



March 12th, 2024

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

Open Session Board Meeting

Agenda

Camden County Senate Bill 40 Board
DBA Camden County Developmental Disability Resources (CCDDR)
100 Third Street
Camdenton, MO 65020

Tentative Agenda for Open Session Board Meeting on March 12th, 2024, at 6:00 PM

This Board Meeting will be held at:

255 Keystone Industrial Park Drive

Camdenton, MO 65020

Participants can also Join via WebEx/Phone:

<https://camdencountydevelopmentaldisabilityresources.my.webex.com/camdencountydevelopmentaldisabilityresources.my/j.php?MTID=m2cd93a89eabc84224473407519e7d298>

To Join by Phone: 1-415-655-0001
Meeting Number (Access Code): 2557 391 7536
Meeting Password: 44269297

Call to Order/Roll Call

Approval of Agenda

Approval of Open Session Board Meeting Minutes for February 13th, 2024

Acknowledgement of Distributed Materials to Board Members

- Dec 2023 & Jan 2024 Our Saviors Lighthouse Child and Family Development Center (OSL) Monthly Reports
- January 2024 Children's Learning Center (CLC) Monthly Report
- January 2024 Lake Area Industries (LAI) Monthly Report
- CARF Accreditation Letter & Survey Report
- January 2024 Support Coordination Report
- January 2024 Agency Economic Report
- January 2024 Credit Card Statement
- Resolutions 2024-13 & 2024-14

Speakers/Special Guests/Announcements

- NONE

Monthly Reports

- OSL
- IWYP
- CLC
- LAI
- Missouri Association of County Development Disabilities Services

Old Business for Discussion

- NONE

New Business for Discussion

- CARF Accreditation Letter & Survey Report
- Continuation of Heritage Bank Services

CCDDR Reports

- January 2024 Support Coordination Report
- January 2024 Agency Economic Report

January 2024 Credit Card Statements

Discussion & Conclusion of Resolutions

1. Resolution 2024-13: Approval of New Cybersecurity Incident Response Plan
2. Resolution 2024-14: Approval of Amended Health & Safety Manual

Open Discussions

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 of Open Session

Closed Session Pursuant to Section 610.021 RSMo, subsections (13) & (14)

The news media may obtain copies of this notice, and a direct link to the WebEx meeting can be submitted to anyone requesting access by contacting:

Ed Thomas, CCDDR Executive Director

100 Third Street (Physical Address), P.O. Box 722 (Mailing Address), Camdenton, MO 65065

Office: 573-317-9233 Fax: 573-317-9332 Email: director@ccddr.org

February 13th, 2024
Open Session Minutes

CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES

Open Session Minutes of February 13th, 2024

Members Present Angela Richardson, Paul DiBello, Nancy Hayes,
Angela St. Joan (joined after meeting began), Ro Witt, Brian Willey, Laura Martin

Members Absent Kym Jones, Elizabeth Perkins

Others Present Ed Thomas, Executive Director

Guests Present Natalie Couch (LAI)
Adrienne Anderson, Megan Thurman (CLC)
Jeanna Booth, Lori Cornwell, (CCDDR)

Approval of Agenda

Motion by Nancy Hayes, second Ro Witt to approve the agenda as presented.

AYE: Angela Richardson, Paul DiBello, Nancy Hayes,
Ro Witt, Brian Willey, Laura Martin

NO: None

ABSTAIN: None

Motion carries.

Approval of Open Session Board Meeting Minutes for January 23rd, 2023

Motion by Laura Martin, second Nancy Hayes to approve the Open Session Board Meeting Minutes for January 23rd, 2024, as presented.

AYE: Angela Richardson, Paul DiBello, Nancy Hayes,
Ro Witt, Brian Willey, Laura Martin

NO: None

ABSTAIN: None

Motion carries.

Acknowledgement of Distributed Materials to Board Members

- November 2023 I Wonder Y Preschool (IWYP) Monthly Report
- December 2023 Children's Learning Center (CLC) Monthly Report
- December 2023 Lake Area Industries (LAI) Monthly Report
- December 2023 Support Coordination Report
- December 2023 Agency Economic Report
- December 2023 Credit Card Statement
- Resolutions 2024-10, 2024-11, & 2024-12

Speakers/Special Guests/Announcements

None

Monthly Oral Reports

Our Saviors Lighthouse Child & Family Development Center (OSL) Jessica Jensen (Ed Thomas presented Narrative Report)

OSL is currently serving one client and wishes to expand. They are still working through the new accounting software. Ed just received their latest report and will present it at the next Board meeting.

I Wonder Y Preschool (IWYP) Wendy Aufdenkamp (Ed Thomas presented Narrative Report)

IWYP is serving 2 CCDDR clients. Their new accountant is still updating their financial reports.

Children's Learning Center (CLC) Adrienne Anderson (Ed Thomas presented Narrative Report)

CLC is currently serving 38 children. Of those, 26 have special needs or developmental delays. There are 2 children receiving 1-on-1 services after school, 5 full time 1-on-1s, one part time 1-on-1, and 12 children receiving day hab services. CLC will be attending the Convention and Visitor Bureau dinner on March 11th. All staff are attending the conscious discipline training. First Steps providers are still needed. The annual Pizza for a Purpose fundraiser will be held on March 8th.

(Angela St. Joan joined the meeting at 6:07 pm.)

Lake Area Industries (LAI) Natalie Couch

LAI has 56 certified employees. There are 52 CCDDR clients and 3 DESE-only employees with one more being a potential CCDDR client. LAI hired a new job coach to help with the mobile work crew and garden center. Keefe had a large job so the Lincoln workshop was able to assist in completing it. LAI's application to DMH for providing group supported employment services was submitted. The mobile work crew is gearing up for April 6th when they will begin serving food at the Trapshooter's Association. The e-waste recycling program is growing. Flowers will arrive at the garden center on April 17th.

Missouri Association of County Developmental Disabilities Services Ed Thomas

MACDDS is carefully watching the State budget. MACDDS efforts are making a difference. DMH has suspended the HRST requirement for SCs to administer to clients not receiving residential services and has hired a 3rd party to conduct the HRST for those clients. ConneXion has been delayed indefinitely.

Old Business for Discussion

CARF Survey (Updates)

The CARF survey went well. There were only 2 recommendations. One was to add a section on Technology to the Accessibility Plan and the other was to conduct more types of emergency drills. There were no recommendations on the SC services side.

Nancy Hayes asked Angela Richardson what questions Board members were asked. Angela replied that most questions were about how the Board worked together, Board makeup, and Board understanding. Angela St. Joan stated that she discussed ways to connect CCDDR to the community.

New Business for Discussion

None.

CCDDR Reports

December 2023 Support Coordination Report

The month closed with 341 clients and 5 in intake. Medicaid eligibility was at 88.27%. Year-to-date Medicaid claims paid was at 98.33%. In 2022 it was 98.34%. Lapses in Medicaid coverage have been slowly increasing and will probably continue to increase. According to MACDDS reports received from other sources, the Department of Social Services has a backlog of 40,000-50,000 Medicaid applications that have not been processed. It's been interpreted that this does not include annual redeterminations. CCDDR has implemented a new process as of today. Clients whose Medicaid coverage has lapsed will be turned over to Rachel and Emily. They will work with the clients to try to get them re-eligible instead of solely relying on and in collaboration with the SCs.

December 2023 Agency Economic Report

Expenses were below budget and income was above budget on both the Services and SB 40 Tax sides of the budget. There is currently one SC vacancy. The vacancy has already been posted and applications are being accepted.

Motion by Ro Witt, second Paul DiBello to approve all reports as presented.

AYE: Angela Richardson, Paul DiBello, Nancy Hayes,
Ro Witt, Brian Willey, Laura Martin, Angela St. Joan

NO: None

ABSTAIN: None

Motion carries.

December 2023 Credit Card Statement

No Questions and a vote not necessary.

Discussion and Conclusions of Resolutions

1. Resolution 2024-10: Amended 2023 Fiscal Year Budget

Board members received a detailed version of the amended budget. Revisions include changing the billing schedule since ConneXion will not be rolling out and verifying the carryover amounts from 2023. A negative cashflow is projected due to the stagnated rate. The TCM rate has not increased since 2015. The budget is designed to lower expenses as income lowers.

Motion by Nancy Hayes, second Ro Witt to approve Resolution 2024-10 as presented.

AYE: Angela Richardson, Paul DiBello, Nancy Hayes,
Ro Witt, Brian Willey, Laura Martin, Angela St. Joan

NO: None

ABSTAIN: None

Motion carries.

2. Resolution 2024-11: Re-Allocation/Allocation of Restricted/Unrestricted Funds

This shows the estimated carryover amounts to be allocated and current funds to be reallocated.

Motion by Angela St. Joan, second Ro Witt to approve Resolution 2024-11 as presented.

AYE: Angela Richardson, Paul DiBello, Nancy Hayes,
Ro Witt, Brian Willey, Laura Martin, Angela St. Joan

NO: None

ABSTAIN: None

Motion carries.

3. Resolution 2024-12: Approval of Amended Accessibility Plan

This updates the Accessibility Plan to include a section on technology. This change was a recommendation from the CARF survey.

Motion by Laura Martin, second Paul DiBello to approve Resolution 2024-12 as presented.

AYE: Angela Richardson, Paul DiBello, Nancy Hayes,
Ro Witt, Brian Willey, Laura Martin, Angela St. Joan

NO: None

ABSTAIN: None

Motion carries.

Open Discussion

Staff have been hard at work on the mobility management grant. Almost 40 interviews have been completed with a few more scheduled.

Public Comment

None

Adjournment of Open Session

Motion by Ro Witt, second Paul DiBello to adjourn the Open Session Board meeting.

AYE: Angela Richardson, Paul DiBello, Nancy Hayes,
Ro Witt, Brian Willey, Laura Martin, Angela St. Joan

NO: None

ABSTAIN: None

Motion carries.

The Open Session Board meeting was adjourned.

OSL December Reports

Our Savior Lutheran Church DBA LighthouseCFDC (2)

Profit and Loss

December 2023

	TOTAL
Income	
Tuition	1,766.00
Total Income	\$1,766.00
GROSS PROFIT	\$1,766.00
Expenses	
Payroll Expenses	
Taxes	964.58
Wages	12,477.64
Total Payroll Expenses	13,442.22
Total Expenses	\$13,442.22
NET OPERATING INCOME	\$ -11,676.22
NET INCOME	\$ -11,676.22

Our Savior Lutheran Church DBA LighthouseCFDC (2)

Profit and Loss

January - December 2023

		TOTAL
Income		
Registration Fees		50.00
Services		1,815.90
Subsidy Payment		0.00
Tuition		41,360.34
Total Income		\$43,226.24
GROSS PROFIT		\$43,226.24
Expenses		
Payroll Expenses		
Taxes		11,454.52
Wages		139,900.51
Total Payroll Expenses		151,355.03
Total Expenses		\$151,355.03
NET OPERATING INCOME		\$ -108,128.79
NET INCOME		\$ -108,128.79

Our Savior Lutheran Church DBA LighthouseCFDC (2)

Balance Sheet Summary

As of December 31, 2023

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	-168,877.77
Accounts Receivable	1,439.03
Other Current Assets	111,807.87
Total Current Assets	\$ -55,630.87
Fixed Assets	321.96
TOTAL ASSETS	\$ -55,308.91
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	0.00
Other Current Liabilities	68,998.32
Total Current Liabilities	\$68,998.32
Total Liabilities	\$68,998.32
Equity	-124,307.23
TOTAL LIABILITIES AND EQUITY	\$ -55,308.91

Our Savior Lutheran Church DBA LighthouseCFDC (2)

Statement of Cash Flows

December 2023

	TOTAL
OPERATING ACTIVITIES	
Net Income	-11,676.22
Adjustments to reconcile Net Income to Net Cash provided by operations:	
Accounts Receivable (A/R)	-1,113.00
Direct Deposit Payable	0.00
Payroll Liabilities:Daycare Half Days Employee Discount	225.00
Payroll Liabilities:Federal Taxes (941/944)	2,327.73
Payroll Liabilities:MO Income Tax	230.00
Payroll Liabilities:MO Unemployment Tax	10.07
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	1,679.80
Net cash provided by operating activities	\$ -9,996.42
NET CASH INCREASE FOR PERIOD	\$ -9,996.42
Cash at beginning of period	-48,583.54
CASH AT END OF PERIOD	\$ -58,579.96

Our Savior Lutheran Church DBA LighthouseCFDC (2)

Statement of Cash Flows

January - December 2023

	TOTAL
OPERATING ACTIVITIES	
Net Income	-108,128.79
Adjustments to reconcile Net Income to Net Cash provided by operations:	
Accounts Receivable (A/R)	-295.25
Direct Deposit Payable	0.00
Payroll Liabilities:Daycare Half Days Employee Discount	1,890.00
Payroll Liabilities:Federal Taxes (941/944)	25,795.50
Payroll Liabilities:MO Income Tax	1,805.00
Payroll Liabilities:MO Unemployment Tax	752.15
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	29,947.40
Net cash provided by operating activities	\$ -78,181.39
NET CASH INCREASE FOR PERIOD	\$ -78,181.39
Cash at beginning of period	19,601.43
CASH AT END OF PERIOD	\$ -58,579.96

OSL January Reports

Our Savior Lutheran Church DBA LighthouseCFDC (2)

Profit and Loss
January 2024

	TOTAL
Income	
Services	-1,439.03
Total Income	\$ -1,439.03
GROSS PROFIT	\$ -1,439.03
Expenses	
Payroll Expenses	
Taxes	869.09
Wages	10,047.38
Total Payroll Expenses	10,916.47
Total Expenses	\$10,916.47
NET OPERATING INCOME	\$ -12,355.50
NET INCOME	\$ -12,355.50

Our Savior Lutheran Church DBA LighthouseCFDC (2)

Balance Sheet Summary

As of January 31, 2024

		TOTAL
ASSETS		
Current Assets		
Bank Accounts		-208,697.90
Accounts Receivable		0.00
Other Current Assets		111,807.87
Total Current Assets		\$ -96,890.03
Fixed Assets		321.96
TOTAL ASSETS		\$ -96,568.07
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		0.00
Other Current Liabilities		40,094.66
Total Current Liabilities		\$40,094.66
Total Liabilities		\$40,094.66
Equity		-136,662.73
TOTAL LIABILITIES AND EQUITY		\$ -96,568.07

Our Savior Lutheran Church DBA LighthouseCFDC (2)

Statement of Cash Flows

January 2024

	TOTAL
OPERATING ACTIVITIES	
Net Income	-12,355.50
Adjustments to reconcile Net Income to Net Cash provided by operations:	
Accounts Receivable (A/R)	1,439.03
Direct Deposit Payable	0.00
Payroll Liabilities:Daycare Half Days Employee Discount	180.00
Payroll Liabilities:Federal Taxes (941/944)	-26,063.29
Payroll Liabilities:MO Income Tax	-2,213.00
Payroll Liabilities:MO Unemployment Tax	-807.37
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	-27,464.63
Net cash provided by operating activities	\$ -39,820.13
NET CASH INCREASE FOR PERIOD	\$ -39,820.13
Cash at beginning of period	-58,579.96
CASH AT END OF PERIOD	\$ -98,400.09

CLC January Reports



**SB40/CCDDR
February 2024**

Utilizing January/February 2024
Records

CHILDREN'S LEARNING CENTER
AGENCY UPDATE/PROGRESS REPORT
February 8, 2024

○ **CHILD COUNT/ATTENDANCE**

The Step Ahead program has 38 children enrolled.

26 out of 38 children enrolled have special needs or developmental delays.

We have 2 one on one children attending after school, 5 one on one children in attendance full time, 1 one on one child part time, & 12 day habilitation children all with varying schedules.

○ **COMMUNITY EVENTS**

Attending:

Adrienne and Megan will attend the Covention and Visitor's Bureau Dinner on March 11th. We hope to receive a grant from the Community Foundation of the Lake that night.

All CLC staff will be attending Concious Discipline training on Saturday, March 23rd.

Current / Upcoming:

○ **GENERAL PROGRAM NEWS**

- CLC is still looking for providers (SLP, OT, PT, SI) to join our First Steps Agency.
- We had 6 snow days in January, lowering our attendance percentages.
- We will have a Valentine's Day celebration with a card exchange on Wednesday this week.
- Parent Teacher Conferences will take place mid-March. We look forward to sharing with families and CCDDR about each child's progress and what goals they have accomplished and we will set new goals.
- Our Summer Calendar and Summer Session Requests will go out later this week. This will give us a better idea of how many children to expect this Summer and will help us plan for Fall enrollment and availability.
- We are in the middle of our accreditation renewal with Missouri Accreditation. We will submit all information to them by June.

○ **GRANTS/FUNDRAISERS**

- Pizza for a Purpose is March 8th at 6pm at Redhead's Lakeside Grill where we will have our annual silent auction, raffle tickets, and balloon pop. We hope to see many families and community members at the event. Also, We are still accepting items/gift baskets and monetary donations and will continue to do so up until the end of February.
- We are still applying for the many grants available.

CHILDREN'S LEARNING CENTER

Statement of Activity

January 1 - February 13, 2024

Revenue

40000 INCOME									0.00
41000 Contributions & Grants									0.00
41100 CACFP							1,308.27		1,308.27
Total 41000 Contributions & Grants	\$	0.00	\$	0.00	\$	1,308.27	\$	1,308.27	
42000 Program Services									0.00
42100 First Steps									0.00
42130 Natural Environment Mileage		52.40							52.40
42150 Physical Therapy									0.00
Total 42150 Physical Therapy	\$	738.75	\$	0.00	\$	0.00	\$	738.75	
42170 Speech/Language Therapy									0.00
Total 42170 Speech/Language Therapy	\$	500.00	\$	0.00	\$	0.00	\$	500.00	
Total 42100 First Steps	\$	1,291.15	\$	0.00	\$	0.00	\$	1,291.15	
Total 42000 Program Services	\$	1,291.15	\$	0.00	\$	0.00	\$	1,291.15	
43000 Tuition									0.00
43100 Dining									0.00
43110 Birthday						40.00			40.00
43120 Lunch						300.00			300.00
43130 Snack						60.00			60.00
Total 43100 Dining	\$	0.00	\$	0.00	\$	400.00	\$	400.00	
43500 Tuition						5,420.00			5,420.00
43505 Subsidy Tuition						557.10			557.10
Total 43500 Tuition	\$	0.00	\$	0.00	\$	5,977.10	\$	5,977.10	
Total 43000 Tuition	\$	0.00	\$	0.00	\$	6,377.10	\$	6,377.10	
45000 Other Revenue									0.00
45200 Fundraising Income									0.00
45280 Pizza For A Purpose					1,369.12				1,369.12
45281 Pizza For A Purpose - Gun Raffle					50.00				50.00
Total 45280 Pizza For A Purpose	\$	0.00	\$	1,419.12	\$	0.00	\$	1,419.12	
Total 45200 Fundraising Income	\$	0.00	\$	1,419.12	\$	0.00	\$	1,419.12	
45300 Donation Income									0.00
45310 Donations									0.00
45315 Bear Market					75.00				75.00
Total 45310 Donations	\$	0.00	\$	75.00	\$	0.00	\$	75.00	
Total 45300 Donation Income	\$	0.00	\$	75.00	\$	0.00	\$	75.00	
Total 45000 Other Revenue	\$	0.00	\$	1,494.12	\$	0.00	\$	1,494.12	
Total 40000 INCOME	\$	1,291.15	\$	1,494.12	\$	7,685.37	\$	10,470.64	
Total Revenue	\$	1,291.15	\$	1,494.12	\$	7,685.37	\$	10,470.64	
Gross Profit	\$	1,291.15	\$	1,494.12	\$	7,685.37	\$	10,470.64	

Expenditures

50000 EXPENDITURES									0.00
51000 Payroll Expenditures									0.00
51100 Employee Salaries									0.00
Total 51100 Employee Salaries	\$	0.00	\$	0.00	\$	26,303.14	\$	26,303.14	
51400 Employee Retirement									0.00
Total 51400 Employee Retirement	\$	0.00	\$	180.00	\$	0.00	\$	180.00	
51500 Employee Taxes									0.00
Total 51500 Employee Taxes	\$	0.00	\$	0.00	\$	2,120.61	\$	2,120.61	
51900 Workermans Comp Insurance					1,725.00				1,725.00
Total 51000 Payroll Expenditures	\$	0.00	\$	1,905.00	\$	28,423.75	\$	30,328.75	

