JULY 2017

○ **CHILD COUNT/ATTENDANCE**

Step Ahead currently has 22 children enrolled
18 of the 21 with special needs/dd (4 one-on-ones)
(Camden =21 Miller = 2)

○ **COMMUNITY EVENTS**

Attended:

7/19 - Approval of state licensing inspection
7/21 - Missouri Accreditation for annual renewal approved

Current / Upcoming:

8/7 - 8/11 CLC Work Week (8/7 Easter Seals training & 8/10 First Aid/CPR training)
9/21 - Guest Speaker at Kiwani's (Noon @ Hyvee)
9/30 - Pumpkin Chunkin Palooza (11-6)
10/27 - CLC Lip Sync Battle 7pm
12/3 & 12/10 - Frosty Float (Tentative???)

○ **GENERAL PROGRAM NEWS**

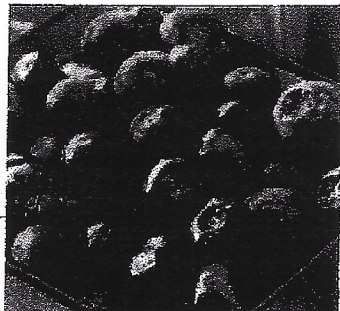
- Playground Scrap Tire Surface Material Grant with Mo Dept of Natural Resources submitted
- Lake Ozark Daybreak Rotary Grant Submitted

○ **FUNDRAISING/GRANTS**

Schwann Online Fundraiser

Schwans's Cares™

A Fundraising Network



*Giving back to your
community never
tasted so delicious.*

By placing an order through Schwans.com a portion of the sales will come back to our charity to help support families whose children with special needs or developmental delays, the ability to attend our developmental inclusive center.

Childrens
DEVELOPMENTAL CENTER

- 1 VISIT**
<https://www.schwans-cares.com/c/33451>
- 2 CLICK**
"Shop to Give"
- 3 SHOP**
You'll find the perfect meal ideas for parties and events, all delivered right to your door.

Schwans-Cares.com
Or call 1-855-870-7208

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LAI Monthly Report



Monthly Financial Reports

Lake Area Industries, Inc.

JULY 31, 2017

Lake Area Industries, Inc.
Balance Sheet Comparison
As of July 31, 2017

	Total	
	As of Jul 31, 2017	As of Jul 31, 2016 (PY)
ASSETS		
Current Assets		
Total Bank Accounts	63,202	17,867
Total Accounts Receivable	57,971	70,055
Other Current Assets		
GIFTED GARDEN CASH	500	500
INVENTORY	11,760	52,036
PETTY CASH	150	220
THRIFT STORE CASH	0	240
Total Other Current Assets	12,410	52,996
Total Current Assets	133,582	140,918
Fixed Assets		
ACCUMULATED DEPRECIATION	(750,580)	(693,672)
AUTO AND TRUCK	217,090	217,090
BUILDING	366,571	356,718
FURN & FIX ORIGINAL VALUE	18,584	18,584
GH RETAIL STORE	16,505	16,505
GREENHOUSE EQUIPMENT	10,341	10,341
GREENHOUSE FACILITY	145,872	145,872
LAND	33,324	33,324
LAND IMPROVEMENT	25,502	25,502
MACHINERY & EQUIPMENT	206,905	204,210
OFFICE EQUIPMENT	11,563	13,988
SHREDDING EQUIPMENT	45,572	45,572
Total Fixed Assets	347,248	394,033
Other Assets		
CURRENT CAPITAL IMPROVEMENT	28,790	11,053
SALES TAX BOND	1,060	1,060
UTILITY DEPOSITS	845	845
Total Other Assets	30,695	12,958
TOTAL ASSETS	511,525	547,909
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Total Accounts Payable	29,028	43,409
Total Credit Cards	776	3,756
Other Current Liabilities		
ACCRUED WAGES	7,023	0
AFLAC DEDUCTIONS PAYABLE	(31)	0
FIRST NATIONAL BANK CREDIT LINE-4096	86,310	86,310
GARNISHMENTS PAYABLE	0	80
Gift Certificate Payable	(311)	(571)
Missouri Department of Revenue Payable	65	0
SALES TAX PAYABLE	(0)	74
Total Other Current Liabilities	93,056	85,893
Total Current Liabilities	122,861	133,058
Total Liabilities	122,861	133,058
Equity		
Opening Balance Equity	524	
Unrestricted Net Assets	316,060	356,403
Net Income	72,080	58,448
Total Equity	388,664	414,851
TOTAL LIABILITIES AND EQUITY	511,525	547,909

Lake Area Industries, Inc.
Profit and Loss
July 2017

	Total	
	Jul 2017	Jan - Jul, 2017 (YTD)
Income		
CONTRACT PACKAGING	32,152	163,054
FOAM RECYCLING	131	28,916
GREENHOUSE SALES		51,764
SECURE DOCUMENT SHREDDING	1,770	19,500
Total Income	34,053	263,234
Cost of Goods Sold	2,165	13,993
GG PLANTS & SUPPLIES		30,164
MANUFACTURING SUPPLIES		13
SHIPPING AND DELIVERY	14	2,542
WAGES-EMPLOYEES	21,353	139,749
Total Cost of Goods Sold	23,532	186,460
Gross Profit	10,521	76,774
Expenses		
ACCTG. & AUDIT FEES		9,336
ALL OTHER EXPENSES	817	9,376
CASH OVER/SHORT		107
EQUIP. PURCHASES & MAINTENANCE	1,971	42,820
INSURANCE	1,515	10,777
NON MANUFACTURING SUPPLIES		5,409
PAYROLL	28,090	153,294
PAYROLL EXP & BENEFITS	5,569	34,938
PROFESSIONAL SERVICES	3,072	18,380
SALES TAX		(71)
TRANSPORTATION EXPENSES		646
UTILITIES	1,746	13,765
Total Expenses	42,780	298,779
Net Operating Income	(32,259)	(222,005)
Other Income		
INTEREST INCOME	6	28
OTHER CONTRIBUTIONS	75	7,676
SB-40 REVENUE	18,182	177,714
STATE AID	15,848	108,668
Total Other Income	34,110	294,086
Net Income	1,852	72,080

Lake Area Industries, Inc.
Statement of Cash Flows
 July 2017

	Total
OPERATING ACTIVITIES	
Net Income	1,851.51
Adjustments to reconcile Net Income to Net Cash provided by operations:	
ACCOUNTS RECEIVABLE	8,744.90
INVENTORY:RAW MATERIAL INVENTORY	-4,294.91
Accounts Payable	-1,723.80
CBOLO CC - 5203	-16.47
CBOLO CC - 5211	-136.67
CBOLO CC - 5229	6.20
CBOLO CC - 5237	166.14
US BANK CC - 2245	-162.06
US BANK CC - 2260	-299.29
US BANK CC - 2278	-163.20
AFLAC DEDUCTIONS PAYABLE	0.02
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	\$ 2,120.86
Net cash provided by operating activities	\$ 3,972.37
FINANCING ACTIVITIES	
Net cash increase for period	\$ 3,972.37
Cash at beginning of period	59,229.22
Cash at end of period	\$ 63,201.59

Lake Area Industries, Inc.
A/P Aging Summary
 As of July 31, 2017

	Current	1 - 30	31 - 60	61 - 90	91 and over	Total
TOTAL	\$ 4,116	\$ 14,045	\$ 10,875	\$ 0	-\$ 8	\$ 29,028

Lake Area Industries, Inc.
A/R Aging Summary
 As of July 31, 2017

	Current	1 - 30	31 - 60	61 - 90	91 and over	Total
TOTAL	\$ 36,924	\$ 20,589	\$ 231	\$ 226	\$ 0	\$ 57,971

Lake Area Industries, Inc.
Statement of Cash Flows
January - July, 2017

	Total
OPERATING ACTIVITIES	
Net Income	72,080.48
Adjustments to reconcile Net Income to Net Cash provided by operations:	
ACCOUNTS RECEIVABLE	-1.77
GIFTED GARDEN CASH: DRAWER CASH - GG	-300.00
GIFTED GARDEN CASH: SAFE CASH - GG	-200.00
INVENTORY: GG PLANT & SUPPLIES INVEN	270.55
INVENTORY: RAW MATERIAL INVENTORY	-4,046.69
PETTY CASH	-62.15
Accounts Payable	16,068.17
CBOLO CC - 5211	72.07
CBOLO CC - 5229	522.45
CBOLO CC - 5237	185.72
US BANK CC - 1669	-454.55
US BANK CC - 1727	-849.23
AFLAC DEDUCTIONS PAYABLE	-31.28
Gift Certificate Payable	-311.00
Missouri Department of Revenue Payable	65.45
SALES TAX PAYABLE	-0.08
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	\$ 10,927.66
Net cash provided by operating activities	\$ 83,008.14
INVESTING ACTIVITIES	
CURRENT CAPITAL IMPROVEMENT	-28,789.80
Net cash provided by investing activities	-\$ 28,789.80
FINANCING ACTIVITIES	
Opening Balance Equity	524.08
Net cash provided by financing activities	\$ 524.08
Net cash increase for period	\$ 54,742.42
Cash at beginning of period	8,459.17
Cash at end of period	\$ 63,201.59

Support Coordination Report

July 2017

Consumer Caseloads

- Number of Caseloads as of July 31st, 2017: 322
- Budgeted Number of Caseloads: 300
- Pending Number of New Intakes: 9
- Medicaid Eligibility: 84.78%

Caseload Counts

Rachel Baskerville - 11
Cynthia Brown - 42
Jennifer Clemons - 37
Lori Cornwell - 37
Linda Gifford - 28
Sharla Jenks - 27
Ryan Johnson - 38
Micah Joseph - 39
Annie Meyer - 36
Nicole Whittle - 27

**CARF Report
Medicaid Eligible
Clients**

Outcome Measurement Report



TCM

[TCM: % of the time new consumers will be contacted by their Support Coordinator \(SC\) within 5 business days of their eligibility determination \(1\)](#)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters:

	Yes	No	NA	Percentage
Targeted Case Management	12	0	0	100.00 %
Total	12	0	0	100.00 %
Goal				100 %

[TCM: Planning meeting is held within 30 days of eligibility date \(2\)](#)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters:

	Yes	No	NA	Percentage
Targeted Case Management	10	1	0	90.91 %
Total	10	1	0	90.91 %
Goal				100 %

[TCM: % of all annual Medicaid Waiver plans and plans subject to the Regional Office Utilization Review \(UR\) will be submitted via fax and email at least 22 calendar days prior to the plan implementation date. \(3\)](#)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters: Is Waiver: Yes;

	Yes	No	NA	Percentage
Targeted Case Management	31	34	0	47.69 %
Total	31	34	0	47.69 %
Goal				80 %

[TCM: % of all annual non-waiver plans will be emailed to the Regional Office at least 15 calendar days prior to the plan implementation date \(4\)](#)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters:

	Yes	No	NA	Percentage
Targeted Case Management	22	19	0	53.66 %
Total	22	19	0	53.66 %
Goal				80 %

Outcome Measurement Report



TCM: % of IP outcomes/action steps will be met (5)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters:

	Yes	No	NA	Percentage
Targeted Case Management	558	1746	0	24.22 %
Total	558	1746	0	24.22 %
Goal				80 %

TCM: % of Quarterly Reports met (6)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters: Age: 0 - 1000;

	Yes	No	NA	Percentage
Targeted Case Management	268	103	0	72.24 %
Total	268	103	0	72.24 %
Goal				95 %

TCM: % that shall have Outcomes implemented in their Individual Support Plan that encourage or support active participation in typical community events and activities (7)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters:

	Yes	No	NA	Percentage
Targeted Case Management	230	52	0	81.56 %
Total	230	52	0	81.56 %
Goal				75 %

TCM: % of time Billable (8)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters:

	Billable Hrs	Non-Billable Hrs	NA	Percentage
Targeted Case Management	6386	4991	0	56.13 %
Total	6386	4991	0	56.13 %
Goal				70 %

Outcome Measurement Report



[Consumer Forms \(% of consumers will report being satisfied or very satisfied with the services provided by their SC, as indicated on the Consumer Survey. \(9\)\)](#)

For Services: Case Closure, Case Transition/Transfer, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement, Transfer of case responsibility

For Events:

Parameters: Age: 0 - 1000;

	Yes	No	NA	Percentage
Targeted Case Management	143	0	4	100.00 %
Total	143	0	4	100.00 %
Goal				90 %

[Consumer Forms \(% of consumers or parent/guardians of consumers served shall indicate their SC is available when needed, as indicated on the Consumer Survey. \(10\)\)](#)

For Services: Case Closure, Case Transition/Transfer, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement, Transfer of case responsibility

For Events:

Parameters: Age: 0 - 1000;

	Yes	No	NA	Percentage
Targeted Case Management	144	0	4	100.00 %
Total	144	0	4	100.00 %
Goal				90 %

[TCM: % of Individual Support Plans chosen for TCM Reviews conducted by RRO will not require remediation \(11\)](#)

For Services: Case Closure, Case Transition/Transfer, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement, Transfer of case responsibility

For Events:

Parameters:

	Yes	No	NA	Percentage
Targeted Case Management				
Total				
Goal				80 %

[TCM: % of consumers will be given the resources or education to formulate a personal plan for personal safety and risk reduction to better protect them from abuse, neglect or exploitation \(12\)](#)

For Services: Case Closure, Case Transition/Transfer, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement, Transfer of case responsibility

For Events:

Parameters:

	Yes	No	NA	Percentage
Targeted Case Management	229	53	0	81.21 %
Total	229	53	0	81.21 %
Goal				100 %

Outcome Measurement Report



[TCM: Will host at least one event per year designed to educate the community on abuse, neglect and financial exploitation of vulnerable persons; and how to report it. \(13\)](#)

For Services: Case Closure, Case Transition/Transfer, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement, Transfer of case responsibility

For Events:

Parameters:

	Yes	No	NA	Percentage
Targeted Case Management	1	0	0	100.00 %
Total	1	0	0	100.00 %
Goal				100 %

[TCM: Provider demonstrates a commitment to community employment opportunities for persons served by making at least 15 referrals to Vocational Rehabilitation through the Outcomes and Action Steps included in the ISP. \(14\)](#)

For Services: Case Closure, Case Transition/Transfer, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement, Transfer of case responsibility

For Events:

Parameters:

	Yes	No	NA	Percentage
Targeted Case Management	78	0	0	100.00 %
Total	78	0	0	100.00 %
Goal				100 %

**CARF Report
Medicaid Ineligible
Clients**

Outcome Measurement Report



TCM

[TCM: % of the time new consumers will be contacted by their Support Coordinator \(SC\) within 5 business days of their eligibility determination \(1\)](#)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters:

	Yes	No	NA	Percentage
CCDDR	6	0	0	100.00 %
Total	6	0	0	100.00 %
Goal				100 %

[TCM: Planning meeting is held within 30 days of eligibility date \(2\)](#)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters:

	Yes	No	NA	Percentage
CCDDR	6	0	0	100.00 %
Total	6	0	0	100.00 %
Goal				100 %

[TCM: % of all annual Medicaid Waiver plans and plans subject to the Regional Office Utilization Review \(UR\) will be submitted via fax and email at least 22 calendar days prior to the plan implementation date. \(3\)](#)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters: Is Waiver: Yes;

	Yes	No	NA	Percentage
CCDDR	1	1	0	50.00 %
Total	1	1	0	50.00 %
Goal				80 %

[TCM: % of all annual non-waiver plans will be emailed to the Regional Office at least 15 calendar days prior to the plan implementation date \(4\)](#)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters:

	Yes	No	NA	Percentage
CCDDR	13	4	0	76.47 %
Total	13	4	0	76.47 %
Goal				80 %

Outcome Measurement Report



TCM: % of IP outcomes/action steps will be met (5)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters:

	Yes	No	NA	Percentage
CCDDR	38	154	0	19.79 %
Total	38	154	0	19.79 %
Goal				80 %

TCM: % of Quarterly Reports met (6)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters: Age: 0 - 1000;

	Yes	No	NA	Percentage
CCDDR	39	7	0	84.78 %
Total	39	7	0	84.78 %
Goal				95 %

TCM: % that shall have Outcomes implemented in their Individual Support Plan that encourage or support active participation in typical community events and activities (7)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters:

	Yes	No	NA	Percentage
CCDDR	24	16	0	60.00 %
Total	24	16	0	60.00 %
Goal				75 %

TCM: % of time Billable (8)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters:

	Billable Hrs	Non-Billable Hrs	NA	Percentage
CCDDR	385	999	0	27.82 %
Total	385	999	0	27.82 %
Goal				70 %

Outcome Measurement Report



[Consumer Forms \(% of consumers will report being satisfied or very satisfied with the services provided by their SC, as indicated on the Consumer Survey. \(9\)\)](#)

For Services: Case Closure, Case Transition/Transfer, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement, Transfer of case responsibility

For Events:

Parameters: Age: 0 - 1000;

	Yes	No	NA	Percentage
CCDDR	14	0	0	100.00 %
Total	14	0	0	100.00 %
Goal				90 %

[Consumer Forms \(% of consumers or parent/guardians of consumers served shall indicate their SC is available when needed, as indicated on the Consumer Survey. \(10\)\)](#)

For Services: Case Closure, Case Transition/Transfer, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement, Transfer of case responsibility

For Events:

Parameters: Age: 0 - 1000;

	Yes	No	NA	Percentage
CCDDR	14	0	0	100.00 %
Total	14	0	0	100.00 %
Goal				90 %

[TCM: % of Individual Support Plans chosen for TCM Reviews conducted by RRO will not require remediation \(11\)](#)

For Services: Case Closure, Case Transition/Transfer, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement, Transfer of case responsibility

For Events:

Parameters:

	Yes	No	NA	Percentage
CCDDR				
Total				
Goal				80 %

[TCM: % of consumers will be given the resources or education to formulate a personal plan for personal safety and risk reduction to better protect them from abuse, neglect or exploitation \(12\)](#)

For Services: Case Closure, Case Transition/Transfer, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement, Transfer of case responsibility

For Events:

Parameters:

	Yes	No	NA	Percentage
CCDDR	23	17	0	57.50 %
Total	23	17	0	57.50 %
Goal				100 %

Outcome Measurement Report



TCM: Will host at least one event per year designed to educate the community on abuse, neglect and financial exploitation of vulnerable persons; and how to report it. (13)

For Services: Case Closure, Case Transition/Transfer, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement, Transfer of case responsibility

For Events:

Parameters:

	Yes	No	NA	Percentage
CCDDR	1	0	0	100.00 %
Total	1	0	0	100.00 %
Goal				100 %

TCM: Provider demonstrates a commitment to community employment opportunities for persons served by making at least 15 referrals to Vocational Rehabilitation through the Outcomes and Action Steps included in the ISP. (14)

For Services: Case Closure, Case Transition/Transfer, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement, Transfer of case responsibility

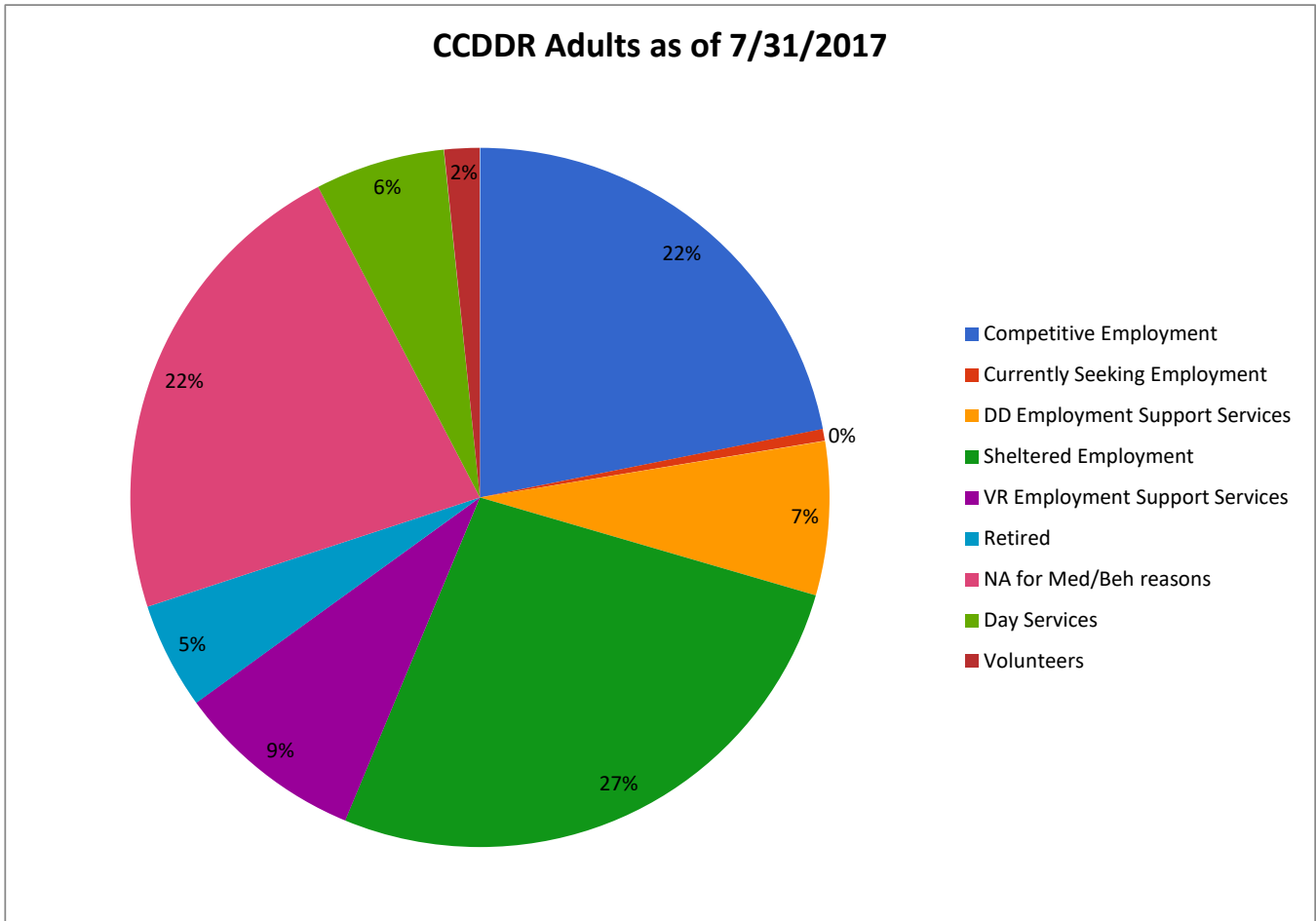
For Events:

Parameters:

	Yes	No	NA	Percentage
CCDDR	10	0	0	100.00 %
Total	10	0	0	100.00 %
Goal				100 %

Employment Report

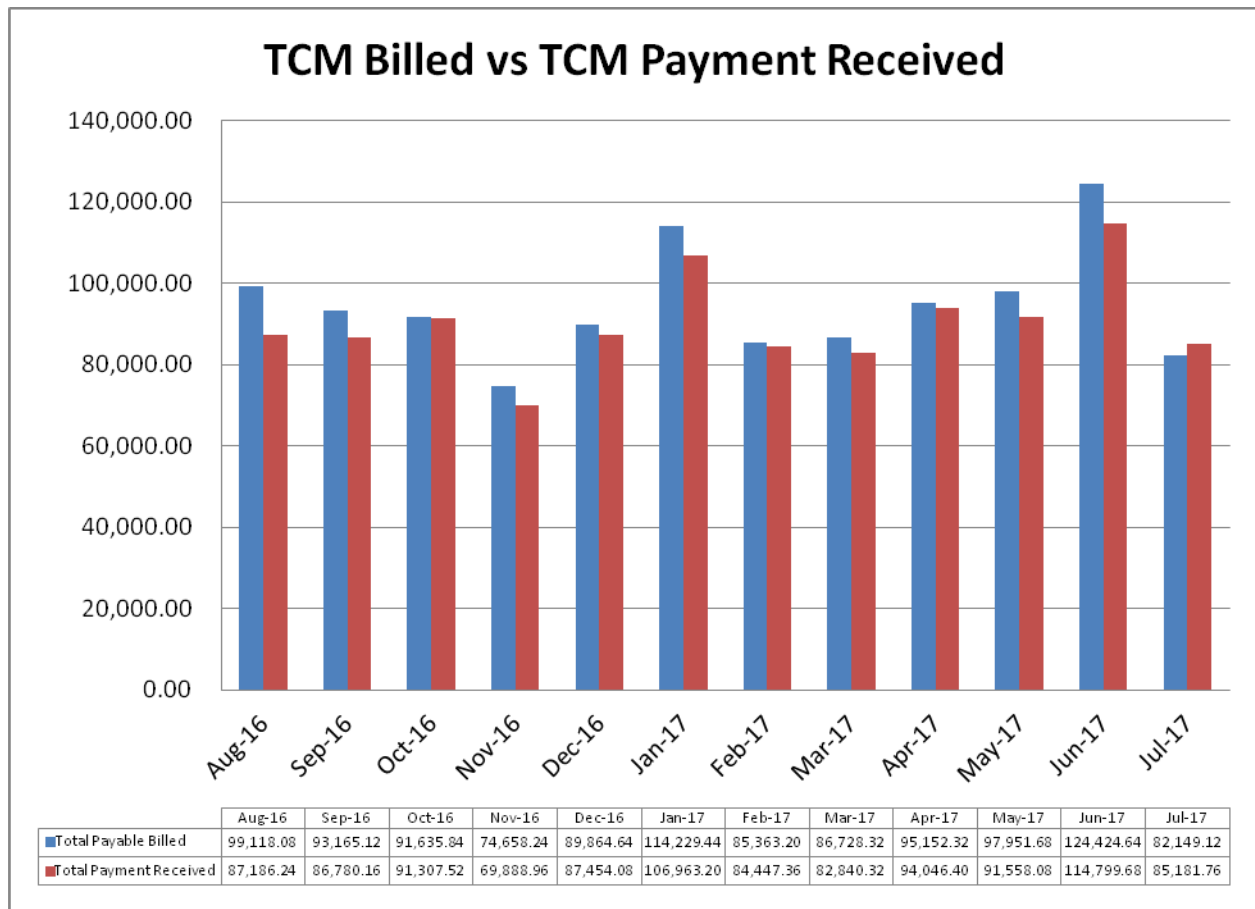
SC name	Competitive Employment	Currently Seeking Employment	DD Employment Support Services	Sheltered Employment	VR Employment Support Services	Retired	NA for Med/Beh reasons	Day Services	Volunteers
Agency Total	40	1	13	49	16	9	41	11	3
Percents from total of adults on	21.86%	0.55%	7.10%	26.78%	8.74%	4.92%	22.40%	6.01%	1.64%
Baskerville	4	0	0	1	0	0	0	0	0
Brown	5	0	0	4	4	1	2	1	0
Lyon	4	0	1	7	1	2	6	0	0
Cornwell	6	0	1	8	2	0	6	2	0
Gifford	7	0	0	2	3	1	1	0	0
Jenks	2	0	0	3	0	1	2	6	0
Johnson	3	1	1	6	3	2	5	0	2
Joseph	5	0	4	5	1	0	6	0	0
Meyer	1	0	3	11	0	2	11	1	1
Whittle	3	0	3	2	2	0	2	1	0



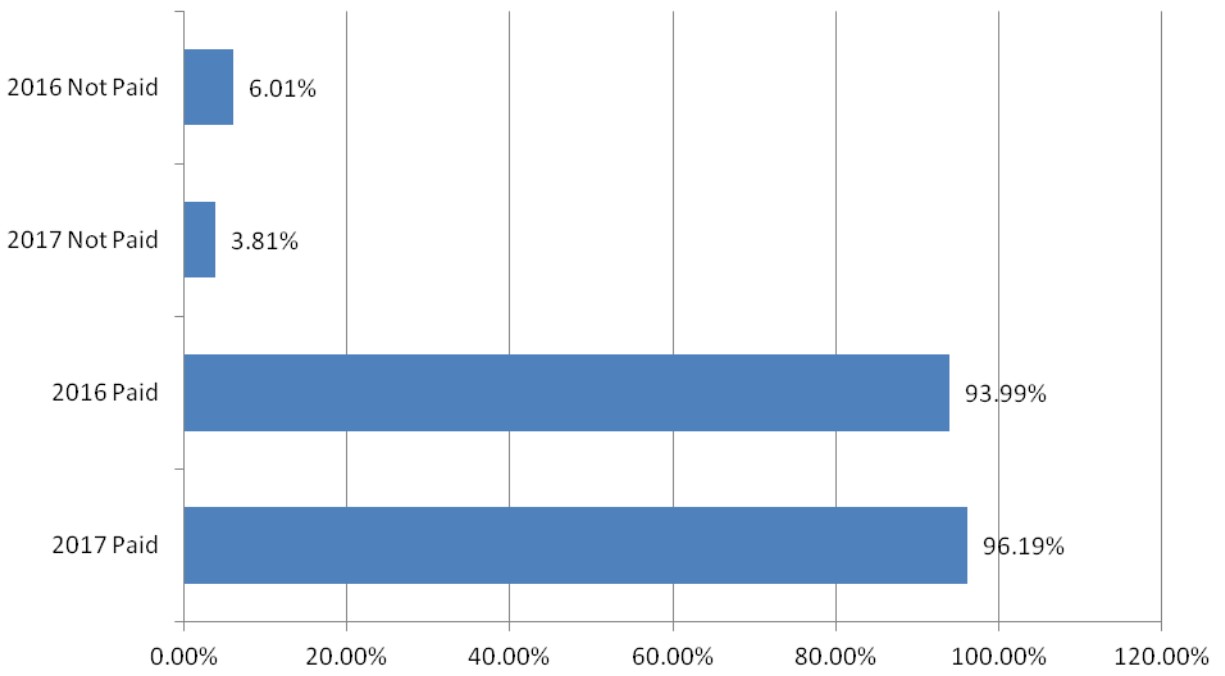
Agency Economic
Report
(Unaudited)

July 2017

Targeted Case Management Income



2017 vs 2016 Percentage Comparison Medicaid Billed vs Medicaid Paid



Budget vs. Actuals: FY2017 - FY17 P&L Departments

July 2017

	Grants			TCM		
	Actual	Budget	Variance	Actual	Budget	Variance
Income						
4000 SB 40 Tax Income	6,671	7,689	(1,018)			0
4500 Targeted Case Management Income			0	87,741	93,520	(5,779)
Total Income	6,671	7,689	(1,018)	87,741	93,520	(5,779)
Gross Profit	6,671	7,689	(1,018)	87,741	93,520	(5,779)
Expenses						
5000 Payroll & Benefits			0	78,542	79,919	(1,377)
5100 Repairs & Maintenance			0	466	485	(19)
5500 Contracted Business Services			0	5,465	5,608	(143)
5600 Presentations/Public Meetings			0	430	525	(95)
5700 Office Expenses			0	1,269	3,100	(1,831)
5800 Other General & Administrative			0	1,952	625	1,327
5900 Utilities			0	1,096	1,150	(54)
6100 Insurance			0	1,187	1,225	(38)
6500 Medicaid Match		2,994	(2,994)			0
6700 Partnership for Hope	4,696	5,031	(335)			0
6900 Targeted Case Management	2,039	12,093	(10,054)			0
7100 Housing Programs	10,057	10,950	(893)			0
7200 CLC	13,842	12,160	1,682			0
7300 Sheltered Employment Programs	22,219	19,740	2,479			0
7500 Community Employment Programs	907	1,354	(447)			0
7900 Special/Additional Needs	4,301	7,443	(3,142)			0
Total Expenses	58,061	71,765	(13,704)	90,406	92,637	(2,231)
Net Operating Income	(51,390)	(64,076)	12,686	(2,666)	883	(3,549)
Other Expenses						
8500 Depreciation			0	2,478	2,500	(22)
Total Other Expenses	0	0	0	2,478	2,500	(22)
Net Other Income	0	0	0	(2,478)	(2,500)	22
Net Income	(51,390)	(64,076)	12,686	(5,144)	(1,617)	(3,527)

Budget Variance Report

Total Income: During July of 2017, Tax Receipts were slightly lower than projected, and TCM Program income was lower than projected because non-Medicaid TCM claims were lower than projected. Medicaid redeterminations of eligibility continue to be an issue. CCDDR continues to monitor several individuals/guardians/families who have not yet submitted all information to re-certify annual Medicaid eligibility and several individuals/guardians/families who have not been submitting Medicaid spend-down invoices to CCDDR for payment, causing lapses in Medicaid coverage. CCDDR is working with families, individuals, and

guardians to submit spend-down invoices to CCDDR immediately upon receipt and assist with Medicaid re-certification completion/submission.

Total Expenses: During July of 2017, overall Grants Programs are lower than budgeted expectations mainly because non-Medicaid TCM service costs, Special Needs expenses, and Medicaid Match expenses were lower than projected. CLC attendance has increased, and LAI production has increased, which reflects a higher than budgeted POS and transportation costs. New Housing Vouchers have been issued to reduce the HVP Wait List, which will increase Housing Voucher costs. Overall TCM Program expenses were equivalent to budgeted expectations.

Budget vs. Actuals: FY2017 - FY17 P&L Departments

January - July, 2017

	Grants			TCM		
	Actual	Budget	Variance	Actual	Budget	Variance
Income						
4000 SB 40 Tax Income	902,115	893,445	8,670			0
4500 Targeted Case Management Income			0	744,563	756,836	(12,273)
Total Income	902,115	893,445	8,670	744,563	756,836	(12,273)
Gross Profit	902,115	893,445	8,670	744,563	756,836	(12,273)
Expenses						
5000 Payroll & Benefits			0	571,673	590,824	(19,151)
5100 Repairs & Maintenance			0	2,814	3,395	(581)
5500 Contracted Business Services			0	42,809	41,657	1,152
5600 Presentations/Public Meetings			0	1,523	3,675	(2,152)
5700 Office Expenses			0	15,916	21,300	(5,384)
5800 Other General & Administrative	0		0	10,737	10,275	462
5900 Utilities			0	8,026	8,050	(24)
6100 Insurance			0	8,169	8,575	(406)
6500 Medicaid Match	7,340	14,970	(7,630)			0
6700 Partnership for Hope	19,974	21,821	(1,847)			0
6900 Targeted Case Management	131,385	152,151	(20,766)			0
7100 Housing Programs	63,627	76,650	(13,023)			0
7200 CLC	74,748	85,120	(10,372)			0
7300 Sheltered Employment Programs	174,776	193,182	(18,406)			0
7500 Community Employment Programs	3,582	9,478	(5,896)			0
7600 Community Resources	0		0			0
7900 Special/Additional Needs	43,493	48,851	(5,358)			0
Total Expenses	518,926	602,223	(83,297)	661,667	687,751	(26,084)
Net Operating Income	383,189	291,222	91,967	82,896	69,085	13,811
Other Expenses						
8500 Depreciation			0	17,354	17,500	(146)
Total Other Expenses	0	0	0	17,354	17,500	(146)
Net Other Income	0	0	0	(17,354)	(17,500)	146
Net Income	383,189	291,222	91,967	65,542	51,585	13,957

Budget Variance Report

Total Income YTD: Tax Receipts are slightly higher than projections while TCM Program income is slightly lower than projections. YTD Medicaid TCM services are equivalent to budgeted expectations; however, Non-Medicaid

TCM services are lower than originally projected. Non-Medicaid TCM services were difficult to project because there is no baseline established from prior years (first year of implementation). Medicaid redeterminations of eligibility continue to be an issue. CCDDR continues to monitor several individuals/guardians/families who have not yet submitted all information to re-certify annual Medicaid eligibility and several individuals/guardians/families who have not been submitting Medicaid spend-down invoices to CCDDR for payment, causing lapses in Medicaid coverage. CCDDR is working with families/individuals/guardians to submit spend-down invoices to CCDDR immediately upon receipt and assist with Medicaid re-certification completion/submission.

