



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

SUBSIDY INSPECTION REPORT

DATE 7/11/23		CI NAME Elizabeth White		INSPECTION START TIME 10:20 am		INSPECTION END TIME 12:00 pm	
FACILITY NAME HOPE CHILD CARE CENTER				TYPE OF INSPECTION Renewal Inspection			
FACILITY OWNER Hope Lutheran Church				FACILITY DVN 001505375			
FACILITY PHONE NUMBER 417-732-9162				FACILITY EMAIL ADDRESS preschool@hopelc.com			
FACILITY ADDRESS (PHYSICAL LOCATION) 218 E Highway 174				CITY Republic		STATE MO	ZIP 65738
COUNTY GREENE		MAILING ADDRESS IF DIFFERENT		FACILITY TYPE LEX			
CONTRACT EXPIRATION DATE (RENEWING PROVIDERS) 7/31/2023		EXEMPTION VERIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		HOURS OF OPERATION Mon-Fri 7:00 am - 6:00 pm			
AGE RANGE 24 months - 7 years		LIMITATIONS No Limitations Noted.					
CAPACITY 60							

REQUIRED DOCUMENTS

Sanitation Inspection	DATE APPROVED	Not Observed
Fire/Safety Inspection	DATE APPROVED	Not Observed
Child Care Provider Staff Listing	DATE APPROVED 8/2/23	Compliant

ATTENDANCE AT INSPECTION (LIST # OF CAREGIVERS AND CHILDREN)

Staff Children Child Ages
5 25 2-5 years

Notes

Staff Phoebe, Gabby, Bailey, Haley and Trisha were outside on playground with twenty-five (25) children. Six (6) children were ages 2-years old and nineteen (19) children were ages 3-5 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. Groups of mixed ages through two (2)- years shall have no less than one (1) adult to four (4) children, with no more than eight (8) children in a group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Groups of two (2)-year olds shall have no less than one (1) adult to eight (8) children, with no more than sixteen (16) children in a group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Groups of three (3)- and four (4)-year olds shall have no less than one (1) adult to ten (10) children, with no more than twenty (20) children in a group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Groups of five (5)-year olds and older shall have no less than one (1) adult to every sixteen (16) children, with no more than 48 children in a group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Groups of mixed ages of children two (2) years of age and older shall have no less than one (1) adult to ten (10) children with a maximum of four (4) two (2)-year olds. When there are more than four (4) two (2)-year olds in a mixed group, the staff/child ratio shall be no less than one (1) adult to eight (8) children.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

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

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 (1) flushable toilet and one (1) 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 when outside.	<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"/>
C. FURNITURE, EQUIPMENT, & MATERIALS	C	NC	NO	NA
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 type="checkbox"/>	<input checked="" type="checkbox"/>
D. ANIMALS	C	NC	NO	NA
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"/>
E. DISASTER AND EMERGENCY PREPAREDNESS	C	NC	NO	NA
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 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"/>
F. HEALTH REQUIREMENTS	C	NC	NO	NA
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
G. PRE SERVICE TRAINING	C	NC	NO	NA
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 (1) 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 ninety (90) days of employment and before a staff member provided unsupervised direct care to children.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The provider and staff have age-appropriate pediatric CPR/First Aid certification within ninety (90) days of employment and before a staff member or volunteer provides unsupervised direct care to children.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. ANNUAL TRAINING	C	NC	NO	NA
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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. RECORD KEEPING	C	NC	NO	NA
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"/>
The provider has records for each child who receives care that includes:				
2. The child's full name and date of birth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 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"/>
4. Allergies to food, medications, insects, or other materials.	<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. Infants, feeding times and amount of breast milk or formula per feeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Record of completed immunizations as required in 210.003.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Daily medications, including dosage, time of administering, and route for administering.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. All records for children shall be retained for five (5) years.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The child care provider has a time and attendance register of all children who receive care from the provider that includes:				
10. 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"/>
11. 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"/>
J. CRIMINAL BACKGROUND CHECKS	C	NC	NO	NA
1. All child care staff members have a valid eligibility letter in accordance with Section 210.1080, RSMo, and 5 CSR 25-600.	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Family Care Safety Registry (FCSR) check has been completed by the provider, for all child care staff members, annually.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Criminal background checks are completed for each child care staff member every five (5) years.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Criminal background checks are completed for each child care staff member if they are separated from employment for 180 days or more.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. GENERAL TERMS	C	NC	NO	NA
The provider shall:				
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. Ensure all child care staff members are at least eighteen (18) years of age.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Provide child care services at the physical location specified on the agreement, with the exception of transportation to and from care and field trips.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. 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"/>
6. Establish a discipline plan that includes simple, understandable rules for children's behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. 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"/>
8. Notify all custodial parents and legal guardians of the following information: a. Telephone number where the provider can be reached; b. The location of the Discipline Policy; and c. The location of the Emergency Preparedness and Response Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. 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"/>
10. Have 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"/>
11. 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"/>
12. Report suspected child abuse and neglect.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Cooperate with any investigations, audits, or other requests of the department.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Follow all statutes, regulations, and policies of the department.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Report the addition of any new household members eighteen (18) years of age or older, or when a current household member turns eighteen (18) years of age.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

16. 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
The provider shall:					
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"/>
<ul style="list-style-type: none"> ➤ 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"/>
COMPLIANCE TYPE	VIOLATION	VERIFICATION DATE			
Documents Submitted	G 3. CCDF Health & Safety Training needs completed by two (2) staff.	8/9/23			
Documents Submitted	G 4. Two (2) staff need pediatric CPR/First Aid certification within ninety (90) days of employment	7/27/23			
Documents Submitted	H 2. Records of current certification in pediatric first aid and CPR missing for five (5) staff.	7/27/23			
Documents Submitted	J 1. Four (4) child care staff members require a valid eligibility letter.	8/2/23			
Documents Submitted	J 2. The results of a criminal background check must be completed for all staff.	8/2/23			
Documents Submitted	J 3. Family Care Safety Registry check needs completed for all child care staff members.	7/27/23			
Documents Submitted	Child Care Staff Listing needs to be submitted with application.	8/2/23			
Select One					
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