52000 Advertising/Promotional	80.00	80.00
54000 Fundraising/Grants		0.00
54700 Pizza For A Purpose	391.64	391.64
Total 54000 Fundraising/Grants	\$ 0.00 \$ 391.64 \$ 0.00 \$ 391.64	
55000 Insurance		0.00
55700 Crime Policy	558.00	558.00
Total 55000 Insurance	\$ 0.00 \$ 558.00 \$ 0.00 \$ 558.00	
56000 Office Expenditures		0.00
56100 Copy Machine	15.49	15.49
56300 Office Supplies	211.20	211.20
Total 56000 Office Expenditures	\$ 0.00 \$ 226.69 \$ 0.00 \$ 226.69	
57000 Office/General Administrative Expenditures		35.00
57160 QuickBooks Payments Fees	213.00	3.60
57600 License/Accreditation/Permit Fees		1,500.00
Total 57000 Office/General Administrative Expenditures	\$ 0.00 \$ 213.00 \$ 1,538.60 \$ 1,751.60	
58000 Operating Supplies		10.19
58100 Classroom Consumables		131.91
58150 Center Consumables		47.58
58200 Dining		2,330.19
58210 Birthday		24.25
Total 58200 Dining	\$ 0.00 \$ 0.00 \$ 2,354.44 \$ 2,354.44	
58400 Sanitizing		183.56
Total 58000 Operating Supplies	\$ 0.00 \$ 0.00 \$ 2,727.68 \$ 2,727.68	
59000 Program Service Fees		0.00
59100 First Steps		0.00
59130 Natural Environment Mileage	52.40	52.40
59150 Physical Therapy		0.00
Total 59150 Physical Therapy	\$ 525.00 \$ 0.00 \$ 0.00 \$ 525.00	
Total 59100 First Steps	\$ 577.40 \$ 0.00 \$ 0.00 \$ 577.40	
Total 59000 Program Service Fees	\$ 577.40 \$ 0.00 \$ 0.00 \$ 577.40	
62000 Safety & Security	276.38	276.38
63000 Utilities		0.00
63100 Electric	1,007.76	1,007.76
63200 Internet	74.79	74.79
63300 Telephone	149.97	149.97
63400 Trash Service		123.33
63500 Water Softener		327.40
Total 63000 Utilities	\$ 0.00 \$ 1,232.52 \$ 450.73 \$ 1,683.25	
Total 50000 EXPENDITURES	\$ 577.40 \$ 4,883.23 \$ 33,140.76 \$ 38,601.39	
Payroll Expenses		0.00
Company Contributions		0.00
Retirement		90.00
Total Company Contributions	\$ 0.00 \$ 0.00 \$ 90.00 \$ 90.00	
Total Payroll Expenses	\$ 0.00 \$ 0.00 \$ 90.00 \$ 90.00	
Total Expenditures	\$ 577.40 \$ 4,883.23 \$ 33,230.76 \$ 38,691.39	
Net Operating Revenue	\$ 713.75 -\$ 3,389.11 -\$ 25,545.39 -\$ 28,220.75	
Net Revenue	\$ 713.75 -\$ 3,389.11 -\$ 25,545.39 -\$ 28,220.75	

CHILDREN'S LEARNING CENTER
Statement of Activity
January 2024

	First Steps	Gen & Admin	Step Ahead	TOTAL
Revenue				
40000 INCOME				0.00
41000 Contributions & Grants				0.00
41100 CACFP			1,308.27	1,308.27
Total 41000 Contributions & Grants	\$ 0.00	\$ 0.00	\$ 1,308.27	\$ 1,308.27
42000 Program Services				0.00
42100 First Steps				0.00
42170 Speech/Language Therapy				0.00
Total 42170 Speech/Language Therapy	\$ 500.00	\$ 0.00	\$ 0.00	\$ 500.00
Total 42100 First Steps	\$ 500.00	\$ 0.00	\$ 0.00	\$ 500.00
Total 42000 Program Services	\$ 500.00	\$ 0.00	\$ 0.00	\$ 500.00
43000 Tuition				0.00
43100 Dining				0.00
43120 Lunch			150.00	150.00
43130 Snack			30.00	30.00
Total 43100 Dining	\$ 0.00	\$ 0.00	\$ 180.00	\$ 180.00
43500 Tuition			2,710.00	2,710.00
43505 Subsidy Tuition			557.10	557.10
Total 43500 Tuition	\$ 0.00	\$ 0.00	\$ 3,267.10	\$ 3,267.10
Total 43000 Tuition	\$ 0.00	\$ 0.00	\$ 3,447.10	\$ 3,447.10
45000 Other Revenue				0.00
45200 Fundraising Income				0.00
45280 Pizza For A Purpose		19.12		19.12
Total 45200 Fundraising Income	\$ 0.00	\$ 19.12	\$ 0.00	\$ 19.12
Total 45000 Other Revenue	\$ 0.00	\$ 19.12	\$ 0.00	\$ 19.12
Total 40000 INCOME	\$ 500.00	\$ 19.12	\$ 4,755.37	\$ 5,274.49
Total Revenue	\$ 500.00	\$ 19.12	\$ 4,755.37	\$ 5,274.49
Gross Profit	\$ 500.00	\$ 19.12	\$ 4,755.37	\$ 5,274.49
Expenditures				
50000 EXPENDITURES				0.00
51000 Payroll Expenditures				0.00
51100 Employee Salaries				0.00
Total 51100 Employee Salaries	\$ 0.00	\$ 0.00	\$ 13,762.04	\$ 13,762.04
51400 Employee Retirement				0.00
Total 51400 Employee Retirement	\$ 0.00	\$ 90.00	\$ 0.00	\$ 90.00
51500 Employee Taxes				0.00
Total 51500 Employee Taxes	\$ 0.00	\$ 0.00	\$ 1,103.58	\$ 1,103.58
51900 Workmans Comp Insurance		1,725.00		1,725.00
Total 51000 Payroll Expenditures	\$ 0.00	\$ 1,815.00	\$ 14,865.62	\$ 16,680.62
52000 Advertising/Promotional			80.00	80.00
54000 Fundraising/Grants				0.00
54700 Pizza For A Purpose		346.64		346.64
Total 54000 Fundraising/Grants	\$ 0.00	\$ 346.64	\$ 0.00	\$ 346.64
55000 Insurance				0.00
55700 Crime Policy		558.00		558.00
Total 55000 Insurance	\$ 0.00	\$ 558.00	\$ 0.00	\$ 558.00
56000 Office Expenditures				0.00
56100 Copy Machine		15.49		15.49
56300 Office Supplies		59.58		59.58
Total 56000 Office Expenditures	\$ 0.00	\$ 75.07	\$ 0.00	\$ 75.07
57000 Office/General Administrative Expenditures			35.00	35.00
57160 QuickBooks Payments Fees		213.00	3.60	216.60
57600 License/Accreditation/Permit Fees			1,500.00	1,500.00
Total 57000 Office/General Administrative Expenditures	\$ 0.00	\$ 213.00	\$ 1,538.60	\$ 1,751.60
58000 Operating Supplies			10.19	10.19
58100 Classroom Consumables			98.09	98.09
58200 Dining			1,883.73	1,883.73
58210 Birthday			24.25	24.25
Total 58200 Dining	\$ 0.00	\$ 0.00	\$ 1,907.98	\$ 1,907.98
58400 Sanitizing			163.56	163.56
Total 58000 Operating Supplies	\$ 0.00	\$ 0.00	\$ 2,199.82	\$ 2,199.82
59000 Program Service Fees				0.00
59100 First Steps				0.00
59130 Natural Environment Mileage		52.40		52.40
59150 Physical Therapy				0.00
Total 59150 Physical Therapy	\$ 525.00	\$ 0.00	\$ 0.00	\$ 525.00
Total 59100 First Steps	\$ 577.40	\$ 0.00	\$ 0.00	\$ 577.40
Total 59000 Program Service Fees	\$ 577.40	\$ 0.00	\$ 0.00	\$ 577.40
62000 Safety & Security		67.38		67.38
63000 Utilities				0.00
63100 Electric		1,007.76		1,007.76
63200 Internet		74.79		74.79
63300 Telephone		149.97		149.97
63400 Trash Service			123.33	123.33
63500 Water Softener			327.40	327.40
Total 63000 Utilities	\$ 0.00	\$ 1,232.52	\$ 450.73	\$ 1,683.25
Total 50000 EXPENDITURES	\$ 577.40	\$ 4,387.61	\$ 19,054.77	\$ 24,019.78
Payroll Expenses				0.00
Company Contributions				0.00
Retirement			45.00	45.00
Total Company Contributions	\$ 0.00	\$ 0.00	\$ 45.00	\$ 45.00
Total Payroll Expenses	\$ 0.00	\$ 0.00	\$ 45.00	\$ 45.00
Total Expenditures	\$ 577.40	\$ 4,387.61	\$ 19,099.77	\$ 24,064.78
Net Operating Revenue	-\$ 77.40	-\$ 4,368.49	-\$ 14,344.40	-\$ 18,790.29
Net Revenue	-\$ 77.40	-\$ 4,368.49	-\$ 14,344.40	-\$ 18,790.29

CHILDREN'S LEARNING CENTER
Statement of Cash Flows
January 1 - February 13, 2024

	<u>Total</u>
OPERATING ACTIVITIES	
Net Revenue	-28,220.75
Adjustments to reconcile Net Revenue to Net Cash provided by operations:	
Accounts Receivable (A/R)	-5,420.00
Accounts Payable (A/P)	6,330.60
21000 CBOLO MasterCard -8027	119.91
21200 Kroger-DS1634 CLC	-814.49
22300 Payroll Liabilities:Federal Taxes (941/944)	-2,569.99
22400 Payroll Liabilities:MO Income Tax	-530.00
22500 Payroll Liabilities:MO Unemployment Tax	-29.86
Direct Deposit Payable	-50.00
Payroll Liabilities:Ascensus	180.00
Total Adjustments to reconcile Net Revenue to Net Cash provided by operations:	<u>-\$ 2,783.83</u>
Net cash provided by operating activities	<u>-\$ 31,004.58</u>
Net cash increase for period	<u>-\$ 31,004.58</u>
Cash at beginning of period	383,764.15
Cash at end of period	<u>\$ 352,759.57</u>

CHILDREN'S LEARNING CENTER

Statement of Cash Flows

January 2024

	<u>Total</u>
OPERATING ACTIVITIES	
Net Revenue	-18,790.29
Adjustments to reconcile Net Revenue to Net Cash provided by operations:	
Accounts Receivable (A/R)	-2,530.00
Accounts Payable (A/P)	3,717.87
21000 CBOLO MasterCard -8027	-187.11
21200 Kroger-DS1634 CLC	1,171.78
22300 Payroll Liabilities:Federal Taxes (941/944)	-2,569.99
22400 Payroll Liabilities:MO Income Tax	-386.00
22500 Payroll Liabilities:MO Unemployment Tax	-138.35
Direct Deposit Payable	-50.00
Payroll Liabilities:Ascensus	90.00
Total Adjustments to reconcile Net Revenue to Net Cash provided by operations:	<u>-\$ 881.80</u>
Net cash provided by operating activities	<u>-\$ 19,672.09</u>
Net cash increase for period	<u>-\$ 19,672.09</u>
Cash at beginning of period	383,764.15
Cash at end of period	<u>\$ 364,092.06</u>

CHILDREN'S LEARNING CENTER

Statement of Financial Position

As of February 13, 2024

	Total
ASSETS	
Current Assets	
Bank Accounts	
11000 CBOLO Checking	352,759.57
Total Bank Accounts	\$ 352,759.57
Accounts Receivable	
Accounts Receivable (A/R)	10,325.00
Total Accounts Receivable	\$ 10,325.00
Other Current Assets	
14000 Undeposited Funds	0.00
Cash Advance	700.00
Payroll Corrections	-464.47
Prepaid Expenses	7,971.74
Repayment	
Cash Advance Repayment	-1,000.00
Total Repayment	-\$ 1,000.00
Total Other Current Assets	\$ 7,207.27
Total Current Assets	\$ 370,291.84
TOTAL ASSETS	\$ 370,291.84
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable (A/P)	6,330.60
Total Accounts Payable	\$ 6,330.60
Credit Cards	
21000 CBOLO MasterCard -8027	1,090.71
21200 Kroger-DS1634 CLC	0.00
Total Credit Cards	\$ 1,090.71
Other Current Liabilities	
22000 Payroll Liabilities	
22100 Anthem	2,191.63
22200 Childcare Tuition	3,141.44
22300 Federal Taxes (941/944)	-8,320.79
22400 MO Income Tax	-2,838.48
22500 MO Unemployment Tax	-830.50
22600 Primevest Financial	448.19
Aflac	8,859.15
Alera	9,354.60
Ascensus	15,825.00
Globe Life - After Tax	147.81
Globe Life - After Tax Life Insurance Children	157.08
Globe Life Accidental Insurance - Pre-Tax Insurance	903.09
Globe Life After Tax	113.52
Health Care (United HealthCare)	821.87
US Department of Education	1,115.65
Total 22000 Payroll Liabilities	\$ 31,089.26
Direct Deposit Payable	-50.00
Total Other Current Liabilities	\$ 31,039.26
Total Current Liabilities	\$ 38,460.57
Total Liabilities	\$ 38,460.57
Equity	
30000 Opening Balance Equity	13,816.12
Retained Earnings	346,235.90
Net Revenue	-28,220.75
Total Equity	\$ 331,831.27
TOTAL LIABILITIES AND EQUITY	\$ 370,291.84

CHILDREN'S LEARNING CENTER
A/P Aging Summary
As of February 13, 2024

	Current	1 - 30	31 - 60	61 - 90	91 and over	Total
Bankcard Services	3,038.03					3,038.03
GFL Environmental	41.11					41.11
Kroger/Gerbes	2,432.73					2,432.73
Laclede Electric Cooperative	599.33					599.33
Lebanon Phone Center & Alarm, Inc.	180.00					180.00
Lindyspring Systems of Lake Ozark	39.40					39.40
TOTAL	\$ 6,330.60	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 6,330.60

CHILDREN'S LEARNING CENTER
A/P Aging Summary
As of January 31, 2024

	Current	1 - 30	31 - 60	61 - 90	91 and over	Total
Bankcard Services	3,038.03					3,038.03
GFL Environmental	41.11					41.11
Laclede Electric Cooperative	599.33					599.33
Lindyspring Systems of Lake Ozark	39.40					39.40
TOTAL	\$ 3,717.87	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3,717.87

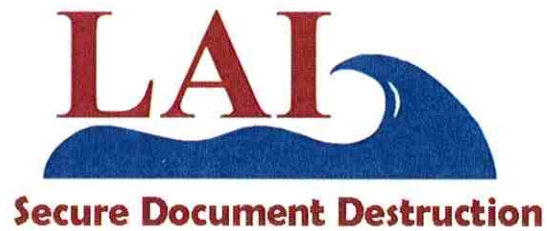
CHILDREN'S LEARNING CENTER
A/R Aging Summary
As of February 13, 2024

	Current	1 - 30	31 - 60	61 - 90	91 and over	Total
		600.00	600.00	600.00	600.00	2,400.00
		600.00	600.00	600.00	600.00	2,400.00
		130.00	130.00	130.00	335.00	725.00
		600.00	600.00	600.00	600.00	2,400.00
		600.00	600.00	600.00	600.00	2,400.00
TOTAL	\$ 0.00	\$ 2,530.00	\$ 2,530.00	\$ 2,530.00	\$ 2,735.00	\$ 10,325.00

CHILDREN'S LEARNING CENTER
A/R Aging Summary
As of January 31, 2024

	Current	1 - 30	31 - 60	61 - 90	91 and over	Total
		600.00		600.00	600.00	1,800.00
		600.00	600.00	600.00		1,800.00
		-360.00				-360.00
		130.00		130.00	335.00	595.00
		600.00		600.00	600.00	1,800.00
		600.00		600.00	600.00	1,800.00
TOTAL	\$ 0.00	\$ 2,170.00	\$ 600.00	\$ 2,530.00	\$ 2,135.00	\$ 7,435.00

LAI January Reports



Monthly Financial Reports
Lake Area Industries, Inc.

January 31, 2024

Lake Area Industries, Inc.
Balance Sheet Comparison

	1/1/2024	1/1/2023
ASSETS		
Current Assets		
Total Bank Accounts	234,748	792,041
Total Accounts Receivable	48,957	49,599
Other Current Assets		
Certificates of Deposit	938,229	204,874
Community Foundation of the Ozarks Agency Partner Account	1,670	1,670
GIFTED GARDEN CASH	500	500
INVENTORY	11,675	12,750
PETTY CASH	150	150
Undeposited Funds	0	9,668
Total Other Current Assets	952,224	229,613
Total Current Assets	1,235,929	1,071,253
Fixed Assets		
ACCUMULATED DEPRECIATION	(822,116)	(822,116)
AUTO AND TRUCK	206,267	206,267
BUILDING	399,872	399,872
FURN & FIX ORIGINAL VALUE	19,284	19,284
GH RETAIL STORE	16,505	16,505
GREENHOUSE EQUIPMENT	3,769	2,870
LAND	33,324	33,324
LAND IMPROVEMENT	119,202	119,202
MACHINERY & EQUIPMENT	236,730	236,730
OFFICE EQUIPMENT	8,969	8,057
Sewer Equipment	19,354	19,354
SHREDDING EQUIPMENT	45,572	45,572
Total Fixed Assets	286,731	284,919
Other Assets		
CURRENT CAPITAL IMPROVEMENT	93,714	0
UTILITY DEPOSITS	554	554
Total Other Assets	94,268	554
TOTAL ASSETS	1,616,928	1,356,726
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Total Accounts Payable	8,122	5,000
Total Credit Cards	1,238	1,782
Other Current Liabilities		
ACCRUED WAGES	7,631	7,631
Gift Certificate Payable	180	148
Missouri Department of Revenue Payable	0	78
Rock Sales @ 75%	101	0
Total Other Current Liabilities	7,912	7,857
Total Current Liabilities	17,271	14,639
Total Liabilities	17,271	14,639
Equity		
Opening Balance Equity	0	0
Unrestricted Net Assets	1,578,553	1,338,435
Net Income	21,104	3,652
Total Equity	1,599,657	1,342,087
TOTAL LIABILITIES AND EQUITY	1,616,928	1,356,726

Lake Area Industries, Inc.
Budget vs. Actuals
January 2024

	Actual	Budget	over Budget
Income			
CONTRACT PACKAGING	23,326	15,833	7,493
DOCUMENT SHREDDING	4,223	3,857	366
FOAM RECYCLING	3,041	655	2,386
GREENHOUSE SALES		0	0
OFF-SITE WORK	3,748	2,842	906
Total Income	34,339	23,188	11,151
Cost of Goods Sold			
CONTRACT LABOR	2,526		2,526
Cost of Goods Sold	1,142	1,336	(194)
GG PLANTS & SUPPLIES		0	0
SHIPPING AND DELIVERY		0	0
WAGES-EMPLOYEES	15,957	24,583	(8,627)
Total Cost of Goods Sold	19,625	25,920	(6,295)
Gross Profit	14,714	(2,732)	17,446
Expenses			
ACCTG. & AUDIT FEES		952	(952)
ALL OTHER EXPENSES	1,267	2,745	(1,479)
Bus Fare	376	0	376
EQUIP. PURCHASES & MAINTENANCE	2,014	4,215	(2,201)
INSURANCE	2,663	2,667	(4)
NON MANUFACTURING SUPPLIES	1,975	90	1,885
PAYROLL	19,100	21,290	(2,190)
PAYROLL EXP & BENEFITS	8,140	9,024	(883)
PROFESSIONAL SERVICES	1,250	1,583	(333)
UTILITIES	2,932	1,346	1,586
Total Expenses	39,716	43,912	(4,196)
Net Operating Income	(25,002)	(46,644)	21,642
Other Income			
INTEREST INCOME	3,019	4,167	(1,148)
MISCELLANEOUS INCOME	3		3
OTHER CONTRIBUTIONS	3,384		3,384
SB-40 REVENUE	13,390	15,623	(2,233)
STATE AID	26,311	22,065	4,246
Total Other Income	46,107	41,855	4,252
Other Expenses			
ALLOCATION NON OPERATING EXPENSES	0		0
Total Other Expenses	0	0	0
Net Other Income	46,107	41,855	4,252
Net Income	21,104	(4,789)	25,893

