



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE

**SUBSIDY INSPECTION REPORT**

|                                                          |  |                                                                                           |  |                                               |  |                                 |              |
|----------------------------------------------------------|--|-------------------------------------------------------------------------------------------|--|-----------------------------------------------|--|---------------------------------|--------------|
| DATE<br>March 5, 2025                                    |  | CI NAME<br>Jacob Nelson                                                                   |  | INSPECTION START TIME<br>11:17 am             |  | INSPECTION END TIME<br>12:45 pm |              |
| FACILITY NAME<br>Journey Zone Learning Center for Kids   |  |                                                                                           |  | TYPE OF INSPECTION<br>Renewal                 |  |                                 |              |
| FACILITY OWNER<br>Heritage Baptist Temple                |  |                                                                                           |  | FACILITY DVN<br>002551439                     |  |                                 |              |
| FACILITY PHONE NUMBER<br>(417) 288-2045                  |  |                                                                                           |  | FACILITY DIRECTOR/PROVIDER<br>Dinvir Calvillo |  |                                 |              |
| FACILITY EMAIL ADDRESS<br>journeyzonehbc@gmail.com       |  |                                                                                           |  |                                               |  |                                 |              |
| FACILITY ADDRESS (PHYSICAL LOCATION)<br>690 Lynn St      |  |                                                                                           |  | CITY<br>Lebanon                               |  | STATE<br>MO                     | ZIP<br>65536 |
| COUNTY<br>Laclede                                        |  | MAILING ADDRESS IF DIFFERENT<br>PO BOX 685, LEBANON, MO 65536                             |  | FACILITY TYPE<br>LE                           |  |                                 |              |
| CONTRACT EXPIRATION DATE (RENEWING PROVIDERS)<br>3/31/25 |  | EXEMPTION VERIFIED<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  | HOURS OF OPERATION<br>Mon-Fri 7am-5pm         |  |                                 |              |
| AGE RANGE<br>6wks-13yrs                                  |  | LIMITATIONS<br>No Limitations.                                                            |  |                                               |  |                                 |              |
| CAPACITY<br>99                                           |  |                                                                                           |  |                                               |  |                                 |              |

**ATTENDANCE AT INSPECTION (LIST # OF CAREGIVERS AND CHILDREN)**

Dinvir Calvillo (director) and Katie Mino (cook) were present with zero (0) children.

Sydney Wilson, Jane Bunch, and Sarah Key were present with six (6) children ages 4-months-old to 1-years-old.

Sydney Blankenship and Holland Boldra were present with five (5) children ages 2-years-old to 3-years-old.

Melissa Stroup and JoAnna Brazeal were present with fourteen (14) children ages 2-years-old to 3-years-old.

Rebecca Rodgers and Amber Littlebear were present with six (6) children ages 3-years-old to 4-years-old.

Kayla Anderson, Brandy Ruble, and Bailey McDermott were present with sixteen (16) children ages 3-years-old to 5-years-old.

**A. RATIO**

|                                                                                                                                                        | C                                   | NC                       | NO                                  | NA                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| 1. Any person who is caring for six or fewer children, shall not care for more than six children and no more than three children under the age of two. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. One adult caregiver is onsite at the facility at all times.                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Birth through two years shall have no less than one adult caregiver to four children, with no more than eight children in a group.                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Age two years shall have no less than one caregiver to eight children, with no more than sixteen children in a group.                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. Ages three through four years shall have no less than one caregiver to ten children with no more than twenty children in a group.                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6. Ages five and up shall have no less than one caregiver to every sixteen children with no more than forty-eight children in a group.                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

**B. BUILDING AND PHYSICAL PREMISES SAFETY**

|                                                                                                                                                 | C                                   | NC                       | NO                                  | NA                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Compliant with any applicable local ordinances, codes, and regulations.                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Operable smoke detector(s) on the ceiling or wall at a point centrally located.                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. Operable fire extinguisher.                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Operable carbon monoxide detector(s) in accordance with the manufacturer's instructions on the ceiling or wall at a point centrally located. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. Inside space for play and napping.                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. Clean and free of insects, rodents, and vermin.                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

