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METHOD OF  
PERFORMANCE

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HEARTLAND CENTER FOR BEHAVIORAL CHANGE

RESIDENTIAL FACILITY SERVICES

RFP NO. B3Z14319

FROM AWARD DATE THRU JUNE 20, 2016

**METHOD OF PERFORMANCE  
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## METHOD OF PERFORMANCE

The Heartland Center for Behavioral Change currently operates a residential reentry center for female offenders of the Missouri Department of Corrections located in the downtown business district of Kansas City, Missouri at 1514 Campbell Street.

HCBC has been a provider of residential facility services to the Missouri Department of Corrections since 1983 and has worked closely with this area's probation and parole team and Corrections' officials to keep the community safe, while at the same time helping offenders to begin a new journey to a productive life. HCBC believes that providing structured and well-planned services to offenders in the community is a key component in overall efforts to reduce crime and prison growth. Our program is structured to provide offenders with a high level of accountability and supervision, as well as a foundation of support that can lead to success in the community as a productive citizen. We focus our services to:

- Improve public safety through a systematic program of resident supervision and accountability;
- Provide residents with a safe, orderly, and structured environment that has clear rules, consistent enforcement of rules, and regular inspections of premises;
- Partner with the Department through clearly established and open lines of communication; and
- Offer services that support the community reintegration of residents through concerned staff, and activity and arrangements for support of the reentry effort in the community.

Our facility is an attractive, clean, and well organized, multi-level building that provides an ideal physical plant layout for residential services (Tab 1- Floor Plan). It is properly zoned (Tab 2 - Zoning) and has a long history of community support as a residential facility site that serves offenders. It is centrally located in downtown Kansas City, public transportation is readily available, and social service agencies and access to hospital care is nearby.

As the current provider of services to 53 female Missouri Department of Corrections offenders, we meet and fully understand all requirements for residential care. Satisfaction with our services is best exemplified by the Department's continued long association with HCBC. There has been no interruption in HCBC provision of services to Missouri Department of Corrections for a period of over thirty (30) years. HCBC is proposing to continue to serve as a major provider of residential facility services to the Department of Corrections. Our proposal offers the Department of Corrections **50 to 56** slots at our current location.

## **2. CONTRACTUAL REQUIREMENTS**

## 2.1 General Requirements

### 2.1.1 Community Residential Facility Requirement

The proposal from the Heartland Center for Behavioral Change is to continue providing residential services to the Missouri for the Department of Corrections, Division of Probation and Parole (hereinafter referred to as the "state agency") for female offenders in accordance with the provisions of RFP B3Z14319.

- a. HCBC operates a residential housing facility at 1514 Campbell, Kansas City, Missouri. This location meets all state requirements.
- b. The facility is located near the downtown business district of Kansas City, Missouri and is not in an unincorporated area. Zoning is reviewed by the Board of Zoning Adjustment every two years. The current letter of approval is in the following Attachments Section (Tab 3 – Zoning Approval Letter).
- c. While our physical plant does have another program co-located in the building, the offenders served under the Missouri Department of Corrections' contract are maintained in separate and distinct units and are staffed with personnel specific to each individual contract.
- d. The HCBC facility is located in Jackson County and offers the following to the Department:
  - Strong endorsement for use as a residential facility for offenders by community leaders;
  - Properly zoned for use;
  - Compliant with all fire, health, building, plumbing, electrical, and HVAC codes;
  - Public acceptance of use;
  - Handicapped accessible;
  - Located near transportation and community services; and
  - Excellent space layout offering optimal levels of observation of resident activity (Tab 4 – Location Pictures, Building Diagram).

### 2.1.2 Residential Slots

HCBC is offering the Missouri Department of Corrections a range of 50 to 56 slots as stated in the Notice of Award.

- a. HCBC defines a residential slot as one bed for twenty-four (24) hours each day of the contract period reserved for the exclusive use of offenders placed by the state agency.
- b. If awarded the new contract, HCBC will continue to cooperate with the state agency and make space available to utilize the maximum contracted residential slots.

### **2.1.3 Sole Referral**

HCBC agrees and understands that the state agency has sole responsibility for referring and placing offenders in our residential facility.

- a. We understand that the state agency identifies, refers and places offenders at the residential facility in accordance with its internal policies and procedures, and
- b. HCBC agrees that all offenders placed in our care by the state agency will be accepted without exclusion criteria. We will accept all offenders, including sex offenders, found eligible for residential placement through the state agency's criteria.

### **2.1.4 Length of Stay**

HCBC agrees and understands that the normal length of stay for each referred resident is based on the individual's case management plan and is usually between thirty (30) and one hundred twenty (120) days. However, HCBC also agrees and understands the state agency, at its discretion, may extend or advance an offender under this contract. HCBC will not independently release or terminate any offender. Releases and/or terminations are at the sole discretion of the state agency.

### **2.1.5 Sole Satisfaction**

HCBC has been a provider of residential services to the Department of Corrections for over thirty (30) years. We understand that services performed under this contract must be to the satisfaction of the state agency and that the state agency is the final judge of the quality of contract performance.

- a. HCBC agrees that any disputes or conflicts related to this contract will be resolved by the state agency.

### **2.1.6 FLSA and EEOC and Other Federal and State Laws**

HCBC complies with all federal, state, and local laws and regulations in conducting its business. It is the policy and practice of HCBC to comply with the Fair Labor Standard Act, Equal Opportunity Employment Act, and any other federal and state laws, rules, regulations and executive orders applicable. These conditions are included in all subcontracts.

## **2.2 Implementation Requirements**

### **2.2.1 Start of Service**

HCBC will begin contract services on date specified on Pricing Page.

#### **a. Required Documentation**

- Letter of approval of safe operation from the Kansas City Fire Marshall (Tab 5 – Fire Department Permit/Inspection).
- Health Department Food Establishment Inspection (Tab 6).
- Building code inspection (Tab 7).
- Verification of Approved Zoning (Tab 8).
- Financial Audit (Tab 9).
- ADA Guidelines Verification (Tab 10).

- 1) The HCBC plan of action for complying with the requirements of the above is to ensure the schedule of required re-inspections or re-certifications are maintained by the HCBC Maintenance Department Manager. The schedule of anticipated months identified for Contractor, City, and State inspections is included (Tab 11 – Anticipated Contractor, City, State Inspections). When/if a scheduled action does not occur in the intended month, the Maintenance Department Manager will ensure contact will be made with the responsible entity and a request for the required action will be generated.

## **2.3 Residential Facility Requirements**

### **2.3.1 Environment**

#### **a. Clean, Safe, and Healthy Environment**

HCBC provides residential services in an attractive and well-maintained facility consisting of approximately 30,000 square feet. Our facility is multi-level and was in former use as a school. We have operated our facility as a Corrections' residential center successfully for over thirty (30) years. HCBC has consistently been found in compliance with the state agency's requirements to provide a clean, safe and healthy environment.

HCBC understands the importance of providing an environment that is clean, safe, pleasant and conducive to good health. We invest considerable resources in providing a comfortable, attractive, and appropriate residential environment. The protection and safety of our staff and residents is a paramount concern of our agency. We go to great lengths to ensure that the environment and our practices conform to professional standards in the operation of residential facilities. Our agency policies and procedures require that equipment be maintained in proper and safe condition; that the facility comply with all fire and safety regulations, including annual fire marshal inspections and evacuation drills; and that the environment is maintained in a safe and orderly manner. Our safety plan is comprised of the assignment of a

fire/safety officer, staff training in emergency procedures and safety awareness, emergency evacuation drills, regular regulatory agency inspections, internal inspections, and corporate quality assurance evaluations.

HCBC's residential facility conforms to the requirements of the local, state, and federal authorities having jurisdiction and the facility offers protection against the danger of fire and smoke, injury attributable to the environment, electrical hazard, and the spread of disease and infection.

Our facility has been under the continuous review of a number of jurisdictional authorities and has passed each inspection. The local fire marshal inspects our facility for fire safety compliance each year. The Health Department inspects our food service operation annually. All heating, air conditioning, electrical and plumbing systems are inspected each year by appropriate professionals. Corrections' representatives visit our facility on an on-going basis to ensure general compliance with environmental requirements.

- b. The HCBC physical plant is maintained in a manner which is conducive to offender safety and comfort which are requisite conditions that reduce stress and anxiety that impede successful transition. Providing a physical environment that enables an offender to concentrate on future planning and success is viewed as an important factor in good adjustment and successful outcomes.

### **2.3.2 Pest and Rodent Control**

- a. SOS Pest Control Company provides weekly treatments to the facility to provide control for pests and rodents in accordance with an agreement with that vendor (Tab 12 – Pest Control Agreement). Additionally, Custodians are responsible for the sanitation plan of the facility including the frequent daily inspection of restrooms, refuse containers, facility common areas and grounds. They ensure all areas of the facility are properly supplied with sanitation supplies and they conduct/supervise the housekeeping responsibility. HCBC enforces Center regulations designed to minimize the attraction of rodents and pests:
  - Open foodstuffs/containers are not permitted in dormitories;
  - All refuse must be disposed of in proper containers;
  - No boxes are permitted in residential areas for use as storage.

All refuse is collected in containers specifically designed for such use and is disposed of daily in outside containers. Although we have custodians for the main cleaning of the facility we do expect all residents to participate in

the cleanup of their assigned rooms and to maintain their quarters in a state of good order and cleanliness.

- **Daily and Weekly Inspections** - Each day a shift supervisor conducts a complete walk-through of the facility to ensure that the environment is in good order. Each week a formal inspection is conducted of the facility using an inspection checklist which reiterates the guidelines of our contractors to ensure complete compliance with all applicable regulations. Our regular inspections ensure the ongoing safety of staff and clients, maintenance of all equipment and good housekeeping practices.
- b. Documentation of monthly pest and rodent inspection and treatment are provided (Tab 13 – Pest and Rodent Inspection/Treatment).

### 2.3.3 Sleeping Arrangements

- a. The HCBC residential facility provides comfortable dormitory-style sleeping arrangements for offenders. The layout of the residential sleeping space offers continuous observation of movement.
- b. All residents are afforded a minimum of forty-eight (48) square feet of contiguous floor space in the sleeping area. Hallways, closets, and bathrooms are not included in calculating square footage. Square footage is calculated for the actual space in which the offender will sleep. Measurement of room space is computed by using the inside dimension of the room in which the offender is physically located, less the square footage of floor space required by the other offenders and less any walled closet space within the room. Facility audits conducted by state agency personnel have always found HCBC in compliance with this requirement.
- c. Chairs and/or footlockers are available in dorms to accommodate seating for each two (2) offenders.
- d. **Hanging Space**  
All offender sleeping areas provide a minimum of eight (8) inches of clothing hanging space per offender. Additionally, a footlocker or equivalent space is provided for storage of personal property.
- e. **Individual Lockable Storage**  
All offenders are provided with a free lockable storage footlocker. The dimensions of the footlocker meet or exceed the requirements in this RFP. Offenders who lose or misplace their assigned lock are issued a second lock and only charged the cost of replacement.
- f. **Ventilation**  
The HCBC facility offers central air/heat and the entire facility, including sleeping areas, are well ventilated. An upgraded HVAC

system was installed in 2006.

- g. **Gender Separation**  
HCBC is offering only female offender beds in this RFP.
- h. **PREA Bed Requirements**  
HCBC will provide beds assignments that comply with the PREA Screener assessment instrument to ensure separation between potential predators and potential victims.

#### **2.3.4 Furniture, Furnishings, and Equipment**

- a. **Dining Area**  
The HCBC dining area is a very large, spacious area that was once used as a school lunchroom. There are sufficient tables and chairs to accommodate all offenders during allowable meal times. It is an attractively furnished, clean and comfortable cafeteria-like environment. It offers a beverage bar, ice machine, condiment and salad bar. Adjacent is the kitchen preparation area and serving line. There is sufficient seating for approximately 91 offenders.
- b. HCBC furniture is a durable-grade that is intended to withstand use by a large offender population. Through our facility inspection process, we identify furnishings that require repair or replacement so as to ensure that all times, our provisions adequately provide for the offenders we serve. Furniture and furnishings are comfortable, kept clean and in good repair.
- c. Chairs are made of a durable plastic and are safe and kept clean.

#### **2.3.5 Toilets, Washbasins and Showers/Shower Bays/Baths**

Our bathroom provisions have continuously met all requirements of the Department of Corrections. Additionally, HCBC bathroom facilities were upgraded in FY 2007 to meet all requirements of ADAAG.

- a. **Number Required**  
In each residential unit there is a bathroom that has facilities for every ten (10) female individuals:
  - One (1) operable toilet for each ten (10) offenders.
  - One (1) operable washbasin for every ten (10) offenders;
  - One (1) operable shower is available for every (10) offenders.

**b. Location**

All bathroom facilities are located in the residential facility and are adjacent or proximate to the dormitories where the residents sleep. The bathroom facilities are well maintained with appropriate supplies. On-site janitors assure that clean, filled and operational hand soap dispensers are located at every sink, each day. We also provide clean, filled and operational hand towel dispensers in each bathroom

**2.3.6 Laundry Equipment**

HCBC offers a large laundry area for use by the residential population on the lower level of our facility and there is one operating washer and dryer per every twenty (20) offenders. Use of laundry equipment is free and exclusively for use by offenders.

**2.3.7 Recreation**

HCBC recognizes the importance of a recreational outlet in facilitating positive physical and mental health. We are aware that offenders easily experience boredom and frustration. Opportunities to relieve these negative feelings are critical to successful program completion and reentry. HCBC provides a number of free recreational activities on site.

**a. Provisions**

All residents are provided with the opportunity to participate in unstructured recreation during scheduled hours. Our facility offers an on-site gymnasium for basketball, volleyball, or similar activities. In an adjacent area is workout equipment that includes exercise equipment and benches. Color televisions with standard cable services are available in each honor dormitory and one in the dayroom. A DVD player is available for use in the dayroom.

Our recreational provisions include:

- Basketball goal and basketball
- Board games
- Color television and cable
- DVD player
- Exercise equipment and benches

**b. Separate televisions**

HCBC offers separate televisions for each recreational activity that requires a television.

**c. Newspaper**

HCBC provides free access to two (2) copies of the current daily newspaper, one per every thirty (30) offenders.

**d. Community Activities**

Successful reentry must include a pro-social connection to the community. Case Managers encourage offenders to identify healthy activities and interests and become involved. Some of these are listed in the Resource Manual (Tab 14 – Resource Manual).

### **2.3.8 Visiting Area**

HCBC has established procedures for resident visitation to aid in the development of positive relationships.

Visiting hours are provided in the dining room, after dining hours, from 6:30 – 9:30 PM on Saturday and Sunday. An exception to the standard visitation schedule can be approved by the Case Manager for offenders who work evening shifts and for out of town visitors in the area during time frames outside of routine visitation hours.

The visiting hours schedule is posted at the main entrance of the building and the West entrance of the building leading to the dining room/visiting area. Visiting hours and guidelines are documented in the Resident Handbook. All visitors are approved in advance by the state agency liaison officers.

During visitation hours the dining area is for the exclusive use of residents and visitors. No other activities occur in that space during that time nor are sun decks, porches, halls, restrooms, and offices used for visitation.

### **2.3.9 Americans with Disabilities Act Accessibility Guidelines (ADAAG) Standards**

HCBC is in compliance with ADAAG standards. HCBC has a handicap accessible bathroom with a handicap accessible sink, shower and toilet. Handicapped offenders can go to the dining area by utilizing the main elevator. Likewise, visitation can occur in the gymnasium.

#### **a. ADAAG Compliance for Visitors**

The area of the residential facility available to the general public for visiting meets all applicable ADAAG standards:

- 1) *Accessible parking:* Visitor parking is located on the street and behind the building. All parking is ground level and special parking signs have been installed at the curb by the city, as well as in the back parking lot. Access to the sidewalk from a vehicle can be obtained through a driveway street cut approximately 25 feet from the handicap entrance.
- 2) *Accessible path of travel into the residential facility and into any public space within the residential facility:* Clients and visitors have unrestricted access into the facility from the curb to the ground floor entrance on Campbell Street, one door south of the main CTU entrance. This entrance is clearly marked.

- 3) *Accessible doorways*: The doorways into the visiting area provide in excess of 32 inches in width measured from the door stop to the face of the door and the thresholds are not greater than ½ inch.
- 4) *Accessible Restrooms*: The restroom designated for visitor use is handicap accessible. Both male and female restrooms are located on the ground floor and have ramp facilitated pathways.
- 5) *Signage*: Signage identifies the accessible entrance and location of the restrooms;
- 6) *Fire/smoke and carbon monoxide alarms*: Fire and smoke alarms are installed throughout the building, meeting all fire and safety codes. The alarms are hard wired and have strobe lights for the hearing impaired. We also have carbon monoxide detectors that have been placed in accordance with the manufactures recommendations. (Tab 15 - Carbon Monoxide Detectors Location).

HCBC additionally, has a fire sprinkler system throughout the facility.

- b. HCBC is in full compliance with all applicable ADAAG standards (Tab 16 – Letter of Compliance/ADAAG Standards).

### **2.3.10 State Agency Office Space**

HCBC considers state agency staff as valued team members. Decisions regarding the offender population are made by the “team”, utilizing the residential facility director, case managers, and probation & parole staff. This approach ensures that all residents receive appropriate supervision and services. HCBC welcomes state agency staff into our facility at any time and makes every effort to meet the needs of the state agency staff.

HCBC provides an office for assigned state agency staff that includes an *operational telephone and office furniture* that is provided by HCBC for use by the state agency. In addition, secured and private storage is available to be utilized solely by state agency representatives for day-to-day activities and supervision of offenders at the residential facility.

### **2.4 Renovation Plans**

HCBC has no renovation plans that would impact our ability to meet full contract compliance.

### **2.5 Facility Relocation Requirements**

HCBC understands and agrees that if a future need to vacate and relocate the residential facility occurs, the state will be notified immediately and all

provisions contained within the RFP will be met with the new facility prior to relocation of the offender population.

## **2.6 PREA Requirements**

HCBC understands and supports the purpose and intent of the Prison Rape Elimination Act and is working to become fully compliant with the requirements of that law.

**2.6.1** HCBC will request a PREA audit within 45 days of the contract award.

**2.6.2** All employees of HCBC are 21 years of age and a copy of the employee's birth certificate or driver's license is maintained in the personnel file.

**2.6.3** HCBC Human Resources conducts background checks utilizing E-Verify, a third party service with access to criminal justice records of all applicants. HR also utilizes the U.S. Dept. of Health and Human Services' Office of the Inspector General and the Missouri Dept. of Health and Senior Services' Family Care Registry to obtain additional background information. All potential employees are referred to the state agency representative prior to employment.

**2.6.4** HCBC does not offer employment to potential employees who are currently under state supervision.

**2.6.5** HCBC understands and agrees that all employees of HCBC shall be expected to observe and comply with all state statutes, rules and regulations related and applicable to the contract and the requirements and expectation of the state agency.

- a. HCBC has a zero tolerance policy relating to any form of sexual misconduct to include staff/contractor/volunteer on offender or offender on offender sexual harassment, sexual assault, sexual abusive contact and consensual sex.
- b. Any HCBC employee or agent found to have been engaged in sexual abuse in a prison, jail, community confinement facility, juvenile facility or other institution shall be denied access into the residential facility.

**2.6.6** HCBC policy prohibits staff from interacting with the offenders and from giving anything to an offender or taking anything from an offender except in the normal performance of requirements of the contract.

**2.6.7** HCBC shall request a PREA audit no later than 45 days after authorization to proceed with services. Thereafter, a PREA audit will be conducted every three (3) years.

- a. HCBC recognizes the state agency will conduct PREA reviews twice per year.

- b. HCBC will provide verification of required staffing patterns to the state agency and will maintain documentation of the audit tool used by the state agency verifying compliance.

**2.6.8** No later than 60 days after the authorization to proceed, HCBC will have developed a PREA standard operating procedure regarding offender assessments and assignments and submit it to the state agency for final approval. The standard operating procedure shall include:

- a. Medical and mental health services including a MOU with a victim advocacy Center (Tab 17 – PREA Memorandum of Understanding (MOU) between HCBC and Metropolitan Organization to Counter Sexual Assault (MOCSA).
- b. Provisions for medical and mental health evaluation and treatment at no cost to the victim;
- c. Access to emergency medical services and treatment at no cost to the victim;
- d. Prohibition of cross-gender strip searches, visual body cavity searches and pat down searches. A search or physical examination of a transgender or intersex offender for the sole purpose of determining the offender's genital status shall also be prohibited.

- 1. The HCBC PREA standard operating procedure shall contain a training curriculum on how to conduct cross-gender pat downs and searches on transgender and intersex offenders.

- e. HCBC will maintain CCTV video images for thirty (30) days before images are overwritten. Images related to an incident will be transferred to a DVD and provided to the state agency.
- f. HCBC will develop protocols regarding PREA.

**2.6.9 PREA EVENT:**

- a. Upon learning of a PREA event, HCBC shall take immediate action to protect and provide services to the victim;
- b. Within 24 hours, HCBC will complete the PREA Allegation Notification Penetration/Non-Penetration Event Checklist;
- c. An offender shall not be disciplined for a relationship with an HCBC employee or punished in any way.

**2.7 Safety Requirements**

HCBC maintains and equips the residential facility environment to ensure the health, safety, and comfort of offenders. The protection and safety of our staff and residents is a paramount concern of our agency. We ensure that the environment and our practices conform to all state, federal and local regulations, as well as to best practices in the operation of residential facilities.

**2.7.1 Our practices include:**

- Ongoing and preventive maintenance of equipment;
- Annual inspections of HVAC, electrical system, and fire safety equipment;
- Regular emergency evacuation drills;
- Ongoing internal inspections of facility including safety equipment; and
- Staff safety training.

The site at 1514 Campbell is in compliance with all applicable safety codes. HCBC strives to ensure the safety of offenders who live in the facility; employees, volunteers and state agency staff who work in the facility; and, for the public who visit the facility.

**Compliance with Regulatory Authority Standards**

HCBC has provided a healthy and safe environment for our residents for over thirty (30) years. Our facility and practices have been regularly inspected, reviewed, and approved by federal, state, and local jurisdictional authorities.

Annually, the local fire marshal's office inspects our facility for fire safety compliance each year and the Health Department inspects our food service operation. All heating, air conditioning, electrical and plumbing systems are inspected each year by appropriate professionals. The Department of Corrections conducts regular environmental reviews to ensure compliance with that agency's environmental standards.

HCBC ensures that physical health and safety features of the environment conform to the requirements of all local, state, and federal authorities having jurisdiction. We protect the lives of our staff and residents against the danger of fire and smoke, carbon monoxide, injury attributable to the environment, electrical hazard, and the spread of disease and infection.

**a. Equipment and Appliances**

HCBC maintains all equipment and appliances in good operating order. We use a preventive maintenance program to ensure the good working condition of all equipment and appliances.

**1) Carbon Monoxide Alarms**

Digital, 120 volt carbon monoxide alarms are installed at our locations. All have battery backup. Our maintenance department inspects these alarms on a regular basis and ensures that the manufacturer's recommendations are followed. The alarms provide the seventy (70) decibels at pillow level for each offender.

2) **Emergency Equipment**

All emergency equipment, to include first aid and CPR kits, are fully equipped, operational and have current inspections. Emergency equipment including fire extinguishers are professionally inspected on at least a quarterly basis. Additionally, Maintenance staff inspect the fire extinguishers monthly. A log of each inspection is kept and includes date of the inspection; person who completed the inspection; and any noted problems. This log is available to the state agency upon request.

b. **Compliance with Codes**

HCBC is in full compliance with all local, state, and/or federal building, zoning, fire, safety and health codes for the current year (Tab 18-Codes Compliance).

c. **Conflict in Standards**

In the event that there is a conflict between the local standards and the requirements of the state agency, the State Fire Marshall and/or the Department of Health and Senior Services and/or the Office of Administration, Facilities Management, Design and Construction will be called in, at the option and expense of the state agency, to inspect for compliance. If such inspection identifies required changes, HCBC will be responsible for the implementation and all expenses related to such changes.

d. **Compliance with DHSS and Fire Marshall**

HCBC will comply with the requirements of the State of Missouri Department of Health and Senior Services, the State of Missouri Fire Marshall, and/or the state agency safety inspector.

**2.7.2 Written Plans and Written Procedures**

a. HCBC has a Health and Safety Handbook (Tab 19 – Health and Safety Handbook) that reflects written plans for meeting potential emergencies and disasters such as bomb threat, tornado, fire, collection of contraband and emergencies relating to the offender and/or HCBC staff. This handbook reflects assignment of task and responsibility by job title, instructions for the use of fire alarm systems, and instructions for notification of authority, use of emergency equipment, and specifications of escape routes and procedures.

b. **Assignment of Task and Responsibility**

The HCBC Health and Safety Handbook referenced above identifies staff member responsibilities, by job title, for use of emergency equipment, including fire extinguishers, first aid kits, CPR kits, etc. HCBC will submit written procedures to the state agency for review

annually upon contract renewal.

- 1) This written plan specifies the type of warning device that is used for emergency situations. In the case of fire, alarm boxes are activated ensuring that all individuals in the building are aware of a fire emergency and must evacuate, following established procedures. In case of tornado, the facility paging system is utilized to announce throughout that movement is required to the designated severe weather assembly area located on the lower level of the facility. In case of bomb threat, the fire alarm is also utilized to notify residents to evacuate the building.
- 2) All HCBC employees assigned to the residential facility are expected to be familiar with and responsible for the use of safety equipment to include fire extinguishers, first aid and CPR kits, etc. All HCBC staff are required to become certified in First Aid and CPR within the first sixty (60) days of employment and re-certified yearly thereafter. Documentation of training is kept in staff personnel files. CPR and first aid training are conducted regularly to ensure that employees maintain certification and at least one trained person is on duty at all times, on all shifts. The trainers also conduct scheduled training to ensure that all staff know where the fire extinguishers and alarms are located and how to use them.
- 3) Escape route plans for fire as well as shelter routes for tornado drills are color identified and posted separately near exits and movement points within HCBC. Plans specify the central meeting location following evacuations as well as the HCBC staff member responsible for assuring total residential facility evacuation.

### **2.7.3 Potential Emergencies and Disasters Drills**

HCBC shall conduct monthly emergency drills that include, at a minimum: one (1) fire drill and one (1) tornado drill monthly. A record of the effectiveness of the drills is recorded on the Monthly Fire/Tornado Drill report form. Drill shall not be conducted between the hours of midnight and 5:00 AM without approval from the state agency.

- a. On an annual basis, the Facility Director and the Chief of Security are required to conduct a mock, table top drill in the form of a group discussion of emergency procedures for potential emergencies other than fire and tornado. Potential disasters include flood, earthquake, blizzard, and extended power outage. This meeting is documented in oversight meeting minutes and is also covered in the Safety and Emergency Procedures.

## **2.8 Security Requirements**

### **2.8.1 Adequate Security**

Our physical plant offers the following to ensure adequate security:

- Controlled entrance/egress points for resident movement;
- Video surveillance cameras; and
- Frequent security rounds by security officers, documented by an electronic bar code reading of strategically located bar codes throughout the facility.

We also have practices that ensure adequate security including:

- Offender sign in/sign out procedures;
- Formal and informal counts of residents; and
- Enforced rules for residents.

Ample security staff that meet the Department's minimum staffing requirements are available at all times. This staff is posted to ensure *visibility of the entrance/exit* of our facility and in the dayroom area.

### **2.8.2 Unauthorized Entrance and Exits**

HCBC controls all entrance and exits from the facility. All entrance/egress doors are *controlled electronically and under continuous electronic/video surveillance*. Entrance into the front door is secured and electronically controlled by the security monitor stationed at the entrance desk.

Only managerial personnel possess keys to the security doors. These keys are referred to as "Primus" keys and cannot be duplicated *except at one local place of business* and then only by designated HCBC employees. Doors are keyed to the fire alarm system and open automatically when the fire alarm is activated.

Security staff tour/inspect both the entire building and the grounds multiple times per shift to ensure security. Internal and external security rounds are recorded and logged via an automated computerized electronic barcode reader system. Any potential problems are logged and addressed immediately. Room checks are conducted a minimum of once per hour. Room searches are conducted on a random basis and when there is evidence or suspicion of contraband or rule violations that come to staff attention.

HCBC agrees to obtain prior approval from the state agency before making any changes to the security features or systems within the facility.

### **2.8.3 Designated Security Personnel**

HCBC has a designated security staffing level that ensures that staff performs only those duties for which they have been employed. The security force is supervised by a Chief of Security, assisted by shift supervisors. Together this

staff ensures that all residents are maintained in a safe and secure environment and comply with the supervision requirements of the Department. The officer cadre is assigned to posts within the Center with written security duties.

#### **2.8.4 Minimum Security Personnel**

All offenders served by this RFP are housed at the 1514 Campbell location with security shift coverage per requirements in all three shifts.

We will have the following security staff on site at all times:

<u>Contracted Slots</u>	<u>Number of Security Personnel at all times</u>
50-56	2

(Tab 20 – Security Staff Schedule)

#### **2.8.5 Security Policy**

HCBC agrees to operate in accordance with the security policy, protocol and process identified in documents and narratives presented in this RFP.

#### **2.8.6 Electronic Verification of Personnel**

As described in 2.7.2, HCBC operates a computerized electronic security system that ensures security rounds are occurring according to policy on all shifts. Security staff is provided a barcode reader that is used to verify security staff movement to all designated locations throughout the facility. These electronic documentations are maintained and reviewed daily by the Chief of Security to ensure that security rounds are being followed according to expectations.

- a. All security electronic equipment is maintained and operated according to manufacturer's specifications.
- b. Documentation data/records will be kept for a minimum of six (6) months. Surveillance data/record relating to an incident is kept until release is authorized by the state agency.

#### **2.8.7 Notification of Breach**

HCBC fully understands and reports all critical incidents. The State agency personnel are notified of any alleged, suspected, or actual security breach as soon as possible and not later than the next business day. The Facility Director has the home phone numbers of key state agency staff and contacts them in compliance with the requirements. All information is passed on to state agency representatives.

#### **2.9 General Service Requirements**

HCBC provides room, board and supervision for all offenders seven (7) days per week, twenty-four (24) hours per day in accordance with all contractual requirements.

### 2.9.1 Accountability

HCBC ensures the maximum accountability of residents through the teamwork of all staff, a secured physical plant, and a program structure that monitors the activities of offenders on an ongoing basis. Our services ensure that all times we know the offenders' whereabouts and activities while scheduled out for pass or employment.

HCBC has instituted a successful operational plan to ensure accountability that includes:

- Full house counts, at unscheduled times, conducted a minimum of two times on each eight hour shift;
- Roving security staff;
- A structured sign-in and sign-out procedure;
- Employment verification both by phone and paycheck review;
- Case manager follow-up on treatment and other community referral appointments; and
- Pass verification – pass destinations are checked out in advance by case managers and approved by state agency staff. While at a pass destination, the offender may be contacted by telephone a minimum of one time per shift or required to check-in at the Center. Phone calls are at random times to confirm the offender's location.

a. **Absconders**

HCBC abides by the policies and procedures of the state agency relating to absconders and the state agency command center.

Residents who fail to return to the Center at the prescribed time of return are immediately reported to the state agency. A complete written report of the incident is provided to the supervising probation and parole officer.

b. **Notice to Agency Representative**

HCBC advises the state agency representative of any leave without authorization or any late return after three (3) hours has elapsed from the noted absence or estimated time of return. We are familiar with and complete the warrant checklist (RFP Attachment #4) prior to contacting the state agency command center. HCBC also contacts the offender's Probation and Parole officer or supervisor as requested by the state agency.

c. **Communication with Liaison Probation and Parole Officers**

Liaison parole officers are involved daily in follow up on all violations, new arrivals, those who fail to report and those leaving, both successful and

unsuccessful. HCBC staff communicates daily with state agency staff and has developed a smooth working relationship. (Tab 21 – Offender Accountability).

### **2.9.2 Services to All Faiths**

In all programming, HCBC provides services that are accessible to persons of all faiths and to persons who are atheist, agnostic, or undecided. Cognitive-behavioral interventions and motivational enhancements are a large part of how staff relate to clients and neither of these require a religious component. HCBC has a long and successful history of working with offenders who have diverse belief systems. Our approach is holistic and we always strive to meet the needs of each client.

### **2.9.3 Missouri Reentry Process**

HCBC has been intimately involved in MRP since inception. We are familiar with the National Institute of Corrections' (NIC) Transition from Prison to Community (TCP) initiative, which led to MRP.

- The HCBC President, Myrna Trickey, was a previous member of the Statewide MRP Steering Committee.
- Vicki Boyd, HCBC Director of Compliance and Development, was a faculty member at the department's conference "*Missouri Reentry Process: Celebrating Success and Future Planning*" held in June 2008.
- Mona Talley, Facility Director, and Ron Schmitz, HCBC Correctional Services VP remain current members of the Greater Kansas City area Community Reentry Committee.

### **2.9.4 House Rules**

HCBC has written rules regarding the conduct and discipline of offenders. These include a list of infractions, definitions and potential sanctions as well as who will impose sanctions and the process to be followed by the contractor to insure the rules are enforced fairly and that discipline imposed is appropriate and impartial. These rules have been approved by the state agency; however, any changes or modifications will be submitted for approval prior to implementation. HCBC House Rules contained within the Resident Handbook (Tab 22 – House Rules).

### **2.9.5 Complaint/Grievance Resolution**

HCBC personnel attempt to resolve complaints and grievances in an informal manner. When the informal process does not resolve an issue, HCBC has a procedure in place to formally address a complaint. Both formal and informal complaints are shared with the state agency. Offenders are notified about the grievance procedure during orientation (Tab 23 – Complaint/Grievance Procedure).

- a. Complaints/Grievances are entered on a log that identifies the offender name, Department of Corrections (DOC) number, the complaint and the resolution.
- b. HCBC investigates the grievance within five (5) calendar days of receipt. A copy is submitted to the state agency and a copy placed in the offender file.
- c. Complaints/Grievances involving discrimination, sexual misconduct or threats of physical abuse are immediately acted upon. PREA guidelines are followed in the case of events that are sexual in nature. State agency personnel are notified by telephone upon receiving the complaint and HCBC staff work in concert with the state agency to resolve the issue.
- d. Complaints/Grievances against the state agency Probation and Parole officer are submitted to the state agency officer's supervisor.
- e. Complaints/Grievances relative to parole board decisions are referred to the state agency.

#### **2.9.6 Offender Files**

HCBC maintains a complete, current, and accurate file on each offender referred for Residential Services. The file contains:

- Breathalyzer results (positive and negative)
- Case manager notes
- Complaint forms
- Drug Test results (positive and negative)
- Job search and employment verification data
- *Notes/directions from the Probation and Parole Officer*
- Passes
- Savings payments, waivers and withdrawals
- Signed intake form
- *Signed release of information*
- Signed personal property and monies
- Signed inventory log
- Sign-in Sign out sheets
- Violation reports

#### **2.10 Offender Services**

##### **2.10.1 Interpretive Services/Special Requirements**

HCBC provides a residential program that is accessible to individuals with special needs. Special needs include, but are not limited to, sight impairment, hearing and speech impairment, language barriers, and physical barriers. Elsewhere in this narrative, issues related to ADAAG regulations have been discussed in sub-section 2.3.9.

HCBC notifies the state agency whenever there is a need for interpretive services and secures prior approval from the state agency before utilizing an interpreter.

### 2.10.2 Orientation

Each new resident is oriented to HCBC services within twenty-four (24) hours of arrival. The initial orientation is conducted by security staff and includes a tour of the physical plant and provision of the Resident Handbook (Tab 24 – Resident Handbook). The offender's signature documents receipt of the handbook. During routine work hours, the resident meets with their Case Manager who is assigned on the day of admission to sign additional required documents. The final orientation occurs in a group setting and involves an informational presentation by a case manager a PO and a security staff member. This provides an opportunity for new arrivals to ask any questions they may have as well as to provide additional information.

- a. New offenders take a tour of the facility upon arrival with particular emphasis on safety and emergency procedures. The tour includes the dining room, laundry room, fire and emergency exit routes, assembly area, *recreation area and recreation equipment locations* and they are advised of the rules and regulations of the facility.
- b. Toiletries, including soap, toothpaste, razors, etc. are available at no charge to all individuals who report to the facility without these basic supplies. They continue to receive toiletries until employed or have other means to purchase the necessary items.
- c. The Resident Handbook contains information regarding medical, dental, mental health, and emergency care facilities for offenders. Offenders are advised that they are responsible for any expenses incurred. This information is reviewed with the resident during the orientation process.

All new residents are screened as required by PREA statutes. Residents will be housed in compliance with PREA standards. SANE and SAFE information will be provided during the screening. Information on localities and phone numbers of who to contact in case of a PREA event will also be given during the initial screening and posted throughout the facility.

- d. Explanation of the disciplinary process, grievance procedure and appeal processes are provided at orientation by the case manager and probation/parole staff.
- e. Rules regarding censorship are reviewed during the intake process. Specifically, the new resident is advised that information, literature, or pictures that are sexually explicit, advocate violence, advocate racism, and detail bomb making is prohibited and will be confiscated.

- f. During the intake process all offenders sign a Disposition and Release of Personal Property and Monies (RFP Attachment #6) and a Release of Information (RFP Attachment #7). Documentation of completion is on the orientation checklist. If the offender refuses to sign the Release of Information, the state agency is immediately notified.
- g. An initial inventory of the offender's possessions is completed upon arrival and documented on the Personal Inventory log (RFP Attachment #8). Residents are advised of their responsibility to inform staff of changes in order that the inventory log remains accurate.
- h. All resident files reflect documentation of completion of orientation and acknowledgment of house rules (Intake Confirmation, RFP Attachment #9) signed by the offender.

### **2.10.3 Personal Property**

- a. At admission to the HCBC program, each resident is oriented to the HCBC program, including the personal property rules. The personal property of each offender is inspected by security staff. If not received prior to arrival of the offender, the Disposition and Release of Personal Property and Monies form (RFP Attachment #6) and the Release of Information form (RFP Attachment #7) is completed by HCBC staff during the intake orientation process. Together, security staff and the offender complete an inventory of the offender's personal possessions, making note of any items that are in excess of space provided to each resident at HCBC, or considered to be contraband.
  - 1) When an offender is discharged from the HCBC program, personal property that has not be taken by the offender is maintained on site for thirty (30) days from discharge and disposed of if not claimed by the resident or the designee on the Disposition and Release of Personal Property and Monies form. HCBC makes every attempt to locate designees listed on the form within that thirty (30) calendar days. HCBC policy and procedure relative to property of absconders and offenders failing to return to the residential facility is strictly followed. Decisions regarding the return of a resident's property or funds are made in concert with the liaison officer.
  - 2) Offenders are allowed cell phones subject to the rules and regulations of the facility.

### **2.10.4 Linen and Laundry Service**

- a. Upon arrival each offender is provided with clean linens consisting of 1 pillowcase; 2 sheets; 1 blanket, 2 bath towels, and 2 washcloths. All items are laundered and/or cleaned prior to reissue to another offender.

- b. HCBC provides a minimum of one operating washer and dryer per every twenty offenders. Residents are responsible for washing their own linens and clothes. The equipment use is free and exclusively for the use by offenders. Laundry supplies are also available free of charge.
- c. A written laundry schedule is available for each offender's review. The schedule requires that each offender's linens be washed on a weekly basis.

### 2.10.5 Food Service

- a. **Written Food Service Plan**  
HCBC provides all residents, with three (3) nutritious meals each day while in residency at HCBC. All food service provisions are approved by the state agency.
- b. **Meal Plan**  
The meal plan (Tab 25 – Meal Plan) provided by Aramark totals 3,200 calories a day and is approved by a registered dietician. ARAMARK meal plans either meet or exceed Department of Agriculture and American Correctional Association standards. As demonstrated ARAMARK meal plans detail serving sizes and portions and the meals are different every day. In addition to the scheduled posted menu for the day, a salad bar is also usually available. All menus are posted and available for review by the state agency.
- c. **Special Dietary Needs**  
The HCBC-Aramark food service program offers menus that meet special dietary needs, including medical needs. ARAMARK maintains an on site manual labeled "Medical Nutrition Therapy and Religious Meals" (Tab 26 – Medical Nutrition Therapy and Religious Meals/Table of Contents). This manual details the various types of medical and religious diets available to the offender population. The meal plans have been specially developed to meet the special medical needs of an offender population.
- d. **Religious Diets**  
Aramark provides religious diets for offenders that are practicing dietary laws for established religious purposes. Diets include:
  - Lacto-ovo vegetarian
  - Vegan
  - Pork-free diets
  - Other religious meals, such as prepackaged meals.
- e. **Hot Meals**  
HCBC provides three (3) hot meals on-site daily.

- 1. ARAMARK sets meals aside for offenders who are away from the Residential Facility during the normally scheduled meal service times. These meals can be reheated in a microwave oven.
- 2. Sack meals are also available for offenders going off-site for work/programming.
- 3. TV dinners are not utilized.
- 4. Microwaves are available for offender use in the dining room and dayroom.

f. **Atmosphere**

Offender meals are served cafeteria style. Our dining area previously served as a school cafeteria and is very spacious, attractively furnished, and offers a relaxing environment.

Mealtimes have been planned with consideration of the work schedule of the population, accordingly the Residential Facility schedule follows:

Breakfast	6:00-to 6:30 AM
Lunch	Noon to 12:30 PM
Dinner	4:30 to 5:00 PM

g. **Rotation of Stock**

ARAMARK rotates all canned, perishable, non-perishable, and frozen foods regularly. Consumable food products are clearly labeled for expiration/ sell by dates with optimal viewing of said dates. Consumable food products without expiration/sell by dates are marked as to the date received at the residential facility. No food is served to the offender population that exceeds the expiration date, sell by date, best if used by date or within six (6) months of the marked received date. ARAMARK utilizes its food products by what can best be described as – first in, first out. In the event of illness or complaints, ARAMARK keeps sample trays of all meals served for 72 hours before discarding them.

h. HCBC offenders are not involved in any meal preparation and HCBC does not offer any food service training.

**2.10.6 Visitation**

HCBC has established procedures for resident visitation to aid in the development of positive relationships.

a. Visiting hours are provided in the dining room after dining hours from 6:30 p.m. – 9:30 p.m. on Saturday and Sunday. An exception to the standard visitation schedule can be approved by the Case Manager to accommodate clients who work evening shifts or to address out of town

visitors who may be in the area during a time frame outside of routine visitation.

- b. The visiting hours schedule is posted at the main entrance of the building and the west entrance of the building leading to the dining room/visiting area. Visiting hours and guidelines are documented in the Resident Handbook. All visitors must be pre-approved by the RF liaison officers.

#### **2.10.7 Drug Testing and Breath Analysis**

Drug testing and Breath analysis testing are routinely conducted per contract requirements and state agency policy. Both screenings are conducted beyond the minimum number required by contract.

- a. Urine screens are conducted monthly on a minimum of 30% of the contracted residential slots. Drug testing kits are provided at the expense of HCBC. HCBC routinely exceeds the random and targeted drug-testing requirement. Once we have screened the mandated 30% of residential slots, additional mini-screens are conducted to discourage illicit drug use by offenders.
- b. HCBC conducts drug testing on any offender based on suspicion of use, late return from pass time (or, if applicable, employment), and at the request of the state agency.
- c. In addition to random drug screening, HCBC conducts drug screens on offenders based on suspicion of use.
- d. HCBC utilizes Redwood Toxicology Labs for urinalysis drug screening. Samples are mailed in quantities of ten and results are received by e-mail within 24-36 hours. The laboratory screens for:
  - Amphetamines
  - Barbiturates
  - Benzodiazepines
  - Cocaine
  - Marijuana
  - Opiates
  - PCP
- e. Each drug test performed also includes an alteration test for masking and dilution.
- f. Drug tests are free and offenders are never charged for the initial drug test.

- g. Offenders who request to have a confirmation test done are advised that if they so desire, a confirmation test will be conducted but it will be at the offender's expense.
- h. Drug testing documentation is maintained in the resident file. In addition, monthly summary reports are generated which record the date the drug test was taken, the date results were received, and designates positive or negative result. We use the Drug Testing Log (RFP Attachment #10) as required. A staff member records all urine samples taken. We record the name of the client, the date taken, the program, and the UA tracking number. When the results are returned, we also record that data and complete conduct violations at that time. Monthly drug testing reports are mailed to the local state agency supervisor.
- i. The Policy and Procedure for UA collection has been approved by the state agency and meets the RFP requirements (Tab 27 – HCBC 13.1 Urinalysis Surveillance and Breathalyzer Testing Program). Briefly, offenders required to submit UA's may have no contact with other clients or visitors and are under direct supervision of staff until the specimen is collected. Offenders are given two hours in which to submit the sample and are provided up to 12 ounces of water.

Collection must be observed by same-gender staff that date and sign the required paperwork. Bottles containing the specimens are kept under direct staff observation and control at all times, both before and after the sample is collected.

*Refusal to submit or tampering with a sample is considered the same as a positive result and an incident/violation report is written.*

- j. HCBC utilizes the Alco-Sensor III Breathalyzer. This equipment is U.S. Department of Transportation approved as an Evidential Breath Tester.

The Breathalyzer equipment is calibrated at least one time a year or in accordance with manufacturer specifications, whichever is greater. Records of calibration are kept and will be provided to the state agency upon request.

- k. All residential monitors are trained to administer breathalyzers in orientation training. In-service training is conducted to ensure continuing proficiency. Breathalyzers are conducted on offenders who are returning to HCBC from authorized passes, unauthorized absences, or work. Results of the Breathalyzer are documented on individual resident sign-in/sign-out logs.
- l. Random breathalyzers are also conducted on residents who have been outside of the building but on the grounds of HCBC without direct

supervision. In actual practice, we strive to test every client entering the building from any trip outside whether off the grounds or not. All clients returning late are given a UA and a BA and the reading is documented on the sign-in/sign-out log. (RFP Attachment #11)

- m. HCBC conducts a second test for confirmation on readings above 0.000, after waiting fifteen (15) minutes. During this time the offender is not be allowed to smoke or ingest anything by mouth. The time and results of both tests are entered on the incident/violation report.