Lake Area Industries, Inc.
Profit and Loss

January 2024

Income	
CONTRACT PACKAGING	23,326
DOCUMENT SHREDDING	4,223
FOAM RECYCLING	3,041
OFF-SITE WORK	3,748
Total Income	34,339
Cost of Goods Sold	
CONTRACT LABOR	2,526
Cost of Goods Sold	1,142
WAGES-EMPLOYEES	15,957
Total Cost of Goods Sold	19,625
Gross Profit	14,714
Expenses	
ALL OTHER EXPENSES	1,267
Bus Fare	376
EQUIP. PURCHASES & MAINTENANCE	2,014
INSURANCE	2,663
NON MANUFACTURING SUPPLIES	1,975
PAYROLL	19,100
PAYROLL EXP & BENEFITS	8,140
PROFESSIONAL SERVICES	1,250
UTILITIES	2,932
Total Expenses	39,716
Net Operating Income	(25,002)
Other Income	
INTEREST INCOME	3,019
MISCELLANEOUS INCOME	3
OTHER CONTRIBUTIONS	3,384
SB-40 REVENUE	13,390
STATE AID	26,311
Total Other Income	46,107
Other Expenses	
ALLOCATION NON OPERATING EXPENSES	0
Total Other Expenses	0
Net Other Income	46,107
Net Income	21,104

Lake Area Industries, Inc.
Statement of Cash Flows
January 2024

	Total
OPERATING ACTIVITIES	
Net Income	21,104
Adjustments to reconcile Net Income to Net Cash provided by operations:	
ACCOUNTS RECEIVABLE	11,952
Certificates of Deposit:2024 01.06 CD OakStar - 4.05%	26,558
Certificates of Deposit:2024 01.08 CD- Heritage - 4.184%	257,905
Certificates of Deposit:2024 10.15 CD Edward Jones - 4.75%	28
Certificates of Deposit:2025.02.13 CD Heritage - 5.35%	(236,285)
INVENTORY:RAW MATERIAL INVENTORY	521
Accounts Payable	3,430
CBOLO CC - 5044 Natalie	(213)
CBOLO CC - 9051 Lillie	(206)
Eagle Stop Gas Cards	0
Sam's Club Mastercard- 2148	(413)
AFLAC DEDUCTIONS PAYABLE	(0)
Gift Certificate Payable	20
Missouri Department of Revenue Payable	0
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	63,298
Net cash provided by operating activities	84,402
Net cash increase for period	84,402
Cash at beginning of period	150,346
Cash at end of period	234,748

Lake Area Industries, Inc.
A/P Aging Summary
As of January 31, 2024

	Current	1 - 30	31 - 60	61 - 90	91 and over	Total
TOTAL	\$ 5,506	\$ 2,849	\$ 0	\$ 0	-\$ 233	\$ 8,122

Lake Area Industries, Inc.
A/R Aging Summary
As of January 31, 2024

	Current	1 - 30	31 - 60	61 - 90	91 and over	Total
TOTAL	\$ 42,667	\$ 5,196	\$ 350	\$ 95	\$ 649	\$ 48,957

Support Coordination Report

January 2024

Client Caseloads

- Number of Caseloads as of January 31st, 2024: 339
- Budgeted Number of Caseloads: 335
- Pending Number of New Intakes: 5
- Medicaid Eligibility: 88.20%

Caseload Counts

Emily Breckenridge – 35

Daniel Burrows – 40

Elizabeth Chambers – 37

Robyne Gerstner – 32

Angela Graves – 33

Ryan Johnson – 22

Jennifer Lyon – 5

Christina Mitchell – 30

Mary Petersen – 3

Wade Seals – 29

Patricia Strouse – 39

Mery Viebrock – 34

January 2024
Credit Card Statement

02/22/2024

Bankcard Center

Date
01/31/2024

Type
Bill

Reference
01/31/2024

Original Amount
2,520.19

Balance Due
2,520.19

Check Amount

Payment
2,520.19
2,520.19

Bank Accounts: Servi

2,520.19

WLONGM1

EDWARD J. RICE CO., INC. 417-869-3312

PRINTED IN U.S.A.

ACCOUNT NUMBER	BILLING DATE	STATEMENT BALANCE	DUE DATE	MINIMUM PAYMENT DUE
**** * 9588	01/31/24	\$2,520.19	02/26/24	\$75.60
BR BR CB X003 YY * 017569				ENTER PAYMENT AMOUNT
				000923



BANKCARD SERVICES
P.O. BOX 8100
JEFFERSON CITY, MO 65102

CAMDEN CO DD RES
CAMDEN CO DD RES
PO BOX 722
CAMDENTON MO 65020-0722

000756002520190140580949462064

ACCOUNT NUMBER	COMPANY NUMBER	BILLING DATE	DUE DATE	CREDIT LIMIT	AVAILABLE CREDIT		
**** * 9588		01/31/24	02/26/24	10,000.00	7,479.81		

POST	TRAN	REFERENCE NUMBER	MERCHANT DESCRIPTION	AMOUNT	NOTATIONS
00/0000/00			PURCHASES	2,520.19	
00/0000/00			PAYMENTS	-1,766.11	
01/18	01/18	75397354018612400010704	LOCKBOX PMT-THANK YOU	-1,766.11	

FOR CUSTOMER SERVICE PLEASE CONTACT US AT 1-800-472-1959.

*****3515	CONNIE BAKER					611.59
00/0000/00			PURCHASES			611.59
01/04	01/03	02305374004000515916917	USPS PO 2812420020	CAMDENTON	MO	✓ 17.12
01/08	01/05	55310204005083381943925	AMZN MKTP US*TK8SG7KA0	SEATTLE	WA	✓ 74.32
01/09	01/08	05416014008141000158800	WAL-MART #0089	CAMDENTON	MO	✓ 119.90
01/09	01/08	55310204008083384895780	AMZN MKTP US*RT1NV6TMO	SEATTLE	WA	✓ 187.25
01/09	01/08	55310204008083721587389	AMZN MKTP US*TK5GZ6622	SEATTLE	WA	✓ 37.16
01/10	01/09	55310204009083762690422	AMZN MKTP US*RT6EW3M50	SEATTLE	WA	✓ 37.16
01/26	01/25	02305374026000502202762	USPS PO 2812420020	CAMDENTON	MO	✓ 17.46
01/29	01/26	05436844027400062859819	WM SUPERCENTER #89	CAMDENTON	MO	✓ 121.22

*****8735	RACHEL BASKERVILLE					124.40
00/0000/00			PURCHASES			124.40
01/22	01/19	02305374020000487524558	HY-VEE DOTCOM WDM 6002	WDM	IA	✓ 112.11
01/22	01/19	75345514019900010200554	DONUT PALACE	CAMDENTON	MO	✓ 12.29

*****4306	JEANNA BOOTH					365.90
00/0000/00			PURCHASES			365.90
01/04	01/03	05436844004400059470940	WM SUPERCENTER #89	CAMDENTON	MO	✓ 258.51
01/12	01/11	05436844012400064514765	WM SUPERCENTER #89	CAMDENTON	MO	✓ 4.64

AVERAGE DAILY BALANCE	MONTHLY PERIODIC RATE	ANNUAL PERCENTAGE RATE	ANNUAL PERCENTAGE RATE	ACCOUNT SUMMARY	
			00.00%	PREVIOUS BALANCE	1,766.11
PURCHASES			NUMBER OF DAYS IN THIS BILLING CYCLE	PURCHASES	- 2,520.19
				CASH ADVANCES	- 0.00
			33	CREDITS	+ 0.00
			NEW CASH ADVANCES	PAYMENTS	+ -1,766.11
CASH ADVANCES				OTHER CHARGES	- 0.00
			0.00	FINANCE CHARGE	+ 0.00
			CASH ADVANCE FEE	NEW BALANCE	= 2,520.19
			0.00		

CURRENT PAYMENT DUE: 75.60	+ PAST DUE AMOUNT: 0.00	= TOTAL AMOUNT DUE :	75.60
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DIRECT INQUIRIES TO: BANKCARD SERVICES
JEFFERSON CITY, MO 65102
P.O. BOX 8100
1-800-472-1959

CAMDEN CO DD RES
CAMDEN CO DD RES
PO BOX 722
CAMDENTON MO 65020-0722

BR * BRCB

Page 3 of 3

POST	TRAN	REFERENCE NUMBER	MERCHANT DESCRIPTION	AMOUNT	NOTATIONS
01/19	01/18	05416014018141000177451	WAL-MART #0089	✓ 35.07	
01/19	01/18	05436844019000302882868	DOLLARTREE	✓ 6.25	
01/29	01/26	15449854026204500097824	MO DEPT OF HEALTH	✓ 15.55	
01/29	01/26	51742954026083350923322	IDENTOGO - MO FINGERPR	✓ 42.75	
01/30	01/29	15449854029204500261575	MO DMV	✓ 3.13	
*****9314			EDDIE THOMAS		
00/0000/00			PURCHASES	1,418.30	
01/02	01/01	75418234001190621591305	PY *PATRIOT STORAGE LO	✓ 150.00	
01/02	01/01	75418234001190621918193	PY *SMART SPOT STORAGE	✓ 185.00	
01/05	01/04	55432864004204669907417	INTUIT *QBooks Online	✓ 200.00	
01/19	01/18	55432864018208795094838	DROPBOX*5SVP43584YZV	✓ 119.88	
01/24	01/23	05436844024400057362814	WM SUPERCENTER #89	✓ 39.28	
01/29	01/26	15449854026204500349274	MO SOCIAL SERVICES	✓ 724.14	



0001-1 6127000 6660000 0270076/7071 00 7070000

CAMDEN CO DD RES
PO BOX 722
CAMDENTON MO 65020-0722



000039

0000000000000000846779949462064

Page 1 of 4

AMOUNT	FREIGHT
0.00	0.00

REFERENCE NUMBER

FCMLMailsRetailFirst-Class Letter

71. 32.1

AMOUNT FREIGHT

AMOUNT	FREIGHT
0.00	0.00

REFERENCE NUMBER

B07MX98TCH LCL COMPATIBLE TONER CARTRIDGE REPL

197 25 1

SEATTLE

NEW BALANCE = 0.00

000

1-800-472-1959

CONNIE BAKER
CAMDEN CO DD RES
PO BOX 722
CAMDENTON MO 65020

BR * BRCB

Page 3 of 4

POST	TRAN	REFERENCE NUMBER	MERCHANT DESCRIPTION	AMOUNT	NOTATIONS
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00/00/00 98109
CUSTOMER CODE
P.O. BOX 722

USA
SALES TAX AMT/IND
0.00/N

DUTY AMOUNT 0.00
FREIGHT 0.00

MERCHANT
TYPE POSTAL CODE TAX ID CD ST REFERENCE NUMBER
1000YYYY 98109 202936165 Y WA X73LEEMMREC

PRODUCT CODE	DESCRIPTION	QUANTITY	EXTENDED AMT/IND DISCOUNT AMT/IND	UNIT OF MEAS RATE/TYPE	UNIT PRICE SHIP DATE	TOTAL AMOUNT
B016V06OYS	#10 SECURITY SELF-SEAL ENVELOPES, W	4.0000	85.40/D 0.00/D	PEICE 0.00/	0.00 00/00/00	85
B015HWLCUW	MICROSOFT BLUETOOTH MOBILEMOUSE 36	2.0000	59.98/D 0.00/D	PEICE 0.00/	0.00 00/00/00	60
B08BYH8FGF	5-TAB BINDER DIVIDERS, HERKKA 3 RIN	1.0000	20.98/D 0.00/D	PEICE 0.00/	0.00 00/00/00	21
B0CBQVZXJ1	BLUE SKY 2024 WEEKLY AND MONTHLY AP.	1.0000	20.89/D 0.00/D	PEICE 0.00/	0.00 00/00/00	21

01/09 01/08 55310204008083721587389 AMZN MKTP US*TK5GZ6622 SEATTLE WA 37.16

ORDER DATE FROM POST CD TO POST CD TO COUNTRY
00/00/00 98109 USA
CUSTOMER CODE
P.O. BOX 722

SALES TAX AMT/IND
0.00/N

DUTY AMOUNT 0.00
FREIGHT 0.00

MERCHANT
TYPE POSTAL CODE TAX ID CD ST REFERENCE NUMBER
1000YYYY 98109 202936165 Y WA 99RIOEG9ZQF

PRODUCT CODE	DESCRIPTION	QUANTITY	EXTENDED AMT/IND DISCOUNT AMT/IND	UNIT OF MEAS RATE/TYPE	UNIT PRICE SHIP DATE	TOTAL AMOUNT
B07MX2HZMW	LCL COMPATIBLE TONER CARTRIDGE REPL	2.0000	37.16/D 0.00/D	PEICE 0.00/	0.00 00/00/00	74

01/09 01/08 05416014008141000158800 WAL-MART #0089 CAMDENTON MO 119.90

ORDER DATE FROM POST CD TO POST CD TO COUNTRY
00/00/00 98109 USA
CUSTOMER CODE

SALES TAX AMT/IND
0.00/

DUTY AMOUNT 0.00
FREIGHT 0.00

MERCHANT
TYPE POSTAL CODE TAX ID CD ST REFERENCE NUMBER
1000NNN 65020 710415188 Y MO

01/10 01/09 55310204009083762690422 AMZN MKTP US*RT6EW3M50 SEATTLE WA 37.16

ORDER DATE FROM POST CD TO POST CD TO COUNTRY
00/00/00 98109 USA
CUSTOMER CODE
P.O. BOX 722

SALES TAX AMT/IND
0.00/N

DUTY AMOUNT 0.00
FREIGHT 0.00

MERCHANT
TYPE POSTAL CODE TAX ID CD ST REFERENCE NUMBER
1000YYYY 98109 202936165 Y WA 4UK9236BMGN

PRODUCT CODE	DESCRIPTION	QUANTITY	EXTENDED AMT/IND DISCOUNT AMT/IND	UNIT OF MEAS RATE/TYPE	UNIT PRICE SHIP DATE	TOTAL AMOUNT
B07MX2HZMW	LCL COMPATIBLE TONER CARTRIDGE REPL	2.0000	37.16/D 0.00/D	PEICE 0.00/	0.00 00/00/00	74

01/26 01/25 02305374026000502202762 USPS PO 2812420020 CAMDENTON MO 17.46

ORDER DATE FROM POST CD TO POST CD TO COUNTRY
00/00/00 65020
CUSTOMER CODE
None

SALES TAX AMT/IND
0.00/N

DUTY AMOUNT 0.00
FREIGHT 0.00

MERCHANT
TYPE POSTAL CODE TAX ID CD ST REFERENCE NUMBER
9000YNNN 65020 410760000 Y MO

PRODUCT CODE	DESCRIPTION	QUANTITY	EXTENDED AMT/IND DISCOUNT AMT/IND	UNIT OF MEAS RATE/TYPE	UNIT PRICE SHIP DATE	TOTAL AMOUNT
FCMLMailsRetailFirst-Class Letter		1.0000	8.73/D 0.00/D	0.00/	8.73 00/00/00	8.73

01/29 01/26 05436844027400062859819 WM SUPERCENTER #89 CAMDENTON MO 121.22

ORDER DATE FROM POST CD TO POST CD TO COUNTRY
00/00/00 65020
CUSTOMER CODE

SALES TAX AMT/IND
0.00/

DUTY AMOUNT 0.00
FREIGHT 0.00

MERCHANT
TYPE POSTAL CODE TAX ID CD ST REFERENCE NUMBER
1000YNNN 65020 710415188 Y MO



BANKCARD SERVICES
P. O. BOX 8100
JEFFERSON CITY, MO 65102

10/13/22 12:13 PM 3 0000434 20240202 4B01N101 DXCBRCB1 1 oz DOM 4B01N10000* 166595 MS

000000434

I=0000



CONNIE BAKER
CAMDEN CO DD RES
PO BOX 722
CAMDENTON MO 65020-0722



BANKCARD SERVICES
P. O. BOX 8100
JEFFERSON CITY, MO 65102

10/13/22 12:13 PM 3 0000466 20240202 4B01N101 DXCBRCB1 1 oz DOM 4B01N10000* 166596 MS

000000466 I=0000



RACHEL BASKERVILLE
CAMDEN CO DD RES
PO BOX 722
CAMDENTON MO 65020-0722



Received
FEB 20 2024



Central Bank | Commercial Payments

ACCOUNT NUMBER	BILLING DATE	STATEMENT BALANCE	DUE DATE	MINIMUM PAYMENT DUE
**** * 1306	01/31/24	\$0.00	02/26/24	\$0.00
BR BRCB X003 YY * 016726				ENTER PAYMENT AMOUNT
				000082



BANKCARD SERVICES
P.O. BOX 8100
JEFFERSON CITY, MO 65102

JEANNA BOOTH
CAMDEN CO DD RES
PO BOX 722
CAMDENTON MO 65020-0000

0000000000000000968749949462064

BR * BRCB Page 1 of 3

ACCOUNT NUMBER	COMPANY NUMBER	BILLING DATE	DUE DATE	CREDIT LIMIT	AVAILABLE CREDIT		
**** * 1306		01/31/24	02/26/24	2,000.00	2,000.00		

POST	TRAN	REFERENCE NUMBER	MERCHANT DESCRIPTION	AMOUNT	NOTATIONS
01/04	01/03	05436844004400059470940	WM SUPERCENTER #89 CAMDENTON MO	258.51 ✓	
ORDER DATE FROM POST CD TO POST CD TO COUNTRY					
00/00/00 65020					
CUSTOMER CODE SALES TAX AMT/IND DUTY AMOUNT FREIGHT					
0.00/ 0.00 0.00					
MERCHANT					
TYPE POSTAL CODE TAX ID CD ST REFERENCE NUMBER					
1000YNNN 65020 710415188 Y MO					
01/12	01/11	05436844012400064514765	WM SUPERCENTER #89 CAMDENTON MO	4.64 ✓	
ORDER DATE FROM POST CD TO POST CD TO COUNTRY					
00/00/00 65020					
CUSTOMER CODE SALES TAX AMT/IND DUTY AMOUNT FREIGHT					
0.00/ 0.00 0.00					
MERCHANT					
TYPE POSTAL CODE TAX ID CD ST REFERENCE NUMBER					
1000YNNN 65020 710415188 Y MO					
01/19	01/18	05416014018141000177451	WAL-MART #0089 CAMDENTON MO	35.07 ✓	
ORDER DATE FROM POST CD TO POST CD TO COUNTRY					
00/00/00					
CUSTOMER CODE SALES TAX AMT/IND DUTY AMOUNT FREIGHT					
0.00/ 0.00 0.00					
MERCHANT					
TYPE POSTAL CODE TAX ID CD ST REFERENCE NUMBER					
1000YNNN 65020 710415188 Y MO					
01/19	01/18	05436844019000302882868	DOLLARTREE CAMDENTON MO	6.25 ✓	
ORDER DATE FROM POST CD TO POST CD TO COUNTRY					
00/00/00 65020					
CUSTOMER CODE SALES TAX AMT/IND DUTY AMOUNT FREIGHT					
0.00/N 0.00 0.00					

AVERAGE DAILY BALANCE	MONTHLY PERIODIC RATE	ANNUAL PERCENTAGE RATE	ANNUAL PERCENTAGE RATE	ACCOUNT SUMMARY
			00.00%	
PURCHASES 0.00	1.4500%	17.40%	NUMBER OF DAYS IN THIS BILLING CYCLE 33	PREVIOUS BALANCE 0.00 PURCHASES - 0.00 CASH ADVANCES - 0.00 CREDITS + 0.00 PAYMENTS + 0.00 OTHER CHARGES - 0.00 FINANCE CHARGE + 0.00
CASH ADVANCES 0.00	1.8667%	22.40%	NEW CASH ADVANCES 0.00	
			CASH ADVANCE FEE 0.00	NEW BALANCE = 0.00

CURRENT PAYMENT DUE: 0.00	+ PAST DUE AMOUNT: 0.00	= TOTAL AMOUNT DUE: 0.00
---------------------------	-------------------------	--------------------------

DIRECT INQUIRIES TO: BANKCARD SERVICES P.O. BOX 8100
JEFFERSON CITY, MO 65102 1-800-472-1959

JEANNA BOOTH
CAMDEN CO DD RES
PO BOX 722
CAMDENTON MO 65020-0000

BR * BRCB

Page 3 of 3

POST	TRAN	REFERENCE NUMBER	MERCHANT DESCRIPTION	AMOUNT	NOTATIONS
------	------	------------------	----------------------	--------	-----------

MERCHANT					
TYPE	POSTAL CODE	TAX ID	CD	ST	REFERENCE NUMBER
1000YNNN	65020	541387365	Y	MO	
01/29 01/26 15449854026204500097824		MO DEPT OF HEALTH		877-332-3901	MO
ORDER DATE	FROM POST CD	TO POST CD	TO COUNTRY		
00/00/00					
CUSTOMER CODE		SALES TAX AMT/IND		DUTY AMOUNT	FREIGHT
DqQmRxOHUINSUow9TR		0.93/Y		0.00	0.00
MERCHANT					
TYPE	POSTAL CODE	TAX ID	CD	ST	REFERENCE NUMBER
1000YYYY	65102	446000987	Y	MO	
01/29 01/26 51742954026083350923322		IDENTOGO - MO FINGERPR		877-512-6962	MA
ORDER DATE	FROM POST CD	TO POST CD	TO COUNTRY		
00/00/00	01821		USA		
CUSTOMER CODE		SALES TAX AMT/IND		DUTY AMOUNT	FREIGHT
UZ3R55QQQSMO		0.00/		0.00	0.00
MERCHANT					
TYPE	POSTAL CODE	TAX ID	CD	ST	REFERENCE NUMBER
1000YYYY	01821	274388807	Y	MA	UZ3R55QQQSMO000004
01/30 01/29 15449854029204500261575		MO DMV		8504449330	MO
ORDER DATE	FROM POST CD	TO POST CD	TO COUNTRY		
00/00/00					
CUSTOMER CODE		SALES TAX AMT/IND		DUTY AMOUNT	FREIGHT
Q33HdZOpBsAhwO3kGb		0.18/Y		0.00	0.00
MERCHANT					
TYPE	POSTAL CODE	TAX ID	CD	ST	REFERENCE NUMBER
1000YYYY	65101	446000987	Y	MO	

* * * * *

THE ABOVE LISTED TRANSACTIONS HAVE BEEN TRANSFERRED TO THIS ACCOUNT'S
ASSOCIATED CENTRAL BILL ACCOUNT. THE NET BALANCE WAS 365.90

* * * * *

FOR CUSTOMER SERVICE PLEASE CONTACT US AT 1-800-472-1959.