|                                                                                                                                                                                         |                                     |                          |                                     |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| 7. Food preparation area is clean.                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8. Hazardous items inaccessible to children.                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9. Have working heating and cooling system.                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10. Have potable, running water, at least one flushable toilet and one sink for hand-washing accessible to children.                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 11. Toilet paper, soap, hand drying towels (paper or cloth) are accessible to children.                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 12. Be free of smoke, illegal substances, and criminal activities.                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 13. Weapons and ammunition are stored in locked cabinets and are inaccessible to children.                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 14. Provide adequate supervision at all times.                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 15. The outdoor area is continuously fenced or, have a department approved, supervision plan.                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 16. Pools and open water areas are not accessible to children without adult supervision.                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17. Outdoor play equipment is well-constructed and free of hazards.                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 18. Play area is safe, maintained, and free of hazards.                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>C. FURNITURE, EQUIPMENT, &amp; MATERIALS</b>                                                                                                                                         | <b>C</b>                            | <b>NC</b>                | <b>NO</b>                           | <b>NA</b>                           |
| 1. Furniture, toys, and play equipment are age-appropriate, in good working order and free of sharp, loose, or pointed parts.                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. Adheres to safe sleep practices, if caring for infants.                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>D. ANIMALS</b>                                                                                                                                                                       | <b>C</b>                            | <b>NC</b>                | <b>NO</b>                           | <b>NA</b>                           |
| 1. Animals are non-threatening to children.                                                                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. Animals do not have a history of attacking or injuring human beings or other animals.                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Animals are disease free and have all required vaccines.                                                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. Indoor and outdoor areas used by children are free of animal excrement.                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. Litter boxes are not located in food preparation or serving area and are inaccessible to children.                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>E. DISASTER AND EMERGENCY PREPAREDNESS</b>                                                                                                                                           | <b>C</b>                            | <b>NC</b>                | <b>NO</b>                           | <b>NA</b>                           |
| 1. The Emergency preparedness and response plan is available and posted.                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. The child care provider has a written emergency preparedness and response plan.                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. The plan is reviewed and updated regularly.                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. The plan includes steps for evacuation, relocation, shelter-in-place, and lock down.                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. The plan includes a record of practice drills.                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6. The plan outlines how families will be contacted during an emergency and how they will be notified at the conclusion of the emergency.                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>F. HEALTH REQUIREMENTS</b>                                                                                                                                                           | <b>C</b>                            | <b>NC</b>                | <b>NO</b>                           | <b>NA</b>                           |
| 1. Child care provider and all child care staff are in good physical and emotional health with no physical or mental conditions which would interfere with child care responsibilities. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. The provider shall have a completed medical examination report dated no more than ninety (90) days prior to applying for subsidy. (SOF only)                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. The provider and staff have a Tuberculosis (TB) Risk Assessment form (MO580- 3015) on file.                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