### **2.10.8 Sign-In/Out**

HCBC permits offenders time away from the Center to support their re-integration efforts while at the same time ensuring accountability. Residents are required to comply with all Department and Center procedures in exercising leave from the program. HCBC has written procedures in place for all times the offender may be absent from the facility. This includes activities such as employment or employment seeking, medical appointments, substance abuse treatment services, and activities pertaining to successful integration into the community.

- a. It is understood that offenders under the jurisdiction of the state agency may, under exceptional circumstances, request permission for out of state travel and be granted such with prior state agency approval.
- b. With case manager approval, offenders may go to AA/NA, counseling or other approved substance abuse treatment services. All such activities are documented on the sign-in/sign-out log.
- c. HCBC allows offenders to sign out for legitimate purposes necessary for success in the program and reintegration into the community. Passes are granted for a specific period of time and may not be used for purposes of recreation or visitation. HCBC uses the state agency format referenced in the RFP (Attachment #11).
- d. HCBC allows offenders to attend religious services; however, religious service attendance must follow pass procedures as indicated in the Free Time/Pass Procedures described below in 2.10.9.

### **2.10.9 Free Time/Pass Procedures**

HCBC free time/pass time procedures are established utilizing the following guidelines:

- a. Pass requests are completed by the offender and given to the case manager. All passes are reviewed at the weekly team meeting by the case manager and probation/parole staff. Following team approval of the pass, the form is forwarded to the Facility Director who holds the pass until the day of departure to ensure the offender is current on savings. Following Facility Director approval, the pass is given to security staff. No

resident is allowed to leave the facility on pass without the approval of the state agency. Pass time is identified as time away from HCBC greater than three (3) hours. All pass requests have the signature of the designated state agency representative and are maintained in the resident file once the pass time is completed.

- b. The state agency form, "Pass Request", is utilized for all passes.
- c. Free time and pass time is based on successful participation in the objectives outlined in the offender's case management plan and only with prior approval from the state agency.
- d. Offenders attending religious services are limited to three (3) hours per week, unless they are eligible for free time and passes. The offender must submit location, time of services, and present verification of attendance (e.g. church bulletin) upon return.
- e. On designated holidays (Memorial Day, Fourth of July, Thanksgiving, and Christmas), HCBC routinely organizes special activities/recreation, meals, and visitation hours, etc. to meet the needs of residents who must remain on facility grounds. When appropriate and approved by HCBC staff and the state agency, offenders may be granted an additional twenty-four (24) hours pass time which may include an additional night of absence from HCBC.
  - 1) On a case by case basis, offenders not eligible for an additional 24 hour pass may receive a pass for up to twelve (12) hours on Thanksgiving and Christmas, with prior approval of the state agency.
  - 2) This pass cannot be an overnight pass and, dependent upon the circumstances, may require the offender to report in or return to the residential facility at given points in time.
- f. HCBC processes pass requests for offenders subpoenaed for Court appearances. Court passes also require pre-approval from state agency personnel.
  - 1) If the offender is required to be present for the legal proceedings for an extended period, it is understood that the responsibility of room and board for the offender will be assumed by the offender requesting the subpoena pass.
  - 2) Our staff keep in close contact with department staff and staff from the subpoena issuing authority to determine the appropriate date and time the offender should return to the Center.

- g. It is understood that a resident is eligible for up to a 48 hour pass to attend the funeral of an immediate family member and that all funeral leave requests must be approved by the state agency. Offenders must provide information about the deceased (relationship, etc.) as well as information regarding the location of the funeral home, time of ceremony, etc. The state agency pass form and sign-out sign-in form is used.

A family member is defined as spouse, parent, children, brother sister, grandparent, grandchildren, including all blood, step and foster relationships and all such relationships of the offender's spouse. Exceptions to the definition are possible, if the offender can demonstrate that the deceased was active in his or her upbringing.

#### **2.10.10 Health Care**

Upon arrival to our facility, we provide all offenders with an orientation to local medical resources in the Resident Handbook. HCBC has a long history of cooperation with several medical centers in the area. Truman Medical Center provides emergency care available twenty-four (24) hours per day, seven (7) days per week and is located less than a mile from HCBC. In non-emergency situations, HCBC may provide transportation or arrange transportation for a resident needing medical or dental care.

- a. Residents are advised via the Resident Handbook that they are financially responsible for any medical, mental health, or dental care expenses. The handbook also identifies local health care facilities.
- b. All medication (including Schedule III medications) is maintained on site, and kept in a locked cabinet. Although all staff is trained in Center medication procedures, only the Shift Supervisor is authorized to monitor and document the usage and dosage of medications. (Tab 28 – Medication Management IOP). A summary of our procedures follows:
- 1) Offenders entering the facility are asked to surrender all medication to staff. It is counted, recorded on the SecurManage data management system, and placed in a locked medicine cart kept in an area accessible to staff only.
  - 2) Only certain, trained staff may observe offenders self-administering medications. HCBC uses the Electronic SecurManage data management system to properly record medication administration.
  - 3) Offenders electronically sign log entries acknowledging receipt of medications in the presence of trained staff who also electronically sign the document.
  - 4) HCBC designated staff observes and verifies offender entries with their signature.

- 5) The designated staff immediately report anyone not taking medication as prescribed to the case manager and PO using the CTU Officer's Report form. This notification can occur either by fax, email, or telephone.
  - 6) HCBC designated staff also notifies the PO in writing, using the CTU Officer's Report form, when any offender refuses or fails to take his or her medication. The written notification includes the offender's name, DOC number, date and time of occurrence, and the name of the medication the offender refused to take. A copy of this form is given to the case manager assigned to the offender in question.
- c. In the event of critical illness or death of an offender, HCBC staff will *immediately report (within one hour) to the state agency. This notification will occur by telephone regardless of the time of day the death or illness has occurred.*

#### **2.10.11 Case Management**

HCBC knows that offenders experience many difficulties when trying to rebuild their lives. Case management service is integral to the overall success of offenders in their reentry efforts. HCBC assigns each offender to a case manager upon arrival at the facility.

- a. The case manager/client ratio is (1) case manager for up to thirty (30) offenders.
- b. Case managers are members of the correctional reentry team, as are all employees assigned to this program. Reentry teams function with the probation officer as the team leader.
- c. Case managers assigned to this program will assist offenders applying for Medicaid/ SSI and other benefits. Case managers are also experienced in assisting offenders in obtaining identification documents as needed.
- d. Case manager duties include monitoring participation in programming as defined by the offender's reentry plan as defined by the state agency team leader. This includes but is not limited to verification of appointments and attendance as well as assistance in finding the community resources the offender needs to successfully reintegrate into the community.
- e. Case managers, as a rule, work a flex schedule. This affords them the opportunity to work late on some days in order to meet with their clients during evening hours. On other days they come in earlier for clients with different scheduling needs; Case Managers are required to work once per month until 8:00 p.m. An offender is not held in from work or other

community integration commitments to meet with the case manager. If such a need does arise, pre-approval is obtained from the supervising officer.

- f. HCBC maintains a comprehensive listing of community treatment sources. As a treatment services provider, HCBC networks with other providers located in the greater Kansas City metropolitan area. More often than not, case managers are on a first name basis with other treatment and social services agencies as HCBC is well established in the community.
  - 1) As stated in 2.9.11.d above, case managers monitor offenders' participation in programs as outlined by the state agency. This may include monitoring appointments to ensure offenders are attending as required, establishing appointments with resources or establishing resources in the community.
  - 2) Offender files are available for review by the supervising authority. Files are organized with legible entries. HCBC is transitioning into full service an electronic data management system designed to assist in providing a quicker, easier, more legible record keeping of all documentable activities of the offender population. The system is presently in use with the management of offender Medication.
- g. When offenders arrive at HCBC on a weekday, they usually meet with their case manager on the date of arrival. If offenders arrive on a weekend, they are advised of the name of their assigned case manager and meet with that person on the next working day following arrival.
- h. A resource list is maintained that focuses on the needs of the offender and includes all of the areas of concern listed (Tab 29 – Resource List).

#### **2.10.12 Job Development and Maintenance**

HCBC case managers are expected to develop employment opportunities for offenders. Knowledge of the individual offender's background, experience, training, and employability are taken into consideration. Case managers make arrangements for interviews, transportation, and personal introductions when appropriate. The following methods are utilized to assist residents in securing employment:

- a. HCBC utilizes the services of the Missouri Job Service, the Full Employment Council, and Bishop Sullivan Job Services to assist offenders in job placement.
- b. All employable offenders are required to secure employment as well as participate in assigned programming. Treatment opportunities do not conflict with an offender's work schedule because referrals are only made

to programs that provide services during hours convenient for the offender.

- c. Job development efforts and monitoring are contained in the offender's file. HCBC tracks offender efforts to find employment using our detailed Job Search form. Follow up phone calls to the businesses listed are made to verify the list (Tab 30 – Job Search Form).
- d. Only with advance state agency approval, may an offender secure employment where s/he will be paid in cash. In this case verification of the employment and payment of taxes must be provided to the case manager.
- e. Every attempt is made to secure employment for the offender that best matches his or her skill level, potential for growth, and individual need and circumstances. It is a well known correctional axiom that there is a very strong link between stable employment and successful community integration. After employment is obtained, the offender completes the Employment Form and which is turned in to the case manager (Tab 31 – Employment Form).
- f. HCBC maintains a clothing closet so that offenders will have suitable clothing for job searches. We also refer clients to several community resources such as Catholic Charities, Women's Employment Network, Hope Faith Ministries and Grand Avenue Temple.

### 2.10.13

#### **Savings**

- a. The Accounts Receiving Billing Clerk assigned to the Residential Facility manages offender mandatory savings. Duties include setting up an individual ledger form for each offender that records all income and savings. Each offender is tracked in terms of date of becoming employed or receipt of how much the offender receives from SSI or SSDI. The gross wages from employment and the total amount from Social Security will be considered the proper amount for computing the 50% required for savings. The savings will be deposited in an FDIC insured financial institution with the state agency as joint custodian on the account with signatory authority. HCBC will include actual practice evidence of the bank reconciliation to the offender's individual ledger with documentation of all adjustments. HCBC understands that this will become part of the state agency's financial audit.
  - 1. Offenders are required to save a minimum of 50% of their gross income, including self-employment income and social security benefits. Funds will be released to the offender upon discharge. Reconciliation of bank statements is handled by the CFO and also occurs in the annual audit.

2. HCBC collects the savings amount from the offender on the date the offender is paid.
  - i. Savings collections may be reduced or waived for any given pay period, with prior written approval from the state agency. In individual instances, the reduction or waiver, with justification, must be signed by the state agency and is included in the offender's file.
  - ii. Regardless of savings account balance, waivers or reductions the offender must retain \$15.00 per week for transportation, clothing, etc., for the purpose relating to employment.
  - iii. Withdrawals from savings may occur with prior approval of the state agency as attested by signature on a Request for Savings Withdrawal (RFP- Attachment #15).
  - iv. In instances where continued legal obligations such as child support are required, one (1) waiver may be completed which shall remain in effect for the offender's entire residency. The obligation shall be clearly detailed on the waiver and shall be signed by the state agency.

## **2.11 Transportation and Driving Privileges**

### **2.11.1 Transportation**

HCBC is located in the downtown Kansas City area and near many employers, social service agencies, and health centers. Additionally, public transportation is readily available.

- a. Within ¼ mile of our facility's location are three (3) major bus lines. The nearest of the three bus lines is approximately 100 feet from our front door.
- b. Bus schedules will be included with the Resident Handbook and a kiosk with bus schedules placed at the main entrance to the building. Public transportation runs, at least hourly, twenty-four hours a day to various locations within the public transportation geographic area.
- c. If HCBC elects to utilize taxi cabs as an option of transportation, all costs exceeding that of public transportation is at our expense and will not be charged to the offender.
- d. The case manager makes every effort to secure transportation to mandatory appointments and job searches, until such time the offender is receiving income.

### **2.11.2 Offender Driving Privileges**

HCBC follows the policy relative to offender driving privileges as set for in this RFP. As stated above in 2.11.1, public transportation is available to HCBC clients on a twenty-four (24) hour, seven (7) days a week basis.

- a. With prior approval of the state agency, offenders are allowed to operate a motor vehicle. Offenders wishing to have driving privileges will have to submit a request for approval to the state agency using a Request to Operate a Motor Vehicle. The following criteria are used to evaluate the offender's request for driving privileges:
  - Proof of current license and insurance documented in the offender's file
  - Proof of responsible behavior as demonstrated by the offender and file documentation
  - Review of traffic record by the state agency
  - Copies of a valid driver's license/chauffeur's license (both sides), insurance face sheet and vehicle registration attached to the request
  - The offender must agree that his/her license and any keys will be surrendered upon return to the residential facility at the end of each day.
  - The offender is advised that any infraction may result in the loss of driving privileges.
- b. Offenders are allowed to take the driver examination test while a resident of the residential facility.
- c. Offenders may have a motor vehicle at the residential facility, if prior approval is received from the state agency. Further, HCBC provides free parking for offender's vehicles.

### **2.11.3 Contractor Vehicle and Driver Requirements**

HCBC does not provide transportation for offenders.

## **2.12 Personnel Requirements**

HCBC is keenly aware that a well-organized and well-managed employee workforce is critical in achieving the highest level of success. Considerable resources are directed to the Personnel function. Prior to hiring a prospective candidate for employment, we conduct an extensive background investigation. This includes not only contact with prior employers, but also a criminal history check, and verification of credentials. Our personnel function is regulated through current personnel policies that are provided each employee during initial

orientation with our agency. All employees are provided written job descriptions that are explained and signed on the first day of employment. Personnel records are systematically maintained that contain documentation of employee qualifications for the position as well as any personnel changes/actions taken throughout the employee's tenure with our agency.

HCBC is organized to ensure that all aspects of the operation are properly directed, managed, and supported. Our staff complement includes a Facility Director who has successfully served in this capacity for many years. Reporting to the Facility Director is:

- Chief of Security, responsible for the supervision of shift supervisors and security officers;
- Halftime Financial Coordinator;
- Two (2) Case Managers.

Custodial and maintenance services are provided through our agency wide housekeeping and facility maintenance crew. Food service is provided through a subcontract with Aramark Correctional Services.

The program is also supported by our existing administrative operations that include a number of specialty departments. The fiscal management unit provides support in such areas as purchasing, inventory control, data entry and accounts receivable and payable. Our MIS unit provides expertise and assistance to all operations in the maintenance of our information systems' network. We provide physical plant support and a centralized Records' Department ensures that all clinical records are compliant with agency and contractor policies.

The staffing plan appropriately addresses all offender needs in their reintegration into the community and ensures that management and support staff is organized in sufficient number to provide a productive and supportive environment. There is sufficient staff planned to adequately operate the facility and to direct appropriate attention to the supervision and reintegration needs presented by the population.

The Heartland Center for Behavioral Change Organizational Chart for the Residential Facility (*Experience and Reliability Section, Tab 1 – Organizational Chart*) identifies our staffing plan, including the management and support staff that will provide the services under this contract. Several staff members have worked in our residential facility for many years and have a thorough understanding of the requirements of the state agency, and have well developed relationships with our correctional partners.

### **2.12.1 Compliance with Requirements**

HCBC will comply with all requirements of the RFP.

### 2.12.2 Approval

All personnel assigned to the contract are approved by the state agency in advance of service provision.

a. **Compliance with Personnel Requirements**

HCBC currently has a contract with the state agency to operate a Residential Facility in Kansas City and all current staff has been approved for employment. However, as new staff come under consideration, we will continue to follow state agency requirements regarding record checks and confidentiality.

HCBC agrees that all personnel hired will be 21 or over in age. Verification of identity is required, by either birth certificate or driver's license, and a copy of the method of verification is kept in the individual personnel file. Further, all staff assigned to the Residential Facility will be certified in CPR and First Aid within the first thirty (30) calendar days of employment and required to maintain the certification while providing services under this contract.

b. **Required Criminal Record Check**

It is understood that the state agency will complete a criminal record and background check on all potential personnel. HCBC understands that these background checks are equivalent to investigations required on all personnel employed by the state agency.

1) Within five calendar days of the award and any time thereafter when requesting to hire new staff, HCBC will provide the state agency with a completed "Authorization for Release of Information Form (RFP Attachment 17), and a State Missouri Department of Corrections Confidentiality Oath (RFP Attachment 18). Both forms will be individually signed by HCBC staff and each current or anticipated person who shall be assigned to the contract.

2) During the birth month of each of the HCBC personnel providing services, HCBC will request the state agency to conduct an annual criminal record and background check.

c. **Offenders**

HCBC does not employ individuals under supervision.

### 2.12.3 Qualified Personnel

HCBC has qualified personnel in place for the professional positions called for in this RFP. Please refer to the *Expertise of Key Staff* section for Exhibits detailing the qualifications of employees who will be assigned to this RFP. Whenever positions are vacant, HCBC provides the state agency with documentation through the monthly report and validates a good faith effort to fill the vacant

position. HCBC understands that if the position is vacated for a period longer than 45 calendar days, such position(s) shall be considered vacant and the state agency will reduce the total monthly payment by an amount not to exceed the total salary included in Employee Expense Charged to Contract Exhibit included in the awarded proposal.

#### **2.12.4 Facility Director**

The HCBC facility director is Mona Talley. She has been employed with HCBC for 19 years and in the Facility Director position for the last 13 years. Mona is experienced, competent, and qualified in this position. Mona's core work schedule is 8:00 AM to 5:00 PM; however, she works flexible hours and is often available beyond the core hours. Please refer to the *Expertise of Key Staff* section for the job description in Exhibit E.

#### **2.12.5 Case Managers**

HCBC's case managers have been approved by the Department of Corrections and are:

- Christina Jones
- Melissa Maza

Christina and Melissa both have recently joined the company. Christina's experience includes working with victims of domestic violence. Christina has a Bachelors in Social Work and plans to begin her Master's Program in 2015, Christina plans to eventually become a licensed social worker. Melissa has worked for the state of Missouri's Department of Family Services and is familiar with the offender population. Melissa has a Master's Degree in Psychology.

#### **2.12.6 Security Personnel**

HCBC has established minimum qualifications for the employment of security personnel. All must have two years of work experience, including military or self employment and a high school diploma or GED. Additionally, all must obtain CPR and First Aid certifications within thirty (30) days of employment. Refer to *Expertise of Key Staff* section Exhibits D and E for additional information.

- a. Security personnel have no additional duties during the time they are assigned security responsibilities.

#### **2.12.7 Authorized Personnel**

HCBC personnel meet all requirements of the state agency for authorized personnel:

- a. HCBC only hires personnel who are authorized to work in the United States in accordance with applicable federal and state laws; which includes but is not limited to the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) and INA Section 274A.

- b. If HCBC is found to be in violation of this requirement or the applicable state, federal and local laws and regulations, and if the State of Missouri has reasonable cause to believe that HCBC has knowingly employed individuals who are not eligible to work in the United States, the state shall have the right to cancel the contract immediately without penalty or recourse and suspend or debar HCBC from doing business with the state. The state may also withhold up to twenty-five percent of the total amount due to HCBC.
- c. HCBC agrees to fully cooperate with any audit or investigation from federal, state, or local law enforcement agencies.
- d. HCBC participates in the E-Verify federal work authorization program and is in compliance with all requirements as verified by Exhibit M.
- e. HCBC has submitted a current Affidavit of Work Authorization (Exhibit L – Miscellaneous Documents).

#### **2.12.8 Substitution of Personnel**

It is understood that award of this contract is based in part on the names and qualifications of proposed personnel. Therefore, no substitution of personnel will be implemented without prior approval from the state agency. Any substitutions made will be equal or better than originally proposed. HCBC understands that the state agency's approval of a substitution will not be construed as an acceptance of the substitute's performance potential.

#### **2.12.9 Replacement of Personnel**

HCBC will make every effort to ensure that contract staff meets all standards of the state agency. We understand and accept our obligation to replace staff who are unable or unwilling to correct any identified deficiency. Per the requirements of this RFP sub-section, HCBC will supplement the position with appropriate part-time or overtime personnel until an approved full-time replacement can be employed. In the final analysis, all matters concerning either staff hiring or retention must satisfy the requirements of the state agency. HCBC will replace any staff member that the state agency finds either undesirable and/or unacceptable upon receipt of a written request.

- a. HCBC understands that the state agency will provide documentation as to why a particular individual is unacceptable and will provide a written description of personnel problems. Further, the state agency will identify a time frame for replacement of personnel. During time frames in which this action occurs, HCBC will maintain minimum staffing patterns as established in Exhibit I.
  - 1) For the purposes of the contract, minimum staffing shall be defined as including the individual positions listed in the contractor's Employee Expense Charged to Contract Exhibit included in the

contractor's awarded proposal. The contractor shall maintain minimum staffing levels throughout all periods of the contract.

- 2) For the purposes of the contract, a FTE (Full Time Equivalent) shall be defined as a contractor position working 2080 hours annually, with all salary, benefits, and compensation paid for by the contractor.

#### **2.12.10 Organizational Chart**

HCBC will update the organizational chart within two (2) weeks of when personnel changes occur. Vacancies will be noted and a current chart provided to the state agency.

#### **2.12.11 Written Personnel Policies**

HCBC maintains and operates in accordance with written personnel policies that are available to all personnel and accessible to the personnel at their work sites.

##### **a. Standards for All Personnel**

All personnel are guided by policies and procedures regulating agency practices. Our personnel practices are directed to ensure compliance with all federal, state, and local regulations, as well as the requirements of our licensing/accrediting bodies. Our personnel policies address all aspects of the management and organization of employees. We comply with the Equal Opportunity Employment Act, Fair Labor Standards Act, Family and Medical Leave Act, and Fair Employment Practices Act. All policies and procedures are reviewed and updated annually and approved by our Board.

##### **b. Contents**

HCBC's personnel policies, (Chapter 3 of the HCBC policy book), include the following sections:

- Selection, Retention, Promotions and Separations
- Reference checks
- Equal Employment Opportunity
- Sexual Harassment, Harassment and Discrimination
- Employee Performance Planning and Appraisal System
- Employee Benefits and Expense Reimbursement
- Employee Time and Attendance
- Code of Ethics and Employee discipline
- Employee-Management Relations and Grievances
- Records
- Independent Contractors
- Staff qualifications, Responsibilities and Supervision
- Training and Staff Development
- Employee Reporting of Criminal Conduct

- Employee Drug/Alcohol Testing
- Clinical supervision

Policy books are available at all supervisory locations for staff access. Additionally, all staff is provided, at orientation, an Employee Handbook that summarizes our policies and practices. Each also receives orientation in each area of the manual. (Tab 33 – Employee Handbook, “Manual for Associates”)

c. **Ethical and Professional Relationships**

HCBC expects the highest level of care, concern, and conduct among staff not only in performing the basic responsibilities of their assignment, but also in their relationships with offenders and their families. We expect all staff members to appreciate the individual rights of all and to promote the dignity of each.

We expect all staff to respect professional and ethical boundaries in their relationships with clients. We also expect our employees to comply with *laws and regulations on sexual misconduct and harassment*. We have very specific policies in these areas and guidelines that are summarized and available to all employees in the Employee Manual. Our agency takes a very “hard line” when it is determined that an employee has violated professional ethics or legal requirements, particularly relating to sexual misconduct and harassment. Employees who have violated these rules, depending on the circumstances, are subjected to harsh discipline that has often included dismissal. We orient staff to our expectations in this regard, during employee orientation and by providing and explaining the requirements in our Employee Handbook. Employees must also attend mandatory annual training in ethics (corporate compliance) and sexual harassment.

Chapter 3.8 of the policy and procedure manual defines Code of Ethics and Employee Discipline. The Code of Ethics (Tab 34 – Code of Conduct) is reviewed with all new employees and their signature confirms an understanding of the expectations and intent to comply. These forms are maintained in each personnel file. This training on the Code of Ethics is mandatory for all new staff. In addition, HCBC will train staff on the Missouri Department of Corrections Employee Personal Code of Conduct. HCBC Policy and Procedure reflects the following minimum expectations:

- Staff will not display favoritism or preferential treatment for *individual offenders or groups of offenders*.
- Staff will not engage in any personal or business relationship with any offender under the state agency’s jurisdiction or with an offender that has been a program participant within the last two years, or the offender’s family.

- Staff will not use their official positions to secure or receive advantages, gifts, money, or favors from offenders, their families, or associates.
- Staff will value the human worth and dignity of all offenders by respecting the individual, recognizing diversity and treating all offenders fairly.
- Staff will not abuse offenders verbally or physically.
- Staff will recognize the offender's right to privacy and adhere to confidentiality rules.
- Staff will report any attempt to violate these guidelines immediately to the contractor's facility director who shall in turn report to the state agency.

#### **2.12.12 Written Job Descriptions**

Each position within HCBC has a corresponding job description that includes job titles, minimum qualifications, responsibilities and duties, as well as titles of the immediate supervisor. These job descriptions in the employee's personnel file and are maintained by HCBC's Human Relations Department and are in the *Expertise of Key Personnel* section under Exhibit D of this proposal.

#### **2.12.13 Personnel File**

The Human Resources Department maintains a personnel file for all HCBC employees. Personnel files for individuals working under this contract are available to the state agency or representatives for the purpose of verifying compliance with the contractual requirements. HCBC personnel files include criminal record checks, background investigations, resumes, transcripts, date of employment, training records, performance appraisals, commendations, disciplinary actions and other related actions.

- a. HCBC requires verification of educational levels by viewing the original degree/diploma or by obtaining an official transcript from the school, college, or university. A copy of the documentation is located in each individual's personnel file and available to the state agency if requested.
- b. A check list of all required documents is at the front of each employee file.

#### **2.12.14 Staff Incidents**

HCBC has a procedure in the Code of Ethics and Employee Discipline section of our operating manual whereby employees are expected to self report any violations, investigations or accusations relating to service provision. Other employees of HCBC are also expected to report incidents regarding inappropriate interaction between personnel and consumers. Follow up occurs

by the HR Department and Executive Director to determine what discipline should occur and to develop a plan of action as to how the issue will be addressed or resolved. If such a situation occurs an initial contact is made with the state agency immediately, or the next working day after becoming aware of the issue.

#### **2.12.15 Non Compete Agreements**

HCBC staff members who terminate employment with our organization are free to continue to work in this field and are free to work for another contractor that is providing residential facility services. HCBC does not utilize an exclusionary agreement when hiring or retaining staff.

#### **2.12.16 Compliance with Laws**

HCBC employees are expected to follow all statutes, rules, regulations, guidelines, and internal state operating procedures either currently in effect or yet to be developed in the execution of this or any other state RFP. HCBC employees have been and will continue to be required to report all infractions committed by the offender population. HCBC employees have not and will not obstruct state agency personnel from completing their objectives in regards to any offender, security, environment, or management matter. To the contrary, because the success of any offender programming is based on teamwork between all individuals involved in delivering a correctional service, HCBC personnel will work closely with and assist state agency personnel in performance of their duties.

#### **2.12.17 Supervision of Staff**

As is the case with any reputable and successful organization; HCBC understands and accepts responsibility for supervising its staff. Given the challenges of working in a correctional environment, it is understood and welcomed that the state agency is willing to provide additional supervision, either directly or indirectly, to contract staff and offender alike. Supervisory personnel may discover information that merits further inquiry and sometimes the state agency identifies information that requires further review. This sharing of security and/or staff information is part of the team concept by which we operate our residential facility. All information received from the state agency regarding the performance or conduct of our staff is appreciated.

- a. HCBC is responsible for its staff. This includes but is not limited to: hours of work, correct remuneration, in-service training, on-the-job training, proper supervisory guidance, etc. Personnel issues must be addressed if they are to be kept at minimum. To accomplish this objective, supervisory staff conduct bi-weekly staff meetings as well as individual supervision sessions with all personnel assigned to the residential facility. HCBC personnel policies provide the framework on which work related issues are resolved. The entire HCBC chain of command can be called upon to resolve an employee grievance. No grievance or complaint is too small. Complaints and grievances help set the internal climate of the residential

facility, consequently all complaints are reviewed and appropriate resolution is made. As in any correctional institution, a discontented employee force results in offender unrest. HCBC management personnel will respond in writing to any request made by the state agency for information regarding staff behavior and complaints.

#### **2.12.18 Multiple Contract Assignments**

HCBC shall not assign or designate any person to multiple contracts or positions without advance written approval of the state agency.

#### **2.12.19 Payments to State Employees**

HCBC understands and agrees that no state agency employee can be compensated by our organization for services provided, related to performance of the contract, while concurrently employed by the state agency.

### **2.13 Training Curriculum**

**2.13.1** HCBC strongly believes and understands that quality services can only be provided through appropriate levels of staff training. HCBC has been approved by the Missouri Substance Abuse Credentialing Board to offer continuing education hours and we have an in-house training unit to provide staff training. Through this agency-wide training, employees learn about interventions for those we serve, crisis assistance, behavior management, de-escalation, and other broad topics. HCBC also provides specialized in-service trainings for our supervisory staff. We offer incentives to attend outside trainings including administrative leave and expense reimbursement for costs. Additionally, the unit responsible for training forwards outside training opportunities to staff.

We provide our employees with an extensive amount of initial training as well as on-going annual training. We believe staff training to be our best assurance of quality of service and a principle ingredient in staff retention. Our extensive investment in staff training and development translates to effective services.

HCBC provides in service training to all employees within thirty (30) days of hire and prior to providing services. Our orientation training is designed to prepare each new employee for their work with our agency. Orientation is provided via classroom type didactic presentations and on the job training within their first thirty days of employment.

Orientation includes but is not limited to the following (Tab 35 – Orientation Training Curriculum): Safety and security of the facility, offenders, and staff, offender management techniques, crisis intervention, de-escalation of volatile offender behavior, appropriate procedures and responses to offender incidents and violations, including absconders, assessment and development of re-entry plans, interpersonal relationships, cognitive restructuring, etc. Additionally, staff is provided an orientation to our personnel requirements, the job description,

overview of our agency and agency structure, confidentiality, rights, and other pertinent areas from our policy and procedure manual.

- a. New staff may not work independently until their 30-day orientation program has been successfully completed.
- b. A training checklist is utilized for security monitors and case managers and available for state agency review at any time.

**2.13.2** All current HCBC staff have received training from the state agency; however any newly hired staff will be required to participate within thirty (30) days of hire. If there is additional training the state agency requires for current staff, we will be available whenever it is scheduled.

**2.13.3** All staff now in place has received training in emergency procedures as indicated in the Written Plans and Written Procedures; however any newly hired staff will be required to participate and sign an acknowledgement of the required training within seven (7) days of hire.

**2.13.4** Cross training is a requirement in all of our correctional contracts. We have found it to be of vital importance in getting state employees and contract employees to understand each other's point of view as well as an excellent vehicle to enhance information and knowledge about substance abuse and criminal justice procedural issues. We will be happy to participate in any cross training activities and fully support the Department in this issue. HCBC personnel files will reflect all cross training received by our staff. HCBC staff will provide or participate in 16 hours of cross-training annually on a calendar year basis (January – December). Examples of cross training that has occurred in this program are Prison Rape Elimination Act, Motivational Interviewing, and Documentation.

### **2.13.5 Continuing Education**

HCBC strongly believes and understands that quality services can only be provided through appropriate levels of staff training. We provide our employees with an extensive amount of initial training as well as on-going annual training. We believe staff training to be our best assurance of quality of service and a principle ingredient in staff retention. Our extensive investment in staff training and development translates to effective services.

Our agency has an in-house training unit that provides staff training. Through this agency-wide training, employees learn about interventions for those we serve, crisis assistance, behavior management, de-escalation, and other broad topics. HCBC also provides specialized in-service trainings for our supervisory staff. We offer incentives to attend outside trainings including administrative leave and expense reimbursement for costs.

### **2.13.6 State Agency Training**

HCBC is a current provider of Residential Facility Services. All current HCBC staff has received training from the state agency; however any newly hired staff will be required to participate. If there is additional training the state agency requires for current staff, we will be available whenever it is scheduled.

#### **2.13.7 Training Records**

Human Resources maintains documentation of participation in training for all personnel assigned to work under this contract.

#### **2.13.8 Expense of Training**

HCBC understands that all training is at the expense of our organization.

#### **2.14 Report Requirements:**

As a provider of services to the Department of Corrections, HCBC is keenly aware of the importance of working with the Department and assigned probation and parole officers to ensure that timely notifications are made and that all required reports are completed in a timely and accurate manner. By working as a partner to the Department, the maximum accountability of offenders can be achieved and public safety optimized.

HCBC ensures that all records, reports, and other documentation required by the state agency are completed in an accurate and timely manner.

#### **2.14.1 Violation Reports**

Any knowledge relative to unlawful behavior on the part of a facility resident is immediately reported to the state agency and to local law enforcement officials. State agency staff is immediately notified of suspicious behavior and any violation of the conditions of the Residential Facility Agreement. Notification is initially conveyed by telephone; a written report follows utilizing RFP Attachment 19, Violation Report, and/ RFP Attachment 20, Incident Report, within one (1) working day.

#### **2.14.2 Incident Reports**

HCBC notifies the state agency of any incident involving the offender's physical or emotional well being, within one (1) working day by utilizing RFP Attachment 20, Incident Report.

#### **2.14.3 Reporting Schedule**

HCBC completes all state agency required reports by the Reporting Schedule, utilized with the information and reports reflected in RFP Attachments 1 - 22.

#### **2.14.4 Personnel Reports**

HCBC will submit the Individual Personnel Percentage of Work Time Exhibit and Employee Expense Charged to the Contract Exhibit to the state agency along with oversight meeting minutes as described in the Meeting Requirements on a quarterly basis.

**2.14.5 Special Reports**

We will continue to submit any special reports at the requested by the state agency.

**2.14.6 Research**

HCBC embraces the importance of evaluation and research and will participate and cooperate to the fullest extent in any research project or outcome study required by the state agency.

**2.15 Meeting Requirements:**

**2.15.1** State agency staff are always invited to management meetings specific to the contract. In addition, HCBC meets with representatives of the state agency or talks with representatives of the state agency on a daily basis. This communication occurs in person either with the probation officers assigned to the Residential Facility or via telephone and/or in person or via telephone with the designated supervising probation officer. HCBC believes frequent contact with the state agency is the best way to minimize problems and resolve existing issues.

**2.15.2** Oversight meetings are called by the state agency when needed to review and resolve program or personnel issues. HCBC staff are always present and involved as part of the team. Minutes of these meetings are available upon request and are also in possession of the State Agency Coordinator and the Probation and Parole supervisor.

**2.15.3** HCBC staff will continue to travel to whatever location deemed necessary by the state agency for the purpose of meeting and discussing and resolving issues. HCBC understands that any costs incurred by out of town travel will be borne by HCBC.

**2.16 Contract Monitoring:****2.16.1 Audit and Evaluation Process**

HCBC welcomes state agency staff at any time for site inspection and contract inspection. Any records and documentation requested for review will be produced. HCBC staff willingly cooperates and participates in all such inspections.

- a. HCBC will assist in the state agency's monitoring process by providing the state agency with whatever personnel and resources needed to successfully monitor the Residential Facility at any locaton designated by the state agency.
- b. Access will be provided for audits of the operating systems, procedures, programs, documentation, software packages, facilities, and equipment used in support of office functions for the contract. This includes read-

and-copy access to all files such as inventory control files, case management files, procedure files, and any other files related to office operations. This also includes resources so the state agency can sample office operation, case management data, or other necessary follow-up required to meet performance standards.

- c. HCBC agrees and understands that evaluations and audits conducted by the state agency and/or designees may include, but are not limited to, the following:
- Reviewing HCBC office functions, organization, policies, procedures and practices, operating efficiency, facility and equipment access security, and back-up procedures;
  - Reviewing activity transactions;
  - Analyzing activities to determine the cause of errors;
  - Reviewing compliance with contract terms, systems specifications, pertinent state and federal laws and regulations, state agency policies and procedures, administrative directives, and program documentation.

#### 2.16.2 Deficiency Notice

HCBC understands that if the state agency identifies any deficiencies in service provision, through its audit and evaluation of contractual performance, a written notice, stating the deficiencies will be sent to the HCBC authorized representative. *This notice will include recommended remedies as well as acceptable terms of reconciliation.*

- a. Evidence of deficiency exists if HCBC is found non-compliant with any rule, regulation, policy and procedure, standard, protocol, practice, or statute, that if continued would limit and/or offset to a significant degree a desired outcome prescribed herein.
- b. The deficiency notice shall:
- Inform the contractor of the deficiency;
  - Inform the contractor of the state agency's desired resolution/corrective action to be taken by contractor;
  - Require the contractor to resolve the situation to the state agency's satisfaction; and/or
  - Require the contractor to provide a corrective action plan, as described below, for preventing the situation/incident from recurring.

HEARTLAND CENTER FOR BEHAVIORAL CHANGE

RESIDENTIAL FACILITY SERVICES

RFP NO. B3Z14319

FROM AWARD DATE THRU JUNE 20, 2016

**METHOD OF PERFORMANCE  
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- c. Upon receipt of the deficiency notice, HCBC agrees to correct the described deficiency (ies) within ten (10) working days. If the deficiency (ies) cannot be resolved within the ten-day period, HCBC will demonstrate, in writing, good cause as to why. In either instance, the organization agrees to implement a corrective plan of action and direct a written response to the state agency within the ten-day period.
- d. HCBC acknowledges that failure to respond in writing to the deficiency notice within ten (10) working days of receipt of the letter may result in the state agency withholding 50% of the next monthly payment to the contractor and each subsequent month until the state agency receives a written response.
- e. Such provisions concerning the providing of deficiency notices shall be in addition to the provisions contained elsewhere herein concerning notice provided to the contractor regarding issues of contractual breach.

### 2.16.3 Corrective Action Plan

- a. After receipt of the state agency letter delineating the deficiencies, the contractor shall provide the state agency with a complete written corrective action plan within ten (10) working days. The contractor's corrective action plan must:
  - List steps the contractor will take to correct the deficiencies;
  - Timelines for the corrections; and
  - Describe how progress will be measured.
- b. The state agency will notify HCBC, in writing, if the corrective action plan is approved within ten (10) working days of receipt of the corrective action plan.
- c. If the state agency informs HCBC that the corrective action plan is not approved, we will submit a revised corrective action plan to the state agency within ten (10) working days.
  - 1) Within ten (10) calendar days of receipt of the revised corrective action plan, the state agency will notify HCBC, in writing, if the revised corrective action plan is approved.
  - 2) HCBC understands that failure to submit the revised corrective action plan within ten (10) working days shall be considered a breach of contract and subject to the available remedies including contract cancellation.

### 2.16.14 Contract Monitoring

HCBC expects and welcomes the engagement of state agency auditors/monitors to ensure financial and contract compliance. The state agency has the right at

any time to impose special conditions or restrictions. Those special conditions or restrictions may include:

- Additional, more detailed financial reports or other documentation;
- Additional contract monitoring;
- Requiring the contractor to obtain technical or management assistance; and/or
- Establishing additional prior approvals from the state agency.

## **2.17 Financial Audit Requirements**

HCBC has an annual audit conducted by an independent Certified Public Accountant (CPA) of all financial records and related documentation incurred under the contract and related to the residential facility services provided by the contractor.

**2.17.1** HCBC will make all working papers available to the Department, and state agency officials are more than welcome to be present for any entry or exit interview held by the auditing firm. This CPA firm has no personal interest in the outcome of the audit or any relationship which could be construed as a conflict of interest. However, if the state agency has any questions regarding this firm, the state agency has the right to approve HCBC's selection of the CPA and the CPA's proposed plan-of-action for auditing. Upon request, we will provide:

- A list identifying any current and previous contract(s) of the CPA which pertain to residential facilities.
- A written description of the plan-of-action which the CPA shall employ during the audit including, but not limited to, the following areas:
  - Review and reporting of all savings collected from offenders.
  - Review of billings to the state agency, other state agencies, and contractors.

**2.17.2** HCBC and the subcontracted CPA firm agree that access to all audit work papers will be granted to personnel of the state agency and/or the Missouri State Auditor's Office.

**2.17.3** HCBC agrees to and will ensure that the state agency will be given an opportunity to be present for all entry and exit audit conferences pertaining to this contract. Therefore, HCBC will provide sufficient notice to the state agency prior to such audit conference to permit scheduling. The audit shall become a part of HCBC's final evaluation report. In addition, all audit papers issued by the CPA will also be included as part of HCBC's final evaluation report.

**2.17.4** If the State of Missouri determines, after reviewing the audit papers of the CPA, that services were not performed as contractually required, that there were gross

misrepresentations of the cost and pricing data, or that unallowable costs were used by the contractor in the performance of the contract, HCBC understands and agrees that the contract price(s) shall be reduced by an amount equal to any excess cost caused by such noncompliant acts of the contractor.

**2.17.5** The state agency, the Office of the State Auditor, and/or appropriate federal agencies may examine (audit) all pertinent books, documents, papers, and records of contractor's residential facility to determine the propriety of the expenditures as defined by federal regulations, the contract, and state agency Policy and Procedure. HCBC will make such available as requested.

- a. HCBC agrees to retain all records relating to the contract for five (5) years or until such time as prescribed by law after the close of the fiscal year in which the contract expires/terminates. Records may be destroyed at the end of a five-year period if the state agency has been notified in writing of the completion of the state audit by such time. If the state agency has not been notified by the end of a five year period, records will be retained until the state agency is notified of the completion of the state audit. In all cases where the audit questions have arisen before the expiration of such five-year period, records shall be retained until resolution of all such questions.
- b. HCBC agrees to provide financial reports as required on forms provided by the state agency.
- c. HCBC agrees to retain records which relate to (1) appeals, (2) litigation of the settlement of claims arising out of performance of the contract, and (3) costs and expenses of the contract to which exception has been taken by the state agency or its duly authorized representative until such appeals, litigation, claims, or exceptions have been authorized.

## **2.18 Miscellaneous Requirements**

**2.18.1** HCBC provides all management and case management staff with office equipment that ensures an effective and efficient operation.

**2.18.2** If deemed necessary by the state agency, the state agency will provide HCBC with access to the state agency's database on a need to know basis. Access will be limited to HCBC personnel who have been approved access by the state agency.

**2.18.3** The state agency shall furnish all legal and accounting services as may be necessary for the state agency to satisfy its contractual responsibilities. The state agency shall not assume, nor be liable for, legal, or accounting services as may be necessary for HCBC to satisfy its contractual obligations. Without exception to the foregoing, the state agency is not obligated to provide legal or

accounting services to HCBC in connection with any litigation or threatened litigation against HCBC arising out of performance issues.

**2.18.4** Unless otherwise specified herein, HCBC furnishes all material, labor, facilities, equipment, and supplies necessary to perform the services required herein.

**2.19** **Financial Procedures**

**2.19.1** The HCBC financial office has already completed the process required for State Vendor ACH/EFT status. HCBC invoices have unique invoice numbers and we are already familiar with contract payments through electronic funds transfer (ETF).

**2.19.2** HCBC understands that the State of Missouri is not obligated for any payments under the terms of the agreement unless funds have been officially encumbered in accordance with the provisions of Chapter 33, RSMo. The contract shall automatically terminate without penalty or termination costs if such funds are not appropriated or available.

**2.19.3** **Invoicing** – All invoices and related documentation will be submitted monthly to the department as required for review by the state agency by the 5<sup>th</sup> working day of each month. The information requested in RFP attachment #21 Residential Invoice Format, and RFP attachment #22, State of Missouri DOC Provider Services, are part of the required billing information. HCBC is familiar with how to submit invoices and includes an original descriptive business invoice form and a unique invoice number with each invoice submitted.

- a. Monthly invoices indicate the monthly units contracted for, less the total served and the number of units either over or under utilized.
- b. HCBC offers no discount for prompt payment.
- c. Final invoices are due by no later than thirty (30) calendar days of the expiration of the contract. The state agency shall have no obligation to pay any invoice submitted after the due date.
- d. The state agency reserves the right to audit invoices and to reject any invoice for good cause.
- e. The state agency reserves the right to make invoice corrections and/or invoice changes with appropriate notification to HCBC when recognition of error, omission, or a practice uncommon to General Accepted Accounting Practices is evidenced.

**2.19.4** **Payments** - HCBC understands that we will be paid a firm fixed price as agreed to on the slot payment pricing page.

- a. If HCBC exceeds the total limit of offenders for any given month, we will receive overage payments not to exceed 10% of our total authorized slots.
- b. If HCBC consistently falls below the designated maximum slot utilization for any given quarter, we understand that the state agency may reduce the contracted slots accordingly. We also agree to reduce the number of contracted slots if renovation or construction impinges on our ability to produce the number of beds agreed to at contract award time.
- c. Payment by the state agency will not occur until the end of the month, after service delivery and billing submission.
- d. No discount for prompt payment is offered on the Pricing Page.
- e. HCBC agrees that other than the payments specified above, no other payments or reimbursements will be made to the us for any reason whatsoever including payments for report time, taxes, shipping charges, insurance, interest, penalties, termination payments, attorney fees, liquidated damages, training, telephone charges, security clearance, etc.
- f. If a request for payment or reimbursement is denied, the state agency will provide HCBC with written notice of the reason(s) for denial.
- g. Notwithstanding any other payment provision of the contract, if HCBC fails to perform required work or services, fails to submit reports when due, or is indebted to the United States, the state agency may withhold payment or reject invoices under the contract.
- h. If HCBC is overpaid by the state agency, upon official notification by the state agency, we will provide the state agency (1) with a check payable as instructed by the state agency in the amount of such overpayment at the address specified by the state agency or (2) deduct the overpayment from the monthly invoices as requested by the state agency.

**2.19.5** In any instance when an additional source of funding is available to HCBC, through public and/or private sources, or partial payment by the offender, that is intended to offset a portion of service cost, the total obligation due will be reduced by the amount of the funding received. In such instances, the state agency shall notify HCBC by means of an amendment, notifying the contractor of such change.

**2.19.6 Damages** - HCBC agrees and understands that providing an operational facility 24 hours per day 7 days per week is critical to the efficient operations of the state agency and that the amount of actual damages to the state agency, if HCBC fails to provide an operational facility, would be difficult to establish. Therefore, HCBC agrees and understand that the amount identified below as damages are reasonable and fair under the circumstances.