BANKCARD SERVICES
P. O. BOX 8100
JEFFERSON CITY , MO 65102

10/13/22 12:13 PM 3 0000444 20240202 4B01N101 DXCBRCB1 1 oz DOM 4B01N10000* 166595 MS

000000444 I=0000



JEANNA BOOTH
CAMDEN CO DD RES
PO BOX 722
CAMDENTON MO 65020-0722



Received
FEB 20 2024

ACCOUNT NUMBER	BILLING DATE	STATEMENT BALANCE	DUE DATE	MINIMUM PAYMENT DUE
**** * 9314	01/31/24	\$0.00	02/26/24	\$0.00
BR BRCB X003 YY * 017508				ENTER PAYMENT AMOUNT
				000862



BANKCARD SERVICES
P.O. BOX 8100
JEFFERSON CITY, MO 65102

EDDIE THOMAS
CAMDEN CO DD RES
PO BOX 722
CAMDENTON MO 65020

0000000000000000860332949462064

BR * BRCB Page 1 of 3

ACCOUNT NUMBER	COMPANY NUMBER	BILLING DATE	DUE DATE	CREDIT LIMIT	AVAILABLE CREDIT		
**** * 9314		01/31/24	02/26/24	4,000.00	4,000.00		

POST	TRAN	REFERENCE NUMBER	MERCHANT DESCRIPTION				AMOUNT	NOTATIONS
01/02	01/01	75418234001190621591305	PY *PATRIOT STORAGE LO	OSAGE BEACH	MO		150.00	✓
		ORDER DATE FROM POST CD	TO POST CD TO COUNTRY					
		00/00/00						
		CUSTOMER CODE	SALES TAX AMT/IND	DUTY AMOUNT	FREIGHT			
		659271277bd83f7e5	0.00/N	0.00	0.00			
MERCHANT								
TYPE	POSTAL CODE	TAX ID	CD	ST	REFERENCE NUMBER			
8000YYYY	65486	881506936	Y	MO				
01/02	01/01	75418234001190621918193	PY *SMART SPOT STORAGE	CAMDENTON	MO		185.00	✓
		ORDER DATE FROM POST CD	TO POST CD TO COUNTRY					
		00/00/00						
		CUSTOMER CODE	SALES TAX AMT/IND	DUTY AMOUNT	FREIGHT			
		659292629a8b45d08	0.00/N	0.00	0.00			
MERCHANT								
TYPE	POSTAL CODE	TAX ID	CD	ST	REFERENCE NUMBER			
8000YYYY	65020	813782252	Y	MO				
01/05	01/04	55432864004204669907417	INTUIT *QBooks Online	CL.INTUIT.COM	CA		200.00	
		ORDER DATE FROM POST CD	TO POST CD TO COUNTRY					
		01/04/24						
		CUSTOMER CODE	SALES TAX AMT/IND	DUTY AMOUNT	FREIGHT			
			0.00/	0.00	0.00			
MERCHANT								
TYPE	POSTAL CODE	TAX ID	CD	ST	REFERENCE NUMBER			
1000YNNN	94043	770034661	Y	CA	T1-139c5e7d-0			
01/19	01/18	55432864018208795094838	DROPBOX*5SVP43584YZV	DROPBOX.COM	CA		119.88	
		ORDER DATE FROM POST CD	TO POST CD TO COUNTRY					
		01/18/24						
		CUSTOMER CODE	SALES TAX AMT/IND	DUTY AMOUNT	FREIGHT			
		526840673	0.00/N	0.00	0.00			

AVERAGE DAILY BALANCE	MONTHLY PERIODIC RATE	ANNUAL PERCENTAGE RATE	ANNUAL PERCENTAGE RATE	ACCOUNT SUMMARY	
			00.00%		
PURCHASES	1.4500%	17.40%	NUMBER OF DAYS IN THIS BILLING CYCLE	PREVIOUS BALANCE	0.00
0.00			33	PURCHASES	- 0.00
				CASH ADVANCES	- 0.00
CASH ADVANCES	1.8667%	22.40%	NEW CASH ADVANCES	CREDITS	+ 0.00
0.00			0.00	PAYMENTS	+ 0.00
			CASH ADVANCE FEE	OTHER CHARGES	- 0.00
			0.00	FINANCE CHARGE	+ 0.00
				NEW BALANCE	= 0.00

CURRENT PAYMENT DUE: 0.00	+ PAST DUE AMOUNT: 0.00	= TOTAL AMOUNT DUE :	0.00
---------------------------	-------------------------	----------------------	------

DIRECT INQUIRIES TO: BANKCARD SERVICES P.O. BOX 8100 1-800-472-1959
JEFFERSON CITY, MO 65102

POST	TRAN	REFERENCE NUMBER	----- MERCHANT DESCRIPTION -----	AMOUNT	---- NOTATIONS ----
------	------	------------------	----------------------------------	--------	---------------------

TYPE		POSTAL CODE	TAX ID	CD	ST	REFERENCE NUMBER
1000YNNN	94107	260138832	Y	CA	J71VS6F3	
WM SUPERCENTER #89			CAMDENTON		MO	39.28
ORDER DATE	FROM POST CD	TO POST CD	TO COUNTRY			
00/00/00	65020					
CUSTOMER CODE	SALES TAX AMT/IND		DUTY AMOUNT	FREIGHT		
	0.00/		0.00	0.00		

TYPE		POSTAL CODE	TAX ID	CD	ST	REFERENCE NUMBER
01/29 01/26 15449854026204500349274	1000YNNN	65020	710415188	Y	MO	
MO SOCIAL SERVICES					877-332-3901	MO
ORDER DATE	FROM POST CD	TO POST CD	TO COUNTRY			724.14
00/00/00						
CUSTOMER CODE	SALES TAX AMT/IND		DUTY AMOUNT	FREIGHT		
K64gheh2LTclxh0UXt	43.44/Y		0.00	0.00		

TYPE	POSTAL CODE	TAX ID	MERCHANT	CD	ST MO	REFERENCE NUMBER
1000YYYY	65101	446000987				

THE ABOVE LISTED TRANSACTIONS HAVE BEEN TRANSFERRED TO THIS ACCOUNT'S
ASSOCIATED CENTRAL BILL ACCOUNT. THE NET BALANCE WAS 1,418.30

* * * * *

FOR CUSTOMER SERVICE PLEASE CONTACT US AT 1-800-472-1959.



P.O. BOX 6100
JEFFERSON CITY, MO 65102

10/13/22 12:13 PM 3 0000414 20240202 4B01N101 DXCBRCB1 1 oz DOM 4B01N10000*166595 MS

000000414

I=0000



EDDIE THOMAS
CAMDEN CO DD RES
PO BOX 722
CAMDENTON MO 65020-0722



Connie's Card

#5725



CAMDENTON
625 W US HIGHWAY 54
CAMDENTON, MO 65020-9998
(800)275-8777

01/03/2024 04:20 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

First-Class Mail® Letter	1		\$0.66
--------------------------	---	--	--------

Camdenton, MO 65020
Weight: 0 lb 0.60 oz
Estimated Delivery Date
Fri 01/05/2024

Certified Mail® Tracking #:		\$4.35
-----------------------------	--	--------

70172620000049287708

Return Receipt Tracking #:		\$3.55
----------------------------	--	--------

9590 9402 7789 2152 6996 34

Total		\$8.56
-------	--	--------

First-Class Mail® Letter	1		\$0.66
--------------------------	---	--	--------

Montreal, MO 65591
Weight: 0 lb 0.60 oz
Estimated Delivery Date
Sat 01/06/2024

Certified Mail® Tracking #:		\$4.35
-----------------------------	--	--------

70172620000049287715

Return Receipt Tracking #:		\$3.55
----------------------------	--	--------

9590 9402 7789 2152 6996 27

Total		\$8.56
-------	--	--------

Grand Total:		\$17.12
--------------	--	---------

Credit Card Remit		\$17.12
-------------------	--	---------

Card Name: MasterCard
Account #: XXXXXXXXXX3515
Approval #: 04756Z
Transaction #: 924
AID: A0000000041010
AL: Mastercard
PIN: Not Required

Chip

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

Preview your Mail
Track your Packages
Sign up for FREE @
<https://informedelivery.usps.com>

All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.

Tell us about your experience.
Go to: <https://postalexperience.com/Pos>

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

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

Camdenton, MO 65020

Certified Mail Fee \$4.35

Extra Services & Fees (check box, add fee as appropriate)	
<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 \$0.66

Total Postage and Fees \$5.01

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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

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

Camdenton, MO 65020

Certified Mail Fee \$4.35

Extra Services & Fees (check box, add fee as appropriate)	
<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 \$0.66

Total Postage and Fees \$5.01

PS

ns



Connie's Card #5720

Details for Order #112-3782480-6778665

Order Placed: January 3, 2024

PO number : P.O. Box 722

Amazon.com order number: 112-3782480-6778665

Order Total: \$74.32

Not Yet Shipped	
Items Ordered	Price
4 of: LCL Compatible Toner Cartridge Replacement for Kyocera TK5232 TK-5232 TK5232M TK-5232M 1T02R9BUS0 M-5521cdn M-5521cdn P-5021cdn P-5021cdn (1-Pack Magenta)	\$18.58
Sold by: StarTech Office Supplies (seller profile) Product question? (Ask Seller)	
Business Price	
Condition: New	
Shipping Address: Connie Baker 100 3RD ST CAMDENTON, MO 65020-7336 United States	
Shipping Speed: One-Day Shipping	
Payment information	
Payment Method: MasterCard Last digits: 3515	Item(s) Subtotal: \$74.32
	Shipping & Handling: \$0.00
Billing address Connie Baker 100 3RD ST CAMDENTON, MO 65020-7336 United States	Total before tax: \$74.32
	Estimated Tax: \$0.00
	Grand Total: \$74.32

To view the status of your order, return to [Order Summary](#) .

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Connie's Card

#5720

Give us feedback @ survey.walmart.com
Thank you! ID #:7TKDSFYUQM

Walmart *

573-346-3588 Mgr: PAUL

94 CECIL ST

CANDENTON MO 65020

ST# 00089 OP# 000231 TE# 18 TR# 00587

ITEMS SOLD 4

TC# 8359 8657 0778 9275 9579 7



6V 4FT DL T8	007874235705	49.98 0
4FT T8/T12	007874227695	49.98 0
ENVELOPES	505478180437	9.97 0
ENVELOPES	505478180437	9.97 0

SUBTOTAL 119.90

TOTAL 119.90

MCARD TEND 119.90

Mastercard **** * 3515 1 1

APPROVAL # 045932

REF # 400800493810

AID A0000000041010

AAC D585AE542863C0F4

TERMINAL # SC010990

*NO SIGNATURE REQUIRED

01/08/24 11:14:20

CHANGE DUE 0.00

01/08/24 11:14:38

CUSTOMER COPY

Walmart *

Become a member

Scan for free 30-day trial



lights



Details for Order #112-9871020-7997058

Connie's Card
#5720

Order Placed: January 3, 2024

PO number : P.O. Box 722

Amazon.com order number: 112-9871020-7997058

Order Total: \$261.57

Not Yet Shipped

Items Ordered

4 of: #10 Security Self-Seal Envelopes, Windowless Design, Premium Security Tint Pattern, Ultra Strong Quick-Seal Closure - EnveGuard - Size 4-1/8 x 9-1/2 Inches - White - 24 LB - 500 Count (34010)

Sold by: Quality Business Products ([seller profile](#))

Condition: New

Price

\$21.35 ✓

~~24~~
85.46

1 of: Blue Sky 2024 Weekly and Monthly Appointment Book and Planner, 8.5" x 11", Flexible Cover, Wirebound, Enterprise (111289-24)

Sold by: Amazon.com

Condition: New

\$20.89 ✓

2 of: Microsoft Bluetooth Mobile Mouse 3600 - Dark Red. Comfortable Design, Right/Left Hand Use, 4-Way Scroll Wheel, Wireless Bluetooth Mouse for PC/Laptop/Desktop, Works with for Mac/Windows Computers

Sold by: Brilliant price ([seller profile](#))

Business Price

Condition: New

\$29.99 ✓

~~x2~~
59.98

4 of: LCL Compatible Toner Cartridge Replacement for Kyocera TK5232 TK-5232 TK5232C TK-5232C 1T02R9CUS0 M-5521cdn M-5521cdw P-5021cdn P-5021cdw (1-Pack Cyan)

Sold by: StarTech Office Supplies ([seller profile](#)) | Product question? ([Ask Seller](#))

Business Price

Condition: New

~~\$18.58~~ 74.32

~~x4~~

1 of: 5-Tab Binder Dividers, HERKKA 3 Ring Binder Dividers with Reinforced Edge, 3 Hole Punch Section Index Dividers for Binders, 1/5-Cut Tabs, Letter Size, White, 120 Dividers

Sold by: HERKKA US ([seller profile](#))

Business Price

Condition: New

\$20.98 ✓

Shipping Address:

Connie Baker
100 3RD ST
CAMDENTON, MO 65020-7336
United States

Shipping Speed:

Delivery in fewer trips to your address

Payment information

Payment Method:

MasterCard | Last digits: 3515

Billing address

Connie Baker

Item(s) Subtotal: \$261.57

Shipping & Handling: \$0.00

Total before tax: \$261.57

~~74.32~~
187.25

\$187.25

100 3RD ST
CAMDENTON, MO 65020-7336
United States

Estimated Tax: \$0.00

Grand Total: \$261.57

To view the status of your order, return to [Order Summary](#) .

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Final Details for Order #112-3782480-6778665

Order Placed: January 3, 2024

PO number : P.O. Box 722

Amazon.com order number: 112-3782480-6778665

Order Total: \$74.32

Shipped on January 5, 2024

Items Ordered	Price
1 of: LCL Compatible Toner Cartridge Replacement for Kyocera TK5232 TK-5232 TK5232M TK-5232M 1T02R9BUS0 M-5521cdn M-5521cdw P-5021cdn P-5021cdw (1-Pack Magenta) Sold by: StarTech Office Supplies (seller profile) Product question? (Ask Seller) Business Price Condition: New	\$18.58
Shipping Address: Connie Baker 100 3RD ST CAMDENTON, MO 65020-7336 United States	
Shipping Speed: One-Day Shipping	
Item(s) Subtotal: \$18.58 Shipping & Handling: \$0.00 ----- Total before tax: \$18.58 Sales Tax: \$0.00 ----- Total for This Shipment: \$18.58 -----	

Shipped on January 8, 2024

Items Ordered	Price
1 of: LCL Compatible Toner Cartridge Replacement for Kyocera TK5232 TK-5232 TK5232M TK-5232M 1T02R9BUS0 M-5521cdn M-5521cdw P-5021cdn P-5021cdw (1-Pack Magenta) Sold by: StarTech Office Supplies (seller profile) Product question? (Ask Seller) Business Price Condition: New	\$18.58
Shipping Address: Connie Baker 100 3RD ST CAMDENTON, MO 65020-7336 United States	
Shipping Speed: One-Day Shipping	
Item(s) Subtotal: \$18.58 Shipping & Handling: \$0.00 ----- Total before tax: \$18.58 Sales Tax: \$0.00 ----- Total for This Shipment: \$18.58 -----	

Shipped on January 9, 2024

Items Ordered	Price
1 of: LCL Compatible Toner Cartridge Replacement for Kyocera TK5232 TK-5232 TK5232M TK-5232M 1T02R9BUS0 M-5521cdn M-5521cdw P-5021cdn P-5021cdw (1-Pack Magenta) Sold by: StarTech Office Supplies (seller profile) Product question? (Ask Seller)	\$18.58

Business Price
Condition: New

Shipping Address:

Connie Baker
100 3RD ST
CAMDENTON, MO 65020-7336
United States

Shipping Speed:

One-Day Shipping

Item(s) Subtotal: \$18.58
Shipping & Handling: \$0.00

Total before tax: \$18.58
Sales Tax: \$0.00

Total for This Shipment: \$18.58

Shipped on January 9, 2024

Items Ordered

1 of: LCL Compatible Toner Cartridge Replacement for Kyocera TK5232 TK-5232 TK5232M TK-5232M 1T02R9BUS0 M-5521cdn
M-5521cdw P-5021cdn P-5021cdw (1-Pack Magenta)

Price
\$18.58

Sold by: StarTech Office Supplies ([seller profile](#)) | Product question? ([Ask Seller](#))

Business Price
Condition: New

Shipping Address:

Connie Baker
100 3RD ST
CAMDENTON, MO 65020-7336
United States

Shipping Speed:

One-Day Shipping

Item(s) Subtotal: \$18.58
Shipping & Handling: \$0.00

Total before tax: \$18.58
Sales Tax: \$0.00

Total for This Shipment: \$18.58

Payment information**Payment Method:**

MasterCard | Last digits: 3515

Acct 5720

Item(s) Subtotal: \$74.32
Shipping & Handling: \$0.00

Total before tax: \$74.32
Estimated Tax: \$0.00

Grand Total: \$74.32

Credit Card transactions

MasterCard ending in 3515: January 9, 2024: \$37.16
MasterCard ending in 3515: January 8, 2024: \$37.16

To view the status of your order, return to [Order Summary](#).

Connie's Card

#5725



CAMDENTON
625 W US HIGHWAY 54
CAMDENTON, MO 65020-9998
(800)275-8777

01/25/2024

04:21 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

First-Class Mail® Letter	1		\$0.68
--------------------------	---	--	--------

Osage Beach, MO 65065
Weight: 0 lb 0.60 oz
Estimated Delivery Date
Sat 01/27/2024

Certified Mail® Tracking #:		\$4.40
-----------------------------	--	--------

Return Receipt Tracking #:		\$3.65
----------------------------	--	--------

9590 9402 6769 1074 3119 68

Total		\$8.73
-------	--	--------

First-Class Mail® Letter	1		\$0.68
--------------------------	---	--	--------

Camdenton, MO 65020
Weight: 0 lb 0.60 oz
Estimated Delivery Date
Sat 01/27/2024

Certified Mail® Tracking #:		\$4.40
-----------------------------	--	--------

Return Receipt Tracking #:		\$3.65
----------------------------	--	--------

9590 9402 5818 0034 9211 46

Total		\$8.73
-------	--	--------

Grand Total:		\$17.46
--------------	--	---------

Credit Card Remit		\$17.46
-------------------	--	---------

Card Name: MasterCard
Account #: XXXXXXXXXXXX3515
Approval #: 03781C
Transaction #: 626
AID: A0000000041010
AL: Mastercard
PIN: Not Required

Chip

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

Preview your Mail
Track your Packages
Sign up for FREE ®

<https://informedelivery.usps.com>

All sales final on stamps and postage.