Total Expenses YTD: Overall Grants Programs are lower than budgeted. LAI workflow is looking better with the addition of two new trial jobs; therefore, an increase in expenses in the future may offset the lower than projected attendance from the first quarter. Also, an additional \$15,000 allocated to LAI's capital expense line item has not yet been realized. CLC attendance has increased, but it continues to be lower than projected. Non-Medicaid TCM costs have been lower than anticipated. Non-Medicaid TCM services were difficult to project because there is no baseline established from prior years (first year of implementation). Community Employment supports have yet to be realized; however, authorizations are increasing. New Housing Vouchers have been issued to reduce the HVP Wait list, which will increase Housing expenses. YTD Traditional Medicaid Match, Partnership for Hope Match, and Special Needs services are lower than projected. TCM Program expenses in almost all categories have been less than anticipated.

Balance Sheet

As of July 31, 2017

	Grants	TCM
ASSETS		
Current Assets		
Bank Accounts		
1000 Bank Accounts		
1005 Grant Bank Accounts		
1010 Grant Account (County Tax Funds) - First Nat'l Bank	15,279	0
1015 Grant Reserve Account (County Tax Funds) - Central Bank	229	
1020 Grant Certificate of Deposit (County Tax Funds)	0	
1025 Grant Account (County Tax Funds) - Sullivan Bank	575,906	
1030 Grant Operating Reserves Account (Tax Funds) - Sullivan Bank	228,938	
Total 1005 Grant Bank Accounts	820,352	0
1050 TCM Bank Accounts		
1055 TCM Account (TCM Funds) - 1st Nat'l Bank	0	274,573
1060 TCM Certificate of Deposit (TCM Funds)		0
Total 1050 TCM Bank Accounts	0	274,573
Total 1000 Bank Accounts	820,352	274,573
Total Bank Accounts	820,352	274,573
Accounts Receivable		
1200 Targeted Case Management Services		
1210 Medicaid TCM Direct Service		85,182
1215 Non-Medicaid TCM Direct Service		2,039
Total 1200 Targeted Case Management Services	0	87,221
1300 Property Taxes		
1310 Property Tax Receivable	1,040,717	
1315 Allowance for Doubtful Accounts	(6,254)	
Total 1300 Property Taxes	1,034,463	0
1350 Allowance for Doubtful Accounts	0	
Total Accounts Receivable	1,034,463	87,221
Other Current Assets		

1389 TCM Claim Confirmations (A/R)	0	
1399 TCM Remittance Advices (In-Transit Payments)	0	0
1400 Other Current Assets		
1410 Other Deposits	0	
1430 Deferred Outflows Related to Pensions		41,868
1435 Net Pension Asset (Liability)		1,048
Total 1400 Other Current Assets	0	42,916
1450 Prepaid Expenses		0
1455 Prepaid-Insurance	0	12,674
Total 1450 Prepaid Expenses	0	12,674
Total Other Current Assets	0	55,590
Total Current Assets	1,854,815	417,384
Fixed Assets		
1500 Fixed Assets		
1510 100 Third Street Land		47,400
1511 Keystone Land		14,000
1520 100 Third Street Building		431,091
1521 Keystone		163,498
1525 Accumulated Depreciation - 100 Third Street		(130,823)
1526 Accumulated Depreciation - Keystone		(12,854)
1530 100 Third Street Remodeling		126,736
1531 Keystone Remodeling		20,175
1535 Acc Dep - Remodeling - 100 Third Street		(43,301)
1536 Acc Dep - Remodeling - Keystone		(1,568)
1540 Equipment		64,209
1545 Accumulated Depreciation - Equipment		(40,543)
1550 Vehicles		6,740
1555 Accumulated Depreciation - Vehicles		(6,740)
Total 1500 Fixed Assets	0	638,019
Total Fixed Assets	0	638,019
TOTAL ASSETS	1,854,815	1,055,403
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
1900 Accounts Payable	0	339
Total Accounts Payable	0	339
Other Current Liabilities		
2000 Current Liabilities		
2005 Accrued Accounts Payable	0	0
2006 DMH Payable	0	
2007 Non-Medicaid TCM Payable	2,039	
2010 Accrued Payroll Expense	0	0
2015 Accrued Compensated Absences	0	(1,017)
2025 Prepaid Services	0	
2030 Deposits	0	17
2050 Prepaid Tax Revenue	0	

2055 Deferred Inflows - Property Taxes	904,980	
2060 Payroll Tax Payable		0
2061 Federal W / H Tax Payable	0	65
2062 Social Security Tax Payable	0	15
2063 Medicare Tax Payable	0	(10)
2064 MO State W / H Tax Payable	0	1,901
Total 2060 Payroll Tax Payable	0	1,971
2070 Payroll Clearing		
2071 AFLAC Pre-tax W / H	0	1,096
2072 AFLAC Post-tax W / H	0	150
2073 Vision Insurance W / H	0	(92)
2074 Health Insurance W / H	0	28
2075 Dental Insurance W / H	0	(147)
2076 Savings W / H		0
2078 Misc W / H		0
2079 Other W / H		0
Total 2070 Payroll Clearing	0	1,036
Total 2000 Current Liabilities	907,019	2,007
Total Other Current Liabilities	907,019	2,007
Total Current Liabilities	907,019	2,346
Total Liabilities	907,019	2,346
Equity		
3000 Restricted Grant Fund Balances		
3001 Operational	0	
3005 Operational Reserves	228,411	
3010 Transportation	33,291	
3015 New Programs	0	
3030 Special Needs	2,207	
3040 Sheltered Workshop	159,688	
3045 Traditional Medicaid Match	790	
3050 Partnership for Hope Match	3,952	
3055 Building/Remodeling/Expansion	0	
3065 Legal	6,784	
3070 TCM	0	
3075 Community Resource	0	
Total 3000 Restricted Grant Fund Balances	435,123	0
3500 Restricted TCM Fund Balances		
3501 Operational		0
3505 Operational Reserves		200,000
3510 Transportation		0
3515 New Programs		0
3530 Special Needs		0
3550 Partnership for Hope Match		0
3555 Building/Remodeling/Expansion		71,623
3560 Sponsorships		0
3565 Legal		7,054
3599 Other		653,147

Total 3500 Restricted TCM Fund Balances	0	931,823
3900 Unrestricted Fund Balances	0	0
3950 Prior Period Adjustment	0	0
3999 Clearing Account	91,801	93,374
Net Income	383,189	65,542
Total Equity	910,114	1,090,739
TOTAL LIABILITIES AND EQUITY	1,817,133	1,093,085

Statement of Cash Flows

July 2017

	Grants	TCM
OPERATING ACTIVITIES		
Net Income	(51,390)	(5,144)
Adjustments to reconcile Net Income to Net Cash provided by operations:		
1210 Targeted Case Management Services:Medicaid TCM Direct Service		(10,964)
1215 Targeted Case Management Services:Non-Medicaid TCM Direct Service		37,662
1455 Prepaid Expenses:Prepaid-Insurance		1,974
1525 Fixed Assets:Accumulated Depreciation - 100 Third Street		898
1526 Fixed Assets:Accumulated Depreciation - Keystone		341
1535 Fixed Assets:Acc Dep - Remodeling - 100 Third Street		528
1536 Fixed Assets:Acc Dep - Remodeling - Keystone		84
1545 Fixed Assets:Accumulated Depreciation - Equipment		627
1900 Accounts Payable	(50,325)	175
2007 Current Liabilities:Non-Medicaid TCM Payable	(37,662)	
2061 Current Liabilities:Payroll Tax Payable:Federal W / H Tax Payable		0
2062 Current Liabilities:Payroll Tax Payable:Social Security Tax Payable		0
2063 Current Liabilities:Payroll Tax Payable:Medicare Tax Payable		0
2064 Current Liabilities:Payroll Tax Payable:MO State W / H Tax Payable		(909)
2071 Current Liabilities:Payroll Clearing:AFLAC Pre-tax W / H		(55)
2072 Current Liabilities:Payroll Clearing:AFLAC Post-tax W / H		(12)
2073 Current Liabilities:Payroll Clearing:Vision Insurance W / H		(9)
2075 Current Liabilities:Payroll Clearing:Dental Insurance W / H		(36)
2076 Current Liabilities:Payroll Clearing:Savings W / H		0
2078 Current Liabilities:Payroll Clearing:Misc W / H		(488)
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	(87,987)	29,815
Net cash provided by operating activities	(139,377)	24,672
FINANCING ACTIVITIES		
3040 Restricted Grant Fund Balances:Sheltered Workshop	(1,761)	
3050 Restricted Grant Fund Balances:Partnership for Hope Match	(720)	
3565 Restricted TCM Fund Balances:Legal		(870)
Net cash provided by financing activities	(2,481)	(870)
Net cash increase for period	(141,858)	23,802
Cash at beginning of period	962,210	250,772
Cash at end of period	820,352	274,573

Statement of Cash Flows

January - July, 2017

	Grants	TCM
OPERATING ACTIVITIES		
Net Income	383,189	65,542
Adjustments to reconcile Net Income to Net Cash provided by operations:		
1210 Targeted Case Management Services:Medicaid TCM Direct Service		(36,098)
1215 Targeted Case Management Services:Non-Medicaid TCM Direct Service		(2,039)
1455 Prepaid Expenses:Prepaid-Insurance		4,227
1525 Fixed Assets:Accumulated Depreciation - 100 Third Street		6,287
1526 Fixed Assets:Accumulated Depreciation - Keystone		2,384
1535 Fixed Assets:Acc Dep - Remodeling - 100 Third Street		3,696
1536 Fixed Assets:Acc Dep - Remodeling - Keystone		551
1545 Fixed Assets:Accumulated Depreciation - Equipment		4,435
1900 Accounts Payable	(678)	227
2005 Current Liabilities:Accrued Accounts Payable	0	
2007 Current Liabilities:Non-Medicaid TCM Payable	2,039	
2015 Current Liabilities:Accrued Compensated Absences		(1,017)
2061 Current Liabilities:Payroll Tax Payable:Federal W / H Tax Payable		96
2062 Current Liabilities:Payroll Tax Payable:Social Security Tax Payable		(73)
2063 Current Liabilities:Payroll Tax Payable:Medicare Tax Payable		3
2064 Current Liabilities:Payroll Tax Payable:MO State W / H Tax Payable		(435)
2071 Current Liabilities:Payroll Clearing:AFLAC Pre-tax W / H		92
2072 Current Liabilities:Payroll Clearing:AFLAC Post-tax W / H		54
2073 Current Liabilities:Payroll Clearing:Vision Insurance W / H		(3)
2075 Current Liabilities:Payroll Clearing:Dental Insurance W / H		(72)
2076 Current Liabilities:Payroll Clearing:Savings W / H		0
2078 Current Liabilities:Payroll Clearing:Misc W / H		(650)
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	1,361	(18,336)
Net cash provided by operating activities	384,550	47,206
INVESTING ACTIVITIES		
1531 Fixed Assets:Keystone Remodeling		(2,226)
Net cash provided by investing activities	0	(2,226)
FINANCING ACTIVITIES		
3005 Restricted Grant Fund Balances:Operational Reserves	9,994	
3010 Restricted Grant Fund Balances:Transportation	13,332	
3030 Restricted Grant Fund Balances:Special Needs	4,019	
3040 Restricted Grant Fund Balances:Sheltered Workshop	159,688	
3045 Restricted Grant Fund Balances:Traditional Medicaid Match	(2,226)	
3050 Restricted Grant Fund Balances:Partnership for Hope Match	4,469	
3055 Restricted Grant Fund Balances:Building/Remodeling/Expansion	(42,165)	
3065 Restricted Grant Fund Balances:Legal	(3,242)	
3070 Restricted Grant Fund Balances:TCM	0	
3075 Restricted Grant Fund Balances:Community Resource	0	
3505 Restricted TCM Fund Balances:Operational Reserves		5,051
3555 Restricted TCM Fund Balances:Building/Remodeling/Expansion		49,986
3565 Restricted TCM Fund Balances:Legal		(1,036)

3900 Unrestricted Fund Balances	(330,026)	6,512
3999 Clearing Account	79,641	(61,549)
Net cash provided by financing activities	(106,516)	(1,036)
Net cash increase for period	278,034	43,945
Cash at beginning of period	542,317	230,628
Cash at end of period	820,352	274,573

Check Detail

July 2017

1025 Grant Account (County Tax Funds) - Sullivan Bank

Date	Transaction Type	Num	Name	Amount
07/05/2017	Bill Payment (Check)	4124	Ozark Inn & Suites	(199.00)
07/06/2017	Bill Payment (Check)	4125	Econo Lodge Inn & Suites (MO135)	(400.00)
07/07/2017	Bill Payment (Check)	4126	Camden County Senate Bill 40 Board	(39,700.80)
07/11/2017	Bill Payment (Check)	4127	Ozark Inn & Suites	0.00
07/11/2017	Bill Payment (Check)	4128	Ozark Inn & Suites	(199.00)
07/12/2017	Bill Payment (Check)	4129	DMH Local Tax Matching Fund	(50,325.00)
07/12/2017	Bill Payment (Check)	4130	Lake Area Industries	(16,681.57)
07/12/2017	Bill Payment (Check)	4131	MO HealthNet	(40.00)
07/12/2017	Bill Payment (Check)	4133	MO HealthNet	(228.00)
07/12/2017	Bill Payment (Check)	4134	MO HealthNet	(381.00)
07/12/2017	Bill Payment (Check)	4135	MO HealthNet	(511.00)
07/12/2017	Bill Payment (Check)	4136	MO HealthNet	0.00
07/13/2017	Bill Payment (Check)	4137	Peak Sport and Spine Rehab	(167.50)
07/13/2017	Bill Payment (Check)	4138	Econo Lodge Inn & Suites (MO135)	(12.00)
07/13/2017	Bill Payment (Check)	4139	MO HealthNet	(11.00)
07/13/2017	Bill Payment (Check)	4140	MO HealthNet	(246.00)
07/14/2017	Bill Payment (Check)	4141	MO HealthNet	(101.00)
07/17/2017	Bill Payment (Check)	4142	Ozark Inn & Suites	(199.00)
07/17/2017	Bill Payment (Check)	4143	Brookview Apartments of Camdenton	(100.00)
07/17/2017	Bill Payment (Check)	4144	Camden Manors, Inc.	(100.00)
07/17/2017	Bill Payment (Check)	4145	Camdenton Apartments dba Lauren's Place	(226.00)
07/17/2017	Bill Payment (Check)	4146	Clifford Smith	(861.00)
07/17/2017	Bill Payment (Check)	4147	Darryll Euler	(434.00)
07/17/2017	Bill Payment (Check)	4148	David A Schlenfort	(689.00)
07/17/2017	Bill Payment (Check)	4149	Glen Donnach, LLC	(100.00)
07/17/2017	Bill Payment (Check)	4150	Hillcrest Inc. DBA Bridgeview Inc.	(650.00)
07/17/2017	Bill Payment (Check)	4151	JC Sutton LLC	(406.00)
07/17/2017	Bill Payment (Check)	4152	Phyllis Ilene Hood	(611.00)
07/17/2017	Bill Payment (Check)	4153	Revelation Construction & Development, LLC	(306.00)
07/17/2017	Bill Payment (Check)	4154	SunWest Property Management LLC	0.00
07/17/2017	Bill Payment (Check)	4155	Twenter Properties	(100.00)
07/17/2017	Bill Payment (Check)	4156	Tyler J Bishop	(100.00)
07/17/2017	Bill Payment (Check)	4157	MO HealthNet	(178.00)
07/17/2017	Bill Payment (Check)	4158	Camden Manors, Inc.	(100.00)

07/17/2017	Bill Payment (Check)	4159	Camdenton Apartments dba Lauren's Place	(251.00)
07/17/2017	Bill Payment (Check)	4160	Revelation Construction & Development, LLC	(375.00)
07/17/2017	Bill Payment (Check)	4161	Revelation Construction & Development, LLC	(687.00)
07/17/2017	Bill Payment (Check)	4162	Revelation Construction & Development, LLC	(693.00)
07/20/2017	Bill Payment (Check)	4163	Childrens Learning Center	(13,842.15)
07/20/2017	Bill Payment (Check)	4164	MO HealthNet	(216.00)
07/20/2017	Bill Payment (Check)	4165	Wright Services , LLC	(545.00)
07/20/2017	Bill Payment (Check)	4166	Bankcard Center	(23.93)
07/20/2017	Bill Payment (Check)	4167	DMH Local Tax Matching Fund	(5,416.41)
07/20/2017	Bill Payment (Check)	4168	Scotts Home Health Medical Supply	(84.00)
07/20/2017	Bill Payment (Check)	4169	MO HealthNet	(679.00)
07/20/2017	Bill Payment (Check)	4170	MO HealthNet	(896.00)
07/21/2017	Bill Payment (Check)	4171	Lake Area Industries	(1,760.83)
07/21/2017	Bill Payment (Check)	4172	Jacob and/or Lana Kentner	(1,316.00)
07/21/2017	Bill Payment (Check)	4173	MO HealthNet	(274.00)
07/24/2017	Bill Payment (Check)	4174	MO HealthNet	(4.00)
07/24/2017	Bill Payment (Check)	4175	Ozark Inn & Suites	(199.00)
07/27/2017	Bill Payment (Check)	4176	OATS, Inc.	(6,108.00)
07/27/2017	Bill Payment (Check)	4177	Choices for People Center Inc.	(335.65)
07/27/2017	Bill Payment (Check)	4178	MO HealthNet	(261.00)
07/31/2017	Bill Payment (Check)	4179	Ozark Inn & Suites	(199.00)

1055 TCM Account (TCM Funds) - 1st Nat'l Bank

Date	Transaction Type	Num	Name	Amount
07/01/2017	Check	SVCCHRG		(24.95)
07/05/2017	Bill Payment (Check)	7520	Janine's Flowers	(70.00)
07/05/2017	Bill Payment (Check)	7521	Lake Sun Leader	(94.50)
07/05/2017	Bill Payment (Check)	7522	First National Bank	(125.00)
07/05/2017	Bill Payment (Check)	7523	Lori Cornwell	(192.08)
07/05/2017	Bill Payment (Check)	7524	Marcie L. Vansyoc	(99.06)
07/05/2017	Bill Payment (Check)	7525	MSW Interactive Designs LLC	(30.00)
07/05/2017	Bill Payment (Check)	7526	National Pen Co. LLC	(54.72)
07/05/2017	Bill Payment (Check)	7527	Republic Services #435	(101.21)
07/05/2017	Bill Payment (Check)	7528	Summit Natural Gas of Missouri, Inc.	(16.43)
07/05/2017	Bill Payment (Check)	7529	Direct Service Works	(795.00)
07/05/2017	Bill Payment (Check)	7530	Ryan Johnson	(101.30)
07/05/2017	Bill Payment (Check)	7531	Ameren Missouri	(427.57)
07/05/2017	Bill Payment (Check)	7532	Camden County PWSD #2	(46.06)
07/05/2017	Bill Payment (Check)	7533	Cynthia Brown	(52.53)
07/05/2017	Bill Payment (Check)	7534	Linda Gifford	(74.63)
07/07/2017	Bill Payment (Check)	7535	Clean Cut Lawn Care etc. LLC	(64.00)
07/07/2017	Bill Payment (Check)	7536	Eddie L Thomas	(363.62)
07/07/2017	Bill Payment (Check)	7537	G G Maha	(73.76)
07/07/2017	Bill Payment (Check)	7538	TruClean	(55.00)
07/07/2017	Bill Payment (Check)	7539	GB Maintenance Supply	(37.46)
07/07/2017	Bill Payment (Check)	7540	Jeanna K Booth	(180.45)

07/07/2017	Bill Payment (Check)	7541	Sharla Jenks	(35.00)
07/14/2017	Expense	151907	Connie L Baker	(902.00)
07/14/2017	Expense	151908	Rachel K Baskerville	(1,103.10)
07/14/2017	Expense	151909	Myrna Blaine	(1,457.83)
07/14/2017	Expense	151910	Jeanna K Booth	(986.67)
07/14/2017	Expense	151912	Lori Cornwell	(877.35)
07/14/2017	Expense	15193	Linda Gifford	(937.75)
07/14/2017	Expense	151914	Sharla Jenks	(906.29)
07/14/2017	Expense	151915	Ryan Johnson	(1,077.34)
07/14/2017	Expense	151916	Micah J Joseph	(1,133.93)
07/14/2017	Expense	151917	Jennifer Lyon	(996.09)
07/14/2017	Expense	151918	Annie Meyer	(992.18)
07/14/2017	Expense	151919	Edmond J Thomas	(1,156.80)
07/14/2017	Expense	151920	Eddie L Thomas	(2,195.32)
07/14/2017	Expense	151921	Marcie L. Vansyoc	(1,127.59)
07/14/2017	Expense	151922	Nicole M Whittle	(1,089.95)
07/14/2017	Bill Payment (Check)	7542	All American Termite & Pest Control	(155.00)
07/14/2017	Bill Payment (Check)	7543	Connie L Baker	(37.02)
07/14/2017	Bill Payment (Check)	7544	Ezard's, Inc.	(81.98)
07/14/2017	Bill Payment (Check)	7545	Jennifer Lyon	(249.35)
07/14/2017	Bill Payment (Check)	7546	Aflac	(869.66)
07/14/2017	Bill Payment (Check)	7547	AT&T	(82.32)
07/14/2017	Bill Payment (Check)	7548	City Of Camdenton	(58.08)
07/14/2017	Bill Payment (Check)	7549	LaClede Electric Cooperative	(478.72)
07/14/2017	Bill Payment (Check)	7550	National Pen Co. LLC	(73.71)
07/14/2017	Bill Payment (Check)	7551	Scott's Heating & Air	(135.00)
07/14/2017	Bill Payment (Check)	7552	Cynthia Brown	(1,150.40)
07/14/2017	Bill Payment (Check)	7553	G G Maha	(1,234.98)
07/14/2017	Bill Payment (Check)	7554	Linda Simms	(1,257.38)
07/14/2017	Expense	07/14/2017	Edward Jones	(100.00)
07/14/2017	Bill Payment (Check)	7555	Heather Schnebly LPN	(405.00)
07/14/2017	Bill Payment (Check)	7556	Missouri SASP	(22.00)
07/14/2017	Bill Payment (Check)	7557	TruClean	(175.00)
07/14/2017	Bill Payment (Check)	7558	Office Business Equipment	(82.35)
07/14/2017	Expense	07/14/2017	Internal Revenue Service	(6,473.02)
07/20/2017	Bill Payment (Check)	7559	Ezard's, Inc.	(1,800.00)
07/20/2017	Bill Payment (Check)	7560	Bryan Cave LLP	(870.00)
07/20/2017	Bill Payment (Check)	7561	AT&T TeleConference Services	(23.49)
07/20/2017	Bill Payment (Check)	7562	Bankcard Center	(2,447.81)
07/20/2017	Bill Payment (Check)	7563	Clean Cut Lawn Care etc. LLC	(404.00)
07/20/2017	Bill Payment (Check)	7564	Cynthia Brown	(106.21)
07/20/2017	Bill Payment (Check)	7565	Deer Run Properties LLC	(300.00)
07/20/2017	Bill Payment (Check)	7566	Delta Dental of Missouri	(472.38)
07/20/2017	Bill Payment (Check)	7567	GB Maintenance Supply	(37.46)
07/20/2017	Bill Payment (Check)	7568	TruClean	(55.00)
07/21/2017	Bill Payment (Check)	7569	Micah J Joseph	(272.66)

07/21/2017	Bill Payment (Check)	7570	Mo Consolidated Health Care	(12,092.80)
07/21/2017	Bill Payment (Check)	7571	Principal Life Ins	(261.12)
07/21/2017	Bill Payment (Check)	7572	Scott's Heating & Air	0.00
07/24/2017	Expense	07/28/2017	Edward Jones	(100.00)
07/27/2017	Bill Payment (Check)	7573	AT&T	(74.27)
07/27/2017	Bill Payment (Check)	7574	Charter Business	(529.87)
07/27/2017	Bill Payment (Check)	7575	Delta Voice & Data Technologies, LLC	(147.50)
07/27/2017	Bill Payment (Check)	7576	E-Z Disposal	(22.00)
07/27/2017	Bill Payment (Check)	7577	Lake Regional Occupational Medicine Clinic	(73.00)
07/27/2017	Bill Payment (Check)	7578	Lagers	(3,963.78)
07/27/2017	Bill Payment (Check)	7579	TruClean	(175.00)
07/27/2017	Bill Payment (Check)	7580	Jessica N. North	(70.00)
07/27/2017	Bill Payment (Check)	7581	KMB Technical Group, Inc.	(416.00)
07/27/2017	Bill Payment (Check)	7582	Mo Division Of Employment Security	(1,261.02)
07/27/2017	Bill Payment (Check)	7583	Refills Ink	(304.96)
07/27/2017	Bill Payment (Check)	7584	US Department of Education - Tracking # 1017780285	(813.74)
07/27/2017	Bill Payment (Check)	7585	Missouri Dept of Revenue	(2,876.00)
07/28/2017	Expense	07/28/2017	Internal Revenue Service	(6,581.54)
07/28/2017	Expense	151925	Connie L Baker	(901.99)
07/28/2017	Expense	151926	Rachel K Baskerville	(1,098.99)
07/28/2017	Expense	151927	Myrna Blaine	(1,457.83)
07/28/2017	Expense	151928	Jeanna K Booth	(1,050.17)
07/28/2017	Expense	151930	Lori Cornwell	(857.54)
07/28/2017	Expense	151931	Linda Gifford	(899.79)
07/28/2017	Expense	151932	Sharla Jenks	(845.10)
07/28/2017	Expense	151933	Ryan Johnson	(1,077.34)
07/28/2017	Expense	151934	Micah J Joseph	(1,135.12)
07/28/2017	Expense	151935	Jennifer Lyon	(993.40)
07/28/2017	Expense	151936	Annie Meyer	(1,094.28)
07/28/2017	Expense	151937	Edmond J Thomas	(1,156.80)
07/28/2017	Expense	151938	Eddie L Thomas	(2,373.06)
07/28/2017	Expense	151939	Marcie L. Vansyoc	(1,165.57)
07/28/2017	Expense	151940	Nicole M Whittle	(1,122.26)
07/28/2017	Bill Payment (Check)	7586	Myrna Blaine	(320.33)
07/28/2017	Bill Payment (Check)	7587	Rachel K Baskerville	(163.67)
07/28/2017	Bill Payment (Check)	7588	Cynthia Brown	(1,147.35)
07/28/2017	Bill Payment (Check)	7589	Delta Voice & Data Technologies, LLC	(75.00)
07/28/2017	Bill Payment (Check)	7590	G G Maha	(1,234.98)
07/28/2017	Bill Payment (Check)	7591	Jeanna K Booth	(174.18)
07/28/2017	Bill Payment (Check)	7592	Linda Simms	(1,257.38)
07/28/2017	Bill Payment (Check)	7593	Marcie L. Vansyoc	(112.42)
07/28/2017	Bill Payment (Check)	7594	Linda Simms	(194.08)

June 2017
Credit Card Statement



SCORECARD

Bonus Points Available
43,505

Account Summary

Billing Cycle		07/04/2017
Days In Billing Cycle		30
Previous Balance		\$1,608.27
Purchases	+	\$2,472.14
Cash	+	\$0.00
Special	+	\$0.00
Credits	-	\$0.40-
Payments	-	\$1,608.27-
Other Charges	+	\$0.00
Finance Charges	+	\$0.00

NEW BALANCE \$2,471.74

Credit Summary

Total Credit Line	\$10,000.00
Available Credit Line	\$7,528.26
Available Cash	\$6,000.00
Amount Over Credit Line	\$0.00
Amount Past Due	\$0.00
Disputed Amount	\$0.00

Account Inquiries

- Call us at: (800) 445-9272
Lost or Stolen Card: (866) 839-3485
- Go to www.bankcardcenter.net
- Write us at PO BOX 779, JEFFERSON CTY, MO 65102-0779

Payment Summary

NEW BALANCE	\$2,471.74
MINIMUM PAYMENT	\$75.00
PAYMENT DUE DATE	08/02/2017

NOTE: Grace period to avoid a finance charge on purchases, pay entire new balance by payment due date. Finance charge accrues on cash advances until paid and will be billed on your next statement.

Corporate Activity

TOTAL CORPORATE ACTIVITY					\$1,608.27-
Trans Date	Post Date	Reference Number	Transaction Description	Amount	
06/26	06/26	00701429	PAYMENT - THANK YOU	\$1,608.27-	

Cardholder Account Summary

MYRNA BLAINE ##### 6176	Payments & Other Credits \$0.40-	Purchases & Other Charges \$101.33	Cash Advances \$0.00	Total Activity \$100.93
----------------------------	-------------------------------------	---------------------------------------	-------------------------	----------------------------

Cardholder Account Detail

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
06/02	06/05	PBUS01	05436847154300131413689	CASEYS OSAGE BEACH OSAGE BEACH MO	\$40.20
06/05	06/06	PBUS01	05436847157500148013805	WENDY'S 0018 OSAGE BEACH MO	\$15.13
06/05	06/07	PBUS01	25247807157000670578912	LAKE REGIONAL PHARMACY OSAGE BEACH MO	\$15.94

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW UP TO 7 DAYS FOR RECEIPT

CENTRAL BANK
PO BOX 779
JEFFERSON CTY MO 65102-0779

Account Number
5386

Check box to indicate name/address change on back of this coupon

AMOUNT OF PAYMENT ENCLOSED

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
07/04/17	\$2,471.74	\$75.00	08/02/17

\$

BL ACCT 00000256-10000000
CAMDEN CO DD RES
ATTN ACCOUNTS PAYABLE
PO BOX 722
CAMDENTON MO 65020-0722



MAKE CHECK PAYABLE TO:

BANKCARD SERVICES
PO BOX 8000
JEFFERSON CTY MO 65102-8000



Cardholder Account Detail Continued					Description	Amount
Trans Date	Post Date	Plan Name	Reference Number			
06/06	06/07		05587457157000000603749		RBT CASEYS OSAGE BEACH EasySavings NY	\$0.40
06/30	07/03	PBUS01	05436847182500185367279		DOMINO'S 1600 573-496-5470 MO	\$30.06

Cardholder Account Summary					
EDDIE THOMAS #### #### #### 0953		Payments & Other Credits \$0.00	Purchases & Other Charges \$1,106.67	Cash Advances \$0.00	Total Activity \$1,106.67

Cardholder Account Detail					Description	Amount
Trans Date	Post Date	Plan Name	Reference Number			
06/23	06/25	PBUS01	55547427175207436600109		CARF INTERNATIONAL 05203251044 AZ	\$995.00
06/28	06/30	PBUS01	05410197180255235837423		SUBWAY 00207316 SPRINGFIELD MO	\$8.60
06/29	07/02	PBUS01	55432867181100495839402		OASIS HOTEL AND CONV C SPRINGFIELD MO 851000 ARRIVAL 06/28/17 DEPART 06/29/17	\$103.07

Cardholder Account Summary					
LINDA SIMMS #### #### #### 0961		Payments & Other Credits \$0.00	Purchases & Other Charges \$1,042.63	Cash Advances \$0.00	Total Activity \$1,042.63

Cardholder Account Detail					Description	Amount
Trans Date	Post Date	Plan Name	Reference Number			
06/04	06/05	PBUS01	55432867155000128653844		INTUIT *QB ONLINE 800-286-6800 CA	\$39.95
06/06	06/07	PBUS01	55546507158206278809308		SMARTSIGN 07187971900 NY	\$47.16
06/06	06/08	PBUS01	55488727158200992300458		COMPLIANCE SIGNS.COM 08005781245 IL	\$43.50
06/08	06/09	PBUS01	6523097716000000325985		EZARDS ACE HARDWARE ST OSAGE BEACH MO	\$7.18
06/19	06/21	PBUS01	05140487171710024934420		WOODS MARKET 2068 OSAGE BEACH MO	\$23.06
06/20	06/21	PBUS01	85177497171001589108601		PP*APSEMO MONROE CITY MO	\$150.00
06/19	06/22	PBUS01	75230957172132600066300		PAPPOS PIZZERIA PUB OSAGE BEACH MO	\$41.74
06/22	06/23	PBUS01	55429507173894577530098		PAYPAL *ASSOCIATION 4029357733 CA	\$195.00
06/23	06/25	PBUS01	05436847175000295595157		USPS PO 2860360829 OSAGE BEACH MO	\$203.29
06/27	06/28	PBUS01	55547537178286822600041		LEBANON DAILY RECORD 04175329131 MO	\$91.75
07/01	07/03	PBUS01	55432867182100367470376		GOOGLE *SVCSAPPS_ccddr cc@google.com CA	\$200.00

Cardholder Account Summary					
GLENDA MAHA #### #### #### 3221		Payments & Other Credits \$0.00	Purchases & Other Charges \$221.51	Cash Advances \$0.00	Total Activity \$221.51

Cardholder Account Detail					Description	Amount
Trans Date	Post Date	Plan Name	Reference Number			
06/06	06/07	PBUS01	05436847158000279278961		USPS PO 2812420020 CAMDENTON MO	\$6.59
06/07	06/08	PBUS01	05436847159400036833455		WM SUPERCENTER #89 CAMDENTON MO	\$79.37
06/07	06/08	PBUS01	05436847159000279080291		USPS PO 2812420020 CAMDENTON MO	\$14.60
06/08	06/09	PBUS01	05436847160000283772732		USPS PO 2812420020 CAMDENTON MO	\$2.66
06/08	06/09	PBUS01	05436847160000283772815		USPS PO 2812420020 CAMDENTON MO	\$6.10
06/09	06/12	PBUS01	25247807161001198787633		LAKE REGIONAL PHARMACY OSAGE BEACH MO	\$7.99
06/14	06/15	PBUS01	05436847166000283121306		USPS PO 2812420020 CAMDENTON MO	\$6.59
06/19	06/20	PBUS01	05436847171000274017771		USPS PO 2812420020 CAMDENTON MO	\$10.00
06/28	06/29	PBUS01	55483827180400004955787		WAL-MART #0089 CAMDENTON MO	\$24.49
06/28	06/29	PBUS01	05436847180000292647772		USPS PO 2812420020 CAMDENTON MO	\$9.60
06/29	06/30	PBUS01	05436847181000293430276		USPS PO 2812420020 CAMDENTON MO	\$13.23
06/30	07/03	PBUS01	05436847182300136033678		CASEYS GEN STORE 2180 CAMDENTON MO	\$40.29

DN is

GAS/VAN
Myent

SALE - Card Swiped
Auth # 616997
Merch #
Approved 616997

Support
Special Olympics
And Save!!
Details in Store.

Thank You !!!
Please Come Again.
573-348-1475

Casey's General
Store #3461
4710 Osage Beach Pkw
Osage Beach, MO 6506

Date 06/02/2017
Time 12:34

MC
#####6176

Pump	Gallons	Price
11	19.913	\$ 2.019

Product	Amount
87E10	\$ 40.20

Total Sale \$ 40.20

SALE - Card Swiped
Auth # 61386C
Merch #
Approved 61386C

Support
Special Olympics
And Save!!
Details in Store.