- a. For each 24 hour day after the length of time for program implementation specified on the Pricing Page or the extension of time granted by the state agency, whichever is later, that the HCBC Residential Facility is not operational, HCBC agrees to pay damages in the amount equal to the total difference in cost for the total number of residential slots stated in the Notice of Award and the cost to obtain that number of residential slots from another provider.
- b. HCBC also agrees and understands that such damages shall either be deducted from the invoices pursuant to the contract or paid as a direct payment to the state agency at the sole discretion of the state agency.
- c. HCBC understands that the damages described herein shall not be construed as a penalty.
- d. HCBC agrees and understands that all assessments of damages shall be within the discretion of the State of Missouri and in addition to, not in lieu of, the rights of the State of Missouri to pursue other appropriate remedies.

**2.19.7** HCBC agrees and understands that funding is intended to support delivery of residential facility services and is not intended to support startup costs and research to achieve capacity to perform the services described in the RFP. Additionally, HCBC shall agree and understand that funds shall not be used in any manner to replace or supplant funds of HCBC for any service included in the contract.

## **2.20 Other Contractual Requirements**

**2.20.1 Contract** – HCBC understands that a contract with the state agency consists of several components: 1) the RFP and any amendments and any Best and Final Offer, 2) our response to the RFP including any Best and Final Offer, 3) clarification of the proposal, if any, and 4) HCBC receiving either an award notice or a purchase order from the Division of Purchasing and Materials Management.

- a. HCBC understands that a notice of award does not constitute a directive to start offering services. A properly authorized purchase order will be needed prior to the delivery of services.
- b. The contract binding HCBC and the state agency reflects the agreement between us and is the document that will be used to measure our performance.
- c. HCBC understands that any change to this contract can only occur by an official contract amendment from the Division of Purchasing and Materials

Management or by a modified purchase order specifying the effective date of the change. HCBC understands that no other method is to be used or will be accepted other than via this process. Other communications from the state agency whether in writing or via oral transmission will not be a valid or legitimate change to the contract.

**2.20.2 Contract Period** – HCBC understands that the contract length is one year with three additional one-year options, or any portion thereof, and that all terms and conditions, requirements, and specifications of the contract shall remain the same during any renewal periods. Pricing shall remain the same unless the state agency is appropriated additional funds for this service in which case the prices shall be pursuant to the applicable renewable option clauses of this document.

**2.20.3 Renewal Periods** - HCBC accepts and acknowledges that if the Division of Purchasing and Materials Management exercises its option for renewal, all terms and conditions, requirements and specifications of the contract shall remain the same and apply during the renewal period except as stated below:

- a. If additional funds are available for the renewal period the Division of Purchasing and Material Management shall provide the contractor with an opportunity to request an amount up to a specified maximum percentage increase through any contract amendment, subject to the maximum percentage increase stated on the Pricing Page, if any.
  - i. In no event shall HCBC be allowed price increases in excess of the maximum percentage increase for the applicable renewal period stated on the Pricing Page of the contract.
  - ii. If maximum percentage increases are not stated on the Pricing Page, then the renewal prices shall remain the same as during the previous contract period.
  - iii. If required by the Division of Purchasing and Materials Management, HCBC may be required to submit a price analysis or other justification for any price increase requested.
- b. If additional funds are not available, the renewal prices shall remain the same as during the previous contract period.
- c. If funds are reduced, HCBC understands that we will be advised of the applicable decrease for the renewal period or portion thereof. HCBC understands that if we reject the reductions the contract may be terminated and a new procurement process may be conducted.

**2.20.4 Termination** - HCBC also understands that the state may terminate the contract at any time by providing 30 days notice of its intent to do so. All documents, data,

reports, supplies, equipment and accomplishments prepared, furnished or completed by us pursuant to the terms of the contract shall become the property of the State of Missouri at the state's option.

- a. HCBC understands that if state and/or federal funds are not appropriated, continued, or available at a sufficient level to fund the contract, or in the event of a change in federal or state law relevant to the contract, the obligations of each party may, at the sole discretion of the State of Missouri, be terminated in whole or in part, effective immediately or as determined by the State of Missouri, upon written notice to the contractor from the State of Missouri.

#### **2.20.5 Transition -**

- a. Should HCBC fail to secure a new contract, we will work with the state agency or any other entity designated by the state agency to ensure an orderly transition of services,
- b. Upon expiration, termination, or cancellation of the contract, KCC will assist the state agency to ensure an orderly and smooth transfer of responsibility and continuity of those services required under the terms of the contract to an organization designated by the state agency. If requested by the state agency, the contractor shall provide and/or perform any or all of the following responsibilities outlined in 2.20.5.b.1 – 4.

**2.20.6 Contractor Liability** – We understand that HCBC is responsible for any and all injury or damage as result of our negligence involving any equipment or service provided under the terms and conditions, requirements and specifications of the contract. We agree to hold the State of Missouri, its agencies, employees, and assignees, harmless from every expense, liability, or payment arising out of such negligent act. This also holds true for any subcontractor.

- a. HCBC agrees to hold the state of Missouri harmless for any negligent act or omission committed by any subcontractor or other person employed by or under the supervision of the contractor under the terms of the contract.
- b. HCBC shall not be responsible for any injury or damage occurring as a result of any negligent act or omission committed by the State of Missouri, including agencies, employees, or designees.
- c. Under no circumstances will HCBC be liable for any of the following: (1) third party claims against the state for losses or damages (other than those listed above) or (2) economic consequential damages (including lost profits or savings) or incidental damages, even we are informed of their possibility.

**2.20.7 Insurance** - HCBC understands that the State of Missouri is not responsible for our organization or its employees. We recognize that HCBC is responsible for any claims and are insured to cover all contingencies.

HCBC maintains a wide variety of insurance policies to cover every possible eventuality, including general and professional liability.

Liability insurance is through the Robert E. Miller Insurance agency. We are covered for \$500,000 per person and \$2,000,000 per occurrence and include an endorsement that adds the State of Missouri as an additional insured.

- a. Documentation of our insurance coverage is included (Tab 36 – Insurance Coverage Documentation). Other Business Compliance documents are located under Exhibit M – Miscellaneous Information.
- b. In the event any insurance coverage is canceled, the state agency will be notified within thirty (30) calendar days.

**2.20.8 Subcontractors** – As indicated in 2.9.5 HCBC subcontracts with Aramark Correctional Services to provide meal service for the Residential Facility. Aramark has over 30 years experience in institutional food services and is an acknowledged leader in food services industry. Aramark services meet the accreditation standards of the American Correctional Association. The contract with Aramark contains appropriate language for the successful fulfillment of contractual obligations. The State of Missouri is not responsible in any manner for this contract. HCBC is solely responsible to ensure that food services are provided according to the requirements of this RFP.

Due to the long history of providing correctional food service, Aramark agreed not to knowingly violate subsection 1 of section 285.530, RSMO, by hiring anyone unlawfully present in the United States.

If it becomes necessary for HCBC to subcontract with another food service vendor, prior approval will be obtained from the state agency.

**2.20.9 Participation by Other Organizations** - HCBC does not participate with any other organization.

**2.20.10 Contractor Status** - Heartland Center for Behavioral Change is an independent organization and are not an employee or subdivision of the State of Missouri. As such we are accountable for all fiduciary responsibilities involved in operating a not-for-profit organization.

**2.20.11 Coordination** - HCBC fully agrees to cooperate and coordinate all contract activities as directed by either the contents of this RFP or the state agency. We

are a service oriented organization and will always strive to meet the needs of our contracting partners.

**2.20.12 Property of State** – HCBC understands that all programs, reports, materials, documentation, etc. which are developed or acquired by HCBC as a requirement of the contract shall become the property of the State of Missouri, which includes all rights and interests for present and future use as deemed appropriate by the state agency.

- a. The State of Missouri understands and agrees that any ancillary software tools or pre-printed materials (e.g., project management software tools or training software tools, etc.) developed or acquired by the contractor that may be necessary to perform a particular service required hereunder but not required as a specific deliverable of the contract, shall remain the property of HCBC; however, HCBC is responsible for ensuring such tools and materials are being used in accordance with applicable intellectual property rights and copyrights.
- b. HCBC agrees that no reports, documentation, or material prepared, including the program(s) developed as required by the contract, shall be used or marketed by the contractor or released to the public without the prior written consent of the state agency.

**2.20.13 Confidentiality -**

- a. HCBC understands and agrees that all discussions with our organization and all information gained by our organization as a result of performance under the contract is confidential. No reports, documentation, or material prepared as required by the contract will be released to the public without prior written consent of the state agency.
- b. If required by the state agency, HCBC personnel will sign specific documents regarding confidentiality, security, or other similar documents upon request. Any required personnel who fail to sign such documents will be disciplined so that a breach of contract does not occur.
- c. HCBC maintains strict confidentiality policies and procedures relative to all client information. Contents of any records are not disclosed to anyone other than the state agency and the client unless disclosure is required by law or the client signs an authorization to release information.

HCBC assumes liability for any disclosures of confidential information by our agency, subcontractors and employees. We have developed comprehensive policies and procedures to avoid any breaches of confidential information.

Our policies and procedures comply with all applicable provisions of the Federal Standards for Privacy of Individually Identifiable Health Information (45 C.F.R. Parts 160 and 164).

**2.20.14 Conflict of Interest** – No official or employee of the state agency or public official of the State of Missouri who exercises any functions or responsibilities in the review or approval of the services covered by the contract shall acquire any personal interest, directly or indirectly in the contract or proposed contract.

- a. HCBC agrees that no person, official/employee of the State of Missouri shall be employed or conveyed an interest, directly or indirectly, in this contract.
- b. Under no circumstances will HCBC approach a Missouri State employee to assist in award of this contract or participate in the performance of the contract.
- c. A state employee will not be compensated under this contract for duties performed in the course of his/her employment and may not use state facilities or materials for personal gain relating to the performance of the contract.

**2.20.15 Contractor Equipment Use -**

- a. *Title* - Title to any equipment required by the contract is held by and vested in HCBC. The State of Missouri is not liable in the event of loss, incident, destruction, theft, damage, etc., for the equipment including, but not limited to, devices, wires, software, technical literature, etc. It is HCBC's sole responsibility to obtain insurance coverage for such loss in an amount that the contractor deems appropriate.
- b. *Liability* - HCBC agrees that the State of Missouri is not responsible for any liability incurred by the agency or its employees arising out of the ownership, selection, possession, leasing, rental, operation, control, use, maintenance, delivery, return, and/or installation of equipment provided by the contractor, except as otherwise provided in the contract.

**2.20.16 For Hire License (Class E)** - Any HCBC driver who (1) receives pay for driving a motor vehicle transporting 14 or fewer passengers, or (2) transport property for pay or as part of their job is required to possess a Class E For Hire License.

## **Economic Impact to Missouri**

### **Proposed Services:**

The Heartland Center for Behavioral Change is proposing to provide residential facility services for 50 - 56 offenders, daily. Our services are designed to turn tax burdens into tax payers and have a direct benefit to the State in:

- Reduced crime and the costs associated;
- Reduced cost of incarceration accruing from recidivism;
- Improved employment and the related economic benefit; and
- Keeping families together and thereby reducing reliance on public assistance.

### **Economic Impact Returned to State Through Tax Revenue Obligations:**

HCBC, in FY 2014 paid \$128,526 in State tax and \$73,652 in State unemployment taxes.

### **Economic Presence in Missouri:**

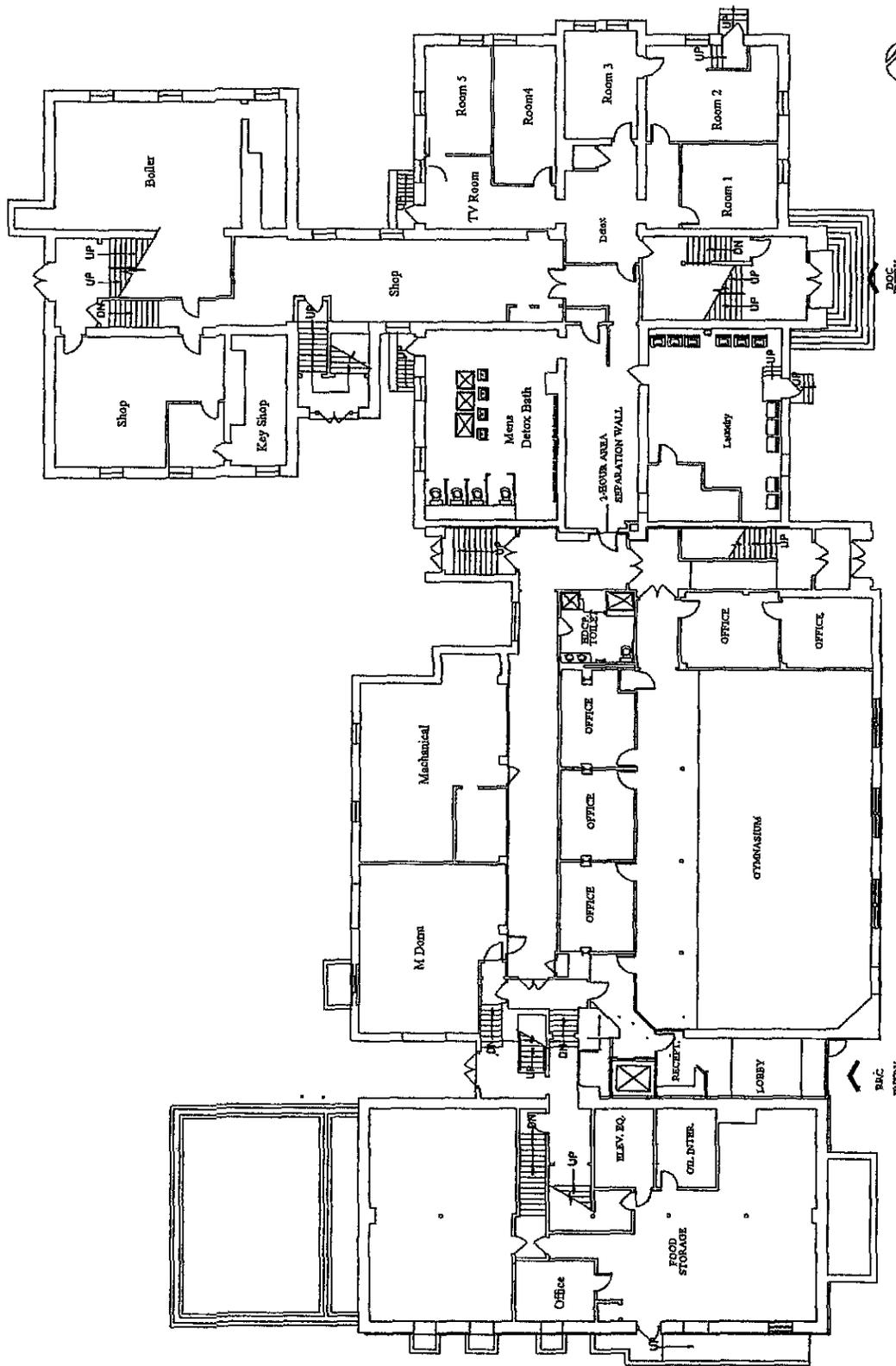
The Heartland Center for Behavioral Change is a Missouri, 501 C3 corporation whose entire business is in the State of Missouri. Our services are provided in the greater Kansas City metropolitan area as well as through satellite operations in Southwest Missouri.

HCBC employs a workforce of approximately 156. Our revenues were \$9,811.00 and expenditures were \$9,347.00. Nearly all of our revenue is directly returned to the Missouri economy in terms of goods and services purchased, as well as in payroll taxes. Additionally, the employment of 156 persons statewide, directly benefits the State economy.

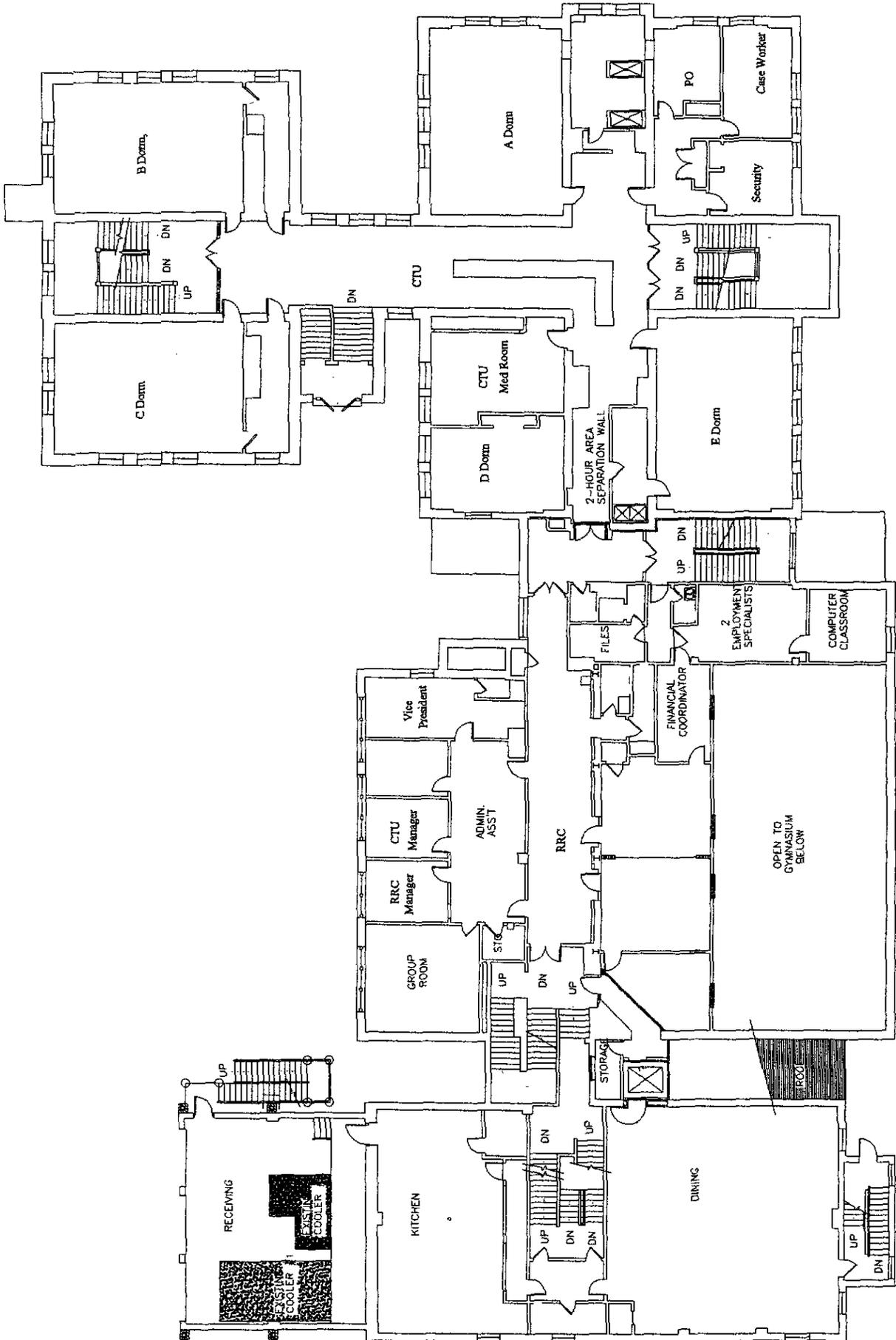
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# ATTACHMENTS

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FLOOR PLAN - LOWER LEVEL



FLOOR PLAN—MIDDLE LEVEL  
SCALE: 1/8" = 1'-0"



VERIFICATION OF APPROVED ZONING

Facility Heartland Center for Behavioral Change\_\_\_\_\_

Address 1514-1534 Campbell\_\_\_\_\_

City Kansas City, MO. 64106\_\_\_\_\_

County Jackson County\_\_\_\_\_

Zoning Requirement of above-named facility Special Use Permit for an existing halfway house in District M1-5

I hereby attest that, in accordance with RSMo Chapter 217.430, paragraph 2, subparagraph (6), the Halfway House located at 1514-1534 Campbell, is not located in an unincorporated area of the county or within a city where the zoning has been designated for single-family residency use or occupancy without prior approval of the governing body of the county or city.

John Edwards  
Authorized Signature Of Zoning Official

Planner Title 10/10/14 Date

Lyanna King  
Authorized Signature Of Provider

President/CEO Title 10/23/14 Date

# LATHROP & GAGE LLP

KATHLEEN A. HAUSER  
DIRECT LINE: 816.460.5768  
EMAIL: KHAUSER@LATHROPGAGE.COM  
WWW.LATHROPGAGE.COM

2345 GRAND BOULEVARD, SUITE 2200  
KANSAS CITY, MISSOURI 64108-2618  
PHONE: 816.292.2000  
FAX: 816.292.2001

July 8, 2013

Myrna Trickey, President/CEO  
Heartland Center for Behavioral Change  
1730 Prospect  
Kansas City, MO 64127

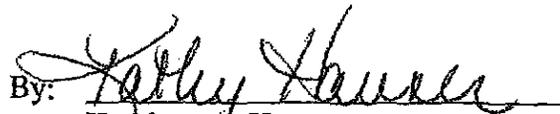
Re: 2013 BZA Disposition Letter

Dear Myrna:

Enclosed please find a copy of the disposition letter from the Board of Zoning Adjustment extending the permit for 1514-1534 Campbell for an additional two years. Please docket on your calendar April of 2015 to initiate steps for the application to renew the permit. Hopefully one day, Heartland will receive some relief to the continuing obligation to renew the permit.

Cordially,

Lathrop & Gage LLP

By:   
Kathleen A. Hauser

Enclosure

cc: Tom McMahon, Esq.

RECEIVED  
7-9-13

CALIFORNIA COLORADO ILLINOIS KANSAS MASSACHUSETTS MISSOURI NEW YORK

CITY OF FOUNTAINS  
HEART OF THE NATION



KANSAS CITY  
MISSOURI

City Planning & Development Department  
Development Management Division

15th Floor, City Hall  
414 East 12th Street  
Kansas City, Missouri 64106-2795

816 513-2846  
Fax 816 513-2838

June 26, 2013

Kathy Hauser  
Lathrop & Gage LLP  
2345 Grand Boulevard  
Suite 2400  
Kansas City, MO 64108

**RE: Case No. 9287-SU-17 -- 1514-1534 Campbell - A request to approve a special use permit for an existing halfway house in District M1-5 generally located at the northwest corner of 16th Street and Campbell Street.**

Dear Ms. Hauser:

At its regularly scheduled meeting on June 25, 2013, the Board of Zoning Adjustment **APPROVED** Case No. 9287-SU-17 without conditions.

Sincerely,

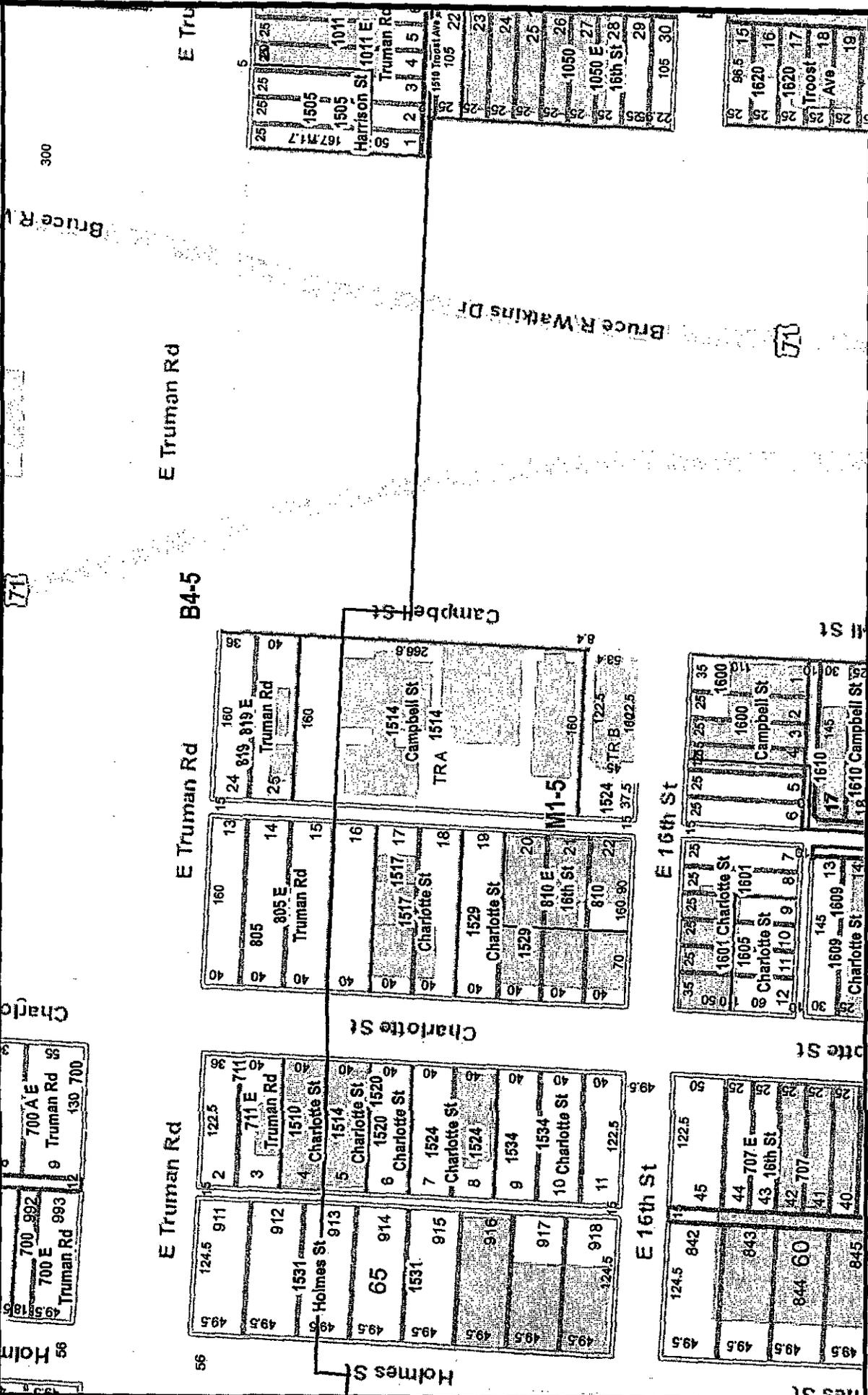


Staff Planner  
John Eckardt

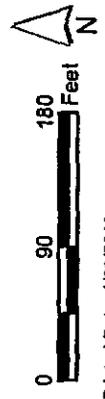
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# My Map



While the City of Kansas City, Missouri makes every effort to maintain and distribute accurate information, no warranties and/or representations of any kind are made regarding information, data or services provided. In no event shall the City of Kansas City, MO, be liable in any way to the users of this data. Users of this data shall hold the City of Kansas City, MO harmless in all matters and accounts arising from the use and/or accuracy of this data. © 2012 City of Kansas City, Missouri.

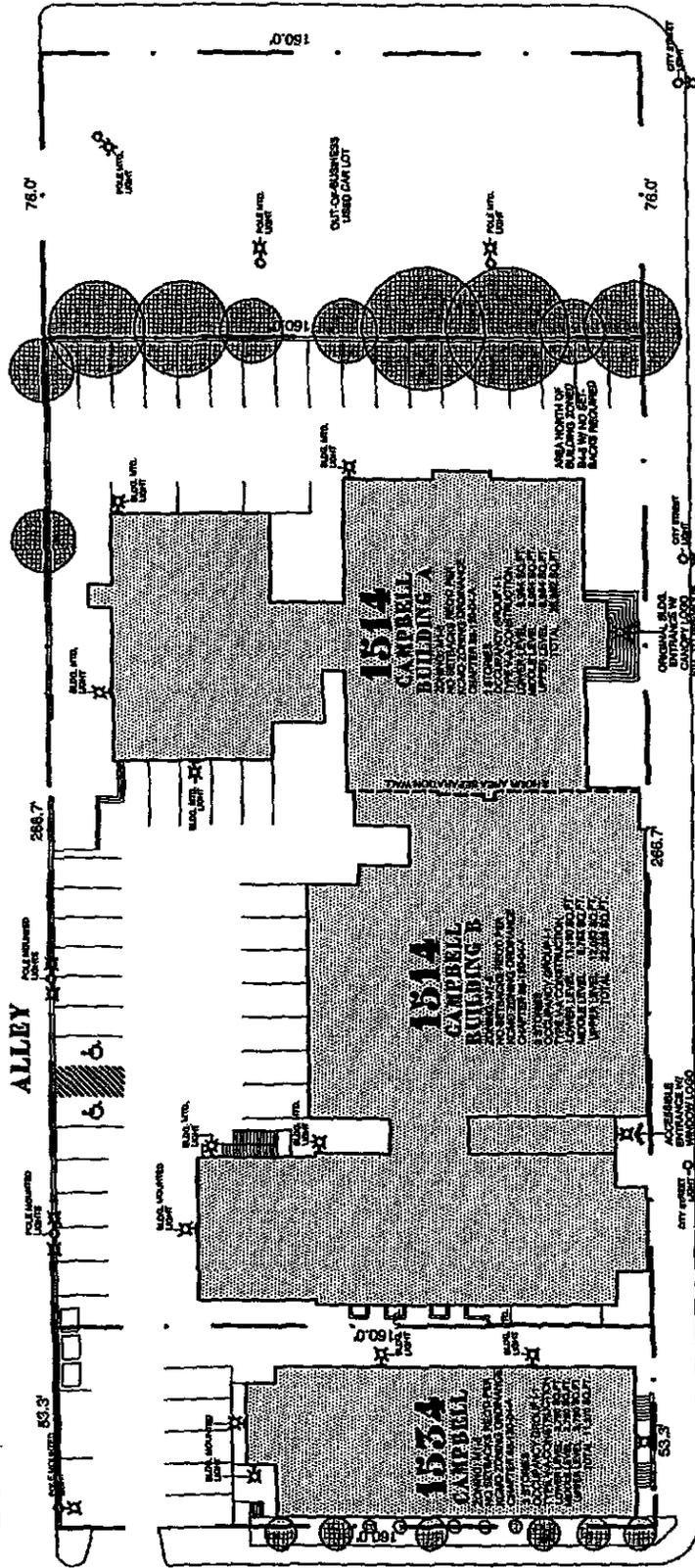
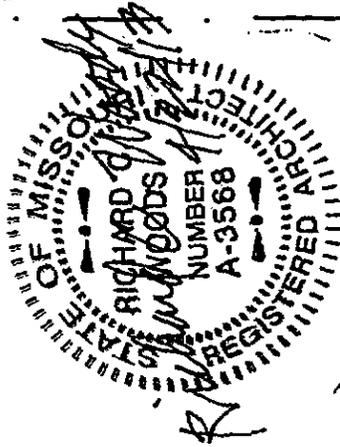


Printed Date: 4/22/2013

**SITE PLAN HEARTLAND CENTER  
FOR BEHAVIORAL CHANGE  
1514 & 1534 CAMPBELL  
KCMO**

**wgjn associates, inc.**  
ARCHITECTS  
4031 BROWNWAY  
KANSAS CITY, MISSOURI 64111  
(816) 231-2820

DATE: 4/22/73  
REVISED:



**SITE PLAN**  
1" = 50'-0"

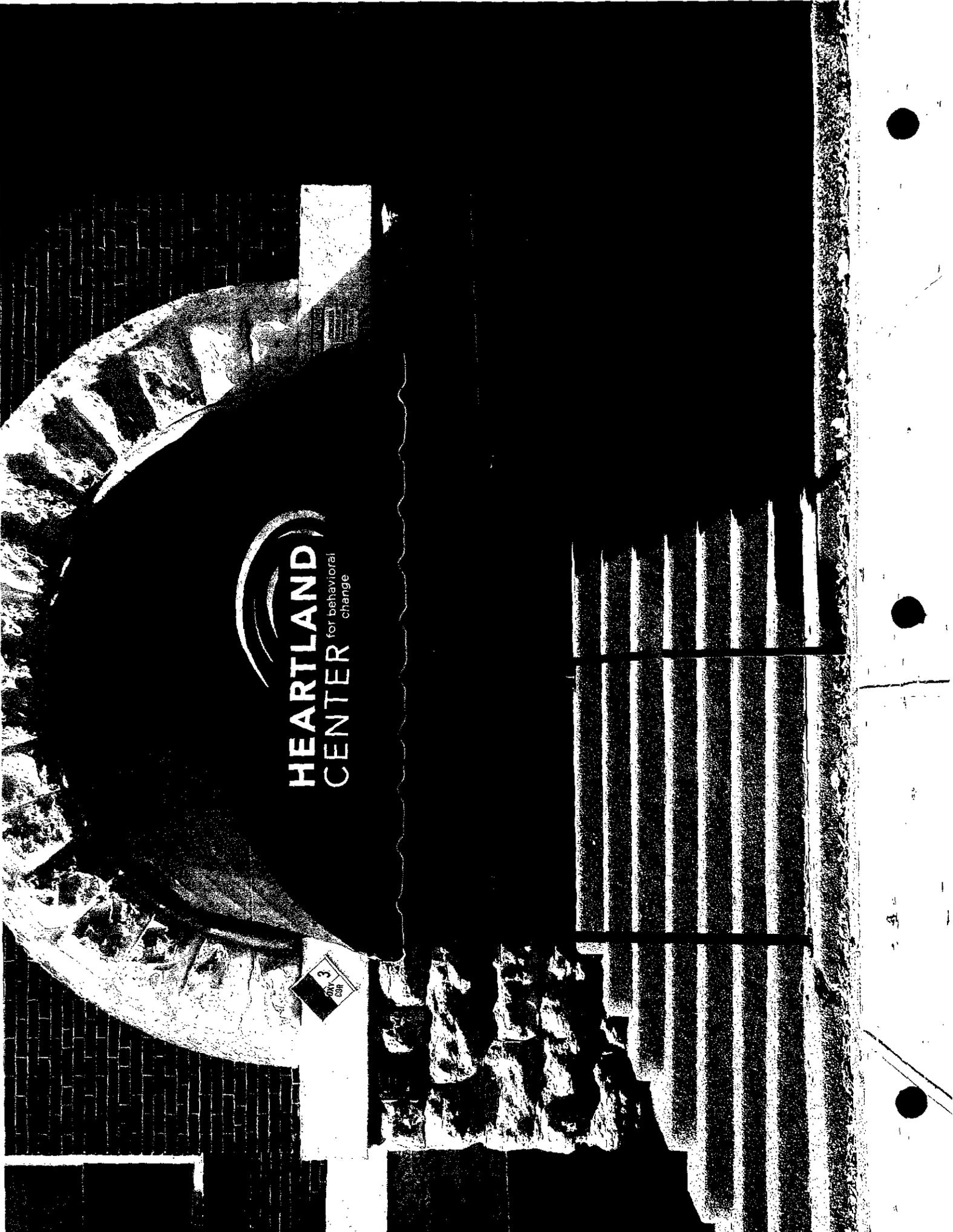
**CAMPBELL**

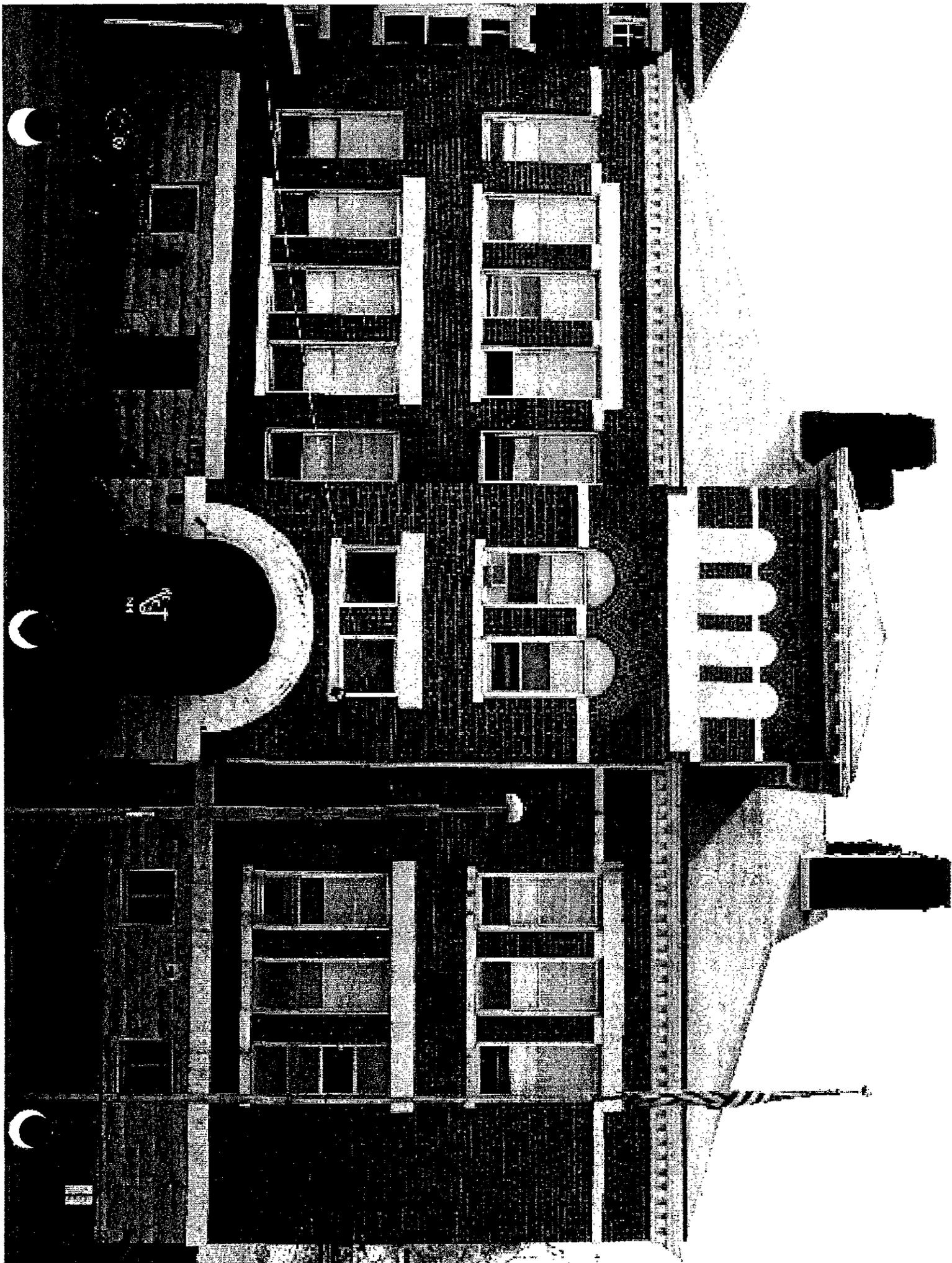
**US 71 HWY ON-RAMP**

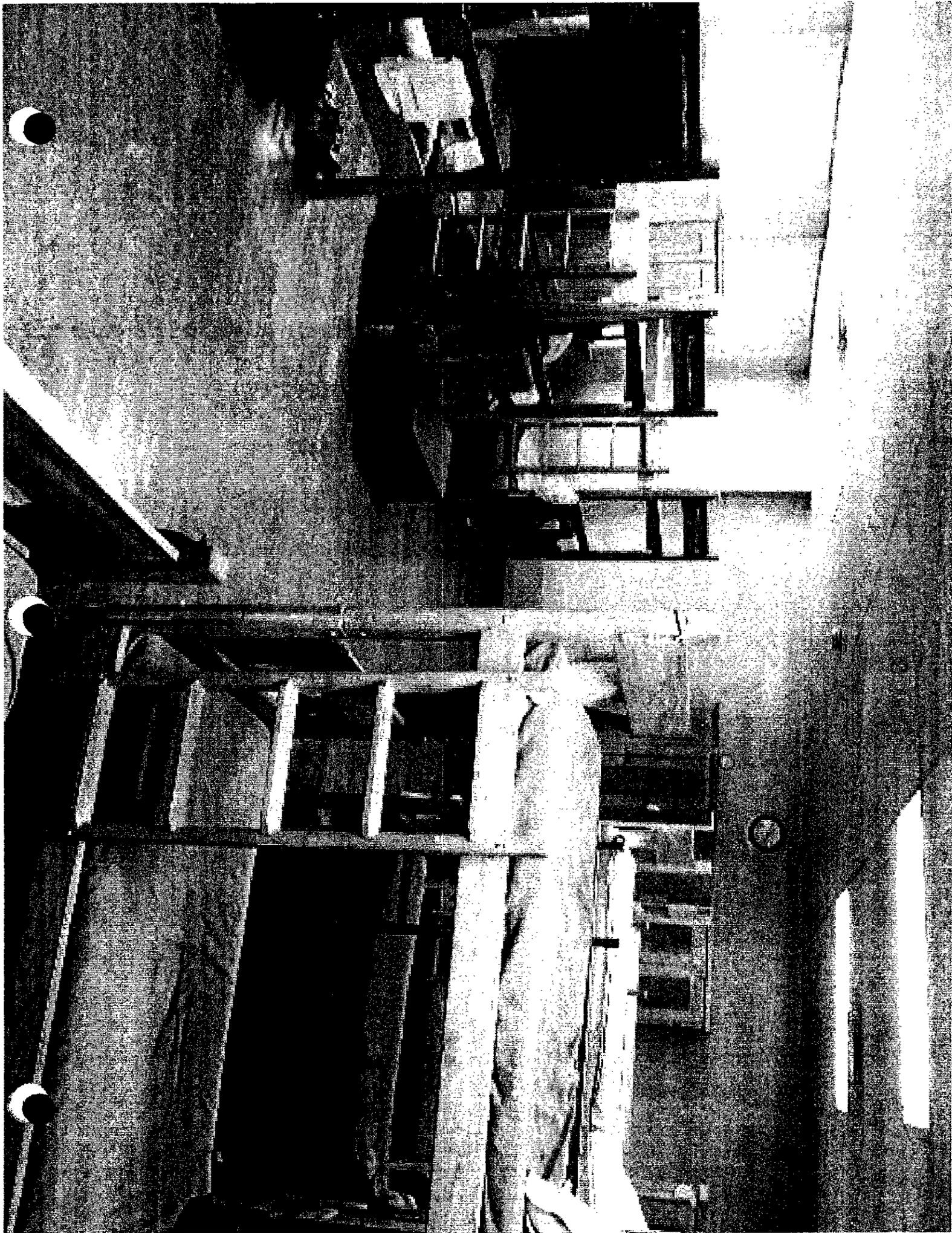
**10TH STREET**

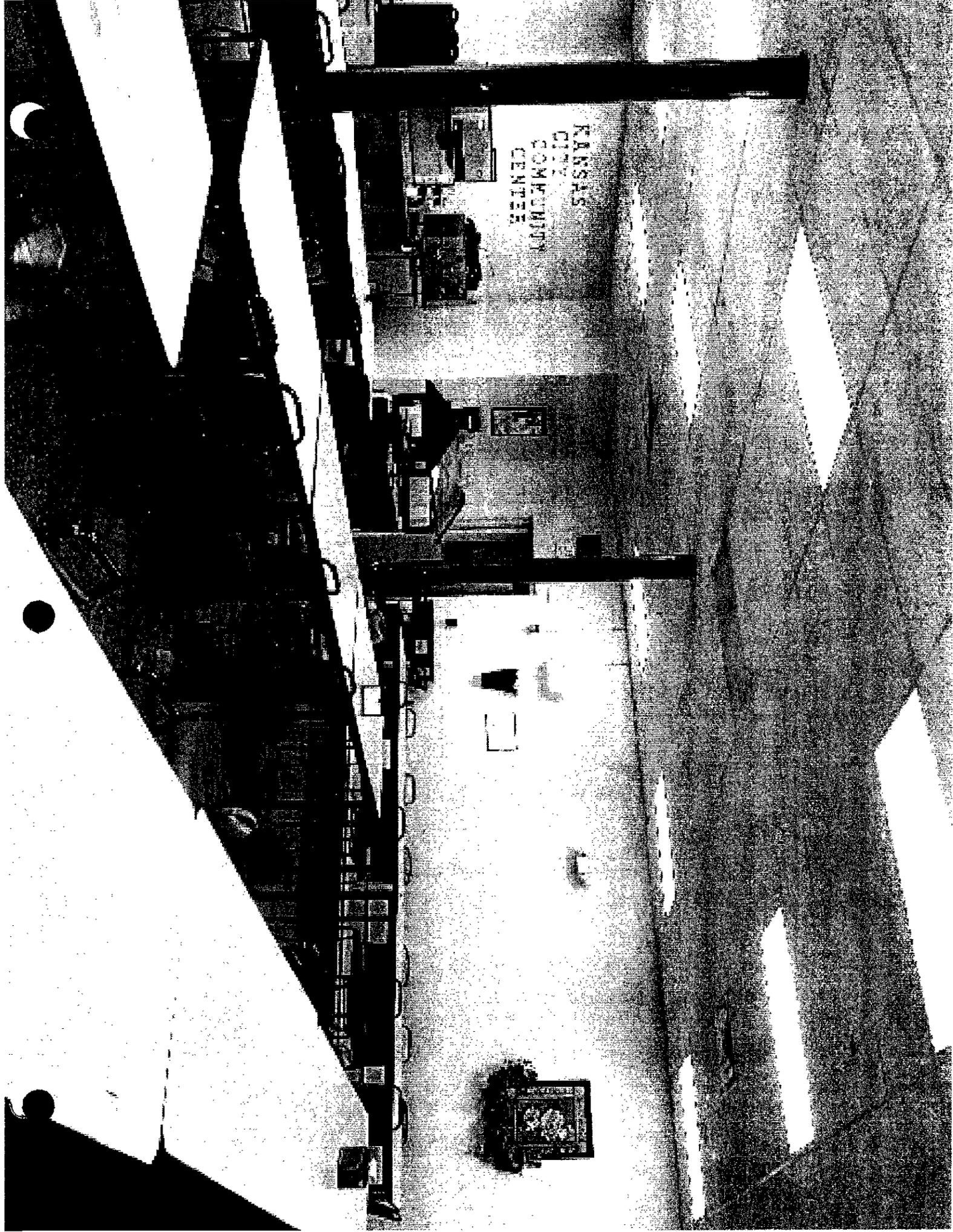
**HEARTLAND**  
for behavioral  
**CENTER** change

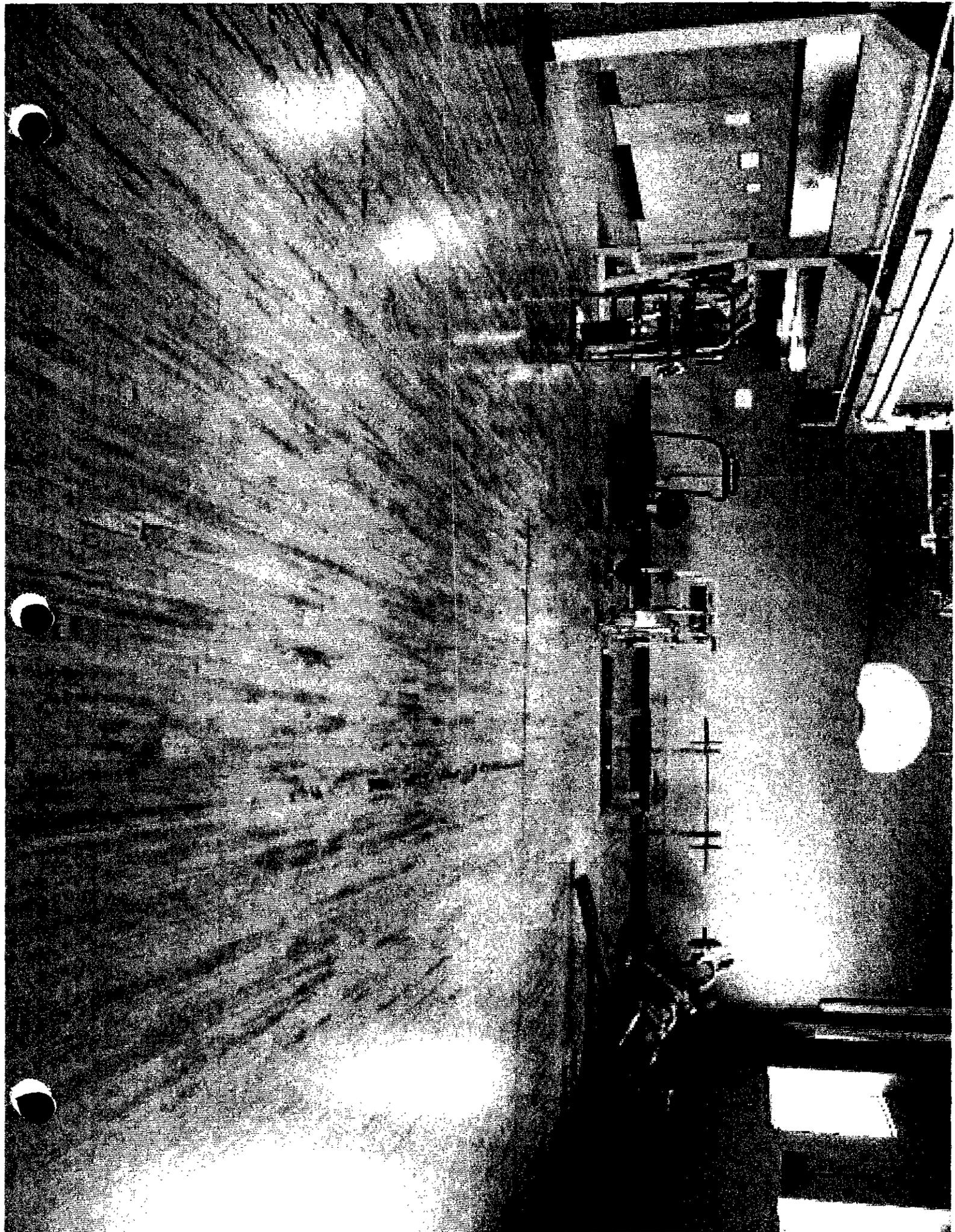
3  
DAY  
CON













Kansas City, Missouri  
Fire Department  
**PERMIT(S)**

FIRE I.D. NO.