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

Camdenton MO 65020

Certified Mail Fee \$4.40

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$0.68

Total Postage and Fees \$5.08

\$5.08

Sent To

ST

CA

MO

Postmark Here 25 2024

01/25/2024

Postage

\$0.68

Total Postage and Fees \$5.08

\$5.08

Sent To

ST

CA

MO

Postmark Here 25 2024

01/25/2024

Postage

\$0.68

Total Postage and Fees \$5.08

\$5.08

Sent To

ST

CA

MO

Postmark Here 25 2024

01/25/2024

Postage

\$0.68

Total Postage and Fees \$5.08

\$5.08

Connie's Card

#5720

Give us feedback @ survey.walmart.com
Thank you! ID #: 7TKGNCZ5MM

Walmart

573-346-3588 Mgr: PAUL

94 CECIL ST

LAMINGTON MD 65020

ST# 00089 CIP# 002246 TE# 14 TR# 09151

ITEMS SOLD 16

TC# 4451 2232 4684 8127 2164 6



DX 9IN 50CT	004200016189	3.54 0
DX 100Z 35CT	004200016235	3.82 0
AD F A OINT	036519740010	4.24 0
AD F A OINT	036519740010	4.24 0
AD F A OINT	036519740010	4.24 0
EQ TRIP ANTI	068113108255H	2.84 J
EQ TRIP ANTI	068113108255H	2.84 0
EQ TRIP ANTI	068113108255H	2.84 0
GV .5L WATER	007874227309 F	5.36 0
GV .5L WATER	007874227309 F	5.36 0
GV PREM 30M	019434605370	19.98 0
GV COL 96CT	007874214137 F	28.62 0
FACE TISSUE	007874235277	6.54 0
FACE TISSUE	007874235277	6.54 0
FG 33.7OZ BS	002550030447 F	13.24 0
COFFEEM ORIG	005000030302 F	6.98 0

SUBTOTAL 121.22

TOTAL 121.22

MCARD TEND 121.22

Mastercard **** * 3515 1 1

APPROVAL # 01553C

REF # 1042000314

AID A0000000041010

AAC E08844DEDF839F5

TERMINAL # SC010513

*NO SIGNATURE REQUIRED

01/26/24 11:01:35

CHANGE DUE 0.00

01/26/24 11:01:50

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Order Details

\$59.00

Order #3304779 - Placed 01/17/2024 at 4:13 pm

#5610

Rachel's Card

Payment Information

Camden County Developmental Disability Resources
100 3rd Street P.O. Box 722
Camdenton, MO 65020
+1 (573) 317-9233

Camden County Developmental Disability Resources
Card
ending in 8735

Order Summary

Made-To-Order

Subtotal (4 items)	\$108.00
Pickup Fee	Free
Tax & Deposits	\$4.11
Total	\$112.11

Catering

Pickup Information

L

Friday January 19, 2024
8:00 am - 11:00 am

Osage Beach
929 Highway D
Osage Beach, MO 65065

NCMM Grant Training

Received

50/50 Fruit and Vegetable Tray
Large (Serves 24-35)
1 qty @ 0¢

Pickup Information



Friday January 19, 2024

8:00 am - 11:00 am



Osage Beach

929 Highway D

Osage Beach, MO 65065

Received

Kings Hawaiian Slider Tray

Serves 24 people

Smoked Ham

Smoked Turkey Breast

Top Round Roast Beef

Cheddar

Colby Jack

Swiss

1 qty @ \$20.00

NCMM Grant Training

Pickup Information



Friday January 19, 2024

8:00 am - 11:00 am



Osage Beach

929 Highway D

Osage Beach, MO 65065

Received

Continental Breakfast

Assorted Classic Fried Donuts, Cinnamon Rolls, Bagels, Rolls or Muffins

2 qty @ \$9.00

Donut Palace
1022 West Highway 54
Camdenton, MO 65020
(573) 346-8377

01/19/2024 10:07

Sale

Trans #: 55 Batch #: 102

CREDIT CARD
MASTERCARD CHIP READ
Entry Type: CONTACT
*****8735 **/**

Base Amt \$11.82

Non Cash Adjustment

\$0.47
Total Amt USD \$12.29

Resp: APPROVAL 03115C
Code: 03115C
Ref #: 401915830126
TransID: 0119MCBIDXCG

App Name: Mastercard
AID: A0000000041010
TUR: 0000000000
TSI: E800
ATC: 0009
IC: 7DE1F3CEEE59AD0E
IAD:
1010A0400122000000000000
0000000000FF

Cardholder acknowledges
receipt of goods and
obligations set forth
by the cardholder's
agreement with issuer.

X
RACHEL BASKERUTILE

MERCHANT COPY

NCMM Grant Training

Acct 5610
SVCS - TCM

Jeanna's
Card

give us feedback @ survey.walmart.com
Thank you! ID #:7TKD87Z6CQ



573-346-3588 Mgr: PAUL

94 CECIL ST

CAMDENTON MD 65020

ST# 00089 OP# 004745 TE# 16 TR# 09859

ITEMS SOLD 5

TC# 9176 6963 0315 1850 6430 3



Z-GRIP 20PK	004588822120	6.97	0
FACE TISSUE	007874235279	6.54	0
22 MONITOR	068113128414	79.00	0
22 MONITOR	068113128414	79.00	0
24 MONITOR	068113128415	87.00	0

SUBTOTAL 258.51

TOTAL 258.51

MCARD TEND 258.51

**** * 1306 I 1

Mastercard

APPROVAL # 01445C

REF # 1042000314

AID A0000000041010

AAC F167A1C14985764F

TERMINAL # SC011655

*NO SIGNATURE REQUIRED

01/03/24 09:30:36

CHANGE DUE 0.00

01/03/24 09:30:45

CUSTOMER COPY

***** RETURN & EXCHANGE POLICY *****

Electronics may be returned
for refund or exchange with receipt
WITHIN 30 days



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Acct 5720 \$13.51

Acct 5705 \$245

Jeanna's Card

acct-5720

Without purchase and for official rules visit
www.entry.survey.walmart.com

Give us feedback @ survey.walmart.com
Thank you! ID #:7TKF30Z1S6

Walmart *

573-346-3588 Mgr:PAUL
94 CECIL ST
CAMDENTON MO 65020
ST# 00089 OP# 000945 TEN 15 TR# 05449
ITEMS SOLD 1
TC# 3957 7696 5493 6612 4565



1.5 DUR WH 088735864723 4.64 0
SUBTOTAL 4.64
TOTAL 4.64
MCARD TEND 4.64
**** * 1306 1 1

Mastercard
APPROVAL # 00816C
REF # 1042000314
AID A0000000041010
AAC 21D6683444201FC0
TERMINAL # SC011008
*NO SIGNATURE REQUIRED
01/11/24 09:02:00
CHANGE DUE 0.00
01/11/24 09:02:15
CUSTOMER COPY

Walmart *

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NCMM Grant
Binder



Store# 8575
1069 E US Hwy 54
Ste 1
Camdenton MO 65020

(573) 317-5011

DESCRIPTION	QTY	PRICE	TOTAL
CUTLERY EXTRA HEAVY ASTD 30CT	1	1.25	1.25N
CUTLERY EXTRA HEAVY ASTD 30CT	1	1.25	1.25N
CUTLERY EXTRA HEAVY ASTD 30CT	1	1.25	1.25N
NAPKIN LUNCH WHITE 30CT	1	1.25	1.25N
NAPKIN LUNCH WHITE 30CT	1	1.25	1.25N

Sub Total \$6.25
SALES TAX \$0.00
Total \$6.25
Mastercard \$6.25
*****1306 Approved
Purchase Chip
Auth/Trace Number: 05248C/017312
Chip Card AID: A0000000041010

*** Tax Exempt ***
ID #: 19364199

NOW SHOP ON-LINE AT DOLLARTREE.COM

* We will gladly exchange any unopened item *
* with original receipt. We do not offer refunds. *

6231 08575 01 000 1/18/24 14 54
Sales Associate:Pat.ICK

Jeanna's
Card
#5610

Give us feedback @ survey.walmart.com
Thank you! ID #:7TKFTKZ4QJ

Walmart

573-346-3588 Mgr:PAUL
94 CECIL ST
CAMDENTON MO 65020

ST# 00089 OP# 008335 TR# 14 TR# 08272
ITEMS SOLD 4
TC# 8368 8178 9375 4139 4929



GV 24PK DR	007874211433 F	3.64 0
SITE MERCH	019434617799 F	6.47 0
MUNCHIES	002840031406 F	5.48 0
42CT FLAVOR	002840069437 F	19.48 0
SUBTOTAL		35.07
TOTAL		35.07
MCARD TEND		35.07

Mastercard ***** 1206 1 1

APPROVAL # 03153C

REF # 401800373879

AID A0000000041010

AAC 02538DB982AAB859

TERMINAL # SC010513

*NO SIGNATURE REQUIRED

01/18/24 14:38:47

CHANGE DUE 0.00

01/18/24 14:38:57

CUSTOMER COPY

Walmart

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Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711



Paula F. Nickelson
Director

Michael L. Parson
Governor

**Family Care Safety Registry
Background Screening and Employment Eligibility System**

January 26, 2024

Tracking Number: 117011855549

Purchase Receipt Confirmation: 21381670

Acct 5060

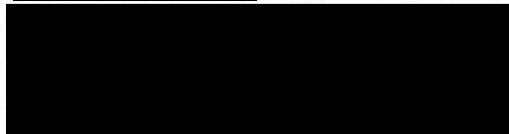
Svcs - TCM

The following information has been submitted to the Family Care Safety Registry (FCSR) - BSEES for processing:

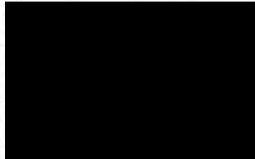
Name:



Address:



Email:



Social Security Number:

Date of Birth:

Gender: MALE

Amount Paid: \$15.00

Processing Fee: \$0.55

Total Amount Charged: \$15.55

Print this page and keep a copy for your records. If you are registering for employment purposes, you may take this with you to your interview. Your registration will be processed by the FCSR and a letter will be delivered to the email address provided. Future background screening requests will be processed free of charge. In order for your employer to receive the background screening results, they must request a background screening from FCSR via Internet, telephone or fax. If you have any questions, contact the FCSR toll-free at 1-866-422-6872.

PROMOTING HEALTH AND SAFETY

The Missouri Department of Health and Senior Services' vision is optimal health and safety for all Missourians, in all communities, for life.



Missouri

Registration Completed

REGISTRATION DETAILS

location

Osage Beach, MO-4427 Osage Beach Pkwy

IdentoGO

4427 N Osage Beach Pkwy Old School

Commons CMFCAA

Osage Beach, MO 65065

United States

[Get directions from Google Maps](#)**appointment**

Date: 01/19/2024

Time: 08:40 AM

Acct 5060
s - TCM

In the event your appointment must be changed or cancelled by IDEMIA , you will be notified by phone, email or both. You may receive an automated call from Nashville, TN (629) 206-xxxx and/or an email from No-reply@uenroll.identogo.com.

PAYMENT DETAILS

~~\$1.00~~ card fee = \$42.75

Your total is \$41.75. Remember to bring a check, money order, credit card, or coupon code when you are fingerprinted. You will not be fingerprinted without payment.

REMINDERS

Health and wellness are critical to our ability to provide essential services to the public. If you are feeling ill on the day of your scheduled appointment, we ask that you do not visit our Enrollment Center and instead reschedule your appointment for a later date by visiting us online

or call to reschedule your appointment. Be aware that if you are exhibiting COVID or Flu like symptoms while at an Enrollment Center, we may kindly ask you to reschedule your appointment. We appreciate your cooperation in assisting IDEMIA to provide a safe and healthy environment within our Enrollment Centers.

- **Your photograph will be taken during the fingerprinting process. Please dress appropriately.**
- **The results of your fingerprint background check will be sent directly to your employer or requesting agency. Your background check results will not be available through IdentoGO.**
- **The state of Missouri requires you to present one form of photo identification at your registration. Identification presented must be valid and not expired.**

Please remember:

All ID Documents must be the originals. Copies **will not** be accepted.

Personal checks and cash **will not** be accepted.

Types of Photo Identification

- Driver's License issued by a State or outlying possession of the U.S.
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- Driver's License PAPER/TEMPORARY issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Department of Defense Common Access Card
- Employment Authorization Document that contains a photograph
- Foreign Driver's License (Mexico and Canada Only)
- Foreign passport
- Military Dependent's Identification Card
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- U.S. Coastguard Merchant Mariner Card
- U.S. Military Identification Card
- U.S. Passport

- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States
- Uniformed Services Identification Card (Form DD-1172-2)
- Waiver if under 18 years of age and does not have one of the above listed documents

If you have any questions with the website, please call (844) 543-9712.

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Payment Receipt

noreply@ncr.com <noreply@ncr.com>

Mon 1/29/2024 12:02 PM

To:Jeanna Booth <jeanna@ccddr.org>

Missouri: MyDMV**Payment Receipt****Thank You for Your Payment**

5060

Please save this Confirmation Number for your personal records.

Customer Name

Jeanna Booth

New Hire Driving
History Check**Effective Date**

1/29/2024 12:02 PM Central Standard Time

Confirmation Number

20233212

Payment Method	Amount
MasterCard ***** 1306	\$3.13
Item	Payment
Record Sales	\$2.82
Transaction Fee:	\$0.31
Total Amount Paid:	\$3.13

Payment Details

Record Sales

: ProdX1224827 - : 98cac0f73551426aa848adcfbbd96677 - Jeanna Booth - \$2.82

A Transaction Fee has been included in the total amount paid for this transaction.

Payment Receipt

Patriot Storage LOZ
6760 US Hwy 54
Osage Beach, MO 65065
(573) 746-2552
<https://www.patriotstorageloz.com>

Camden County Developmental Disability Resources
PO Box 722
Camdenton, Missouri 65020

1/1/2024 02:00AM

Ed
acct-5580

Name	Item	Description	Quantity	Unit Price	Tax	Total	Paid
Rent	82102891	Unit A23 rent for 1 month period starting 1/1/2024	1	\$150.00	\$0.00	\$150.00	\$150.00

Paid by Master ending in 9314

\$150.00

Payment Receipt

ED
acct-5580

1/1/2024 03:22AM

Camdenton
4595 Osage Beach
Osage Beach, MO 65065
(573) 552-1125
<https://smartspotstorage3.storageunitsoftware.com>

Camden County Developmental Disability Resources
PO Box 722
Camdenton, Missouri 65026

Name	Item	Description	Quantity	Unit Price	Tax	Total	Paid
Rent	82272112	Unit A23 rent for 1 month period starting 1/1/2024	1	\$185.00	\$0.00	\$185.00	\$185.00

Paid by Master ending in 9314

\$185.00



Intuit Inc.
2800 E. Commerce Center Place
Tucson, AZ 85706

Invoice

Invoice number: 10001277660945
Total: \$200.00
Date: Jan 4, 2024
Payment method: MASTER ending 9314
Payment authorization code: 01283C

Bill to

Edmond J Thomas
Camden County Developmental Disability Resources
PO Box 722
Camdenton, MO 65020-0722
US
Address may be standardized for tax purposes
Company ID: 464240995

Payment details

Item	Qty	Unit price	Amount
QuickBooks Online Advanced	1	\$200.00	\$200.00
Sales tax - Exempt:			\$0.00

Acct 5567
services - TCM

Total invoice:

\$200.00

Tax reporting information

Period for monthly fees:

Jan 4, 2024 - Feb 4, 2024

Total without tax:

\$200.00

Total tax:

\$0.00

(1) For subscriptions, your payment method on file will be automatically charged monthly/annually at the then-current list price until you cancel. If you have a discount it will apply to the then-current list price until it expires. To cancel your subscription at any time, go to Account & Settings and cancel the subscription. (2) For one-time services, your payment method on file will reflect the charge in the amount referenced in this invoice. Terms, conditions, pricing, features, service, and support options are subject to change without notice.

All dates and times are Pacific Standard Time (PST).



Dropbox Inc.
1800 Owens Street
San Francisco, CA 94158
United States
billing-support@dropbox.com

Invoice for director@ccddr.org

TO	DATE	INVOICE ID
Ed Thomas director@ccddr.org 65020 United States	January 18, 2024 4:22 PM GMT	5SVP43584YZV
<i>Acct 5567 Services - TCM</i>		
PRODUCT	AMOUNT	
Dropbox Plus (1/18/2024 to 1/18/2025)	\$119.88	
Total	\$119.88	

All amounts shown are in USD.

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Decline

Accept All

Ed's card

5610

Give us feedback @ survey.walmart.com
Thank you! ID #: 7TKGBWZ0H1

Walmart *

573-346-3588 Mgr: PAUL

94 CECIL ST

CAMDENTON MD 65020

ST# 00089 OP# 004896 TE# 20 TR# 04196

ITEMS SOLD 4

TC# 4776 9195 3891 8009 3313



COOKIE PLTR	068113128247 F	11.94 0
HMTRYCHS280Z	003760028751 F	13.98 0
FRUIT BOWL	068113118023 F	9.98 0
FRUIT DIP	007020053005 F	3.38 0

SUBTOTAL 39.28

TOTAL 39.28

M CARD TEND 39.28

Mastercard **** * 9314 1 1

APPROVAL # 03268C

REF # 1042000314

ATD A0000000041010

AAC 0F763E32829A73A3

TERMINAL # SC010143

*NO SIGNATURE REQUIRED

01/23/24 16:24:57

CHANGE DUE 0.00

01/23/24 16:25:08

CUSTOMER COPY

Walmart *

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Scan for free 30-day trial



Board Food

Ed's Card
Fw: Payment Receipt

MMAC Revalidation
#5830

Ed Thomas <director@cddr.org>

Fri 1/26/2024 2:21 PM

To: Jeanna Booth <jeanna@cddr.org>

MO HealthNet revalidation application fee paid from credit card.

Ed

From: noreply@ncr.com <noreply@ncr.com>

Sent: Friday, January 26, 2024 2:18 PM

To: Ed Thomas <director@cddr.org>

Subject: Payment Receipt

Missouri: Medicaid Audit

Payment Receipt

Thank You for Your Payment

Please save this Confirmation Number for your personal records.

Customer Name

Camden County Developmental Disability Resources

Effective Date

1/26/2024 2:18 PM Central Standard Time

Confirmation Number

20006111

Payment Method	Amount
MasterCard ***** 9314	\$724.14
Item	Payment
Application Fee	\$709.00
Transaction Fee:	\$15.14
Total Amount Paid:	\$724.14

Payment Details

Application Fee

Camden County Developmental Disability Resources - \$709.00

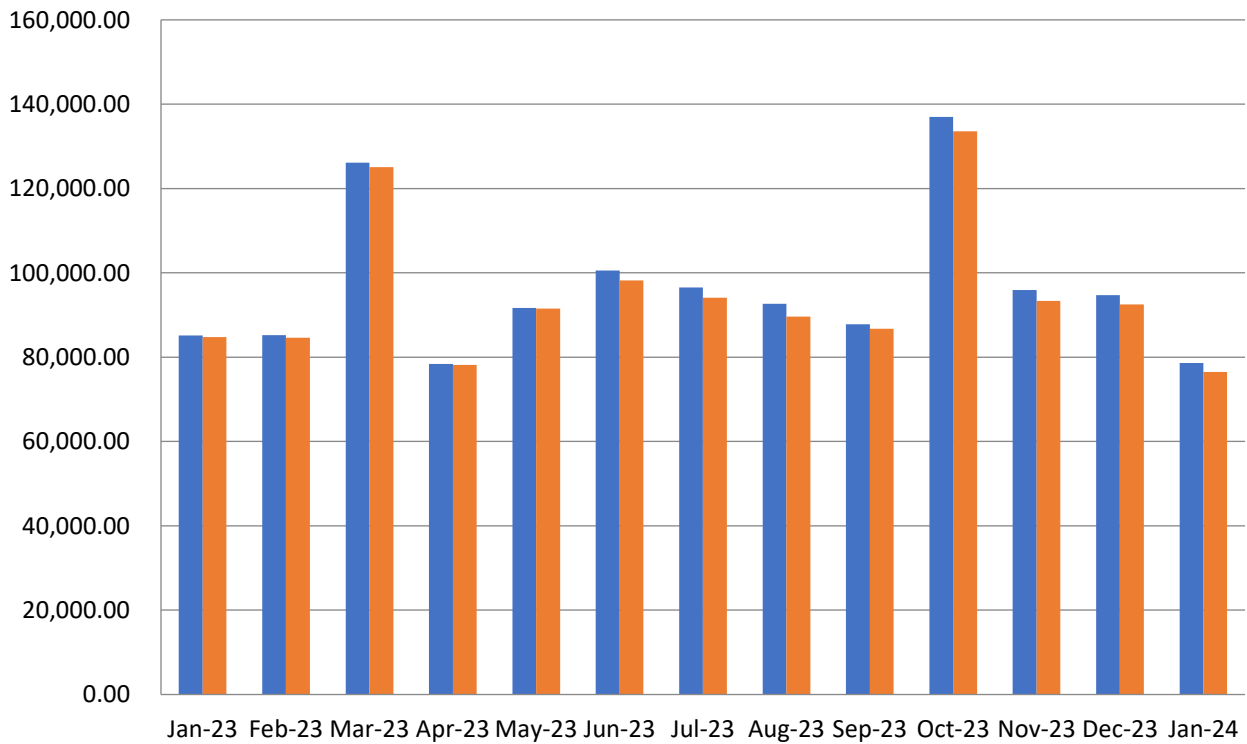
A Transaction Fee has been included in the total amount paid for this transaction.