Thank You !!!
Please Come Again.
573-348-1475

Lunch
w/ client 68875
(long story)

FREE OFFER ON BACK!
Wendy's Restaurant #00004115
3562 Highway 54
(573) 365 - 4318

LINDA

Host: Chris
LINDA
06/05/2017
12:29 PM
20039

Order Type: DINE IN

COMBO 7.49
Double Cheese
Small Fries
CMB SM FREESTYLE
Strawberry Mango Full 6.59
(2) Honey Citrus
SM Water 0.00

Total Items 5 14.08
Tax 1.05

DINE IN Total 15.13

Mastercard #XXXXXXXXXXXX6176 \$15.13
Auth:69043C

Check (Total)

Meds
Per client # 68875

LAKE REGIONAL PHARM-DEMP
1057 MEDICAL PK DR, STE.B
OSAGE BEACH, MO 65065
573-302-2700

www.LAKEREGIONAL.com
Request your prescription refills
online!

(H)Rx# 6234833 15.94
11:54 15.94
AL DUE 15.94
MASTER CH 15.94
CARD NO. : *****6176
P DATE : **/**
EM # : 0T6S
TH NO. : 64224C
TRANS TYPE: PURCHASE
TRY : CONTACT CHIP READ
ID : A000000041010
ID NAME : MasterCard
C : 000F
ESI : E800
ARQC : E75EB9250259645E
VM : SIGNATURE VERIFIED

06/05/17 11:54 ASP 00938739 01

(H) -- FLEXIBLE SPENDING ACCOUNT ITEM

Lake Regional Pharmacy is here to keep
you healthy! If we can do something
special to help you, please let us
know.
We are here for YOU!

.040 CREDIT FOR USING
CARD AT CASEY'S

Pizza
Free Job Card

A CREDIT CARD
ORDER

1600
Domino's Pizza
(573) 302-4888

6/30/2017 11:09 AM
Order 200961 Server 1981

Carry-Out
HYRNA BLAINE
(573) 289-8598

Mastercard

CREDIT CARD # XXXXXXXXXXXX6176
REFERENCE
APPROVAL CODE 68540C

Amount \$30.06

Tip

Total

30.06

X *Nyana Blaine*
SIGNATURE

I AGREE TO PAY THE ABOVE TOTAL
AMOUNT ACCORDING TO CARD ISSUER
AGREEMENT

Join our Piece of the Pie
Rewards Program at dominos.com



June 7, 2017

Application Fee Invoice

Camden County Developmental Disability Resources
Camdenton, MO
US
Company Number: 218247
Survey Number: 99947

Application Fee

Application Fee: \$995.00 USD
Total Invoice Amount: \$995.00 USD

Note

Print this invoice to request payment from your Finance department. We accept payment by credit card during the application submittal process, by check, or by wire transfer (email bookstore@carf.org for wire instructions)

You must submit your survey application and we must receive full payment of this fee by the due date before we will begin reviewing your organization's survey application. When we've completed the review we will notify you of the team size and send you an invoice for the survey fee.

Print

Close

CARF International Headquarters
6951 E. Southpoint Road
Tucson, AZ 85750-0007, USA

www.carf.org



Subway#20731-0 Phone 417-831-0033
1923 E Kearney walmart
Springfield, Mo, 65803
Served by: Donny 6/28/2017 6:37:08 pm
Term ID-Trans# 1/A-274636

Qty	Size	Item	Price
1		40oz Fountain Drink	1.99
1		(N)SOTD FtLong Turkey	6.00
1		12" -Turkey FlatBd	

Sub Total	7.99
General Sales Tax (7.6%)	0.61
Total (Eat In)	8.60
Credit Card	8.60
Change	0.00

Take Survey On Back Of Receipt And Get A Cookie

Approval No: 67082C
Reference No: 717923583742
Card Issuer: Mastercard
Account No: *****0953
Acquired: Swipe
Amount: \$8.60
Date/Time: 6/28/2017 6:37:08 PM

CUSTOMER COPY

Host Order ID: 685-340-2253471

Thanks for visiting Subway. Please let us know how we did today by taking our 1 minute survey at www.tellsubway.com



Oasis Hotel & Convention Center
 An Ascend Hotel Collection Member
 2546 North Glenstone Avenue
 Springfield, MO 65803
 Tel: (417) 866-5253 Fax: (417) 522-7673
 www.springfieldoasis.com Email:oasis@springfieldoasis.com

06-29-17

Ed Thomas 8615 N Shore Dr Eugene MO 65032 United States	Folio No.	: 154819	Room No. :	492
	A/R Number	:	Arrival :	06-28-17
	Group Code	: 0617MOAS	Departure :	06-29-17
	Company	: MO Association of County Develc	Conf. No. :	MO395-89
	Choice Privileges	:	Rate Code :	
	Invoice No.	:	Page No. :	1 of 1

Date	Description	Charges	Credits
06-28-17	Room	91.00	
06-28-17	Sales Tax	6.92	
06-28-17	Occupancy Tax	5.15	
06-29-17	MasterCard XXXXXXXXXXXXXXX0953		103.07
Total		103.07	103.07
Balance		0.00	

Guest Signature: _____

Thank you for staying with us.
 It was our pleasure to serve you.

INTUIT - QUICK BOOKS
MONTHLY PAY

- Accounting
- Subscription status
- Subscribed Edit Cancel
- Plan details
- QuickBooks Plus Upgrade
- \$39.95 / month
- Switch to annual billing
- Next Charge
- July 4, 2016
- Payment method
- MasterCard ending 0961 expires 11/18 Edit

5567

Linda's card



300 Cadman Plaza West, Suite 1303, Brooklyn, NY 11201

Questions? Call (800) 952 1457

Invoice

Bill To

Linda Simms
Camden County Developmental Disability Resources
PO BOX 722
CAMDENTON, MO 65020 0722
Phone: 573 693 1511
Email: jeanna@ccddr.org

Ship To

Jeanna Booth
Camden County Developmental Disability Resources
5816 OSAGE BEACH PKWY
STE 108
OSAGE BEACH, MO 65065 3046
Phone: 573 693 1511

Order No.: MDS-185009 Date: June 6, 2017

Ship by: UPS Regular

CC: MasterCard

Name: Camden County Developmental Disability Resources

Card # *****0961 Expiry: 11/18

Item Description	Unit Price	Qty.	Amount
1. Please Knock Before Entering Size: 7" x 10" Part #: AL-10 • HTC Code: 3926.90.30.00	\$11.79/Sign Package: 1 Sign	2 Signs	\$23.58
2. Please...Keep Door Closed At All Times Size: 7" x 10" Part #: AL-10 • HTC Code: 3926.90.30.00	\$11.79/Sign Package: 1 Sign	2 Signs	\$23.58

Product Subtotal : \$47.16

Estimated Shipping Charges : Free

Order Total : **\$47.16**

Please make checks payable to **SmartSign**.

Print Page

Close Window

Park Signs

ORDER RECEIPT

ORDER NUMBER: 594294

ORDER DATE: 2017-06-06 10:15:59

SHIP TO:

Jeanna Booth
Camden County Developmental
Disability Resources
5816 Osage Beach Parkway
Ste 108
Osage Beach, MO 65065
United States
Phone: 573-693-1511

EMAIL: jeanna@cddr.org

BILL TO:

Linda Simms
Camden County Developmental
Disability Resources
P.O. Box 722
Camdenton, MO 65020
United States
Phone: 573-693-1511

ORDER DETAIL:

Line	Qty	Description	SKU	Price	Total
A	2	RRE-120_White_on_Blue - RESTROOM (with Braille = restroom) - Acrylic>STANDARD ADA Acrylic Sign 9x6 in. \$17.00 -	RRE-120_Whit	17.00	34.00

Subtotal: 34.00
Shipping: STANDARD Shipping --- [Ground] 9.50
Tax: 0.00
Total: 43.50

[REF - PAID INVOICE = Credit Card Processing Record CC: MasterCard *****090961]

MasterCard: Approved

SHIPMENT DETAIL:

Ship Method: STANDARD Shipping --- [Ground]
Tracking Number:
Ship Date:

Park Signs

Batteries
Smoke Alarms
Osage Beach office

EZARDS ACE HARDWARE STORE
5816 OSAGE BEACH PKWY 100
OSAGE BEACH, MO 65065
(573) 348-2921
MID 118788290393300

Term ID: 1
Merchant ID: 8788290393300
Record Num.: 0014

Sale

xxxxxxxxxxxx0961 Exp: XX/XX
MASTERCARD Entry Method: Swiped
Amount: \$ 7.18
Total: USD\$ 7.18
06/08/17 10:26:26
Invt: 000015 Appr Code: 66268C
Apprvd: Online Batch#: 000000
BRIC #: 051F30AX9LTL08J6ZPH

W 5/17
11/18/10
DOT 11/07

10/18/10

11

11

11

2 SALE

59 EA 11

7.18

.00

7.18

CARDHOLDER COPY
RETAIN THIS COPY FOR STATEMENT
VERIFICATION

W 5/17
11/18/10
DOT 11/07

10/18/10

Food for
6-19-2017
board meeting



OSAGE BEACH, MO 665065
(573) 348-2591
VISIT US AT
WOODSSUPERMARKET.COM
Store:2068

Cashier: Katy

06/19/17 14:17:05

BEGIN DUPLICATE RECEIPT
Store:2068

Cashier: Katy

06/19/17 14:15:35

Woods Reward Card 49663172269

GROCERY
CHED SR CRM XL 2840019998 3.29 TF
=> 2.50 Reward Card Price -.79 TF
SUNCHIPS VEGG 2840058624 3.29 TF
TAX EXEMPT SLIP 999900 .00 TF

PRODUCE
VEGGIE TRAY 70935188878 9.99 TF

BAKERY
VARIETY PK SCO 23014500000 3.99 TF

DAIRY
UNSWEET TEA 7024230120 3.29 TF

SUBTOTAL 23.06
TOTAL TAX .00

TOTAL 23.06

MasterCard TENDER 23.06

Acct:xxxxxxxxxxxx0961

APPRVL CODE 66449C

Cash CHANGE .00

NUMBER OF ITEMS 6

EXEMPT TAX ID 1
T1 ITEM VALUE EXEMPTED 23.06
T1 TAX EXEMPTED 1.03
T2 ITEM VALUE EXEMPTED .00
T2 TAX EXEMPTED .00
T3 ITEM VALUE EXEMPTED .00
T3 TAX EXEMPTED .00
T4 ITEM VALUE EXEMPTED .00
T4 TAX EXEMPTED .00

Sale Savings .79

You Saved a Total of: .79

That is a Savings of: 3%

Trx:343 Term:7 Store:2068 14:16:49

THANK YOU FOR SHOPPING AT WOODS!

BILLY STORE MANAGER

ENC (0001) (001) (001) (001)

Linda Gifford - APSE Conference



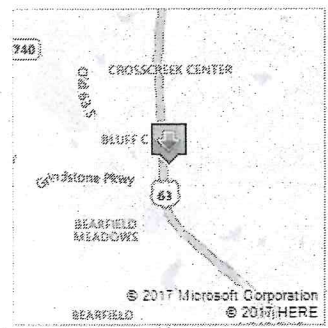
March 2017 Newsletter

When

Wednesday, July 26, 2017 at 8:00 AM CDT
-to-
Thursday, July 27, 2017 at 12:00 PM CDT
[Add to Calendar](#)

Where

Courtyard Marriott
3301 Lenore Industrial Boulevard
Columbia, MO 65201



Driving Directions

Contact

Judy Grainger, President
APSE Missouri
636-584-0778
apsemo.1@gmail.com

APSE-MO 17th Annual Employment Summit: Focusing on Transformation

Join us for the 2017 APSE Missouri Employment Summit! This year's event will feature strands on organizational transformation, effective practices and specialized training. Registration for the full conference starts Wed. July 26th from 8 - 9:30 AM. Our Keynote, Gail Fanjoy begins promptly at 9:30 AM.

You have successfully registered for the 2017 APSE MO Summit. You'll receive an email shortly confirming your registration and providing details about the event.

- [View and print my ticket\(s\)](#)
- [Share this event on Facebook](#)
- [Tweet that you're attending](#)

Personal Information

First Name:	Linda
Last Name:	Gifford
Email Address:	gifford@cddr.org
City:	Camdenton
State:	Missouri
Phone:	5733179233
Are you an APSE-MO Board Member?	no
Are you a person with a disability or non-professional family member seeking a scholarship for registration fees? (A limited number of scholarships are available.)	no

If you work for an agency, please complete the following:

Company:	Camden County Developmental Disability Resources
Address 1:	PO Box 722
City:	Camdenton
State:	Missouri
ZIP Code:	65020

Badge Information

Badge Name:	Linda Gifford
City:	Camdenton
Agency/Organization:	Camden County Developmental Disability Resources

Payment Summary

Payment Method
Paid By Credit Card

Name	Type	Quantity	Fee	Total
Linda Gifford	Summit Fee for Non-Member	1	\$150.00	\$150.00
TOTAL:				\$150.00

Food for
6-19-2017
board meeting

Pappo's Pizzeria & Pub
4705 Osage Beach Parkway
Osage Beach, MO 65065
ph (573) 693-1092

@ 3pm - TABLE: CARRYOUT 1 - 1 Guest
Server: BARTENDER
6/19/2017 3:11:58 PM
Sequence #: 0000033
ID #: 0204215

ITEM	QTY	PRICE
12" Veggies Pizza	1	\$16.25
- Thin Crust		
- TO GO TO GO		
12" Deluxe Pizza	1	\$16.50
- Hand Tossed		
- TO GO TO GO		
Mozzarella Tomato Crustini	1	\$8.99
- As App		
- TO GO TO GO		
Subtotal		\$41.74

Grand Total **\$41.74**

Credit Purchase
Name :SIMMS/LINDA
CC Type :MasterCard
CC Num :xxxx xxxx xxxx 0961
Approval :61541C
Server :BARTENDER
Ticket Name :@ 3pm

Payment Amount: \$41.74
Tip: _____
Total: _____

X _____
TSYS
CUSTOMER COPY
I agree to pay the amount shown above.

Thank you for visiting PaPPos!
Come back soon!
=====

Association On Aging With Developmental D

6-22-17

LINDA'S CREDIT CARD
RACHEL ATTENDED
CONFERENCE 5-22/16
ST. LOUIS.

You paid \$195.00 USD

to Association On Aging With Developmental Disabilities
Details

Get your PayPal receipts in Messenger

Paid with

MasterCard x-0961

\$195.00 USD

This transaction will appear on your statement as PAYPAL *ASSOCIATION

Shipped to

Rachel Baskerville
PO BOX 722, Camdenton, MO 65020
United States

Purchase details

Receipt number: 3634971563834787

We'll send confirmation to:

linda@ccddr.org

Merchant details

Association On Aging With Developmental Disabilities
agingwithdd@msn.com

20 BOOKS OF →
OB OFFICE

CERTIFIED MAIL TO
MO ETHICS COMM
BI-ANNUAL RESULTS

=====

OSAGE BEACH
5545 OSAGE BEACH PKWY
OSAGE BEACH
MO
65065-9998
2860360829

06/23/2017 (800)275-8777 4:12 PM

=====

Product Description	Sale Qty	Final Price
First-Class Mail	1	\$1.19
Large Envelope (Domestic) (JEFFERSON CITY, MO 65102) (Weight:0 Lb 1.20 Oz) (Expected Delivery Day) (Monday 06/26/2017)		
Certified Mail (Certified Mail #) (70140510000126422247)	1	\$3.35
Return Receipt (Return Receipt #) (9590940225606306410122)	1	\$2.75
Pets Bklt (Unit Price:\$9.80)	20	\$196.00
Total		\$203.29
Credit Card Remitd (Card Name:MasterCard) (Account #:XXXXXXXXXX0961) (Approval #:62437C) (Transaction #:352)		\$203.29

BRIGHTEN SOMEONE'S MAILBOX. Greeting cards available for purchase at select Post Offices.

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit USPS.com USPS Tracking or call 1-800-222-1811.

Order stamps at local post office or call

LEBANON DAILY RECORD
100 E. COMMERCIAL
LEBANON, MO 65536

06/27/2017

13:47:25

CREDIT CARD

MC SALE

Card # XXXXXXXXXXXX0961
SEQ #: 3
Batch #: 36
INVOICE 3
Approval Code: 67256C
Entry Method: Manual
Mode: Online
Tax Amount: \$0.00

SALE AMOUNT \$91.75

CUSTOMER COPY

PO Box 722

Camdenton, MO 65065

Linda Amms

5816 Osage Beach
Camdenton MO 65065

Printing Co., Inc.

COMMERCIAL PRINTING
LEBANON, MO 65536 TELEPHONE 532-9131

PRINTING, INC.

7911

#19913

Printing Co SB40 Board

LDR FORM 2

91.75

ADD FOR RFP
ROOF REPLACEMENT

Legal Invoice for Lebanon Daily Record

Re: Legal for Structural Damage and Roof Replacement

Published June 30 and July 1, 2017

Total Due: \$91.75

Paid by Credit Card 6/27/17

Thank You

Pub 07/14/2017



Google Inc
1600 Amphitheatre Pkwy
Mountain View, CA 94043
United States
Federal Tax ID: 77-0493581

Invoice

Bill to
dba Camden Co Develpmntal Disability Resources
Camden County Senate Bill 40 Board
PO Box 722
100 Third Street
Camdenton, MO 65020
United States

Details
Invoice number: 3543855117720210-5
Issue date: Jun 30, 2017
Payment terms: Due immediately
Billing ID: 9176-0235-3316
Billing Account Number: 3543-8551-1772-0210

Google Cloud - GSuite
Account ID: ccddr.org

Jun 1, 2017 - Jun 30, 2017

Description	Interval	Quantity	Amount (\$)
G Suite Business: Usage	Jun 1 - Jun 30	20	200.00
Subtotal in USD:			200.00
Sales tax (0%):			0.00
Amount due in USD:			200.00

Acct. 5567

Bill to: Camden County Senate Bill 40 Board
Billing ID: 9176-0235-3316
Invoice number: 3543855117720210-5

Amount due in USD: \$200.00

You will be automatically charged for the amount due. No action is required on your part.

=====

CAMDENTON
 625 W US HIGHWAY 54
 CAMDENTON
 MO
 65020-9998
 2812420020
 06/06/2017 (800)275-8777 4:19 PM

=====

Product Description	Sale Qty	Final Price
First-Class Mail Letter (Domestic) (CAMDENTON, MO 65020) (Weight:0 Lb 0.40 Oz) (Expected Delivery Day) (Thursday 06/08/2017)	1	\$0.49
Certified (@@USPS Certified Mail #) (70162070000031810923)	1	\$3.35
Return Receipt (@@USPS Return Receipt #) (9590940226316336911993)	1	\$2.75

Total \$6.59

Credit Card Remitd **\$6.59**
 (Card Name:MasterCard)
 (Account #:XXXXXXXXXX3221)
 (Approval #:69325C)
 (Transaction #:271)

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

CAMDENTON, MO 65020

OFFICIAL USE

Certified Mail Fee	\$3.35	0020
Extra Services & Fees (check box, add fee as appropriate)	\$2.75	04
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.49	
Total Postage and Fees	\$6.59	
Sent To	[REDACTED]	
Street and	[REDACTED]	
City, State	[REDACTED]	

PS Form 3800, April 2015 PSN 7530-02-000-9007 See Reverse for Instructions

7016 2070 0000 3181 0923

 BRIGHTEN SOMEONE'S MAILBOX. Greeting cards available for purchase at select Post Offices.

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit USPS.com USPS Tracking or call 1-800-222-1811.

Order stamps at usps.com/shop or call 1-800-Stamp24. Go to usps.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

 Get your mail when and where you want it with a secure Post Office Box. Sign up for...

See back of receipt for your chance
to win \$1000

ID #: 7L13MBZ4TJ



(573) 346 - 3588
MANAGER PAUL GARDNER
94 CECIL ST
CAMDENTON MD 65020

ST# 00089	DP# 000116	TE# 08	TR# 08365
FOL CLASSIC	002550020421	F	7.98 0
FOL CLASSIC	002550020421	F	7.98 0
BWL BRSH CDY	007179857315		5.97 0
BWL BRSH CDY	007179857315		5.97 0
28CT 12OZ F	007874201454		1.54 0
28CT 12OZ F	007874201454		1.54 0
28CT 12OZ F	007874201454		1.54 0
TRASH BAGS	007874204833		12.52 0
GEL PENS	085649000210		1.54 0
BALL PENS	072432813875		0.88 0
CUP FILTER	007250400501		1.47 0
GV LMN FRN	007874205117		2.98 0
THE WORKS	007415703302		2.76 0
CLXCLNUP32OZ	004460001204		2.88 0
CLXCLNUP32OZ	004460001204		2.88 0
BATH TISSUE	003700096606		9.47 0
BATH TISSUE	003700096606		9.47 0
SUBTOTAL			79.37
TOTAL			79.37
MCARD TEND			79.37

MasterCard **** * 3221 I 21
APPROVAL # 61536C
REF # 1042000314

AID A000000041010
TC 8EBDA2CB3586A10E
TERMINAL # SC010022
*Signature Verified

06/07/17 08:22:21
CHANGE DUE 0.00
ITEMS SOLD 17

TC# 6026 5467 5031 2207 0313



Low Prices You Can Trust. Every Day.
06/07/17 08:22:35
CUSTOMER COPY

Store receipts on your phone. Walmart P
ay.



=====

CAMDENTON
 625 W US HIGHWAY 54
 CAMDENTON
 MO
 65020-9998
 2812420020
 06/07/2017 (800)275-8777 4:05 PM

=====

Product Description	Sale Qty	Final Price
PM 2-Day (Domestic) - (ROLLA, MO 65402) (Weight: 3 Lb 12.50 Oz) (Expected Delivery Day) (Friday 06/09/2017)	1	\$8.50
Certified (@@USPS Certified Mail #) (70162070000031810930)	1	\$3.35
Return Receipt (@@USPS Return Receipt #) (9590940226316336911962)	1	\$2.75

Total \$14.60

Credit Card Remitd \$14.60
 (Card Name: MasterCard)
 (Account #: XXXXXXXXXXX3221)
 (Approval #: 65247C)
 (Transaction #: 615)

Includes up to \$50 insurance

 BRIGHTEN SOMEONE'S MAILBOX. Greeting cards available for purchase at select Post Offices.

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit USPS.com/USPS Tracking or call 1-800-222-1811.

Save this receipt as evidence of insurance. For information on filing an insurance claim go to <https://www.usps.com/help/claims.htm>.

Order stamps at usps.com/shop or call 1-800-Stamp24. Go to usps.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

0650 7016 2070 0000 0202 9T01

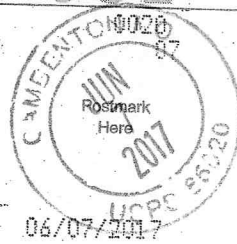
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

ROLLA, MO 65402

OFFICIAL USE

Certified Mail Fee	\$3.35
Extra Services & Fees (check box, add fee as appropriate)	\$2.75
<input type="checkbox"/> Return Receipt (hardcopy)	\$3.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$8.50
Total Postage and Fees	\$14.60



RECORDS

Rolla Regional Center
105 Fairgrounds Road
P.O. Box 1098
Rolla, MO 65402

PS Form 3800 Reverse for Instructions

06/08/2017 (800)275-8777 12:54 PM

Product Description	Sale Qty	Final Price
First-Class Mail Large Envelope (Domestic) (VERSAILLES, MO 65084) (Weight:0 Lb 8.40 Oz) (Expected Delivery Day) (Saturday 06/10/2017)	1	\$2.66

Total \$2.66

Credit Card Remitd \$2.66
(Card Name:MasterCard)
(Account #:XXXXXXXXXXXX3221)
(Approval #:1616C)

06/08/2017 (800)275-8777 12:56 PM

Product Description	Sale Qty	Final Price
First-Class Mail Large Envelope (Domestic) (VERSAILLES, MO 65084) (Weight:0 Lb 8.50 Oz) (Expected Delivery Day) (Saturday 06/10/2017)	1	\$2.66

Certified 1 \$3.35
(@@USPS Certified Mail #)
(70162070000031810947)

Return Receipt 1 \$2.75
(@@USPS Return Receipt #)
(9590940304405163356774)

Affixed Postage 1 (\$2.66)
(Affixed Amount:\$2.66)

Total \$6.10

Credit Card Remitd \$6.10
(Card Name:MasterCard)
(Account #:XXXXXXXXXXXX3221)
(Approval #:66152C)
(Transaction #:167)

BRIGHTEN SOMEONE'S MAILBOX. Greeting cards available for purchase at select

7016 2070 0000 3181 0947

**U.S. Postal Service™
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Domestic Mail Only

For delivery information, visit our website at www.usps.com

VERSAILLES, MO 65084

OFFICIAL USE

Certified Mail Fee	\$3.35
Extra Services & Fees (check box, add fee as appropriate)	\$2.75
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$2.66
Total Postage and Fees	\$8.76

Sent To: Kevin Gaeddert
Street and A: Morgan County SB-40 Board
City, State, Z: Versailles, MO 65084

PS Form 38

Postmark: CAMDENTON, MO JUN 8 2017

See reverse for instructions

LAKE REGIONAL PHARM-OBMP
1057 MEDICAL PK DR, STE.B
OSAGE BEACH, MO 65065
573-302-2700

www.lakeregional.com
Request your prescription refills
online!

CLIENT
68875

(H)Rx# 6234829

09:47

TOTAL DUE

MASTER CAR

CARD NO. : *****3221

EXP DATE : **/**

ITEM # : G5P6

AUTH NO. : 67064C

TRANS TYPE: PURCHASE

ENTRY : KEYED CNP

7.99

7.99

7.99

7.99

06/09/17 09:47 BN 00939844 01

(H) -- FLEXIBLE SPENDING ACCOUNT ITEM

Lake Regional Pharmacy is here to keep
you healthy! If we can do something
special to help you, please let us
know.
We are here for YOU!

=====

CAMDENTON

625 W US HIGHWAY 54

CAMDENTON

MO

65020-9998

2812420020

06/14/2017 (800)275-8777 3:07 PM

=====

Product Description	Sale Qty	Final Price
First-Class Mail Letter (Domestic) (CAMDENTON, MO 65020) (Weight:0 Lb 0.70 Oz) (Expected Delivery Day) (Friday 06/16/2017)	1	\$0.49
Certified (@@USPS Certified Mail #) (70162070000031810954)	1	\$3.35
Return Receipt (@@USPS Return Receipt #) (9590940304405163356767)	1	\$2.75

Total **\$6.59**

Credit Card Remitd **\$6.59**
 (Card Name:MasterCard)
 (Account #:XXXXXXXXXXXX3221)
 (Approval #:67026C)
 (Transaction #:315)

 BRIGHTEN SOMEONE'S MAILBOX. Greeting cards available for purchase at select Post Offices.

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit USPS.com USPS Tracking or call 1-800-222-1811.

Order stamps at usps.com/shop or call 1-800-Stamp24. Go to usps.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

7016 2070 0000 3181 0954

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
CAMDENTON, MO 65020	
OFFICIAL USE	
Certified Mail Fee	\$3.35
Extra Services & Fees (check box, add fee as appropriate)	\$2.75
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.49
Total Postage and Fees	\$6.59
<div style="float: right;"> </div>	
Sent To	
Street and	
City, State	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for instructions	

Ref 07/14/2017

Intake Applications

=====

CAMDENTON
 625 W US HIGHWAY 54
 CAMDENTON
 MO
 65020-9998
 2812420020
 06/19/2017 (800)275-8777 3:33 PM

=====

Product Description	Sale Qty	Final Price
PM 2-Day (Domestic) (ROLLA, MO 65402) (Weight:0 Lb 15.50 Oz) (Expected Delivery Day) (Wednesday 06/21/2017)	1	\$6.65
Certified (@@USPS Certified Mail #) (70162070000031810961)	1	\$3.35
Total		\$10.00

Acct. 5725

Credit Card Remitd \$10.00
 (Card Name:MasterCard)
 (Account #:XXXXXXXXXXXX3221)
 (Approval #:63400C)
 (Transaction #:201)

Includes up to \$50 insurance

 BRIGHTEN SOMEONE'S MAILBOX. Greeting cards available for purchase at select Post Offices.

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit USPS.com USPS Tracking or call 1-800-222-1811.

Save this receipt as evidence of insurance. For information on filing an insurance claim go to <https://www.usps.com/help/claims.htm>.

Order stamps at usps.com/shop or call 1-800-Stamp24. Go to usps.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

7016 2070 0000 3181 0961

U.S. Postal Service™
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 Domestic Mail Only

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ROLLA, MO 65402

OFFICIAL USE

Certified Mail Fee	\$3.35
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$6.65
Total Postage and Fees	\$10.00

Sent To: **Becky Sawyer**
 Rolla Regional Center
 105 Fairgrounds Road
 P.O. Box 1098
 Rolla, MO 65402

Postmark Here: CAMDENTON MO 65020 JUN 19 2017 0020 03

PS Form 3800, April 2012 See Reverse for Instructions

Wanda & Marie,

ref 07/14/2017

Cindy shopped for supplies for the job fair tomorrow. We were taxed because she didn't take the tax exempt card or a letter. →

Supplies for Job Fair

See back of receipt for your chance to win \$1000

ID #: 7L15VFZ4VZ



(573) 346 - 3588
MANAGER PAUL GARDNER
94 CECIL ST
CAMDENTON MO 65020

ST# 00089	OP# 009050	TE# 50	TR# 08410	
DBL SIDED TP	005113179040			2.97 X
JUMBO BLK D	001558699563			0.97 X
JUMBO BLK S	001558698310			0.97 X
JUMBO BLK S	001558698310			0.97 X
COBALTTBLCVR	003993844015			2.97 X
PAPER	075959898768			3.97 X
PROJECTBOARD	007994600620K			9.97 X
	SUBTOTAL			22.79
TAX 1	7.475 %			1.70
	TOTAL			24.49
	MCARD TEND			24.49

rest.
5605

MasterCard **** * 3221 I 21
APPROVAL # 61260C
REF # 717900495578
PAYMENT SERVICE - A

AID A0000000041010
TC 940ACFF3E3AFCCAD
TERMINAL # SC012828
*NO SIGNATURE REQUIRED

06/28/17 17:01:34
CHANGE DUE 0.00
ITEMS SOLD 7
TC# 6022 2732 8567 6834 434



Low Prices You Can Trust. Every Day.
06/28/17 17:01:34
CUSTOMER COPY

Store receipts on your phone. Walmart Pay.



© 2017 Walmart Inc. All rights reserved. Walmart Pay is a service mark of Walmart Inc.

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CAMDENTON

625 W US HIGHWAY 54

CAMDENTON

MO

65020-9998

2812420020

06/28/2017 (800)275-8777 3:42 PM

=====

Product Description	Sale Qty	Final Price
First-Class Mail Large Envelope (Domestic) (ROLLA, MO 65402) (Weight:0 Lb 12.50 Oz) (Expected Delivery Day) (Friday 06/30/2017)	1	\$3.50
Certified Mail (USPS Certified Mail #) (70162070000031810978)	1	\$3.35
Return Receipt (USPS Return Receipt #) (9590940304405163356750)	1	\$2.75

Total \$9.60

Credit Card Remitd \$9.60
 (Card Name:MasterCard)
 (Account #:XXXXXXXXXX3221)
 (Approval #:62120C)
 (Transaction #:247)

 BRIGHTEN SOMEONE'S MAILBOX. Greeting cards available for purchase at select Post Offices.

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit USPS.com USPS Tracking or call 1-800-222-1811.

Order stamps at usps.com/shop or call 1-800-Stamp24. Go to usps.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

 Get your mail when and where you want it with a secure Post Office Box. Sign up for a box online at usps.com/boboxes.

7016 2070 0000 3181 0978

U.S. Postal Service™
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 Domestic Mail Only

For delivery information, visit our website at www.usps.com

ROLLA, MO 65402

Certified Mail Fee	\$3.35	
Extra Services & Fees (check box, add fee as appropriate)	\$2.75	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$3.50	
Total Postage and Fees	\$9.60	

Postmark Here
 JUN 28 2017
 CAMDENTON MO 65020

Sent To: Shannon Singleton, Records, ABO
 Street and Apt. No., or PO Box No.: PO Box 1098
 City, State, ZIP+4®: Rolla, MO 65402

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Intake Applications

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CAMDENTON
625 W US HIGHWAY 54
CAMDENTON
MO
65020-9998
2812420020

06/29/2017 (800)275-8777 3:17 PM

=====

Product Description	Sale Qty	Final Price
First-Class Mail Letter (Domestic) (GOODMAN, MO 64843) (Weight:0 Lb 2.30 Oz) (Expected Delivery Day) (Saturday 07/01/2017)	1	\$0.91
Certified (@@USPS Certified Mail #) (70162070000031810985)	1	\$3.35
Return Receipt (@@USPS Return Receipt #) (9590940226316336912136)	1	\$2.75
First-Class Mail Large Envelope (Domestic) (ROLLA, MO 65402) (Weight:0 Lb 9.40 Oz) (Expected Delivery Day) (Saturday 07/01/2017)	1	\$2.87
Certified (@@USPS Certified Mail #) (70162070000031810992)	1	\$3.35
Total		\$13.23
Credit Card Remitd (Card Name:MasterCard) (Account #:XXXXXXXXXX3221) (Approval #:67308C) (Transaction #:807)		\$13.23

*Acct.
5725*

BRIGHTEN SOMEONE'S MAILBOX. Greeting cards available for purchase at select Post Offices.

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Certified Mail Fee	\$3.35	
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$2.87	
Total Postage and Fees	\$6.22	
Sent To Rolla Regional Office 105 Fairgrounds Road P.O. Box 1098 Rolla, MO 65402		

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

*Request for ISP
Signatures*

7016 2070 0000 3181 0985

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OFFICIAL USE

Certified Mail Fee	\$3.35	
Extra Services & Fees (check box, add fee as appropriate)	\$2.75	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.91	
Total Postage and Fees	\$7.01	
Sent To [Redacted] [Redacted] [Redacted]		

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Fuel for
Co. VAN

06/30/2017

Casey's General
Casey's General
Store #2180
252 S HWY 5
CAMDENTON, MO 65020

Date 06/30/2017
Time 04:13

MC
#####3221

Pump	Gallons	Price
03	21.218	\$ 1.899

Product	Amount
UNLEADED	\$ 40.29

Total Sale \$ 40.29

SALE - Card Swiped
Auth # 69232C
Merch #
Approved 69232C

Support
Special Olympics
And Save!!
Details in Store.

Thank You !!!
Please Come Again.
573-346-7411

Resolutions 2017-26,
2017-27, 2017-28,
2017-29, 2017-30,
2017-31, & 2017-32



CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2017-26

RFP 2017-1: AWARD FOR REPAIR OF DAMAGED STRUCTURAL AREAS AND ROOF REPLACEMENT

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden Co. voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, The Camden County SB 40 Board has publicly requested proposals in accordance with Missouri Statutes and Agency Policy #31 – Procurement.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the “Board”, recognizes the need to repair potentially damaged structural roofing components and replace the roofing materials for the Keystone business facility.
2. That the Board publicly issued RFP 2017-1 for competitive bidding; performed all necessary procurement processes and evaluations; and has determined G&R Construction, Inc., was the only respondent and shall be the awarded respondent.
3. That the Board authorizes the Executive Director to execute an Agreement with G&R Construction, Inc. for the roof repair and replacement to begin as soon as reasonably possible.
4. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairman

Date

Secretary, Vice Chairman, or Treasurer

Date



CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2017-27

APPROVAL OF AMENDED ACCESSIBILITY PLAN

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden Co. voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, plans, manuals, handbooks, and job descriptions and creates new Bylaws, policies, plans, manuals, handbooks, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to amend its Accessibility Plan.
2. That the Board hereby amends and adopts its Accessibility Plan (see Attachment "A" hereto) as presented.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairman

Date

Secretary, Vice Chairman, or Treasurer

Date

Attachment “A” to Resolution
2017-27

CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES

ACCESSIBILITY PLAN (Revised 10/20/14, 8/21/17)

CCDDR Targeted Case Management (TCM) Office
100 Third Street
Camdenton MO 65020

Parking Area

The current parking area has 4 handicapped accessible spaces, which is adequate for the building size. The accessible parking spaces are in excess of 102" wide, more than required 96" wide. There is one van-accessible space with a 102" access aisle, more than required 60". All but one accessible parking space is near the main entrance of the facility.