6368

This permit must be kept posted on the premises or equipment mentioned below at all times:

**KANSAS CITY COMMUNITY CENTER  
1514 CAMPBELL ST**

The permit(s) does not take place of any license required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

Having complied with applicable sections of the Fire Prevention Code of Kansas City, Missouri the following permit(s) are being issued:

- FLAMMABLE AND COMBUSTIBLE LIQUIDS**
- HAZARDOUS MATERIALS**
- HOT WORK OPERATION**
- PLACE OF ASSEMBLY CAFETERIA**
- PLACE OF ASSEMBLY GYM**
- COMBUSTIBLE DUST-PRODUCING OPERATIONS**

ISSUE DATE: 11 - 2013

DIRECTOR OF FIRE DEPARTMENT

EXPIRATION DATE: 10 - 2014

By \_\_\_\_\_  
Chief Fire Marshal

3200-056 (Rev. 10/02)



**BUREAU OF FIRE PREVENTION  
CITY OF KANSAS CITY, MISSOURI**

22-JAN-2014

FIRE I.D. NO.

6368

Receipt is hereby acknowledged of cash, or other items as described. This receipt is issued subject to compliance with all applicable city ordinances or other authority.

**RECEIVED FROM:**

AMOUNT: \$345.00

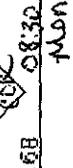
CHECK NO: 119612

**KANSAS CITY COMMUNITY CENTER  
1730 PROSPECT AVE, STE 100  
ATTN: ED TANNER  
KANSAS CITY, MO 64127-2544**

Chief Fire Marshal

Bureau of Fire Protection  
635 Woodland Av, Suite 2103  
Kansas City, Missouri 64106  
(816) 784-9100

# Inspection Form and Notice of Hazard



SCHEDULED INSPECTION DATE: 25-NOV-2013 INSPECTION ID# 6368  
1514 CAMPBELL ST 64108 MON 08:30

D. GEN.  SPRINKLER  STANDPIPE  ALARM  OCC TYPE 334  
 BASEMENT  KANSAS CITY COMMUNITY CENTER  
 BUS. OWNER: KCC  
 ADDR: 1730 REARVIEW AVE, STE 100  
 CITY STATE: APWA ID TANNER MO  
 ZIP: KANSAS CITY MO  
 PHONE: ED TANNER 816-421-5670  
 CELL PHONE: 816-331-4268  
 816-564-6226

I INTERIOR	II EXTERIOR	III PERMITS REQUIRED
<b>10. FLAMMABLES &amp; COMBUSTIBLES</b> A. Storage B. Dispensing C. Sources of Ignition D. No Smoking Signs <b>11. FIRE EXTINGUISHERS</b> A. Condition B. Location C. Type D. Access E. Marking F. Inspection Date 11/20/13 <b>12. HOOD SYSTEM VENTS</b> A. Clean B. Filters <b>13. HOOD EXTINGUISHING SYSTEM</b> A. Condition B. Inspection Date 11-20-2013 C. Access to Remote Pull D. Instructions Posted <b>14. SPRINKLERS/STANDPIPE</b> A. Condition B. Access C. Inspection Date 11/20/13 D. Fire Hose <b>15. FIRE ALARM SYSTEM</b> A. Panel Access B. Condition C. Pull Station Access D. Detectors E. Supervised <b>16. OCCUPANT LOAD</b> A. Posted 166-91 B. Overload <b>17. HAZARDOUS MATERIALS</b> A. Storage Marked B. Building Marked <b>18. COMPRESSED GASES</b> A. Secure B. Storage	13 Dry Cleaning Plants 14 Exhibits and Trade Shows 15 Explosives 16 Fire Hydrants and Valves 17 Flammable and Combustible Liquids 18 Floor Finishing 19 Fuel and Crop Ripening 20 Hazardous Materials 21 High-Pile Storage 22 High-Pile Storage 23 Hot Work Operation 24 Industrial Ovens 25 Lumber Yards and Woodworking Plans 26 Liquid or Gas-Fueled Vehicles or Equipment in Assembly Buildings 27 LP-Gas 28 Magnesium 29 Miscellaneous Combustible Storage 30 Open Flame and Candles 31 Organic Coating 32 Place of Assembly 33 Private Hydrants 34 Pyroxylin Plastics 35 Refrigeration Equipment 36 Repair Garage 37 Rooftop Helipad 38 Spraying or Dipping 39 Storage of Scrap Tires and Byproducts 40 Temp. Memb. Shcd., Tents & Canopies 41 The Rebuilding Plant 42 Waste Handling 43 Wood Products	<b>1. Aerosol Products</b> <b>2. Amusement Building</b> <b>3. Aviation Facility</b> <b>4. Carnivals and Fairs</b> <b>5. Battery Systems</b> <b>6. Cellulose Nitrate Film</b> <b>7. Combustible Dust-Producing Mats</b> <b>8. Combustible Fibers</b> <b>9. Compressed Gases</b> <b>10. Covered Mail Buildings</b> <b>11. Cryogenic Fluids</b> <b>12. Cutting and Welding</b>

THE BELOW LISTED HAZARDS ARE A VIOLATION OF THE CODE OF ORDINANCES OF KANSAS CITY, MISSOURI. YOU ARE HEREBY ORDERED TO BRING THE BELOW LISTED VIOLATIONS INTO COMPLIANCE SPECIFICALLY CHAPTER 26 LISTED BY:

SECTION	NATURE OF FIRE CODE VIOLATION TO BE CORRECTED
105.6	Operational Permits Required
6.07	Combustible Dust Producing Mat
6.17	Flammable and Combustible
	Liquids
6.21	Hazardous Materials
6.24	Hot Work operation
6.34	Place of Assembly
	exhibits
6.34	Place of Assembly
	GVM
	Hazards found -
1002.011	Emergency lights shall be operational at all times.
703.4	FIRE SHALL BE INSPECTED ANNUALLY.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE NOTED VIOLATION AND APPEAL PROCEDURES ON THE REVERSE SIDE. THE ABOVE LISTED VIOLATION(S) MUST BE COMPLETED BY 12/15/13  
 Notice received by: [Signature]  
 YOU HAVE THE RIGHT TO APPEAL AS STATED IN SECTION 26-103.1.4.3 OF THE FIRE PREVENTION CODE OF KANSAS CITY, MISSOURI.

INSP DATE 11/26/13 REINS DATE  
 REINS DATE  
 I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT.  
 INSPECTOR: M. Robinson

INSPECTOR # 226

ORIG

REC  
CAMPBELL CENTER

# FOOD ESTABLISHMENT PERMIT HEALTH DEPARTMENT

CITY OF KANSAS CITY, MO.

## THIS PERMIT EXPIRES Dec. 31, 2014

*This permit is issued on substantial compliance with the requirements of the City of Kansas City, Mo., Ordinance that regulates Food Service Establishments, and is subject to compliance with all applicable City ordinances and/or other authority.*

### FOR THE OPERATION OF:

**Aramark @ Kansas City Community  
1514 Campbell**

**Kansas City MO 64108**

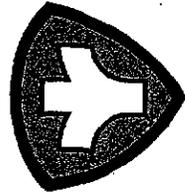
*Aramark*

**105358 Food Service**



Scan QR to view the  
last health inspection

**THIS PERMIT MAY BE SUSPENDED OR REVOKED SHOULD CIRCUMSTANCES DICTATE. THIS PERMIT IS NOT TRANSFERABLE AND MUST BE POSTED IN A LOCATION THAT IS CONSPICUOUS TO CONSUMERS.**



**Public Health**

THIS PERMIT REMAINS THE PROPERTY OF THE  
City of Kansas City, Mo., Health Department  
**ENVIRONMENTAL PUBLIC HEALTH PROGRAM**  
2400 Troost Ave., Suite 3200 • Kansas City, MO 64108  
816-513-6315 • [www.kcmo.org](http://www.kcmo.org)

**Rex Archer, M.D., M.P.H., Director of Health**

## Food Establishment Inspection Report

**As Governed by**  
 Kansas City Health Department  
 2400 Troost Unit # 3200  
 Kansas City MO 64108  
 (816) 513-6315

**No. of Risk Factor/Intervention Violations : 1**  
**No. of Repeat Risk Factor/Intervention Violations : 0**

**Date: Aug 14, 2014**  
**Time In: 11:00 AM**  
**Time Out: 11:45 AM**

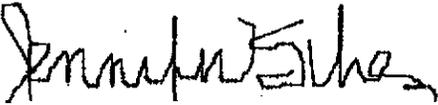
<b>Establishment</b>	<b>Address</b>	<b>City/State</b>	<b>Zip Code</b>	<b>Telephone</b>
Aramark @ Kansas City Community Ctr.	1514 Campbell Kansas City MO 64108	Kansas City / MO	64108	(816) 421-6670
<b>License/Permit #</b>	<b>Permit Holder</b>	<b>Purpose of Inspection</b>	<b>Risk Cat</b>	<b>Est. Type</b>
105358	Aramark	Routine	Medium	Restaurant/Deli

IN=in compliance    OUT=not in compliance    N/O=not observed    N/A=not applicable    COS=corrected on-site during inspection    R=repeat violation

Compliance Status	COS	R	Compliance Status	COS	R
1 <b>IN</b> PIC present, demonstrates knowledge, and performs duties	<input type="checkbox"/>	<input type="checkbox"/>	16 <b>N/O</b> Proper cooking time & temperatures	<input type="checkbox"/>	<input type="checkbox"/>
2 <b>IN</b> Management awareness; policy present	<input type="checkbox"/>	<input type="checkbox"/>	17 <b>N/O</b> Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
3 <b>IN</b> Proper use of reporting, exclusion & restriction	<input type="checkbox"/>	<input type="checkbox"/>	18 <b>N/O</b> Proper cooling time & temperatures	<input type="checkbox"/>	<input type="checkbox"/>
4 <b>IN</b> Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	19 <b>IN</b> Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
5 <b>IN</b> No discharge from eyes, nose, and mouth	<input type="checkbox"/>	<input type="checkbox"/>	20 <b>IN</b> Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
6 <b>IN</b> Hands clean & properly washed	<input type="checkbox"/>	<input type="checkbox"/>	21 <b>IN</b> Proper date marking & disposition	<input type="checkbox"/>	<input type="checkbox"/>
7 <b>IN</b> No bare hands contact with RTE foods or approved alternate method properly followed	<input type="checkbox"/>	<input type="checkbox"/>	22 <b>N/A</b> Time as a public health control: procedures & records	<input type="checkbox"/>	<input type="checkbox"/>
8 Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23 <b>N/A</b> Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>
9 <b>IN</b> Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	24 <b>N/A</b> Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>
10 <b>N/O</b> Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	25 <b>N/A</b> Food additives: approved & properly used	<input type="checkbox"/>	<input type="checkbox"/>
11 <b>IN</b> Food in good condition, safe, & unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	26 <b>IN</b> Toxic substances properly identified, stored, & used	<input type="checkbox"/>	<input type="checkbox"/>
12 <b>N/A</b> Required records available: shellstock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	27 <b>N/A</b> Compliance with variance, specialized process, & HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
13 <b>IN</b> Food separated & protected	<input type="checkbox"/>	<input type="checkbox"/>	<b>Risk factors</b> are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.		
14 <b>IN</b> Food-contact surfaces: cleaned & sanitized	<input type="checkbox"/>	<input type="checkbox"/>			
15 <b>IN</b> Proper disposition of returned, previously served, reconditioned, & unsafe food	<input type="checkbox"/>	<input type="checkbox"/>			

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.  
 Numbered items marked 'X' are not in compliance    COS=corrected on-site during inspection    R=repeat violation

28 Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	41 In-use utensils: properly stored	<input type="checkbox"/>	<input type="checkbox"/>
29 Water & Ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	42 Utensils, equipment & linens: properly stored, dried, & handled	<input type="checkbox"/>	<input type="checkbox"/>
30 Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	43 Single-use & single-service articles: properly stored & used	<input type="checkbox"/>	<input type="checkbox"/>
31 Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	44 Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>
32 Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	45 Food & non-food contact surfaces cleanable, properly designed, constructed, & used	<input type="checkbox"/>	<input type="checkbox"/>
33 Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	46 Warewashing facilities: installed, maintained, & used; test strips	<input type="checkbox"/>	<input type="checkbox"/>
34 Thermometers provided & accurate	<input type="checkbox"/>	<input type="checkbox"/>	47 Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>
35 Food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>	48 Hot & cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>
36 Insects, rodents, & animals not present	<input type="checkbox"/>	<input type="checkbox"/>	49 Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>
37 Contamination prevented during food preparation, storage & display	<input type="checkbox"/>	<input type="checkbox"/>	50 Sewage & waste properly disposed	<input type="checkbox"/>	<input type="checkbox"/>
38 Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	51 Toilet facilities: properly constructed, supplied, & cleaned	<input type="checkbox"/>	<input type="checkbox"/>
39 Wiping cloths: properly used & stored	<input type="checkbox"/>	<input type="checkbox"/>	52 Garbage & refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>
40 Washing fruits & vegetables	<input type="checkbox"/>	<input type="checkbox"/>	53 Physical facilities installed, maintained, & clean	<input type="checkbox"/>	<input type="checkbox"/>
			54 Adequate ventilation & lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>

<b>Food Establishment Inspection Report</b>																
<b>As Governed by</b> Kansas City Health Department 2400 Troost Unit # 3200 Kansas City MO 64108 (816) 513-6315		<b>License/Permit #</b>  105358		<b>Date:</b> Aug 14, 2014 <b>Time In:</b> 11:00 AM <b>Time Out:</b> 11:45 AM												
<b>Establishment</b> Aramark @ Kansas City Community Ctr.	<b>Address</b> 1514 Campbell Kansas City MO 64108	<b>City/State</b> Kansas City / MO	<b>Zip Code</b> 64108	<b>Telephone</b> (816) 421-6670												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Item/Location</th> <th style="width: 20%;">Temp (° F)</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">Corn and green beans/ Steam table</td> <td style="text-align: center;">209.8</td> </tr> <tr> <td style="text-align: right;">Potatoes/ Steam table</td> <td style="text-align: center;">143.4</td> </tr> <tr> <td style="text-align: right;">Sliced bologna/ Cold holding</td> <td style="text-align: center;">40.4</td> </tr> <tr> <td style="text-align: right;">Ambient/ Reach-In cooler</td> <td style="text-align: center;">42</td> </tr> <tr> <td style="text-align: right;">Low fat milk/ Walk-In cooler</td> <td style="text-align: center;">41.8</td> </tr> </tbody> </table>					Item/Location	Temp (° F)	Corn and green beans/ Steam table	209.8	Potatoes/ Steam table	143.4	Sliced bologna/ Cold holding	40.4	Ambient/ Reach-In cooler	42	Low fat milk/ Walk-In cooler	41.8
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<b>Question Number</b>		<b>Item Number</b>														
Critical Violations are indicated by an asterisk (*). Violations cited in this report must be corrected within the time frames below, or as stated in the Food Code.																
8	Using a Handwashing facility - A handwashing facility is not maintained so that it is accessible at all times for employee use; is being used for purposes other than handwashing or is not being used in accordance with manufacturer's instructions															
<b>Corrected on site</b>																
<b>Recommended Resolution -</b>																
<b>Observations and Corrective Actions -</b> Burnt paper in handsink in the back of the kitchen. Manager cleans the handsink.																
Food Handler's Card audit: A certified manager with a food manager's card was present at time of inspection. Establishment is in Compliance with the KCMO Food Code.																
<b>Follow-up Required :</b> No																
				<b>Signature Date :</b> Aug 14, 2014												
																
<b>Person in Charge:</b> Cheryl White			<b>Inspector:</b> Jennifer J Sanchez													



Kansas City, Missouri  
Fire Department  
**PERMIT(S)**

FIRE I.D. NO.

6368

This permit must be kept posted on the premises or equipment mentioned below at all times:

**KANSAS CITY COMMUNITY CENTER  
1514 CAMPBELL ST**

The permit(s) does not take place of any license required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

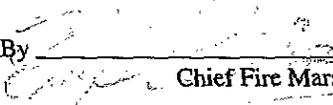
Having complied with applicable sections of the Fire Prevention Code of Kansas City, Missouri the following permit(s) are being issued:

- FLAMMABLE AND COMBUSTIBLE LIQUIDS**
- HAZARDOUS MATERIALS**
- HOT WORK OPERATION**
- PLACE OF ASSEMBLY CAFETERIA**
- PLACE OF ASSEMBLY GYM**
- COMBUSTIBLE DUST-PRODUCING OPERATIONS**

ISSUE DATE: 11 - 2013

DIRECTOR OF FIRE DEPARTMENT

EXPIRATION DATE: 10 - 2014

By  Chief Fire Marshal

3200-056 (Rev. 10/02)



**BUREAU OF FIRE PREVENTION  
CITY OF KANSAS CITY, MISSOURI**

22-JAN-2014

FIRE I.D. NO.

6368

Receipt is hereby acknowledged of cash, or other items as described. This receipt is issued subject to compliance with all applicable city ordinances or other authority.

RECEIVED FROM:

AMOUNT: \$345.00

CHECK NO: 119612

**KANSAS CITY COMMUNITY CENTER  
1730 PROSPECT AVE, STE 100  
ATTN: ED TANNER  
KANSAS CITY, MO 64127-2544**

Chief Fire Marshal



# CITY OF KANSAS CITY, MISSOURI

## City Planning and Development

City Hall, 15th Floor  
414 East 12th Street  
Kansas City, MO 64106

Tel: (816) 513-1500  
Fax: (816) 513-1569

July 14, 2014

### CERTIFICATE OF INSPECTION

HEARTLAND CENTER FOR BEHAVIORAL  
1730 PROSPECT AVENUE  
KANSAS CITY MO 64127

Expiration Date: 01-AUG-2015

Re: 1514 CAMPBELL ST  
Equipment Id #: 6511  
Account #: CV16265  
Equipment #: 1 OF 1

Dear property owner:

Thank you for obtaining your Elevator Operating Certificate (EOC). This document should be placed in a secure location for future reference. This is a two-part document. The upper portion is the permanent record of the Certificate of Inspection. The lower portion should be copied or detached and posted inside the elevator car or in the case of escalators, wheelchair lifts, moving walks, chair lifts, personnel hoists and other regulated vertical transportation equipment, such certificate shall be posted in a conspicuous place adjacent to the entrance of each of the above noted types of vertical transportation equipment.

Sincerely,

Glenn Longworth, QEI  
Supervisor of Elevator Inspections

\*\*\*\*\*Certificate of Inspection\*\*\*\*\*

CITY OF KANSAS CITY, MISSOURI

City Planning and Development

Account Address: 1514 CAMPBELL ST  
Expiration date: 01-AUG-2015  
Capacity: 2100  
Equip ID #: 6511  
Equip #: 1 OF 1  
Equip Type: PASSENGER  
Account: CV16265

Name: HEARTLAND CENTER FOR BEHAVIORAL  
Attention: ED TANNER  
Address: 1730 PROSPECT AVENUE  
City/State/Zip: KANSAS CITY MO 64127

**Ordinance requires that Certificates be displayed on premises.**



City of Kansas City, Missouri  
City Planning & Development  
Development Services

RE: 1514 CAMPBELL ST  
 Equip#: 1 OF 1  
 Project Name: KANSAS CITY COMMUNITY CENTER  
 Equipment Type: PASSENGER Machine Type: HOLELESS HYDRO EquipID: 6511  
 Status: ACTIVE Capacity: 2100 Levels: 5  
 Last Inspection: 16-OCT-2013 Inspector: VanAusdall  
 Next Insp Type: ANNUAL Expiration Date: 01-AUG-2015  
 ANNUAL INSP. Aninsp: JULY 2014  UPDATED ANINSP July 15  
 5 YEAR INSP. 5yinsp:  UPDATED 5YINSP 0  
 ACCEPT. INSP.  INVESTIGATION  REINSPECTION  
 RESULT OF INSP: S X U ; ISSUE CERT. Y X N ; EXPIRATION DATE Aug 15

OWNER CHANGES?: NEW ADDRESS:  
 Billing Name: HEARTLAND CENTER FOR BEHAVIORAL CHANGE  
 Attn: ED TANNER  
 Billing Address: 1730 PROSPECT AVENUE  
 City / Zip: KANSAS CITY MO 64127

TESTING AND EQUIPMENT DATA

Machloc: LL	Work Pres: 320	Relief Pres: <u>400</u>
Smoke: 6(1=MR/5=L)	Alt flr: '2'	Emergpwr: NO
Phase I: 1st	Phase II: 1996	Communication: ADA PHONE
Manufac: TKE 3119	NoLoadUp (FPM): 104	NoLoadDown (FPM): 69
Car Speed: 100	LoadUp (FPM): 101	LoadDown (FPM): 100
Drum Turn: NA	Gov.TripSpeed: NA	Operation Control: S/C
Rope Pullout: NA	Cwt.Gov.TripSpeed: NA	Year Built: 2007, 11-2
Piston: (2) ?5.5"=	Stop Ring: YES	Shunt Trip: NO
Safety Type: NA	Rail Marks: NA	A17 1: 1996
Rail Type: OMEGA	Seismic: NA	A17 3: 2005

Contact Name: ED TANNER Contact Phone: 816-421-6670

INSPECTION DATA

Insp.Reg. Date: 16-OCT-2013 Appt. Time: 0830HR Contr: OFFICE

DEFICIENCIES:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NOTED DEFICIENCIES MUST BE CORRECTED WITHIN \_\_\_\_\_ DAYS  
 DATE 7-14-14 TIME ON 9:53 TIME OFF \_\_\_\_\_ START MI 42175  
 INSPECTOR H. J. TELEPHONE# (816) 513-

**DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF FIRE SAFETY**



**JEREMIAH W. (JAY) NIXON**  
Governor

**GREG CARRELL**  
Acting State Fire Marshal



205 E Jefferson, 13th Floor  
Mailing Address: P.O. Box 1421, Jefferson City, MO 65102  
Telephone: (573) 751-8709 Fax: (573) 526-5971  
E-Mail: [firesafe@dfs.dps.mo.gov](mailto:firesafe@dfs.dps.mo.gov) Website: [www.dfs.dps.mo.gov](http://www.dfs.dps.mo.gov)

Heartland Center  
1514 Campbell St  
Kansas City, MO 64108-1520



**FAXED**  
*9-16-2014*

**RECEIVED**  
*9-16-14*

09/05/2014



A recent inspection of the referenced location indicates repairs are necessary. The repairs must be completed within 30 days of the date of this letter.

When the repairs have been completed, please complete the bottom portion of this letter and mail or fax a copy to our office (FAX#573-526-5971). A reinspection may be made to verify repairs. The following conditions and requirement were noted at the time of the inspection:

**Heartland Center, 1514 Campbell St, Kansas City, MO 64108-1520**

Jurisdiction: MO024036 Type: Steam Heating Inspected By: Matthew Sobotka Inspected On: 08/11/2014  
Other Number: 5840

5.6 **Condition:** The Hydromotor on the gas valve is leaking.  
**Requirement:** Have the gas valve Hydromotor repaired or replaced by a competent repair fire. Repairs are limited to those authorized by the original manufacturer.

Jurisdiction: MO024037 Type: Steam Heating Inspected By: Matthew Sobotka Inspected On: 08/11/2014  
Other Number: K5841

5.6 **Condition:** The Hydromotor on the gas valve is leaking.  
**Requirement:** Have the gas valve Hydromotor repaired or replaced by a competent repair fire. Repairs are limited to those authorized by the original manufacturer.

**Operation of a Boiler or Pressure Vessel without a valid Inspection Certificate is a Class A misdemeanor punishable by fines of up to \$5,000 per day of operation.**

Regards,

Joe Brockman  
Chief Inspector Boiler and Pressure Vessels-Missouri  
cc: Inspectors

Jurisdiction	Violation	Date of Repairs	Signature	Date
MO024036	5.6	9/16/14	DEAN @ BAXTER	9/16/14
MO024037	5.6	9/16/14	DEAN @ BAXTER	9/16/14

**INSPECTION CERTIFICATE**

Issued To  
**BLRM**  
Heartland Center  
1514 Campbell St

Kansas City

Inspection Date  
**08/11/2014**

Expiration Date  
**08/11/2016**

Inspected By  
**Matthew Sobotka**

State ID Number  
**MO024036**  
Year Built  
**1958**  
MAWP  
**15**

Type  
**Fire Tube LP**

Manufacturer  
**Kewanee**

Inspecting Agency  
**Travelers**

NB #  
**NR**  
County  
**Jackson**  
Variance  
**N**

STATE OF MISSOURI  
DEPARTMENT OF PUBLIC SAFETY  
Division of Fire Safety  
205 E Jefferson, 13<sup>th</sup> Floor  
Jefferson City, MO 65101



Post this certificate in a conspicuous place in the room containing the object. It must be available for viewing.

The object shall not be operated at a pressure in excess of that shown.

Notify the State of Missouri, Division of Fire Safety at 573-751-8709 or your insurance carrier 60 days prior to the expiration date.

It is a Class A Misdemeanor to operate the object without a valid inspection certificate posted near the object.

**Kansas City Community Center**  
**1514 Campbell St**  
**Kansas City, MO 64108-1520**



**Jeremiah W. (Jay) Nixon**  
Governor

**Joe Brockman**  
Deputy Chief

**INSPECTION CERTIFICATE**

Issued To  
**BLRM**  
Heartland Center  
1514 Campbell St

Kansas City

Inspection Date  
**8/11/2014**

Expiration Date  
**08/11/2016**

Inspected By  
**Matthew Sobotka**

State ID Number  
**MO024037**  
Year Built  
**1958**  
MAWP  
**15**

Type  
**Fire Tube LP**

Manufacturer  
**Kewanee**

Inspecting Agency  
**Travelers**

NB #  
**NR**  
County  
**Jackson**  
Variance  
**N**

STATE OF MISSOURI  
DEPARTMENT OF PUBLIC SAFETY  
Division of Fire Safety  
205 E Jefferson, 13<sup>th</sup> Floor  
Jefferson City, MO 65101



Post this certificate in a conspicuous place in the room containing the object. It must be available for viewing.

The object shall not be operated at a pressure in excess of that shown.

Notify the State of Missouri, Division of Fire Safety at 573-751-8709 or your insurance carrier 60 days prior to the expiration date.

It is a Class A Misdemeanor to operate the object without a valid inspection certificate posted near the object.

**Kansas City Community Center**  
**1514 Campbell St**  
**Kansas City, MO 64108-1520**



**Jeremiah W. (Jay) Nixon**  
Governor

**Joe Brockman**  
Deputy Chief

**INSPECTION CERTIFICATE**

Issued To  
BLRM  
Heartland Center  
1514 Campbell St

Kansas City

Inspection Date **08/11/2014**      Expiration Date **08/11/2016**

Inspected By  
**Matthew Sobotka**

State ID Number  
**MO034368**

Year Built

**1983**

MAWP

**150**

Type

**Hot Water Storage Tk**

Manufacturer

**A O Smith**

Inspecting Agency

**Travelers**

NB #

**NR**

County

**Jackson**

Variance

**N**

STATE OF MISSOURI  
DEPARTMENT OF PUBLIC SAFETY  
Division of Fire Safety  
205 E Jefferson, 13<sup>th</sup> Floor  
Jefferson City, MO 65101



Post this certificate in a conspicuous place in the room containing the object. It must be available for viewing.

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**Kansas City Community Center  
1514 Campbell St  
Kansas City, MO 64108-1520**



**Jeremiah W. (Jay) Nixon**  
Governor

**Joe Brockman**  
Deputy Chief



**Ambassador Electric, Inc.**

PO Box 34444  
North Kansas City, MO 64116  
(816) 507-0570

7/11/2014

HCFBC  
DBA: KCCC  
1730 Prospect  
Kansas City, MO. 64127

Ref: 1514 Campell  
Attn: Ed Tanner

Mr. Tanner;

On June 27<sup>th</sup> 2014 per your request, a visual walk-through electrical inspection was conducted at the above referenced building.

The building's electrical system appears to be in good working condition with no problems found, meeting current city and National Electrical Code standards.

Thank You

Mario Marra  
President (Master Electrician)



# ALLIANCE FIRE PROTECTION

## Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued

Inspection Contract# \_\_\_\_\_

Name of Inspected Property: HERITAGE SR FOR BEHAVIORAL CHANGE

Inspector Name: S. HULL Date: 1-15-13

Inspection Frequency:  Monthly  Quarterly  Annually  Other

<b>Quarterly Inspection for Wet Pipe Sprinkler Systems</b>			
	Y	N/A	N
B.1.0 System in service on inspection	✓		
B.2.0 Hydraulic nameplate attached and legible	✓		
B.2.1 Alarm device free from physical damage	✓		
B.3.0 FDC is visible	✓		
B.3.1 FDC is accessible	✓		
B.3.2 FDC swivels/couplings undamaged/rotate smoothly	✓		
B.3.3 FDC plugs/caps in place/undamaged	✓		
B.3.4 FDC gaskets in place and in good condition	✓		
B.3.5 FDC identification sign in place	✓		
B.3.6 FDC check valve not leaking	✓		
B.3.7 FDC automatic drain valve in place and operating properly	✓		
B.3.8 FDC clapper is in place and operating properly	✓		
B.3.9 FDC interior inspected where caps missing	✓	✓	
B.3.10 FDC obstructions removed as necessary	✓	✓	
B.4.0 Pressure reducing control valves (PRV) indicate open		✓	
B.4.1 PRV not leaking		✓	
B.4.2 PRV maintaining downstream pressure per design		✓	
B.4.3 PRV in good condition		✓	
B.4.4 PRV handwheel installed and not broken	✓		
B.5.0 ALARM PANEL CLEAR	✓		
B.6.0 COMMENTS:			

<b>Quarterly Testing for Wet Pipe Sprinkler Systems</b>			
	Y	N/A	N
C.1.0 System in service before testing	✓		
C.1.1 Pertinent parties notified before testing	✓		
C.1.2 Adequate drainage provided before flow testing	✓		
C.2.4 Alarm devices appear free of physical damage	✓		
C.3.0 A main drain test conducted downstream from backflow preventer	✓		
C.3.1 A main drain test conducted downstream from pressure reducing valve		✓	
C.3.2 Supply water gauge reading before flow (static) _____ psi			
C.3.3 Gauge reading during stable flow (residual) <u>105</u> psi			
C.3.4 Time for supply pressure to return to normal _____ sec			
C.4.0 Pertinent parties notified of test conclusion	✓	N/A	N
C.5.0 ALARM PANEL CLEAR	✓		
C.6.0 SYSTEM RETURNED TO SERVICE	✓		
C.7.0 COMMENTS:			

<b>Semi-Annual Testing for Wet Pipe Sprinkler Systems</b>			
	Y	N/A	N
D.1.0 System in service before testing	✓		
D.1.1 Pertinent parties notified before testing	✓		
D.2.0 Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position	✓		
D.2.1 Signal restored only when valve returned to normal position	✓		
D.3.0 Adequate drainage provided before flow testing	✓		
D.4.0 Water flow alarm tested and is operational	✓		
D.4.1 Test conducted with inspector's test connection	✓		
D.4.2 Test conducted with bypass connection (freezing weather)		✓	
D.4.3 Test conducted per manufacturer's instructions	✓		
D.5.0 Pertinent parties notified of test conclusion	✓		
D.6.0 ALARM PANEL CLEAR	✓		
D.7.0 SYSTEM RETURNED TO SERVICE	✓		
D.8.0 COMMENTS:			

(All "NO" answers to be explained.)

INSPECTOR'S INITIAL \_\_\_\_\_ OWNER/DESIGNATED REP. INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

# ALLIANCE FIRE PROTECTION

Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued

Inspection Contract#

Name of Inspected Property: HEADLAND CTR FOR BEHAVIORAL CHANGE

Inspector Name: S. MILLER

Date: 11-15-13

Inspection Frequency:  Monthly  Quarterly  Annually  Other

## Annual Testing for Wet Pipe Sprinkler Systems

	Y	N/A	N
E.1.0 System in service before testing	✓		
E.1.1 Pertinent parties notified before testing	✓		
E.1.2 Adequate drainage provided before flow testing	✓		
E.2.0 Main drain test conducted	✓		
E.2.1 Supply water gauge reading before flow (static)		120 psi	
E.2.2 Gauge reading during stable flow (residual)		105 psi	
E.2.3 Time for supply pressure to return to normal		3 sec	
E.2.4 Full flow pressure (residual) < 10 percent reduction from prior or original test		✓	
E.3.0 Antifreeze system has a test connection at the most remote portion, the interface with the wet pipe system, and when the capacity exceeds 150 gal. one additional connection for every 100 gal.*		✓	
E.3.1 Antifreeze solution freezing point			°F
E.3.2 Antifreeze solution freezing point after adjustment			°F
E.4.0 Control valves (including backflow and PIVs) operated through full range and returned to normal position	✓		
E.4.1 PIVs opened until spring or torsion felt in rod		✓	
E.4.2 PIVs and OS&Ys backed 1/4 turn from full open	✓		
E.4.3 Main drain test conducted (see F.2.0)	✓		
E.5.0 Backflow prevention assembly forward flow test conducted		✓	
E.5.1 System demand flow was achieved through the device		✓	
E.5.2 Forward flow test conducted at maximum rate possible (only where connections do not permit full flow test)		✓	
E.5.3 Forward flow test conducted at without measuring flow (device ≤ 2" and outlet sized to flow system demand)		✓	
E.5.4 Backflow prevention assembly internal inspection conducted (where shortages last more than 1 year and rationing enforced by AHJ)		✓	
E.5.5 Forward flow test satisfied by annual fire pump flow test		✓	
E.5.6 Backflow preventer flow test conducted as required by the AHJ		✓	
E.6.0 PRV control valves partial flow test conducted and adequate to unseat valve		✓	
E.7.0 Pertinent parties notified of test conclusion	✓		
E.8.0 ALARM PANEL CLEAR	✓		
E.9.0 SYSTEM RETURNED TO SERVICE	✓		
E.10.0 COMMENTS:			

## Annual Inspection for Wet Pipe Sprinkler Systems

	Y	N/A	N
F.1.0 System in service on inspection	✓		
F.2.0 Hangers and seismic bracing appears undamaged and tightly attached	✓		
F.3.0 Piping appears free of mechanical damage	✓		
F.3.1 Piping appears free of leakage	✓		
F.3.2 Piping appears free of corrosion	✓		
F.3.3 Piping appears free of external loading	✓		
F.4.0 Sprinklers appear free of leakage	✓		
F.4.1 Sprinklers appear free of corrosion	✓		
F.4.2 Sprinklers appear free of foreign materials	✓		
F.4.3 Sprinklers appear free of paint	✓		
F.4.4 Sprinklers appear free of physical damage	✓		
F.4.4 Sprinklers appear properly oriented	✓		
F.4.6 Clearance appears to be adequate between sprinkler and building contents	✓		
F.4.7 Glass bulbs appear full of liquid	✓		
F.4.8 Spare sprinklers are of proper number (at least 6), type and temperature rating	✓		
F.4.9 Spare sprinklers stored where temperature maximum is 100°F	✓		
F.4.10 Wrench available for each type of sprinkler	✓		
<b>PRIOR TO FREEZING WEATHER:</b>			
F.5.0 Building is secure such as not to expose piping to freezing conditions	✓		
F.5.1 Adequate heat is provided maintaining temperatures at 40°F or higher	✓		
F.6.0 ALARM PANEL CLEAR	✓		
F.7.0 COMMENTS:			

## Annual Maintenance for Wet Pipe Sprinkler Systems

	Y	N/A	N
G.1.0 System in service before conducting maintenance	✓		
G.2.0 Pertinent parties notified before conducting maintenance	✓		
G.3.0 Operating stems of OS&Y (including backflow) valves lubricated	✓		
G.3.1 Valve completely closed and reopened	✓		
G.4.0 Adequate drainage provided before flow testing	✓		
G.4.1 Main drain test conducted	✓		
G.4.2 Supply water gauge reading before flow (static)		120 psi	
G.4.3 Gauge reading during stable flow (residual)		105 psi	
G.4.4 Time for supply pressure to return to normal		3 sec	
G.5.0 Pertinent parties notified after conclusion of maintenance	✓		
G.6.0 ALARM PANEL CLEAR	✓		
G.7.0 SYSTEM RETURNED TO SERVICE	✓		
G.8.0 COMMENTS:			

\*This requirement is new and can also be found in the 2007 edition of NFPA 13

INSPECTOR'S INITIAL \_\_\_\_\_ (All "NO" answers to be explained.)  
 OWNER/DESIGNATED REP. INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

# Backflow Prevention Assembly Test Report

**Service Address**

ED TANNER MNT DEPT  
HEARTLAND CENTER FOR BEHAVIOR  
1614 CAMPBELL ST  
KANSAS CITY, MO 64108  
816-421-6670

Location: **RRC MANAGEMENT OFFICE**

**Mailing Address**

HEARTLAND CENTER FOR BEHAVIORAL CHANGE  
1730 PROSPECT AVE  
KANSAS CITY, MO 64127

Check if Correct    Corrections

Serial #: 23017     \_\_\_\_\_  
Manufacturer: AMES     \_\_\_\_\_  
Model: 2000B     \_\_\_\_\_  
Type: DC     \_\_\_\_\_  
Size: 2     \_\_\_\_\_  
Orientation:     \_\_\_\_\_  
Protection: CONTAINMENT     \_\_\_\_\_

Hazard: FIRE PROTECTION

Premise ID: 178035

Meter#: \_\_\_\_\_

Mailing Phone: \_\_\_\_\_

SPID: 178935

Protection: CONTAINMENT

Existing  New     Removed  Replaced     Commercial  Industrial     Residential     Construction     Domestic     Irrigation     Fire

	Reduced Pressure Principle Assembly			Air Gap Required Separation Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Double Check Valve Assembly			PVB/SVB	
	Check Valve #1	Check Valve #2	Relief Valve	Air Inlet	Check Valve
<b>Initial Test</b> Date <u>9/24/13</u> Time <u>8:30a</u>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>1.5</u> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>1.5</u> PSID	Did not open <input type="checkbox"/> Opened at _____ PSID	Did not open <input type="checkbox"/> Opened at _____ PSID	Leaked <input type="checkbox"/> Held at _____ PSID
<b>Repairs</b> Date _____ Time _____	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stemguide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stemguide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> RV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Diaphragm(s) <input type="checkbox"/> Seal <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>
<b>Final Test</b> Date _____ Time _____	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID

Notify us if failed assemblies cannot be repaired within 3 days

Comments: No repairs needed

Proper Installation  Yes  No  
RV Exercised  Yes  No  
#2 Shutoff Closed  Yes  No  
Service Restored  Yes  No

I certify all information on this report is true and accurate, acknowledging that incomplete reports will not be accepted.

Tester Pat Depew  
Certification # 14-2655 Phone 816 332-8484  
Test Kit Serial # 14DAL-02-00 Calibration Date 12-3-13  
Signature Pat Depew

Line Pressure 115  
Meter Reading [REDACTED]  
Passed  Failed

Return completed  
Test Report to: **Kansas City**  
2409 E. 18th St.  
Kansas City, MO 64127  
Fax: (816) 613-4798

# Backflow Prevention Assembly Test Report

**Service Address**

**TOM**  
**HEARTLAND CENTER FOR BEHAVIOR**  
**1614 CAMPBELL BT**  
**KANSAS CITY, MO 64108**  
**816-421-8670**

**Location: MECH ROOM ON BOILER MAKEUP**

Check If Correct      Corrections

Serial #: 448084

Manufacturer: WATTS

Model: 909

Type: RP

Size: 1

Orientation:

Boiler

Hazard: COMMERCIAL HAZARD

Premise ID: 9938

Meter#: 74574287

Mailing Phone:

SPID: 9938

Protection: CONTAINMENT

<b>Test Date</b> 10/07/2013	Existing <input checked="" type="checkbox"/> New <input type="checkbox"/>	Removed <input type="checkbox"/> Replaced <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/> Industrial <input type="checkbox"/>	Residential <input type="checkbox"/>	Construction <input type="checkbox"/>	Domestic <input type="checkbox"/>	Irrigation <input type="checkbox"/>	Fire <input type="checkbox"/>
--------------------------------	---	--	--	--------------------------------------	---------------------------------------	-----------------------------------	-------------------------------------	-------------------------------

	Reduced Pressure Principle Assembly			Air Gap Required Separation Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Double Check Valve Assembly			PVB/SVB	
	Check Valve #1	Check Valve #2	Relief Valve	Air Inlet	Check Valve
<b>Initial Test</b> Date <u>9/24/13</u> Time <u>7:30a</u>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>10</u> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>1</u> PSID	Did not open <input type="checkbox"/> Opened at <u>5</u> PSID	Did not open <input type="checkbox"/> Opened at _____ PSID	Leaked <input type="checkbox"/> Held at _____ PSID
<b>Repairs</b> Date _____ Time _____	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-rings <input type="checkbox"/> Seal <input type="checkbox"/> Spring <input type="checkbox"/> Stemguide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-rings <input type="checkbox"/> Seal <input type="checkbox"/> Spring <input type="checkbox"/> Stemguide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> RV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Diaphragm(s) <input type="checkbox"/> Seal <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>
<b>Final Test</b> Date _____ Time _____	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID

**Notify us if failed assemblies cannot be repaired within 3 days**

Comments: No repairs needed

	Yes	No
Proper Installation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input checked="" type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I certify all information on this report is true and accurate, acknowledging that incomplete reports will not be accepted.