Agency Economic
Report
(Unaudited)

January 2024

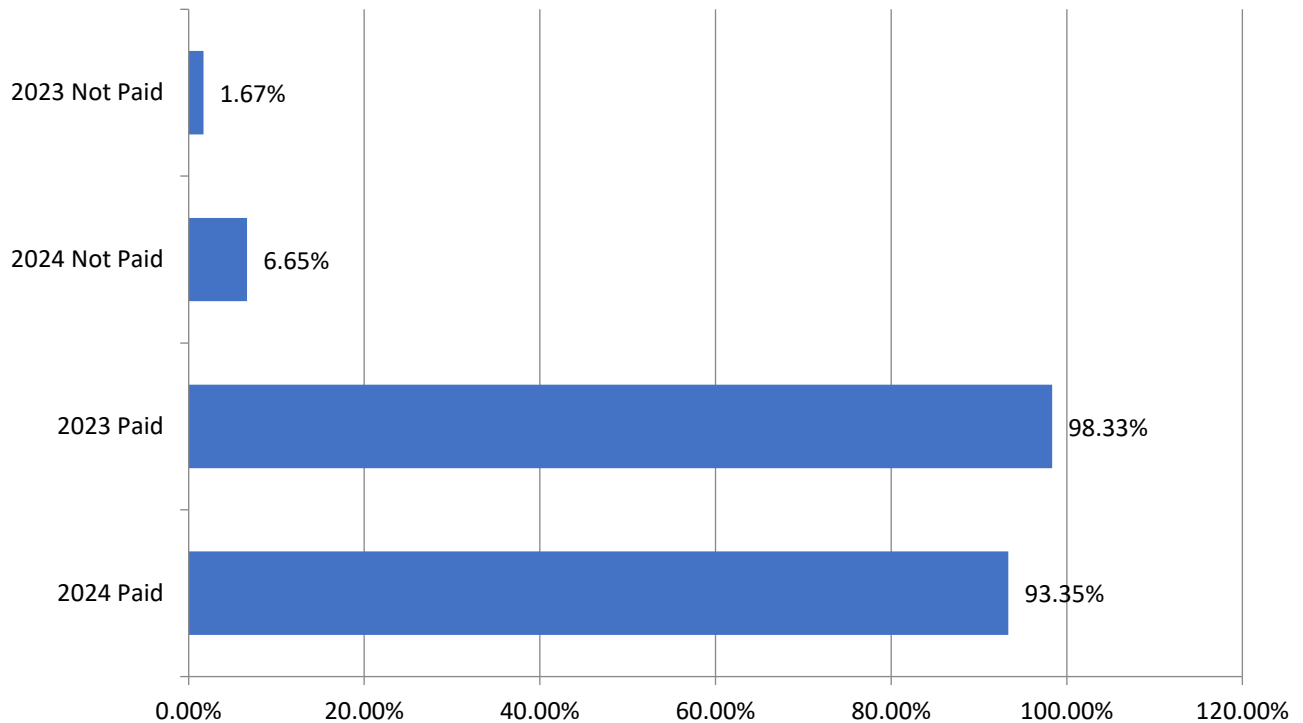
Medicaid Targeted Case Management Income

TCM Billed vs TCM Payment Received



	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Total Payable Billed	85,164.48	85,259.52	126,109.44	78,408.00	91,644.48	100,586.88	96,569.28	92,689.92	87,834.24	136,987.20	95,929.92	94,728.96	78,589.44
Total Payment Received	84,775.68	84,602.88	125,064.00	78,200.64	91,540.80	98,228.16	94,098.24	89,596.80	86,736.96	133,583.04	93,355.20	92,517.12	76,481.28

2024 vs 2023
Percentage Comparison Medicaid Billed vs Medicaid
Paid



Budget vs. Actuals: Budget FY24 P&L - FY24 P&L Departments

January 2024

	SB 40 Tax			Services		
	Actual	Budget	Variance	Actual	Budget	Variance
Income						
4000 SB 40 Tax Income	980,997	750,289	230,708			0
4500 Services Income			0	106,221	104,060	2,161
Total Income	980,997	750,289	230,708	106,221	104,060	2,161
Gross Profit	980,997	750,289	230,708	106,221	104,060	2,161
Expenses						
5000 Payroll & Benefits				93,186	100,053	(6,867)
5100 Repairs & Maintenance				2,065	525	1,540
5500 Contracted Business Services				8,722	6,833	1,889
5600 Presentations/Public Meetings				994	240	754
5700 Office Expenses				3,248	5,025	(1,777)
5800 Other General & Administrative				8,425	7,760	665
5900 Utilities				1,493	775	718
6100 Insurance				1,969	2,000	(31)
6700 Partnership for Hope	2,962	4,475	(1,513)			
6900 CCDDR Programs & Services	22,769	22,769	0			
7200 Children's Programs	15,051	28,500	(13,449)			
7300 Sheltered Employment Programs	15,973	25,500	(9,527)			
7600 Community Resources			0			
7900 Special/Additional Needs	495	2,284	(1,789)			
Total Expenses	57,250	83,528	(26,278)	120,104	123,211	(3,107)
Net Operating Income	923,747	666,761	256,986	(13,883)	(19,151)	5,268
Other Expenses						
8500 Depreciation			0	3,997	4,125	(128)
Total Other Expenses	0	0	0	3,997	4,125	(128)
Net Other Income	0	0	0	(3,997)	(4,125)	128
Net Income	923,747	666,761	256,986	(17,880)	(23,276)	5,396

Budget Variance Report

Total Income: As of January, YTD SB 40 Tax Program income was higher than projected, and YTD Services Program income was slightly higher than projected.

Total Expenses: As of January, YTD SB 40 Tax Program expenses were lower than budgeted in all categories, and overall YTD Services Program expenses were lower than budgeted. There was an overage in Repairs & Maintenance due to the Keystone water lines between the meter and building freezing (plumbing expense); Contracted Business Services were higher than budgeted because the CPA invoice was received in late January but was budgeted to be received/paid in February; Presentations/Public Meetings expenses were higher than budgeted because CCDDR has yet to receive the NCMM Community Design Challenge grant reimbursements; Other General & Administrative expenses were higher than budgeted because CCDDR has not yet received reimbursement from MMAC for the MO HealthNet/Medicaid revalidation fee (\$724.14); and Utilities expenses were higher than budgeted because CCDDR had not yet received the Keystone utility reimbursements from OATS for Keystone office usage.

Balance Sheet

As of January 31, 2024

	SB 40 Tax	Services
ASSETS		
Current Assets		
Bank Accounts		
1000 Bank Accounts		
1005 SB 40 Tax Bank Accounts		
1010 SB 40 Tax Account (County Tax Funds) - First Nat'l Bank	0	0
1015 SB 40 Tax Reserve Account (County Tax Funds) - Central Bank	0	
1020 SB 40 Tax Certificate of Deposit	0	
1025 SB 40 Tax - Bank of Sullivan	0	0
1030 SB 40 Tax Reserve - Bank of Sullivan	0	
1035 Heritage SB 40 Tax Account	1,998,710	
Total 1005 SB 40 Tax Bank Accounts	1,998,710	0
1050 Services Bank Accounts		
1055 Services Account - Oak Star Bank (Formerly 1st Nat'l Bank)	0	0
1060 Services Certificate of Deposit		0
1075 Services Account - Bank of Sullivan	0	0
1080 Heritage Services Account		190,092
Total 1050 Services Bank Accounts	0	190,092
Total 1000 Bank Accounts	1,998,710	190,092
Total Bank Accounts	1,998,710	190,092
Accounts Receivable		
1200 Services		
1210 Medicaid Direct Service		41,299
1215 Non-Medicaid Direct Service		11,974
1220 Ancillary Services		7,979
1225 TCM Shortfall		2,816
Total 1200 Services	0	64,068
1300 Property Taxes		
1310 Property Tax Receivable	1,086,958	
1315 Allowance for Doubtful Accounts	(23,707)	
Total 1300 Property Taxes	1,063,251	0
Total Accounts Receivable	1,063,251	64,068
Other Current Assets		
1389 BANK ERROR Claim Confirmations (A/R)	0	0
1399 TCM Remittance Advices (In-Transit Payments)	0	0
1400 Other Current Assets		
1410 Other Deposits	0	
1430 Deferred Outflows Related to Pensions		110,904
1435 Net Pension Asset (Liability)		24,997
Total 1400 Other Current Assets	0	135,901
1450 Prepaid Expenses		0
1455 Prepaid-Insurance	0	25,917
1470 Prepaid Transit Services	43,511	
Total 1450 Prepaid Expenses	43,511	25,917
Total Other Current Assets	43,511	161,817

Total Current Assets	3,105,471	415,977
Fixed Assets		
1500 Fixed Assets		
1510 100 Third Street Land		47,400
1511 Keystone Land		14,650
1520 100 Third Street Building		431,091
1521 Keystone		163,498
1525 Accumulated Depreciation - 100 Third Street		(201,034)
1526 Accumulated Depreciation - Keystone		(41,728)
1530 100 Third Street Remodeling		164,157
1531 Keystone Remodeling		162,671
1532 Osage Beach Office Remodeling (Leased Space)		4,225
1535 Acc Dep - Remodeling - 100 Third Street		(95,102)
1536 Acc Dep - Remodeling - Keystone		(28,669)
1537 Acc Dep - Remodeling - Osage Beach Office		(4,219)
1540 Equipment		138,114
1545 Accumulated Depreciation - Equipment		(118,919)
1550 Vehicles		0
1555 Accumulated Depreciation - Vehicles		0
Total 1500 Fixed Assets	0	636,134
Total Fixed Assets	0	636,134
TOTAL ASSETS	3,105,471	1,052,111
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
1900 Accounts Payable	13,403	12,225
Total Accounts Payable	13,403	12,225
Other Current Liabilities		
2000 Current Liabilities		
2004 Medicaid Payable		0
2005 Accrued Accounts Payable	0	0
2006 DMH Payable	0	
2007 Non-Medicaid Payable	11,974	
2008 Ancillary Services Payable	7,979	
2009 TCM Shortfall	2,816	
2010 Accrued Payroll Expense	0	0
2015 Accrued Compensated Absences	0	(2,157)
2025 Prepaid Services	0	
2030 Deposits	0	0
2050 Prepaid Tax Revenue	0	
2055 Deferred Inflows - Property Taxes	995,733	
2060 Payroll Tax Payable		0
2061 Federal W / H Tax Payable	0	(160)
2062 Social Security Tax Payable	0	180
2063 Medicare Tax Payable	0	(32)
2064 MO State W / H Tax Payable	0	(113)
2065 FFCRA Federal W/H Tax Credit		(3)
2066 FFCRA Health Insurance Credit		0
Total 2060 Payroll Tax Payable	0	(128)
2070 Payroll Clearing		
2071 Pre-tax W / H	0	291

2072 Post-tax W / H	0	118
2073 Vision Insurance W / H	0	461
2074 Health Insurance W / H	0	106
2075 Dental Insurance W / H	0	186
2076 Savings W / H		0
2078 Misc W / H		0
2079 Other W / H		0
Total 2070 Payroll Clearing	0	1,163
2090 Deferred Inflows		82,480
2091 Computer Lease Liability		43,622
2092 Current Portion of Lease Payable		15,878
2093 Less Current Portion of Lease Payable		(15,878)
Total 2000 Current Liabilities	1,018,502	124,980
Total Other Current Liabilities	1,018,502	124,980
Total Current Liabilities	1,031,905	137,205
Total Liabilities	1,031,905	137,205
Equity		
3000 Restricted SB 40 Tax Fund Balances		
3001 Operational	0	
3005 Operational Reserves	200,000	
3010 Transportation	0	
3015 New Programs	0	
3025 Housing	0	
3030 Special Needs	0	
3035 Childrens Programs	0	
3040 Sheltered Workshop	2,874	
3045 Traditional Medicaid Match	0	
3050 Partnership for Hope Match	0	
3055 Building/Remodeling/Expansion	524,809	
3065 Legal	0	
3070 TCM	0	
3075 Community Resource	0	
Total 3000 Restricted SB 40 Tax Fund Balances	727,683	0
3500 Restricted Services Fund Balances		
3501 Operational		142,433
3505 Operational Reserves		100,000
3510 Transportation		0
3515 New Programs		0
3530 Special Needs		0
3550 Partnership for Hope Match		0
3555 Building/Remodeling/Expansion		0
3560 Sponsorships		0
3565 Legal		0
3575 Community Resources		5,000
3599 Other		636,134
Total 3500 Restricted Services Fund Balances	0	883,567
3900 Unrestricted Fund Balances	273,222	(37,091)
3950 Prior Period Adjustment	0	0
3999 Clearing Account	163,212	72,012
Net Income	923,747	(17,880)
Total Equity	2,087,864	900,608
TOTAL LIABILITIES AND EQUITY	3,119,769	1,037,813

Statement of Cash Flows

January 2024

	SB 40 Tax	Services
OPERATING ACTIVITIES		
Net Income	923,747	(17,880)
Adjustments to reconcile Net Income to Net Cash provided by operations:		
1210 Services:Medicaid Direct Service		7,042
1215 Services:Non-Medicaid Direct Service		(132)
1220 Services:Ancillary Services		335
1225 Services:TCM Shortfall		(2,816)
1455 Prepaid Expenses:Prepaid-Insurance		2,715
1525 Fixed Assets:Accumulated Depreciation - 100 Third Street		898
1526 Fixed Assets:Accumulated Depreciation - Keystone		366
1535 Fixed Assets:Acc Dep - Remodeling - 100 Third Street		723
1536 Fixed Assets:Acc Dep - Remodeling - Keystone		481
1545 Fixed Assets:Accumulated Depreciation - Equipment		1,529
1900 Accounts Payable	13,403	8,125
2007 Current Liabilities:Non-Medicaid Payable	132	
2008 Current Liabilities:Ancillary Services Payable	(335)	
2009 Current Liabilities:TCM Shortfall	2,816	
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		0
2071 Current Liabilities:Payroll Clearing:Pre-tax W / H		(97)
2072 Current Liabilities:Payroll Clearing:Post-tax W / H		(68)
2073 Current Liabilities:Payroll Clearing:Vision Insurance W / H		(2)
2075 Current Liabilities:Payroll Clearing:Dental Insurance W / H		(50)
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	16,016	19,048
Net cash provided by operating activities	939,763	1,168
FINANCING ACTIVITIES		
3501 Restricted Services Fund Balances:Operational		(13,278)
3599 Restricted Services Fund Balances:Other		(3,997)
3999 Clearing Account		3,997
Net cash provided by financing activities	0	(13,278)
Net cash increase for period	939,763	(12,110)
Cash at beginning of period	1,058,946	202,201
Cash at end of period	1,998,710	190,092

Check Detail - SB 40 Tax Account

January 2024

1035 Heritage SB 40 Tax Account

Date	Transaction Type	Num	Name	Amount
01/05/2024	Bill Payment (Check)	1192	I Wonder Y Preschool	(1,648.22)
01/11/2024	Bill Payment (Check)	1193	Lake Area Industries	(15,972.69)
01/11/2024	Bill Payment (Check)	1194	Skillset LLC	(494.87)
01/21/2024	Bill Payment (Check)	1195	Camden County Senate Bill 40 Board	(20,156.00)
01/21/2024	Bill Payment (Check)	1196	DMH Local Tax Matching Fund	(2,962.07)

Check Detail - Services Account

January 2024

1080 Heritage Services Account

Date	Transaction Type	Num	Name	Amount
01/05/2024	Expense	1/5/24	Connie L Baker	(1,421.73)
01/05/2024	Expense	1/5/24	Rachel K Baskerville	(1,561.46)
01/05/2024	Expense	1/5/24	Myrna Blaine	(974.79)
01/05/2024	Expense	1/5/24	Jeanna K Booth	(1,852.59)
01/05/2024	Expense	1/5/24	Emily J Breckenridge	(1,458.39)
01/05/2024	Expense	1/5/24	Daniel Burrows	(1,472.11)
01/05/2024	Expense	1/5/24	Elizabeth L Chambers	(1,299.24)
01/05/2024	Expense	1/5/24	Lori Cornwell	(1,926.01)
01/05/2024	Expense	1/5/24	Robyne Gerstner	(1,304.71)
01/05/2024	Expense	1/5/24	Angela D Graves	(1,339.53)
01/05/2024	Expense	1/5/24	Ryan Johnson	(1,868.25)
01/05/2024	Expense	1/5/24	Jennifer Lyon	(1,815.13)
01/05/2024	Expense	1/5/24	Christina R. Mitchell	(1,417.50)
01/05/2024	Expense	1/5/24	Mary P Petersen	(1,713.31)
01/05/2024	Expense	1/5/24	Wade Seals	(984.50)
01/05/2024	Expense	1/5/24	Patricia L. Strouse	(981.58)
01/05/2024	Expense	1/5/24	Eddie L Thomas	(3,022.68)
01/05/2024	Expense	1/5/24	Meri Viebrock	(1,371.18)
01/05/2024	Expense	1/5/24	Nicole M Whittle	(1,848.09)
01/05/2024	Bill Payment (Check)	2006	Eddie L Thomas	0.00
01/05/2024	Bill Payment (Check)	2002	Camden County PWSD #2	(32.82)
01/05/2024	Bill Payment (Check)	2013	MSW Interactive Designs LLC	(35.00)
01/05/2024	Bill Payment (Check)	2017	VERIZON	(225.36)
01/05/2024	Bill Payment (Check)	2001	Angela D Graves	(110.88)
01/05/2024	Bill Payment (Check)	2003	Christina R. Mitchell	(131.25)
01/05/2024	Bill Payment (Check)	2004	Daniel Burrows	(184.38)
01/05/2024	Bill Payment (Check)	2007	Elizabeth L Chambers	(137.88)
01/05/2024	Bill Payment (Check)	2010	Jennifer Lyon	(69.00)