Building Access

The gradient ramps to the building are not too steep and are wide enough to accommodate wheelchairs, and another accessible sidewalk will be constructed in the near future to allow access to the employee-only entrance of the facility. The main entryway has a 36" door with an accessibility push-button door opener, which is more than the required 32". Thresholds to access the building are not more than ½ inch. The door handle is easily grasped, and pressure to open the doors does not exceed 5 lbs. Accessibility push-button access with a door handle easily grasped and pressure not exceeding 5 lbs to open the door to the employee-only entrance will be installed in the near future.

Common Area

The common area's flooring is tile with rubber-backed door mat at the entrance. The floor is a slip free surface. The common area is large enough to accommodate those with mobility concerns. The secretarial office is surrounded by a wall tall enough to provide privacy to personal health information, yet is open on one side to accommodate those that use wheelchairs. The common area/lobby is free of obstacles.

Restrooms

The restrooms are built to ADA standards, and are located near the building entrance. The doors have levers rather than knob handles and are large enough to allow wheelchairs 51 " of turning space. The toilets have grab bars located on the wall of the restroom and in back of the toilets. The doorways to the restrooms are 36 " , and the thresholds are less than ½ inch. Sink handles are easy to reach and use. The paper towel holders are within 48" of the floors. The wash basins/countertops have clearance under them to allow for accessibility with wheelchairs.

Conference Room

The door to the conference room is 36 " wide, and has a lever door handle. The threshold leading to the conference room is less than ½ inch. The area of the conference room is large enough to accommodate several wheelchairs. The conference room table is tall enough to accommodate wheelchairs to slide under.

Office and Work Areas

The door to the Support Coordination area is 36 " wide and has a handle doorknob. The threshold leading to the office area is less than ½ inch. The Support Coordination area and other work areas/offices are accessible; however, the general public and clients are not allowed in these areas without being escorted by an employee.

Lighting

The main source of lighting for CCDDR offices is fluorescent lighting. At this time, there are no employees who are susceptible to seizures. If a client who has seizures needs to meet with an employee, they are referred to the public library as a meeting place. To replace all the lighting would be a financial burden to the agency at this time. The replacement of lighting may be a long term goal of CCDDR.

Safety

Fire extinguishers are available throughout the building. Employees have been trained by fire personnel in the use of extinguishers. Extinguishers are at a height where those in a wheelchair would be able to access them.

**CCDDR Administrative Office
5816 Osage Beach Parkway
Osage Beach MO 65065**

Parking Area

The office space in Osage Beach is two leased commercial units in a strip mall. The current parking area has 4 handicapped accessible spaces, 2 of which are immediately in front of CCDDR's office. The accessible parking spaces are in excess of 102" wide, which is more than the required 96" wide. There is van-accessible space with more than the required 60" space needed for an access aisle.

Building Access

The gradient ramps to the building are not too steep and are wide enough to accommodate wheelchairs. The entryways have a 36" door, which is more than the required 32", and an accessibility push-button. Thresholds to access the building are not more than ½ inch. The door handles are fixated, easily grasped, and pressure to open the doors does not exceed 5 lbs.

Common Area

The common area flooring in Suite 106 is tile with a rubber backed door mat at the entrance. The flooring in Suite 108 is low pile commercial carpeting with a rubber backed door mat at the entrance. Floors are a slip free surface. Both common areas are large enough to accommodate those with mobility concerns. The common areas/lobbies are free of obstacles.

Restroom

At least one restroom in both suites is built to ADA standards. The doors have a lever rather than a knob handle and are large enough to allow wheelchairs 51 " of turning space. The toilets have grab bars located on the walls of the restrooms and in back of the toilets. The doorways to the restrooms are 36 " and the thresholds are less than ½ inch. Sink handles are easy to reach and use. The paper towel holders are within 48" of the floor. The wash basins/countertops have clearance under them to allow for accessibility with wheelchairs.

Office and Work Areas

There are entryways to each work area ranging from 30" to 59". There are multiple work areas which have 32" or wider entryways for accessibility with a wheelchair. The threshold leading to the office areas is less than ½ inch. The general public and clients are not allowed in these areas without being escorted by an employee.

Lighting

The main source of lighting for CCDDR offices is fluorescent lighting. At this time, there are no employees who are susceptible to seizures. If a client who has seizures needs to meet with an employee, they are referred to the public library as a meeting place. To replace all the lighting would be a financial burden to the agency at this time. The replacement of lighting may be a long term goal of CCDDR.

Safety

Fire extinguishers are available throughout the buildings. Employees have been trained by fire personnel in the use of extinguishers. Extinguishers are at a height where those in a wheelchair would be able to access them.

**CCDDR Keystone Facility
255 Keystone Industrial Park Drive
Camdenton MO 65020**

PLEASE NOTE: The Keystone facility is a recently purchased building. Use of the facility is very limited and portions of the building are not being utilized and are closed to the public. Renovations and upgrades to the building's interior, exterior, and parking areas are being planned but have not yet been started. Renovation and/or upgrade completion is anticipated to take approximately 5 years.

Parking Area

The current parking area is a natural surface with no markings. There are currently 2 accessible parking spaces identified with signage only, which are immediately in front of the 2 public access entrances. Space for the accessible parking will be reserved to accommodate an excess of 102" wide, which is more than the required 96" wide, when utilized. Additional, van-accessible space with more than the required 60" space needed for an access aisle will also be reserved when utilized.

Building Access

The gradient ramps to the building are not too steep and are wide enough to accommodate wheelchairs. The entryways have 36" doors, which is more than the required 32". An accessibility push-button will be added in the near future. Thresholds to access the building are not more than ½ inch. The door handles are fixated, easily grasped, and pressure to open the doors does not exceed 5 lbs.

Common Area

The common area flooring is low pile commercial carpeting with a rubber backed door mat at the entrance. A slip free surface material will be added in the near future for bare floor areas. The common area is large enough to accommodate those with mobility concerns. The common area is also free of obstacles.

Restroom

At least one restroom is built to ADA standards. The door has a lever rather than a knob handle and is large enough to allow wheelchairs 51 " of turning space. The toilet has grab bars located on the wall of the restroom and in back of the toilet. The doorway to the restroom is 36 " and the threshold is less than ½ inch. Sink handles are easy to reach and use. The paper towel holder is within 48" of the floor. The wash basin/countertop has clearance under them to allow for accessibility with wheelchairs.

Office and Work Areas

There are entryways to each work area ranging from 30" to 59". There are multiple work areas which have 32" or wider entryways for accessibility with a wheelchair. The threshold leading to the office areas is less than ½ inch. The general public and clients are not allowed in these areas without being escorted by an employee.

Lighting

The main source of lighting is standard and fluorescent lighting. At this time, there are no employees who are susceptible to seizures. If a client who has seizures needs to meet with an employee, they are referred to the public library as a meeting place. To replace all the lighting would be a financial burden to the agency at this time. The replacement of lighting may be a long term goal of CCDDR.

Safety

Fire extinguishers are available throughout the building. Employees have been trained by fire personnel in the use of extinguishers. Extinguishers are at a height where those in a wheelchair would be able to access them.

Attitudes

CCDDR continues its public awareness efforts to expand community consciousness of persons with disabilities. This consists of speaking engagements when invited, participation in community health fairs, etc. The Executive Director serves on the Arc of Missouri Board of Directors and the Association of People Supporting Employment First (APSE) Board of Directors. CCDDR allows the Arc of the Lake to use a designated work space at the Administrative Office in Osage Beach.

CCDDR is a member of three local Chambers of Commerce, the Missouri Association of County Developmental Disabilities Services (MACDDS), the American Association on Intellectual and Developmental Disabilities (AAIDD), and the Lake of the Ozarks Regional Economic Development Council (LOREDC). Employees engage actively with various local organizations, non-profit agencies, and awareness groups. Each year, one to three employees graduate from the Leadership Camden County program.

CCDDR continually strives to build good will with our community so that they will support our efforts and be accepting of persons with disabilities. In 2016, CCDDR hired a Community Resource Specialist to do outreach and focus on building relationships in the local and statewide community. CCDDR also has consistent representation at transition from school to work IEP meetings to promote awareness of CCDDR services.

Financial

CCDDR continues to advocate for service and support dollars on a state level through legislative advocacy efforts so clients can have access to needed services and supports. Typically, the legislature allocates funds for removing persons from wait lists (service and support access) and also provides funds for provider Cost of Living Increases, as well as other needed services and supports. Legislative advocacy at CCDDR generally revolves around the state legislative session (January-May), and consists of letter-writing, emails, in-person visits, and other means of communication. CCDDR's legislative efforts are generally in conjunction with MACDDS legislative efforts.

Employment

With regard to CCDDR staff, new employees are asked to identify any reasonable accommodations they need to fulfill the requirements of their position. With regard to persons served, access to community employment has been identified as a

barrier, which is also documented in CCDDR's Strategic Plan. This barrier is the result of two primary issues:

1. Public transportation to community employment sites within Camden County has not yet realized its full potential, and
2. Issues with regard to Voc Rehab funding, Waiver support funding, and provider issues surrounding supported employment.

The number of employment support providers in Camden County has increased from 2 to 6 in recent years. This has allowed clients to better exercise their right to choose what agency provides their services and allowed them to take advantage of services previously unavailable in the area. The quality of employment services is gradually improving as providers begin to compete for clients.

Communication

CCDDR does not currently have a TTY phone, although Relay Missouri service is available. CCDDR uses "People First" language in all communications.

New employees of CCDDR go through a host of trainings which emphasize effective communication with people with disabilities. CCDDR works to solve communication barriers by educating staff and the community on how to communicate with persons with disabilities. Special emphasis is placed on dignity and respect in communication, listening to the unspoken messages that are sent, and being comfortable to let the person know if the message is not understood. CCDDR promotes employees to attend seminars and conferences that specifically emphasize communicating with persons with disabilities.

CCDDR is currently working with its website hosting and design company, MSW Interactive Designs, to redesign the CCDDR website to meet ADA accessibility standards. The website will use a simplified design, high contrast text, and alt tags for website links and photos. The redesigned website will be easier to use with a screen reader and easier for people with visual impairments to navigate. The redesign should be completed before the end of 2017.

CCDDR is flexible in how persons who use services communicate with their workers. CCDDR supports the use of email with clients if they choose this method of communication. CCDDR ensures all internet communication is secured by the use of "password protection" and encryption when needed. CCDDR expects its employees to be available to clients who use CCDDR services and helps promote this accessibility by partial reimbursement of monthly cell phone costs.

Transportation

Transportation for anyone with or without a disability is a concern in Camden County. CCDDR is addressing this issue through partnerships with Local Area Needs Initiative (LANI) and several other social service and government agencies in the area. CCDDR has procured local transportation providers in an effort to temporarily alleviate transportation crisis situations and ensure clients can fully

participate in community inclusion and employment. CCDDR also utilizes an accessible van funded through the MoDOT Section 5310 program as well as local service providers, such as Lake Area Industries, OATS, and Lake of the Ozarks Developmental Center, to address transportation needs.

CCDDR has played an integral role in the formation of a Transportation Task Force, which is focused on identifying transportation needs and implementing solutions to improve public transportation access and services in the Lake area. OATS is now serving Camden County 7 days per week and offering evening hours. The extended OATS services are based primarily on employment but are also providing rides for other reasons. CCDDR will continue to work with community partners through a transportation steering committee and representation on the Board of the newly formed Lake of the Ozarks Transportation Council. These efforts will directly benefit many CCDDR clients as well as the general public.

Community-Wide Barriers

In the past, meetings have been facilitated with MACDDS, The Independent Living Resource Center (ILRC), the local People First chapter, Arc of the Lake, Arc of Missouri, and other organizations. The purpose of the meetings was to identify community-wide barriers and develop a plan of action to address these community-wide barriers. CCDDR is actively engaged in the Local Area Needs Initiative Poverty Focus Group. This group is working to address needs identified throughout the community such as providing no-cost or low-cost family friendly activities and access to vital community resources.

Barriers were identified within the following areas:

- Accessibility to places of business
- Accessibility to public facilities
- Accessibility to recreational facilities/attractions
- Lack of community transportation
- Lack of community employment opportunities

In discussing the proper method in which to address community barriers and how CCDDR might go about this, the facilitators of the meeting suggested the following protocol:

1. First, have an in-person visit with business owners, store managers, or public officials to discuss the barriers in question
2. If no positive action is taken, write a letter to the business owners, store managers, or public officials asking for the same
3. If still no action is taken to address barrier(s) and if CCDDR feels strongly that something should be done, determine if regulatory agencies can provide guidance



CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2017-28

APPROVAL OF AMENDED EMPLOYEE MANUAL

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden Co. voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, plans, manuals, handbooks, and job descriptions and creates new Bylaws, policies, plans, manuals, handbooks, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to amend its Employee Manual.
2. That the Board hereby amends and adopts its Employee Manual (see Attachment "A" hereto) as presented.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairman

Date

Secretary, Vice Chairman, or Treasurer

Date

Attachment “A” to Resolution
2017-28

**Camden County
Developmental Disability
Resources**

EMPLOYEE MANUAL

Date of Initial Approval: 4/17/06

Amended: 9/15/08, 4/20/2009, 4/19/2010, 6/21/2010, 1/24/2011, 5/27/2011, 01/28/2013,
4/1/2016, 8/21/2017

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SECTION A

INTRODUCTION

This Manual is designed to acquaint you with our agency, Camden County Senate Bill 40 Board, d/b/a Camden County Developmental Disability Resources (CCDDR), and provide you with information about working conditions, benefits, and policies affecting your employment. The Manual is a summary of our policies, which are presented here only as a matter of information.

The information contained in this Manual applies to all employees of CCDDR. Following the policies described in this Manual is considered a condition of continued employment. However, nothing in this Manual alters an employee's status. The contents of this Manual shall not constitute nor be construed as a promise of employment or as a contract between CCDDR and any of its employees; all employment is at-will and there is no promise of continuing employment. At-will employment means you enter into employment voluntarily, and you are free to resign at any time with or without notice and for any reason or no reason. Similarly, CCDDR is free to conclude its employment relationship with any employee at any time with or without notice for any reason or no reason.

You are responsible for reading, understanding, and complying with the provisions of this Manual. Our objective is to provide you with a work environment that is constructive to both personal and professional growth.

3.1 CHANGES IN POLICY

This Manual supersedes all previous employee manuals and memos that may have been issued from time to time on subjects covered in this Manual.

However, since the field of developmental disabilities in general and our organization in particular are subject to change, please note that the agency has the right to interpret, dispute, and, either with or without notice, change, suspend, or cancel, all or any part of these policies, procedures, and benefits at any time. We will attempt to notify all CCDDR employees of these changes as soon as possible. Changes will be effective on the dates determined by the Board of Directors, and after those dates, all superseded policies will be null and void.

No individual person has the authority to change these policies at any time; this is the responsibility of the Board of Directors. If you are uncertain about any policy or procedure, please speak with the Human Resources Officer or Executive Director.

3.2 EMPLOYMENT APPLICATIONS

We rely upon the accuracy of the information contained in each applicant's resume and/or application form and the accuracy of other data presented throughout the hiring process and employment. Please note that all prior employment data, qualifications, certifications and educational history provided by applicants will be verified. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment.

3.3 AT-WILL EMPLOYMENT RELATIONSHIP

Your employment with CCDDR is at-will. This means you enter into employment voluntarily, and you are free to resign at any time with or without notice and for any reason or no reason. Similarly, CCDDR is free to conclude its employment relationship with any employee at any time with or without notice for any reason or no reason.

SECTION B

DEFINITIONS OF EMPLOYEE STATUS

3.4 “EMPLOYEES” DEFINED

An “employee” of CCDDR is a person who has been hired to work under the control and direction of the agency on a salary or wage basis, and does not provide services as a part of an independent business.

3.5 EXEMPT

Employees whose positions meet specific criteria established by the Fair Labor Standards Act (FLSA) and who are exempt from overtime pay requirements.

3.6 NON-EXEMPT

Employees whose positions do not meet “exempt” FLSA criteria and who are paid one and one-half times their regular rate of pay for hours worked in excess of 40 hours per work week.

3.7 REGULAR FULL-TIME

Employees who are regularly scheduled to work more than 1500 hours per calendar year are considered to be regular, full-time employees. All newly hired regular full-time employees must complete a 90-day initial employment period prior to becoming eligible for certain employee benefits. An employee evaluation will be completed at the end of the first 90 days, and the employee may be eligible for up to a 3% wage increase if his or her performance warrants an increase in pay.

3.8 REGULAR PART-TIME

Employees who are regularly scheduled to work less than 1500 hours per calendar year are considered to be regular, part-time employees. All newly hired regular part-time employees must complete a 90-day initial employment period. An employee evaluation will be completed at the end of the first 90 days, and the employee may be eligible for up to a 3% wage increase if his or her performance warrants an increase in pay.

3.9 TEMPORARY (FULL-TIME or PART-TIME)

Employees who are employed on a short-term basis and/or individuals who are hired as interim replacements to assist in the completion of a specific project, for paid time off, or for leave of absence relief. Employment beyond any initially stated period does not in any way imply a change in employment status. Temporary employees retain that status until they are notified in writing of a change. They are not eligible for any of the agency’s benefit programs.

SECTION C

EMPLOYMENT POLICIES

3.10 EQUAL EMPLOYMENT OPPORTUNITY/DISCRIMINATION/HARASSMENT/RETALIATION

Equal Employment Opportunity

Camden County Developmental Disability Resources (CCDDR) values the diversity and creativity of its employees and employment candidates. CCDDR values diversity in all of its operations and recognizes the strength it brings to the organization, its employees and members. CCDDR is committed to providing equal opportunity to all employment candidates and employees in all employment and employee-related efforts.

It is therefore CCDDR's policy to comply with all applicable equal employment opportunity laws and to provide equal employment opportunity to qualified individuals without regard to age, color, disability, marital status, national origin, citizenship status, race, religion, sex/gender, sexual orientation, gender identity, change of sex and/or transgender status, veteran status, or any other legally protected category. This policy extends to all areas of employment, including, but not limited to, recruitment, selection and placement, compensation, promotion and transfer, disciplinary measures, demotion, layoffs and terminations, testing and training, working conditions, compensation and benefits, and all other terms and conditions of employment.

Reasonable Accommodation

CCDDR will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

Prohibition Against Discrimination

CCDDR does not and will not tolerate discrimination in any form with respect to any aspect of your employment. Every employee of CCDDR should comply with the following obligations and expectations concerning this policy:

- You must familiarize yourself with the terms of this policy and execute an acknowledgement that you were provided with a copy of this policy and that you are familiar with its terms
- You must take the necessary steps to prevent and eliminate discrimination and attend any CCDDR provided training on this policy and certify your attendance
- You must refrain from engaging in conduct which may be construed as discrimination

Conduct in violation of this policy is contrary to CCDDR's good faith belief that the workplace should be free of discrimination and its good faith efforts to prevent the same and will subject a violator to discipline, up to and including termination.

Reporting Discrimination

If you believe you have experienced discrimination at CCDDR, *or* if you believe you have witnessed or observed discrimination, you must promptly report the facts of the incident or incidents in accordance with the procedure set forth below. CCDDR encourages all persons to come forward with information about allegations of discrimination. Retaliation for making a complaint or cooperating in an investigation of alleged discrimination is *strictly prohibited* and will not be tolerated.

Prohibition Against Harassment

CCDDR believes in developing, fostering and maintaining a professional work environment where employees and others are treated with respect and dignity. Harassment of any kind is explicitly prohibited. The work environment must be free of harassment or intimidation based on sex, gender, age, color, disability, marital status, national origin, citizenship status, race, religion, gender, gender identity, change of sex and/or transgender status,

sexual orientation, veteran status, or any other legally protected category. Every employee is expected to conduct him or herself in a manner that is at all times professional, respectful, and considerate of others. Harassment in the workplace, whether committed by managers, co-workers, business partners, vendors, customers, contractors, clients or any other third party is prohibited. Every employee of CCDDR should comply with the following obligations and expectations concerning this policy:

- You must familiarize yourself with the terms of this policy and execute an acknowledgement that you were provided with a copy of this policy and that you are familiar with its terms
- You must take the necessary steps to prevent and eliminate the occurrence of harassment and attend CCDDR-provided training on harassment and certify your attendance
- You must refrain from engaging in conduct which may be construed as unlawful harassment or harassment generally

CCDDR's policy prohibiting harassment applies to conduct occurring in the workplace and/or in other settings in which employees may be in connection with their work, such as business trips, and business-related functions and business related social events, among others.

Conduct in violation of this policy is contrary to CCDDR's good faith belief that the workplace should be free of harassment and its good faith efforts to prevent the same and will subject a violator to discipline, up to and including termination.

Sexual Harassment

Sexual harassment is a particular form of workplace harassment. It includes unwelcome sexual advances, requests for sexual acts or favors, or other verbal or physical conduct of a sexual nature when: (i) submission or rejection of such conduct is a term or condition of employment or is a basis for employment decisions, or (ii) such conduct has the purpose or effect of unreasonably interfering with an individual's working conditions or performance by creating an intimidating, hostile, humiliating or offensive work environment.

Examples of Sexual Harassment

Examples of sexual harassment may include, but are not limited to, the following:

- Sexual comments, teasing, or jokes
- Suggestive gestures, sounds, or whistles
- Inquiries or discussions about sexual activities
- The display in the workplace of sexually suggestive objects, pictures, posters, cartoons, or graffiti
- Pressure to accept social invitations, to meet privately, to date, or to have sexual relations
- Sexual slurs, demeaning epithets, or derogatory statements
- Graphic or sexually suggestive comments about a person's attire or body
- Unwanted or unnecessary physical contact, sexual touching, brushing up against another in a sexual manner, graphic or sexually suggestive gestures, cornering, pinching, grabbing, kissing, or fondling
- Suggestive, obscene, or harassing messages sent via computer or left on an answering machine or voice mail

Who Can Be a Victim Of Sexual Harassment And Who Can Be a Harasser?

The victim as well as the sexual harasser may be a woman or a man. In addition, sexual harassment can occur between employees of the same sex as well as between employees of the opposite sex. The harasser may be the victim's supervisor, a manager, an agent of the employer, a supervisor in another work location, or a co-worker. The harasser may even be a non-employee, such as a client, vendor, contractor or repair person who does business with CCDDR.

Harassment On Other Grounds is Prohibited

Discriminatory treatment other than sexual harassment is also prohibited. Discriminatory treatment, including harassment, of individuals and groups on the basis of race, gender, color, age, ethnicity, religion, disability, sexual

orientation, gender identity, change of sex and/or transgender status, national origin, veteran's status and any other legally protected characteristic is strictly prohibited.

Definition of Harassment On Other Grounds

Harassment on the basis of race, color, age, gender, ethnicity, religion, disability, sexual orientation, gender identity, change of sex and/or transgender status, national origin, veteran's status, and any other legally protected characteristic directed against individuals, may be established by showing conduct toward another person that has the purpose or effect of creating an intimidating, hostile, or demeaning environment and that interferes with his or her work performance or ability to participate in or to realize the intended benefits of an CCDDR activity, employment, or resource.

Examples of Other Kinds of Harassment

Examples of other kinds of harassment include, but are not limited to, the following:

- Name-calling, slurs, demeaning remarks, jokes, gestures, negative stereotyping, threats, intimidation, and hostile acts that are related to gender, race, color, age, ethnicity, religion, disability, sexual orientation, gender identity, change of sex and/or transgender status, national origin, veteran's status, and any other legally protected characteristic
- Written or graphic material that denigrates or shows hostility or aversion toward an individual or group of individuals because of gender, race, color, age, ethnicity, religion, disability, sexual orientation, gender identity, change of sex and/or transgender status, national origin, veteran's status, and any other legally protected characteristic
- Behavior which could reasonably be interpreted as patronizing and as undermining self-respect

Who Can Be A Victim And A Harasser

The victim as well as the harasser may be a person of any gender, race, color, age, ethnicity, religion, disability, sexual orientation, gender identity, change of sex and/or transgender status, or national origin. The harasser may be the victim's supervisor, a manager, an agent of the employer, a supervisor in another work area, or a co-worker. The harasser may also be a non-employee, such as a client, vendor, contractor or repair person who does business with CCDDR.

Reporting Harassment

If you believe you have been or are being harassed by a co-worker, supervisor, agent, business partner, vendor, customer, client, contractor or other third party, **or** if you believe you have witnessed such harassment, you must promptly report the facts of the incident or incidents in accordance with the procedure set forth below. CCDDR encourages all persons to come forward with information about allegations of harassment. Retaliation for making a complaint or cooperating in an investigation of alleged harassment is ***strictly prohibited*** and will not be tolerated.

Procedure for Reporting Discrimination or Harassment

1. Employees who believe they have experienced or have witnessed discrimination or harassment are expected and required to notify the Human Resources Officer immediately. If the Human Resources Officer is unavailable or if the employee believes it would be inappropriate to contact this person, the employee should immediately contact the Executive Director. Reports of the Executive Director violating this policy should be made to the Human Resources Officer or the Board Chairperson.
 2. Any supervisor or manager who receives a report of harassment or otherwise becomes aware of discriminatory or harassing conduct must promptly notify the Human Resources Officer, who will handle investigation of the matter.
 3. Reports may be made verbally or in writing (See attached Appendix "A" complaint form). You are not required to use the complaint form. Regardless of the way in which a complaint is made, please try to include details of the incident or incidents, names of the individuals involved, and names of any witnesses.
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4. Reports of discrimination and harassment will be promptly investigated in an impartial manner. Information will be treated as confidential to the extent possible. It will be disclosed only when necessary to further the investigation and to resolve the complaint. The result of the investigation will be disclosed to the person making the report and to the person alleged to have engaged in prohibited conduct.

If CCDDR determines that inappropriate conduct has occurred, it will act promptly to eliminate the offending conduct. When appropriate, CCDDR may also impose disciplinary action. A follow-up inquiry will be made to ensure that the discrimination or harassment has ended and that no retaliation has occurred.

Prohibition Against Retaliation

In an effort to promote reporting of violations of this policy, CCDDR cannot stress enough that **any acts of retaliation will not be tolerated** against an individual for making a report of discrimination or harassment or cooperating in an investigation of discrimination or harassment. Anyone who feels he or she has been retaliated against, in any way, as a result of reporting discrimination or harassment, or who feels that his or her concern of discrimination or harassment was not adequately addressed or handled, should contact the Human Resources Officer, Executive Director, or Board Chairperson as appropriate. Questions about this policy should be directed to the Human Resources Officer.

3.11 BACKGROUND SCREENS/CLEARANCE TO WORK

Initial Background Checks/New Employees

All individuals who have been given a conditional offer of employment with CCDDR shall undergo the following background screens and testing prior to commencing work, or as soon as possible after employment begins:

- TB Test
- Illegal Drug Screen
- Criminal Records Check/Sex Offender Registry Check (Highway Patrol)
- E-Verify
- FBI Fingerprint Check (Highway Patrol-MoVECHS)
- Family Care Safety Registry
- Driving History/MVR
- Reference Checks
- Verification of prior employment, education, & credentials
- Office of Inspector General (United States Department of Health & Human Services)
- All new employees must provide proof of the minimum vehicle insurance coverage as required by Missouri statutes for their vehicles to be used during the course of their job requirements or Agency functions. Only those vehicles covered under an insurance policy may be utilized to perform job duties or Agency-related functions. Additional verification of insurance coverage may be needed to assure the best interests of the Agency and its clients are protected. Any attempt to falsify insurance coverage shall be grounds for immediate termination.

Ongoing Background Checks of Existing Employees

The following checks shall be performed as needed, but no less than annually or as State or Federal statutes requires, on all existing employees:

- Family Care Safety Registry (State Criminal Records Check/Sex Offender Registry Check (Highway Patrol))
 - Office of Inspector General (United States Department of Health & Human Services)
 - Driving History/MVR
 - All existing employees must provide proof of the minimum vehicle insurance coverage as required by
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Missouri statutes for their vehicles to be used during the course of their job requirements or Agency functions. At the beginning of each insurance renewal period, the employees must provide proof of insurance coverage to the Human Resources Officer, immediate supervisor, or Executive Director for filing in their personnel file. Only those vehicles covered under an insurance policy may be utilized to perform job duties or Agency-related functions. Failure to provide proof of insurance coverage shall be grounds for suspension without pay until an insurance policy can be procured by the employee or immediate termination of employment. Additional verification of insurance coverage may be needed to assure the best interests of the Agency and its clients are protected. Any attempt to falsify insurance coverage shall be grounds for immediate termination.

TB Test:

The TB test shall only be conducted once for all new employees, which will be at the time employment begins with the Agency. Volunteers or interns who have direct contact with clients served by CCDDR will be required to have a TB test. For volunteers and interns, the TB test will be conducted only once, which will be at the time their service is utilized by the Agency. The TB test must be conducted and results received either prior to the commencement of work or as soon as possible after employment or volunteer/internship begins. This may take the form of a mantoux-ppd or TB-tine test. If the results are positive, the individual must consult a physician and: 1. provide information that a chest x-ray was taken, and 2. be treated, if recommended by physician. All persons who test positive for TB shall be restricted from direct contact positions with clients served by CCDDR.

Criminal Records Check:

In accordance with 9 CSR 10-5.190, all new applicants for employment with CCDDR shall be required to do the following:

- Sign a consent form authorizing a Criminal Record Review/Sex Offender Registry check with the Missouri Highway Patrol; background check with the Dept. of Social Services to determine whether the applicant is listed on the Division of Aging Employment Disqualification List (EDL), the Dept. of Mental Health EDL, and child abuse/neglect information with Dept. of Social Services, using the Family Care Safety Registry;
- Disclose his/her criminal history, including any conviction or a plea of guilty to a misdemeanor or a felony charge and any suspended imposition of sentence, any suspended execution of sentence, or any period of probation and parole.

An additional fingerprint check shall be submitted to the MO Highway Patrol MoVECHS system to check closed records as well as national (FBI) databases for Records of Arrest and Prosecution.

All necessary background screens shall be completed before the applicant begins service with CCDDR or as soon as possible after employment begins.

Applicants for employment shall be disqualified from employment with CCDDR if any of the following are true:

- Person is listed on the Department of Mental Health Employee Disqualification Registry
 - Person is listed on the Department of Health and Senior Services (formerly DSS Division of Aging) Employee Disqualification List
 - Person has been substantiated of child abuse/neglect through Family Support Division
 - Person has been convicted of or pled guilty or nolo contendere to any crime as identified in 630.155 RSMo or 630.160 RSMo
 - Person has been convicted of or pled guilty or nolo contendere to any felony offense against persons as defined in chapter 565, RSMo; to any felony sexual offense as defined in chapter 566 RSMo; any felony offense defined in section 568.020, 568.045, 568.050, 568.060, 569.020, 569.025, 569.030, 569.035, 569.040, 569.050, 569.070, or 569.160 RSMo, or of an equivalent offense; or any violation of subsection 3 of section 198.070, RSMo
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- Person who has received a suspended imposition of sentence or a suspended execution of sentence following a plea of guilty to any of the disqualifying crimes listed above
- Person is a registered sex offender
- Person has been convicted of a felony offense and/or who has received a suspended imposition of sentence or a suspended execution of sentence following a plea of guilty of any kind in another state as listed above

Should CCDDR learn that an existing employee has been convicted of a disqualifying crime, placed on the DMH or DHSS Employee Disqualification Registry/List, or substantiated of child abuse/neglect at the time of annual re-screening, the employee shall have his/her employment with CCDDR terminated.

Illegal Drug Screen:

(See Section 3.32: Substance Abuse)

Driving Record:

All applicants given a conditional offer of employment shall provide written authorization to have check their driving history. All applicants must have an acceptable driving history before being hired. Existing employees must maintain an acceptable driving record and valid driver's license.

Reference Checks/Verification of Employment, Education, & Credentials:

All applicants given a conditional offer of employment shall have their prior work history and educational record verified by CCDDR. Any falsification of prior work history or educational attainment shall be grounds for not hiring or termination. All information obtained from employee background screens shall be kept in the strictest of confidence, and shared only with those entities authorized.

3.12 NEW EMPLOYEE ORIENTATION

Orientation is a formal welcoming process that is designed to make new employees feel comfortable, informed about the agency, and prepared for their position. At a minimum, new employee orientation for CCDDR employees shall include an overview of the agency's history; an explanation of the core values, vision, and mission of CCDDR; safety practices/procedures; agency policies/procedures, and overview of the Employee Manual.

CCDDR Support Coordination staff and administrative staff, interns, and volunteers as designated by the Executive Director shall receive training in the following areas within the first six months of employment or as soon as reasonably possible, with periodic re-certifications/updates as indicated:

- HIPAA/Confidentiality-Initial, and annually thereafter
- Abuse/Neglect-Initial and every 2 years thereafter
- Universal Precautions-Initial and annually thereafter
- CPR/First Aid- Initial and every 2 years thereafter (Per American Heart Association guidelines)

In addition to the above, all Support Coordination staff shall receive the following additional training within the first six months of employment or as soon as reasonably possible, with periodic re-certifications/updates as required:

- Level I Medication Aide- Initial with recertification every 2 years
- Training as listed in compliance of the Annual Targeted Case Management Agreement, Missouri statutes, and Federal statutes

In addition, the new employee will be assisted in the completion of all necessary paperwork (W-4 forms, etc.).

Employees are presented with all keys/key fobs and/or procedures needed to navigate within the office. The employee's supervisor and/or Human Resources Officer then reviews the job description with the employee, explains the agency's evaluation procedures, and helps the new employee get started on specific functions related to their position. All employees will sign a statement verifying training and orientation received.

3.13 PERSONNEL FILES

Employee personnel files may include information such as: period of employment; job application/resume; job description; signed agreements with employee; records of participation in training events; salary/pay history, address/phone #; records of disciplinary action and documents related to employee performance reviews, coaching, and mentoring.

Personnel files are the property of CCDDR, and access to the information is restricted. Administrative personnel of CCDDR who have a legitimate reason to review the file are allowed to do so.

Current employees who wish to review their own file should contact the Executive Director, his or her supervisor, and/or the Human Resources Officer. With reasonable advance notice, the employee may review his/her personnel file in the agency's office and in the presence of the Executive Director, his or her supervisor, and/or the Human Resources Officer.

Some employment records may be kept in separate files, such as records relating to medical conditions and leave, records relating to investigations, and records relating to I-9 requirements.

3.14 PERSONNEL DATA CHANGES

It is the responsibility of each employee to promptly notify the Executive Director of any changes in personnel data such as:

- Mailing address
- Legal name
- Telephone numbers
- Name and number of dependants
- Individuals to be contacted in the event of an emergency

An employee's personnel data should be accurate and current at all times.