Tester: Pct Dopson  
 Certification #: 14-7655      Phone: 816 333-2484  
 Test Kit Serial #: 140 AC-02-00      Calibration Date: 12-3-13  
 Signature: Pct Dopson

Line Pressure 115  
 Meter Reading 65.507  
 Passed       Failed

Return completed  
 Test Report to: **Kansas City**  
 2409 E. 18th St.  
 Kansas City, MO 64127  
 Fax: (816) 513-4798



1138 Kansas Avenue  
Kansas City, Kansas 66105  
(913) 371-8494

3052 S. Clifton, C500  
Springfield, Missouri 65807  
(417) 887-4800

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800-825-0349

kellerfire.com

FP 2570 FIRE PRODUCTS  
WORK ORDER

101839	149595	Technician ID #	333 M4
HEARTLAND CENTER FOR BEHAVIORAL CHANGE 1730 PROSPECT KANSAS CITY, MO 64127	HEARTLAND CTR FOR BEHAVIORAL 1514 CAMPBELL KANSAS CITY, MO 64108	JOB NUMBER	
		DATE	10/23/2013

REQUESTED START DATE	REQUESTED FINISH DATE	CUSTOMER PHONE	JOB PHONE	P.O. NUMBER
11/3/2013		(816) 421-6670		

QUANTITY	DESCRIPTION	UNIT PRICE	EXTD PRICE
	Terms: Bill Out - Net 30 Days		
	4/30/13 QUOTED FIRE TRAINING TO ED ME		
	Portable Inspection		
	4,200 0.00		
	ROCIO #816-420-6670		
	12/14/11 ED TANNER		
	FM'S INSP QUARTERLY		
	0 Portable Fire Extinguisher		
	QUARTERLY- INSPECTION		
	39		
	3		
	2 - Dry Chemical Fire Ext		
	X - K-Class Fire Extinguisher		
	FE918M 2 1/2 TO 4# 6 YEAR		
	FE919M 5# D.C. 6 YEAR		
	FE920M 10# D.C. 6 YEAR		
	X 122 FE921M 20# D.C. 6 YEAR		
	FE944 2 1/2 GAL. WATER RECHARGE		
	FE933 CO2 HYDROTEST UP TO 20#		
	FE935 D.C. HYDROTEST / HALON		
	FE937 WATER PRESSURE HYDROTEST		
	FE960 HOSE HYDROTEST		
	FE901 HOSE INSPECTION		
	FE101 TOP LEVER		
	FE102 CARRY HANDLE		
	FE103 GAUGE		
	FE104 O-RING		
	FE105 VALVE STEM		
	FE106 PULL PIN		
	FE108 WALL HANGER		
	FE111 NOZZLE		
	FE114 SERVICE COLLAR		
	MINIMUM CHARGE		
	SUB TOTAL		
	COLUMN 1		
	SUB TOTAL / COLUMN 2		
	TOTAL 1 & 2		
	SALES TAX		
	GRAND TOTAL		

SPECIAL INSTRUCTIONS

CHECKLIST AVAILABLE FOR INSPECTION BY THE STATE / LOCAL FIRE MARSHALL FOR 24 MONTHS. CERTIFICATION # WYXBK001.

I HEREBY ACCEPT ABOVE PERFORMED SERVICE AS BEING SATISFACTORY AND ACKNOWLEDGE THAT EQUIPMENT HAS BEEN LEFT IN GOOD CONDITION. I HAVE READ, UNDERSTAND AND AGREE TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT.

KELLER REPRESENTATIVE *[Signature]* CUSTOMER SIGNATURE *[Signature]* DATE 11/3/13

- C. CARD
- CASH
- CHECK

CUSTOMER COPY



1138 Kansas Avenue  
Kansas City, Kansas 66105  
(913) 371-8494

3052 S. Clifton, C500  
Springfield, Missouri 65807  
(417) 887-4800

24 HOUR SERVICE  
WE'RE THINKING OF  
YOUR FIRE SAFETY  
800-825-0349  
kellerfire.com

HOOD & DUCT FIRE SYSTEM

HD 3040

WORK ORDER NUMBER: 151301  
Technician ID #: 825 179

CUSTOMER REF: HEARTLY D CENTER FOR BEHAVIORAL CHANGE  
1736 PROSPECT  
KANSAS CITY, MO 64127  
JOB NAME & LOCATION: HEARTLAND CTR FOR BEHAVIORAL  
1514 CAMPBELL  
KANSAS CITY, MO 64106  
DATE: 12/01/2013

REQUESTED START DATE: 12/1/2013  
REQUESTED FINISH DATE:  
CUSTOMER PHONE: (816) 921-6670  
JOB PHONE:

**JOB DESCRIPTION**  
Terms: Bill Out - Net 30 Days  
4/30/13 QUOTED FIRE TRAINING TO ED ME  
Hood & Duct Inspection  
Agreement 4,206 115.00 SCHEDULE 12-2-13 @ 1:30 PM  
ON ALARM  
SET UP W/ED OR ROICD  
12222  
0 AMEX Kitchen Fire System  
AMEREX 375/375  
6 BURNER/GRILL/10 BURNER/2 K-CLASS  
SYSTEM INSTALLED PER UL 300 X Y N

- 1 100 HAZARD CHANGE/SYSTEM ALTERATIONS
- 2 11 CYLINDER PRESSURE OK
- 3 1 CHECK CARTRIDGE TYPE AND WEIGHT
- 4 OPERATE SYSTEM AND AUXILIARY EQUIPMENT
- 5 CHECK PIPE FOR OBSTRUCTIONS
- 6 CLEAN PER MANUFACTURER'S RECOMMENDATIONS
- 7 1 CONNECTED TO BLDG. FIRE ALARM
- 8 1 CONDUIT & CABLES SECURE AND CLEAN
- 9 FUSIBLE LINKS REPLACED
- 10 CLEAN NOZZLES - CHECK CAPS
- 11 FILTERS IN PLACE - CONDITION
- 12 EXHAUST FAN OPERATIONAL
- 13 14 INSTRUCT PERSONNEL ON OPERATION OF SYSTEM
- 14 1 REMOVE SAFETY PIN - REPLACE CARTRIDGE
- 15 SEAL SYSTEM
- 16 TAG SYSTEM
- 17 03/02 HYDROTEST / 6 YEAR MAINTENANCE DATES

QUANTITY	PART NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
1		Amex		11500
1		Test		1500
4		3600 each	LE	14400
		5000 each		30000

LIST APPLIANCES LEFT TO RIGHT: Range / Dishwasher / Stove  
SUB TOTAL  
SALES TAX  
TOTAL DUE

EXPLAIN ANY "NO" ANSWERS OR RECORD ANY CHANGES HERE  
*System needs repair*

PORTABLE EXTINGUISHERS:

SIZE	TYPE	QUANTITY

CHECKLIST AVAILABLE FOR INSPECTION BY THE STATE / LOCAL FIRE MARSHALL FOR 24 MONTHS. CERTIFICATION # WYXBK991.  
I HEREBY ACCEPT ABOVE PERFORMED SERVICE AS BEING SATISFACTORY AND ACKNOWLEDGE THAT EQUIPMENT HAS BEEN LEFT IN GOOD CONDITION. I HAVE READ, UNDERSTAND AND AGREE TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT.

CUSTOMER SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ FILE COPY: \_\_\_\_\_ DATE: \_\_\_\_\_  
C. CARD [ ]  
CASH [ ]  
CHECK [ ]



1138 Kansas Avenue  
Kansas City, Kansas 66105  
(913) 371-8494

3052 S. Clifton, C500  
Springfield, Missouri 65807  
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24 HOUR SERVICE  
WE'RE THINKING OF  
YOUR FIRE SAFETY  
800-825-0349  
kellerfire.com

FP 4064 FIRE PRODUCTS  
WORK ORDER

101839  
HEARTLAND CENTER FOR BEHAVIORAL CHANGE  
1730 PROSPECT  
KANSAS CITY, MO 64127

HEARTLAND CTR FOR BEHAVIORAL  
1514 CAMPBELL  
KANSAS CITY, MO 64109

154953

Technician ID # 333 M4  
JOB NUMBER  
DATE 1/27/2014

REQUESTED START DATE 2/2/2014  
REQUESTED FINISH DATE  
CUSTOMER PHONE (816) 421-6670  
JOB PHONE  
P.O. NUMBER

QTY	CODE NO	DESCRIPTION	UNIT PRICE	EXT'D PRICE
	FE918M	2 1/2 TO 4# 6 YEAR		
1	FE918M	5# D.C. 6 YEAR		
	FE920M	10# D.C. 6 YEAR		
	FE921M	20# D.C. 6 YEAR		
	FE944	2 1/2 GAL. WATER RECHARGE		
	FE983	CO2 HYDROTEST UP TO 20#		
3	FE935	D.C. HYDROTEST / HALON		
	FE937	WATER PRESSURE HYDROTEST		
	FE960	HOSE HYDROTEST		
	FE901	HOSE INSPECTION		
	FE101	TOP LEVER		
	FE102	CARRY HANDLE		
1	FE103	GAUGE		
6	FE104	O-RING		
3	FE105	VALVE STEM		
	FE106	PULL PIN		
	FE108	WALL HANGER		
	FE111	NOZZLE		
6	FE114	SERVICE COLLAR		
1	FEK	K-CLASS T.I.I.		
		MINIMUM CHARGE		
SUB TOTAL COLUMN 1			SUB TOTAL / COLUMN 2	
			TOTAL 1 & 2	
			SALES TAX	
			GRAND TOTAL	

SPECIAL INSTRUCTIONS

CHECKLIST AVAILABLE FOR INSPECTION BY THE STATE / LOCAL FIRE MARSHALL FOR 24 MONTHS. CERTIFICATION # WYXBK001.

I HEREBY ACCEPT ABOVE PERFORMED SERVICE AS BEING SATISFACTORY AND ACKNOWLEDGE THAT EQUIPMENT HAS BEEN LEFT IN GOOD CONDITION. I HAVE READ, UNDERSTAND AND AGREE TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT.

KELLER REPRESENTATIVE *[Signature]* CUSTOMER SIGNATURE *[Signature]* DATE 2/17/14

2/17 115 315

C. CARD   
CASH   
CHECK

CUSTOMER COPY



1138 Kansas Avenue  
Kansas City, Kansas 66105  
(913)371-8494

24 HOUR SERVICE  
WE'RE THINKING OF  
YOUR FIRE SAFETY  
913-371-8494  
FAX NO. 913-321-3457

163538 SYSTEM SERVICE  
M H

ADDRESS OF CLIENT HEARPLAND CENTER FOR BEHAVIORAL CHANGE 1730 PROSPECT KANSAS CITY, MO 64127		JOB NUMBER 163538		Technician ID # 432 M6	
REQUESTED START DATE 6/23/2014		REQUESTED FINISH DATE		CUSTOMER PHONE (816) 421-5870	
JOB NAME / DESCRIPTION HEARPLAND CENTER FOR BEHAVIORAL 1834 CAMPBELL KANSAS CITY, MO 64108		JOB NUMBER		DATE 6/18/2014	
REQUESTED START DATE		REQUESTED FINISH DATE		P.O. NUMBER	

QUANTITY	DESCRIPTION	TESTS/RESULTS
1	FUNCTION	OK
11	ALARM	OK
6	ALARM	OK
6	FUNCTION	OK
2	TESTED	80%

Terms: Bill Out - Net 30 Days

QUANTITY	DESCRIPTION	TESTS/RESULTS
1	ANNUAL INSPECTION	

QUANTITY	DESCRIPTION	TESTS/RESULTS
1		
1		
1		
1		

DESCRIPTION OF WORK PERFORMED:  
 NO REMOVALS AT THIS TIME, REMOVE #1 TO DISABLE SUNDRIES, ALL DEVICES TESTED REPORTS PROPERLY. DOORS CLOSE ON ANY ALARM.

SYSTEM STATUS UPON DEPARTURE  
 FULLY OPERATIONAL  OUT OF ORDER  PARTIALLY OPERATIONAL  RELEASE DEVICES CONNECTED

I HEREBY ACCEPT ABOVE PERFORMED SERVICE AS BEING SATISFACTORY AND ACKNOWLEDGE THAT EQUIPMENT HAS BEEN LEFT IN GOOD CONDITION. I HAVE READ, UNDERSTAND AND AGREE TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT.

KELLER REPRESENTATIVE Connor Robinson CUSTOMER REPRESENTATIVE [Signature] DATE 6/25/14

CUSTOMER COPY



1138 Kansas Avenue  
Kansas City, Kansas 66105  
(913) 371-8494

3052 S. Clifton, C500  
Springfield, Missouri 65807  
(417) 887-4800

24 HOUR SERVICE  
WE'RE THINKING OF  
YOUR FIRE SAFETY  
800-825-0349  
kellerfire.com

FP 7488 FIRE PRODUCTS  
WORK ORDER

101839		166576		Technician ID # 333 M9	
HEARTLAND CENTER FOR BEHAVIORAL CHANGE 1730 PROSPECT KANSAS CITY, MO 64127		HEARTLAND CTR FOR BEHAVIORAL 1514 CAMPBELL KANSAS CITY, MO 64108		JOB NUMBER	
REQUESTED START DATE 8/3/2014		REQUESTED FINISH DATE		DATE 7/28/2014	
CUSTOMER PHONE (816) 421-6670		JOB PHONE		P.O. NUMBER	

QTY	QTY	DESCRIPTION	UNIT PRICE	EXT. PRICE
	FE918M	2 1/2 TO 4# 6 YEAR		
	FE919M	5# D.C. 6 YEAR		
	FE920M	10# D.C. 6 YEAR		
	FE921M	20# D.C. 6 YEAR		
	FE944	2 1/2 GAL WATER RECHARGE		
	FE933	CO2 HYDROTEST UP TO 20#		
	FE935	D.C. HYDROTEST / HALON		
	FE937	WATER PRESSURE HYDROTEST		
	FE980	HOSE HYDROTEST		
	FE901	HOSE INSPECTION		
	FE101	TOP LEVER		
	FE102	CARRY HANDLE		
	FE103	GAUGE		
	FE104	O-RING		
	FE105	VALVE STEM		
	FE106	PULL PIN		
	FE108	WALL HANGER		
	FE111	NOZZLE		
	FE114	SERVICE COLLAR		
	FE903	SERVICE CALL		
40	FE904	ANNUAL INSPECTION		
	FE905	MONTHLY INSPECTION		
	FE906	FIRE EXT. INSTALLATIONS		
	FE500	FIRE TRAINING		
	FE911	5# CO2 REFILL		
	FE912	6 TO 10# CO2 REFILL		
	FE913	15# CO2 REFILL		
	FE914	20# CO2 REFILL		
	FE918	2 1/2 TO 4# D.C. RECHARGE		
	FE919	5# D.C. RECHARGE		
	FE920	10# D.C. RECHARGE		
	FE921	20# D.C. RECHARGE		
SUB TOTAL			MINIMUM CHARGE	
COLUMN 1			SUB TOTAL / COLUMN 2	
			TOTAL 1 & 2	
			SALES TAX	
			GRAND TOTAL	

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KELLER REPRESENTATIVE *[Signature]* CUSTOMER SIGNATURE *[Signature]* DATE 8/19/14  
 C. CARD  
 CASH  
 CHECK

819

CUSTOMER COPY

CITY OF FOUNTAINS  
HEART OF THE NATION



KANSAS CITY  
MISSOURI

City Planning & Development Department  
Development Management Division

15th Floor, City Hall  
414 East 12th Street  
Kansas City, Missouri 64106-2795

816 513-2846  
Fax 816 513-2838

June 26, 2013

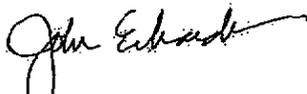
Kathy Hauser  
Lathrop & Gage LLP  
2345 Grand Boulevard  
Suite 2400  
Kansas City, MO 64108

**RE: Case No. 9287-SU-17 -- 1514-1534 Campbell** - A request to approve a special use permit for an existing halfway house in District MI-5 generally located at the northwest corner of 16th Street and Campbell Street.

Dear Ms. Hauser:

At its regularly scheduled meeting on June 25, 2013, the Board of Zoning Adjustment **APPROVED Case No. 9287-SU-17** without conditions.

Sincerely,



Staff Planner  
John Eckardt

C009287SU17\_Dispo\_06\_25\_13

RECEIVED  
7-9-13

---

**HEARTLAND CENTER FOR BEHAVIORAL CHANGE**

**INDEPENDENT AUDITOR'S REPORT ON FINANCIAL  
STATEMENTS AND SUPPLEMENTARY INFORMATION**

**For the Years Ended June 30, 2013 And 2012**

***Welch & Associates, L.L.C.***  
**CERTIFIED PUBLIC ACCOUNTANTS**  
**KANSAS CITY, MISSOURI**

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# HEARTLAND CENTER FOR BEHAVIORAL CHANGE

FOR THE YEARS ENDED JUNE 30, 2013 AND 2012

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# ***Welch & Associates, L.L.C.***

CERTIFIED PUBLIC ACCOUNTANTS

Ten Main Center  
920 Main Street, Suite 640  
Kansas City, Missouri 64105  
Ph. (816) 756-2620 Fax (816) 756-2621  
[www.welchcpafirm.com](http://www.welchcpafirm.com)

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## **INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors  
Heartland Center for Behavioral Change  
Kansas City, Missouri

### **Report on the Financial Statements**

We have audited the accompanying financial statements of Heartland Center for Behavioral Change (the Organization), which comprise the statements of financial position as of June 30, 2013 and 2012, and the related statements of activities and changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Heartland Center for Behavioral Change as of June 30, 2013 and 2012, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### **Report on Supplementary Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental information shown on pages 18 to 21 is presented for purposes of additional analysis, and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.



**Welch & Associates, L.L.C.**  
Kansas City, Missouri  
November 19, 2013

**HEARTLAND CENTER FOR BEHAVIORAL CHANGE**  
**STATEMENTS OF FINANCIAL POSITION**  
**AS OF JUNE 30, 2013 AND 2012**

	2013	2012
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 161,328	\$ 84,982
Grants and contracts receivable	865,637	1,171,865
Prepaid expenses	87,551	49,046
Security deposits	50,757	47,488
TOTAL CURRENT ASSETS	1,165,273	1,353,381
Property and equipment, net	5,691,683	5,889,548
TOTAL ASSETS	\$ 6,856,956	\$ 7,242,929
 <b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable	275,010	192,576
Other payables	11,565	12,677
Payable to Department of Corrections	44,835	44,835
Accrued payroll and related liabilities	228,007	198,542
Accrued vacation payable	203,644	234,317
Accrued interest	8,527	9,991
Unearned revenue	19,388	-
Client rehabilitation payback and savings	10,246	11,001
Bank line of credit	522,649	480,715
Current portion of long-term debt	202,442	553,285
TOTAL CURRENT LIABILITIES	1,526,313	1,737,939
Long-term debt, less current portion	1,727,491	1,927,335
TOTAL LIABILITIES	3,253,804	3,665,274
Unrestricted net assets	3,603,152	3,577,655
TOTAL LIABILITIES AND NET ASSETS	\$ 6,856,956	\$ 7,242,929

See auditor's report and notes accompanying financial statements

**HEARTLAND CENTER FOR BEHAVIORAL CHANGE**  
**STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS**  
**FOR THE YEARS ENDED JUNE 30, 2013 AND 2012**

	2013	2012
<b>REVENUES AND OTHER SUPPORT</b>		
Missouri Department of Corrections and Human Resources	\$ 2,246,996	\$ 3,384,420
Missouri Department of Mental Health	1,541,061	1,260,703
Environmental Protection Agency grant	57,130	36,195
Jackson County Anti-Drug Fiscal Commission	153,249	59,799
Clay, Platte, Ray Counties Mental Health	237,636	166,817
Grant revenue Liberty / Richmond	79,798	100,732
CSTAR Medicaid	269,055	174,872
Fees for services	2,986,432	3,054,827
Court fees	1,334,710	1,033,959
Rental revenue	243,497	248,644
Contributions	67,923	57,325
Interest	183	565
Miscellaneous	5,538	27,806
Gain on Sale/Disposal of Building/Vehicle	9,104	279,046
	9,232,312	9,885,710
<b>TOTAL REVENUES AND OTHER SUPPORT</b>		
 <b>EXPENSES</b>		
Program Services:		
Alcohol and Drug Abuse Programs	2,777,476	2,673,908
Residential Re-Entry Center Program	1,834,614	1,642,293
Drug Court Program	728,246	704,774
Other	1,690,723	2,318,314
Supporting Services:		
Administrative	2,175,756	2,097,772
	9,206,815	9,437,061
<b>TOTAL EXPENSES</b>		
	25,497	448,649
<b>CHANGE IN NET ASSETS</b>		
	3,577,655	3,299,729
<b>NET ASSETS, B.O.Y.</b>		
	-	(170,723)
<b>PRIOR PERIOD ADJUSTMENT</b>		
	\$ 3,603,152	\$ 3,577,655
<b>NET ASSETS, E.O.Y.</b>		

See auditor's report and notes accompanying financial statements

**HEARTLAND CENTER FOR BEHAVIORAL CHANGE**  
**STATEMENTS OF CASH FLOWS**  
**FOR THE YEARS ENDED JUNE 30, 2013 AND 2012**

	2013	2012
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Change in net assets	\$ 25,497	\$ 448,649
Adjustment to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	424,683	413,560
(Increase)/Decrease in Operating Assets:		
Grants and contracts receivable	306,228	84,042
Other receivable	-	2,100
Prepaid expenses	(38,505)	(6,386)
Security deposit	(3,269)	(2,500)
Increase/(Decrease) in Operating Liabilities:		
Accounts payable	81,322	15,239
Accrued payroll and related liabilities	29,465	(239,366)
Accrued liabilities	(755)	(1,351)
Accrued vacation payable	(30,673)	11,760
Accrued interest	(1,464)	(2,193)
Unearned revenue	19,388	-
<b>NET CASH PROVIDED BY OPERATING ACTIVITIES</b>	<b>811,917</b>	<b>723,554</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Net increase in property and equipment	(226,818)	(258,635)
<b>NET CASH USED IN INVESTING ACTIVITIES</b>	<b>(226,818)</b>	<b>(258,635)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Increase in bank line of credit	41,934	48,000
Principal payments of notes and loans	(550,687)	(883,728)
<b>NET CASH USED IN FINANCING ACTIVITIES</b>	<b>(508,753)</b>	<b>(835,728)</b>
<b>NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	<b>76,346</b>	<b>(370,809)</b>
<b>CASH AND CASH EQUIVALENTS, B.O.Y.</b>	<b>84,982</b>	<b>455,791</b>
<b>CASH AND CASH EQUIVALENTS, E.O.Y.</b>	<b>\$ 161,328</b>	<b>\$ 84,982</b>
<b>SUPPLEMENTAL DISCLOSURES:</b>		
Cash Paid During The Year For Interest Expense	\$ 176,950	\$ 222,511
Cash Paid During The Year For Tax Expense	\$ -	\$ -
Non Cash Exchange of Land Included in Net Increase in Property and Equipment	\$ -	\$ 87,100

See auditor's report and notes accompanying financial statements

**HEARTLAND CENTER FOR BEHAVIORAL CHANGE**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED JUNE 30, 2013 AND 2012**

**NOTE 1: ORGANIZATION AND NATURE OF ACTIVITIES**

Heartland Center for Behavioral Change (the Organization) is a nonprofit organization incorporated in the state of Missouri. The Organization's principal business activities are to provide treatment and other services to individuals with substance abuse and other behavioral issues. The Organization's primary sources of revenue are from State of Missouri, Federal grants and donations from other sources. It operates from facilities located in Kansas City, Independence, Springfield, Bolivar, Seymour, Branson, Buffalo, Liberty, and Richmond Missouri.

The Organization operates the following programs:

The Alcohol and Drug Abuse (ADA) programs are funded through the Division of Alcohol and Drug Abuse, Clay, Platte, Ray Mental Health Board and the COMBAT Commission. They include intensive outpatient services and community support services for adult male and female clients and Comprehensive Substance Abuse and Rehabilitation programs. Medicaid clients are served in addition to those funded directly through the State of Missouri. The ADA programs also include the Organization's Modified Medical detoxification services in Kansas City. Clients served are referred through probation and parole departments, social service agencies in the community and through self-referrals.

The Federal Residential Re-Entry Center (RRC) program is a Federal Bureau of Prisons funded halfway house for individuals being released from Bureau of Prisons facilities throughout the United States. Services include housing, financial management programs, life skills, and case management services. The facility houses up to 120 offenders through the Bureau of Prisons referrals and United States Probation Office referrals. Offenders are expected to maintain employment, participate in community referrals, and work to become eligible for home confinement.

The Organization has contracts with the Jackson County Drug Court, Greene County Drug Court and Polk County Drug Court to provide treatment services to offenders deemed appropriate for and referred from the Prosecutor's office. These services include assessments, individual counseling, group counseling, coordination of case management services with the Drug Court staff, and continued monitoring of urinalysis testing to ensure compliance. *(Program Service Expenses*

Other program services include case management; outpatient substance abuse treatment services; various court services; implementation of web-based behavioral health management; community re-entry programs; substance abuse assessments; and transitional housing programs.

**NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Use of Estimates in Preparing Financial Statements

The preparation of financial statements in conformity with generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the

**HEARTLAND CENTER FOR BEHAVIORAL CHANGE**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED JUNE 30, 2013 AND 2012**

date of financial statements and the reported amounts of revenue, expenses, gains, losses, and other changes in net assets during the reporting period. *Actual results could differ from those estimates.*

Basis of Accounting

The financial statements of the Organization have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables and other liabilities.

Cash and Cash Equivalents

For the purpose of the Statement of Cash Flows, the Organization considers cash, checking, saving, and money market bank accounts as cash and cash equivalents.

Promises to Give

*Contributions and pledges are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional.*

Grants and Contracts Receivable

Grants and contracts receivable consist primarily of amounts due from the State of Missouri, and other federal programs as reimbursements or payment for services. These amounts have already been reduced for estimated collections fees. Management reviews the grants and contract receivable and evaluates if the accounts are collectible and establishes allowance for doubtful accounts. Delinquent receivables are written off based on specific circumstances. Recoveries of delinquent receivable previously written off are recorded as revenue when received.

Restricted Contributions

The Organization follows the Financial Accounting Standards Board Accounting Standards Codification (ASC) related to *Accounting for Contributions Received and Contributions Made*. In accordance with this topic, contributions received are recorded as unrestricted, temporarily restricted or permanently restricted support, depending on the existence and/or nature of any donor restrictions.

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor or by law. Amounts received which are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support that increases those net asset classes. When a restriction is fulfilled in the same time period in which the contribution is received, the Organization reports the support as unrestricted and provides information regarding the amount of support which has satisfied the *restricted requirements*.

Compensated Absences

Employees of the Organization are entitled to paid vacation, depending on job classification and length of service. An amount has been included on the statement of financial position to reflect this liability.

**HEARTLAND CENTER FOR BEHAVIORAL CHANGE**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED JUNE 30, 2013 AND 2012**

Basis of Presentation

Financial statement presentation follows the recommendations of the ASC on *Financial Statements of Not-for-Profit Organizations*. Under this rule, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Unrestricted

Unrestricted net assets include all net assets which are neither temporarily nor permanently restricted.

Temporarily Restricted

Temporarily restricted net assets include contributed net assets for which donor-imposed time and purpose restrictions have not been met and the ultimate purpose of the contribution is not permanently restricted.

Permanently Restricted

Permanently restricted net assets include contributed net assets which require, by donor restriction, that the corpus be invested in perpetuity and only the income be made available for program operations in accordance with donor restrictions.

Government Grants and Contracts

Revenue from grants is recognized as the Organization performs the contracted services or incurs outlays eligible for reimbursements under the grant agreements. Grant activities and outlays are subject to audit and acceptance by the granting agency and, as a result of such audit, adjustments could be required.

Fair Value Measurement

The carrying amounts of assets and liabilities, except for long-term debts and property and equipment, are reported on the balance sheet at their approximate fair values. The long term debts are secured by the real property and other business assets which make it impracticable to estimate the fair value of long term debts. The long term debts are reported at their original value less the total payments made as of the balance sheet date. The measurement of reported value of property and equipment is discussed below in property and equipment note.

Property and Equipment

Purchased property and equipment are recorded at cost. Donated property and equipment are recorded at their market value at the time of donation. If donors stipulate how long the asset must be used, the contributions are recorded as restricted support. In the absence of such stipulations, contributions of property and equipment are recorded as unrestricted support. Management believes fixed assets are not impaired as long as it continues to receive significant funding from government agencies (see Note 8).

Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Estimated useful lives of the assets are as follows:

Buildings	5-30 Years
Building improvements	2-30 Years
Equipment, furniture and fixtures	3-60 Years
Vehicles	3-5 Years

**HEARTLAND CENTER FOR BEHAVIORAL CHANGE**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED JUNE 30, 2013 AND 2012**

Income Taxes

The Organization has been designated as tax-exempt organization pursuant to Internal Revenue Code (IRC) Section 501(c)(3). Further, the Organization has been determined not to be private foundation per IRC Section 509(a). Accordingly, no provision for income tax expense or excise tax expense has been made.

Functional Allocation of Expenses

The indirect functional costs of providing the various programs and activities of the Organization have been allocated to the programs based on the number of employees employed by such programs. Program expenses include the direct costs of and the indirect cost allocated to such program.

Subsequent Events

In preparing these financial statements, management has evaluated events and transactions for potential recognition or disclosure through November 19, 2013, the date the financial statements were available to be issued.

Uncertain Tax Positions

The Organization accounts for uncertain tax positions in accordance with the provisions of FASB Codification Topic 740, Income Taxes. Topic 740 clarifies the accounting and recognition for income tax positions taken or expected to be taken in the Organization's income tax returns. Under Topic 740, the Organization is required to report information regarding its exposure to various tax positions taken by the Organization.

As of June 30, 2013 and 2012, management believes the Organization's tax status to be that of a not-for-profit entity and; therefore, has made the decision to classify the Organization as tax exempt. Management has reviewed all sources of revenue and does not believe the Organization to be subject to income tax on unrelated business income. The Organization did not record any interest or penalties in the statements of operation or statements of financial position as of and during the years ended June 30, 2013 and 2012. Tax returns filed for the years ended June 30, 2010 through 2012 remain subject to examination by the Internal Revenue Service.

**NOTE 3: PROPERTY AND EQUIPMENT**

The major classes of property and equipment for the years ended June 30, 2013 and 2012 are:

	<u>July 1, 2012</u>	<u>Additions</u>	<u>Dispositions</u>	<u>June 30, 2013</u>
Land	\$ 87,100	\$ 0	\$ 0	\$ 87,100
Buildings	3,020,541	0	0	3,020,541
Building improvements	4,693,622	148,693	0	4,842,315
Equipment, furniture and fixtures	1,156,961	71,625	0	1,228,586
Vehicles	<u>188,230</u>	<u>6,500</u>	<u>(30,000)</u>	<u>164,730</u>
	9,146,454	226,818	(30,000)	9,343,272
Accumulated depreciation	<u>(3,256,906)</u>	(424,683)	30,000	<u>(3,651,589)</u>
	<u>\$5,889,548</u>			<u>\$5,691,683</u>

**HEARTLAND CENTER FOR BEHAVIORAL CHANGE**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED JUNE 30, 2013 AND 2012**

	<u>July 1, 2011</u>	<u>Additions</u>	<u>Dispositions</u>	<u>June 30, 2012</u>
Land	\$ 0	\$ 87,100	\$ 0	\$ 87,100
Buildings	3,176,206	0	(155,665)	3,020,541
Building improvements	4,687,374	106,894	(100,646)	4,693,622
Equipment, furniture and fixtures	977,001	179,960	0	1,156,961
Vehicles	<u>218,130</u>	<u>0</u>	<u>(29,900)</u>	<u>188,230</u>
	9,058,711	373,954	(286,211)	9,146,454
Accumulated depreciation	<u>(3,014,238)</u>	(413,560)	170,892	<u>(3,256,906)</u>
	<u>\$6,044,473</u>			<u>\$5,889,548</u>

Cost of equipment under capital lease as of June 30, 2013 is \$38,508.

**NOTE 4: CLIENT REHABILITATION PAYBACK AND SAVINGS**

Certain clients are required to make an initial deposit and pay a portion of any wages earned to the Organization. The Organization maintains two bank accounts in which they hold these funds on the clients' behalf. The funds for each client can be used to pay certain client expenses. Clients who discontinue receiving treatment from the Organization are paid any residual balances set aside for them. The funds held on clients' behalf amounts to \$10,226 and \$11,001 at June 30, 2013 and 2012, respectively.

**NOTE 5: LONG-TERM DEBT**

Long term debt of the Organization is comprised of the following as of June 30, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Loan No. 9234400 from Bank of Blue Valley (BBV) payable in monthly installments of \$12,685 including interest at 6.625% with a balloon payment due June 15, 2017, collateralized by all business assets.	\$ 527,161	\$ 639,809
Loan No. 9234410 from BBV payable in monthly installments of \$16,204 including interest at 7.0% with a balloon payment due February 15, 2018, collateralized by all business assets.	1,402,772	1,494,095
Loan No. 9249420 from BBV, payable in monthly installments of \$31,510 including interest at 6.75% due May 19, 2013, collateralized by all business assets.	0	335,056
Capital lease obligation for equipment, payable in monthly installments of \$1,069 maturing in 2013.	0	11,660
	<u>1,929,933</u>	<u>2,480,620</u>
Less current maturities	202,442	553,285
	<u>\$1,727,491</u>	<u>\$1,927,335</u>

**HEARTLAND CENTER FOR BEHAVIORAL CHANGE  
NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED JUNE 30, 2013 AND 2012**

Approximate principal payments due on notes payable in each of the next five years is as follows:

Period Ending	Amount
June 30, 2014	\$202,000
2015	225,000
2016	263,000
2017	262,000
2018	978,000

**NOTE 6: BANK LINE OF CREDIT**

During the year ended June 30, 2011, the Organization obtained a line of credit from BBV with a maximum borrowing limit of \$750,000. Interest on the line of credit is payable monthly at 5%. The maturity date is May 18, 2014. The outstanding balance at June 30, 2013 and 2012 was \$522,649 and \$480,715, respectively. The line of credit is collateralized by all business assets.

**NOTE 7: OPERATING LEASES**

Office Space

The Organization entered into various lease agreements for office and parking spaces that expire in next two years and also includes month to month leases with no expiration dates. Rent expense for the years ended June 30, 2013 and 2012 is \$296,024 and \$294,064, respectively. Approximate rental lease payments due in each of the next two years is as follows:

Period Ending	Amount
June 30, 2014	\$ 95,117
2015	11,098

Equipment Rentals

The Organization has renewable lease agreements for copiers, printers and scanners with GE Capital and Key Equipments that requires monthly lease payments of \$3,540 and \$658, respectively. The Organization also has renewable lease agreements for washers and dryers with Coin Machine Corporation and ice machines with Ice Masters that requires a monthly rental payment of \$324 and \$510, respectively. Rent expense for June 30 2013 and 2012 was \$60,384 and \$60,171, respectively. Approximate rental lease payments due in each of the next five years is \$60,000 per year.

**NOTE 8: MAJOR CUSTOMERS**

The Organization received a major portion of its total revenues from governmental agencies for the years ended June 30, 2013 and 2012. If a significant reduction in the level of support were to occur, it could have an adverse effect on the Organization's programs and services.

**HEARTLAND CENTER FOR BEHAVIORAL CHANGE**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED JUNE 30, 2013 AND 2012**

**NOTE 9: EMPLOYEE BENEFIT PLAN**

The Organization offers a 401(k) Plan (Plan). The provisions of the Plan are as follows:

- The normal retirement age is 65 years.
- All full-time employees who have attained the age of 18 years are eligible to participate in the plan after completion of one year of service.
- The employer matches 100% of the employee's contributions up to 5% of eligible compensation during the years ended June 30, 2013 and 2012.

The Organization's contribution to the Plan for the years ended June 30, 2013 and 2012 was \$84,589 and \$113,000, respectively. Total employee contributions were \$103,617 and \$147,458 for the years ended June 30, 2013 and 2012, respectively.

**NOTE 10: PRIOR PERIOD ADJUSTMENT**

Certain errors resulting in an overstatement of previously reported net assets for fiscal years 2007-2011 were discovered by management subsequent to June 30, 2011. Accordingly, adjustments of \$170,723 were made during the year ended June 30, 2012 to adjust accounts receivable as of June 30, 2011 and corresponding entry was also made to adjust previously reported net assets.

**NOTE 11: CONTINGENCY**

During the year ended June 30, 2009, the Organization engaged a consultant to perform subsurface testing around a closed fuel oil tank on the site of one of its buildings. The results of that testing indicated that at some sample locations, in close proximity to the tank, soil or groundwater contained fuel oil constituents above the laboratory detection limit, but below state-established risk based health and safety levels. The consultant recommends the Organization enter a voluntary clean-up program. The clean-up costs were estimated to be in excess of \$200,000. The Organization had applied for grant funds to pay for the clean-up that was approved by U.S. Environmental Protection Agency (EPA) during the year ended June 30, 2010. The funds received under the grant during the years ended June 30, 2013 and 2012 amount to \$57,130 and \$6,916, respectively. The Organization has entered into a Master Services Agreement with Terracon Consultants, Inc. in August of 2011 for the clean-up of the site. The EPA has extended the time line to complete the clean up program to September 30, 2014.

**NOTE 12: RECLASSIFICATIONS**

Certain reclassifications have been made to the prior year financial statements to conform to the classifications in the current year financial statements.

**HEARTLAND CENTER FOR BEHAVIORAL CHANGE**  
**SCHEDULE OF FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED JUNE 30, 2013**

	Alcohol and Drug Abuse	Residential Re-Entry	Drug Court	Other	Administration	Total
Salaries	\$ 1,673,387	\$ 871,691	\$ 477,605	\$ 594,246	\$ 1,266,748	\$ 4,883,677
Employee benefits	170,935	70,552	54,151	80,552	182,336	558,526
Payroll taxes	124,832	64,927	35,475	45,459	95,026	365,719
Donation	6,000	0	0	629	0	6,629
Professional fees	118,435	81,972	55,953	140,989	202,532	599,881
Supplies	44,014	80,987	6,827	34,941	19,244	186,013
Medical supplies	67,274	16,371	551	48,808	4,218	137,222
Telephone	33,025	14,325	5,433	10,200	31,983	94,966
Utilities	38,198	105,970	0	160,207	9,392	313,767
Postage	187	0	14	56	1,526	1,783
Insurance	6,030	0	0	0	82,535	88,565
Rent	171,525	14,031	74,196	32,371	3,901	296,024
Building maintenance	30,742	48,236	6,617	50,230	117,720	253,545
Equipment rental & repair	17,358	23,609	474	24,793	3,833	70,067
Advertising	2,337	173	0	1,573	2,666	6,749
Printing and copying	781	1,569	109	389	3,701	6,549
Interest	0	33,432	0	116,993	25,061	175,486
Staff transportation costs	25,166	6,897	3,327	3,796	23,558	62,744
Client transportation	110,682	17,595	75	1,635	0	129,987
Dues and subscriptions	(1,061)	587	0	810	13,765	14,101
Miscellaneous	39	0	0	28	34,473	34,540
Depreciation	82,549	137,496	6,496	173,203	24,939	424,683
Public relations	68	1,332	0	1,056	18,078	20,534
Licensure	20	210	0	255	3,935	4,420
Food services	50,577	239,334	0	117,432	0	407,343
Small equipment	3,256	1,585	643	1,192	515	7,191
Training fees	1,120	1,733	300	880	4,071	8,104
Loss on Claims	0	0	0	48,000	0	48,000
	<u>\$ 2,777,476</u>	<u>\$ 1,834,614</u>	<u>\$ 728,246</u>	<u>\$ 1,690,723</u>	<u>\$ 2,175,756</u>	<u>\$ 9,206,815</u>

See auditor's report and notes accompanying financial statements

**HEARTLAND CENTER FOR BEHAVIORAL CHANGE**  
**SCHEDULE OF FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED JUNE 30, 2012**

	Alcohol and Drug Abuse	Residential Re-Entry	Drug Court	Other	Administration	Total
Salaries	\$ 1,597,800	\$ 789,837	\$ 456,078	\$ 1,096,892	\$ 1,252,376	\$ 5,192,983
Employee benefits	167,290	46,839	55,435	115,638	198,134	583,336
Payroll taxes	118,421	62,312	35,837	84,946	90,733	392,249
Donation	6,000	0	0	1,016	0	7,016
Professional fees	113,470	78,477	52,788	70,173	160,001	474,909
Supplies	41,489	69,893	8,788	37,449	19,956	177,575
Medical supplies	65,328	6,417	251	61,040	1,713	134,749
Telephone	14,623	6,800	849	9,723	90,681	122,676
Utilities	41,847	99,515	0	170,143	1,016	312,521
Postage	354	0	47	356	1,408	2,165
Insurance	0	0	0	0	71,289	71,289
Rent	205,378	0	60,743	27,943	0	294,064
Building maintenance	40,555	43,166	6,568	91,956	61,798	244,043
Equipment rental and repara	10,241	10,730	568	12,607	4,441	38,587
Advertising	1,451	654	0	3,716	14,895	20,716
Printing and copying	680	2,855	0	932	1,033	5,500
Interest	(961)	64,603	0	125,444	31,232	220,318
Staff mileage and transpor	19,775	8,357	1,772	19,209	34,897	84,010
Client transportation	99,479	7,571	260	17,363	0	124,673
Dues and subscriptions	1,161	411	0	173	20,360	22,105
Bad debts expense	13,136	0	0	0	0	13,136
Miscellaneous	614	8,362	16,550	9,007	23,342	57,875
Depreciation	68,327	116,973	7,234	227,925	(6,899)	413,560
Public relations	301	1,094	0	203	15,661	17,259
Licensure	631	148	0	163	2,344	3,286
Food services	40,396	215,108	0	105,540	0	361,044
Small equipment	2,673	1,980	50	986	1,185	6,874
Training fees	3,449	191	956	3,771	6,176	14,543
Loss on disposal of vehicle	0	0	0	24,000	0	24,000
	<u>\$ 2,673,908</u>	<u>\$ 1,642,293</u>	<u>\$ 704,774</u>	<u>\$ 2,318,314</u>	<u>\$ 2,097,772</u>	<u>\$ 9,437,061</u>

See auditor's report and notes accompanying financial statements

# wgn associates, inc.

ARCHITECTS  
4051 BROADWAY  
KANSAS CITY, MO. 64111  
816-931-2820

March 4, 2011

Ms. Myrna Trickey, Executive Director  
Kansas City Community Center  
1730 Prospect  
Kansas City, Missouri 64108

Re: **ADA Compliance  
at 1514 Campbell**

Dear Ms. Trickey:

On several occasions in past years, I have been asked to write a letter for KCCC to help satisfy concerns of the Missouri Department of Corrections regarding compliance with the ADA of your main facility at 1514 Campbell. As you know, I have been serving as KCCC's architect for over 2 decades and as such, I have come to know the building very well. During that time, the City of Kansas City, Mo. has revised it's building code at least 4 times, most recently adopting the 2006 International Building Code package.

I understand that the purpose of my letter today is because you need a licensed design professional to once again certify that your existing facility at 1514 Campbell is currently in compliance with the ADA. All my past certification letters for KCCC concentrated primarily on how KCMO's currently adopted code embodies the concept that when a multi-story building is either built new or rehabbed, only the ground floor of the building is required to be accessible; with only one exception. Whenever a building is equipped with an elevator, every level reached by that elevator must also be accessible. As you know, since the date of my last letter, KCCC has undergone a series of renovation projects, the most significant of which was the installation of an elevator for the Federal RRC program. This new elevator project, together with all the related project improvements, has now brought every accessible level of every occupied wing at 1514 Campbell into compliance with the ADA.

My interpretation of the intent of the ADA is that all activities and functions offered within a building should be made available to the disabled, as well as to the general public. Over the years, one renovation project at a time, KCCC has chipped away at issue of ADA compliance, always making a special point to provide accessible parking, sleeping, eating, bathing, visiting and conferencing accommodations. Previously our focus was on the ground floor, but now, by virtue of these recent projects, KCCC is now in compliance on every floor. My certification has taken into consideration the following list of functions when determining compliance with the ADA. I believe both you and the State of Missouri will find the list is truly comprehensive in it's scope.

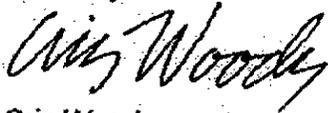
- 1) Parking: Reserved and marked handicap parking is immediately adjacent to all 3 Campbell entrances, the street-side entrances to the building.
- 2) Building entry: Two of the 3 Campbell entrances are accessible; the entrance referred to as the detox entrance and the new entrance for the Federal RRC program.

- 3) Corridor width: All corridors throughout the building which connect the accessible entrance to each of the building's functions exceed 44" in width, the minimum width required for an accessible path.
- 4) Conference & sleeping space: Each such space in the building has a 36" wide doorway with the appropriate clearances on the strike side of the door. Each sleeping room in the building now has a 36" wide doorway and a code compliant emergency egress window.
- 6) Restroom & bathing: Toilets, lavatories and shower facilities meeting ADA requirements are available for both sexes on every level of the existing facility.
- 7) Eating: The cafeteria and kitchen are now available to the disabled via the elevator.
- 8) Visitors: Again, similar to eating, accessibility is now possible for all visitors, including disabled visitors.
- 9) Area of Evacuation Assistance: Inherent with making the upper 2 floors of the building accessible via the elevator is the issue of emergency exiting. An elevator does not qualify as an emergency exit. Therefore, an intercom connecting the front desk to an area of evacuation assistance on each occupied level has been installed. This is not an ADA requirement, but instead a requirement of the International Building Code.

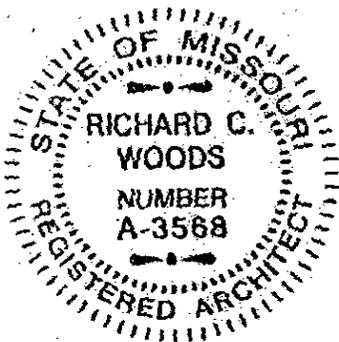
Following up on the last comment in Item 9) and worthy to note in this certification, in my professional opinion 1514 Campbell not only complies with the ADA but it also complies with the entire 2006 International Building Code package. We know the City of Kansas City, Missouri agrees with this assertion because they have issued KCCC a Final Certificate of Occupancy for the building.

I hope this letter will meet your needs regarding the State of Missouri. I wish you well in your endeavors to provide quality programs for all your clients. If you, or the state authorities have any questions regarding my letter or my certification, please do not hesitate to contact me. As ever, WGN stands ready to serve KCCC and it's mission.