01/05/2024	Bill Payment (Check)	2011	LaCled Electric Cooperative	(452.69)
01/05/2024	Bill Payment (Check)	2012	Mary P Petersen	(51.88)
01/05/2024	Bill Payment (Check)	2014	Nicole M Whittle	(50.00)
01/05/2024	Bill Payment (Check)	2015	Patricia L. Strouse	(139.50)
01/05/2024	Bill Payment (Check)	2005	Direct Service Works	(1,195.00)
01/05/2024	Bill Payment (Check)	2016	SUMNERONE	(2,468.90)
01/05/2024	Bill Payment (Check)	2000	All Seasons Services	(315.00)
01/05/2024	Bill Payment (Check)	2009	Janine's Flowers	(43.00)
01/05/2024	Bill Payment (Check)	2008	Happy Maids Cleaning Services LLC	(60.00)
01/05/2024	Bill Payment (Check)	2018	Eddie L Thomas	(100.00)
01/05/2024	Expense	01/05/2024	ADP TAX	(9,755.93)
01/11/2024	Bill Payment (Check)	2026	Ryan Johnson	(204.81)
01/11/2024	Bill Payment (Check)	2019	AT&T	(117.75)
01/11/2024	Bill Payment (Check)	2025	MACDDS	(5,925.00)
01/11/2024	Bill Payment (Check)	2020	CNA Surety	(359.00)
01/11/2024	Bill Payment (Check)	2021	Happy Maids Cleaning Services LLC	(60.00)
01/11/2024	Bill Payment (Check)	2022	HRdirect	(103.52)
01/11/2024	Bill Payment (Check)	2023	Janine's Flowers	(35.00)
01/11/2024	Bill Payment (Check)	2024	Lake Area Industries	(50.00)
01/17/2024	Bill Payment (Check)	2027	Bankcard Center	(1,766.11)
01/18/2024	Bill Payment (Check)	2028	Aflac	(673.64)
01/19/2024	Expense	1/19/24	Connie L Baker	(1,691.07)
01/19/2024	Expense	1/19/24	Rachel K Baskerville	(1,585.63)
01/19/2024	Expense	1/19/24	Myrna Blaine	(1,520.65)
01/19/2024	Expense	1/19/24	Jeanna K Booth	(1,918.45)
01/19/2024	Expense	1/19/24	Emily J Breckenridge	(1,508.75)
01/19/2024	Expense	1/19/24	Daniel Burrows	(1,404.98)
01/19/2024	Expense	1/19/24	Elizabeth L Chambers	(1,258.72)
01/19/2024	Expense	1/19/24	Lori Cornwell	(1,987.67)
01/19/2024	Expense	1/19/24	Robyne Gerstner	(1,351.29)
01/19/2024	Expense	1/19/24	Angela D Graves	(1,386.77)
01/19/2024	Expense	1/19/24	Ryan Johnson	(1,940.95)
01/19/2024	Expense	1/19/24	Jennifer Lyon	(1,876.78)
01/19/2024	Expense	1/19/24	Christina R. Mitchell	(1,469.33)
01/19/2024	Expense	1/19/24	Mary P Petersen	(1,768.18)
01/19/2024	Expense	1/19/24	Wade Seals	(155.16)
01/19/2024	Expense	1/19/24	Patricia L. Strouse	(1,207.98)
01/19/2024	Expense	1/19/24	Eddie L Thomas	(3,022.79)
01/19/2024	Expense	1/19/24	Meri Viebrock	(1,418.33)
01/19/2024	Expense	1/19/24	Nicole M Whittle	(1,916.74)
01/19/2024	Expense	01/19/2024	ADP TAX	(10,238.67)
01/21/2024	Bill Payment (Check)	2031	City Of Camdenton	(37.82)
01/21/2024	Bill Payment (Check)	2038	SUMNERONE	(1,780.92)
01/21/2024	Bill Payment (Check)	2032	FP Mailing Solutions	(102.00)
01/21/2024	Bill Payment (Check)	2037	Staples Advantage	(60.27)
01/21/2024	Bill Payment (Check)	2030	AT&T	(177.31)
01/21/2024	Bill Payment (Check)	2034	Janine's Flowers	(43.00)
01/21/2024	Bill Payment (Check)	2029	All Seasons Services	(285.00)

01/21/2024	Bill Payment (Check)	2035	MO Consolidated Health Care	(15,852.33)
01/21/2024	Bill Payment (Check)	2036	Quality Plumbing, INC.	(370.00)
01/21/2024	Bill Payment (Check)	2033	Happy Maids Cleaning Services LLC	(60.00)
01/29/2024	Bill Payment (Check)	2046	Staples Advantage	(150.10)
01/29/2024	Bill Payment (Check)	2045	Pens.com	(789.35)
01/29/2024	Bill Payment (Check)	2041	Camden County Fire & Safety	(40.00)
01/29/2024	Bill Payment (Check)	2040	Big Oak Storage LLC	(148.00)
01/29/2024	Bill Payment (Check)	2047	Summit Natural Gas of Missouri, Inc.	(766.97)
01/29/2024	Bill Payment (Check)	2043	Happy Maids Cleaning Services LLC	(60.00)
01/29/2024	Bill Payment (Check)	2039	Aflac	(673.64)
01/29/2024	Bill Payment (Check)	2044	Myrna Blaine	(50.00)
01/29/2024	Bill Payment (Check)	2042	Delta Dental of Missouri	(464.68)
01/31/2024	Expense	January 2024	Lagers	(5,682.84)
01/31/2024	Check	SVCCHRG		(2.90)

Resolutions 2024-13 & 2024-14



CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2024-13

APPROVAL OF NEW CYBERSECURITY INCIDENT RESPONSE PLAN

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden County 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, handbooks, manuals, and job descriptions and creates new Bylaws, policies, plans, handbooks, manuals, 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 create a Cybersecurity Incident Response Plan.
2. That the Board hereby creates and adopts the Cybersecurity Incident Response Plan (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.

Chairperson/Officer/Board Member

Date

Secretary/Vice Chairperson/Treasurer/Board Member

Date

Attachment “A” to Resolution 2024-13

Cybersecurity Incident Response Plan

A cybersecurity incident can put the organization, employees, systems, data, and CCDDR's ability to function at risk. It is impossible to develop a response plan for all types of cyberthreats, but the National Cyber Security Centre (NCSC) recommends developing responses to the most common attack vectors:

- External/Removable Media: An attack executed from removable media or a device, such as a USB stick
- Attrition: An attack that attempts to compromise, degrade, or destroy systems or services
- Web: An attack executed from a website or a web-based application
- Email: An attack executed through an email message or attachment (a.k.a. Phishing)
- Impersonation: An attack that replaces something benign with something malicious
- Improper Usage: Any incident resulting from a violation of an organization's acceptable usage policies
- Loss or Theft of Equipment: The loss or theft of a computing device or media used by the organization

The most important response to a cybersecurity incident is to be proactive, utilizing protective software, staff training, and safe data storage practices. Utilizing the cloud for data storage is safer than maintaining a physical server.

The NCSC defines a cyber incident as a breach of a system's security policy in order to affect its integrity or availability and/or the unauthorized access or attempted access to a system or systems that may result in an actual or potential adverse effect.

Goals for Cyber Incident Response

When a cybersecurity incident occurs, timely and thorough action to manage the impact of the incident is critical to an effective response process. The response should limit the potential for damage by ensuring that actions are well known and coordinated. Specifically, the response goals are:

- Preserve and protect the confidentiality of the client and/or employee information and ensure the integrity and availability of CCDDR systems, networks, and related data
- Help CCDDR personnel recover their business processes after a computer or network security incident or other type of data breach
- Provide a consistent response strategy to system and network threats that put CCDDR data and systems at risk
- Develop and activate a communications plan including initial reporting of the incident as well as ongoing communications, as necessary
- Address cyber related legal issues
- Coordinate efforts with external Computer Incident Response Teams and law enforcement
- Minimize CCDDR's reputational risk

Purpose and Scope

This plan provides practical guidelines on responding to cybersecurity and data breach incidents in a consistent and effective manner. While this plan is primarily oriented around cyber-related incidents and breaches, it can also be utilized for data breaches that are not related to computer systems.

Detection

Detection of a cyber threat may be automated by an anti-malware program or may be noticed by an astute employee. The protective software and/or the firewall may send alerts, sever the internet connection, or shut down the computer.

The way an incident becomes known will have an impact on the response process and its urgency. Examples by which CCDDR becomes aware of an incident include, but are not limited to the following:

- CCDDR discovers through its internal monitoring that a cyber incident or data breach has occurred
- CCDDR is notified by one of its technology providers of an incident or becomes aware of the same
- CCDDR is made aware of a breach through a constituent or a third-party informant
- CCDDR and the public are made aware of the incident through the news media

Incident Response Team (IRT)

A team comprised of administrative staff, information technology (IT) personnel, and/or IT service providers shall be responsible for coordinating incident responses and be referred to as the Incident Response Team (IRT).

IRT members may take on additional roles during an incident, as needed. Contact information, including a primary and secondary email address, plus office and mobile telephone numbers shall be maintained and circulated to the team. The IRT will draw upon additional staff, consultants, or other resources, as needed, for the analysis, remediation, and recovery processes of an incident. The IT function plays a significant role in the technical details of incident detection and response.

Response

Any employee who suspects a dangerous file or program has been opened/initiated should:

- Immediately disconnect from the internet/network and shut down their computer/device
- Immediately contact the Executive Director and Compliance Manager
- Prepare a written description of the incident stating what happened

The Executive Director and/or Compliance Manager will:

- Disconnect the network from the internet
- Contact the IRT

The IRT will ascertain if any malware (virus, ransomware, phishing, etc.) has been downloaded on a CCDDR device. Data integrity will be evaluated immediately and at regular intervals until the threat has been isolated and resolved.

Incident Response Life Cycle Process

Cyber incident response management is an on-going process with a cyclical pattern. The specific incident response process elements that comprise the Cyber Incident Response Plan include:

1. **Preparation:** This is the on-going process of maintaining and improving incident response capabilities and preventing incidents by ensuring that systems, networks, applications, and data handling processes are sufficiently secure, and employee awareness training is in place.
2. **Identification:** This is the process of confirming, characterizing, classifying, categorizing, scoping, and prioritizing suspected incidents.
3. **Notification:** This is alerting IRT members to the occurrence of an incident and communicating throughout the incident.
4. **Containment:** This is minimizing financial and/or reputational loss, theft of information, or service disruption. Initial communication with constituents and news media, as required.
5. **Eradication:** This is eliminating the threat.
6. **Recovery:** Restoring computing services to a normal state of operation and the resumption of business activities quickly and securely. Provide reputational repair measures and news media updates, if needed. Provide credit monitoring services to affected clients, or other remediation measures, as appropriate.
7. **Post-incident Activities:** This is assessing the overall response effectiveness and identifying opportunities for improvement through 'lessons learned'. Incorporation of incident's learnings into cyber fortification efforts and the response plan, as appropriate.

Process Phase & Approximate Timing	Process Detail Steps	Involved Parties
Identification (Hours)	<ol style="list-style-type: none"> 1. Identify and confirm that the suspected or reported incident has happened and whether malicious activity is still underway. 2. Determine the type, impact, and severity of the incident. 3. Take basic and prudent containment steps. 	IT and any monitoring service provider
Notification (Hours – 1 Day)	<ol style="list-style-type: none"> 4. Inform or activate the IRT, based on the severity of the incident, as outlined in Appendix D, and provide the type, impact, and details of the incident to the extent that they are known. 5. Determine the need for Subject Matter Experts (SME) to be involved in the Containment, Eradication, and Recovery processes. 	IT & IRT
Containment (Hours-2 Days)	<ol style="list-style-type: none"> 6. Take immediate steps to curtail any on-going malicious activity or prevent repetition of past malicious activity. 7. Re-direct public facing websites, if needed. Provide initial public relations and legal responses as required. 	IT & IRT
Eradication (Days -Weeks)	<ol style="list-style-type: none"> 8. Provide full technical resolution of threat and related malicious activity. 9. Address public relations, notification, and legal issues. 	IT & IRT
Recovery (Weeks -Months)	<ol style="list-style-type: none"> 10. Recover any business process disruptions and re-gain normal operations. 11. Address longer term public relations or legal issues, if required, and apply any constituent remedies. 	IRT
Post-incident (Months)	<ol style="list-style-type: none"> 12. Formalize documentation of incident and summarize learnings. 13. Apply learnings to future preparedness. 	IRT

Communication Methods

Company communication resources (email, phone system, etc.) may be compromised during a severe incident. Primary and alternate methods of communication using external infrastructure will be established and noted on the IRT member contact list to provide specific methods of communication during an incident. The IRT and any other individuals involved in an incident resolution will be directed as to which communication method will be used during the incident.

Information Recording

Information recording is very important during an incident, not only for effective containment and eradication efforts, but also for post-incident lessons learned, as well as any legal action that may ensue against the perpetrators. Each member of the IRT shall be responsible for recording information and chronological references about their actions and findings during an incident.

Summary

No perfect script can be written for the detailed activity encountered and decisions that will need to be made during an incident, as each incident will have its own uniqueness. This plan shall serve as a framework for managing cybersecurity and data breach incidents, allowing the details of confirmation, containment, eradication, and communication to be tailored to fit the specific situation.



CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2024-14

APPROVAL OF AMENDED HEALTH & SAFETY MANUAL

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden County 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, handbooks, manuals, and job descriptions and creates new Bylaws, policies, plans, handbooks, manuals, 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 the Health & Safety Manual.
2. That the Board hereby amends and adopts the Health & Safety Manual (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.

Chairperson/Officer/Board Member

Date

Secretary/Vice Chairperson/Treasurer/Board Member

Date

Attachment “A” to Resolution 2024-14



CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES

HEALTH & SAFETY MANUAL
REVISED 09/2014; 08/2017; 04/2020; 3/12/2024

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
- Event report trending data of clients served
- Liaison with Regional Center Quality Enhancement Provider Relations Team and service providers

The Administrative Team shall review and track any safety or health hazards and trends as well as 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(s). A Safety Officer(s) 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:

- Meet as necessary
- Increase safety awareness and promote an attitude of cooperation on safety concerns
- Review the Safety Manual and make revisions as necessary
- 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

- Act as a resource for in-house health issues and arrange for outside consultation
- Develop safety rules and practices as well as implementation
- Identify unsafe work practices or conditions and suggest remedies
- Include health and safety policies in new support coordination training and provide opportunities for certification as required by DMH operating regulations and CCDDR policy
- Encourage feedback regarding problems, ideas, and solutions related to safety from all staff
- Keep everyone in CCDDR informed about safety procedures
- Identify specific safety-related problems that seem to be recurring and develop appropriate prevention measures
- Maintain safety records and reports
- Perform or schedule all internal and external self-inspections and recommend action to be taken
- Review client/visitor reports of injury

B. Minutes

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

SECTION FOUR FUNCTIONS OF THE SAFETY OFFICER(S)

A. Purpose

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

B. Responsibilities

The Safety Officer(s)'s responsibilities include, but are not limited to:

- Coordinating periodic required emergency drills
- Ensuring that adequate first aid and other emergency supplies are current and present
- Reporting any issues and discuss training needs at staff meetings

SECTION FIVE SAFETY OBJECTIVES

A. Objectives

- Maintain ongoing programs to identify employee and client health and safety risks
- Provide safety programs to encourage employees to identify and eliminate safety risks
- Conduct ongoing safety training activities

SECTION SIX GENERAL SAFETY GUIDELINES

1. 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/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. CCDDR requires employees driving their vehicles and company vehicles during working hours to follow all local and state regulations. This includes, but is 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 the Human Resource Officer, 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 CCDDR's secured online network database and website.
5. All aisles, hallways, and doorways must be maintained, which includes being free of obstacles and stored materials.
6. Areas around fire extinguishers must always be kept clear and free of obstructions.
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 inspected periodically, but no less than annually.

SECTION EIGHT SAFETY TRAINING GUIDELINES

CCDDR takes safety training very seriously. The purpose is to teach staff to be safety conscious in their work and everyday living environment, as well as 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

- First Aid/CPR

- Fire Suppression
- Safety Rules
- Infection Control/Blood Borne Pathogens
- Emergency Plans/Disaster Plans/Emergency Drills
- Medication Administration
- Abuse/Neglect
- Accident Reporting
- Service Monitoring/Event Report Procedures
- Location of First Aid Kits
- Violence in the Workplace
- Active Shooter

Safety resources include, but are not limited to:

- American Red Cross
- Camdenton 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

The purpose of Safety Orientation is to educate and train all new CCDDR employees in areas related to safety.

It is the responsibility of the Compliance Manager, Targeted Case Management Director, Targeted Case Management Supervisor(s) and the Safety Officer(s) to orient new staff about CCDDR health and safety policies and procedures, including the content of this Health and Safety Manual. Post-test competency procedures may be utilized in this process.

SECTION NINE PROCEDURE FOR INFECTION CONTROL

A. Statement

It is CCDDR's responsibility to protect the health and safety of all its employees and clients via the use of universal precautions, and other standard procedures or recommended protocols as outlined by the Occupational Health and Safety Administration (OSHA), Centers for Disease Control, and/or other regulatory and/or relevant agencies. This infection control policy will be implemented through the training and education of employees, compliance with standard operating procedures in the workplace, administrative monitoring, and record keeping. The policy is divided into the following categories:

- Personnel Requirements
- Client Requirements
- Infection Control Procedures
- Human and Animal Bites
- Environmental Sampling

- Exposure Control Plan

B. Application

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

1. Personnel Requirements

- a. Employees whose positions place 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 may be required to leave the office(s) (other directives/conditions may apply) and will be encouraged/asked to remain home until such conditions are resolved.
 - ii. Concurrent disinfection as required will be carried out.
 - iii. Any employee who becomes ill at work will report to the supervisor or appropriate 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-owned vehicles.

2. Client Requirements

- a. CCDDR staff reserve the right to refuse direct contact with clients when signs of infectious disease become apparent (i.e., rashes, conjunctivitis – “pink eye”, or other related signs to any applicable circumstance).
- b. CCDDR shall comply with the regulations of the MO Department of Health & Senior Services, Centers for Disease Control, and/or other regulatory and/or other relevant agency pertaining to the control of communicable disease.

3. Infection Control Procedures

- a. Dishes, utensils and countertops are to be sanitized.
- b. Areas accessible to the general public and employee workstations are to be sanitized regularly.
- c. Staff are instructed to use hand washing protocols after toileting or contact with individuals and prior to or after exposure to clients.
- d. When applicable, sanitize all equipment used with clients.
- e. When necessary, provide disposable tissues and/or sanitizing materials at all times.
- f. Employees cleaning any spill of bodily fluids shall wear sterile latex, nitrile, or other 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, Hepatitis, and/or other bloodborne pathogens, if applicable and/or necessary. 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 the Human Resource Officer 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, upon annual review, 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 and sanitizing, 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.
- b. Disposable gloves shall be provided and should be worn for touching blood and

- bodily fluids, mucous membranes or non-intact skin of others.
- c. Disposable gloves should be worn for handling items or surfaces soiled with blood or bodily fluids.
- d. Hands and other exposed skin will be washed immediately after gloves are removed.
- e. All personnel will take precautions to prevent exposure to blood and bodily fluids through unanticipated events, including scratching, biting, spitting, etc.
- f. All personnel will cover open injuries with the appropriate dressing.
- g. 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 Targeted Case Management Supervisor(s), Human Resource Officer, or the appropriate designee(s).
- 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 the Human Resource Officer in completing a Worker's Compensation Authorization for Medical Treatment Form if needed.
 - iii. The Targeted Case Manager Supervisor(s), Human Resource Officer, or appropriate designee(s) 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 Resource Officer in completing a worker's compensation authorization for medical treatment form, and an Accident Investigation Report Form will be completed by the Targeted Case Manager Supervisor(s), Human Resources Officer, or appropriate designee(s).
 - 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 Form will be completed by the Targeted Case Manager Supervisor(s), Human Resource Officer, or appropriate designee(s).
- b. The Targeted Case Manager Supervisor(s), Human Resource Officer, or appropriate designee(s) will seek medical advice from the Camden County Health Department, Lake Regional Occupational Medicine Clinic, or other appropriate agency on whether clinical or serological testing should be performed on the source of blood or body fluid.
- c. The Accident Investigation Report Form 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

CCDDR provides these guidelines to prevent the spread of germs.

B. Standard Procedure

1. Wash hands before:

- Touching or serving food
- Treating a wound
- Handling contact lenses
- Caring for someone sick

2. Wash hands after:

- Using or helping someone use the toilet
- Coughing or sneezing
- Wiping nose
- Being out in public
- Playing with pets
- Handling raw meat, poultry or fish
- Handling garbage
- Touching your face or hair, especially if you wear makeup or hair ointments
- Touching unclean equipment, work surfaces, soiled clothing, etc.
- Smoking, eating and drinking
- Clearing away dirty dishes, utensils, etc.
- When hands become visibly soiled
- Handling money
- Touching infected parts of the body
- Coming into contact with bodily fluids of self or others
- Use of sterile gloves

3. How to wash hands:

- Use warm running water and soap
- Lather up for 20 seconds
- Rub lather all over, in between fingers and under nails
- 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 workplace 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:

- Chickenpox
- Measles (Rubella)
- Mumps
- Whooping Cough (Pertussis)
- German Measles (Rubella)
- Tuberculosis (active)
- Bacterial Meningitis
- Streptococcal Sore Throat (untreated)
- Flu
- Staph/Strep Skin Infections (untreated)
- 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, bodily 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. This kit will consist of, but not limited to, 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
Emergency Blankets	6
Manual Can Opener	1
Garbage Bags	1 Box

An assortment of gloves, masks, bandages, other personal hygiene products, and/or an Emergency Food Rationing Bar (or equivalent) may also be included.