3.15 INCLEMENT WEATHER/EMERGENCY OFFICE CLOSINGS

At times, emergencies such as severe weather, fires, or power failures can disrupt agency operations. The decision to close the office will be made by the Executive Director.

When the decision is made to close the office, employees will receive official notification from the Executive Director.

Time off from scheduled work due to emergency closings will be unpaid for all employees. Subject to the supervisor's approval, employees may elect to use paid time off, personal time, or work from home.

3.16 OUTSIDE EMPLOYMENT

Employees may hold outside jobs in non-related businesses or professions as long as the employee meets the performance standards of their job description with CCDDR. Unless an alternative work schedule has been approved by CCDDR, employees will be subject to scheduling demands, regardless of any existing outside work

assignments. CCDDR's office space, equipment, and materials are not to be used for outside employment.

3.17 NEPOTISM

It is the policy of CCDDR that no applications for employment or positions on the Board of Directors shall be taken from immediate family members (parent, brother, sister, spouse, child) of any current agency employee or any current Board member.

3.18 SAFETY IN THE WORKPLACE

CCDDR provides information to employees about workplace safety and health issues through regular internal communication such as:

- Training sessions
- Meetings
- Bulletin board postings
- Memorandums
- Other written communications

Each employee will be trained in the Emergency Action Plan for the CCDDR facility, including evacuation procedures and escape routes for emergencies and natural disasters. Scheduled and unscheduled Tests of the Emergency Action Plans shall be conducted on a regular, on-going basis. Employees will also be trained in the use of fire suppression equipment available within the building. Each employee is expected to obey safety rules and exercise caution and common sense in all work activities. Employees must immediately report any unsafe conditions to the Executive Director. Employees who violate safety standards, cause hazardous or dangerous situations, or fail to report, or where appropriate, remedy such situations, may be subject to disciplinary action including termination of employment.

In the case of an accident that results in injury, regardless of how insignificant the injury may appear, employees should notify the Executive Director.

All Targeted Case Management and Community Resource Coordination staff shall be trained initially and thereafter according to accepted schedules for re-training in CPR and First Aid, as well as in Universal Precautions, abuse and neglect, and blood borne pathogens. Administrative support personnel are strongly encouraged, but not required, to complete the aforementioned training.

3.19 HEALTH-RELATED ISSUES

All employees must notify the Executive Director, Human Resources Officer or their immediate supervisor if they have a condition which poses a direct threat to their safety or the safety of others.

3.20 EMPLOYEE REQUIRING MEDICAL ATTENTION

In the event an employee requires medical attention due to an injury sustained on the job, the employee must report the condition immediately to the Executive Director, Human Resources Officer, or immediate supervisor and the agency physician must be utilized if the employee wishes to get medical services paid by the agency. If the injury is a non-emergency, the employee must complete the Authorization to Obtain Information form and the Work Comp Authorization for Medical Treatment form. All work comp injuries must be reported within 24 hours to the Workers Comp insurer. The Executive Director, Human Resources Officer, or immediate supervisor shall complete the Supervisor Incident/Injury report form, and get statements from witnesses, if any. Exceptions will be made in cases where the agency physician is unavailable or it is necessary for the employee to use the

hospital emergency room or EMS. Management will ensure that the medical provider understands that the injury may be a work-related injury, if in fact the injury is directly related to the employee carrying out his or her job responsibilities. An incident report may also be required in such cases.

EMS will be called in the event of a life-threatening emergency. CCDDR employees will not be responsible for transportation of another employee due to liabilities that may occur.

A physician's "return to work" notice may be required following injury or illness of an employee (see 3.19 Health-Related Issues).

3.21 BUILDING SECURITY

All employees who are issued keys/key fobs to the office are responsible for their safekeeping. These employees will sign a Building Key Disbursement form upon receiving the key/key fob. The last employee, or a designated employee, who leaves the office at the end of the business day assumes the responsibility to ensure that all doors are securely locked, and all appliances and lights are turned off with exception of the lights normally left on for security purposes.

3.22 INSURANCE ON PERSONAL EFFECTS

All employees should be sure that their own personal insurance policies cover the loss of anything occasionally left at the office. CCDDR assumes no risk for any loss or damage to personal property.

3.23 OFFICE SUPPLIES/EXPENSES/OBLIGATING THE AGENCY

Only authorized persons may purchase supplies in the name of Camden County Senate Bill 40. No employee whose regular duties do not include purchasing shall incur any expense on behalf of CCDDR or bind CCDDR by any promise or representation without prior approval of the Executive Director.

3.24 MONTHLY EXPENSE REIMBURSEMENT

Expenses incurred by an employee in the course of performing work-related business may be reimbursed by the agency. All such expenses must have the prior approval of the Executive Director in order to be reimbursed. Examples include meals, mileage, lodging, and similar work-related expenses. The employee must submit receipts for all expenses to be reimbursed, and attach these to the monthly expense forms. Mileage for business-related travel will be reimbursed at a rate to be set annually by the Board of Directors. Mileage reports obtained from an Internet mapping site (i.e. MapQuest, Google Maps, Yahoo! Maps, etc.) or pre-determined mileage reports from case management software approved by the Executive Director shall be provided to support miles driven before mileage is reimbursed. Only business-related expenses shall be reimbursed. As a general rule, expenses are to be paid monthly in the month following the month in which expenses were incurred, however expenses may be paid twice monthly on a case by case basis with prior- approval of the Director.

3.25 PARKING

Employees must park their cars in areas indicated and provided by CCDDR. As a general rule, employees working at the 100 Third Street location should park their cars in the N. parking lot, at the corner of 3rd & 5th streets, to allow use of main parking area for Children's Learning Center staff and patrons.

3.26 VISITORS IN THE WORKPLACE

To provide for the safety and security of employees, visitors, and the facilities at CCDDR, and to protect confidentiality of client information, only authorized visitors shall be allowed in the workplace. Restricting

unauthorized visitors helps ensure security, decreases insurance liability, protects confidential client information, safeguards employee welfare, and avoids potential distractions and disturbances. Restricted areas shall be identified, and there shall be no exceptions without approval of the Executive Director.

3.27 IMMIGRATION LAW COMPLIANCE

CCDDR employs only United States citizens and those non-U.S. citizens authorized to work in the United States in compliance with all applicable immigration laws. Each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility. Former employees who are rehired must also complete the form if they have not completed an I-9 with CCDDR within the past three years or if their previous I-9 is no longer retained or valid. CCDDR shall also comply with provisions of the federal “E-Verify” program operated by the Department of Homeland Security (DHS) in partnership with the Social Security Administration (SSA) that allows participating employers to electronically verify the employment eligibility of their newly hired employees.

SECTION D

STANDARDS OF CONDUCT

The work rules and standards of conduct for CCDDR are important, and the agency regards them seriously. All employees are urged to become familiar with these rules and standards. In addition, employees are expected to follow the rules and standards faithfully in doing their own jobs and conducting the agency's business. Please note that any employee who deviates from these rules and standards will be subject to corrective action, up to and including termination of employment.

While not intended to list all the forms of behavior that are considered unacceptable in the workplace, the following are examples of rule infractions or misconduct that will result in disciplinary action, including termination of employment.

- Theft or inappropriate removal or possession of agency property
- Falsification of timekeeping records
- Working under the influence of alcohol or illegal drugs
- Unauthorized use or disclosure of confidential client Protected Health Care Information (PHI)
- Abuse or neglect of a client or failure to report observed or suspected client abuse/neglect
- Possession, distribution, sale, transfer, or use of alcohol or illegal drugs in the workplace
- Fighting or threatening violence in the workplace
- Disruptive activity in the workplace
- Negligence or improper conduct leading to damage of company-owned or client-owned property
- Insubordination or other disrespectful conduct
- Violation of safety or health rules
- Smoking inside the office or other designated non-smoking workplace area
- Sexual or other unlawful or unwelcome harassment
- Unlawful discrimination or retaliation
- Excessive absenteeism or any absence without notice
- Unauthorized use of telephones, or other company-owned equipment
- Using company equipment for purposes other than business
- Disruptive or negative expressions or comments to clients, employees, or the general public that promote or create an unhealthy, hostile, or unproductive atmosphere
- Dishonesty
- Failure to perform job duties or assignments as prescribed or directed
- Violation of personnel policies
- Unsatisfactory performance or conduct

3.28 ATTENDANCE/PUNCTUALITY

CCDDR expects that every employee will be regular and punctual in attendance. This means being in the office and/or ready to work at their starting time each day. Absenteeism and tardiness places a burden on other employees and on the agency. CCDDR offers its employees a flexible (FLEX) work schedule. A FLEX schedule is sometimes necessary to accommodate duties and functions related to client and client family needs, Agency-related functions, and employee personal obligations that may conflict with or extend outside the normal scheduled office hours. FLEX schedules are to be approved by the immediate supervisor, and the intentions must be clearly communicated when working under the guidelines of the FLEX schedule. Any misrepresentation of the intent or purpose of an approved FLEX schedule shall be grounds for disciplinary action up to and including termination of employment. The Executive Director may review and reverse all approvals.

If you are unable to report for work for any reason, notify your immediate supervisor before regular starting time. You are responsible for speaking directly with your immediate supervisor about your absence. It is not acceptable to leave a message on voicemail, except in extreme emergencies. In the case of leaving a voice-mail message, a follow-up call must be made later that day. If you do not report for work and the agency is not notified of your status, it will be assumed after two consecutive days of absence that you have resigned, and you will be removed from the payroll. Should excessive tardiness or absenteeism become apparent, disciplinary action may be required.

If you become ill while at work or must leave the office for some other reason before the end of the workday, be sure to inform your immediate supervisor of the situation.

Employees may work from home or another location other than the office (i.e. offsite) under specific circumstances. Employees will need to receive prior approval from their supervisor in order to work offsite. Employees will save all work performed offsite on a device provided by CCDDR, which will be password protected and/or encrypted. Employees shall record work performed offsite by creating appropriate log notes in the internet-based client database or providing justification/documentation, which must include a description of the activities performed, the start time, and stop time for every activity performed. The Executive Director may review and reverse all approvals to work offsite.

3.29 TELEPHONE USE

CCDDR's telephones are intended for the use of conducting the agency's business.

Personal usage during business hours is discouraged except for emergencies. All personal telephone calls should be kept brief to avoid congestion on the telephone line.

To respect the rights of all employees and avoid miscommunication in the office, employees must inform family members and friends to limit personal telephone calls during working hours.

3.30 DRESS CODE

A professional appearance is important anytime that you come in contact with the clients we serve and parents/guardians of clients. Employees should be well groomed and dressed appropriately for our business and for their position in particular.

The dress code shall be appropriate for the employee's work situation. As a general rule, the dress code at CCDDR shall be "business casual". "Business professional" attire may be required from time to time for specific functions, which will be addressed at that time by the Executive Director. The following items are considered appropriate for "business casual" working attire for staff employed by CCDDR:

- Khaki, corduroy, twill or cotton pants, skirts, or dresses – neatly pressed
- Sweaters, twinsets, cardigans, polo/knit shirts – neatly pressed
- Button-down or straight-collar shirts or blouses – neatly pressed
- Tie (optional)
- Belt or suspenders (if appropriate)
- Appropriate shoes

The following items are considered inappropriate working attire for all staff employed by CCDDR:

- Tank tops or revealing shirts
 - Short mini skirts
-

- Sheer clothing
- T-shirts of any kind
- Jeans
- Shorts

"Casual days" may occasionally be approved; if this is the case, appropriate guidelines will be provided to you.

3.31 SUBSTANCE ABUSE

CCDDR is committed to providing a safe and productive workplace for employees. In keeping with this commitment, the following rules regarding alcohol, illegal drugs, and abuse or illegal use of prescription drugs have been established for all staff members, regardless of position, including both regular and temporary employees. The rules apply during working hours to all employees of the agency while they are on agency premises or elsewhere on agency business.

Alcohol

The possession or consumption of alcohol shall be totally prohibited on CCDDR premises. Alcoholic beverages shall not be brought on CCDDR premises at any time. Premises include all buildings, grounds and parking lots. Employees with alcohol in their system during working hours may be required to be tested and may be subject to disciplinary action including possible discharge.

Further, it is the policy of CCDDR not to sponsor off premises, agency-related functions where alcoholic beverages are to be served.

Illegal Drugs

General Policy:

It is the policy of CCDDR to take reasonable measures to maintain a work environment free of illegal drug use, as well as abuse or illegal use of prescription drugs. Employees who CCDDR management concludes illegally use, possess, are under the influence of, or have in their system illegal drugs, may be subject to termination of employment. CCDDR reserves the right, in each case, to determine the specific action to be taken concerning drug testing, discipline, treatment and employment status.

Application

Testing:

Offers of initial employment with the agency shall be contingent on passing a test for illegal drug use.

In addition to the initial employment screen, all current employees may be tested for illegal use of drugs, at management discretion in the following situations:

- After a vehicle accident or an accident or injury not involving a vehicle while on duty or performing agency-related business
- Based on behavior or other signs, eg. unsteady gait, bloodshot eyes, smell, etc., that management concludes may be the result of alcohol use, illegal drug use, or improper drug use
- Based on arrest

All job applicants and employees will be required to sign a Consent and Authorization for Release and Use of Drug Testing Information Form.

Any of the following will be considered a positive test result:

- Refusal to sign a Consent form
 - Refusing the test or failing to appear for the scheduled test
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- Adulterating the test specimen
- Failing the test
- Use of prescription drugs outside the direction of the prescription

Positive test results, confirmed by an independent laboratory retest, and not resolved to CCDDR's satisfaction by an adequate explanation such as a valid prescription, will result in termination of candidacy for, or current employment with, CCDDR. Applicants for employment who fail the pre-employment drug test will not be reconsidered for position openings for a period of one year.

Employee Initiated Treatment

Employees who voluntarily disclose illegal drug use or alcohol abuse and seek appropriate treatment prior to being disciplined for related conduct will not be disciplined as a result of the disclosure. Appropriate treatment professionals may need to evaluate whether the employee is able to perform the essential functions of the employee's job during treatment and/or rehabilitation, and the employee may be required to consent to future unannounced drug testing or alcohol testing as a condition of continued employment.

An employee will not evade discipline when CCDDR management concludes that the employee disclosed use because management's discovery of a violation of this policy was imminent (e.g. following arrest for drug use).

Employees treated for illegal use of drugs may be subjected to unannounced testing.

Confidentiality

All information and test results received by CCDDR through its drug and alcohol testing policy are confidential communication, and to be maintained in the employee's confidential medical file. Access to this information is guided by CCDDR's policy with regard to access to confidential employee medical files.

Diversion, Theft, Possession or Trafficking Drugs

The illegal manufacture, distribution, dispensation, diversion, theft, trafficking, illegal use or possession of drugs in or outside the workplace will be grounds for termination of employment.

Cases of diversion, theft, or trafficking drugs, and cases of confirmed illegal possession/use of drugs in the workplace, may be turned over to law enforcement agencies. CCDDR will cooperate fully with the law enforcement officials who are involved in the prosecution of the individuals involved.

In the course of investigations related to this Policy, a search may be conducted of CCDDR-owned and employee-owned property including, but not limited to: lockers, desks, briefcases, purses, toolboxes, offices, vehicles, etc. Searches of CCDDR-owned property may occur on or off workplace premises. Searches of employee-owned property may only occur on workplace premises. By accepting employment with, or performing services for CCDDR, all employees of the Organization and the Organization's contractors are deemed to have consented to such searches, and no further consent shall be necessary. CCDDR management may also conduct searches of employees provided the employee consents to such search. Failure of any employee to cooperate with any search under this Policy will be grounds for discipline including discharge.

Employees convicted of drug related offenses are required to notify management before returning to work.

3.32 TOBACCO PRODUCTS

The use of tobacco products by CCDDR employees is not permitted anywhere within the CCDDR building and only permitted in certain designated areas outside of the CCDDR building.

Smoking is also prohibited in employee personal vehicles while transporting clients.

3.33 ELECTRONIC COMMUNICATIONS AND TECHNOLOGY

It is the policy of CCDDR to maximize the cost-effective use of computer systems as a means of improving productivity. CCDDR provides communication resources capable of offering computing resources, electronic mail (email), cloud-based file storage and applications, internet access, telephone and voicemail, facsimile machines, and other electronic communications devices (collectively referred to as CCDDR's Technology Resources) to employees to assist in and facilitate CCDDR business and communications. The primary purpose of CCDDR's network and systems is to provide service to Camden County persons with developmental disabilities as part of CCDDR's mission. Minimal, incidental personal use of CCDDR's Technology Resources by employees is permitted if accomplished in compliance with the provisions of this policy as set forth below.

This policy does not address all required, allowed, or prohibited behaviors by employees, but merely covers common examples. In general, CCDDR relies on the good judgment of its employees to ensure that CCDDR Technology Resources are used in the agency's best interest.

No Expectation of Privacy.

By using CCDDR's Technology Resources, employees acknowledge and agree that they have no expectation of privacy or confidentiality in their use of these systems or in any data that they create, store, or transmit on or over the systems, including any data created, stored or transmitted during an employee's incidental personal use of the Technology Resources as permitted under this policy. Employees further agree that they are aware of, understand and will comply with the provisions of this policy, and that their use of the Technology Resources can and may be monitored and any data that they create store, or transmit on or over CCDDR systems may be inspected by CCDDR management at any time. Employees should understand that certain email messages, other electronic communications, and documents created on CCDDR computer systems may be considered a public record subject to disclosure and/or subject to discovery in the event of litigation.

Standardized Software and Hardware.

CCDDR has established standard software and hardware for commonly used applications. The use of unauthorized, non-standard software or hardware, including personally owned software or hardware, on CCDDR computer systems without approval of the Director is prohibited.

Installation of Software and Hardware.

Improper installation of software or hardware can damage a computer system, cause system malfunction, or conflict with system configuration. All standardized software and hardware is to be installed by the IT Consultant or an employee authorized to do so by the Executive Director. Any moving, relocating, or rearranging of computer software or hardware should also be coordinated with the IT Consultant or an employee authorized to do so by the Executive Director.

Ownership and Confidentiality.

All software, programs, applications, templates, data, data files and web pages residing on CCDDR computer systems or storage media or developed on CCDDR computer systems are the property of the CCDDR. CCDDR retains the right to access, copy, modify, destroy or delete this property. Data files containing confidential or sensitive data should be treated accordingly and should not be removed from the workplace without proper authorization.

Copying Software, Programs, Applications, Templates, etc.

Employees must notify the Executive Director and receive proper authorization before attempting to copy software, applications, programs or templates. In many cases, copyright laws and/or licenses for commercial software, programs, applications and templates used by CCDDR prohibit the making of multiple copies. CCDDR and its employees are required to abide by the federal copyright laws and to abide by all licensing agreements.

Acceptable Uses of CCDDR's Technology Resources .

CCDDR's Technology Resources are to be used by employees or volunteers for CCDDR business. Incidental, minimal personal use may be permitted where, in the judgment of the employee's supervisor such use does not interfere with employee productivity, nor distract/take time away from the worker or co-workers assigned work. Generally speaking, incidental, minimal personal use means: (1) it is occasional and of short duration; (2) it is done on an employee's personal time, such as on a lunch break; (3) it does not interfere with job responsibilities; (4) it does not result in any expense to CCDDR; (5) it does not solicit for or promote commercial ventures; (6) it does not utilize excessive network resources; and (7) it does not constitute any prohibited use, as discussed below.

Prohibited Uses of CCDDR's Technology Resources .

Use of CCDDR's Technology Resources to engage in any communication that violates federal, state, or local laws or regulations, or any CCDDR policy, is strictly prohibited at all times. In addition, the following uses of CCDDR's Technology Resources are inappropriate and are prohibited at all times:

- Personal commercial use (benefiting an employee's outside employment or commercial business)
- Accessing, receiving or sending pornographic, sexually explicit or indecent materials, including materials of an unreasonably offensive nature (unless as part of a law enforcement investigation conducted by authorized Police personnel)
- Usage for any type of unlawful harassment or discrimination, including the transmission of obscene or harassing messages to any individual or group because of their sex, race, religion, sexual orientation, national origin, age, disability or other protected status
- Gambling
- Usage for recreational purposes including the loading of computer games or playing online games
- Usage that precludes or hampers CCDDR network performance; such as viewing or listening to streaming audio and/or video (unless for CCDDR business, such as for online training)
- Unauthorized copying or downloading of copyrighted material
- Usage that violates software license agreements
- Downloading of software programs (unless specifically approved by applicable Director and coordinated with the IT Consultant)
- Usage for political purposes, including partisan campaigning
- Sending anonymous messages and/or misrepresenting an employee's name, position, or job description
- Deliberately propagating any virus, worm, trojan horse, malware, spyware, or other code or file designed to disrupt, disable, impair, or otherwise harm either CCDDR's networks or systems, or those of any other individual or entity
- Releasing misleading, distorted, untrue or confidential materials regarding CCDDR business, views or actions
- Using abusive, profane, threatening, racist, sexist, or otherwise objectionable language in either public or private messages
- Use of Technology Resources in an excessive manner so as to deprive others of system use or resources, including the sending of bulk email for other than official business or forwarding "chain letter" emails of any kind
- Connecting to the CCDDR network, or any specific software package, utilizing somebody else's security identification login information to gain alternate security permissions
- Any personal use, even if incidental, that result in expense to CCDDR
- Usage that violates the guidelines set forth in the Standards of Conduct described in this Manual

Any employee who violates these policies could be subject to disciplinary action, up to and including termination. In addition, employees may be held personally liable for damages incurred as a result of copyright and licensing requirements.

Social Media.

CCDDR expects all of their employees who participate in online social networking and the use of social media to understand and follow the guidelines set forth in Policy 35-- CCDDR Social Media Policy.

Downloading Files from the Internet or Opening Email Attachments.

Downloading files from the Internet or opening email attachments from sources outside CCDDR can lead to spyware and/or virus attacks that can severely damage, or degrade CCDDR's network and/or data. The IT Consultant or authorized employee has installed anti-virus and anti- spyware software on all CCDDR computers and continuously updates signature definition files. However, that does not guarantee that all spyware is blocked, or that all viruses are caught.

If you are downloading a file and receive a message that a virus or spyware has been detected, you must call the IT Consultant, your supervisor, or the Executive Director immediately for assistance. Similarly if you receive an email with a suspicious attachment, or from an unusual source, you should notify the IT Consultant, your supervisor, or the Executive Director before opening it. If you notice that your computer is behaving strangely or you suspect spyware or a virus, notify the IT Consultant, your supervisor, or the Executive Director.

3.34 TRANSPORTING CLIENTS/EMPLOYEE LICENSE & INSURANCE REQUIREMENTS

Employees are to only provide transportation to clients served by the agency in emergency situations, where the health, safety, or well being of the client may be at risk. In the case of a medical emergency, employees are to call 9-1-1 for ambulance transport. No smoking is allowed in any vehicle while transporting clients. All employees who transport clients in their vehicle must have a current valid Missouri driver's license and are required to wear their seat belts and to have all clients transported wear seat belts. All employees are to submit proof of the minimum vehicle liability insurance coverage to the Human Resources Officer or the Executive Director at the appropriate insurance renewal periods in order to establish proof of continuous coverage. Failure to maintain continuous vehicle insurance coverage could result in disciplinary action up to and including termination. If an employee's vehicle insurance has lapsed or expired, the employee will not be allowed to drive his or her vehicle for purposes of Agency business. It is the employee's responsibility to notify their insurance carrier that they may be responsible for transporting clients in certain emergency situations as a function of CCDDR business, and to ensure they have adequate coverage for liability, property damage, and bodily injury.

Any penalty, fine, imprisonment, fee, or other adverse action imposed by a court in connection with an employee's vehicle accident or use must be reported immediately to Human Resources Officer or the Executive Director.

3.35 CONFIDENTIALITY

The protection of confidential client Protected Health Care Information (PHI) is vital to the interests and success of CCDDR. CCDDR conforms to state and federal laws with regard to protecting confidential client information. Such confidential client information includes, but is not limited to, the following examples:

- Client name/Social Security #/date of birth/phone #/relatives,
- Client diagnosis,
- Client records/files,
- Client treatment plans & services,
- Client financial information.

All employees shall be trained in the proper safeguarding and use/disclosure of client PHI. Professional consideration and discretion must be afforded by staff at all times in their discussions regarding individuals served by the agency.

It is the responsibility of all staff not to disclose to any unauthorized person any PHI regarding persons served by the agency. As a general rule, only those persons on the client's treatment team have a need for client PHI, and even in these cases, only the specific information/PHI required should be provided.

Further, caution must be exercised by staff in any discussions with professional peers, on or off the agency premises, to assure that conversations cannot be overheard by individuals served or other individuals not professionally involved with the individual who is/are the topic of conversation.

Staff traveling in the field should only take the minimum necessary Protected Health Information (PHI) to conduct their duties. While transporting PHI, efforts shall be made by staff to keep such information from plain view. Vehicles containing PHI shall be kept locked while unoccupied and shall be kept out of view through the windows. Laptops provided by CCDDR and used in the field or at staff's place of residence shall be kept in a locked and secured location when not in use.

If PHI is lost or stolen, the Privacy Officer or designee should be notified as soon as possible, but no later than one (1) business day after the loss is discovered.

All staff and volunteers of the agency shall be required to sign a Confidentiality Agreement as a condition of employment/association with the agency.

Employees who improperly use or disclose client PHI will be subject to disciplinary action, including termination of employment.

SECTION E

WAGE AND SALARY POLICIES

3.36 OFFICE HOURS AND WORK WEEK

The CCDDR office hours are from 8:30 a.m. to 4:00 p.m. Monday through Friday, except for holidays. In order to serve clients, all employees are expected to work at some point during these hours whenever possible, depending on approved FLEX schedules if applicable. Normally scheduled working hours for employees shall be from 8:00 a.m. to 5:00 p.m. for full-time employees (part-time employee hours are subject to supervisor and/or Executive Director approval). All employees are expected to cooperate in taking lunch breaks on a staggered schedule when working in the office in order to meet the needs of office visitors, clients/parents, persons calling by phone, and co-workers.

The standard workweek for full-time, nonexempt employees is 40 hours per week. For calculating hours worked during the week by nonexempt employees, the employee workweek is from Saturday at 12:00 a.m. to Friday at 11:59 p.m. All employees are allowed up to a one-hour lunch break, which is not counted as time worked, and two 15-minute breaks during the day—one in the morning or before lunch and one in the afternoon or after lunch, which are counted as time worked. Lunch breaks must be taken and cannot be less than 30 minutes if an employee works at least 4 hours on any day worked.

3.37 TIMEKEEPING AND SCHEDULING

Nonexempt employees must record their time worked, and the immediate supervisor and/or the Executive Director will review time records for nonexempt employees each week. Any changes must be approved by the immediate supervisor and/or the Executive Director.

Exempt employees should plan ahead and attempt to work out a work schedule with their immediate supervisor and/or the Executive Director at the start of each week, so that coverage for office hours when the employee will be out may be arranged when needed.

3.38 OVERTIME

Overtime compensation is paid only to nonexempt employees in accordance with federal and state wage and hour laws. Exempt employees are not eligible for overtime regardless of hours worked.

Overtime work should not be undertaken unless a nonexempt employee obtains their immediate supervisor's or the Executive Director's prior authorization. If possible, nonexempt employees should notify their immediate supervisor or the Executive Director at least two working days in advance if working hours during a work week need to be varied or overtime hours are requested.

Overtime is payable at a rate of one and one-half times the regular hourly rate for all hours worked over 40 in one work week. Paid time off or any leave of absence will not be counted as hours worked. When paid time off or any leave of absence is recorded during a work week, the amount of total hours worked plus the approved paid time off or any leave of absence shall not exceed 40 hours. No more than 40 hours of paid time off or any leave of absence approved shall exceed 40 hours in one work week.

3.39 PAYDAYS

All employees are paid on a biweekly basis, every other Friday. In the event that a regularly scheduled payday falls on a holiday, employees will receive pay on the last working day prior to the holiday.

If a regular payday falls during an employee's paid time off, the employee's paycheck will be available upon his/her return from the paid time off or available for the employee to pick up at his or her convenience on payday or any time thereafter. Employees may elect to have their paychecks automatically deposited into their checking account.

If the employee is not at work when paychecks are distributed and does not receive the paycheck, the paycheck will be kept within the office through the rest of the payday or until the employee picks up the check thereafter. If an employee is unable to pick up his or her check on payday, he or she will need to make arrangements with the Human Resources Officer or Executive Director to receive the paycheck.

Paychecks will not, under any circumstances, be given to any person other than the employee without written authorization. Paychecks may also be mailed to the employee's address or deposited directly into an employee's bank account upon request.

Tax withholding deductions from payroll shall be made in accordance with Federal and State W-4 data provided by the employee, in addition to standard deductions for Social Security and Medicare.

Additional withholdings may be made as authorized by the employee for items such as elective deferrals into a deferred compensation program, Aflac participation, payment of the employee-responsible portion of health or vision insurance premiums, or any other employee approved payroll deduction. All such withholdings shall be prior-authorized by the employee.

SECTION F

BENEFITS AND SERVICES

3.40 OVERVIEW OF BENEFITS

CCDDR offers the following benefits for all employees:

- Workman's Compensation
- Jury Duty & Military Leave
- Professional Development
- Leaves of Absence

The following benefits are available immediately upon hire to all full-time employees:

- Health Insurance (starts the 1st day of the month after date of hire)
- Paid Holidays
- Personal Hours (16)

The following benefits are available to all regular full-time employees after three months of employment:

- Paid Time Off (PTO)
- Funeral Leave

The following benefits are available to all regular full-time employees after six months of employment:

- LAGERS Defined-Benefit Retirement Program (vested after 5 years)
- Life Insurance/ADD

The following benefit is available to all employees who have worked for the agency for 12 or more months, have worked at least 1,250 hours during the previous 12 months, and work at a location where CCDDR employs 50 employees within 75 miles of your worksite:

- Family Medical Leave Act

The following benefit is available to all fulltime employees after two years of full-time employment:

- Educational (Tuition) Assistance

The agency offers leave benefits in an effort to recruit and maintain a motivated workforce. The agency extends the following types of leave: paid time off (PTO), military, bereavement, jury duty and emergency leave. The Executive Director shall establish procedures governing the use and approval of these benefits.

3.41 PAID TIME OFF (PTO)

Beginning with the date of their hiring through the completion of the fourth year of employment, an individual shall have 160 hours of PTO available for use in the event an employee is absent from work; beginning with the fifth year through the ninth year of employment, an individual shall have 240 hours of PTO available for use in the event an employee is absent from work; and beginning with the tenth year of employment, an individual shall have 320 hours of PTO available for use in the event an employee is absent from work (see chart below). PTO may be used for absent hours due to illness, personal reasons, vacations, or other circumstances which require an employee be absent from work. All PTO must be approved by his or her supervisor and/or the Executive

Director. PTO hours will only be approved in an amount that will fulfill a 40- hour work week due to absence(s). Unless extreme circumstances exist, such as hospitalization or other emergency, no more than 80 consecutive hours shall be approved for use. Any request for over 80 consecutive hours must be approved by the Executive Director. No more than ½ of available PTO can be used during the first 6 months of each calendar year without direct approval from the Executive Director. Use of PTO hours during the first quarter of each year will require the Human Resources Officer to monitor continued use of PTO time to ensure an employee does not use PTO inappropriately.

Years of Service	Maximum PTO
1-4 years	160 hours
5-9 years	240 hours
10 or more years	320 hours

The full applicable compliment of PTO is available for use in each calendar year beginning on January 1st of that calendar year and must be used by December 31st of that same calendar year. There will be no carryover of any unused PTO from one calendar year to the following calendar year. If an eligible employee is hired during any calendar year, the applicable PTO will be pro-rated based on the number of months remaining in that calendar year. For example:

An employee is hired on June 10th of a calendar year. The employee is eligible for 7/12 (.59 – all decimals are rounded up) of 160 hours, which equals 95 hours (all decimals rounded up to the nearest whole number) of PTO available to that employee once the employee has completed the initial employment period (first 90 days).

The same calculation applies to employees whose fifth and tenth year of employment begins during a calendar year. For example:

An employee's fifth or tenth year of employment begins on June 10th. The employee is eligible for 7/12 (.59 – all decimals are rounded up) of the additional 80 hours awarded, which equals 48 hours (all decimals are rounded up to the nearest whole number) of PTO available to that employee in addition to any remaining PTO for that same calendar year.

Pro-rated unused PTO shall be paid to the employee upon termination of employment. For employees who are terminated either voluntarily or involuntarily during a calendar year, the proration will be based on the number of months the employee was still employed during the calendar year. For example:

An employee voluntarily terminates employment with the Agency on June 10th. The employee was employed for 2 years and has not used any PTO during that calendar year. The employee is eligible to receive 6/12 (.50 – all decimals are rounded up) of the remaining 160 hours, which equals 80 hours (all decimals are rounded up to the nearest whole number) that will be paid to the employee after termination has occurred.

The same calculation applies to an employee whose employment is terminated, either voluntarily or involuntarily, and who has used PTO hours during the calendar year prior to termination. For example:

An employee voluntarily terminates employment with the Agency on June 10th and the employee has used 50 hours PTO. The employee is eligible to receive 6/12 (.50 – all decimals are rounded up) of the remaining 160 hours, which equals 80 hours (all decimals are rounded up to the nearest whole number). 80 hours minus 50 hours used equals 30 hours. 30 hours will be paid to the employee after termination has occurred.

If there are no PTO hours available as a result of the calculation, there will be no PTO hours paid to the employee

after termination. The month of hire or termination will be counted as a full month, regardless of the date during the month.

PTO Request Procedure

Unless circumstance prohibits or an emergency precludes from doing so, employees shall submit requests for desired PTO to their supervisor for approval sufficiently in advance of the planned PTO to permit scheduling of substitute personnel if necessary.

3.42 RECORD KEEPING

CCDDR maintains records of PTO balances during the calendar year and is updated at the conclusion of each payroll period.

3.43 HOLIDAYS

CCDDR observes the following paid holidays per year for all regular full-time employees:

- New Year's Day
- Martin Luther King, Jr. Day
- President's Day
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veteran's Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day

3.44 PERSONAL HOURS

In addition to scheduled paid holidays and PTO, full-time employees are given 16 personal hours annually to be used for time off from work. Unless circumstance prohibits or an emergency precludes from doing so, the employee must obtain approval from their immediate supervisor before using the personal hours. Unused personal hours are not paid after termination of employment with the agency. The full applicable compliment of personal hours is available for use in each calendar year beginning on January 1st of that calendar year and must be used by December 31st of that same calendar year. There will be no carryover of any unused personal hours from one calendar year to the following calendar year. Personal hours are not prorated the same way as PTO; therefore, all new employees have 16 personal hours immediately available to them upon employment.

3.45 FAMILY MEDICAL LEAVE ACT & OTHER MEDICAL LEAVES OF ABSENCE

Eligible employees of CCDDR who have worked for the agency for 12 or more months, have worked at least 1,250 hours during the previous 12 months, and work at a location where CCDDR employs 50 employees within 75 miles of your worksite may be allowed to take up to 12 weeks of protected leave time pursuant to the Family Medical Leave Act (FMLA) (See attached Appendix "B", which sets forth employee rights under FMLA).

For employees not eligible for FMLA leave, leave of absence requests shall be evaluated in accordance with applicable law. Approved leave of absence from work shall generally be a maximum of six weeks; however, each situation shall be assessed on a case by case basis. Such leave of absence requests must be approved by the Executive Director and may require documentation from a health care provider.