Sincerely,



Cris Woods



**Contractor, City and State Inspections for 1514 Campbell**

	<b>Current</b>	<b>Frequency</b>	<b>Next inspection</b>	
<b>Backflow 1</b>	12/3/2013	Annually	12/3/2014	Scheduled by HCBC
<b>Backflow 2</b>	12/3/2013	Annually	12/3/2014	Scheduled by HCBC
<b>Boilers</b>	8/11/2014	two years	8/16/2014	Scheduled by HCBC
<b>Electrical</b>	6/26/2014	Annually	6/26/2015	Scheduled by HCBC
<b>Elevator</b>	7/14/2014	Annually	7/14/2015	Scheduled by HCBC
<b>Fire Alarm</b>	11/8/2013	Annually	6/23/2014	Scheduled by Keller
<b>Fire Extinguisher</b>	8/19/2014	Quarterly	11/19/2014	Scheduled by Keller
<b>Fire Marshall</b>	11/26/2013	Annually	11/26/2014	Scheduled by fire marshall
<b>Hood</b>	5/26/2014	Annually	5/16/2015	Scheduled by Keller
<b>HVAC</b>	12/20/2013	Annually	12/20/2014	Scheduled by HCBC
<b>Pest Control</b>	4/29/2014	Annually	4/29/2015	Scheduled by HCBC
<b>Plumbing</b>	12/20/2013	Annually	12/20/2014	Scheduled by HCBC
<b>Sprinkler system</b>	11/15/2013	Annually	11/15/2014	Scheduled by HCBC



April 29, 2014

Mr. Ed Tanner  
Heartland Center for Behavioral Change  
1514 Campbell  
Kansas City, MO 64108

To Whom It May Concern:

This letter will confirm that S.O.S. Pest Control, Inc. provides pest control services for the following locations:

Weekly service at 1514 Campbell, in Kansas City, MO  
Monthly service at 1534 Campbell, in Kansas City, MO  
Monthly service at 1730 Prospect, in Kansas City, MO

If you need further information please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Darryl Franke", is written over a horizontal line.

Darryl Franke,

DF:bak



1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

**Service Slip / Invoice**

WORK ORDER: 31530  
 WORK DATE: 10/25/13  
 Friday

Bill To: [3721]  
 Heartland Ctr for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Location: [3721] 816-421-6670  
 Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
10/25/13			RYAN Ryan Meier
Purchase Order	Terms	Last Service	Map Code
			Lin#: C18911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND WICE	0.00
ED TANNER 816-421-6670 EXT. 220 OR EXT. 1222 CELL # 816-554-6235 REGULAR SERVICE PLUS PROBATION/PAROLE 1730 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 16 / Maxforce FC	0.0100	OZ		5 27 / Temprid SC	31.5000	OZ	
2 2 / Avert Cockro	0.0050	OZ		6 28 / Termidor SC	0.0600	GA	
3 22 / Orthene PCO	1.0000	GA		7 3 / Contrac All-	0.0050	OZ	
4 23 / P.I. Contac	0.5000	OZ		8 5 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Contrac All-Weather Blox	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delta Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand CS Insecticide	100-1066	20	Phantom Aerosol	7969-285
6	Drione	432-992	21	Phantom Termiticide-Insecticide	241-392
7	DuPont Advion	352-652	22	Orthene PCO Pellets	59639-31
8	Genrol IGR Concentrate	2724-351	23	P.I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prenbay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prentox Resmethrin 0.5%	655-779
12	Invade Bio Drain Gel	not required	27	Temprid SC Insecticide	432-1483
13	Invade Bio Foam	not required	28	Termidor SC Termiticide/Insecticide	7969-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1460	29	Tri Die	499-385
	Maxforce Fine Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-16

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

\* Customer agrees to pay accrued expenses in the event of collection.

\_\_\_\_\_  
 SERVICE TECH

10/25/13  
 DATE

\_\_\_\_\_  
 CUSTOMER SIGNATURE



1821 McGEE  
KANSAS CITY, MISSOURI 64108  
471-5733 or 331-8060  
(913) 642-5115

**Service Slip / Invoice**

WORK ORDER: 32126  
WORK DATE: 11/01/13  
Friday

Bill To: 137211  
Heartland Ctr for Behavioral Change  
Ed Tanner  
1514 Campbell  
Kansas City, MO 64108

Work Location: 137211 916-421-6670  
Heartland Ctr. for Behavioral Chg.  
Ed Tanner  
1514 Campbell  
Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
11/01/13			RYAN Ryan Meier
Purchase Order	Terms	Last Service	Map Code

Lic#: C10911

Service	Description	Price
GENERAL PC	POACHES, RATS AND MICE	0.00
TANNER 816-421-6670 EXT. 222 OR EXT. 1822 AL * 816-564-6826 REGULAR SERVICE PLUS PROBATION/PAROLE 1730 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
16 / Maxforce FC	0.0100	OZ	5600	5 27 / Temprid SC	31.5000	OZ	
2 / Avert Cockro	0.0050	OZ		6 28 / Termidor SC	0.0600	GA	
3 22 / Orthene PCO	1.0000	GA		7 3 / Confrac All-	0.0050	OZ	
4 23 / P. I. Contac	0.0300	OZ		8 5 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Confrac All-Weather Blox	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delta Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand CS Insecticide	100-1066	20	Phantom Aerosol	7969-285
6	Drione	432-992	21	Phantom Termiticide-Insecticide	241-392
7	DuPont Advion	352-652	22	Orthene PCO Pellets	59639-31
8	Gentrol IGR Concentrate	2724-351	23	P.I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prenbay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prentox Resmethrin 0.5%	655-779
12	Invade Bio Drain Gel	not required	27	Temprid SC Insecticide	432-1483
13	Invade Bio Foam	not required	28	Termidor SC Termiticide/Insecticide	7969-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1460	29	Tri Die	499-385
	Maxforce Fine Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-16

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

\* Customer agrees to pay accrued expenses in the event of collection.

SERVICE TECH \_\_\_\_\_ DATE 11/11/13

CUSTOMER SIGNATURE \_\_\_\_\_





1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

**Service Slip / Invoice**

WORK ORDER: 32125  
 WORK DATE: 11/15/13  
 Friday

Bill To: 137211  
 Heartland Ctr for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Location: 137211 816-421-6670  
 Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
11/15/13			RYAN Ryan Meier
Purchase Order	Terms	Last Service	Map Code

Lic#: C1A911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	0.00
ED TANNER 816-421-6670 EXT. 220 OR EXT. 1222 L # 816-564-6226 REGULAR SERVICE PLUS PROBATION/PARDLE 1730 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 15 / Maxforce FC	0.0100	OZ	10802	5 27 / Temprid SC	31.5000	OZ	
2 2 / Avert Cockro	0.0050	OZ		6 28 / Termidor SC	0.0600	GA	
3 22 / Orthene PCO	1.0000	GA		7 3 / Dantrol All-	0.0050	OZ	
4 23 / P.I. Contac	0.5000	OZ		8 5 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Coptrae-All-Weather Blox 1007	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delta Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand CS Insecticide	100-1066	20	Phantom Aerosol	7969-285
6	Drione	432-992	21	Phantom Termicide-Insecticide	241-392
7	DuPont Advion	352-652	22	Orthene PCO Pellets	59639-31
8	Gentrol IGR Concentrate	2724-351	23	P.I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prenbay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prentox Resmethrin 0.5%	655-779
12	Invade Bio Drain Gel	not required	27	Temprid SC Insecticide	432-1483
13	Invade Bio Foam	not required	28	Termidor SC Termicide/Insecticide	7969-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1460	29	Tri Die	499-385
	Maxforce Fine Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-16

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

Customer agrees to pay accrued expenses in the event of collection.  
 [Signature] 11/15/13  
 SERVICE TECH DATE

[Signature]  
 CUSTOMER SIGNATURE



1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

**Service Slip / Invoice**

WORK ORDER: 32129  
 WORK DATE: 11/22/13  
 Friday

Bill To: 037211  
 Heartland Ctr for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Location: 037211 913-421-6670  
 Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
11/22/13			RYAN Ryan Meier
Purchase Order	Terms	Last Service	Map Code
			Lic#: 018911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	0.00
ED TANNER 913-421-6670 EXT. 220 OR EXT. 1222 L #: 913-544-0220 REGULAR SERVICE PLUS PROBATION/PAROLE 1730 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 16 / Maxforce FC	0.0100	OZ		5 27 / Temprid SC	21.5000	OZ	
2 2 / Avert Cockro	0.0050	OZ		6 20 / Termidor SC	0.0050	GA	
3 22 / Orthene PCO	1.0000	GA		7 3 / Contract All-	0.0050	OZ	
4 23 / P.I. Contact	0.5000	OZ		8 5 / Demand CS In	0.0000	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Contract All-Weather Blox	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delta Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand CS Insecticide	100-1066	20	Phantom Aerosol	7969-285
6	Drione	432-992	21	Phantom Termiticide-Insecticide	241-392
7	DuPont Advion	352-652	22	Orthene PCO Pellets	59639-31
8	Gentrol IGR Concentrate	2724-351	23	P.I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prenbay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prentox Resmethrin 0.5%	655-779
12	InvaBio Drain Gel	not required	27	Temprid SC Insecticide	432-1483
13	InvaBio Foam	not required	28	Termidor SC Termiticide/Insecticide	7969-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1460	29	Tri Die	499-385
	Maxforce Fine Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-16

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

Customer agrees to pay accrued expenses in the event of collection.  
 \_\_\_\_\_  
 SERVICE TECH DATE

\_\_\_\_\_  
 CUSTOMER SIGNATURE



1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

**Service Slip / Invoice**

WORK ORDER: 32130  
 WORK DATE: 11/29/13  
 Friday

Bill To: 037211  
 Heartland Ctr for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Location: 037211 816-421-6670  
 Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
11/29/13			RYAN Ryan Meier

Purchase Order	Terms	Last Service	Map Code
			Lic#: C18911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	0.00
ED TANNER 816-421-6670 EXT. 220 OR EXT. 1222 L # 816-564-6226 REGULAR SERVICE PLUS PROBATION/PAROLE 1730 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 15 / Maxforce FC	0.0100	OZ	0.0867	5 27 / Temprid SC	31.5000	OZ	
2 2 / Avert Cockro	0.0050	OZ		6 28 / Temidor SC	0.0050	GA	
3 22 / Orthene PCO	1.0000	GA		7 3 / Confrac All-	0.0050	OZ	
4 25 / P.I. Contac	0.5000	OZ		8 5 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Confrac All-Weather Blox 1502	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delta Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand CS Insecticide	100-1066	20	Phantom Aerosol	7969-285
6	Drione	432-992	21	Phantom Termiticide-Insecticide	241-392
7	DuPont Advion	352-652	22	Orthene PCO Pellets	59639-31
8	Gentrol IGR Concentrate	2724-351	23	P.I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prenbay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prentox Resmethrin 0.5%	655-779
12	Invade Bio Drain Gel	not required	27	Temprid SC Insecticide	432-1483
13	Invade Bio Foam	not required	28	Termidor SC Termiticide/Insecticide	7969-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1460	29	Tri Die	499-385
	Maxforce Fine Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-16

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered and agree to pay the cost of services as specified above.

Customer agrees to pay accrued expenses in the event of collection.

*[Signature]*  
 DATE 11/26/13

*[Signature]*  
 CUSTOMER SIGNATURE



1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

**Service Slip / Invoice**

WORK ORDER: 33127  
 WORK DATE: 01/03/14  
 Friday

Bill To: [37211]  
 Heartland Ctr for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Location: [37211] 016-421-6670  
 Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
01/03/14			RYAN Ryan Meier
Purchase Order	Terms	Last Service	Map Code

Lic#: 018911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND NICE	0.00
ED TANNER 016-421-6670 EXT. 220 OR EXT. 1222 LIC # 018-564-6625 REGULAR SERVICE PLUS PROBATION/PAROLE 1730 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 16 / Maxforce FC	0.0100	OZ		5 27 / Temprid SC	31.5000	OZ	
2 / Avert Cockro	0.0050	OZ	10607	6 28 / Terimid SC	0.0500	GA	
3 22 / Orthene PCO	1.0000	GA		7 3 / Contraq All-	0.0050	OZ	
4 23 / Delt. Conter	0.5000	OZ		8 5 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Contraq All-Weather Blox	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delta Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand CS Insecticide	100-1066	20	Phantom Aerosol	7969-285
6	Drione	432-992	21	Phantom Termitecide-Insecticide	241-392
7	DuPont Advion	352-652	22	Orthene PCO Pellets	59639-31
8	Gentrol IGR Concentrate	2724-351	23	P.I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prentbay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prentox Resmethrin 0.5%	655-779
12	Invade Bio Drain Gel	not required	27	Temprid SC Insecticide	432-1483
13	Invade Bio Foam	not required	28	Terimid SC Termitecide/Insecticide	7969-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1460	29	Tri Die	499-385
	Maxforce Fine Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-16

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered and agree to pay the cost of services as specified above.

Customer agrees to pay accrued expenses in the event of collection.  
 SERVICE TECH \_\_\_\_\_ DATE 1/3/14

\_\_\_\_\_  
 CUSTOMER SIGNATURE



1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

**Service Slip / Invoice**

WORK ORDER: 33128  
 WORK DATE: 01/10/14  
 Friday

Bill To: 137211  
 Heartland Ctr for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Location: 137211 816-421-6670  
 Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
01/10/14			RYAN Ryan Meier
Purchase Order	Terms	Last Service	Map Code

Lic# 018911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	0.00
ED TANNER 816-421-6670 EXT. 220 OR EXT. 1222 CELL # 816-864-6225 REGULAR SERVICE PLUS PROBATION/PAROLE 1730 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 16 / Maxforce FC	0.0100	OZ	10.00	5 27 / Temprid SC	31.5000	OZ	
2 2 / Avert Cockro	0.0050	OZ		6 28 / Temidor SC	0.0050	GA	
3 22 / Orthene PCO	1.0000	GA		7 3 / Contrac All-	0.0050	OZ	
4 23 / B.T. Contac	0.5000	OZ		8 5 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Contrac All-Weather Blox	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delta Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand-CS Insecticide	100-1066	20	Phantom Aerosol	7969-285
6	Drione	432-992	21	Phantom Termiticide-Insecticide	241-392
7	DuPont Advion	352-652	22	Orthene PCO Pellets	59639-31
8	Gentrol IGR Concentrate	2724-351	23	P.I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prenbay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prentox Resmethrin 0.5%	655-779
12	Invade Bio Drain Gel	not required	27	Temprid SC Insecticide	432-1483
13	Invade Bio Foam	not required	28	Termidor SC Termiticide/Insecticide	7969-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1460	29	Tri Die	499-385
	Maxforce Fine Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-16

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

Customer agrees to pay accrued expenses in the event of collection.

SERVICE TECH \_\_\_\_\_ DATE \_\_\_\_\_

CUSTOMER SIGNATURE \_\_\_\_\_



1821 McGEE  
KANSAS CITY, MISSOURI 64108  
471-5733 or 331-8060  
(913) 642-5115

**Service Slip / Invoice**

WORK ORDER: 33129  
WORK DATE: 01/17/14  
Friday

Bill To: 137213  
Heartland Ctr for Behavioral Change  
Ed Tanner  
1514 Campbell  
Kansas City, MO 64108

Work Location: 137213 816-421-6670  
Heartland Ctr. for Behavioral Chg.  
Ed Tanner  
1514 Campbell  
Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
01/17/14			RYAN Ryan Meier
Purchase Order	Terms	Last Service	Map Code
			1103: D18911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND NICE	0.00
ED TANNER 816-421-6670 EXT. 220 OR EXT. 1222 CELL # 816-564-6226 REGULAR SERVICE PLUS PROBATION/PARDON 1730 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 16 / Maxforce FC	0.0100	OZ	10.707	5 27 / Temprid SC	31.5000	OZ	
2 2 / Avert Cockro	0.0050	OZ		6 28 / Termidor SC	0.0000	GA	
3 22 / Orthene PCO	1.0000	GA		7 3 / Contrac All-	0.0050	OZ	
4 23 / D.I. Contact	0.5000	OZ		8 5 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Contrac All-Weather Blox	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delta Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand CS Insecticide	100-1066	20	Phantom Aerosol	7969-285
6	Drione	432-992	21	Phantom Termiticide-Insecticide	241-392
7	DuPont Advion	352-652	22	Orthene PCO Pellets	59639-31
8	Gentrol IGR Concentrate	2724-351	23	P.I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prenbay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prentox Resmethrin 0.5%	655-779
12	Invade Bio Drain Gel	not required	27	Temprid SC Insecticide	432-1483
13	Invade Bio Foam	not required	28	Termidor SC Termiticide/Insecticide	7969-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1460	29	Tri Die	499-385
	Maxforce Fine Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-16

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

\* Customer agrees to pay accrued expenses in the event of collection.

SERVICE TECH \_\_\_\_\_ DATE 1/16/2014

CUSTOMER SIGNATURE \_\_\_\_\_



1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

WORK ORDER: 33130  
 WORK DATE: 01/24/14  
 Friday

Bill To: F37210  
 Heartland Ctr for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Location: F37210 816-421-6670  
 Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
01/24/14			RYAN: Ryan Meier
Purchase Order	Terms	Last Service	Map Code

Lic#: C18911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	0.00
ED TANNER 816-421-6670 EXT. 220 OR EXT. 1222 TEL # 816-564-6225 REGULAR SERVICE PLUS PROBATION/PAROLE 1750 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
16 / Maxforce FC	0.0100	OZ		5 27 / Temprid SC	31.5000	OZ	
2 / Avert Cockro	0.0050	OZ		6 25 / Temprid SC	0.0050	GA	
22 / Deltahene PCO	1.0000	GA		7 3 / Contrac All-	0.0050	OZ	
23 / D.T. Contact	0.5000	OZ		8 5 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Contrac All-Weather Blox	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delta Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand CS Insecticide	100-1066	20	Phantom Aerosol	7969-285
6	Drione	432-992	21	Phantom Termiticide-Insecticide	241-392
7	DuPont Advion	352-652	22	Orthene PCO Pellets	59639-31
8	Genrol IGR Concentrate	2724-351	23	P.I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prebay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prentox Resmethrin 0.5%	655-779
12	Invade Bio Drain Gel	not required	27	Temprid SC Insecticide	432-1483
13	Invade Bio Foam	not required	28	Termidor SC Termiticide/Insecticide	7969-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1460	29	Tri Die	499-365
	Maxforce Fine Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-16

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.  
 Customer agrees to pay accrued expenses in the event of collection.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

SERVICE TECH \_\_\_\_\_ DATE 1/24/2014

CUSTOMER SIGNATURE \_\_\_\_\_



1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

**Service Slip / Invoice**

WORK ORDER: 33131  
 WORK DATE: 01/31/14  
 Friday

Bill To: 137211  
 Heartland Ctr for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Location: 137211 916-421-6670  
 Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
01/31/14			RYAN Ryan Meier

Lic#: C18911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	10.00

ED TANNER 916-421-6670 EXT. 220 OR EXT. 1222  
 L. # 916-564-6226  
 REGULAR SERVICE PLUS PROBATION/PAROLE  
 1730 PROSPECT IS PART OF SERVICE

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 16 / Maxforce FC	0.0100	OZ	10607	5 27 / Temprid SC	31.5000	OZ	
2 / Avert Cockro	0.0050	OZ		6 28 / Termidor SC	0.0050	GA	
3 22 / Orthene PCO	1.0000	GA		7 3 / Contract All-	0.0050	OZ	
4 23 / P.I. Contact	0.5000	OZ		8 5 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Contract All-Weather Blox	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delta Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand CS Insecticide	100-1066	20	Phantom Aerosol	7969-285
6	Drione	432-992	21	Phantom Termiticide-Insecticide	241-392
7	DuPont Advion	352-652	22	Orthene PCO Pellets	59639-31
8	Genrol IGR Concentrate	2724-351	23	P.I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prenbay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prentox Resmethrin 0.5%	655-779
12	Invade Bio Drain Gel	not required	27	Temprid SC Insecticide	432-1483
13	Invade Bio Foam	not required	28	Termidor SC Termiticide/Insecticide	7969-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1460	29	Tri Die	499-385
15	Maxforce Fine Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-16

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

Customer agrees to pay accrued expenses in the event of collection. 1/30/14

CUSTOMER SIGNATURE

SERVICE TECH DATE



1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

**Service Slip / Invoice**

WORK ORDER: 33617  
 WORK DATE: 02/07/14  
 Friday

Bill To: 137211  
 Heartland Ctr for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work: 137211  
 Location: 816-421-6670  
 Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
02/07/14			RYAN Ryan Meier
Purchase Order	Terms	Last Service	Map Code
			Lic#: C10911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	0.00
TANNER 816-421-6670 EXT. 220 OR EXT. 1222 L # 816-584-6226 REGULAR SERVICE PLUS PROBATION/PAROLE 1730 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 16 / Maxforce FC	0.0100	OZ		5 27 / Temprid SC	31.5000	UZ	
2 2 / Avert Cockro	0.0050	OZ		6 28 / Terimid SC	0.0500	GA	
3 22 / Orthene PCO	1.0000	GA		7 3 / Contrac All-	0.0050	OZ	
4 23 / P.I. Contac	0.5000	OZ		8 5 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Contrac All-Weather Blox	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delta Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand CS Insecticide <i>1750A</i>	100-1066	20	Phantom Aerosol	7969-285
6	Drione	432-992	21	Phantom Termitecide-Insecticide	241-392
7	DuPont Advion	352-652	22	Orthene PCO Pellets	59639-31
8	Gentrol IGR Concentrate	2724-351	23	P.I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prenbay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prentox Resmethrin 0.5%	655-779
12	Invade Bio Drain Gel	not required	27	Temprid SC Insecticide	432-1483
13	Invade Bio Foam	not required	28	Terimid SC Termitecide/Insecticide	7969-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1460	29	Tri Die	499-385
	Maxforce Fine Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-16

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

\* Customer agrees to pay accrued expenses in the event of collection.

SERVICE TECH \_\_\_\_\_ DATE 2/7/2014

\_\_\_\_\_  
 CUSTOMER SIGNATURE



1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

INVOICE  
 WORK DATE: 02/21/14  
 Friday

Bill To: 137813  
 Heartland Ctr for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work: 137217 816-421-6670  
 Location: Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
02/21/14			RYAN Ryan Meier
Purchase Order	Terms	Last Service	Map Code
			Lic#: C18911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	0.00
ED TANNER 816-421-6670 EXT. 229 OR EXT. 1222 CELL # 816-564-0826 REGULAR SERVICE PLUS PROBATION/PAROLE 1730 PROSPECT IS PART OF SERVICE		

*Handwritten:* 137813 F 1/14

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 35 / Maxforce FC	0.0100	OZ		5 27 / Temprid SC	31.5000	OZ	
2 2 / Avert Cockro	0.0050	OZ	10802	6 29 / Temador SC	0.0600	GA	
3 22 / Orthene PCD	1.0000	GA		7 3 / Contrac All-	0.0050	OZ	
4 23 / P. I. Contac	0.5000	OZ		8 5 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Contrac All-Weather Blox	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delia Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand CS Insecticide	100-1066	20	Phantom Aerosol	7969-205
6	Drione	432-992	21	Phantom Termiticide-Insecticide	241-392
7	DuPont Advion	352-652	22	Orthene PCO Pellets	59639-31
8	Genrol IGR Concentrate	2724-351	23	P. I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prenbay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prentox Resmethrin 0.5%	655-779
12	Invade Bio Drain Gel	not required	27	Temprid SC Insecticide	432-1483
13	Invade Bio Foam	not required	28	Temidor SC Termiticide/Insecticide	7969-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1460	29	Tri Die	499-385
15	Maxforce Fine Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-18

Outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

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\* Customer agrees to pay accrued expenses in the event of collection.

SERVICE TECH: [Signature] DATE: 2/20/14

CUSTOMER SIGNATURE: [Signature]



1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

**Service Slip / Invoice**

WORK ORDER: 33620  
 WORK DATE: 02/28/14  
 Friday

Bill To: 137217  
 Heartland Ctr for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work: 137217      816-421-6670  
 Location: Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
02/28/14			RYAN
Purchase Order	Terms	Last Service	Map Code
			1109

License: C18911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	0.00
ED TANNER 816-421-6670 EXT. 220 OR EXT. 1222 CELL # 816-664-6220 REGULAR SERVICE PLUS PROBATION/PARDON 1730 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 16 / Maxforce FC	0.0100	OZ		5 27 / Temprid SC	31.5000	OZ	
2 2 / Avert Cockro	0.0050	OZ		6 28 / Termidor SC	0.0600	GA	
3 22 / Orthene PCO	1.0000	GA		7 3 / Contract All-	0.0050	OZ	
4 23 / P.I. Contact	0.5000	OZ		8 5 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Contract All-Weather Blox	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delta Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand CS Insecticide	100-1066	20	Phantom Aerosol	7969-285
6	Drione	432-992	21	Phantom Termiticide-Insecticide	241-392
7	DuPont Advion	352-652	22	Orthene PCO Pellets	59639-31
8	Gentrol IGR Concentrate	2724-351	23	P.I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prenbay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prentox Resmethrin 0.5%	655-779
12	Invade Bio Drain Gel	not required	27	Temprid SC Insecticide	432-1483
13	Invade Bio Foam	not required	28	Termidor SC Termiticide/Insecticide	7969-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1460	29	Tri Die	499-385
15	Maxforce Fine Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-16

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered and agree to pay the cost of services as specified above.

Customer agrees to pay accrued expenses in the event of collection

*[Signature]*  
 SERVICE TECH      DATE: 2/27/2014

*[Signature]*  
 CUSTOMER SIGNATURE



1821 McGEE  
KANSAS CITY, MISSOURI 64108  
471-5733 or 331-8060  
(913) 642-5115

Service Slip / Invoice  
WORK ORDER: 24100  
WORK DATE: 03/07/14  
Friday

Bill To: C17810  
Heartland Ctr. for Behavioral Change  
Ed Tanner  
1514 Campbell  
Kansas City, MO 64108

Work Location: C37811 616-421-6570  
Heartland Ctr. for Behavioral Chg.  
Ed Tanner  
1514 Campbell  
Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
03/07/14			RYAN Ryan Meier
Purchase Order	Terms	Last Service	Map Code

Lic#: C18911

Service	Description	Price
GENERAL PC	MUCHES, RATS AND NICE	0.00
ED TANNER 616-421-6570 EXT. 200 OR EXT. 1202 L # 616-421-6570 GENERAL SERVICE ONLY PROBATION/PAROLE 17% PROMPT LB PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 16 / Maxforce FC	2.5000	OZ	10807	5 27 / Tempriid SC	30.5000	OZ	
2 2 / Avert Cockro	2.0050	OZ		6 28 / Termidor SC	2.0000	GA	
3 22 / Orthene PCO	1.0000	GA		7 3 / Contract All-	2.0050	OZ	
4 23 / P.I. Contact	0.0000	OZ		8 5 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Contract All-Weather Blox	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delta Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand CS Insecticide	100-1066	20	Phantom Aerosol	7969-285
6	Drione	432-992	21	Phantom Termiticide-Insecticide	241-392
7	DuPont Advion	352-652	22	Orthene PCO Pellets	59639-31
8	Genitrol IGR Concentrate	2724-351	23	P.I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prenbay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prentox Resmethrin 0.5%	655-779
12	Invade Bio Drain Gel	not required	27	Tempriid SC Insecticide	432-1483
13	Invade Bio Foam	not required	28	Termidor SC Termiticide/Insecticide	7969-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1460	29	Tri Die	499-385
	Maxforce Fine Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-16

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

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Customer agrees to pay accrued expenses in the event of collection.  
 SERVICE TECH \_\_\_\_\_ DATE 3/7/14

CUSTOMER SIGNATURE \_\_\_\_\_



1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

Service Slip / Invoice  
 WORK ORDER: 34101  
 WORK DATE: 07/14/14  
 Friday

Bill To: 131210  
 Heartland Ctr. for Behavioral Change  
 Ed Turner  
 1514 Campbell  
 Kansas City, MO 64108

Work Location: F37217 816-421-6670  
 Heartland Ctr. for Behavioral Chg.  
 Ed Turner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician

Purchase Order	Terms	Last Service	Map Code

LIC# 019911

Service	Description	Price
GENERAL PD	ROACHES, FLIES AND BICE	9.00
CONTACT 816-421-6670 EXT. 220 OR FAX 1800- 816-564-6422 REGULAR SERVICE PLUS PREVENTION/PARTIAL 1700 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
10 / Maxforce FC	0.0100	OZ	0.0100	5 / Tempid SC	0.0002	OZ	0.0002
2 / Avert Cockroach	0.0050	OZ	0.0050	6 / Tempid SC	0.0002	GA	0.0002
3 / Contract Blox	1.0000	GA	1.0000	7 / Contract All-Weather	0.0050	OZ	0.0050
4 / Delta Dust Insecticide				8 / Contract All-Weather			

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Contract All-Weather Blox	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delta Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand CS Insecticide	100-1066	20	Phantom Aerosol	7969-285
6	Drione	432-992	21	Phantom Termiticide-Insecticide	241-392
7	DuPont Advion	352-652	22	Orthene PCO Pellets	59639-31
8	Gentrol IGR Concentrate	2724-351	23	P.I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prenbay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prentox Resmethrin 0.5%	655-779
12	Invade Bio Drain Gel	not required	27	Tempid SC Insecticide	432-1483
13	Invade Bio Foam	not required	28	Termidor SC Termiticide/Insecticide	7969-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1460	29	Tri Die	499-385
	Maxforce Fine Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-16

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.  
 Customer agrees to pay accrued expenses in the event of collection.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

SERVICE TECH \_\_\_\_\_ DATE \_\_\_\_\_ CUSTOMER SIGNATURE \_\_\_\_\_

# SOS PEST CONTROL

1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

Service Slip / Invoice  
 WORK ORDER: 34182  
 WORK DATE: 03/21/14  
 Friday

Bill To: 037210  
 Heartland Ctr. for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Location: 037210 016-421-6678  
 Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician

Purchase Order	Terms	Last Service	Map Code

License 010913

Service	Description	Price
GENERAL PC	ROACHES, SPYB AND MICE	61.00
ED TANNER 816-421-6678 EXT 300 OR FAX 1982 DL # 816-421-6678 REGULAR SERVICE PLUS PROTECTION/PARTIAL 1 YEAR PROTECTION IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
10 / Maxforce FC	0.0100	07		27 / Temprid SC	31.5000	07	
2 / Avert Cockroach	0.0050	07		28 / Temprid SC	0.2500	00	
20 / Orthene POC	0.0000	0A		2 / Contac All-	0.0050	02	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Contac All-Weather Blox	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delta Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand CS Insecticide	100-1066	20	Phantom Aerosol	7969-285
6	Drione	432-992	21	Phantom Termiticide-Insecticide	241-392
7	DuPont Advion	352-652	22	Orthene PCO Pellets	59639-31
8	Gentrol IGR Concentrate	2724-351	23	P.I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prenbay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prentox Resmethrin 0.5%	655-779
12	Invade Bio Drain Gel	not required	27	Temprid SC Insecticide	432-1483
13	Invade Bio Foam	not required	28	Termidor SC Termiticide/Insecticide	7969-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1460	29	Tri Die	499-385
15	Maxforce Fint Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-18

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

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Customer agrees to pay accrued expenses in the event of collection.

SERVICE TECH

DATE

CUSTOMER SIGNATURE

3/21/14



1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

Service Slip / Invoice  
 WORK ORDER: 34183  
 WORK DATE: 03/20/14  
 Friday

Bill To: 137817  
 Heartland Care for Behavioral Change  
 Ed Turner  
 1515 Campbell  
 Kansas City, MO 64108

Work Location: 137817 616-401-6678  
 Heartland Care for Behavioral Chg.  
 Ed Turner  
 1515 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
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Purchase Order	Terms	Last Service	Map Code
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Service	Description	Price
SENTINEL PC	ROACHES, DATE AND TIME	@.00

REGULAR SERVICE AND PROTECTANT/SPRAYS  
 1700 POUNDS / IS COPY OF SERVICE

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
16 / Maxforce FC	0.0100	02	0600	5 / 27 / Temprid SC	31.5000	02	
3 / Avert Cockroach	0.0050	02		7 / 24 / Termidor SC	0.0500	02	
4 / 22 / Demand CS	1.0000	02		8 / 20 / Phantom Aerosol	0.0500	02	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Contract All-Weather Blox 1602	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delta Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand CS Insecticide	100-1066	20	Phantom Aerosol	7969-285
6	Drione	432-992	21	Phantom Termiticide-Insecticide	241-392
7	DuPont Advion	352-852	22	Orthene PCO Pellets	59639-31
8	Gentrol IGR Concentrate	2724-351	23	P.I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prenbay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prentox Resmethrin 0.5%	655-779
12	Invade Bio Drain Gel	not required	27	Temprid SC Insecticide	432-1483
13	Invade Bio Foam	not required	28	Termidor SC Termiticide/Insecticide	7969-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1460	29	Tri Die	499-385
15	Maxforce Fine Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-16

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

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Customer agrees to pay accrued expenses in the event of collection.

SERVICE TECH

DATE

CUSTOMER SIGNATURE



1821 McGEE  
KANSAS CITY, MISSOURI 64108  
471-5733 or 331-8060  
(913) 642-5115

**Service Slip / Invoice**  
WORK ORDER: 34673  
WORK DATE: 04/04/14  
Friday

Bill To: **REPAIR**  
Harrison Co. Co. Behavioral Change  
Ct. Manager  
3514 Campbell  
Kansas City, MO 64108

Work Location: **REPAIR** 416-983-6678  
Harrison Co. Co. Behavioral Change  
Ct. Manager  
3514 Campbell  
Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
04/04/14			Ryan Meier
Purchase Order	Terms	Last Service	Map Code
			Line 012011

Service	Description	Price
GENERAL PC	WASHED, RATS AND MICE	0.00
<p>RE-TOWER ANT-SPRAYS IN CITY. 250 DW EXT. LAMP 1 @ 116-334-3334 MOBILE SERVICE IN IS REPAIR/REPAIRS 1/250 BASKET TO PART OF SERVICE</p>		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 10 / Maxforce FC	0.0000	02		5 20 / Demolition 10	0.0000	02	
2 1 / Avert Cockroach	0.0000	02		6 20 / Demolition 10	0.0000	02	
3 20 / Orthene PC	0.0000	02		7 20 / Demolition 10	0.0000	02	
4 20 / Delta Dust	0.0000	02		8 20 / Demolition 10	0.0000	02	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Contraq All-Weather Blox	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delta Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand CS Insecticide	100-1066	20	Phantom Aerosol	7969-285
6	Drione	432-992	21	Phantom Termiticide-Insecticide	241-392
7	DuPont Advion	352-652	22	Orthene PCO Pellets	59639-31
8	Gentrol IGR Concentrate	2724-351	23	P.I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prenbay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prenbay 1% Oil Solution	655-546
12	Invade Bio Drain Gel	not required	27	Tempid SC Insecticide	432-1483
13	Invade Bio Foam	not required	28	Termidor SC Termiticide/Insecticide	7969-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1460	29	Tri Die	499-385
15	Maxforce Fine Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-16

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

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\* Customer agrees to pay accrued expenses in the event of collection.  
\_\_\_\_\_  
SERVICE TECH                      DATE

\_\_\_\_\_  
CUSTOMER SIGNATURE



# PEST CONTROL

1821 McGEE  
KANSAS CITY, MISSOURI 64108  
471-5733 or 331-8060  
(913) 642-5115

## Service Slip / Invoice

WORK ORDER: 34694  
WORK DATE: 04/11/14  
Friday

Bill To: 137211  
Heartland Ctr for Behavioral Change  
Ed Tanner  
1514 Campbell  
Kansas City, MO 64108

Work Location: 137211 816-421-6670  
Heartland Ctr. for Behavioral Chg.  
Ed Tanner  
1514 Campbell  
Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
04/11/14		ROACHES, RATS AND NICE	RYAN

Purchase Order	Terms	Last Service	Map Code

Lic#: C18911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND NICE	0.00
TANNER 816-421-6670 EXT. 220 OR EXT. 1222 L. W 816-564-6226 REGULAR SERVICE PLUS PROBATION/PAROLE 1730 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 Maxforce FC	0.0050	OZ	0.0050	5 Tempid SC	31.5000	OZ	31.5000
2 Avert Cockro	0.0050	OZ	0.0050	6 Termidor SC	0.0600	GA	0.0600
3 Orthene PCD	1.0000	GA	1.0000	7 Contract All-	0.0050	OZ	0.0050
4				8			

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Contract All-Weather Blox	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delta Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand CS Insecticide	100-1066	20	Phantom Aerosol	7969-285
6	Drione	432-992	21	Phantom Termiticide-Insecticide	241-392
7	DuPont Advion	352-652	22	Orthene PCO Pellets	59639-31
8	Gentrol IGR Concentrate	2724-351	23	P.I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prebay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prentox Resmethrin 0.5%	655-779
12	Invade Bio Drain Gel	not required	27	Tempid SC Insecticide	432-1483
13	Invade Bio Foam	not required	28	Termidor SC Termiticide/Insecticide	7969-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1460	29	Tri Die	499-385
	Maxforce Fine Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-18

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

Customer agrees to pay accrued expenses in the event of collection.  
\_\_\_\_\_  
SERVICE TECH

9/11/14  
DATE

\_\_\_\_\_  
CUSTOMER SIGNATURE



1821 MCGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

Service Slip / Invoice  
 WORK ORDER: 34695  
 WORK DATE: 04/14/14  
 Friday

Bill To: 137811  
 Heartland Ctr. for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Location: 137811 316-451-5670  
 Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
04/14/14			RYAN Ryan Meier
Purchase Order	Terms	Last Service	Map Code
			137811

Service	Description	Price
GENERAL PC	ROACHES, MOTES AND FLIES	0.00
ED TANNER SLS 401-6678 EXT. 224 OR EXT. 1222 L. S. 316-451-5670 REGULAR SERVICE ONLY PROBATION/VAPOLS 1730 PRODUCT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
16 / Maxforce FC	0.0100	OZ	10.202	5 / Tempriid SC	31.5000	OZ	
2 / Avert Cockroach	0.0050	OZ		6 / CS / Termidor SC	0.0050	GA	
3 / PC / Deltamethrin PPA	1.0000	GA		7 / 3 / Contract All-	0.0050	OZ	
4 / D.L. Dantac	0.0000	OZ		8 / Demand CS In	0.0000	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Contract All-Weather Blox	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delta Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand CS Insecticide	100-1066	20	Phantom Aerosol	7969-285
6	Drione	432-992	21	Phantom Termiticide-Insecticide	241-392
7	DuPont Advion	352-652	22	Orthene PCO Pellets	59639-31
8	Gentrol IGR Concentrate	2724-351	23	P.I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prenbay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prentox Resmethrin 0.5%	655-779
12	Invade Bio Drain Gel	not required	27	Tempriid SC Insecticide	432-1483
13	Invade Bio Foam	not required	28	Termidor SC Termiticide/Insecticide	7969-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1460	29	Tri Die	499-385
15	Maxforce Fine Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-16

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

Customer agrees to pay accrued expenses in the event of collection.  
 [Signature] 4/15/14  
 SERVICE TECH DATE

CUSTOMER SIGNATURE



1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

Service Slip / Invoice  
 WORK ORDER: 33686  
 WORK DATE: 04/25/14  
 Friday

Bill To: 037810  
 Heartland Ctr. for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Location: 037810 616-421-6670  
 Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
04/25/14			RYAN Ryan Meier
Purchase Order	Terms	Last Service	Map Code
			Lic#: 016911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	0.00
ED TANNER 616-421-6670 EXT. 620 OR EXT. 1222 L. S. AIG-504-0225 NEWSPAP SERVICE FOR PROBATION/parole 1700 PROSPECT SO PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 15 / Maxforce FC	0.0100	07		5 27 / Tempid SC	31.5000	07	
2 2 / Avert Cockroaches	0.0050	02		6 28 / Termidor SC	0.0600	0A	
3 30 / Orthene PCO	1.0000	00		7 3 / Contrac All-	0.0050	01	
4 27 / P.I. Contact	0.5000	07		8 5 / Demand CS In	0.0300	00	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Contrac All-Weather Blox	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delta Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand CS Insecticide	100-1068	20	Phantom Aerosol	7969-285
6	Drione	432-992	21	Phantom Termiticide-Insecticide	241-392
7	DuPont Advion	352-652	22	Orthene PCO Pellets	59639-31
8	Gentrol IGR Concentrate	2724-351	23	P.I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prenbay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prentox Resmethrin 0.5%	655-779
12	Invade Bio Drain Gel	not required	27	Tempid SC Insecticide	432-1483
13	Invade Bio Foam	not required	28	Termidor SC Termiticide/Insecticide	7969-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1460	29	Tri Dia	499-385
15	Maxforce Fine Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-16

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

Customer agrees to pay accrued expenses in the event of collection.  
 \_\_\_\_\_  
 SERVICE TECH DATE

\_\_\_\_\_  
 CUSTOMER SIGNATURE



1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

Service Slip / Invoice  
 WORK ORDER: 03766  
 WORK DATE: 06/06/14  
 Friday

Bill To: 03766  
 Heartland Ctr For Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Location: 03766 913-421-6570  
 Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
06/06/14			RYAN
Purchase Order	Terms	Last Service	Map Code

Line: 03766

Service	Description	Price
GENERAL CC	ROACHES, CATS AND MICE	0.00
ED TANNER 016-421-6570 EXT. 200 OR EXT. 1829 1514 CAMPBELL ST. KANSAS CITY, MO 64108 REGULAR SERVICE PLUS PROSPECT/PROTECT 1 YEAR PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 16 / Maxforce FC	0.0100	OZ		5 27 / Temprid SC	31.5000	OZ	
2 9 / Avert Cockroach	2.0000	GA		6 28 / Termidor SC	0.0600	GA	
3 25 / Deltamethrin	1.0000	GA		7 3 / Contract All-	0.0050	OZ	
4 22 / P.I. Contact	0.5000	OZ		8 5 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Contract All-Weather Blox	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delta Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand CS Insecticide	100-1066	20	Phantom Aerosol	7969-285
6	Drione	432-992	21	Phantom Termiticide-Insecticide	241-392
7	DuPont Advion	352-652	22	Orthene PCO Pellets	59639-31
8	Gentrol IGR Concentrate	2724-351	23	P.I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prenbay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prentox Resmethrin 0.5%	655-779
12	Invade Bio Drain Gel	not required	27	Temprid SC Insecticide	432-1483
13	Invade Bio Foam	not required	28	Termidor SC Termiticide/Insecticide	7969-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1460	29	Tri Die	499-385
	Maxforce Fine Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-16

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

Customer agrees to pay accrued expenses in the event of collection.  
 \_\_\_\_\_  
 SERVICE TECH DATE

\_\_\_\_\_  
 CUSTOMER SIGNATURE



1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

WORK ORDER: 35767  
 WORK DATE: 05/13/14  
 Friday

Bill To: EDWIN  
 Heartland Pl. for Behavioral Chngs  
 Ed Turner  
 1514 Campbell  
 Kansas City, MO 64108

Work Location: 037213 015-021 05/20  
 Heartland Pl. for Behavioral Chng  
 Ed Turner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
05/13/14			RYAN Ryan Meyer

Purchase Order	Terms	Last Service	Map Code

Service	Description	Price
GENERAL	ROACHES, ANTS AND MICE	91.00

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 Maxforce FC	0.0500	oz		5 Temprod SC	0.0500	oz	
2 Avert Cockroach	0.0500	oz		6 Termination SC	0.0500	oz	
3 Contra-C All-Weather	0.0500	oz		7 Phantom Aerosol	0.0500	oz	
4 Delta Dust Insecticide	0.0500	oz		8 Termidor SC	0.0500	oz	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Contra-C All-Weather Blox	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delta Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand CS Insecticide	100-1066	20	Phantom Aerosol	7969-285
6	Drione	432-992	21	Phantom Termiticide-Insecticide	241-392
7	DuPont Advion	352-652	22	Orthene PCO Pellets	59639-31
8	Genitol IGR Concentrate	2724-351	23	P.I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prenbay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prentox Resmethrin 0.5%	655-779
12	Invade Bio Drain Gel	not required	27	Temprod SC Insecticide	432-1483
13	Invade Bio Foam	not required	28	Termidor SC Termiticide/Insecticide	7969-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1460	29	Tri Die	499-385
	Maxforce Fine Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-16

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

Customer agrees to pay accrued expenses in the event of collection.  
 [Signature] 05/13/14  
 SERVICE TECH DATE

[Signature]  
 CUSTOMER SIGNATURE



1821 MCGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

Service Slip / Invoice  
 WORK ORDER: 35768  
 WORK DATE: 06/20/14  
 Friday

Bill To: [37211]  
 Heartland Ctr for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Location: [37211] 816-421-6670  
 Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
06/20/14			RYAN Ryan Meier
Purchase Order	Terms	Last Service	Map Code

Lic#: C10911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	0.00
ED TANNER 816-421-6670 EXT. 220 OR EXT. 1222 # 816-564-6226 REGULAR SERVICE PLUS PROBATION/PAROLE 1730 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
16 / Maxforce FC	0.0100	OZ	1.0607	5 27 / Tempriid SC	31.5000	OZ	
2 / Avert Cockro	0.0050	OZ		6 28 / Terminor SC	0.0600	GA	
3 22 / Orthene PCO	1.0000	GA		7 30 / Contract All	0.0050	OZ	
4 22 / D.T. Cockro	0.5000	OZ		8 25 / Demand CR In	0.0500	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Contract All-Weather Blox	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delta Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand CS Insecticide	100-1066	20	Phantom Aerosol	7989-285
6	Drione	432-992	21	Phantom Termiticide-Insecticide	241-382
7	DuPont Advion	352-652	22	Orthene PCO Pellets	59839-31
8	Gentrol IGR Concentrate	2724-351	23	P.I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prenbay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prentox Resmethrin 0.5%	655-779
12	Invade Bio Drain Gel	not required	27	Tempriid SC Insecticide	432-1483
13	Invade Bio Foam	not required	28	Terminor SC Termiticide/Insecticide	7989-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1480	29	Tri Die	499-385
	Maxforce Fine Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-16

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

I hereby acknowledge the satisfactory completion of all services rendered and agree to pay the cost of services as specified above.