B. Emergency Evacuations – Agency Documents

Some emergency situations may require evacuation or may compromise the use of CCDDR facilities. Stored paper records, including copies of important documents for CCDDR to continue to operate, are now cloud-based.

Cloud-based information will include:

- Copy of emergency contact list of all CCDDR employees, provider agency administrative staff/QDPs/Lead Staff, and all clients served
- Copy of CCDDR insurance policies and agent contact information
- Copy of the list of emergency vendors (contractors, plumbers, electricians, restoration contractors, mold remediation, etc.)
- Copy of the list of vendors & suppliers (and alternates) essential for mission critical activities
- Copy of essential policies, emergency procedures, plans and manuals
- Copy of general office supply lists along with copies of frequently used forms

C. Coordination with Other Agencies

CCDDR shares building/office space(s) with the Children's Learning Center, OATS, and/or other agencies, and CCDDR will coordinate emergency planning with these agencies as well as regular health and safety drills.

D. Fire Safety Procedures

1. CCDDR will conduct Fire Drills monthly at all CCDDR facilities in conjunction with the Children's Learning Center. The Children's Learning Center occupies a portion of the Camdenton TCM office building, and the alarm system covers the entire building. Staff at the Camdenton TCM office will notify CCDDR staff at other facilities when a Fire Drill is being conducted.
2. When the alarm sounds the building will be evacuated in the following manner:
 - a. Persons in cubicle areas and offices will exit the facilities indicated on the Fire Exit Plan maps located at each facility.
 - b. Persons in the reception areas, storage rooms, conference rooms, and other areas will also exit the facilities indicated on the Fire Exit Plan maps located at each facility.
3. Each individual employee is responsible for escorting any client or community member nearest to the employee to the appropriate exit. Staff at the reception desk shall check the bathrooms and make sure any other facility occupants are escorted from the building. Administrative staff or an appropriate CCDDR designee shall check other common areas and/or conference rooms.
4. All CCDDR employees and guests will meet in the northern most part of the parking lots of each facility furthest away from the facility.
5. 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.
6. In the event of a real fire, the first employee to reach the safe area in the parking lot will dial 911 on their cell phone.
7. No employee or visitor shall reenter the building for any reason until authorized to do so by the fire department or other proper authorities.

E. Tornado and Severe Storm Safety Procedures

1. CCDDR will conduct Tornado and Severe Storm drills on a quarterly basis.
2. When the Drill is announced, occupants will proceed to the designated safe room or safe area.
3. When weather becomes threatening, e.g., conditions are such that severe thunderstorms or tornadoes may occur, the Targeted Case Manager Supervisors, Safety Officer(s), or other appropriate designee(s) will monitor the weather radio for reports of severe weather conditions. The Targeted Case Manager Supervisors, Safety Officer(s), or other appropriate designee(s) shall also contact community placement facilities and day service providers within Camden County to ensure 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 and Osage Beach.
4. Upon being notified of severe storm/tornado watch/warnings, all staff will shut down any computers in use to prevent damage and electrical shock.
5. If a client/visitor is present when the alarm is given, it will be the responsibility of the staff member whom the client/visitor is with (or TCM Office Manager if the client/visitor

is in reception area) to assist that person(s) in evacuating to the safe room or safe area. Staff at the Reception Area (or TCM Office Manager) will check the bathrooms to make sure any occupants are escorted to a safe room or safe area. Administrative staff will check all conference rooms.

6. Staff actions will be dependent upon the type of watch/warning issued:
 - a. Severe Storm Watch or Warning and Tornado Watch:
 - i. Staff will stay away from windows and avoid using electrical equipment. Staff will remain alert for additional information, including the possible need to evacuate.
 - b. Tornado Warning:
 - i. When tornado sirens are sounded or a weather alert broadcasts over the weather radio, all staff/clients/visitors will immediately report to the Client Records Room.
 - ii. An “all clear” announcement will be made to indicate that it is safe to return to classrooms, offices, and/or cubicles.

Facility Safe Rooms and Safe Areas

Camdenton TCM Office – main hallway in the center of the office, kitchen, and office adjoining the main hallway with no window.

Keystone Building – kitchen area and storage area adjoining the conference/common area.

F. Earthquake Safety Procedures

1. CCDDR shall conduct earthquake drills on an annual basis.
2. If an earthquake occurs, staff is directed to seek safety under a sturdy desk, table, and/or other furniture or door frames. Staff is to direct any clients/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.
3. All individuals should move away from large glass doors and windows, hanging objects, mirrors, tall furniture, and/or other large objects that could fall.
4. The procedures listed above integrate the following basic responses to an earthquake. 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, streetlights, 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.

G. Home Visit Safety Procedures

1. Don't wear expensive jewelry; valuables should not be in plain sight.
2. Before leaving for home visits, lock your purse in the trunk of your car. Carry a briefcase, notebook, or folders on the home visit.
3. Don't give too much personal information about yourself to unfamiliar persons/families.

4. Inform your 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.
5. Be aware of your surroundings and always pay attention/notice things around you.
6. Don't overburden yourself with equipment.
7. Sit near an exit door if you have any concerns about the nature of those you are visiting.
8. When in an unfamiliar home, develop an exit strategy if you feel the situation may be or become volatile.
9. Couple your appointment with another agency worker or schedule appointments in the morning.
10. Lock your vehicle.
11. React to signals of apprehension or "gut feelings" with caution or by leaving. Remain calm if signs of anger or hostility are shown.
12. Carry a cell phone.

H. Violence in the Workplace Procedures

1. Acknowledging that workplace violence is becoming too common, CCDDR shall conduct workplace violence training and drills on an annual basis.
2. All employees should be aware of the closest exit to their workstation.
3. Unless the employee assigned to the reception area is compromised due to the threatening event, that employee is designated to call 911. This will eliminate multiple calls being made and help streamline information given to law enforcement. If the employee assigned to the reception area is involved in the incident, the Compliance Manager, Safety Officer, or other employee designee will contact 911, then the Executive Director, then the TCM Director.
4. As soon as any staff member is aware of a violent/threatening action, the staff member should announce "Call 911", then announce the event (i.e., "Fight", "Shooter", "Gun", etc.).
5. While the designated employee calls 911, everyone else should evacuate the building if it is safe for them to do so. Keep hands visible and raised if possible. Each individual employee is responsible for escorting any client or community member nearest to the employee to the appropriate exit.
6. If unable to evacuate, try to get to a room that locks and lock the door.
7. If necessary, individuals will shelter in place, hiding behind locked doors. Push furniture up against the door and turn out the lights. If possible, exit through a window after securing the door.
8. If the threatening person is encountered, try to remain at least 5 feet away. Try not to escalate the situation.
9. When law enforcement arrives, follow commands, keeping hands visible and open.
10. All CCDDR employees and guests will meet in the northern most part of the parking lots of each facility furthest away from the facility if it is appropriate to do so or after the incident has been resolved by authorities.
11. Immediately after the situation is resolved, employees should write a description of the event and submit it to their immediate supervisor.
12. No employee or visitor will reenter the facility until the proper authorities and the Executive Director authorize reentry.

I. Active Shooter Safety Procedures

1. CCDDR shall conduct Active Shooter Safety training and drills on an annual basis.
2. When an Active Shooter is identified:

- a. If it is possible to do so without endangering yourself, exit through the nearest door, keeping hands in view and raised if possible.
 - b. If necessary, individuals will shelter in place, hiding behind locked doors. Push furniture up against the door and turn out the lights. If possible, exit through a window after securing the door.
3. Each individual employee is responsible for escorting any client or community member nearest to the employee to the appropriate exit. Staff at the reception desk shall check the bathrooms and make sure any other facility occupants are escorted from the building if it is appropriate to do so. Administrative staff or an appropriate CCDDR designee shall check other common areas and/or conference rooms.
4. All CCDDR employees and guests will meet in the northern most part of the parking lots of each facility furthest away from the facility if it is appropriate to do so or after the incident has been resolved by authorities.
5. In the event of a real threat, only call 911 if you can do so without placing yourself at risk. If calling 911 is not possible, a text should be sent to someone, preferably to the Executive Director or other CCDDR employee, not in the facility if you can do so without placing yourself at risk.
6. No employee or visitor will reenter the facility until the proper authorities and the Executive Director authorize reentry.

J. Utility Outage Safety Procedures

1. Utility failures are to be expected. Employees are expected to continue work-related activities as much as practical and possible during utility failures. Utility outage drills will be conducted on an annual basis.
2. In the event of an electricity failure occurring during regular working hours, a designated employee should check the breaker box first to determine if a breaker needs to be reset.
3. If it is determined that power to the building is off completely, immediately notify Laclede Electric by calling 573-346-5303 (Camdenton office or Keystone facility) or 800-263-7303.
4. 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 the CCDDR Executive Director at 573-469-5851.
5. All CCDDR computers are laptops. In the event of an electrical failure, staff will ensure that laptops are unplugged. Staff can continue working until laptop batteries are depleted. Any unnecessary electrical equipment and appliances should be turned off in case power restoration causes a surge, causing damage to electronics and affecting sensitive equipment. Unplug equipment if you are not sure the device was turned on at the time the electrical failure occurred.
6. During an electrical failure, CCDDR facilities have 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.
7. If it appears the building will be without electricity for an extended period, administrative staff will direct employees to work remotely.
8. If a natural disaster has occurred and the entire community is without electricity, employees will be encouraged to work remotely if practical and possible.
9. In the event of an extended electricity failure when evacuation of the building is not possible, the Executive Director, Compliance Manager, Targeted Case Management

Director, Targeted Case Management Supervisor(s), CCDDR's Safety Officer(s), or the TCM Office Manager shall obtain the Disaster Kit from its stored location, unless sheltering in place within this room is required.

10. Upon restoration of the electricity, electronic equipment should be brought up to ambient temperatures before energizing to prevent condensation from forming on circuitry. The Executive Director, Compliance Manager, Targeted Case Management Director, Targeted Case Management Supervisor(s), IT management company representative, or other appropriate designee(s) will make the determination as to when this is to be done.
11. If there is a water supply failure, employees can work in the office as long as possible, leaving to access public facilities and then returning to work. If the water service cannot be restored in a reasonable amount of time, employees will be allowed to work remotely when practical and possible. If there is a public utility order requiring the boiling of water or restriction from consuming water, CCDDR will provide bottled water for all employees.
12. If there is a natural gas failure or leak is detected (smell of natural gas escaping a mechanical component), an administrative employee, Safety Officer(s), or other designee shall notify all employees and visitors to exit the building immediately. An administrative employee, the Safety Officer(s), or other designee shall immediately contact Summit Natural Gas at 1-800-927-0787. No one will be allowed to reenter the building until Summit Natural Gas determines the cause of the gas failure or leak and authorizes reentry. The Executive Director may direct employees to work remotely if practical and possible.
13. Carbon Monoxide is a colorless, odorless, and potentially dangerous gas produced when fuel (heating oil, propane, kerosene, charcoal, gasoline, wood, or natural gas) is burned without enough air for complete combustion. If inhaled in large quantities for a prolonged time period, carbon monoxide can cause unconsciousness, brain damage, and even death. Signs of carbon monoxide poisoning include headaches, nausea, dizziness, breathlessness, collapse, and/or loss of consciousness. If anyone in the building is exhibiting or experiencing these symptoms, especially if it is more than one person or multiple people at the same time, and it is believed it could be a result of carbon monoxide exposure, an administrative employee, the Safety Officer(s), or other designee shall notify all employees and visitors to exit the building immediately. After the building has been evacuated, the administrative employee, Safety Officer(s), or other designee shall call Summit Natural Gas at 1-800-883-3181 and 9-1-1 in an emergency suspected to be carbon monoxide related. No one will be allowed to reenter the building until Summit Natural Gas and/or the local authorities authorize reentry. The Executive Director may direct employees to work remotely if practical and possible.

K. Life-Threatening Medical Emergency Procedures

1. **CHECK** the scene for any potential safety hazards
2. **CALL** 9-1-1
3. **CARE** for the victim...maintain **Airway Breathing Circulation (A-B-C)**!
4. Provide the following information to the 9-1-1 operator:
 - Nature of medical emergency
 - Location of the emergency (address, building, etc.)
 - Your name and phone number from which you are calling
5. Do not move the 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:
 - Stop the bleeding with firm pressure on the wounds (note: avoid contact with blood or other bodily fluids)
 - Clear the air passages using the Heimlich Maneuver in case of choking
8. Stay with the victim until help arrives.

L. Bomb Threat Safety Procedures

1. CCDDR shall conduct Bomb Drills on a quarterly basis.
2. When the announcement is made, the building will be evacuated in the following manner:
 - a. Persons will exit through the door farthest from the bomb's/suspicious item's location.
 - b. If necessary, an employee will walk by the bomb/suspicious item, quickly look at the bomb/suspicious item to obtain a description, immediately face away from the bomb/suspicious item, immediately go to the nearest exit, and then exit the facility.
3. Each individual employee is responsible for escorting any client or community member nearest to the employee to the appropriate exit. Staff at the reception desk shall check the bathrooms and make sure any other facility occupants are escorted from the building. Administrative staff or an appropriate CCDDR designee shall check other common areas and/or conference rooms.
4. All CCDDR employees and guests will meet in the northern most part of the parking lots of each facility furthest away from the facility.
5. In the event of a real threat, any CCDDR employee present is to declare a bomb threat to others and call 911 on their cell phone once the employee has exited the building.
6. When the police department or other appropriate authorities 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, other management personnel present, or appropriate CCDDR designee immediately after evacuating.
 - b. After evacuation, all employees and visitors will report to the far north parking lots at all CCDDR facilities to stage and await further instructions. The Executive Director, other management personnel present, or appropriate CCDDR designee shall account for all staff members and visitors.
 - c. All employees and visitors will be updated on the status of the situation as information becomes available.
 - d. No employee or visitor will reenter the building until the proper authorities authorize the building to be reopened.

M. Phone Threat Safety Procedures

1. The person receiving a telephone threat should remain calm and obtain as much

information as possible by completing the checklist provided in the 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 9-1-1. Give all available information. Notify the Executive Director immediately after calling 9-1-1.

L. Safety Drills

Drills will be conducted for the CCDDR facilities and staff per accreditation guidelines. Scheduled and unscheduled tests of most safety procedures (fire, bomb threats, tornado and severe storm, utility outage, active shooter, violence in the workplace, and earthquake) shall be conducted as indicated in the procedures but no less than on an annual basis. All staff present will be required to participate in drills. Information on each drill will be recorded by the Safety Officer(s) and an analysis will identify areas of improvement. 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: 800-222-1222
- Chemical Spill: 800-424-8802
- Emergency Personnel: 9-1-1
- FBI: 573-636-8814
- Electric: Camdenton & Keystone facility is 573-346-5303 or 800-263-7303
- Summit Natural Gas: 800-927-0787 (failures or leaks) or 800-883-3181 for the Keystone facility
- Water: 573-346-3600 for the Camdenton office and 573-317-9406 for the Keystone facility
- Sexual Assault: 888-809-7233 or Kids Harbor is 573-348-6886
- Suicide Prevention: 800-273-8255

SECTION FIFTEEN TRANSPORTATION FOR PERSONS SERVED

A. Policy

It is CCDDR's responsibility to protect the health and safety of all our clients who are being transported in staff personal vehicles 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 has established contracted transportation services with OATS Inc. to support specifically identified transportation purposes for CCDDR clients; however, OATS Inc. is also the designated public transit provider in Camden County and offers several transportation services from which to choose.

B. Procedure for Transporting Clients in Staff-Owned Vehicles

1. Drivers shall be properly licensed. Employees will furnish a copy of their driver's license to the Human Resource Officer.
2. Employees must have the minimum liability coverage as required by CCDDR policies.
3. Vehicles must have a 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 the appropriate guidelines. The Executive Director and/or Compliance Manager will be notified immediately and, if needed, the Workers Compensation Authorization for Medical Treatment Form, Auto Accident Report Form, and other necessary paperwork will be completed.

C. Procedure for Transporting Clients in an Agency-Owned Vehicle

1. Drivers shall be properly licensed. Employees will furnish a copy of their driver's license to the Human Resource Officer.
2. Vehicles must have a 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 the appropriate guidelines. The Executive Director and/or Compliance Manager will be notified immediately, and, if needed, the 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 CCDDR's policy to ensure the health and safety of clients served in community settings for which CCDDR is responsible as part of its Support Coordination program.

B. Procedure

As part of the Dept. of Mental Health/Division of DD Service Monitoring process, CCDDR Support Coordinators shall be responsible for conducting Service Monitoring site visits to agencies where clients are referred to for DMH-funded services. This shall be documented in the client'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 regarding 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

DMH 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, or 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, 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 it is discovered or learned during a site/monitoring visit
- Ensure a DMH Event Management Tracking Form (EMT) is thoroughly and accurately completed and contains a detailed account of any actions or statements made surrounding the allegation and lists all potential witnesses

Support Coordinators and Targeted Case Management Supervisors will contact the Regional Office and submit appropriate EMT forms. Regional Office staff may ask the Support Coordinator(s) to:

- Gather additional information, if necessary, and compare the information provided to the DMH definitions of abuse, neglect, or misuse of funds/property
- Ask the provider agency to secure any physical evidence pertinent to the complaint, if available
- The Support Coordinator(s) will ensure the Department of Social Services, Children's Division (800-392-3738) is contacted if the client(s) is under the age of 18; ensure the Department of Health and Senior Services, Adult Abuse/Neglect Hotline (800-392-0210) is contacted if the client is over the age of 18; and determine if the suspected abuse, neglect, or misuse of funds/property occurred while the client was or 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 follow protocols related to the type of allegation.

PHYSICAL ABUSE

If an injury occurred, ensure:

- Pictures are taken immediately (if pictures are taken via mobile devices controlled or owned by CCDDR, the pictures are to be immediately saved to the client's file and deleted from the mobile device unless otherwise directed by law enforcement or other authorized investigating agency)
- 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

If there is reasonable cause to believe misuse has occurred, ensure:

- Ensure local law enforcement is contacted.

D. Serving Clients & Their Families During a Disaster

CCDDR will make every attempt to prepare clients served and/or their families before a disaster occurs.

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.
 - 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.
 - 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

CCDDR will 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 whether professional medical attention is sought or needed, 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 the Human Resource Officer 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 the Human Resource Officer within 24 hours of occurrence.
3. Human Resources must immediately send the originals to the current workers compensation insurance carrier.
4. The Human Resource Officer 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 Chairperson.
6. The Targeted Case Management Supervisor(s), Human Resource Officer, or appropriate designee(s) complete the 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: _____

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES

DRILL RECORD

[illegible]

PHONE CALL THREAT CHECKLIST

Threatening Call Form

This form is to be used as provided by company policy in the event of any threatening call (e.g., bomb threat, extortion attempt, etc.). It is to be ***filled out as completely as possible*** either ***during*** the call, or ***immediately*** afterward.

1. The call was received on (month/day/year): _____
2. Phone number at which call was received: _____ Line: _____ Ext: _____
3. The above-noted phone number is: ☐ Listed ☐ Unlisted
4. The call was possibly: ☐ Local ☐ Long Distance ☐ Cellular
5. The call began at (time): _____ call ended at (time): _____
6. Did the caller state a 'code word'? ☐ Yes: _____ ☐ No _____

Check off ANY *critical words* the caller may have used. This may indicate if the threat is REAL:

7. ☐ Det Cord ☐ Explosives ☐ Plastic ☐ Initiation ☐ C.E.4 ☐ Detonate ☐ Switch ☐ Detonator
☐ Explosion ☐ 808 ☐ Fuse ☐ Booby Trap ☐ Safety Fuse ☐ Timer ☐ Shrapnel ☐ Initiate
☐ P.E.4 ☐ Trigger ☐ Semtex: ☐ Trip Wire ☐ Plastic Explosive ☐ Power Source
☐ Chemical Fuse ☐ Trip ☐ Dynamite ☐ T.N.T ☐ Nitro
☐ Other:

8. Was the caller reading from a 'text': ☐ Yes ☐ No

If **Yes**, the caller's *exact words* were as follows:

[illegible]

Questions to Ask if a Bomb Threat:

9. When will the bomb go off? _____
10. Where is the bomb right now? _____
11. What does the bomb look like? _____

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 ☐Lisping ☐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 WORKERS 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 WORKERS 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.**

Workers Compensation 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 authorization 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 Box 145496
Cincinnati, OH 45250-5496**