3.46 FUNERAL LEAVE

The purpose of funeral leave is to provide you with time to attend the funeral of a member of your family and to handle personal affairs without disrupting your income. Permanent full-time employees are eligible for funeral leave benefits, and the benefits become effective after you complete your three-month initial employment period.

Employees may be granted up to a three-day leave (three consecutive working days) with pay in the event of the death of an immediate family member.

The term immediate family member is defined as:

- Sibling
- Child
- Domestic Partner
- Parent
- Parent-in-law
- Spouse
- Step Sibling
- Step Child
- Step Parent
- Grandparent
- Grandparent-in-law
- Grandchild

Your funeral leave pay will be figured at your regular rate of pay.

3.47 JURY DUTY/MILITARY LEAVE

Employees will be granted time off to serve on a jury or military leave. The agency will be responsible for the difference between the exempt employee's weekly salary and the weekly rate of pay received for temporary military duty or jury duty. Non-exempt, full-time employees who are required to perform jury duty during normally scheduled working hours will be compensated their current hourly rate up to a maximum of 8 hours per workday and up to a maximum of 10 working days. If jury duty for a non-exempt employee does not require the employee to be absent for a full working day, the employee should report to work unless otherwise approved by his or her supervisor. The total hours for any workweek consisting of jury duty hours or combined hours of jury duty and work performed shall not exceed 40 (i.e. overtime will not be authorized). Non-exempt employees can utilize PTO hours for jury duty lasting over 10 working days. All regular employees, both full-time and part-time, will be kept on the active payroll until their civic and/or military duties have been completed. A copy of the jury duty summons and all other associated paperwork are required for the personnel file.

3.48 EDUCATIONAL ASSISTANCE

CCDDR recognizes that the skills and knowledge of its employees are critical to the success of the agency. CCDDR offers educational assistance programs to encourage personal development, improve job-related skills, and enhance an employee's career within the field of developmental disabilities.

Only employees with two or more years of full time employment with the agency shall be eligible for educational assistance. Only expenses related to tuition shall be covered and only those courses related to your employment with the agency. The maximum amount of assistance provided to any one person in any one fiscal year is \$1,000.00.

An application form for assistance must be completed prior to enrollment/commencement of classes. The

following reimbursement schedule shall be followed:

- Course completion with grade of “A”: 100% reimbursement
- Course completion with grade of “B”: 75% reimbursement
- Course completion with grade of “C”: 25% reimbursement
- No reimbursement will be provided for courses not completed or with a grade of below “C ”

All applications for educational assistance must be prior-approved by the Executive Director.

3.49 TRAINING/PROFESSIONAL DEVELOPMENT

CCDDR recognizes the value of professional development and personal growth for employees. Therefore, CCDDR encourages its employees who are interested in continuing education and job specific training to research these opportunities further and provide requests to the Executive Director as appropriate in enrolling or signing up for conferences, seminars, and/or courses pertaining to the field of developmental disabilities. Such requests will be evaluated on a case by case basis by the Executive Director. Employees who attend such conferences, seminars, or courses may be asked to share information obtained with other staff.

Any training required by CCDDR after the start of employment shall be paid for by the agency.

SECTION G

EMPLOYEE COMMUNICATIONS & FEEDBACK

3.50 JOB POSTINGS & PROMOTION

It is the policy of CCDDR to attempt to fill positions by drawing from internal candidates possessing the desired qualifications, and to promote from within whenever possible. Staff will be notified when positions are available for internal candidates.

3.51 CHAIN OF COMMAND AND PROCEDURE FOR HANDLING COMPLAINTS

CCDDR encourages employees to raise workplace issues with management. The below policy addresses steps employees should take regarding raising any workplace issues. The Board of Directors governs the overall management of CCDDR. The Executive Director reports to the Board of Directors and represents the Board of Directors in enforcement of Agency policies and in accomplishing the mission and goals of the Agency. The Executive Director is also responsible for the day to day management of the Agency.

If an employee has an issue that concerns employment discrimination, harassment, or retaliation, the employee should follow the procedure in Section 3.10 of this manual. For issues not related to those covered by the Equal Employment Opportunity policy in section 3.10 of this manual, an employee should first notify his or her supervisor of their workplace or employment related issue. If an employee of the Agency has an issue or a concern that needs addressed, the employee should notify his or her supervisor first. If the employee believes that the issue or concern was not adequately addressed by the supervisor, the employee should immediately notify the Human Resources Officer. If the employee believe that the issue or concern was not adequately addressed by the supervisor or the Human Resources Officer, the employee should immediately notify the Executive Director. If the employee believes that the issue or concern was not adequately addressed by the supervisor, Human Resources Officer, or the Executive Director, the employee should immediately request time allotted at the next regularly scheduled Camden County Senate Bill 40 Board meeting to discuss the issue or concern with the Board members.

3.52 STAFF MEETINGS

Staff meetings will be held on an as-needed basis. These meetings allow employees to be informed on recent Agency activities, changes in State/Agency policies and procedures, best practices within the field of developmental disabilities, and employee recognition.

3.53 BULLETIN BOARDS

Please make note of the bulletin board placed in the main office area for access to important posted information and announcements. The employee is responsible for reading necessary information posted on the bulletin boards.

3.54 EMPLOYEE SUGGESTIONS

CCDDR encourages employees who have suggestions. If you prefer to make suggestions anonymously, please submit your suggestion in writing, without disclosing your identity to the Executive Director or Human Resources Officer via regular mail to: CCDDR, PO Box 722, Camdenton, MO. 65020. If this is done anonymously, every care will be taken to preserve the employee's privacy.

3.55 PERFORMANCE REVIEWS & PLANNING SESSIONS

The employee's immediate supervisor will conduct employee performance reviews with all of his or her employees approximately 90 days after initial employment and in July of each calendar year thereafter. Informal performance feedback and planning may occur more frequently.

Employee performance reviews are designed for the employee and the supervisor to discuss the employee's current job tasks, current job performance, encourage/recognize positive attributes, discuss positive approaches for meeting work-related goals, and learning new skills. Various performance measures will be utilized to assist in determining performance ratings.

3.56 CORRECTIVE ACTION & DISCIPLINE

Every employee is expected to conduct themselves in an ethical and professional manner at all times. Our Agency is governed by many external and internal influences. Each employee is responsible for acquiring, supplementing, and maintaining the knowledge needed to comply with all governing State statutes, Federal statutes, DMH directives, DMH procedures, CMS directives, CMS procedures, CCDDR policies, CCDDR procedures, Targeted Case Management requirements, Medicaid protocols, and any other Agency-related governing sources. Management personnel will always assist in the continuing education of the changes within our Agency and rules governing it. Internal directives will be issued on a regular basis and employees are expected to comply with all directives, policies, procedures, protocols, and statutes. When an employee deviates from rules, directives, and standards, Management is expected to take corrective and/or disciplinary action. Nothing in this manual alters the employees' at will status. An employee may be subject to verbal consultations, written disciplinary actions, temporary suspensions from employment, and immediate termination at the discretion of the Executive Director in consultation with the Human Resources Officer and/or supervisor(s), depending on the situation and/or infraction. Each infraction, violation, or penalty will be weighed based on the severity of the situation, the experience of the employee, the circumstances surrounding the situation, and the attitude of the employee while engaging with Management during the counseling meetings. Insubordination or inappropriate behavior will not be tolerated at any time from any employee.

3.57 EMPLOYMENT TERMINATION

Employment is based on mutual consent, and both the employee and the agency have the right to terminate employment at will, with or without reason and with or without notice.

Nevertheless, to maintain adequate service to our clients we ask employees who are resigning from their position with the Agency to submit sufficient notice so that minimal disruptions in workflow occur. We understand it is not always possible, but the Agency prefers that employees give no less than 2 weeks' notice prior to leaving the Agency. Any employee who leaves employment for any reason shall upon termination return all files, records, keys and other materials that are the property of CCDDR. The cost of replacing non-returned items and any outstanding financial obligations owed to the agency will be deducted from the employee's final paycheck.

Employee personnel files are the property of CCDDR and will not be released to any employee. Contents of an employee's own file may be viewed in the presence of the Executive Director and/or Human Resources Officer, and requests for copies of any documents in the file should be made to the Executive Director and/or Human Resources Officer.

Appendix “A”

Complaint of Discrimination or Harassment

1. Your Full Name: _____

2. Address: _____

3. Work Phone: _____ Home Phone (optional): _____

4. Alleged inappropriate conduct or activity (circle as many as are applicable):

Discrimination _____

- | | |
|--------------------|---|
| Age | Color |
| Disability | Military or Veteran Status |
| National Origin | Race |
| Religion | Gender |
| Sexual orientation | Marital Status |
| Gender Identity | Change of sex and/or Transgender Status |
| Citizenship Status | Other _____ |

Harassment _____

- | | |
|--------------------|---|
| Age | Color |
| Disability | Military or Veteran Status |
| National Origin | Race |
| Religion | Gender |
| Sexual orientation | Marital Status |
| Gender Identity | Change of sex and/or Transgender Status |
| Citizenship Status | Other _____ |

Retaliation _____

5. Date(s) of alleged inappropriate conduct or activity:

6. Identify by name and position the person(s) you believe discriminated against you, harassed you, or retaliated against you:

7. Describe in detail the events or occurrences giving rise to your complaint, and explain how you believe you were discriminated against, harassed, or retaliated against. (Use the back of this form and additional paper if you need more space.) Include the location of the events and whether any witnesses were present. Please attach copies of any documents that relate to your complaint, such as applications, resumes, notices of denial of employment or promotion, letters of reprimand, termination etc.

8. Resolution and/or corrective action requested: _____

Your Signature _____ Date: _____

Appendix “B”

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

REQUESTING LEAVE

EMPLOYER RESPONSIBILITIES

ENFORCEMENT

For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division





CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2017-29

APPROVAL OF AMENDED TRANSPORTATION MANUAL

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden Co. voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, plans, manuals, handbooks, and job descriptions and creates new Bylaws, policies, plans, manuals, handbooks, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to amend its Transportation Manual.
2. That the Board hereby amends and adopts its Transportation Manual (see Attachment "A" hereto) as presented.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairman

Date

Secretary, Vice Chairman, or Treasurer

Date

Attachment “A” to Resolution
2017-29

CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES

TRANSPORTATION MANUAL

Revised August 21st, 2017

MISSION STATEMENT

“We provide persons with developmental disabilities the necessary tools to achieve self-determined lives, while ensuring quality services.”

EXECUTIVE DIRECTOR	ED THOMAS
BUSINESS HOURS	8:30 am-4:00 pm MON.–FRI.
EMERGENCY NUMBER AFTER HOURS	573-469-5851
TARGETED CASE MANAGEMENT OFFICE LOCATION	100 THIRD STREET CAMDENTON, MO 65020
CCDDR OFFICE MAILING ADDRESS:	PO Box 722 CAMDENTON, MO 65020
TARGETED CASE MANAGEMENT PHONE NUMBER	573-317-9233
TARGETED CASE MANAGEMENT OFFICE FAX NUMBER	573-317-9332
ADMINISTRATIVE OFFICE LOCATION	5816 OSAGE BEACH PARKWAY STE 106 OSAGE BEACH, MO 65065
ADMINISTRATIVE OFFICE PHONE NUMBER	573-693-1511
ADMINISTRATIVE OFFICE FAX NUMBER	573-693-1515

Camden County Senate Bill 40 dba Camden County Developmental Disability Resources (CCDDR) does not discriminate in employment opportunities or practices because of race, color, religion, sex, national origin, sexual orientation, age, disability, or veteran status.

Title VI Assurances

CCDDR agrees to comply with all provisions prohibiting discrimination on the basis of race, color, or national origin of Title VI of the Civil Rights Act of 1964 as amended, 42 U.S.C. 200d et seq., and with U.S. DOT regulations, "Nondiscrimination in Federally-Assisted Programs of the Department of Transportation – Effectuation of Title VI of the Civil Rights Act," 49 CFR part 21.

CCDDR assures that no person shall, as provided by Federal and State civil rights laws, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity. CCDDR further ensures every effort will be made to ensure non-discrimination in all programs and activities, whether those programs and activities are federally funded or not.

CCDDR meets the objectives of the FTA Master Agreement which governs all entities applying for FTA funding including CCDDR and its third-party contractors by promoting actions that:

- Ensure that the level and quality of transportation service is provided without regard to race, color, or national origin.
- Identify and address, as appropriate, disproportionately high and adverse effects of programs and activities on minority populations and low-income populations.
- Promote the full and fair participation of all affected Title VI populations in transportation decision making.
- Prevent the denial, reduction, or delay in benefits related to programs and activities that benefit minority populations or low-income populations.
- Ensure meaningful access to programs and activities by persons with Limited English Proficiency (LEP).

CCDDR receives state and/or federal funds through grants administered by the Missouri Department of Transportation for both operating and capital. As a recipient of this funding, CCDDR is committed to assuring compliance with the Title VI Requirements for Federal Transit Administration Recipients as outlined in FTA circular 4702.1B

TRANSPORTATION FOR PERSONS SERVED

Purpose:

It is the responsibility of the CCDDR to protect the health and safety of all our clients who are being transported in a personal vehicle of staff or company vehicles. On occasion, there may be situations where CCDDR employees must use their personal vehicles to transport clients. CCDDR has established requirements for staff transporting clients in personal and company vehicles. CCDDR's goal is to provide a transportation program and service that support public or private transportation opportunities for persons with developmental disabilities. Our agency wants to create better transportation for our clients in the communities in which they live, work and play. Transportation provides a means of independence.

Policy:

CCDDR will ensure no qualified individual with a disability shall be excluded from participation in or denied benefits of transportation services from CCDDR. CCDDR requires that all local and state regulations be followed, including, but not limited to, wearing seat belts and adherence to speed limits. Employees must also follow guidelines described in the CCDDR Transportation Manual, CCDDR's Employee Manual, and all CCDDR policies.

CCDDR has one minivan providing limited transportation for clients as needed and makes arrangements with other transportation providers to meet client needs when necessary.

PROCEDURE FOR TRANSPORTING CLIENTS IN SUPPORT COORDINATOR VEHICLE:

1. Drivers shall be properly licensed (Missouri state driver's license preferred and preferably a Class E Driver's License).
2. Employees must have the minimum liability coverage as required by CCDDR policies.
3. Vehicles must have copy of guidelines regarding what to do in event of an accident.
4. In the event of an accident and/or injury while transporting a client, the driver will immediately notify the police and ambulance (if needed) to report the accident, provide CPR/First Aid as needed, and follow guidelines sheet. The Executive Director and/or Services and Supports Director will be notified immediately and if needed, completion of Worker's Compensation for Medical Treatment form, Accident Investigation Report Form and other necessary paperwork will be completed.

PROCEDURE FOR TRANSPORTING CLIENTS IN AGENCY VEHICLE

1. Drivers shall be properly licensed (Missouri state driver's license preferred and preferably a Class E Driver's License).
2. Vehicles must have copy of guidelines regarding what to do in event of an accident.
3. In the event of an accident and/or injury while transporting a client, the driver will immediately notify the police and ambulance (if needed) to report the accident, provide CPR/First Aid as needed, and follow guidelines sheet. The Executive Director and/or Services and Supports Director will be notified immediately and if needed, completion of Worker's Compensation for Medical Treatment form, Accident Investigation Report Form and other necessary paperwork will be completed.

REQUIREMENTS OF POSITION OF DRIVERS FOR CCDDR

1. Drivers shall be properly licensed (Missouri state driver's license preferred and preferably a Class E Driver's license). Employees will furnish a copy of their driver's license to designated Human Resource Officer upon hiring date and also upon renewal of license.
2. Employee must have the minimum liability coverage as required by Missouri statutes (if using a private vehicle).
 - All individuals who are employed by CCDDR are required to have a background Check Consisting of:
 - Illegal drug screen (Upon hire and randomly if shows probable cause)
 - FBI fingerprint check (Fingerprints/Criminal records check/sex offender registry check thru the Highway Patrol (Upon hire)
 - Family Care Safety Registry (annually)
 - Driving history/MVR (annually)
 - Office of Inspector General (OIG United States Department of Health & Human Services (annually)
3. The vehicles must have adequate first aid supplies, including a first aid kit that is checked annually and as necessary.
4. Vehicles must have copy of guidelines regarding what to do in event of an accident.
5. In the event of an accident and/or injury while transporting a client, the driver will immediately notify the police and ambulance (if needed) to report the accident, provide CPR/First Aid as needed. (If you have a current certification in CPR) The Executive Director and/or Services and Supports Director will be notified
6. Immediately and if needed, completion of Worker's Compensation Authorization for Medical Treatment
7. Form, Accident Investigation Report Form and other necessary paperwork will be completed.
8. All accidents occurring away from the CCDDR office when on CCDDR business, regardless of professional medical attention must be reported, for Workers Compensation purposes. Verbal notification of any serious occurrences should be immediately reported to the Executive Director.

RESPONSIBILITIES OF OUR DRIVERS

1. Driver safety is priority.
2. Driver is required to review Transportation Policy Manual annually.
3. The driver is responsible for the condition of the vehicle.
4. It is the responsibility of each driver to fill out the mileage report form upon departure and return in the company vehicle(s).
5. Driver must wear seatbelt at all times and verify passengers have seat belts on.
6. Driver is required to take credit card and fill up the vehicle when it reaches ½ tank.
7. Only authorized persons are allowed to drive or ride in company vehicles.
8. Always be polite and professional when transporting clients.
9. Never drive under the influence of illegal drugs or controlled substances of any kind.
10. Driver may not alter the company vehicle(s) in any way without prior consent of the Executive Director.
11. It is each driver's responsibility to maintain a current valid driver's license.
12. Never drive faster than the speed limit. If you receive a ticket, you are responsible for all costs.
13. Never carry more passengers than available seating in the vehicle.
14. Company vehicles are used for company business only.
15. Driver(s) are responsible for accurately completing all required paperwork, including mileage sheets.
16. Driver shall not transport a minor without written documentation or a phone call from parent/guardian of minor and if at all possible, parent/guardian should accompany the minor who is being transported.
17. Company vehicle keys are to be placed in office desk drawer after vehicle is parked and should remain there at all times the vehicle is not in use.
18. It is the responsibility of every driver to be informed on impending weather conditions and the daily forecast outlook. You will need to watch the news to get this information. This includes all seasonal, inclement weather (snow, ice, thunderstorms, tornado, etc.) It is the driver's responsibility for calling the Support

Coordinator so they can contact the client and inform them of the situation. Drivers should use common sense and good judgment when deciding to drive/transport clients for the day. If the weather is questionable, don't go! It is better to be safe than sorry!

VEHICLE SAFETY CHECKS

1. Any vehicle problem is to be reported to lead personnel.
2. Check vehicle tires - the life of the tires depends on how the vehicle is driven. Excessive speed, braking, or acceleration will cause tires to wear away.
3. Always drive at a safe speed. A safe speed depends on a number of factors:
 - Road Conditions – wide straight, good/bad surface, good/bad vision etc.
 - Weather Conditions – dry, wet, bright, sunny, misty, raining, snow, fog etc.
 - Traffic Conditions – light or heavy flow of traffic, country, city etc.
 - Physical Condition of Driver(s) – relaxed, happy, tired, worried, aggressive, frustrated etc.
4. Never use the vehicle if any maintenance light is on as it could be unsafe.

Report all van maintenance issues to the TCM Office Manager or the Compliance Manager at 573-317-9233 or 573-693-1511 immediately to get repair initiated in a timely manner. If none of the above can be reached, contact the Executive Director at 573-469-5851 or Services and Support Director at 573-289-8598. Return keys to the proper location after each trip. Check driving sheets daily, and initial.

DRIVING UNDER THE INFLUENCE

If you drive under the influence of alcohol, a controlled substance, or impairing substance, the legal penalties include the loss of your license, a fine, and/or prison sentence. Employees will be terminated immediately if determined to be driving under the influence of alcohol and controlled or impairing substances.

MOBILE PHONES

Although an increasing number of states are placing restrictions on cell phone usage, Missouri has no law regarding the use of cell phones while driving. **Per CCDDR company policy, the use of mobile phones while driving a company vehicle is prohibited! If you need to place or receive a call, please pull off the road to do.**

PROCEDURE FOR MEDICAL EMERGENCY:

In Case of a Medical Emergency use the following procedures in the event of a life-threatening Medical emergency.

1. CHECK the scene for any potential safety hazards.
2. **CALL 911**
3. CARE for victim—maintain **Circulation Airway Breathing (C-A-B)**:
4. Provide the following information to 911 operators:
 - Nature of medical emergency
 - Location of the emergency (address, building, highway, etc.)
 - Your name and phone number from which you are calling
5. Do not move victim unless absolutely necessary.
6. CCDDR personnel have a current certification in CPR and First Aid and are authorized to provide Emergency medical assistance in the event of a medical emergency.
 - If personnel trained in First Aid/CPR are not available, as a minimum, attempt to provide the following assistance: Stop the bleeding with firm pressure on the wounds (note: avoid contact with blood or other bodily fluids).

- Clear the air passage using the Heimlich maneuver in case of choking.
7. Stay with the victim until help arrives.

IN CASE OF AN ACCIDENT CALL 911 IMMEDIATELY

1. Give location and time
2. Service required – ambulance etc.
3. Call CCDDR
4. Do not move vehicle
5. Take notes if possible
6. Fill out Accident Report Forms

DETAILS OF OTHER VEHICLES

1. Drivers name, address and phone number
2. Type, make and color of the car
3. Insurance details
4. Any contributory factors, lights (on, off) etc.
5. License Plate Number

OBSERVATIONS

1. Fixed Objects
2. Road Conditions
3. Traffic Lights
4. Condition of other vehicles
5. Street lighting
6. Parked cars

WITNESS

MAKE SURE YOU OBTAIN NAMES AND ADDRESS OF WITNESSES.

DIRECT: Sees all but not necessarily a passenger.

INDIRECT: Does not actually see accident but notices a manner of driving.

SPECIAL INTENTIONS

Do not admit error or liability to other party.

Do not discuss accident/statements with press or media.

Do not pose for photographs.

In the event of an accident, minor or severe, it is required by our agency that a drug/alcohol test be conducted **immediately**. This can be done locally at Lake Regional Occupational Medicine, 54 Hospital Dr. Ste. 102, Osage Beach, MO 65065, telephone number 573-348-8045 from 8:00am – 4:00pm Monday thru Friday and at Lake Regional Hospital lab, 2nd floor, 54 Hospital Dr. in Osage Beach, MO, at any other time. Contact information for the lab is 573-348-8296. If accident requires an emergency room visit, the test will be conducted at that time. Driver may be temporarily suspended while waiting for results of test. Refusal to take test will result in immediate termination.

CCDDR DICLINARY ACTIONS ARE AS FOLLOWS:

1. Verbal Warning – documentation goes in personnel file
2. Written Warning – documentation goes in personnel file (may include suspension)
3. Termination – NOTE: Termination may be immediate depending on severity of infraction or due to specific circumstances unforeseen at this time.

REASONS FOR IMMEDIATE TERMINATION:

1. Accidents that involve driver negligence
2. Failure to report an accident
3. Any accidents where drugs/alcohol are involved
4. Refusal to perform drug/alcohol test

PURPOSE FOR ACCIDENT REPORT FORMS

The purpose for Accident Report forms is to comply with OSHA and Workers Compensation regulations regarding the accurate and timely reporting of all accidents and injuries which are job related and / or on CCDDR premises. The Work Comp Authorization for Medical Treatment, Accident Investigation Report, Client/Visitor Report of Injury, Witness Report of Accident and any other required forms will be completed when any staff, volunteer or intern incurs injury or potential injury at CCDDR offices during business hours. The CCDDR Client /Visitor Report of Injury Form Is used when any client or visitor incurs injury at CCDDR offices.

PROCEDURE FOR ACCIDENT REPORT FORMS

1. All accidents occurring at the CCDDR office or away from the CCDDR office when on CCDDR business, regardless of professional medical attention, must be reported for Workers Compensation purposes.
 - Verbal notification of any serious occurrences should be immediately reported to the Executive Director and/or Services and Supports Director.
 - Work Comp Authorization for Medical Treatment form must be completed by Human Resources for employees who incur work related illness or injury. The CCDDR Client/Visitor Report of Injury form is completed for any client or visitor.
2. All Workers Comp accident or injury forms must be sent to Human Resources within 24 hours of occurrence.
3. Human Resources must immediately send the originals to current workman’s compensation insurance carrier.
4. Human Resources is responsible for submission of the completed Workers Comp forms.
5. The CCDDR Board of Directors must be notified of all serious accidents involving medical hospitalization, property damage, death, and any other accidents that would affect the organization in the public. It is the responsibility of the Executive Director to notify the CCDDR Board President.
6. The Services and Supports Director or Human Resources completes the Accident Investigation Report Form.



CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2017-30

APPROVAL OF AMENDED HEALTH & SAFETY MANUAL

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden Co. voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, plans, manuals, handbooks, and job descriptions and creates new Bylaws, policies, plans, manuals, handbooks, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to amend its Health and Safety Manual.
2. That the Board hereby amends and adopts its Health and Safety Manual (see Attachment "A" hereto) as presented.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairman

Date

Secretary, Vice Chairman, or Treasurer

Date

Attachment “A” to Resolution
2017-30



**CAMDEN COUNTY
DEVELOPMENTAL DISABILITY RESOURCES**

HEALTH & SAFETY MANUAL
REVISED 09/2014; 8/2017

**CAMDEN COUNTY
DEVELOPMENTAL DISABILITY RESOURCES**

HEALTH & SAFETY MANUAL

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SECTION ONE HEALTH AND SAFETY

A. Intent

It is the intention of Camden County Developmental Disability Resources (CCDDR) that the health and safety of all individuals and employees within the CCDDR facility are maintained during all daily operations and in the event of any disaster relating to health and safety. Further, that persons served by the agency's Support Coordination program are supported in safe and healthy environments within the community.

In order to ensure these objectives, The Administrative Team will oversee all aspects of safety assurance including, but not limited to: initial education, on-going education, training, emergency drills, inspections, service monitoring and event report trending data of clients served; liaison with Regional Center Quality Enhancement and Provider Relations teams, and Service Providers. The Administrative Team shall review, and track any safety or health hazards and trends, and ensure they are properly remedied.

SECTION TWO SAFETY COMMITTEE COMPOSITION

A. Composition

The Safety Committee will be made up of the Administrative Team and the Safety Officer. A Safety Officer will be appointed by the Administrative Team to implement and monitor Emergency Procedures

SECTION THREE GENERAL SAFETY COMMITTEE GUIDELINES

A. General

The mission of the safety committee is to maintain a high level of interest in, and awareness of, health and safety issues among staff. To do this, the committee should perform at least the following:

1. Meet as necessary.
2. Increase safety awareness and promote an attitude of cooperation on safety concerns.
3. Review the Safety Manual and make revisions as necessary.
4. Review all CCDDR Workers Comp claims and Accident Investigation Report forms as requested, compiling a database of reports to identify trends or increases in accidents and identifying necessary remedial training.
5. Act as a resource for in-house health issues and arrange for outside consultation.
6. Develop safety rules and practices and implement them.
7. Identify unsafe work practices and conditions and suggest remedies.
8. Include health and safety policies in new support coordination training and provide opportunities for certification as required by DMH operating regulations and CCDDR policy.
9. Encourage feedback with regard to problems, ideas, and solutions related to safety from all staff.
10. Keep everyone in CCDDR informed about safety procedures.

11. Identify specific safety-related problems that seem to be recurring and develop appropriate prevention measures.
12. Maintain safety records and reports.
13. Perform or schedule all internal and external self inspections and recommend action to be taken.
14. Review client/visitor report of injury as required by Risk Management.

B. Minutes

Safety concerns and policy changes will be recorded in Support Coordination team meeting minutes.

**SECTION FOUR
FUNCTIONS OF HEALTH AND SAFETY OFFICER**

A. Purpose

The Safety Officer will be responsible for ensuring that CCDDR has a safe working environment. The Health and Safety Officer, or designee, will perform the following functions:

B. Responsibilities

1. Coordinate periodic required emergency drills.
2. Ensure that adequate first aid and other emergency supplies are current and present.
3. Report any issues, and discuss training needs at staff meetings.
4. Attend Regional Office Provider Annual Meetings of Provider Relations and Quality Enhancement Teams, and report findings to CCDDR Safety Committee.

**SECTION FIVE
SAFETY OBJECTIVES**

1. Maintain ongoing programs to identify employee and client health and safety risks.
2. Provide safety programs to encourage employees to identify and eliminate safety risks.
3. Conduct ongoing safety training activities.

**SECTION SIX
GENERAL SAFETY GUIDELINES**

1. Camden County Developmental Disability Resources (CCDDR) strives to provide a healthy and safe environment for all persons served and its staff. CCDDR will comply with local, state and federal laws and regulations concerning occupational health and safety. CCDDR requires all employees to strictly follow all health and safety policies and procedures.
2. CCDDR strives to meet the standards of CARF, funders, local and state safety codes, MO Division of DD Directives, operating regulations, and relevant state statutes as defined by law.
3. In striving to provide the safest possible environment, and in order for management to respond immediately, CCDDR encourages employees to identify potential hazards that are associated with their immediate environment and to detect hazards before they can result

- in injury and/or damage.
4. With regard to employees driving their vehicles and company vehicles during work hours, CCDDR requires that all local and state regulations be followed, including, but not limited to, wearing seat belts and adherence to speed limits. Employees must also follow guidelines described in CCDDR personnel policies and this Safety Manual.
 5. CCDDR is dedicated to discovering, correcting and preventing safety and environmental health hazards that could affect persons served, employees and the general public. CCDDR will endeavor to assure that all persons served and employees are knowledgeable of all health and safety programs and procedures.

SECTION SEVEN FACILITY SAFETY RULES

1. All staff must be trained in CCDDR safety procedures and safety rules during orientation.
2. Any hazardous condition must be reported immediately to the Safety Officer.
3. All employee injuries must be reported immediately to Human Resources, and appropriate workers comp forms completed.
4. Emergency routes are posted throughout the building and procedures in this manual are available to all staff on the computer network.
5. All aisles, hallways, and doorways must be maintained free of obstacles and stored materials.
6. Areas around fire extinguishers must be kept clear at all times.
7. All storage areas shall be kept neat, clean and orderly at all times.
8. Smoke detectors and fire extinguishers are required in the CCDDR office and will be checked annually.

SECTION EIGHT SAFETY TRAINING GUIDELINES

Camden County Developmental Disability Resources (CCDDR) takes safety training very seriously. The purpose is to teach staff to be safety conscious in their work and everyday living environment, and further, to be aware of safety issues pertaining to clients. Safety training is necessary for all new employees, with re-training required per requirements of regulatory agencies. New procedures are introduced to all employees. Most importantly, safety training is vital as a preventative measure.

A. New Employee Training

1. First Aid/CPR
2. Fire Suppression
3. Safety Rules
4. Infection Control / Blood Borne Pathogens
5. Emergency Plans / Disaster Plans / Drills
6. Medication Administration
7. Abuse/Neglect
8. Accident Reporting
9. Service Monitoring/Event Report Procedures
10. Location of First Aid Kits

Safety resources are, but not limited to:

- American Red Cross
- Camden Fire Dept.
- Lake Regional Hospital Occupational Medicine Clinic
- Camden County Health Department
- First Aid Instructors
- Rolla Regional Office
- Local/State/Federal Emergency Mgmt. Offices

B. Safety Orientation for New Employees

Purpose: To educate and train all new CCDDR employees in areas related to safety.

Procedure: It is the responsibility of the Director of Services and Supports to orient new staff with regard to CCDDR health and safety policies and procedures, including the content of this Safety Manual. Post-test competency procedures may be utilized in this process.

SECTION NINE PROCEDURE FOR INFECTION CONTROL

A. Statement

It is the responsibility of Camden County Developmental Disability Resources (CCDDR) to protect the health of all its employees and clients via the use of universal precautions, and other standard procedures as outlined by the Occupational Health and Safety Administration (OSHA). This infection control policy will be implemented through the training and education of employees, compliance with standard operating procedures in the work place, administrative monitoring and record keeping. The policy is divided into eight general categories as follows:

1. Personnel Requirements
2. Client Requirements
3. Infection Control Procedures
4. Communicable Disease Practices
5. Human and Animal Bites
6. Disinfection Practices
7. Environmental Sampling
8. Exposure Control Plan

B. Application

This Manual applies to all staff having contact with individuals served in the community, staff within the CCDDR facility, as well as staff involved in the administration of first aid and other health care procedures.

1. Personnel Requirements
 - a. Employees whose positions make them at risk for exposure to potentially infectious materials will be offered education, testing and/or vaccinating information for the appropriate infectious disease.
 - b. Caution will be exercised in preventing the transmission of communicable diseases.

- i. Any employee exhibiting signs of a communicable disease will be encouraged to remain home until such condition is resolved.
 - ii. Concurrent disinfection as required will be carried out.
 - iii. Any employee who becomes ill at work will report to the supervisor or designee and then be asked to return home.
 - c. Employees will be responsible for conducting proper sanitation of their work area.
 - d. An emergency first aid kit is available within the CCDDR office, as well as agency vehicles.
- 2. Client Requirements
 - a. CCDDR Support Coordination staff reserve the right to refuse direct contact with clients when signs of acute infectious disease are apparent; i.e., rashes and conjunctivitis (pink eye).
 - b. CCDDR shall comply with the regulations of the MO Department of Health & Senior services pertaining to the control of communicable disease.
- 3. Infection Control Procedures
 - a. Dishes, utensils and countertops are to be washed.
 - b. Staff is instructed to use the Hand Washing Procedure after toileting and prior to and after exposure to all clients.
 - c. When applicable, wash all equipment used with clients with warm water and soap after each use.
 - d. Provide disposable tissues at all times.
 - e. Employees cleaning any spill of bodily fluids shall wear sterile latex gloves. The area shall be cleaned with warm soapy water followed by a rinse with a 1:9 household bleach solution.
- 4. Human and Animal Bites

All bites will be promptly treated with routine wound care. In cases of human bites, both parties will be tested for HIV and Hepatitis. Appropriate action /follow-up will be dependent on lab results. In the event of an animal bite, the appropriate authorities will be notified. The injured employee will work with Human Resources in completing the Camden County Developmental Disability Resources Worker's Compensation Authorization for Medical Treatment Form.
- 5. Environmental Sampling

Microbiological sampling will be done upon request in the course of an epidemiological investigation.
- 6. Exposure Control Plan
 - a. Personal Protective Equipment (PPE)

No invasive procedures are carried out by the (CCDDR) staff. The Infection Control Policy prohibits the administration of medication and eliminates the risk of exposure via needle stick and the need for a needle protected system, or specific protocols for recapping. The nature of job duties in CCDDR's office setting presents a low potential for occupational exposure to blood and bodily fluids. Staff is to use the PPE during activities that may lead to exposure to potential infectious material. Non-allergic

gloves will be provided if needed by staff members. Hands are to be washed thoroughly following removal of gloves.

b. Universal Precautions

Universal Precautions education is provided through staff training at CCDDR.

c. Engineering Controls and Workplace Practices

Universal Precautions shall be employed when there is risk of exposure to potentially infectious materials. Frequent hand washing is stressed as a first line of defense for all employees. Hand washing facilities are located in the restroom and kitchen area.

d. Training

A copy of CCDDR's Health and Safety Manual is given to each employee during orientation and as revised. Training will be provided and shall include modes of transmission, precautions and the correct use of personal protective equipment.

C. Procedures

1. General Precautions

The bodily fluids of all persons should be considered potentially infectious. In general, good hygiene practices, especially hand washing, will prevent transmission of most infectious agents.

a. All personnel will routinely use appropriate precautions to prevent small skin and mucous membrane exposure to blood and bodily fluids.