Customer agrees to pay accrued expenses in the event of collection.  
 [Signature] 6/19/14  
 SERVICE TECH DATE

[Signature]  
 CUSTOMER SIGNATURE



1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

WORK ORDER: 35767  
 WORK DATE: 06/27/14  
 Friday

Bill To: **HEARTLAND**  
 Heartland Ctr. For Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Location: **HEARTLAND** 816-481-6070  
 Heartland Ctr. For Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
06/27/14			RYAN
			Ryan Meier
Purchase Order	Terms	Last Service	Map Code
			LIC# 010911

Service	Description	Price
GENERAL FC	ROACHES, FLIES AND MORE	0.00
ALL TRAPING AND PREVENTIVE EXT. AND INT. 1998 1. 4 1/2 GAL. BEAT-UP REGULAR (MORNING) IN 16) PROPAZYR/PHOSPHOR 1700 1/2 GAL. 1/2 GAL. 1/2 GAL. 1/2 GAL.		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 Maxforce FC	0.0000	QT		5 Terimid SC	0.0000	QT	
2 Avert Cockroach	0.0000	QT		6 Terimid SC	0.0000	QT	
3 Delta Dust Insecticide	0.0000	QT		7 ZP Tracking Powder	0.0000	QT	
4 Demand CS Insecticide	0.0000	QT		8 ZP Tracking Powder	0.0000	QT	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Maxforce FC Roach Killer Bait Gel	432-1259
2	Avert Cockroach Gel Bait Formula 3	499-410	17	Maxforce Fly Spot Bait	432-1455
3	Conrac All-Weather Biox	12455-79	18	Maxforce Granular Fly Bait	432-1375
4	Delta Dust Insecticide	432-772	19	MotherEarth D Pest Control Dust	499-509
5	Demand CS Insecticide	100-1066	20	Phantom Aerosol	7969-285
6	Drione	432-992	21	Phantom Termiticide-Insecticide	241-392
7	DuPont Advion	352-652	22	Orthene PCO Pellets	59639-31
8	Genrol IGR Concentrate	2724-351	23	P.I. Contact Insecticide Formula 1	499-444
9	Generation Mini Blocks	7173-218	24	Precor IGR Concentrate	2724-352
10	InTice Granular Bait	73079-2	25	Prenbay 1% Oil Solution	655-546
11	InTice Sweet Ant Gel	73079-1	26	Prenox Resmethrin 0.5%	655-779
12	Invade Bio Drain Gel	not required	27	Terimid SC Insecticide	432-1483
13	Invade Bio Foam	not required	28	Terimid SC Termiticide/Insecticide	7969-210
14	Maxforce FC Magnum Roach Killer Bait Gel	432-1460	29	Tri Die	499-385
	Maxforce Fine Granule Insect Bait	432-1255	30	ZP Tracking Powder	12455-16

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

Customer agrees to pay accrued expenses in the event of collection.  
 SERVICE TECH \_\_\_\_\_ DATE \_\_\_\_\_

CUSTOMER SIGNATURE \_\_\_\_\_



# PEST CONTROL

1821 McGEE  
KANSAS CITY, MISSOURI 64108  
471-5733 or 331-8060  
(913) 642-5115

## Service Slip / Invoice

WORK ORDER: 36371  
WORK DATE: 07/04/14  
Friday

Bill To: 137211  
Heartland Ctr for Behavioral Change  
Ed Tanner  
1514 Campbell  
Kansas City, MO 64108

Work Location: 137211 816-421-6670  
Heartland Ctr. for Behavioral Chy.  
Ed Tanner  
1514 Campbell  
Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
07/04/14			RYAN
Purchase Order	Terms	Last Service	Map Code
			Lic#: C18911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	0.00
ED TANNER 816-421-6670 EXT. 220 OR EXT. 1222 L # 816-564-6226 REGULAR SERVICE PLUS PROBATION/PAROLE 1730 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 19 / Maxforce FC	0.0100	OZ		5 29 / Temprod SC	31.5000	OZ	
2 4 / Avert Cockro	0.0050	OZ		6 30 / Termidor SC	0.0600	GA	
3 25 / Orthene PCO	1.0000	GA		7 7 / Contrac All-	0.0050	OZ	
4 26 / P.I. Contac	0.5000	OZ		8 9 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Invade Bio Foam	not required
2	Aero Thor	11623-46-81824	17	Maxforce FC Magnum Roach Killer Bait Gel	432-1480
3	Alpine Roach Bait	499507	18	Maxforce Fine Granule Insect Bait	432-1256
4	Avert Cockroach Gel Bait Formula 3	499-410	19	Maxforce FC Roach Killer Bait Gel	432-1259
5	Bi-Thor	83923-2	20	Maxforce Fly Spot Bait	432-1455
6	Cime-Xa	73079-12	21	Phantom Aerosol	7969-285
7	Contrac All-Weather Blox	12455-79	22	Phantom Termiticide-Insecticide	241-392
8	Delta Dust Insecticide	432-772	23	Optigard Ant Gel	1001260
9	Demand-GS Insecticide	100-1068	24	Optigard Flex Liquid	1001306
10	Drione	432-992	25	Orthene PCO Pellets	59639-31
11	DuPont Advion	352-652	26	P.I. Contact Insecticide Formula 1	499-444
12	Fenva Star Eco Cap	71532-28-73006	27	Precor IGR Concentrate	2724-352
13	Gentrol IGR Concentrate	2724-351	28	Prentox Resmethrin 0.5%	655-779
14	InTice Granular Bait	73079-2	29	Temprod SC Insecticide	432-1483
	InTice Sweet Ant Gel	73079-1	30	Termidor SC Termiticide/Insecticide	7969-210

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

Customer agrees to pay accrued expenses in the event of collection.

\* I hereby acknowledge the satisfactory completion of all services rendered and agree to pay the cost of services as specified above.

SERVICE TECH \_\_\_\_\_ DATE 7/21/14

CUSTOMER SIGNATURE \_\_\_\_\_



1821 MCGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

**Service Slip / Invoice**

WORK ORDER: 35372  
 WORK DATE: 07/11/14  
 Friday

Bill To: 137211  
 Heartland Ctr for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Location: 137211 816-421-6670  
 Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
07/11/14			RYAN Ryan Meier
Purchase Order	Terms	Last Service	Map Code
			Lic#: 018911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	0.00
ED TANNER 816-421-6670 EXT. 220 OR EXT. 1222 L # 816-564-6226 REGULAR SERVICE PLUS PROBATION/PAROLE 1730 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 19 / Maxforce FC	0.0100	OZ		5 29 / Temprio SC	31.5000	OZ	
2 4 / Avert Cockro	0.7000	OZ		6 30 / Terminor SC	0.0600	GA	
3 25 / Orthene BCO	1.0000	GA		7 7 / Contrac All	0.0050	OZ	
4 26 / P.I. Contact	0.5000	OZ		8 9 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Invade Bio Foam	not required
2	Aero Thor	11823-46-81824	17	Maxforce FC Magnum Roach Killer Bait Gel	432-1480
3	Alpine Roach Bait	499507	18	Maxforce Fine Granule Insect Bait	432-1255
4	Avert Cockroach Gel Bait Formula 3	499-410	19	Maxforce FC Roach Killer Bait Gel	432-1259
5	Bi-Thor	83923-2	20	Maxforce Fly Spot Bait	432-1455
6	Cime-Xa	73079-12	21	Phantom Aerosol	7989-285
7	Contrac All-Weather Blox	12455-79	22	Phantom Termiticide-Insecticide	241-392
8	Delta Dust Insecticide	432-772	23	Optigard Ant Gel	1001280
9	Demand CS Insecticide	100-1066	24	Optigard Flex Liquid	1001308
10	Drone	432-992	25	Orthene PCO Pellets	59639-31
11	DuPont Advion	352-852	26	P.I. Contact Insecticide Formula 1	499-444
12	Fenva Star Eco Cap	71532-28-73006	27	Precor IGR Concentrate	2724-352
13	Genrol IGR Concentrate	2724-351	28	Prentox Resmethrin 0.5%	655-779
14	InTice Granular Bait	73079-2	29	Temprio SC Insecticide	432-1483
	InTice Sweet Ant Gel	73079-1	30	Terminor SC Termiticide/Insecticide	7989-210

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

Customer agrees to pay accrued expenses in the event of collection.  
 SERVICE TECH \_\_\_\_\_ DATE 7/11/14

CUSTOMER SIGNATURE *[Signature]*



1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

**Service Slip / Invoice**

WORK ORDER: 36373  
 WORK DATE: 07/18/14  
 Friday

Bill To: 137213  
 Heartland Ctr for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work: 137213 816-421-6670  
 Location: Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
07/18/14			RYAN Ryan Meier
Purchase Order	Terms	Last Service	Map Code
			Lic#: C18911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	0.00
ED TANNER 816-421-6670 EXT. 220 OR EXT. 1222 L # 816-564-6226 REGULAR SERVICE PLUS PROBATION/PAROLE 1730 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 19 / Maxforce FC	0.0100	OZ		5 29 / Temprio SC	31.5000	OZ	
2 4 / Avert Cockro	0.0050	OZ		6 30 / Termidor SC	0.0600	GA	
3 25 / Orthene PCO	1.0000	GA		7 7 / Contract All-	0.0050	OZ	
4 26 / P.I. Contac	0.5000	OZ		8 9 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Invade Bio Foam	not required
2	Aero Thor	11623-46-81824	17	Maxforce FC Magnum Roach Killer Bait Gel	432-1460
3	Alpine Roach Bait	499507	18	Maxforce Fine Granule Insect Bait	432-1255
4	Avert Cockroach Gel Bait Formula 3	499-410	19	Maxforce FC Roach Killer Bait Gel	432-1259
5	Bl-Thor	83923-2	20	Maxforce Fly Spot Bait	432-1455
6	Cime-Xa	73079-12	21	Phantom Aerosol	7969-285
7	Contract All-Weather Blox	12455-79	22	Phantom Termiticide-Insecticide	241-392
8	Delta Dust Insecticide	432-772	23	Optigard Ant Gel	1001260
9	Demand CS Insecticide	100-1066	24	Optigard Flex Liquid	1001306
10	Drione	432-992	25	Orthene PCO Pellets	59639-31
11	DuPont Advion	352-652	26	P.I. Contact Insecticide Formula 1	499-444
12	Fenva Star Eco Cap	71532-28-73006	27	Precor IGR Concentrate	2724-352
13	Gentrol IGR Concentrate	2724-351	28	Prentox Resmethrin 0.5%	655-779
14	InTice Granular Bait	73079-2	29	Temprio SC Insecticide	432-1483
	InTice Sweet Ant Gel	73079-1	30	Termidor SC Termiticide/Insecticide	7969-210

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered and agree to pay the cost of services as specified above.

Customer agrees to pay accrued expenses in the event of collection.  
 SERVICE TECH \_\_\_\_\_ DATE 7/18/14

CUSTOMER SIGNATURE \_\_\_\_\_

# SOS PEST CONTROL

1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

## Service Slip / Invoice

WORK ORDER: 35875  
 WORK DATE: 08/01/14  
 Friday

Bill To: [3721]  
 Heartland Ctr for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Location: [3721] 816-421-6670  
 Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
08/01/14			RYAN Ryan Meier

Purchase Order	Terms	Last Service	Map Code

Lic#: C18911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	0.00
ED TANNER 816-421-6670 EXT. 220 OR EXT. 1222 # 816-564-6226 REGULAR SERVICE PLUS PROBATION/PAROLE 1730 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 19 / Maxforce FC	0.0100	OZ		5 29 / Temprid SC	31.5000	OZ	
2 4 / Avert Cockro	0.0050	OZ		6 30 / Termidor SC	0.0600	GA	
3 25 / Orthene PCD	1.0000	GA		7 7 / Contrac All	0.0050	OZ	
4 25 / P.I. Contac	0.5000	OZ		8 9 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Invade Bio Foam	not required
2	Aero Thor	11623-46-81824	17	Maxforce FC Magnum Roach Killer Bait Gel	432-1460
3	Alpine Roach Bait	499507	18	Maxforce Fine Granule Insect Bait	432-1255
4	Avert Cockroach Gel Bait Formula 3	499-410	19	Maxforce FC Roach Killer Bait Gel	432-1259
5	Bi-Thor	83923-2	20	Maxforce Fly Spot Bait	432-1455
6	Cime-Xa	73079-12	21	Phantom Aerosol	7969-285
7	Contrac All-Weather Blox	12455-79	22	Phantom Termiticide-Insecticide	241-392
8	Delta Dust Insecticide	432-772	23	Optigard Ant Gel	1001260
9	Demand CS Insecticide	100-1066	24	Optigard Flex Liquid	1001306
10	Drione	432-992	25	Orthene ECO Pellets	59639-31
11	DuPont Advion	352-652	26	P.I. Contact Insecticide Formula 1	499-444
12	Fenva Star Eco Cap	71532-28-73008	27	Precor IGR Concentrate	2724-352
13	Genrol IGR Concentrate	2724-351	28	Prentox Resmethrin 0.5%	655-779
14	InTice Granular Bait	73079-2	29	Temprid SC Insecticide	432-1483
	InTice Sweet Ant Gel	73079-1	30	Termidor SC Termiticide/Insecticide	7969-210

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

Customer agrees to pay accrued expenses in the event of collection.

SERVICE TECH \_\_\_\_\_ DATE 8/1/14

CUSTOMER SIGNATURE \_\_\_\_\_



1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

**Service Slip / Invoice**

WORK ORDER: 36550  
 WORK DATE: 08/08/14  
 Friday

Bill To: (37811)  
 Heartland Ctr for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Location: (37811) 816-421-6670  
 Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
08/08/14			RYAN Ryan Maier
Purchase Order	Terms	Last Service	Map Code
			112# 018911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND WICE	0.00
ED TANNER 816-421-6670 EXT. 220 OR EXT. 1252 L # 816-564-6286 REGULAR SERVICE PLUS PROBATION/PAROLE 1730 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 19 / Maxforce FC	0.01000	OZ		5 29 / Temprid SC	31.50000	OZ	
2 4 / Avert Cockro	0.00500	OZ		6 30 / Termidor SC	0.06000	GA	
3 25 / Orthene PCO	1.00000	GA		7 7 / Contrac All-	0.00500	OZ	
4 26 / P.I. Contac	0.50000	OZ		8 9 / Demand CS In	0.03000	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Invade Bio Foam	not required
2	Aero Thor	11623-46-81824	17	Maxforce FC Magnum Roach Killer Bait Gel	432-1460
3	Alpine Roach Bait	499507	18	Maxforce Fine Granule Insect Bait	432-1255
4	Avert Cockroach Gel Bait Formula 3	499-410	19	Maxforce FC Roach Killer Bait Gel	432-1259
5	Bi-Thor	83923-2	20	Maxforce Fly Spot Bait	432-1455
6	Cime-Xa	73079-12	21	Phantom Aerosol	7969-285
7	Contrac All-Weather Blox	12455-79	22	Phantom Termiticide-Insecticide	241-392
8	Delta Dust Insecticide	432-772	23	Optigard Ant Gel	1001260
9	Demand CS Insecticide	100-1066	24	Optigard Flex Liquid	1001306
10	DriOne	432-992	25	Orthene PCO Pellets	59639-31
11	DuPont Advion	352-652	26	P.I. Contact Insecticide Formula 1	499-444
12	Fenva Star Eco Cap	71532-28-73006	27	Precor IGR Concentrate	2724-352
13	Genrol IGR Concentrate	2724-351	28	Prentox Resmethrin 0.5%	655-779
14	InTice Granular Bait	73079-2	29	Temprid SC Insecticide	432-1483
	InTice Sweet Ant Gel	73079-1	30	Termidor SC Termiticide/Insecticide	7969-210

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

Customer agrees to pay accrued expenses in the event of collection.  
 SERVICE TECH \_\_\_\_\_ DATE \_\_\_\_\_

CUSTOMER SIGNATURE \_\_\_\_\_



1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

**Service Slip / Invoice**

WORK ORDER: 36881  
 WORK DATE: 08/15/14  
 Friday

Bill To: 137213  
 Heartland Ctr for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Location: 137213 816-421-6670  
 Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
08/15/14			RYAN Ryan Meier
Purchase Order	Terms	Last Service	Map Code
			Lic#: C18911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	0.00
ED TANNER 816-421-6670 EXT. 220 OR EXT. 1222 L. # 816-564-6826 REGULAR SERVICE PLUS PROBATION/PAROLE 1730 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 19 / Maxforce FC	0.0100	UZ		5 29 / Temprid SC	0.0100	UZ	
2 4 / Avert Cockro	0.0450	OZ		6 30 / Terminex SC	0.0600	GA	
3 25 / Orthene PCO	1.0000	GA		7 7 / Contrac All-	0.0050	OZ	
4 26 / P.I. Contac	0.0300	OZ		8 9 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Invade Bio Foam	not required
2	Aero Thor	11623-46-81824	17	Maxforce FC Magnum Roach Killer Bait Gel	432-1460
3	Alpine Roach Bait	499507	18	Maxforce Fine Granule Insect Bait	432-1255
4	Avert Cockroach Gel Bait Formula 3	499-410	19	Maxforce FC Roach Killer Bait Gel	432-1259
5	Bi-Thor	83923-2	20	Maxforce Fly Spot Bait	432-1455
6	Cime-Xa	73079-12	21	Phantom Aerosol	7969-285
7	Contrac All-Weather Blox	12455-79	22	Phantom Termiticide-Insecticide	241-392
8	Delta Dust Insecticide	432-772	23	Optigard Ant Gel	1001260
9	Demand CS Insecticide	100-1066	24	Optigard Flex Liquid	1001308
10	Drione	432-992	25	Orthene PCO Pellets	59639-31
11	DuPont Advion	352-652	26	P.I. Contact Insecticide Formula 1	499-444
12	Fenya Star Eco Cap	71532-28-73006	27	Precor IGR Concentrate	2724-352
13	Gentrol IGR Concentrate	2724-351	28	Prentox Resmethrin 0.5%	655-779
14	InTice Granular Bait	73079-2	29	Temprid SC Insecticide	432-1483
	InTice Sweet Ant Gel	73079-1	30	Terminex SC Termiticide/Insecticide	7969-210

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

Customer agrees to pay accrued expenses in the event of collection.  
 SERVICE TECH \_\_\_\_\_ DATE \_\_\_\_\_

CUSTOMER SIGNATURE \_\_\_\_\_



1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

**Service Slip / Invoice**

WORK ORDER: 35482  
 WORK DATE: 08/22/14  
 Friday

Bill To: 137211  
 Heartland Ctr for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Location: 137211 816-421-6670  
 Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
08/22/14			RYAN Ryan Meier
Purchase Order	Terms	Last Service	Map Code
			Lic#: C18911

Service	Description	Price
GENERAL PC	ROACHES, PETS AND NICE	0.00
ED TANNER 816-421-6670 EXT. 220 OR EXT. 1222 L # 816-564-6286 REGULAR SERVICE PLUS PROBATION/PAROLE 1730 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 10 / Maxforce FC	0.0100	OZ	10607	5 29 / Temprid SC	31.5000	OZ	
2 4 / Avert Cockro	0.0050	OZ		6 30 / Termidor SC	0.0600	GA	
3 25 / Orthene PCG	1.0000	GA		7 / / Contract All-	0.0050	OZ	
4 26 / P.I. Contact	0.5000	OZ		8 9 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Invade Bio Foam	not required
2	Aero Thor	11623-46-81824	17	Maxforce FC Magnum Roach Killer Bait Gel	432-1460
3	Alpine Roach Bait	499507	18	Maxforce Fine Granule Insect Bait	432-1255
4	Avert Cockroach Gel Bait Formula 3	499-410	19	Maxforce FC Roach Killer Bait Gel	432-1259
5	Bi-Thor	83923-2	20	Maxforce Fly Spot Bait	432-1455
6	Cime-Xa	73079-12	21	Phantom Aerosol	7969-285
7	Contract All-Weather Blox	12455-79	22	Phantom Termiteicide-Insecticide	241-392
8	Delta Dust Insecticide	432-772	23	Optigard Ant Gel	1001260
9	Demand CS Insecticide	100-1066	24	Optigard Flex Liquid	1001306
10	Drione	432-992	25	Orthene PCO Pellets	59639-31
11	DuPont Advion	352-652	26	P.I. Contact Insecticide Formula 1	499-444
12	Fenva Star Eco Cap	71532-28-73006	27	Precor IGR Concentrate	2724-352
13	Gentrol IGR Concentrate	2724-351	28	Prentox Resmethrin 0.5%	655-779
14	InTice Granular Bait	73079-2	29	Temprid SC Insecticide	432-1483
	InTice Sweet Ant Gel	73079-1	30	Termidor SC Termiteicide/Insecticide	7969-210

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

\* Customer agrees to pay accrued expenses in the event of collection.

SERVICE TECH \_\_\_\_\_ DATE 8/22/14

CUSTOMER SIGNATURE \_\_\_\_\_



1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

**Service Slip / Invoice**

WORK ORDER: 36883  
 WORK DATE: 08/29/14  
 Friday

Bill To: 137211  
 Heartland Ctr. for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Location: 137211 816-421-6670  
 Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
08/29/14			RYAN Ryan Meier

Purchase Order	Terms	Last Service	Map Code
			Lic#: 018911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	0.00

ED TANNER 816-421-6670 EXT. 220 OR EXT. 1222  
 L. # 816-564-6226  
 REGULAR SERVICE PLUS PROBATION/PAROLE  
 1730 PROSPECT IS PART OF SERVICE

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 19 / Maxforce FC	0.0100	OZ		5 29 / Temprid SC	31.5000	OZ	
2 4 / Avert Cockro	0.0050	OZ		6 30 / Termidor SC	0.0050	GA	
3 25 / Orthene PCO	1.0000	GA		7 7 / Contract All-	0.0050	OZ	
4 26 / P.I. Contact	0.5000	OZ		8 9 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Invaide Bio Foam	not required
2	Aero Thor	11623-46-81824	17	Maxforce FC Magnum Roach Killer Bait Gel	432-1480
3	Alpine Roach Bait	499507	18	Maxforce Fine Granule Insect Bait	432-1255
4	Avert Cockroach Gel Bait Formula 3	499-410	19	Maxforce FC Roach Killer Bait Gel	432-1259
5	Bi-Thor	83923-2	20	Maxforce Fly Spot Bait	432-1455
6	Cime-Xa	73079-12	21	Phantom Aerosol	7969-285
7	Contract All-Weather Blox	12455-79	22	Phantom Termiticide-Insecticide	241-392
8	Delta Dust Insecticide	432-772	23	Optigard Ant Gel	1001260
9	Demand CS Insecticide	100-1066	24	Optigard Flex Liquid	1001306
10	Drione	432-992	25	Orthene PCO Pellets	59639-31
11	DuPont Advion	352-652	26	P.I. Contact Insecticide Formula 1	499-444
12	Fenva Star Eco Cap	71532-28-73006	27	Precor IGR Concentrate	2724-352
13	Gentrol IGR Concentrate	2724-351	28	Prentox Resmethrin 0.5%	655-779
14	InTice Granular Bait	73079-2	29	Temprid SC Insecticide	432-1483
	InTice Sweet Ant Gel	73079-1	30	Termidor SC Termiticide/Insecticide	7969-210

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

Customer agrees to pay accrued expenses in the event of collection.  
 \_\_\_\_\_  
 SERVICE TECH

8/28/14  
 \_\_\_\_\_  
 DATE

\_\_\_\_\_ *K. H. H.*  
 CUSTOMER SIGNATURE



1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

**Service Slip / Invoice**

WORK ORDER: 37454  
 WORK DATE: 09/05/14  
 Friday

Bill To: C37213  
 Heartland Ctr for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Location: C37213 816-421-6670  
 Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
09/05/14			RYAN
Purchase Order	Terms	Last Service	Map Code
			Lic# C18911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	0.00
ED TANNER 816-421-6670 EXT. 220 OR EXT. 1222 L # 816-564-6226 REGULAR SERVICE PLUS PROBATION/PAROLE 1730 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 19 / Maxforce FC	0.0100	OZ		5 29 / Temprid SC	31.5000	OZ	
2 4 / Avert Cockroach	0.0050	OZ		6 30 / Termidor SC	0.0050	GA	
3 25 / Dythene PCD	1.0000	GA		7 7 / Contract All-	0.0050	OZ	
4 26 / P.T. Contact	0.5000	OZ		8 9 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Invade Bio Foam	not required
2	Aero Thor	11623-46-81824	17	Maxforce FC Magnum Roach Killer Bait Gel	432-1460
3	Alpine Roach Bait	499507	18	Maxforce Fine Granule Insect Bait	432-1255
4	Avert Cockroach Gel Bait Formula 3	499-410	19	Maxforce FC Roach Killer Bait Gel	432-1259
5	Bi-Thor	83923-2	20	Maxforce Fly Spot Bait	432-1455
6	Cime-Xa	73079-12	21	Phantom Aerosol	7969-285
7	Contract All-Weather Blox	12455-79	22	Phantom Termiticide-Insecticide	241-392
8	Delta Dust Insecticide	432-772	23	Optigard Ant Gel	1001260
9	Demand CS Insecticide	100-1066	24	Optigard Flex Liquid	1001306
10	Drione	432-992	25	Orthene PCO Pellets	59639-31
11	DuPont Advion	352-652	26	P.I. Contact Insecticide Formula 1	499-444
12	Fenva Star Eco Cap	71532-28-73006	27	Precor IGR Concentrate	2724-352
13	Genrol IGR Concentrate	2724-351	28	Prenox Resmethrin 0.5%	655-779
14	InTice Granular Bait	73079-2	29	Temprid SC Insecticide	432-1483
	InTice Sweet Ant Gel	73079-1	30	Termidor SC Termiticide/Insecticide	7969-210

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

Customer agrees to pay accrued expenses in the event of collection.

*[Signature]* 9/5/14  
 SERVICE TECH DATE

*[Signature]*  
 CUSTOMER SIGNATURE



1821 McGEE  
KANSAS CITY, MISSOURI 64108  
471-5733 or 331-8060  
(913) 642-5115

**Service Slip / Invoice**

WORK ORDER: 37455  
WORK DATE: 09/12/14  
Friday

Bill To: 137211  
Heartland Ctr for Behavioral Change  
Ed Tanner  
1514 Campbell  
Kansas City, MO 64108

Work Location: 137211 816-421-6670  
Heartland Ctr. for Behavioral Chg.  
Ed Tanner  
1514 Campbell  
Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
09/12/14			RYAN Ryan Meier
Purchase Order	Terms	Last Service	Map Code
			Line: C18911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	0.00
ED TANNER 816-421-6670 EXT. 220 OR EXT. 1222 L # 816-564 6226 REGULAR SERVICE PLUS PROTECTION/PARTICLE 1730 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 15 / Maxforce FC	0.0100	OZ		5 20 / Temprio SC	21.5000	OZ	
2 4 / Avert Cockro	0.0050	OZ		6 30 / Terimid SC	0.0600	GA	
3 25 / Orthene PCO	1.0000	GA		7 7 / Contrac All-	0.0050	OZ	
4 26 / P.T. Contac	0.5000	OZ		8 9 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Invaide Bio Foam	not required
2	Aero Thor	11623-46-81824	17	Maxforce FC Magnum Roach Killer Bait Gel	432-1460
3	Alpine Roach Bait	499507	18	Maxforce Fine Granule Insect Bait	432-1255
4	Avert Cockroach Gel Bait Formula 3	499-410	19	Maxforce FC Roach Killer Bait Gel	432-1259
5	Bi-Thor	83923-2	20	Maxforce Fly Spot Bait	432-1455
6	Cime-Xa	73079-12	21	Phantom Aerosol	7969-285
7	Contrac All-Weather Blox	12455-79	22	Phantom Termiticide-Insecticide	241-392
8	Delta Dust Insecticide	432-772	23	Optigard Ant Gel	1001260
9	Demand CS Insecticide	100-1066	24	Optigard Flex Liquid	1001306
10	Drione	432-992	25	Orthene PCO Pellets	59639-31
11	DuPont Advion	352-652	26	P.I. Contact Insecticide Formula 1	499-444
12	Fenva Star Eco Cap	71532-28-73006	27	Precor IGR Concentrate	2724-352
13	Gentrol IGR Concentrate	2724-351	28	Prentox Resmethrin 0.5%	655-779
14	InTice Granular Bait	73079-2	29	Temprio SC Insecticide	432-1483
	InTice Sweet Ant Gel	73079-1	30	Terimid SC Termiticide/Insecticide	7969-210

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.  
Customer agrees to pay accrued expenses in the event of collection.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

*[Signature]*  
CUSTOMER SIGNATURE

SERVICE TECH \_\_\_\_\_ DATE \_\_\_\_\_



1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

**Service Slip / Invoice**

WORK ORDER: 37437  
 WORK DATE: 09/26/14  
 Friday

Bill To: [37211]  
 Heartland Ctr for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work: [37211] 816-421-6670  
 Location: Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
09/26/14			RYAN Ryan Meier
Purchase Order	Terms	Last Service	Map Code
			Lic#: C18911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	0.00
ED TANNER 816-421-6670 EXT. 220 OR EXT. 1232 L. V. 816-564-6226 REGULAR SERVICE PLUS PROBATION/PAROLE 1738 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 19 / Maxforce FC	0.0100	GA	0.0667	5 29 / Temprid SC	31.5000	OZ	
2 4 / Avert Cockro	0.0050	OZ		6 30 / Termidor SC	0.0600	GA	
3 25 / Orthene PLO	1.0000	GA		7 7 / Contract All-	0.0050	OZ	
4 26 / P. I. Contac	0.5000	OZ		8 9 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Invade Bio Foam	not required
2	Aero Thor	11623-46-81824	17	Maxforce FC Magnum Roach Killer Bait Gel	432-1460
3	Alpine Roach Bait	499507	18	Maxforce Fine Granule Insect Bait	432-1255
4	Avert Cockroach Gel Bait Formula 3	499-410	19	Maxforce FC Roach Killer Bait Gel	432-1259
5	Bi-Thor	83923-2	20	Maxforce Fly Spot Bait	432-1455
6	Cime-Xa	73079-12	21	Phantom Aerosol	7969-285
7	Contract All-Weather Blox	12455-79	22	Phantom Termite-Insecticide	241-392
8	Delta Dust Insecticide	432-772	23	Optigard Ant Gel	1001260
9	Demand CS Insecticide	100-1066	24	Optigard Flex Liquid	1001306
10	Drione	432-992	25	Orthene PCO Pellets	59639-31
11	DuPont Advion	352-652	26	P. I. Contact Insecticide Formula 1	499-444
12	Fenva Star Eco Cap	71532-28-73006	27	Precor IGR Concentrate	2724-352
13	Gentrol IGR Concentrate	2724-351	28	Prentox Resmethrin 0.5%	655-779
14	InTice Granular Bait	73079-2	29	Temprid SC Insecticide	432-1483
	InTice Sweet Ant Gel	73079-1	30	Termidor SC Termite/Insecticide	7969-210

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

Customer agrees to pay accrued expenses in the event of collection.  
 [Signature] 9/26/14  
 SERVICE TECH DATE

[Signature]  
 CUSTOMER SIGNATURE



1821 McGEE  
KANSAS CITY, MISSOURI 64108  
471-5733 or 331-8060  
(913) 642-5115

WORK ORDER: 36050  
WORK DATE: 10/03/14  
Friday

Bill To: 137211  
Heartland Ctr for Behavioral Change  
Ed Tanner  
1514 Campbell  
Kansas City, MO 64108

Work Location: [37211] 816-421-6670  
Heartland Ctr. for Behavioral Chg.  
Ed Tanner  
1514 Campbell  
Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
10/03/14			RYAN [1] Ryan Meier
Purchase Order	Terms	Last Service	Map Code
			Lic#: C18911

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	0.00
ED TANNER 816-421-6670 EXT. 220 OR EXT. 1222 CELL # 816-564-6226 REGULAR SERVICE PLUS PRODUCTION/PAROLE 1730 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
115 / Maxforce FL	0.0050	OZ		527 / Temprid SC	0.0050	OZ	
24 / Avert Cockro	0.0050	OZ		630 / Termidor SC	0.0050	GA	
325 / Orthene PDD	1.0000	GA		77 / Contract All-	0.0050	OZ	
426 / P.I. Contac	0.5000	OZ		89 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Invaide Bio Foam	not required
2	Aero Thor	11623-46-81824	17	Maxforce FC Magnum Roach Killer Bait Gel	432-1460
3	Alpine Roach Bait	499507	18	Maxforce Fine Granule Insect Bait	432-1255
4	Avert Cockroach Gel Bait Formula 3	499-410	19	Maxforce FC Roach Killer Bait Gel	432-1259
5	Bi-Thor	83923-2	20	Maxforce Fly Spot Bait	432-1455
6	Cime-Xa	73079-12	21	Phantom Aerosol	7969-285
7	Contract All-Weather Blox	12455-79	22	Phantom Termiticide-Insecticide	241-392
8	Delta Dust Insecticide	432-772	23	Optigard Ant Gel	1001260
9	Demand CS Insecticide	100-1066	24	Optigard Flex Liquid	1001306
10	Drione	432-992	25	Orthene PCO Pellets	59639-31
11	DuPont Advion	352-652	26	P.I. Contact Insecticide Formula 1	499-444
12	Penva Star Eco Cap	71532-28-73006	27	Precor IGR Concentrate	2724-352
13	Gentrol IGR Concentrate	2724-351	28	Prentox Resmethrin 0.5%	655-779
14	InTice Granular Bait	73079-2	29	Temprid SC Insecticide	432-1483
	InTice Sweet Ant Gel	73079-1	30	Termidor SC Termiticide/Insecticide	7969-210

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

Customer agrees to pay accrued expenses in the event of collection.  
 [Signature] 10/3/14  
 SERVICE TECH DATE

[Signature]  
 CUSTOMER SIGNATURE



1821 McGEE  
 KANSAS CITY, MISSOURI 64108  
 471-5733 or 331-8060  
 (913) 642-5115

**Service Slip / Invoice**

WORK ORDER: 30061  
 WORK DATE: 10/10/14  
 Friday

Bill To: 137211  
 Heartland Ctr for Behavioral Change  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Location: 137211 816-421-6670  
 Heartland Ctr. for Behavioral Chg.  
 Ed Tanner  
 1514 Campbell  
 Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
10/10/14			RYAN Ryan Meier

Purchase Order	Terms	Last Service	Map Code

Service	Description	Price
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GENERAL PC ROACHES, RATS AND MICE 0.00

ED TANNER 816-421-6670 EXT. 820 OR EXT. 1222  
 CELL # 816-564-6226  
 REGULAR SERVICE PLUS PROBATION/PAROLE  
 1730 PROSPECT IS PART OF SERVICE

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
119 / Maxforce FC	0.0100	OZ		527 / Temprid SC	31.5000	OZ	
24 / Avert Cockro	0.0050	OZ		630 / Termidor SC	0.0600	GA	
325 / Orthene PCO	1.0000	GA		777 / Contrac All-	0.0050	OZ	
425 / P.I. Contac	0.5000	OZ		89 / Demand CS In	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	Invade Bio Foam	not required
2	Aero Thor	11623-46-81824	17	Maxforce FC Magnum Roach Killer Bait Gel	432-1460
3	Alpine Roach Bait	499507	18	Maxforce Fine Granule Insect Bait	432-1255
4	Avert Cockroach Gel Bait Formula 3	499-410	19	Maxforce FC Roach Killer Bait Gel	432-1259
5	Bi-Thor	83923-2	20	Maxforce Fly Spot Bait	432-1455
6	Cime-Xa	73079-12	21	Phantom Aerosol	7969-285
7	Contrac All-Weather Blox	12455-79	22	Phantom Termiticide-Insecticide	241-392
8	Delta Dust Insecticide	432-772	23	Optigard Ant Gel	1001260
9	Demand CS Insecticide	100-1066	24	Optigard Flex Liquid	1001306
10	Drione	432-992	25	Orthene PCO Pellets	59639-31
11	DuPont Advion	352-652	26	P.I. Contact Insecticide Formula 1	499-444
12	Fenva Star Eco Cap	71532-28-73006	27	Precor IGR Concentrate	2724-352
13	Gentrol IGR Concentrate	2724-351	28	Prentox Resmethrin 0.5%	855-779
14	InTice Granular Bait	73079-2	29	Temprid SC Insecticide	432-1483
15	InTice Sweet Ant Gel	73079-1	30	Termidor SC Termiticide/Insecticide	7969-210

Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.  
 Customer agrees to pay accrued expenses in the event of collection.

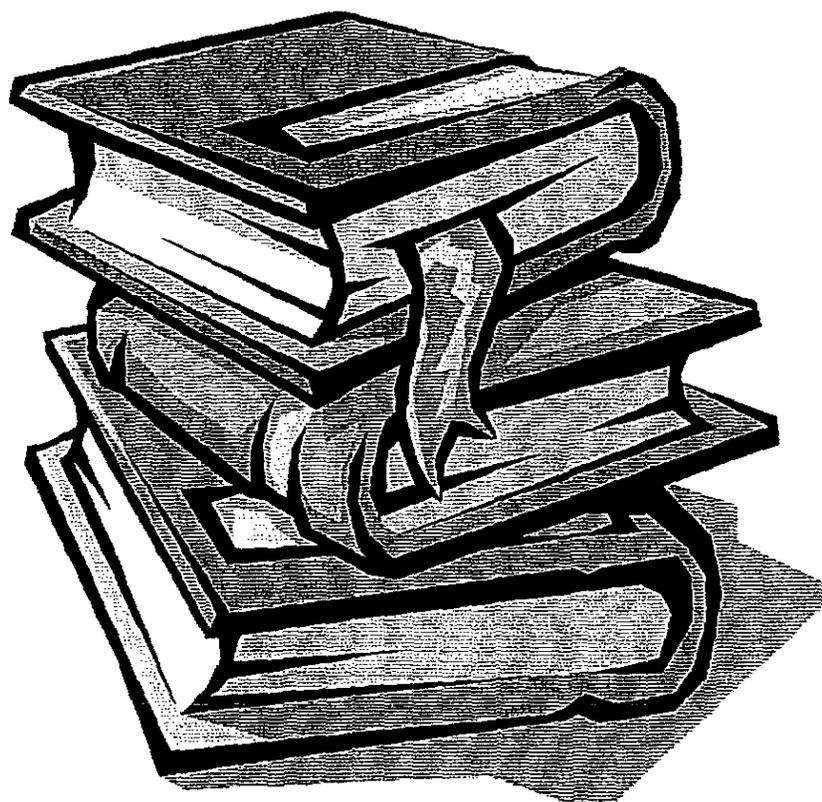
\* I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

*[Handwritten Signature]*  
 10/10/14

*[Handwritten Signature: T. Roberts]*  
 CUSTOMER SIGNATURE

# Directory of Community Resources

December 2011



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# A

AARP: 700 W 47 <sup>th</sup> St Ste 112 KCMO 64112.....	1-866-389-5627
Abandoned Houses, Kathleen Colbreck .....	816-871-3800
Ad Hoc Group Against Crime.....	816-531-0000
Affordable Senior Adult Housing, K. David Cole Place..... 11301 Grandview Rd.	816-966-4563
Air Quality/Health Department.....	816-513-6314
AIDS Council of Greater Kansas City .....	816-753-5166
2801 Wyandotte Ste 167, KCMO 64108	
AIDS HOTLINE .....	816-513-6000
AIDS Resource Council.....	816-471-1186
HIV Testing .....	816-753-5144
Hope Care Center .....	816-523-3988
Alzheimer's Disease Education & Referral Center.....	1-800-438-4380
American Diabetes Association .....	913-383-8210
American Heart Association .....	816-242-4277
American Red Cross.....	816-468-1260
Anger Alternatives-Anger Management .....	816-753-5118
AARP- Missouri State Office .....	816-561-0044
Area Agency on Aging.....	816-474-4240
Arbors of Grandview.....	816-761-3411
Associated Youth Services.....	913-831-2820
<b><u>AA/NA MEETINGS</u></b>	
Alive Again AA (Westport).....	816-461-9691
Grass Roots AA (Grandview).....	816-761-9953
Alanon/Alateen/ACOA.....	816-373-8566
Alcoholics Anonymous.....	816-471-7229
Cocaine Anonymous .....	913-248-8873
Narcotics Anonymous.....	816-531-2250
<b><u>ALCOHOL AND SUBSTANCE ABUSE TREATMENT</u></b>	
Baptist Lutheran Hospital .....	816-276-7896
Benilde Hall .....	816-842-5836
Comprehensive Mental Health.....	816-254-3652
Drug & Alcohol Referral and Assessment Hotline.....	816-361-5900
First Call on Alcohol and Drug Dependence .....	816-361-5900
Friendship House (Women Only, Detox) .....	816-531-7788
Gateway (Comprehensive Mental Health).....	816-350-3830
Grace House of Kansas City (Women & Children).....	816-756-1551
Guadalupe Center.....	816-561-6885
Kansas City Community Center (KCCC).....	816-421-6670
Kansas City Restoration Church (KCRC) .....	816-231-2755
Kansas City Free & Clean Clinic.....	816-333-9999
National Council on Alcoholism and Drug Abuse .....	816-361-5900
New Vision .....	1-800-939-2273
North Kansas City Community Center .....	816-454-2000
Northstar – ReDiscover Alcohol and Substance Abuse.....	816-931-6500
Pathways .....	660-747-1355

Preferred Family Healthcare

YOUTH .....	816-474-7677
ADULT OUTPATIENT, Clay, Platte, and Ray counties .....	816-407-1754
Renaissance West.....	816-333-2990
Salvation Army Adult Rehabilitation .....	816-421-5434
Samuel U Rodgers Community Health Center .....	816-474-4920
Swope Parkway Health Center (outpatient).....	816-923-5800
IMANI house (MICA group home).....	816-929-2600
Truman Lakewood Addiction Recovery Program .....	816-404-8047
Two Rivers Hospital .....	816-382-6300
U.S. Department of Health and Human Services.....	1-800-662-4357
--Regional Office for Area Programs Guide.....	816-482-5770

# B

Better Living Center (Food & Clothing).....	816-523-1115
7217 Troost (9:00-2:30 Mon & Wed)	
BFMA PO Box 414711 KC, MO 64141.....	816-474-2972
Fax .....	816-474-1673
BHAC-ReDiscover Intake.....	816-966-0900
Big Brothers & Sisters of Kansas City .....	816-561-5269
Birth Certificates/Vital Records .....	816-513-6309
Bishop Sullivan Center	
Truman .....	816-231-3096
Troost .....	816-561-8515
Booth Manor 816-966-0303	
Brain Injury Association of America .....	1-800-444-6443
Missouri.....	314-426-4024
Kansas .....	913-754-8883
Butterfly Haven (RCF 1) 11500 Campbell St. KC, MO 64131 .....	816-942-4045

# C

Campbell Care Group Home.....	816-931-1466
Catholic Charities: 1112 Broadway St, KCMO 64105 .....	816-221-4377
Refer to United Way .....	816-474-5112
Center Pointe for Recovery (eating disorders).....	816-363-1898
Child Abuse Prevention Association.....	816-252-8388

## CHILD CARE

Daycare Connection .....	816-962-2020
Kansas City Regional Center for Developmentally Disabled .....	816-889-3400
St. Vincent's Family Service Center .....	816-756-3511
Children's Mercy Hospital.....	816-234-3000

The Children's Place.....	816-363-1898
City Union Mission.....	816-474-9380
Civil Rights .....	816-426-7277
Hotline.....	1-800-368-1019
Coalition for Independence.....	913-321-5140
COMBAT Jackson County .....	816-881-3664
CommCare (Crisis Line).....	888-279-8188
Community Assistance Council.....	816-763-3277
Community Linc (Transition for Families).....	816-531-3727
Community Services League .....	816-254-4100
Compassionate Ear (Consumer Warm Line).....	913-281-2251
.....	1-866-927-6327
Compassionate Friends .....	816-556-2493
Consumer Credit Counseling.....	816-753-0535
Credit Counseling Centers of America .....	816-474-0222
Crime Victims Compensation .....	573-526-6006
<b><u>CRISIS Homes/ Transitional Living</u></b>	
Askew House (men only) 1016 Askew Ave. ....	816-497-4565
Beacon House (men only) 1207 S. Main open 8pm Tues. & Thur. ....	816-254-7089
Charlie Vaughn (men only) Blue Springs, MO.....	816-810-7181
Charlotte Place (men only) 2751 Charlotte .....	816-497-4565
Community House (men only) 3000 Campbell.....	816-756-0670
Counseling .....	913-371-HOME (4663)
Crossroads 2911 Holmes .....	816-759-7250
Friendship House (women only) 3728 Gilham Road.....	816-531-7788
Healing House (women only) 4400 St. John .....	816-920-7178
Isaiah's Place (men only) 3344 Benton Blvd. ....	816-442-7963
Kansas City Community Center (south house) 2751 Charlotte .....	816-531-7733
K.C. Drug Free Housing (two locations)	
The Fairhaven Apartments .....	816-561-7772
Hyde Park Towers .....	816-756-1401
(24-hr. on-site structured management; weekly NA/AA mtgs)	
Lea Widwick (men only) 1128 S. Main/421 S. Main Independence, MO	816-590-1556
Mercerville (men only) .....	816-838-0690
Turning Point (men only) 1312 W. South Ave. Independence, MO	816-456-0933
Princess House (women only) 2214 Benton Blvd.....	816-216-7846
Spring House 721 W. Jones Independence, MO 64055.....	816-833-1853
ReStart.....	816-472-5664
Tracy Crisis Support Home 3717 Tracy.....	816-931-5468
Union House 225 Union St. ....	816-810-0033
Welcome House 1414 East 27 <sup>th</sup> St.....	816-472-0527

# D

Daystar Worship Center-Rev. Dean/ Ranel Boldridge.....	816-924-5531
(Transitional Housing for Men; Recovery Support)3809 Brooklyn KCMO 64109	
Dean's Law Office -Joan Dean, SSI/SSDI appeals- .....	816-356-7997



Domestic Violence Hotline.....	816-995-1000
Hope House (Battered Women).....	816-461-4188
Joyce H Williams Battered Women's Center.....	913-321-0951
KC Antiviolence Project For lesbian, gay, bisexual, and transgender.....	816-561-0550
victims of violence or bias crimes	
Newhouse for Battered Women.....	816-471-5800
Rosebrooks.....	816-861-6100
Safe Haven.....	816-452-8535
Safe Home.....	913-262-2868
Synergy Services (Northland).....	816-587-4100
Don Bosco Community Center.....	816-691-2900