C- Compliant NC- Non Complaint NO- Not Observed NA- Not Applicable

|                                                                                                                                                                                                                               |                                     |                          |                                     |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 4. The provider and staff are not under the influence of alcohol or other substances while caring for children, while on the premises, or in any vehicles used by the program.                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>G. PRE SERVICE TRAINING</b>                                                                                                                                                                                                | <b>C</b>                            | <b>NC</b>                | <b>NO</b>                           | <b>NA</b>                |
| 1. The provider and staff involved in the care of the children, are registered with DESE's designated professional development system and have a Missouri Professional Development Identification (MOPD ID) number from DESE. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. Subsidy Orientation Training has been completed by one staff member responsible for maintaining compliance.                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. CCDF Health & Safety Training has been completed within 90 days of employment and before a staff member provided unsupervised direct care to children.                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Missouri Milestones Matter Training has been completed within 90 days of employment and before a staff member provided unsupervised direct care to children.                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. Caring for Vulnerable Children Training has been completed within 90 days of employment and before a staff member provided unsupervised direct care to children.                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. The provider and staff have age-appropriate pediatric CPR/First Aid certification within 90 days of employment and before a staff member or volunteer provided unsupervised direct care to children.                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>H. ANNUAL TRAINING</b>                                                                                                                                                                                                     | <b>C</b>                            | <b>NC</b>                | <b>NO</b>                           | <b>NA</b>                |
| 1. The provider and staff involved in the care of children have completed six hours of annual training as approved by DESE and documentation of training is viewable in DESE's designated professional development system.    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. The provider has a record of current certification in age-appropriate pediatric first aid and cardiopulmonary resuscitation (CPR) for all child care staff.                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>I. RECORD KEEPING</b>                                                                                                                                                                                                      | <b>C</b>                            | <b>NC</b>                | <b>NO</b>                           | <b>NA</b>                |
| 1. The provider promptly provided DESE with access to eligible families and records without limitation.                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. The provider has enrollment records for each child who receives care.                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Enrollment records include:</b>                                                                                                                                                                                            |                                     |                          |                                     |                          |
| 1. The child's full name and date of birth.                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. The name, address, e-mail address, phone number, and other necessary contact information of each person legally responsible for each child.                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. Allergies to food, medications, insects, or other materials.                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Daily medications, including dosage, time of administering, and route for administering.                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. Listing of persons authorized to pick-up and drop-off child as approved by person legally responsible for the child.                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. Record of completed immunizations.                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. Infants, feeding times and amount of breast milk or formula per feeding.                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. All records for children shall be retained for five (5) years.                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>The child care provider has a time and attendance register of all children who receive care from the provider that includes:</b>                                                                                           |                                     |                          |                                     |                          |
| 1. The dates and times that the child received subsidized child care services, showing the date that the child arrived and the time that the child was picked up.                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. The name of the person who dropped off the child and the name of the person who picked up the child.                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>J. CRIMINAL BACKGROUND CHECKS</b>                                                                                                                                                                                          | <b>C</b>                            | <b>NC</b>                | <b>NO</b>                           | <b>NA</b>                |
| 1. All child care staff members have a valid eligibility letter in accordance with Section 210.1080, RSMo, and 5 CSR 25-600.                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. The results of a criminal background check has been completed for staff prior to employment or presence in the child care facility.                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. Criminal background checks are completed for each child care staff member every five (5) years.                                                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Criminal background checks are completed for each child care staff member if they are separated from employment for 180 days or more.                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| K. GENERAL TERMS                                                                                                                                                                                                                                                              |                                     | C                        | NC                                  | NO                       | NA |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|----|
| <b>The provider shall:</b>                                                                                                                                                                                                                                                    |                                     |                          |                                     |                          |    |
| 1. Not deny a child admission to, or the benefits of, any program provided by the contractor for child care services on the basis of religion.                                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |    |
| 2. Maintain confidentiality of individuals participating in subsidy.                                                                                                                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |    |
| 3. Provider is at least eighteen years of age.                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |    |
| 4. All additional staff members providing child care services and counted in staff child ratio are at least 16 years of age.                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |    |
| 5. The provider shall provide all child care services, with the exception of transportation to and from care and field trips, at the physical location specified in the contract.                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |    |
| 6. The provider shall not claim services for their own child. This includes biological, adopted, foster, or any child included in the provider's personal household.                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |    |
| 7. The provider shall not claim services for an employee's child when the employee is providing direct care to their own child.                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |    |
| 8. Ensure no child care staff members shall be engaged in other employment during the hours child care services are provided.                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |    |
| 9. Establish a written discipline plan that includes simple, understandable rules for children's behavior.                                                                                                                                                                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |    |
| 10. Allow custodial parents or legal guardians to have unlimited access to their children, during the normal hours of operations and whenever children are in the care of the provider.                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |    |
| 11. Notify all custodial parents and legal guardians of the following information:                                                                                                                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |    |
| a. Telephone number where the provider can be reached;                                                                                                                                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |    |
| b. The location of the Discipline Policy; and                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |    |
| c. The location of the Emergency Preparedness and Response Plan.                                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |    |
| 12. Notify custodial parents and legal guardians if the child care provider does not have immediate access to a telephone and provide parents with an alternative, effective method of communication.                                                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |    |
| 13. Have written policies that prevent suspension, expulsion, and denial of services of children birth to age five due to behavior.                                                                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |    |
| 14. Refer families to the DESE designated child care resource program to find alternative child care arrangements in the event they are no longer able to provide child care services.                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |    |
| 15. Report suspected child abuse and neglect.                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |    |
| 16. Cooperate with any investigations, audits, or other requests of the department.                                                                                                                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |    |
| 17. Follow all statutes, regulations, and policies of the department.                                                                                                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |    |
| 18. Report the addition of any new household members seventeen (17) years of age or older, or when a current household member turns seventeen (17) years of age.                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |    |
| 19. Not utilize physical or corporal punishment including, but not limited to, spanking.                                                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |    |
| L. NOTIFICATION REQUIREMENTS                                                                                                                                                                                                                                                  |                                     | C                        | NC                                  | NO                       | NA |
| <b>The provider shall:</b>                                                                                                                                                                                                                                                    |                                     |                          |                                     |                          |    |
| 1. Report child deaths and serious injuries to DESE within twenty-four (24) hours of the incident. A child death or serious injury includes, but is not limited to:                                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |    |
| ➤ The death of a child if the child died while in the care of the provider;                                                                                                                                                                                                   |                                     |                          |                                     |                          |    |
| ➤ The death of a child enrolled with the provider if the child died of a contagious disease; or                                                                                                                                                                               |                                     |                          |                                     |                          |    |
| ➤ A "serious injury" to a child that occurred while the child was at the provider's facility or away from the provider's facility but still in the care of the provider, if an injury results in the child being treated by a medical professional or admitted to a hospital. |                                     |                          |                                     |                          |    |
| 2. Immediately, and no later than twenty-four (24) hours later, notifies DESE, in writing, if the provider becomes aware of any circumstances which may render the provider unable to perform any of its obligations under the agreement.                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |    |

|                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 3. Report the following changes to DESE in writing within ten (10) calendar days: physical address, mailing address, telephone number, email address, or any other circumstance, incident, or occurrence that would alter any information provided by the provider to issue this contract. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>M. Provider Policy Manual</b>                                                                                                                                                                                                                                                           | <b>C</b>                            | <b>NC</b>                | <b>NO</b>                           | <b>NA</b>                |
| <b>The provider shall:</b>                                                                                                                                                                                                                                                                 |                                     |                          |                                     |                          |
| 1. The child care provider shall have a written policy manual that includes policies for the following:                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| a. Handwashing                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| b. Healthcare                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| c. Administering medication                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| d. Food and nutrition                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| e. Behavior management and guidance                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| f. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| g. Emergency planning                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| h. Physical child care area                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| i. Transportation                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |



## NOTES