Disposable gloves shall be provided and should be worn for touching blood and bodily fluids, mucous membranes or non-intact skin of others.

b. Disposable gloves should be worn for handling items or surfaces soiled with blood or bodily fluids.

c. Hands and other exposed skin will be washed immediately after gloves are removed.

d. All personnel will take precautions to prevent exposure to blood and bodily fluids through unanticipated events: scratching, biting, spitting, etc.

e. All personnel will cover open injuries with appropriate dressing.

f. Gloves will be worn when administering First Aid.

2. Procedures for Monitoring Compliance

All personnel will receive orientation to and training in the following practices for prevention of infection transmission. Training will be documented.

a. An Accident Investigation Report Form will be utilized to document all incidents of exposure to blood and bodily fluids by personnel. This includes all incidents where proper procedures were followed and there was direct non-intact skin contact or mucous membrane contact with blood or bodily fluids. This form will be completed by Director of Services and Supports.

b. If there was direct skin or mucous membrane exposure, personnel will follow "Procedure for Management of Exposure."

c. The Administrative Team will review the CCDDR Accident Investigation Report Form when submitted for compliance to procedures. Any corrective actions will be noted on the report. The Administrative Team will determine staff training needs based on these reviews.

3. Procedures for Management of Exposure

a. Direct Skin Contact with Blood or Bodily Fluids:

- i. All skin areas exposed to blood or bodily fluids will be washed immediately with soap and water following hand washing procedures.
 - ii. Staff will work with Human Resources in completing an Worker's Compensation Authorization for Medical Treatment Form if needed.
 - iii. The Director of Services and Supports will complete an Accident Investigation Report Form.
 - b. Direct Non-Intact Skin or Mucous Membrane Contact with Blood or Bodily Fluids:
 - i. Non-intact skin / mucous membranes will be washed immediately with soap and water following the 'Procedure for Hand Washing.'
 - ii. Eyebath solution will be applied if there is direct exposure to the eye area.
 - iii. Nose will be flushed with a soap / water solution if there is exposure of fluids to that area.
 - iv. Mouth will be rinsed with antiseptic mouth wash when there is exposure to that area.
 - v. Staff will work with Human Resources in completing a MEM Injured Workers Kit and an Accident Investigation Report Form will be completed by the Director of Services and Supports
 - vi. Staff who experience direct non-intact skin or mucous membrane exposure should report the incident via the Accident Investigation Report Form and seek medical evaluation for any acute illness that occurs within 12 weeks following the exposure.
- 4. Processing of Accident Investigation Report Forms
 - a. The CCDDR Accident Investigation Report Forms will be completed by the Director of Services and Supports.
 - b. The Director of Services and Supports will seek medical advice from the Camden County Health Dept. or Lake Regional Occupational Medicine Clinic on whether clinical or serological testing should be performed on the source of blood or body fluid.
 - c. The Accident Investigation Report Forms will be submitted to the Safety Committee for review at next Safety Committee meeting to determine what preventative actions need to occur.

SECTION TEN HAND WASHING

A. Statement

Camden County Developmental Disability Resources provides these guidelines to prevent the spread of germs.

B. Standard Procedure

- 1. Wash hands before
 - a. Touching or serving food.
 - b. Treating a wound.
 - c. Handling contact lenses.
 - d. Caring for someone sick

2. Wash hands after
 - a. Using or helping someone use the toilet.
 - b. Coughing or sneezing.
 - c. Wiping nose.
 - d. Being out in public.
 - e. Playing with pets.
 - f. Handling raw meat, poultry or fish.
 - g. Handling garbage.
 - h. Touching your face or hair, especially if you wear makeup or hair ointments.
 - i. Touching unclean equipment, work surfaces, soiled clothing, etc.
 - j. Smoking, eating and drinking.
 - k. Clearing away dirty dishes, utensils, etc.
 - l. When hands become visibly soiled.
 - m. Handling money.
 - n. Touching infected parts of the body.
 - o. Coming into contact with bodily fluids of self or others.
 - p. Use of sterile gloves.

3. How to wash hands
 - a. Use warm running water and soap.
 - b. Lather up for 15-20 seconds.
 - c. Rub lather all over, in between fingers and under nails.
 - d. Rinse well and dry.

The American Public Health Association encourages proper hand washing to help protect you and those you touch from germs. Wash your hands the right way at the right times.

SECTION ELEVEN COMMUNICABLE DISEASE

- A. Support Coordinators are not expected to enter the home or work place of any individual with a communicable disease.

- B. Support Coordinators are expected to encourage immediate medical attention for individuals to include but not limited to the following conditions:
 1. Chickenpox
 2. Measles (Rubella)
 3. Mumps
 4. Whooping Cough (Pertussis)
 5. German Measles (Rubella)
 6. Tuberculosis (active)
 7. Bacterial Meningitis
 8. Streptococcal Sore Throat (untreated)
 9. Flu
 10. Staph / Strep Skin Infections (untreated)
 11. Conjunctivitis (untreated)

Support Coordinators are expected to follow Universal Precautions.

**SECTION TWELVE
RECOMMENDED GUIDELINES FOR “UNIVERSAL PRECAUTIONS”**

A. Statement

The guidelines will assist in minimizing exposure to blood and body fluids.

B. Procedures

Universal precautions include, but are not limited to, the following procedures:

1. Hands should always be washed before and after eating, after toileting, and more frequently during the cold and flu season. Hands should be washed even when gloves have been used. If hands come in contact with blood or body fluids, they should be immediately washed with soap and water.
2. Gloves should be worn when contact with blood, body fluid, tissues, or a contaminated surface is anticipated.
3. To minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices should be used when available.
4. Sharp objects should be handled in such a manner to prevent accidental cuts or punctures. All accidental cuts or punctures or contamination of open wounds with blood or body fluids should be reported immediately to the employee’s supervisor.
5. Blood and body fluid spills should be cleaned up promptly with a disinfectant solution such as a 1:9 dilution of bleach.
6. All blood and body fluid should be considered biohazards.

**SECTION THIRTEEN
PROCEDURES FOR SPECIFIC EMERGENCIES**

General procedures in the event of Fire, Tornado, Earthquake and other natural disasters

A. Disaster Kit

Some emergency situations may require use of a disaster kit (E & F below). This kit will consist of the materials listed below, and will be stored in the Client Records Room, which is the Sheltering In Place location.

<u>Item</u>	<u>Qty.</u>
Flashlight	1 heavy duty
Flashlight Batteries	8
Battery-Powered Radio.....	1
First Aid Kit.....	1
Blanket.....	1 Large
Manual Can Opener.....	1
Garbage Bags.....	1 Box

Food: Non-perishable items for 5 people for 3 days for 3 meals each day.

Water: 7 gallons

B. Evacuation “Go Box”

Some emergency situations which require evacuation and which threaten the CCDDR facility (D & F below) may require use of an evacuation “Go Box”, which contains copies of important documents, equipment and supplies essential for CCDDR to continue to operate. It shall be stored in a location that is easily accessed by the TCM Administrative Assistant.

Evacuation to go box will include:

1. Copy of emergency contact list of all CCDDR employees, provider agency administrative staff/QDPs/Lead Staff, and all clients served.
2. Key to storage facility.

The following information will be kept in offsite storage:

1. Copy of CCDDR insurance policies, agent contact information
2. Copy of listing of emergency vendors (contractors, plumbers, electricians, restoration contractors, mold remediation, etc.)
3. Copy of listing of vendors & suppliers (and alternates) essential for mission critical activities.
4. Copy of essential policies, emergency procedures, CCDDR Health/Safety Manual
5. General Office supplies along with copies of frequently-used forms.

C. Coordination with Other Agencies

As CCDDR shares building/office space with the Children’s Learning Center, CCDDR will coordinate emergency planning with this agency, as well as regular drills.

D. Fire Emergencies Procedures

1. If an alarm has not automatically activated and smoke and/or fire is discovered, the employee should immediately pull the fire alarm to notify all staff.
2. When notified of a fire, staff will immediately evacuate the site using the nearest clear exit, per the evacuation maps posted.
3. If a visitor is present when the alarm is given, it will be the responsibility of the staff member who the visitor is with (or Admin. Assistant if visitor(s) are in reception area) to assist that person in evacuating the building. Fire or police department officials will be notified upon their arrival of all individuals not yet present or accounted for.
4. Staff should use the main facility exit to evacuate the site, and meet at North parking area.
5. As staff is exiting the building, they should notify as many persons in the building as possible that there is a fire in the building.
6. Director of Services and Supports or TCM Administrative Assistant should secure Go-Box but only if safe to do so.
7. Staff should come together outside at designated area so that the Director/Supervisor can account for all staff personnel. Staff responsible for visitors/s should determine that all visitors/clients have exited the building.
8. Staff will not re-enter the building for any reason until clearance is received from the fire department.

E. Tornado and Severe Storms Procedures

1. When weather becomes threatening, e.g., conditions are such that severe thunderstorms or tornadoes may occur, the Director or Director of Services and Supports will monitor the

weather radio for reports of severe weather conditions. The Director or Director of Services and Supports shall also contact community placement facilities and day service providers within Camden County to insure these facilities are monitoring the weather. When a watch or warning is issued, designated staff will immediately notify all employees present. Tornado warning sirens are present in Camdenton.

2. Upon being notified of severe storm/tornado watch/warnings, all staff will shut down any computers in use to prevent damage and electrical shock.
3. If a visitor is present when the alarm is given, it will be the responsibility of the staff member whom visitor is with (or TCM Administrative Assistant if visitor is in reception area) to assist that person(s) in evacuating to the designated area.
4. Staff actions will be dependent upon the type of watch/warning issued:
 - a. Severe Storm Warning/Tornado Watch
 - i. Staff will stay away from windows and avoid using electrical equipment. Staff will remain alert for additional information, including possible need to evacuate.
 - b. Tornado Warning:
 - i. When tornado sirens are sounded or weather alert comes over weather radio, all staff/visitors will immediately report to the Records Room.
 - ii. An “all clear” announcement will be made to indicate that it is safe to return to classrooms, offices and cubicles.

F. Earthquake Procedures

1. In the event that an earthquake occurs, staff is directed to seek safety under a sturdy desk, table, and other furniture or door frames. Staff is to direct any visitors to these areas and everyone is to assume the safety position of sitting with head between knees and hands over head. People are to remain in this position until there is word that the alert has been lifted or (in the event of an actual earthquake) there is information about emergency and evacuation procedures.
2. All persons should move away from large glass doors and windows, hanging objects, mirrors, tall furniture, or other large objects that could fall.
3. The procedures listed above integrate the following basic responses to an earthquake.
4. The basic responses to an earthquake are as follows:
 - a. **DUCK.** Cover or drop to the floor
 - b. **COVER.** Take cover under a desk, tables or other furniture. If that is not possible, seek cover against an interior wall and protect your head and neck with your arms. Avoid danger spots near windows, hanging objects, mirrors or tall furniture.
 - c. **HOLD.** If you take cover under a sturdy piece of furniture, hold onto it.
5. If you are outdoors, stay there. Move away from any buildings, street lights and utility wires. If you are in a moving vehicle, stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, utility wires or an overpass. Be prepared for aftershocks and take action as needed.
6. Director of Services and Supports or TCM Administrative Assistant should secure Go-Box but only if safe to do so.

G. Threatening Situations

1. Home Visit Safety.
 - a. Don't wear expensive jewelry; valuables should not be in plain sight.
 - b. Before leaving for home visits, lock your purse in the trunk of your car. Carry brief

- case, notebook, or folders on the home visit.
- c. Don't give too much personal information about yourself to unfamiliar persons/families.
 - d. Inform supervisor or other staff where you will be going, what time you will get there, how long you will stay, and what time you will return.
 - e. Be aware of your surroundings, notice things around you at all times.
 - f. Don't overburden yourself with equipment.
 - g. Sit nearest the door if you have any concerns about nature of those you are visiting.
 - h. When in an unfamiliar home, develop an exit strategy if you feel situation may be volatile.
 - i. Couple your appointment with another agency worker, or schedule appointments in morning.
 - j. Lock your vehicle.
 - k. React to signals of apprehension or gut feelings with caution or by leaving. Remain calm if signs of anger or hostility are shown.
 - l. Carry a cell phone.
2. Hostile Persons In The Office
 - a. Leave door open or open door if person becomes hostile. Redirect subject when possible.
 - b. Talk in low soothing voice.
 - c. Excuse yourself if possible.
 - d. Invite supervisor or co-worker to join you.
 - e. If you hear or witness an angry guest/visitor, stay in the perimeter of that area to assist your co-worker if needed.

H. Extended Power Loss

1. In the event of utility failure occurring during regular working hours, first check breaker box in utility room to determine if a breaker needs to be re-set.
2. If it is determined that power to the building is off completely, immediately notify Laclede Electric by calling 346-5303 (Camdenton office or Keystone facility) or 800-263-7303. If the power loss in the Osage Breach Offices, call Ameren 800-552-7583
3. If there is a potential danger to building occupants, or if the utility failure occurs after hours, weekend, or holidays call Laclede Electric at 800-299-3164(Lebanon office) and also the CCDDR Executive Director at 573-469-5851 or Director of Services and Supports at 573-289-8598.
4. During an electrical/light failure the main lobby of the CCDDR facility has emergency lighting. Emergency lights contain battery-packs, which are continuously charged during normal building operations, and in the event of a power failure the emergency lighting systems will automatically switch on.
5. All CCDDR computers have battery backup for a limited period of time. In the event of a power loss, staff will ensure that programs are exited; their computer work stations are shut down, and subsequently unplugged. Any unnecessary electrical equipment and appliances should be turned off in the event that power restoration would surge causing damage to electronics and effecting sensitive equipment. Unplug if not sure that the device was on when power went out.
6. In the event of an extended power loss in which evacuation of the building is not possible,

the Director of Services and Supports or TCM Administrative Assistant shall obtain the Disaster Kit from Client Records Room, unless sheltering in place within this room is required.

7. Upon restoration of heat/power, electronic equipment should be brought up to ambient temperatures before energizing to prevent condensate from forming on circuitry. The Executive Director or Director of Services and Supports will make the determination as to when this is to be done.

I. Medical Emergency

Use the following procedures in the event of a life-threatening medical emergency:

1. **CHECK** the scene for any potential safety hazards
2. **CALL** 9-1-1
3. **CARE** for victim...maintain **Airway Breathing Circulation (A-B-C)**!
4. Provide the following information to 9-1-1 operator:
 - a. Nature of medical emergency,
 - b. Location of the emergency (address, building, etc.)
 - c. Your name and phone number from which you are calling.
5. Do not move victim unless absolutely necessary.
6. Only CCDDR personnel with a current certification in CPR and First Aid are authorized to provide emergency medical assistance in the event of a medical emergency.
7. If personnel trained in First Aid/CPR are not available, as a minimum, attempt to provide the following assistance:
 - a. Stop the bleeding with firm pressure on the wounds (note: avoid contact with blood or other bodily fluids).
 - b. Clear the air passages using the Heimlich Maneuver in case of choking.
8. Stay with the victim until help arrives.

J. Bomb Threat

1. When the Police Dept. authorizes an evacuation of the CCDDR facility due to a bomb threat, all employees will do the following:
 - a. Prior to leaving, all employees should briefly inspect their immediate work area for anything suspicious or out of the ordinary. If anything is found, advise the Executive Director or Director of Services and Supports immediately after evacuating.
 - b. After evacuation, all employees and visitors will report to the far north parking lot to stage and await further instructions. At this time, the Executive Director or designee shall account for all staff members.
 - c. All employees will be updated on the status of the situation as information becomes available.
 - d. No one will re-enter the building until the authorities authorize the building to be re-opened.

K. Phone Threat

1. The person receiving a telephone bomb threat should remain calm and obtain as much information as possible by completing the checklist provided in Appendices, which will be made available as a separate sheet to all employees.
2. If your phone is equipped with caller identification, write down the number that is on the

- Display screen.
3. After the caller hangs up, immediately call 911. Give all available information. Notify Executive Director ASAP.

L. Emergency Drills

Drills will be conducted per accreditation guidelines for the CCDDR facility and staff. Scheduled and unscheduled tests of the emergency action plan (bomb threats, natural disasters, utility failures, medical emergencies, and violent or other threatening situations) shall be conducted at least on an annual basis. All staff present will be required to participate in drills and sign in to document their presence. Evacuation route maps will be posted throughout the CCDDR facility.

SECTION FOURTEEN EMERGENCY PHONE NUMBERS

After obtaining an outside line, dial:

Police: 911
Fire/Ambulance Department: 911
Poison Control: 1-800-222-1222
Chemical Spill: 1-800-424-8802
Emergency Personnel: 911
FBI: 1-573-636-8814
Gas/Electric: Camdenton & Keystone facility 346-5303, 800-263-7303
Electric Osage Beach Offices 800-552-7583
Water: 346-3600
Sexual Assault: 1-888-809-7233
Suicide Prevention: 1-800-273-8255

SECTION FIFTEEN TRANSPORTATION FOR PERSONS SERVED

A. Policy

It is the responsibility of the Camden County Developmental Disability Resources to protect the health and safety of all our clients who are being transported in a personal vehicle of staff or company vehicles. On occasion, there may be situations where CCDDR employees must use their personal vehicles to transport clients. CCDDR has established requirements for staff transporting clients in personal and company vehicles. CCDDR's goal is to provide a transportation program and service that support public or private transportation opportunities for persons with developmental disabilities. Our agency wants to create better transportation for our clients in the town in which they live, work and play.

B. Procedure for transporting clients in Support Coordinator vehicle:

1. Drivers shall be properly licensed. Employees will furnish a copy of their driver's license to Human Resources.
2. Employees must have the minimum liability coverage as required by CCDDR policies.
3. Vehicles must have copy of guidelines regarding what to do in event of an accident.

4. In the event of an accident and/or injury while transporting a client, the driver will immediately notify the police and ambulance (if needed) to report the accident, provide CPR/First Aid as needed, and follow guidelines sheet. The Executive Director and/or Director of Services and Supports will be notified immediately and if needed, completion of a Work Comp Authorization for Medical Treatment Form, Auto Accident Report Form, and other necessary paperwork will be completed.

C. Procedure for transporting clients in Agency vehicle

1. Drivers shall be properly licensed. Employees will furnish a copy of their driver's license to Human Resources.
2. Vehicles must have copy of guidelines regarding what to do in event of an accident.
3. In the event of an accident and/or injury while transporting a client, the driver will immediately notify the police and ambulance (if needed) to report the accident, provide CPR/First Aid as needed, and follow guidelines sheet. The Executive Director and/or Director of Services and Supports will be notified immediately and if needed, completion of Work Comp Authorization for Medical Treatment, Auto Accident Report Form and other necessary paperwork will be completed.

**SECTION SIXTEEN
HEALTH & SAFETY OF PERSONS SERVED**

A. Intent

It is the policy of CCDDR to ensure the health and safety of clients served in community settings for which CCDDR is responsible for as part of its Support Coordination program.

B. Procedure

As part of the Dept. of Mental Health/Division of MR-DD Service Monitoring process, CCDDR Support Coordinators shall be responsible for conducting Service Monitoring site visits to agencies where participants are referred to for DMH-funded services. This shall be documented in participant's file.

If there are health and safety concerns regarding clients served within agency programs, these will be processed according to Division of DD guidelines, operating regulations, Directives, and relevant state statutes. Appropriate DMH protocol shall be followed with regard to Service Monitoring procedures, abuse/neglect procedures, etc.

C. Reporting Suspected Abuse or Neglect

1. Introduction

CCDDR is committed to protecting clients served from abuse and neglect as well as any exploitation including, but not limited to, misuse of their funds/property. CCDDR is also dedicated to ensuring that all staff is trained and know what the expectations are when it comes to identifying and reporting abuse and neglect.

2. Reporting Requirement

DOR 2.210 requires all CCDDR employees to immediately report any complaints they receive or make a complaint themselves if they know through direct or indirect means that abuse, neglect, misuse of funds/property has occurred or suspect that such has occurred.

Employees who fail to report complaints of known or suspected incidents of abuse, neglect or misuse of funds/property or any other misconduct are subject to discipline, criminal prosecution or both.

Abuse, neglect, or misuse of funds/property may be discovered through:

- Service Monitoring
- Physician visits or Community RN monitoring
- Verbal or written complaints
- Observations in the community
- Reviewing documentation i.e. event reports, observation notes, staff logs, provider agency monthly reports, etc.

When the Support Coordinator receives or discovers any information suggesting abuse, neglect or misuse of funds/property, the Support Coordinator will do the following:

- Contact the provider and ensure the safety and well-being of the client(s)-the Support Coordinator is to stay on site and ensure the client's safety if s/he learns of abuse/neglect during a site visit;
- Ensure a DMH Event Management Tracking Form (EMT) is thoroughly and accurately completed, contains a detailed account of any actions or statements made surrounding the allegation, and lists all potential witnesses.

Support Coordinator and Services and Support Director will contact the Regional Office and submit appropriate EMT forms. Regional Office Staff may ask the Support Coordinator to:

- Gather additional information if necessary and compare the information provided to the DMH definitions of abuse, neglect, misuse of funds/property.
- Ask the provider agency to secure any physical evidence pertinent to the complaint if available.
- Support Coordinator will ensure the Department of Social Services, Children's Division (1-800-392-3738) is contacted if the client(s) is under the age of 18; OR Ensure the Department of Health and Senior Services, Elderly Abuse/Neglect Hotline (1-800-392-0210) is contacted if the client is over the age of 18 and the suspected abuse, neglect or misuse of funds/property occurred while the client was not receiving paid supports from DMH at the time the allegation occurred.

Following notification of the appropriate investigative agency, if the allegations concern physical abuse, sexual abuse or misuse of funds/property, the designated staff should also do the following:

PHYSICAL ABUSE

If an injury occurred, ensure:

- Pictures are taken immediately;
- A physical examination is performed by a qualified medical staff as soon as practical;
- Stay on site and ensure client safety if abuse was discovered during Support Coordinator site visit

- Local law enforcement is contacted.

SEXUAL ABUSE

If there is reasonable cause to believe penetration has occurred, ensure:

- A physical examination is conducted immediately (the physical examination should be performed by a medical professional at a facility qualified in the “rape kit” examination);
- Local law enforcement is contacted.

MISUSE OF FUNDS/PROPERTY

- Ensure local law enforcement is contacted.

D. Serving Clients & Their Families During A Disaster

CCDDR will prepare clients served and/or their families before a disaster occurs in the following ways:

1. Emergency evacuation supports needed for each client in residential placement settings shall be identified in their Person Centered Plan.
2. CCDDR shall provide disaster preparedness information to natural home clients to assist them in better responding to a disaster.
3. CCDDR shall provide the Ready In Three brochure/guide to all current clients served at the time of their annual plan meeting, and to all new clients thereafter.
4. CCDDR will assist clients and their families immediately after a disaster in the following ways:
 - a. CCDDR staff will make every attempt to contact all clients on their caseload to determine their status using emergency information provided by clients, families, or agency staff. Emergency contact information for staff, provider agencies, and clients served will be made available to Support Coordination staff for them to keep in a secure setting at their place of residence.
 - b. As needed, CCDDR staff will connect clients to needed emergency services available within the community, or, if circumstances warrant, directly assist clients/families in obtaining post-disaster assistance. The short-term health, medical, and safety needs of each client shall be determined and addressed by CCDDR Support Coordination staff to the greatest extent possible.
5. CCDDR will assist clients and families in meeting their long-term recovery needs in the following manner:
 - a. As needed, CCDDR will ensure that clients and their families can get their lives “back to normal” in the shortest amount of time possible, while ensuring that all basic needs of clients are being met. This includes connecting (or re-connecting) to local, state and federal relief efforts and governmental programs/services/funding.

SECTION SEVENTEEN PROCEDURE FOR ACCIDENT REPORT FORMS

A. Purpose:

To comply with OSHA and Workers Compensation regulations regarding the accurate and timely reporting of all accidents and injuries which are job related and / or on CCDDR

premises. The Work Comp Authorization for Medical Treatment Form, Accident Investigation Report, Client/Visitor Report of Injury, Witness Report of Accident and any other required forms will be completed when any staff, volunteer or intern incurs injury or potential injury at CCDDR office during business hours. The CCDDR Client / Visitor Report of Injury form is used when any client or visitor incurs injury at CCDDR offices.

B. Procedure:

1. All accidents occurring at the CCDDR office or away from the CCDDR office when on CCDDR business, regardless of professional medical attention, must be reported, for Workers Comp purposes.
 - a. Verbal notification of any serious occurrences should be immediately reported to the Executive Director.
 - b. The Work Comp Authorization for Medical Treatment form must be completed by Human Resources for employees who incur work related illness or injuries. The CCDDR Client/Visitor Report of Injury form is completed for any client or visitor.
2. All Workers Comp accident or injury forms must be sent to Human Resources within 24 hours of occurrence.
3. Human Resources must immediately send the originals to current workman's compensation insurance carrier.
4. Human Resources is responsible for submission of the completed Workers Comp forms.
5. The CCDDR Board of Directors must be notified of all serious accidents involving medical hospitalization, property damage, death, and any other accidents, that would affect the organization in the public. It is the responsibility of the Executive Director to notify the CCDDR Board President.
6. Director of Services and Supports or Human Resources completes Accident Investigation Report Form.

Appendices & Forms

ACCIDENT INVESTIGATION REPORT

Date of Report _____ Date and time of accident _____

Name of injured (Last, First, MI) _____ Full Time Part Time

Job Title _____

Location of accident _____

Was supervisor present at time of accident? Yes No

Was Workman's Comp form completed? Yes No

Part of Body Injured _____

Injured Employee's Description of Accident:

Persons Involved – List names and phone numbers

Were there hazardous or unsafe conditions or acts contributed to the situation? Yes No

Investigator's Description of Accident:

Direct Causes:

Name of Witnesses:

Contributing Cause

Name of Witnesses:

Actions taken to prevent recurrence:

Person Responsible for corrective action and completion date: _____

Comments:

Comments made by: _____

Employees Signature _____ Date _____

Supervisor's Signature _____ Date _____

Safety Coordinator or Human Resources Signature Date _____

Reviewed by Safety Committee: _____ Date _____

AUTO ACCIDENT/INJURY REPORT FORM

(To Be Completed by Supervisor)

Continue on reverse or attach additional sheet(s)

Department		Supervisor	
Date of Accident	Time of Accident	Location of Accident	
Vehicle Make	Vehicle Model	Vehicle I.D. Number	
Name(s) and Address (es) of Injured Party (ies)			
Witness Name and Address		Witness Name and Address	
Description of Accident			
Description of Injury			
Cause(s) of Injury			
Equipment Being Used			
Police Report Taken <input type="checkbox"/> Yes <input type="checkbox"/> No		Police Report Taken By	
Measures for Preventing Recurrence			
Date of Report		Signature	

CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES
CLIENT/VISITOR REPORT OF INJURY

Date of Report:

Reported to Director/Supervisor: _____ Date and Time: _____

Name of Client or Visitor: _____ Age: _____ Sex: _____

Occupation: _____ Date of Incident: _____

Description of Incident: _____

Address of location where injury occurred: _____

First Aid: Yes ___ No ___ By Whom: _____

Type of First Aid: _____

Medical Provider Contacted: Yes ___ No ___ Name of Provider: _____

Hospitalized: Yes ___ No ___ Name of Hospital: _____

Emergency Room Treatment: Yes ___ No ___ Name of Hospital: _____

Extent and nature of injury and part of body affected: _____

Was there a safety hazard? Yes ___ No ___ Comment _____

Preventative safety recommendation: _____

**CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES
WITNESS REPORT OF ACCIDENT**

Location of incident:

Time of Incident: _____

Describe what occurred:

Persons Involved:

What hazardous conditions or unsafe conditions or acts contributed to the situation?

Report completed by:

Name: _____
 Please print

Name: _____
 Signature

Address and phone number of witness:

Date: _____

12. What kind of bomb is it? _____

13. What will cause the bomb to explode? _____

14. Why did you call me? _____

15. Why did you plant the bomb? _____

16. Who are you? _____

17. The caller's sex was: Male Female

18. The caller's age seemed to be about? _____

Background Noise(s)- Check ONE or MORE:

19. House Noises PASystem Aircraft Traffic Crockery Kids Crying Voices
 Static Office Machinery Factory Machinery Animal Noises Music Bar Sounds Trains
 Motors Clear Other: - Please Specify:
-
-

The caller's ACCENT was:

20. English (Canadian) French German Italian English (British) Spanish Polish
 Pakistani English (American) Jamaican Russian Chinese English (Australian)
 Japanese Greek Scandinavian English (South African) Arabic
Other – Please Specify:
-
-

The caller SEEMED to be:

21. Calm Emotional Irrational Crying Intoxicated Excited Drugged Cool
 Immature Frightened
Other – Please Specify:
-
-

The caller's MANNER of SPEECH was:

22. Ragged Slurred Polite Slow Frightened Clearing Throat Incoherent
 Cracking Voice Fast Taped Stuttering Deep Breathing Lispering Obscene
 Normal Rude Whispering Disguised Defective Out of Breath Well Spoken/Educated
Other – Please Specify:
-
-

23. Was the caller's voice familiar? Yes No

24. Who might the caller have been? _____

THIS FORM WAS COMPLETED BY:

25. Your name: _____

Your Position/Title: _____

Date Form Completed _____

Time Form Completed _____

INSTRUCTIONS TO FILE WORKMAN'S COMPENSATION CLAIM

(In the event an employee needs medical attention due to an injury SUSTAINED ON THE JOB, the employee must inform Executive Director, Supervisor and Human Resources immediately.)

ALL WORK COMP INJURIES MUST BE REPORTED WITHIN 24 HOURS TO WORKER'S COMP INSURER (DR ABBOT AND CINCINNATI INSURANCE)

1. Employee to fill out work comp authorization for medical treatment form
2. Employee to sign authorization to obtain information form
3. Employee to go to OCCUPATIONAL MEDICINE, 54 Hospital Drive, Suite 102, Osage Beach. Drug test must be administered.
 - a. *Dr Abbott 348-8045 must be utilized if employee wishes to get medical services paid for by the agency. (3.20 Employee Handbook)*
 - b. Dr. Abbott's office will treat the injury or make referrals if necessary and administer a drug/breath test per CCDDR policy.
 - c. Dr. Abbot's hours are Monday thru Friday 8:00am to 4:00 pm. If employee is working after normal business hours, and emergency medical attention is required, employee should go to urgent care facility or emergency room.

THIS IS THE ONLY WORK COMP CLINIC FOR THE LAKE AREA.
 - d. If accident occurs *out of lake area*, during working hours and employee is involved in accident/incident, that requires immediate attention, employee should go to nearest\ emergency room.
 - e. Executive Director, Human Resources Officer, or immediate supervisor will complete the Supervisor Incident/Injury Reporting Form and get statements from witnesses, if any.

**AFTER PAPERWORK IS COMPLETED WITH NECESSARY INFORMATION
CALL CINCINNATI INSURANCE COMPANY AT **1-877-242-2544**
(AVAILABLE 24 HOURS) TO REPORT ACCIDENT.**

Work Comp Authorization for Medical Treatment

Cincinnati Insurance Cinfin.com 1-877-242-2544 (available 24 hours)

POLICYHOLDER NAME: Camden Co Senate Bill 40 Board dba
Camden Co Developmental Disability Resources
573-693-1511

POLICY NUMBER: EWC 038 43 57-00

EMPLOYEE INFORMATION

Name _____
Address _____
Phone # _____
Social Security number _____ Date of Birth _____
Gender _____ Marital Status _____
Number of dependents _____ Hire Date _____
Job Title _____
Wage information _____

INCIDENT INFORMATION

Type of injury – such as burn or cut _____

Specific body part injured _____

Cause of accident (Contributing factors, lighting, ice, housekeeping, other)

Names / Telephone number of witness's _____

Address of where injury occurred _____

Date and time of injury _____

Was injured employee treated Yes ___ No ___

If so, indicate medical facility name, address, and phone number _____

When was the accident reported to you? _____

By Whom _____

Employee Signature _____ **Date** _____

HR/Management Signature _____ **Date** _____

**CONSENT AND AUTHORIZATION FOR RELEASE AND USE
OF DRUG AND/OR ALCOHOL TESTING**

Camden County Developmental Disability Resources (CCDDR)

I agree, per a request made under the drug/alcohol testing policy (3.32 Substance Abuse) of Camden County Developmental Disability Resources, to submit to a drug or alcohol test and to allow the laboratory testing service make the results available to Camden County Developmental Disability Resources.

If the test is for pre-employment and positive test results are confirmed, I understand I will not be considered as a candidate for employment.

If I am in the employment of Camden County Developmental Disability Resources, I understand I must abide by the company's alcohol and drug-free work place policy and may be required, at management discretion, to submit to testing for the presence of illegal drugs and/or alcohol. I understand that submission to such testing is a condition of employment with the company, and disciplinary action, up to and including termination, may result if I refuse to consent to such testing,

I hereby authorize any physician, laboratory, hospital or medical professional retained by Camden County Developmental Disability Resources for screening proposed, to conduct such screening, and to provide the results to aforementioned agency, or any person affiliated with Camden County Developmental Disability Resources.

ACCEPT

I hereby consent to the administration of the drug test and to the terms and conditions of the **CONSENT AND AUTHORIZATION FOR RELEASE AND USE OF DRUG AND/OR ALCOHOL TESTING**

Applicant/Employee Signature_____ **Date**_____

Agency Representative_____ **Date**_____

REFUSE

I hereby refuse to the administration of the drug test and to the terms and conditions of the **CONSENT AND AUTHORIZATION FOR RELEASE AND USE OF DRUG AND/OR ALCOHOL TESTING**

Applicant/Employee Signature_____ **Date**_____

Agency Representative_____ **Date**_____

Supervisor Incident/Injury Reporting Form

Use this form to report any workplace accident, injury, incident, clinic/ER or fatality
Return completed form to the Compliance Manager, or Management.

This is documenting a:

Lost Time/Injury First Aid only Incident Taken to Clinic/ER Fatality

Details of person injured or involved

Person Completing Report: _____ Date: _____

Name of Injured Employee(s) Involved: _____

Hire Date: _____ Job Title: _____

Date Incident/Injury reported _____ Person reported to _____

Event Details

Date and Time of Incident/Injury: _____

Location of Incident/Injury: _____

Time of Event: _____ Witnesses: _____

Description of Incident/injury - involved body part injured, reason incident/injury occurred.:

*If more space is required please use the back of this sheet

Action taken by staff member (counseled employee on safety etc)

TO BE COMPLETED ONLY IF LOST TIME/INJURY WAS REQUIRED	
Type of injury sustained:	
Was medical treatment necessary? YES ___ NO ___	If yes, name of hospital or physician:
Return to work date: _____	Are Duties restricted? Yes ___ NO ___

Signature of Employee: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Authorization to Obtain Information

I AUTHORIZE any licensed physician, medical practitioner, nurse, hospital, or other medically related facility, insurance company, and employer who has any information as to the diagnosis, treatment of any physical condition of me, and any information regarding my occupation and salary, to give any information to The Cincinnati Insurance Companies, and the Division of Workers' Compensation to which a claim is submitted on my behalf

I UNDERSTAND that the information obtained by use of this authorization will be used by the company to determine eligibility for workers compensation benefits. Any information obtained will not be released to any person or organization except to other persons or organizations performing a business or legal service in connection with my claim or as may be otherwise permitted or required by law.

I HEREBY CONSENT AND AUTHORIZE the medical record provider to release and provide records containing this information to The Cincinnati Insurance Companies.

I AUTHORIZE The Cincinnati Insurance Companies to discuss my health information with my authorized treating physician, evaluating physician and/or medical care provider and with my Employer and their representatives and agents for the purpose of managing and adjudicating my workers compensation case(s).

I KNOW that I may request to receive a copy of this authorization.

I AGREE that a photocopy of this authorization shall be as valid as the original.

I AGREE that this authorization shall be valid for the duration of this claim, unless I choose to withdraw this aauthorization in writing.

_____ **Date**

_____ **Print Name of Injured Employee**

_____ **Signature of Injured Employee or Authorized Representative**

*** NOTE TO RECORD PROVIDER:**

The Health Insurance Portability and Accountability Act (HIPAA) expressly indicates that a patient's consent or authorization is not required for records to be disclosed when the request is made pursuant to workers compensation laws. See 45 CFR Section 164.512(1). This request for records is made pursuant to The Missouri Workers' Compensation Act, Section 287.210 RSMO, subsections 5 and 6.

Submit completed form to:

**The Cincinnati Insurance Companies
PO Box145496
Cincinnati, OH 45250-5496**



CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2017-31

APPROVAL OF AMENDED LIMITED ENGLISH PROFICIENCY PLAN

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden Co. voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, plans, manuals, handbooks, and job descriptions and creates new Bylaws, policies, plans, manuals, handbooks, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to amend its Limited English Proficiency (LEP) Plan.
2. That the Board hereby amends and adopts its LEP Plan (see Attachment "A" hereto) as presented.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairman

Date

Secretary, Vice Chairman, or Treasurer

Date

Attachment “A” to Resolution
2017-31



Camden County Developmental Disability Resources

“CCDDR”

Limited English Proficiency Plan (LEP)

2014

Revised July 2017

Original Adopted by CCDDR Board of Directors

February 24, 2014

Date original filed with MODOT Transit Section:

February 27, 2014

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Federal Requirements

Agencies receiving Federal Transit Administration (FTA) funds from MoDOT with a vehicle still in service funded through a MoDOT administered FTA grant requires a Limited English Proficiency Plan (LEP).

Background of Limited English Proficiency (LEP) Plan

As there is no official language of the United States, persons with a limited ability to read, write, speak, or understand English are limited English proficient, or “LEP.” This language barrier may prevent individuals from accessing public services and benefits.

Title VI of the Civil Rights Act of 1964 is the legal basis for LEP regulations that does not allow national origin discrimination. Title VI of the Civil Rights Act and Executive Order 13166, are the federal legislation necessitating LEP plans from public agencies receiving federal funds.

Camden County Developmental Disability Resources agrees to comply with all provisions prohibiting discrimination on the basis of race, color, or national origin of Title VI of the Civil Rights Act of 1964 as amended, 42 U.S.C. 200d et seq.

Camden County Developmental Disability Resources assures that no person shall, as provided by Federal and State civil rights laws, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity. Camden County Developmental Disability Resources further ensures every effort will be made to ensure non-discrimination in all programs and activities, whether those programs and activities are federally funded or not.

This Limited English Proficiency (LEP) Plan has been prepared to address Camden County Developmental Disability Resources responsibilities as a recipient of federal, state and county funding to relate to the needs of individuals with limited English language skills. This plan has been prepared in accordance with Title VI of the Civil Rights Act of 1964, which states that no person in the United States shall be subjected to discrimination on the basis of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity that receives federal financial assistance.

Federal financial assistance includes grants, training, use of equipment, and other forms of financial contributions from federal sources. Executive Order 13166 was signed by President William Clinton August 11, 2000. Executive Order 13166 is titled “Improving Access to Services with Limited English Proficiency.” Executive Order 13166 indicates that differential treatment based upon a person’s inability to speak, read, write or understand English is a type of national origin discrimination. Executive Order 13166 also requires Federal agencies to examine the

services they provide, identify any need for services to those with LEP, and to publish guidance for its respective recipients clarifying their obligation to ensure that such discrimination does not take place.

The Executive Order applies to all federal agencies and all programs and operations entities that receive funding from the federal government including state, local and governments agencies, private and non-profit entities, and sub-recipients such as public transit agencies. Sub recipients are also covered, when federal funds are passed from one recipient to a sub recipient. Recipients of federal funds range from state and local agencies, to nonprofits and other organizations.

The U.S. Department of Transportation (DOT) published revised LEP guidance for its recipients on December 14, 2005. The Federal Transit Authority (FTA) references the DOT LEP guidance in its Circular 4702.1A, "Title VI and Title VI-Dependent Guidelines for FTA Recipients," which was published on April 13, 2007. This Circular reiterates the requirement to take responsible steps to ensure meaningful access to benefits, services, and information for LEP persons and suggests that FTA recipients and sub-recipients develop a language implementation plan consistent with the provisions of Section VII of the DOT LEP Guidance.

US DOT states that their intent is to suggest a balance that ensures meaningful access by LEP persons to critical services while not imposing undue burdens on small organizations and local governments. Smaller recipients with limited budgets are typically not expected to provide the same level of language service as larger recipients with larger budgets.

Introduction

Camden County Developmental Disability Resources has written this Limited English Proficiency Plan to address our agency's responsibility as a recipient of federal grant funding to relate to the needs of our clients with intellectual and/or developmental disabilities and have limited English skills. The LEP plan has been written using the guidelines of Title VI of the Civil Rights Act of 1964 and Executive Order 13166.

This plan was prepared using the four-factor analysis for LEP persons. The four-factor analysis and a summary of the results from the Camden County 2010 census for each factor are listed beneath each numbered factor below.

Camden County Developmental Disability Resources LEP Plan

Elements of an Effective LEP (Plan)

The US Department of Justice, Civil Rights Division has developed a set of planning elements that were incorporated into the design of the Limited English Proficiency Plan. These elements are:

1. Identifying LEP persons
2. Identifying ways in which language assistance will be provided
3. Training staff
4. Providing notice to LEP persons

Camden County Developmental Disability Resources obtained the figures used in this report from the 2010 U.S. Census.

The Four-Factor Analysis

The DOT (Department of Transportation) guidance outlines Four Factors that recipients should apply to the various kinds of contact they have with the public in order to assess language needs and decide what reasonable steps they should take to ensure meaningful access for LEP persons.

These factors are:

1. The number or proportion of LEP persons eligible to be served or likely to be encountered by a program, activity, or service of the recipient according to the 2010 census.

Language Spoken at Home in Camden in Camden County by:

	Percentage	
Total Population	43,845	
English Only	42,486	96.90%
Spanish	702	1.60%
Speak English Very Well	503	71.70%
Speak English Well	57	8.10%
Speak English Not Well	92	13.10%
Do not speak English at all	50	7.10%

Other Indo-European Language	570	1.30%
Speak English Very Well	456	80%
Speak English Well	68	12%
Speak English Not Well	46	8%

Speak Asian or Pacific Island Language	44	0.10%
Speak English Very Well	28	65%
Speak English Well	11	24%
Speak English Not Well	5	11%

Speak Other Language	44	0.10%
Speak English Very Well	44	100%

2. The frequency with which LEP individuals come in contact with the program.

According to the United States census facts of July 1, 2016, the largest Camden County racial/ethnic groups are white (96.7%) followed by Hispanic (2.7% and two or more races (1.2%). To date Camden County Developmental Disability Resources (CCDDR) has one LEP family. Translation services are not necessary as the family is 80 to 85% proficient in the English language. Due to the small size of the LEP population in Camden County, LEP Involvement is very infrequent.

3. The nature and importance of the program, activity, or service provided by the recipient to the LEP Community.

The largest population of LEP persons in Camden County is Spanish speaking. CCDDR is less likely to encounter limited English proficient persons due to the low population (2.7%); however, the agency realizes the importance of being prepared and will make all reasonable attempts to accommodate language access needs when necessary..

4. The Resources available to the recipient and the overall cost.

CCDDR has links to a bi-lingual person who speak Spanish; therefore, additional costs, if incurred,, would be minimal for an interpreter and/or translator for the Hispanic population. The Support Coordinators carry electronic tablets when visiting clients. If a client does not speak English, or Spanish, the electronic tablet could be utilized as a tool for translation until an interpreter and/or translator is located for assistance.

Language Assistance & Staff Training

Camden County Developmental Disability Resources' staff will be provided with information on the Title VI Policy and the LEP plan. Language interpretation will be considered for all other languages if the need arises. CCDDR Support Coordination will be questioned periodically on any experiences concerning contacts with LEP persons during the previous year. The remaining individuals unable to speak English or Spanish represent less than .2% of Camden County's total population. As there is a small LEP population in Camden County, there is no translation of documents in place; however, if this becomes necessary, then documents, meeting notices, flyers, agendas, etc will be printed in the language needed for the LEP population.

Monitoring

Camden County Developmental Disability Resources will review and update their LEP Plan as necessary. New updates will include relocation of disabled persons that may be limited English proficient into Camden County and the incorporating of new Census data as received.



*CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2017-32*

APPROVAL OF AMENDED TITLE VI PLAN

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden Co. voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, plans, manuals, handbooks, and job descriptions and creates new Bylaws, policies, plans, manuals, handbooks, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to amend its Title VI Plan.
2. That the Board hereby amends and adopts its Title VI Plan (see Attachment "A" hereto) as presented.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairman

Date

Secretary, Vice Chairman, or Treasurer

Date

Attachment “A” to Resolution
2017-32



Camden County Developmental Disability Resources

“CCDDR”

Civil Rights Title VI Plan

2017 - 2020

Revised July 2017

Originally Plan Adopted by CCDDR Board of Directors:

February 24, 2014

Original Date filed with MODOT Transit Section:

February 27, 2014

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Attachments

- Attachment A – Employee Annual Education Form**
- Attachment B – Acknowledgement of Receipt of Title VI Plan**
- Attachment C – Title VI Notice to the Public (Long Title VI Notice)**
- Attachment D – Complaint Form**
- Attachment E – Title VI Complaint Log**
- Attachment F – Letter Acknowledging Receipt of Complaint**
- Attachment G – Letter Notifying Complainant That the Complaint Is Substantiated**
- Attachment H – Letter Notifying Complainant That the Complaint is Not Substantiated**
- Attachment I – Narrative to Be Included on Posters to Be Displayed in Revenue Vehicle
And Agency Facilities**

Title VI Assurances

Camden County Developmental Disability Resources agrees to comply with all provisions prohibiting discrimination on the basis of race, color, or national origin of Title VI of the Civil Rights Act of 1964 as amended, 42 U.S.C. 200d et seq., and with U.S. DOT regulations, “Nondiscrimination in Federally-Assisted Programs of the Department of Transportation – Effectuation of Title VI of the Civil Rights Act,” 49 CFR part 21.

Camden County Developmental Disability Resources assures that no person shall, as provided by Federal and State civil rights laws, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity. Camden County Developmental Disability Resources further ensures every effort will be made to ensure non-discrimination in all programs and activities, whether those programs and activities are federally funded or not.

Camden County Developmental Disability Resources meets the objectives of the FTA Master Agreement which governs all entities applying for FTA funding including Camden County Developmental Disability Resources and its third-party contractors by promoting actions that:

- A. Ensure that the level and quality of transportation service is provided without regard to race, color, or national origin.
- B. Identify and address, as appropriate, disproportionately high and adverse effects of programs and activities on minority populations and low-income populations.
- C. Promote the full and fair participation of all affected Title VI populations in transportation decision making.
- D. Prevent the denial, reduction, or delay in benefits related to programs and activities that benefit minority populations or low-income populations.
- E. Ensure meaningful access to programs and activities by persons with Limited English Proficiency (LEP).

Camden County Developmental Disability Resources receives state and/or federal funds through grants administered by the Missouri Department of Transportation. As a recipient of this funding, Camden County Developmental Disability Resources is committed to assuring compliance with the Title VI Requirements for Federal Transit Administration Recipients as outlined in FTA circular 4702.1B

This plan is developed to guide Camden County Developmental Disability Resources in its administration and management of Title VI-related activities.

Agency Information

1. Mission Statement

To provide persons with developmental disabilities the necessary tools to achieve self-determined lives, while ensuring quality services.

2. History

Camden County Developmental Disability Resources (CCDDR) is a political subdivision of Camden County, Missouri created in August of 1980 when voters in Camden County approved passage of state enabling legislation commonly referred to as "Senate Bill 40".

The agency is authorized by Sections 205-968-205.972 of the Revised Missouri Statutes to provide for needs of Camden County citizens with developmental disabilities in areas of employment, residential, and related services.

Camden County Developmental Disability Resources (CCDDR) was created to provide for the employment, residential, and related service needs for Camden County persons with developmental disabilities. Our Support Coordination staff assists persons served in meeting their personal needs and goals and in obtaining the greatest degree of independence and inclusion possible in everyday community life.

In cooperation with the MO Division of Developmental Disabilities, Camden County Developmental Disability Resources provides Support Coordination services for Camden County persons with developmental disabilities.

3. Regional Profile

Camden County Developmental Disability Resources services only clients who reside in Camden County. At the current time, CCDDR has one agency vehicle; therefore, Camden County Developmental Disability Resources is able to transport clients to medical, dental and various other trips to meet their daily needs.

Due to Camden County Developmental Disability Resources having only one agency vehicle, our agency is unable to provide the transportation services for our clients that the agency feels is needed. Camden County Developmental Disability Resources is hoping to have a larger fleet of vehicles in the future to provide a transportation program and service that support public or private transportation opportunities for persons with developmental disabilities to meet their needs.

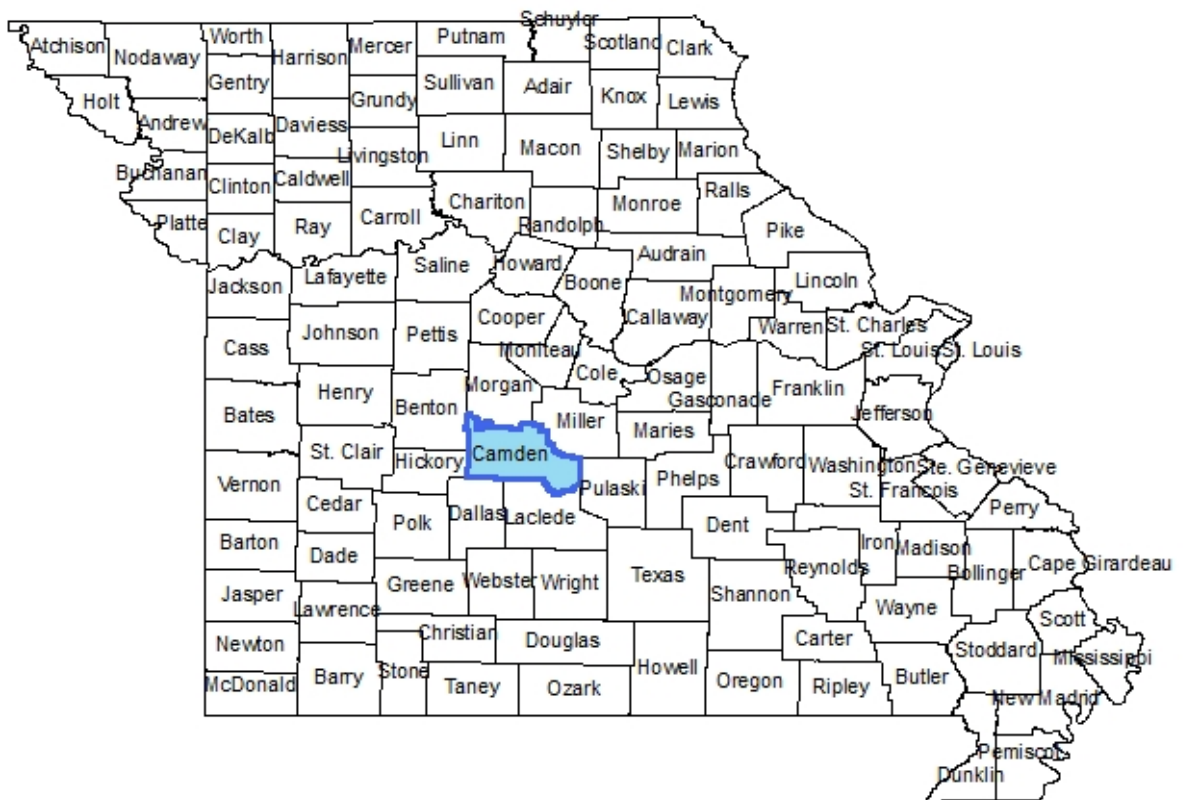
Camden County Developmental Disability Resources services are available to all persons regardless of race, gender, color, religion, age, national origin, or disability.

4. Population Served

A majority of Camden County Developmental Disability Resources clients live in rural areas. Camden County Developmental Disability Resources clients range from the age of 4 and older. First Steps enrolls children with developmental disabilities from birth to age 4.

5. Service Area

Camden County Developmental Disability Resources is comprised of one county, that being Camden. One Executive Director oversees the staff for the agency.



6. Governing Body of Camden County Developmental Disability Resources

CCDDR is guided by a nine-member Board of Directors who is appointed by the Camden County Commission to serve three year terms.

The Board of Directors consists of a cross-section of parents and family members of persons with developmental disabilities, educators, professionals, and other members of the community who act as advocates for our county's citizens with developmental disabilities.

The current makeup of the Board of Directors for Camden County Developmental Disability Resources is as follows: 5 (55.5 %) male and 4 (44.5 %) females. Due to the largest Camdenton racial/ethnic groups being Caucasian (96.7%), followed by Hispanic (2.7%), our Board of Directors is 100% Caucasian.

All Camden County Developmental Disability Resources board meetings are open to the public and are held on the third Monday of the month unless that date is a holiday and then the meeting is held on the fourth Monday of the month. The board meetings are held at Camden County Developmental Disability Resources, 255 Keystone Industrial Park Drive, Camdenton, MO., and begin at 4:00 P.M.

7. Sub Recipient Monitoring

Camden County Developmental Disability Resources has no sub-recipients. Any sub-recipient who would receive payment from Camden County Developmental Disability Resources where funding would originate from any federal assistance are subject to the provisions of the Title VI of the Civil Rights Act of 1964 as amended. Written contracts will contain non-discrimination language.

8. Equity Analysis of Facilities

Camden County Developmental Disability Resources has no construction projects at the present time. The main facility is at 100 Third Street in Camdenton, Mo with additional leased facilities, housing the Administrative team, at 5816 Osage Beach Parkway, Suite 106 and 108 in Osage Beach, MO., and a facility at 255 Keystone Industrial Park Drive in Camdenton. The agency's van is parked in our office building's parking lot at 100 Third Street in Camdenton, MO. Due to the way our transportation service is offered, Camden County Developmental Disability Resources provides door-to door service to our consumers as needed. Our agency van picks them up at their residence or place of employment and returns them to their residence.

Notice to the Public

Notifying the Public of Rights under Title VI

Camden County Developmental Disability Resources posts Title VI notices on our agency's website, in public areas of our agency, and in our agency vehicle.

Camden County Developmental Disability Resources operates its programs and services without regard to race, color, or national origin, in accordance with Title VI of the Civil Rights Act of 1964.

If you believe you have been discriminated against on the basis of race, color, or national origin by Camden County Developmental Disability Resources, you may file a Title VI complaint by completing, signing, and submitting the agency's Title VI Complaint Form.

How to file a Title VI complaint with Camden County Developmental Disability Resources:

1. A grievance form is available on our website at www.cccdr.org; at our office facility at 100 Third Street, Camdenton, MO 65020; or by calling 1-573-693-1511. Ask for Title VI Program Officer and one can be mailed to you.
2. In addition to the complaint process at Camden County Developmental Disability Resources, complaints may be filed directly with the Federal Transit Administration, Office of Civil Rights, and Region 7, 901 Locust Street, Suite 404, Kansas City, MO 64106 or telephone 816-329-3920.
3. Complaints must be filed within 180 days following the date of the alleged discriminatory occurrence and should contain as much detailed information about the alleged discrimination as possible.
4. The form must be signed and dated, and include your contact information.

If information is needed in another language, contact Camden County Developmental Disability Resources office at 1-573-693-1511.

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs receiving federal financial assistance.

The Placard below is placed in Camden County Developmental Disability Resources' agency vehicle.

Notifying the Public of Rights Under Title VI

Camden County Developmental Disability Resources operates its programs and services without regard to race, color, or national origin in accordance with Title VI of the Civil Rights Act of 1964.

Any person who feels he or she has been discriminated against on the basis of race, color, or national origin may file a Title VI complaint with Camden County Developmental Disability Resources,

For information on the procedure to file a complaint, contact:

Phone 573-693-1511

E-mail linda@cddr.org

Mail or in-person visits:

100 Third Street, PO Box 722, Camdenton, MO 65020

You may also visit our website at www.cddr.org

If information is needed in another language, contact 573-693-1511

Procedure for Filing a Title VI Complain

GENERAL

Any person who believes that he or she, individually, or as a member of any specific class of persons, has been subjected to discrimination on the basis of race, color, or national origin by Camden County Developmental Disability Resources may file a written complaint with the Title VI Program Officer, PO Box 722, 100 Third Street, Camdenton, MO 65020. Every effort will be made to obtain early resolution of complaints.

PROCEDURE

1. The complaint must meet the following requirements:
 - a. Complaint shall be in writing and signed by the complainant(s). In instances where complainant is unable or incapable of providing a written statement, a verbal complaint may be made. The Title VI Program Officer will interview the complaint and assist the person in converting verbal complaints in writing. All complaints must be signed by the complainant or his/her representative.
 - b. Include your name, address, telephone number, and the date of the alleged act of discrimination when the complainant became aware of the alleged act of discrimination.
 - c. Give a description of the issues, including names and job titles of those individuals perceived as parties in the complaint.
 - d. Federal and state law requires complaints be filed within 180 calendar days of the alleged incident.

You may download the Camden County Developmental Disability Resources Title VI Complaint Form at www.ccddr.org, or request a copy by writing to Camden County Developmental Disability Resources, PO Box 722, Camdenton, MO 65020. Information on how to file a Title VI complaint may also be obtained by calling Camden County Developmental Disability Resources – Title VI Program Officer at 573-693-1511.

Please submit your complaint form to Camden County Developmental Disability Resources, PO Box 722, Camdenton, MO 65020. Camden County Developmental Disability Resources will generally complete an investigation within 90 days from receipt of a completed complaint form. If more information is needed to resolve the case, Camden County Developmental Disability Resources may contact the complainant. Unless a longer period is specified by Camden County Developmental Disability Resources, the complainant will have ten (10) days from the date of the letter to send requested information to the Camden County Developmental Disability Resources investigator assigned to the case.

If the requested information is not received within that time frame the case will be closed. Also, a case can be administratively closed if the complainant no longer wishes to pursue the case.

1. Upon receipt of the complaint, The Title Vi Program Officer will determine its jurisdiction, acceptability, need for additional information, and investigate the complaint, if accepted.
2. The complainant will be provided with a written acknowledgement letter informing he or she Camden County Developmental Disability Resources has either accepted or rejected the complaint.
3. A complaint must meet the following criteria for acceptance:
 - a. The complaint must be filed within 180 days of the alleged occurrence.
 - b. The allegation must involve a covered basis such as race, color or national origin.
 - c. The allegation must involve a Camden County Developmental Disability Resources service.
4. A complaint may be dismissed for the following reasons:
 - a. The complainant requests the withdrawal of the complaint.
 - b. The complainant fails to respond to repeated requests for additional information needed to process the complaint.
 - c. The complainant cannot be located after reasonable attempts.
5. Once the Title VI Program Officer decides to accept the complaint for investigation, the complainant will be notified in writing of such determination. The complaint will receive a case number and will then be logged in a database identifying: complainant's name, basis, alleged harm, race, color and national origin of the complainant.
6. In cases where the Title VI Program Officer assumes the investigation of the complaint, within 90 calendar days of the acceptance of the complaint the Title VI Program Officer will prepare an investigative report. The report shall include a narrative description of the incident, identification of persons interviewed, findings and recommendations for disposition.
7. The investigative report and its findings will be reviewed with Camden County Developmental Disability Resources officials and in some cases the investigative report and findings will be reviewed by CCDDR's legal counsel.
8. The Title VI Program Officer/Legal Counsel will make a determination on the disposition of the complaint. dispositions will be stated as follows:
 - a. In the event CCDDR is in noncompliance with the Title VI regulations, remedial actions will be listed.
9. Notice of the Title VI Program Officer's determination will be mailed to the complainant. Notice shall include information regarding appeal rights of complainant and instructions for initiating such on appeal. Notice of appeals are as follows:
 - a. The Title VI Program Officer will reconsider the determination, if new facts, come to light.

- b. If complainant is dissatisfied with the determination and/or resolution set forth by the Title VI Program Officer, the same complaint may be submitted to the FTA for investigation. Complainant will be advised to contact the Federal Transit Administration, Office of Civil Rights, 901 Locust Street, Room 404, Kansas City, MO 64106, Telephone 816-329-3920.
- 10. A copy of the complaint and the Title VI Program Officer's investigation report/letter of finding (LOF) and final remedial action plan, if appropriate, will be issued to FTA within 120 days of receipt of the complaint.
- 11. A summary of the complaint and its resolution will be included as part of the Title VI updates to the FTA.

If the complainant disagrees with Camden County Developmental Disability Resources' determination, the complainant may request reconsideration by submitting the request in writing to the Title VI investigator within seven (7) days after the date of the letter of closure or letter of finding, stating with specificity the basis for the reconsideration. Camden County Developmental Disability Resources will notify the complainant of the decision either to accept or reject the request for reconsideration within ten (10) days. In cases where reconsideration is granted, Camden County Developmental Disability Resources will issue a determination letter to the complainant upon completion of the reconsideration review.

A person may also file a complaint directly with the Federal Transit Administration, at the FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language, contact Camden County Developmental Disability Resources at 1-573-693-1511.

Monitoring Title VI Complaints, Investigations, Lawsuits

Documenting Title VI Complaints/Investigations

All Title VI complaints will be entered and tracked in Camden County Developmental Disability Resources’ complaint log. Active investigations will be monitored for timely response on the part of all parties. The agency’s Title VI Program Officer shall maintain the log.

Agency Title VI Complaint Log

Date complaint filed	Complainant	Basis of complaint R-C-NO	Summary of allegation	Pending status of complaint	Actions taken	Closure Letter (CL)	Letter of Finding (LOF)	Date of CL or LOF

Documenting Evidence of Agency Staff Title VI Training

Camden County Developmental Disability Resources’ staff is given Title VI training, and agency can answer affirmatively to all the following questions:

1. Are new employees made aware of Title VI responsibilities pertaining to their specific duties?

During new employee orientation, new employees shall be informed of the provisions Of Title VI and Camden County Developmental Disability Resources expectation to perform their duties accordingly.

2. Do new employees receive this information via employee orientation?

New employees will be given a copy of the Camden County Developmental Disability Resources Title VI plan and be given an Acknowledgement of Receipt form to sign.

3. Is Title VI information provided to all employees and program applicants?

Title VI information shall be given to Camden County Developmental Disability employees annually by the Employee Annual Education Form (Attachment A) at the end of the fiscal year. The form reminds employees of CCDDR's policy statement and of their Title VII responsibilities in their daily work and duties. An acknowledgement of Receipt of Title VI Plan form will be given to each current employee for signature.

4. Is Title VI information prominently displayed in the agency and on any program materials distributed, as necessary?

Title VI information posters shall be displayed in the office of Camden County Developmental Disability Resources and in their agency vehicles.

Public Engagement Plan

Community Outreach

The goal of the Public Engagement Plan is to have significant and ongoing public involvement, if needed, by all identified audiences, may include but are not limited to the following:

- Board of Directors – the governing board of the agency. The role of the Board is to establish policy and legislative direction for the agency. The Board defines the agency’s mission, establishes goals, and approves then budget to accomplish the goals.
- Local jurisdictions and other government stakeholders
- Private businesses and organizations
- Partner agencies, Social Service Agencies, State Agencies such as the Department of Mental Health, and Regional Planning Commissions

Elements of the Public Engagement Plan

Camden County Developmental Disability Resources has a participation plan that includes an outreach plan to engage minority and limited English proficient (LEP) populations.

Elements of the Public Engagement Plan include:

1. Public Notice

- Official notification of intent to provide opportunity for members of the general public to participate in public engagement include participation in open Board meetings, Which are open to the public with dates, locations and meeting information posted on the door of Camden County Developmental Disability Resources at least 48 hours prior to meeting.

2. Public Engagement Process/Outreach Efforts:

- Public meetings, job fairs and other public events
- Focus groups

Events such as public meetings and/or open houses may be held at schools, churches, libraries and other locations.

3. Public Comment

Comments are accepted through various means:

- Dedicated email address
- Website
- Regular mail

Title VI Outreach Best Practices

Camden County Developmental Disability Resources ensures all outreach strategies, communications and public involvement efforts comply with Title VI. Camden County Developmental Disability provides the following:

- a. Public notices published in non-English publications (if available and needed).
- b. Title VI non-discrimination notice on agency's website.
- c. Agency communication materials in languages other than English (if needed).
- d. Services for Limited English Proficient persons. Upon advance notice, translators may be provided.

Title VI Program Public Engagement Process

Camden County Developmental Disability Resources is a political sub-division and does not serve the general public but a limited population of persons with intellectual and developmental disabilities. The Targeted Case Management team assists in helping clients in the fields of employment, residential and related services. The program provides limited transportation with one minivan due to the small size of the program. The agency holds monthly board meetings. The meetings are open to the public and the public is welcome to share in discussions or to address issues of importance to solve shared problems. This agency tries to gather input from the public regarding agency services and activities..

Camden County Developmental Disability Resources will provide briefings to the Board of Directors regarding Title VI plan as needed.

Title VI information is posted on the agency website at www.cddr.org along with our e-mail, mailing address, and agency telephone numbers.

Attachment A

Employee Annual Education Form

Title VI Policy

No person shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

All employees of Camden County Developmental Disability Resources are expected to consider, respect, and observe this policy in their daily work and duties. If a citizen approaches you with a question or complaint, direct him or her to the Title VI Coordinator and/or Executive Director of Camden County Developmental Disability Resources.

Attachment B

Acknowledgement of Receipt of Title VI Plan

I hereby acknowledge the receipt of Camden County Developmental Disability Resources Title VI Plan. I have read the plan and am committed to ensuring that no person is excluded from participation in, or denied the benefits of transportation, employment, residential, and related service needs for Camden Co. persons with developmental disabilities on the basis of race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTA) Circular 4702.1.1.

Employee Signature

Employee Printed Name

Date

Attachment C

Title VI Notice to the Public

(Long Title VI Notice)

Your Rights Under Title VI

Camden County Developmental Disability Resources operates its programs and services without regard to race, color, or national origin in accordance with Title VI of the 1964 Civil Rights Act. Any person who believes he or she has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with our agency.

Any such complaint must be in writing and filed with this agency within 180 days following the date of the alleged discriminatory occurrence. For information on our nondiscrimination obligations or how to file a complaint, please contact Camden County Developmental Disability Resources by any of the methods listed below.

Camden County Developmental Disability Resources

Phone 573-693-1511

Fax 573-693-1515

E-mail linda@cddr.org

Mail or in-person visits:

100 Third Street, PO Box 722, Camdenton, MO 65020

You may also visit our website at www.cddr.org

If information is needed in another language, contact 573-693-1511.

Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). <i>Use the back of this form or separate pages if additional space is required.</i>	
11. Please list any and all witnesses' names and phone numbers/contact information. <i>Use the back of this form or separate pages if additional space is required.</i>	
12. What type of corrective action would you like to see taken?	
13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? () YES If yes, check all that apply. () NO a. () Federal Agency (List agency's name) b. () Federal Court (Please provide location) c. () State Court d. () State Agency (Specify Agency) e. () County Court (Specify Court and County) f. () Local Agency (Specify Agency)	
14. If YES to question 14 above, please provide information about a contact person at the agency/court where the complaint was filed.	
Name:	Title:
Agency:	Telephone: () -
Address:	
City:	State: Zip Code:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date is required:

Signature

Date

If you completed Questions 4, 5 and 6, your signature and date is required:

Signature

Date

Attachment F
Letter Acknowledging Receipt of Complaint

Today's Date

Ms. Jo Doe
1234 Main Street
Anywhere, MO 65020

Dear Ms. Doe:

This letter is to acknowledge receipt of your complaint against Camden County
Developmental Disability Resources alleging _____
_____.

An Investigation will begin shortly. If you have additional information you want to
convey or questions concerning this matter, please contact this office by calling
573-693-1511 or write to me at this address.

Sincerely,

Linda Simms
Title VI Coordinator

Attachment G

Letter Notifying Complainant That the Complaint Is Substantiated

Today's Date

Ms. Jo Doe
1234 Main Street
Anywhere, MO 65020

Dear Ms. Doe:

The matter referenced in your letter dated _____ against Camden County Developmental Disability Resources alleging a Title VI violation has been investigated.

(An/Several) apparent violation(s) of Title VI of the Civil Rights Act of 1964, including those mentioned in your letter (was/were) identified. Efforts are underway to correct these deficiencies.

Thank you for calling this important matter to our attention. You were very helpful during our review of the program. **(If a hearing is necessary, the following sentence may be appropriate.)**

You may be hearing from this office, or from federal authorities, if your services should be needed during the administrative hearing process.

Sincerely,

Linda Simms
Title VI Coordinator

Attachment H

Letter Notifying Complainant That the Complaint Is Not Substantiated

Today's Date

Ms. Jo Doe
1234 Main Street
Anywhere, MO 65020

Dear Ms. Doe:

The matter referenced in your complaint dated _____ against Camden County Developmental Disability Resources alleging _____ has been investigated.

The results of the investigation did not indicate that the provisions of Title VI of the Civil Rights Act of 1964 had in fact been violated. As you know, Title VI prohibits discrimination based on race, color, or national origin in any program receiving federal financial assistance.

Camden County Developmental Disability Resources has analyzed the materials and facts pertaining to your case for evidence of Camden County Developmental Disability Resources' failure to comply with any of the civil rights laws. There was no evidence found that any of these laws have been violated.

I therefore advise you that your complaint has not been substantiated, and that I am closing this matter in our files.

You have the right to (1) appeal within seven calendar days of receipt of the final written decision from Camden County Developmental Disability Resources, and/or 2) file a complaint externally with the U.S. Department of Transportation, and/or the Federal Transit Administration at

Federal Transit Administration Office of Civil Rights
Attention: Title VI Program Coordinator
East Building, 5th Floor - TCR
1200 New Jersey Ave., SE
Washington, DC 20590

Thank you for taking the time to contact us. If I can be of assistance to you in the future, do not hesitate to call me.

Sincerely,

Linda Simms
Title VI Coordinator

Attachment I

NARRATIVE TO BE INCLUDED ON POSTERS TO BE DISPLAYED IN REVENUE VEHICLE AND AGENCY FACILITIES

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving federal financial assistance. Specifically, Title VI provides that “no person in the United States shall, on the ground of race, color, or national origin, be excluded from any program or activity receiving Federal financial assistance (“42 U.S.C. Section 2000d).

Camden County Developmental Disability Resources is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transportation service on the basis of race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTA) Circular 4702.1>A. If you feel you are being denied participation in or being denied benefits of the transportation services provided by Camden County Developmental Disability Resources, or otherwise being discriminated against because of your race, color, national origin, gender, age, or disability, our contact information is:

Title VI Coordinator
Camden County Developmental Disability Resources
PO Box 722 - 100 Third Street
Camdenton, MO 65020
573-693-1511
linda@cddr.org