**DUAL RECOVERY GROUPS**

Inside Recovery (closed meeting).....	816-606-0019
Unity Church on the Country Club Plaza, Friday 7-8pm, non-smoking	
Inside Recovery (closed meeting).....	816-606-0019
Benilde Hall- 3220 E. 23 <sup>rd</sup> St., Monday 7-8pm and Saturday 6:30-7:30pm	

**E**

**EMPLOYMENT ASSISTANCE**

AARP (people over 55).....	816-471-1884
Bishop Sullivan Center.....	816-231-3096
Community Linc (Transition for Families).....	816-531-3727
Division of Employment Security	Missouri..... 816-889-3000
	Kansas..... 913-281-3000
Don Bosco.....	816-691-2900
Employee Assistant Program.....	816-395-3866
Educational Opportunities Center (Career Counseling).....	816-759-4400
Family Self Sufficiency Program.....	816-221-3383
Full Employment Council.....	816-471-2330
Goodwill Industries.....	816-842-7425
Jewish Vocational Service.....	816-471-2808
Job Corps (training and placement).....	816-637-5501
Nationalities Services Center of Don Bosco.....	816-474-0800
One-Stop Career Center	South Office..... 816-325-1000
Refugee Assistance Center.....	816-621-5774
Rehabilitation Institute.....	816-751-7700
Women's Employment Network.....	816-822-8083
Urban League of Greater Kansas City.....	816-471-0550
Vocational Rehabilitation	
Downtown.....	816-889-2581
East Office.....	816-622-0600
South.....	816-889-3800
Emergency Assistance.....	816-561-3339
Eldercare Locator Service.....	1-800-677-1116
Epilepsy Foundation.....	1-800-332-1000

**EYE CARE**

Cass County Eye Care.....	816-322-6700
Eye Care Optical.....	816-753-2020
Eye Foundation of Kansas City.....	816-881-6200
Keels Vision Optical.....	816-229-6999
Research Optical.....	816-444-9646
Research Eye Care.....	816-363-4700
State Line Eye Care.....	816-444-2900
Truman Lakewood.....	816-404-3900
Union Hill Eye Care.....	816-931-9220

**F**

First Call on Alcohol and Drug Dependence.....	816-361-5900
Family Resource Center Inc.....	816-822-7241

**FOOD and CLOTHING PANTRIES**

Angel Food Ministries-St. James 5540 Wayne KCMO.....	816-444-5588
Berean Christian Fellowship.....	816-444-6393
Better Living Center (Food & Clothing) 7217 Troost available every two months.....	816-523-1115
Blue Hills Family Center.....	816-926-9494
Cathedral Social Services.....	816-421-7739
Clymer Community Center.....	816-842-0707
Community Service League Independence Only 300 W. Maple M-F 8:30-11:30/12:30-2:30.....	816-254-4100
Coronation of Our Lady Catholic Church...Grandview Only.....	816-761-8811
CAC (Hickman).....	816-763-3277
Don Bosco.....	816-691-2900
First Christian Together Center.....	816-842-1394
Grandview Assistance Program.....	816-761-1919
Goodwill Industries.....	816-842-7425
Holmeswood Baptist Church.....	816-942-1729
Immanuel Baptist Church (Food Pantry) 112 W.23 <sup>rd</sup> St. Indep.MO: T-10-Noon, F-10-Noon, Sat-11-Noon.....	816-254-9579
1123 S. Liberty Indep.MO.....	816-254-8825
Lutheran Mission of the Good Shepherd.....	816-474-9049
Parkway Baptist Church.....	816-333-5467
Mid-America Food Pantry.....	816-561-3339
Salvation Army (Grandview).....	816-763-3244
Westport Temple.....	816-753-6042
Bellefontaine Corps.....	816-241-2526
St. Louis Social Services.....	816-822-9091
United Services.....	816-459-9615
Village Food Pantry.....	913-671-2315
Foster Grandparent Program.....	816-513-3225
Friends of Yates, Inc.....	816-321-1566

# G

Gamblers Anonymous.....	1-888-BETSOFF
Local .....	816-346-9230
Rodgers South.....	816-861-7070
Gillis	
Residential Services.....	816-508-3597
Alternative Education .....	816-508-3226
Community Based Services .....	816-508-3514

## GED TESTING CENTERS

Longview Community College.....	816-672-2661
Penn Valley Community College .....	816-759-4433
Gillis Center	
8158 Wornall.....	816-508-3500
Good Samaritan Project .....	816-561-8784
Goodwill Industries.....	816-842-7425
Grandview Community Assistance Counsel.....	816-761-1919
Grandview Manor Care Center .....	816-763-2855

## GUARDIANSHIP

Michael Wells – Jackson County Mental Health Officer .....	816-881-3355
Missouri Bar Association Lawyer referral line.....	573-636-3635
Legal Aid of Western Missouri.....	816-474-6450

# H

## HEAD INJURY RESOURCES

Head Injury: Be Independent .....	<a href="http://www.bindependent.com">www.bindependent.com</a>
Brain Injury Association of America .....	1-800-444-6443
Missouri.....	314-426-4024
Kansas .....	913-754-8883

## HEARING/ SPEECH IMPAIRED

Missouri Deaf Relay Services .....	1-800-735-2466
Mental Health Crisis Line .....	1-800-273-TALK (8255)
Heart of America Family Services	
Missouri.....	816-753-5280
Kansas .....	913-342-1110
Heart of America Indian Center.....	816-421-7608
Heart of America United Way .....	816-472-4289
Harvesters – Community Food Network.....	816-929-3000
Hope Care Center (HIV/AIDS Skilled Nursing).....	816-523-3988
Holiday Place Apartments.....	816-765-67682

## HEALTH CARE

Headache and Pain Center .....	913-491-3999
Kansas City Free Health Clinic.....	816-753-5144
Dental .....	816-777-2790
General Medicine Nurse (English).....	816-268-0616

General Medicine Nurse (Espanol).....	816-777-2749
General Medicine Medication Refill.....	816-777-2725
HIV Nurse.....	816-777-2734
Mental Health.....	816-777-2722
KCMO Health Department.....	816-513-6008
Planned Parenthood – Grandview.....	816-763-2125
Samuel U Rodgers Community Health Center.....	816-474-4920
Swope Parkway Mental Health Services	
Intake.....	816-922-7645
Mental Health Court.....	816-922-7645
Swope Health Center.....	816-923-5800

### **HOSPITALS**

Center for Behavioral Medicine (formerly Western MO)	816-512-7000
Centerpoint Medical Center.....	816-698-8846
Children’s Mercy Hospital.....	816-234-3000
Children’s Mercy Teen Clinic.....	816-234-3050
Heartland Hospital- St. Joseph, MO.....	816-271-6000
Kindred Hospital.....	816-995-2000
KU Medical Center.....	913-588-1227
Lee’s Summit Medical Center.....	816-282-5000
North Kansas City Hospital.....	816-691-2000
Overland Park Regional Medical Center.....	913-541-5000
Rainbow Mental Health Facility.....	913-789-5800
Research Belton.....	816-348-1200
Research Medical Center.....	816-276-4000
Research Medicaid Psychiatric Unit.....	816-276-6510
Research Psychiatric.....	816-444-8161
Referrals.....	816-235-8162
Shawnee Mission Medical Center.....	913-676-2000
Behavioral Health Unit.....	913-676-2530
Addiction Recovery Program.....	913-676-2540
Ask-A-Nurse.....	913-676-7777
St. Joseph’s Hospital.....	816-942-4400
Saint Luke’s Health System.....	816-932-6220
St. Luke’s Northland- Smithville Adult Unit.....	816-532-7160
Adolescent Unit (ages 12-18).....	816-532-7202
St. Mary’s Medical Center.....	816-228-5900
Osawatomie State Hospital.....	913-755-7000
Two Rivers Hospital.....	816-382-6300
Truman Lakewood.....	816-404-7000
-3 <sup>rd</sup> Floor.....	816-404-8620
-4 <sup>th</sup> Floor.....	816-404-8630
Transportation.....	816-404-9515
Truman Medical Center West.....	816-404-1000
Truman Medical Center Behavioral Health.....	816-404-5700
VA Medical Center.....	816-861-4700

### **HOTLINES**

AIDS Hotline.....	1-800-342-AIDS
Child Abuse Hotline	
Missouri.....	1-800-392-3738
Kansas.....	1-800-922-5330
National Domestic Violence Hotline.....	1-800-799-SAFE (7233)

Elderly and Disabled Abuse and Neglect Hotline	
Missouri.....	1-800-392-0210
Kansas .....	1-800-922-5330
Homeless Hotline.....	816-474-4599
LGBT Crisis Hotline (The Trevor Project)	.. 866-488-7386
Literacy Hotline .....	1-800-521-7323
Mental Health Crisis Line.....	1-800-279-8188
Poison Control	
Missouri.....	816-234-3430
Kansas .....	913-588-6633
Rape (MOCSA) .....	816-931-4527
Run-Away Youth Hotline .....	1-800-RUN-AWAY (786-2929)
Suicide Prevention Hotline.....	1-800-273-8255
Teen Tap (HIV/AIDS) .....	1-800-234-TEEN
Youth Hotline.....	1-877-YouthLine (968-8454)

**HOUSING**

City of Independence Housing Authority .....	816-836-9200
Community Housing Network:2600 E 12 <sup>th</sup> St KC, MO 64127 .....	816-482-5744
Independence.....	816-836-9200 x 305
Kansas City, MO .....	816-968-4107
Lee's Summit .....	816-524-1100
Canaris Bradley (Voucher Program Manager) .....	816-482-5746
Cindy Neely-White.....	816-482-5748
Carrie Evans.....	816-482-5745
Kris Peters E.D. ....	816-482-5744
Salvation Army Crossroads Shelter.....	816-461-1093
HUD- Kansas City Office .....	913-551-5644

(covers state of Kansas and the western half of Missouri)

Metropolitan Lutheran Ministries .....	816-931-0027
Opportunities Pavilion.....	816-763-7001

**RESIDENTIAL/GROUP HOMES (RCF I, II, and III)**

Show Me Long Term Care: Missouri DSS website to look up RCFs and more:

<http://health.mo.gov/safety/showmelongtermcare/>

Andrews Way	8100 Wornall	816-356-3993
Autumn Woods	5500 NW Houston Lake Dr.	816-587-2263
Beacon Hill	2905 Campbell	816-531-6168
Blessed Homes	305 E 63 <sup>rd</sup> Street.....	816-678-8061
Bridgwood Manor	1221 E.115 <sup>th</sup> St.	816-943-0101
Butterfly Haven	11500 Campbell	816-941-2836
Campbell Care Center	2826 Campbell	816-931-1466
Ceders of Liberty		816-781-7600
Collier Care Home, INC		816-229-6231
Corner Brook Place	12942 Wornall Rd	816-423-8500
Country Oak Village		816-224-2700
Essex of Grain Valley		816-443-3992
Guardian Angel Care Home		816-313-2515
Golden Living Community- Independence Chateau		816-478-1991
Guiding Light (Owner: Alfredo see Waterford South)		816-216-7498
Harris House		816-349-3530
Haven Manor		816-931-7442
Heritage Village of Platte City		816-858-2182
Hidden Lake Care Center		816-737-1010

Hillside Manor		816-353-4181
Jeanne Jugan Center	8745 James A Reed Rd	816-761-4744
Jolet Home	3920 Forrest	816-531-5308
Leisure Care (Males Only)		816-231-6598
Maywood Manor		816-254-6789
Mockingbird Manor		816-781-8058
New Horizons Assistance		816-924-4121
Our Lady of Mercy Country Home		816-781-5711
Rockhill Manor (Requires TMC Case Manager)	4235 Locust St	816-931-2225
Superior		816-630-3177
St. Mary's Manor		816-228-5655
The Oaks		816-356-0200
Turning Point		816-257-1435
Vally View Residential Care		816-347-2700
Waterford South (Contact Alfredo)		816-942-4898
White Oak Living Center		816-254-3500
Wood Oaks		816-254-5400

### NURSING HOMES/FACILITIES

Show Me Long Term Care: Missouri DSS website to look up nursing homes, skilled nursing and more: <http://health.mo.gov/safety/showmelongtermcare/>

Armour Oaks Senior Community	8100 Wornall	816-363-5141
ABC Health Center (Harrisonville)		816-380-7399
Blaiz Boarding Care	5234 NE Munger	816-454-1288
Blue Ridge Nursing Home		816-761-6838
Carrie Dumas Longterm Care	2836 Virginia Ave	816-924-5017
Carondelet Manor	621 Carondelet	816-943-4777
Carroll Manor		816-531-5746
Corner View Manor	5700 Virginia Ave	816-361-5323
Deaconess Specialty		816-333-0700
Edgewood Manor		816-358-7857
Gardens at Barry Rd	8300 NW Barry Rd	816-584-8699
Glennon Place	124 N Hardesty	816-241-2020
Greens at Creekside	12942 Wornall	816-942-6705
Heritage Village of Gladstone	3000 NE Antioch	816-454-5130
Jolet Home	3920 Forest	816-531-5308
Kelly Assisted Living	4435 Main	816-531-2050
Masonic Home of Missouri	12101 E.Bannister Rd	816-763-6667
Senior Estates	2323 Swope Pkwy	816-924-1122
Thompson Care	3241 Paseo	816-861-5189
Wexford Place	6500 N Cosby	816-587-5700
Andrews Way		816-356-3993
Amity Boarding Care		816-861-5189
Beacon Hill		816-531-6168
Butterfly Haven (RCF 1)	11500 Campbell St. KC, MO 64131	816-942-4045
Campbell Care Center		816-931-1466
Edgewood Manor		816-358-7858
Harris House		816-349-3530
Haven Manor		816-931-7442
Hillside Manor		816-353-4181
Leisure Care (Males Only)		816-231-6598
Maywood Manor		816-254-6789
New Horizons Assistance		816-924-4121
Superior		816-630-3177

The Oaks .....	816-356-0200
Turning Point .....	816-257-1435
Wood Oaks.....	816-254-5400
<b><u>NURSING HOMES/FACILITIES</u></b>	
ABC Health Center (Harrisonville) .....	816-380-7399
Blue Ridge Nursing Home.....	816-761-6838
Carroll Manor.....	816-531-5746
Deaconess Specialty.....	816-333-0700
Edgewood Manor.....	816-358-7858
Habitat for Humanity .....	816-924-1096

**HOMELESS SHELTERS**

City Union Mission	
Men .....	816-474-9380
Families.....	816-483-7685
Crossroads.....	816-252-3200
Community Line (Transition for Families).....	816-531-3727
Deliverance Unlimited Outreach .....	816-483-7515
Fellowship House (Probation & Parole).....	816-753-6160
Forest Avenue Shelter (Women & Children).....	816-753-4753
Grace House of Kansas City (Women & Children).....	816-756-1551
Harbor Light Village.....	913-232-5400
Harris House (For Mentally Ill).....	816-349-3530
Haven (VA Transitional Living).....	816-931-7233
Heartland Residential Care .....	816-454-0622
Hillcrest Transitional Housing.....	816-461-0468
Hope House (Battered Women).....	816-461-4188
Hope and Faith.....	816-471-4673
Holy Family House.....	816-753-2677
Homeless Services Coalition of Greater KC.....	816-924-7997
International Union of Gospel Mission.....	816-471-8020
KC Neighborhood Alliance (For Working Families) .....	816-753-8600
KC Rescue Mission.....	816-421-7643
Linwood Center .....	816-756-2769
Metropolitan Lutheran Ministries .....	816-931-0027
Network Homeless Support .....	816-842-2074
Neutral Ground (Transitional Living).....	816-342-5121
Northland Family Shelter.....	816-587-4224
ReStart.....	816-472-5664
Salvation Army .....	816-756-2769
Seaton Center .....	816-231-3955
Sheffield Place (Women & Children).....	816-483-9927
Shelter + Care (finances) .....	816-531-8340
Dirk Cable.....	573-526-3125
Support Project.....	816-842-2074
Walnut House.....	816-363-3584
Welcome House.....	816-472-0760

**HOUSING AUTHORITIES**

Kansas City .....	816-968-4100
Lee's Summit.....	816-524-1100
Neighbor to Neighbor Ministry.....	816-931-1858
Section 8 Vacant List.....	www.socialserve.com
Supported Community Living Services (Western Region) .....	417-448-3463
Tony Moore .....	816-482-5740
Fax .....	816-482-5728

Ruth Thorton.....	816-482-5729
Carolyn Kelton.....	816-482-5730
Pearl Brayboy .....	816-482-5732
Bonnie Neal .....	816-482-5733
Bray Kramer .....	816-482-5734
Lottie Stewart-Dawn.....	816-482-5735
Cherise Whited .....	816-482-5736
Roger Thomure.....	816-482-5737
Mattie Paul .....	816-482-5738
Lisa Liberman.....	816-482-5739
TMC BHN Homeless Support Project 1415 McGee.....	816-842-2074
Housing Information Center.....	816-931-0443
	Fax ..... 816-931-0722
HUD .....	816-471-2622
	816-842-2440
Humane Society of Greater Kansas City.....	913-596-1000

# I

# J

Jackson County Parks & Rec .....	816-503-4800
Jeffery Scott, M.D Medical Group: 13010 White Ave, Grandview, MO 64030 .....	816-765-3888
Jewish Family & Children Services	
Missouri.....	816-333-1172
Kansas .....	913-327-8250

# K

Kansas City Explorers.....	816-513-5630
Kansas City Free Health Clinic.....	816-753-5144
Dental .....	816-777-2790
General Medicine Nurse (English).....	816-268-0616
General Medicine Nurse (Espanol).....	816-777-2749
General Medicine Medication Refill.....	816-777-2725
HIV Nurse .....	816-777-2734
Mental Health.....	816-777-2722
Kansas City Hospice .....	816-363-2600
East Office (Independence).....	816-468-5700
Kansas City .....	816-941-1000
Solace House.....	913-341-0318
Kansas City Police Department	
Missouri.....	816-234-5000
Kansas .....	913-596-3000
Kansas City Rescue Mission .....	816-421-7643



Eastern Jackson .....	816-325-5800
Medicaid Transportation .....	1-800-562-3022
MEDICARE .....	1-800-633-4227
Social Security .....	1-800-772-1213
Mental Health Association of the Heartland (payee) .....	913-281-2221
Metropolitan Lutheran Ministries .....	816-931-0027

**MENTAL HEALTH CENTERS**

Comprehensive Mental Health Services Independence, MO .....	816-254-3652
Don Bosco Center .....	816-691-2900
Family Guidance Center St. Joseph, MO.....	816-364-1501
Heart of America Mental Health Association Kansas City, KS.....	913-281-2221
Johnson County Mental Health Center .....	913-831-2550
Adolescent Center for Treatment (ACT) .....	913-782-0283
Adult Detoxification Unit .....	913-826-4100
Community Support Services.....	913-826-4000
Mattie Rhodes (Counseling Services).....	816-471-2536
Ozark Center Joplin, MO .....	417-347-1111
Neosho .....	417-451-4376
Pathways Belton.....	816-322-4332
Clinton .....	660-885-2586
Warrensburg .....	660-747-7127
Samuel U. Rogers Health Center .....	816-889-4610
Swope Parkway Mental Health Services	
Intake .....	816-922-7645
Mental Health Court.....	816-922-7645
The Guidance Center Leavenworth.....	913-682-5118
24 Hr Crisis Line.....	1-888-269-9634
TMC Behavioral Health Network.....	816-404-5700
Intake .....	816-404-5709
Truman Med Clinic .....	816-404-5961
Truman Assertive Community Outreach .....	816-404-6295
Tri County Mental Health.....	816-468-0400
Lebedun Center .....	816-777-3555
Wyandotte Behavioral Center.....	913-328-4600
24 Hr Crisis Line.....	913-788-4200

**MENTAL HEALTH INVOLUTARY COMMITMENT**

Probate Court Clerk (96 hour hold) .....	816-881-3759
Probate Pick-up Order.....	816-881-3759
	Fax ..... 816-881-3228
Metropolitan Lutheran Ministries .....	816-931-0027
Metropolitan Organization to Counter Sexual Assault (MOCSA).....	816-931-4527
Mid America Assistance Coalition.....	816-561-2727
Mid American Coalition on Health Care .....	816-753-0654
Mid America Regional Council (MARC).....	816-474-4240
MissouriSeniors.com	
State Health Insurance Assistance Program .....	1-800-390-3330
Department of Veterans Affairs .....	1-800-827-1000
Division of Family Services.....	1-800-392-2161
Elder Abuse and Neglect Hotline.....	1-800-392-0210
Missouri Long Term Care Ombudsman Program .....	1-800-309-3282
Missouri Patient Care Review Foundation.....	1-800-347-1016
Eldercare Locator Service .....	1-800-677-1116

Missouri Coalition for Primary Health Care .....	1-573-636-4222
Missouri Hospice and Palliative Care Association .....	1-816-350-7702
The Missouri Assistive Technology Project .....	1-800-647-8557
Muscular Dystrophy Association .....	913-451-3230
Senior and Disability Services .....	1-800-235-5503

# N

National Family Caregiver's Association .....	1-800-896-3650
National Multiple Sclerosis Society .....	913-432-3926
NAMI of Greater Kansas City .....	816-931-0030
Niles Home for Children .....	816-241-3448

## NOTARY SERVICES

ReDiscover- Main office.....	816-246-8000
Bev Hatley ext. 3259	
ReDiscover- South office.....	816-966-0909
Micki Fisher.....	816-554-3212
Judy Bowe .....	816-554-3278
ReDiscover – Lighthouse/901	
Val Garcia .....	816-554-3036

# O

Opportunities Pavilion.....	816-763-7001
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## Overeating Support Groups

Broadway Baptist.....	816-561-3274
Grandview United Methodist Church.....	816-761-7326
Maywood Baptist Church.....	816-254-3344
Over-eaters Anonymous .....	913-383-5933
Raytown (9309 E. 65 <sup>th</sup> St.).....	816-353-1708
Unity Temple on the Plaza .....	816-561-4466
Central United Methodist Church.....	816-753-1844

## OXFORD HOUSES

### Men

Blue Hills .....	816-921-1012
Harrison.....	816-237-1925
Hillcrest.....	816-761-3948
Holmes .....	816-842-1634
Marlboro.....	816-333-2267
Rockhill.....	816-822-7134
Truman .....	816-833-0222

### Women

Brookwood Ave .....	816-861-2176
Karnes .....	816-931-6731
Ozanam Home for Boys.....	816-508-3600
Ozanam Pathways – KC.....	816-508-6226

# P

## PARENTING SKILLS

Child Abuse Prevention Association .....	816-252-8388
National Center for Fathering ( <i>Fathers.com</i> ).....	1-800-593-DADS (3237)
Parents as Teachers ( <i>ParantsAsTeachers.org</i> ).....	1-314-432-4330
Ronda Guth (KC) .....	816-418-5245
Operation Breakthrough.....	816-329-5237
Parkinson Disease Information and Referral ( <i>ParkinsonHeartland.org</i> ).....	913-341-8840
8900 State Line, Ste 320, Leawood, KS 66206	
Pets for Life – Mary Buford .....	816-363-3665
Planned Parenthood.....	1-800-230-PLAN (7526)
Kansas City .....	913-345-1400

## PHYSICAL HEALTH

Dr. Jacqueline Allen- St. Luke's East (Accepting Medicaid)	816-347-5100
Metro Care (No Insurance)	816-880-6700
-ReDiscover –Alison Wilson (LS Office).....	816-347-3068

## PREGNANT TEENS HOUSING

The Lighthouse .....	816-361-2233
Mother's Refuge .....	816-353-8070

## PRESCRIPTION ASSISTANCE

Catholic Charities: 1112 Broadway St, KCMO 64105 .....	816-221-4377
Refer to United Way .....	816-474-5112
Community Services League .....	816-254-4100
Holy Family House .....	816-753-2677
Metropolitan Lutheran Ministries .....	816-931-0027
Mid-America Assistance Coalition.....	816-561-2727
United Way Information Line.....	816-421-4980

## PROBATION AND PAROLE

Belton.....	816-322-1166
Crossroads Correctional Center (C-5).....	816-632-2727
Independence .....	816-795-6055
District 4 – Kansas City .....	816-482-5882
4B Kansas City .....	816-889-7420
4C Kansas City .....	816-889-3322
4R Kansas City .....	816-889-7600
4W Kansas City .....	816-753-8320
Kansas City Community Release Center .....	816-842-7467
Liberty.....	816-792-0793
Public Administrator .....	816-881-3000

# Q

# R

## Rape/ Sexual Assault

MOCSA .....	816-931-4527
Teen Rape Crisis Line.....	816-531-0233
Safehome Domestic Violence Hotline and Shelter .....	913-262-2868
Safehome Sexual Assault Hotline and Shelter.....	816-531-0233

ReDiscover Respite Apartments- Shirley Lay.....	816-506-2884
Women- 703 A - N.E. Ridgeview St.....	816-435-0889 pgr
Men- 705 C - N.E. Ridgeview St.....	816-435-0889 pgr

Rideshare.....	816-842-7433
Rockhill Manor .....	816-931-2225
Rose Brooks Center.....	816-523-5550

## RESIDENTIAL/TREATMENT FACILITIES FOR CHILDREN & ADOLSCENTS

Crittenton	816-765-6600
Galaxy Home for Children	816-921-0633
Gillis	816-508-3500
Heartland	417-667-2666
KVC Behavioral Healthcare	913-499-8100
Marillac (Children's Psych-open 24/7)	913-663-5437
Niles Home for Children	816-241-3448
Ozanam	816-508-3600
Research Psychiatric Hospital (Adolescent Service 24/7 Call line)	816-235-8162
Royal Oaks Hospital	660-647-2182
Spofford	816-508-3400
Synergy	816-587-4100
-Youth Crisis Line	816-741-8700
Scott Greening Preferred Family Healthcare	816-474-7677

# S

Safe Home.....	913-262-2868
Salvation Army .....	816-756-1455
Adult Rehabilitation .....	816-421-5434
Children's Shelter .....	816-756-2769
Crossroads.....	816-461-1093
Emergency Disaster Service .....	816-471-4337
Information & Referral Line.....	816-756-3678
Kansas City, KS Harbor Light Village Recovery Center .....	913-281-5060
Linwood Center Supportive Housing/Children's Center.....	816-756-2769
Metro Social Services .....	816-756-1455
Samuel U Rodgers Community Health Center .....	816-889-4609
Senior Link.....	816-753-4474
Services for Seniors.....	913-268-7746
Seton Center .....	816-231-3955
Section 8 (Kansas City).....	816-968-4100
Section 8 (Belton).....	816-322-0502

Section 8 (Appleton City) .....	660-476-2185
Sermon Center.....	816-325-7370
Supportive Community Living (SCLS):Tony Moore .....	816-482-5740
Share-A-Fare (info).....	816-346-0810
Schedule a Ride .....	816-842-9070
Sheffield Place.....	816-483-9927
Shelter + Care (finances).....	816-531-8340

**SEMI-INDEPENDENT LIVING FOR DISABLED INDIVIDUALS**

Holiday Place	6807 E. 117 <sup>th</sup> St.	816-765-2074
Rosewood	3251 Forest Ave.	816-931-4777
Spruce Landing	5701 NE Parvin Rd	816-453-6144
Sunrise House	17839 E.23 <sup>rd</sup> St. S.Independ.MO	816-257-5506
TMC-CBM Alternative Services-Email <a href="mailto:Jacqueline.griffin@dmh.mo.gov">Jacqueline.griffin@dmh.mo.gov</a> or <a href="mailto:Lisa.gribble@dmh.mo.gov">Lisa.gribble@dmh.mo.gov</a>		
Benton/Crossroads (Higher level of functioning)		
Esperanza (Females-Dual DX Developmental Disability)		
Lakeland/Highlands (Males-Dual DX Developmental Disability)		
Peery Apartments (Semi-Indep.)	2659 Peery Ave	816-482-5713

**SHELTERED WORKSHOPS**

Blue Valley Workshop.....	816-483-1620
Job 1 (Greater Foundation Workshop).....	816-763-7822
Helping Hands of Goodwill Industries .....	816-842-7425
Rehabilitation Institute.....	816-751-7700
Southeast Workshop .....	816-353-2704

Spofford.....	816-508-3400
Social & Rehabilitation Services – KCK.....	913-279-7000

**SOCIAL SECURITY**..... 1-800-772-1213

Downtown Office	601 E. 12 <sup>th</sup> St. Room 436
Independence Office	4240 S. Lee's Summit Rd.
Midtown Office	1624 E. 63 <sup>rd</sup> St.

Solace House Center for Grieving.....	913-341-0318
SSDI Outreach .....	1-518-439-7415

**SPANISH SPEAKING SERVICES**

Don Bosco Center .....	816-691-2900
Guadalupe Center.....	816-561-6885
Mattie Rhodes .....	816-471-2536

**STROKE SUPPORT**

National Stroke Association.....	1-800-STROKES (787-6537)
Nurse Line (St. Luke's).....	816-932-2000, ext. 1
United Cerebral Palsy .....	816-531-4454

**SUBSTANCE ABUSE**

See Alcohol and Substance Abuse Treatment section

**SUPPORT GROUPS/LINES**

Advocacy Group (Swope Health Services).....	816-923-5800
Alliance for the Mentally Ill (AMI) .....	816-931-0030
Crisis Line .....	1-888-279-8188
Ark of Friends .....	816-931-0030
Kansas City Anti-Violence Project (LGBT Community).....	816-561-0550
MOCSA .....	816-931-4527
<b><u>Overeating Support Groups</u></b>	
Broadway Baptist.....	816-561-3274

Grandview United Methodist Church..... 816-761-7326  
 Raytown (9309 E. 65<sup>th</sup> St.)..... 816-353-1708  
 Unity Temple on the Plaza ..... 816-561-4466

SED Group for Children with emotional  
 /behavioral problems (Swope Health Services) ..... 816-923-5800  
 Survivors of Suicide Support Group (AMI)..... 816-931-0030

# T

Temporary Assistance for Needy Families (TANF) ([hhs.gov/Recovery](http://hhs.gov/Recovery))..... 816-426-3981  
 Fax..... 816-426-2888

**TRANSITIONAL HOUSING-** Women with children (1-3 year placement) and adolescent housing

Bare Women's Lodging ..... 816-606-8536  
 Hill Crest  
 Eastern Jackson Co ..... 816-461-0468  
 Platte Co..... 816-587-9037

LINC (Living in New Community) ..... 816-531-3727  
 Ozanam Pathways – KC ..... 816-508-6226  
 Princess House (women only) 2214 Benton Blvd..... 816-216-7846  
 Lea Widwick (men only) 1128 S. Main/421 S. Main Independence, MO 816-590-1556  
 Mercerville (men only) ..... 816-838-0690  
 Turning Point (men only) 1312 W. South Ave. Independence, MO 816-456-0933  
 Salvation Army Transitional Living..... 816-756-2769 ext. 200  
 Second Chance House 3123 Woodland ..... 816-446-3255  
 Sheffield Place ..... 816-483-9927  
 Stepping Stone (for teens): 5100 Noland Rd. .... 816-356-0187  
 Synergy Services (Northland)..... 816-587-4100  
 Fax ..... 816-505-7176  
 Emergency Services (ages 12-18) ..... 816-741-8700  
 SafeHaven DV Shelter & Children's Center ..... 816-452-8910  
 Fax ..... 816-452-8910  
 Youth Resiliency Campus ..... 816-777-0356  
 Fax ..... 816-455-3711

**TRANSPORTATION**

Della Lamb (for seniors only)..... 816-842-8040  
 Dial-A-Ride (Elderly/Disabled)..... 816-241-8822  
 Holy Family House ..... 816-753-2677  
 KC Metro ..... 816-221-0660  
 Metro-Flex ..... 816-346-0346  
 Raytown and Lee's Summit..... 816-346-0802  
 Mid-America Regional Council..... 816-474-4240  
 Salvation Army Dial-A-Ride (Grandview Only)..... 816-966-8300  
 Share-A-Fare (info)..... 816-346-0810  
 Schedule a Ride ..... 816-842-9070  
 Swope Parkway Health Center ..... 816-923-5800

# U

## UTILITY/ RENTAL ASSISTANCE

Alta Vista Christian Church.....	816-471-6921
Refer to Salvation Army-Family Services .....	816-483-8484
Assistance for Moms.....	1-888-774-7282
CAC (Hickman).....	816-763-3277
Catholic Charities: 1112 Broadway St, KCMO 64105.....	816-221-4377
Refer to United Way .....	816-474-5112
Christ the King: 8510 Wornall, KCMO 64114.....	816-363-4888
Colonial Presbyterian.....	816-942-3272
Della Lamb.....	816-842-8040
Don Bosco Center.....	816-691-2900
Energy Assistance	
Grandview Assistance Program.....	816-761-1919
KC Hope (kchope.net)	
Lutheran Mission of the Good Shepherd .....	816-474-9049
Metropolitan Ministries.....	816-923-3689
Mid American Assistance Coalition .....	816-561-2727
Refer to United Way 211 .....	816-474-5112
Redemptorist Center .....	816-931-9942
Seaton Center .....	816-231-3955
Senior Assistance.....	816-421-4980
St. Elizabeth's Assistance .....	816-523-3909
Southside Activity Center .....	816-444-3007
United Services of Greater Kansas City	
299 Paseo.....	816-923-9400
3675 Noland Rd.....	816-833-4333
6323 Manchester.....	816-358-6868
United Way of Greater KC.....	816-472-4289
Information Line .....	816-474-5112

# V

Veterans Benefits: 4801 E Linwood Blvd, KCMO, 64128.....	816-922-2660
Veterans Center of Kansas City: 4800 Main Ste 107, KCMO 64112.....	816-753-1866

## VOCATIONAL REHABILITATION ([dese.mo.gov/vr/vocrehab.htm](http://dese.mo.gov/vr/vocrehab.htm))

Downtown Kansas City Office: 615 E 13 <sup>th</sup> St, Rm G3, KCMO 64106.....	816-889-2581
Fax .....	816-889-2586
East Kansas City Office: 243 NW Executive Way, Lee's Summit, MO 64063 .....	816-622-0600
Fax .....	816-662-0610
North Kansas City Office: 310 NW Englewood Rd Ste 300, Gladstone, MO 64118.....	816-467-7900
Fax .....	816-467-7924
Transition Office: 243 NW Executive Way, Lee's Summit, MO 64063 .....	816-622-0611

# W

Warrant Desk (Sheriff's Office: pick up for 96 hour hold).....	816-881-3491
Wayside Waifs: 3901 Martha Truman Rd, KCMO 64137.....	816-761-8151
Wells, Michael- Jackson Co. Public Administrator (Guardianships).....	816-881-3355
Whole Persons Disability (Advocates for persons with disability).....	816-561-0304

# X

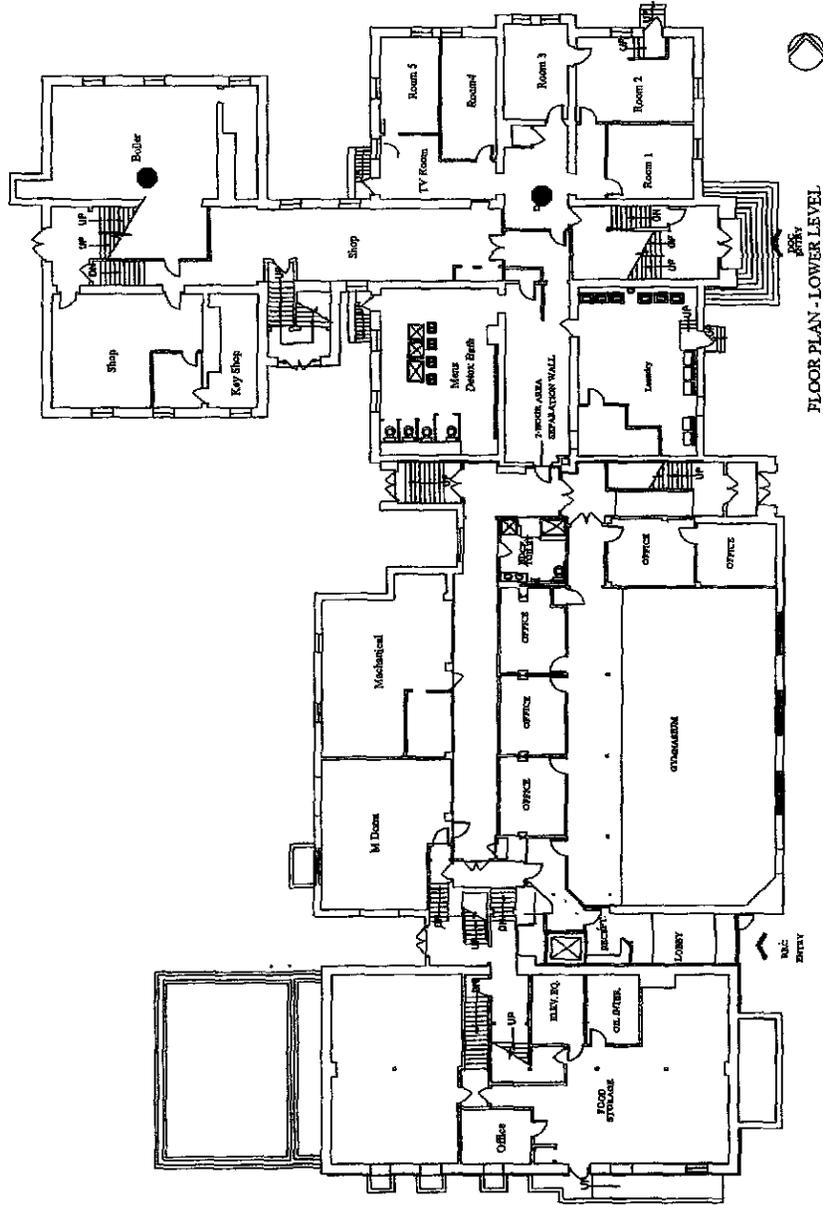
# Y

## YMCA (YMCA.net)

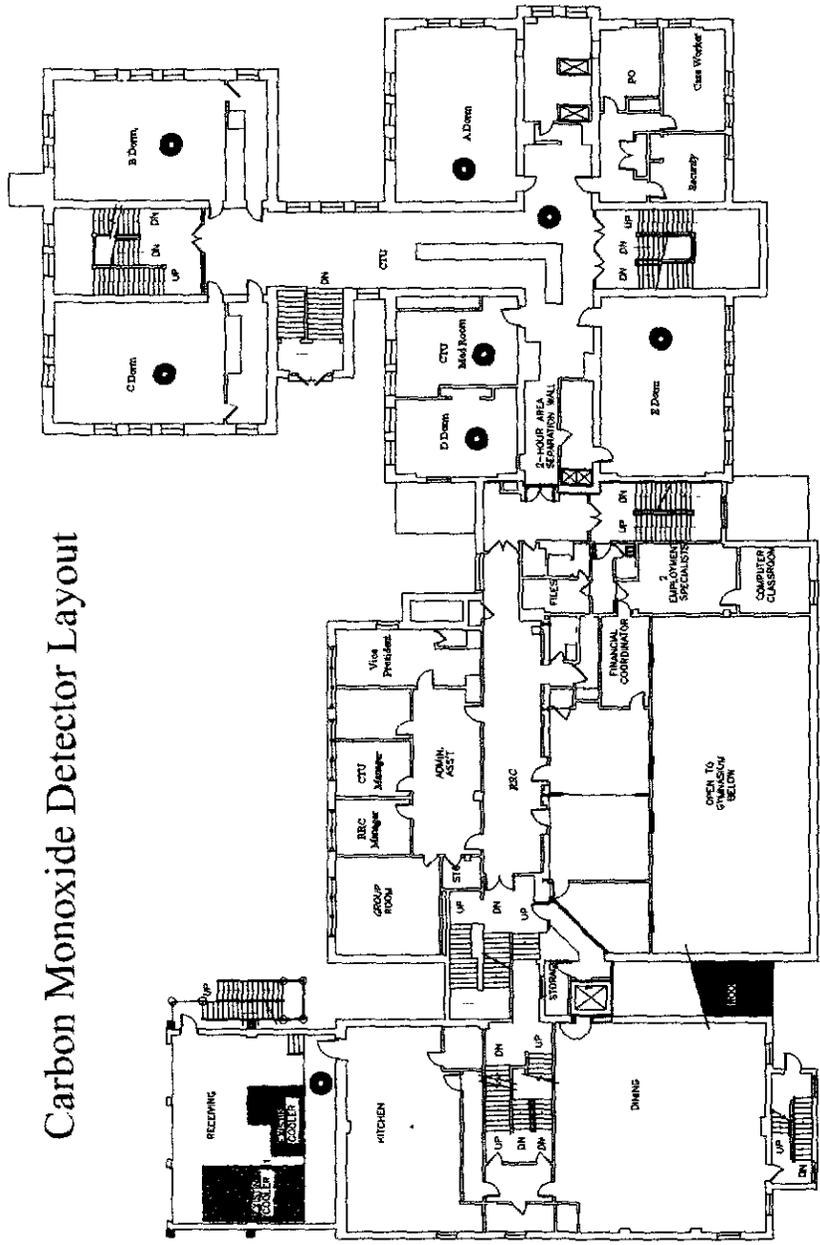
8 <sup>th</sup> St: 900 N 8 <sup>th</sup> St, KCKS 66101 .....	913-321-9622
Atchison: 321 Commercial St, Atchison, KS 66002.....	913-367-4948
Blue Springs Family: 1300 Adams Dairy Pkwy, Blue Springs, MO 64014.....	816-224-9620
Bonner Springs: 2251 S 138 <sup>th</sup> St, Bonner Springs, KS 66012 .....	913-422-9348
Camp Marvin Hillyard: 9501 SE Hillyard Rd, Easton, MO 64443 .....	816-253-9378
Cleaver Family: 7000 Troost Ave, KCMO 64131 .....	816-285-9622
Cleveland College: 8205 W 198 <sup>th</sup> Tr, Ste 100, Overland Park, KS 66210 .....	913-747-2622
Greater Kansas City: 3100 Broadway St, Ste 1020, KCMO 64111 .....	816-561-9622
Independence: 14001 E 32 <sup>nd</sup> St, Independence, MO 64055 .....	816-254-9622
Lenexa: 12831 W 87 <sup>th</sup> St, Lenexa, KS 66215 .....	913-232-5622
Linwood: 3800 E. Linwood Blvd, KCMO 64128.....	816-923-5675
Olathe Family: 21400 W 153 <sup>rd</sup> St, Olathe, KS 66061.....	913-393-9622
Paul Henson: 4200 W 79 <sup>th</sup> St, Prairie Village, KS 66208 .....	913-642-6800
Platte County Community Center North:	
3101 Running Horse Rd, Platte City, MO 64079.....	816-858-0114
Platte County Community Center South: 8875 Clark Ave, Parkville, MO 64152 ..	816-505-2622
Providence/Ball Family Center: 8601 Parallel Pkwy, KCKS 66109.....	913-387-9622
Quality Hill: 1051 Washington St, KCMO 64105.....	816-842-9622
Red Bridge: 11300 Holmes Rd, KCMO 64131 .....	816-942-2020
Richard C. Green Sr.: 10301 E 350 HWY, Raytown, MO 64138 .....	816-356-9622
Vivion Rd: 1101 NE 47 <sup>th</sup> St, KCMO 64116 .....	816-453-6600
Youth Hotline (Synergy).....	816-741-8700

# Z

# Carbon Monoxide Detector Layout



# Carbon Monoxide Detector Layout



FLOOR PLAN-MIDDLE LEVEL  
SCALE: 1/8" = 1'-0"

# wgn associates, inc.

ARCHITECTS  
4051 BROADWAY  
KANSAS CITY, MO. 64111  
816-931-2820

March 4, 2011

Ms. Myrna Trickey, Executive Director  
Kansas City Community Center  
1730 Prospect  
Kansas City, Missouri 64108

Re: **ADA Compliance**  
**at 1514 Campbell**

Dear Ms. Trickey:

On several occasions in past years, I have been asked to write a letter for KCCC to help satisfy concerns of the Missouri Department of Corrections regarding compliance with the ADA of your main facility at 1514 Campbell. As you know, I have been serving as KCCC's architect for over 2 decades and as such, I have come to know the building very well. During that time, the City of Kansas City, Mo. has revised it's building code at least 4 times, most recently adopting the 2006 International Building Code package.

I understand that the purpose of my letter today is because you need a licensed design professional to once again certify that your existing facility at 1514 Campbell is currently in compliance with the ADA. All my past certification letters for KCCC concentrated primarily on how KCMO's currently adopted code embodies the concept that when a multi-story building is either built new or rehabbed, only the ground floor of the building is required to be accessible; with only one exception. Whenever a building is equipped with an elevator, every level reached by that elevator must also be accessible. As you know, since the date of my last letter, KCCC has undergone a series of renovation projects, the most significant of which was the installation of an elevator for the Federal RRC program. This new elevator project, together with all the related project improvements, has now brought every accessible level of every occupied wing at 1514 Campbell into compliance with the ADA.

My interpretation of the intent of the ADA is that all activities and functions offered within a building should be made available to the disabled, as well as to the general public. Over the years, one renovation project at a time, KCCC has chipped away at issue of ADA compliance, always making a special point to provide accessible parking, sleeping, eating, bathing, visiting and conferencing accommodations. Previously our focus was on the ground floor, but now, by virtue of these recent projects, KCCC is now in compliance on every floor. My certification has taken into consideration the following list of functions when determining compliance with the ADA. I believe both you and the State of Missouri will find the list truly comprehensive in that

- 3) Corridor width: All corridors throughout the building which connect the accessible entrance to each of the building's functions exceed 44" in width, the minimum width required for an accessible path.
- 4) Conference & sleeping space: Each such space in the building has a 36" wide doorway with the appropriate clearances on the strike side of the door. Each sleeping room in the building now has a 36" wide doorway and a code compliant emergency egress window.
- 6) Restroom & bathing: Toilets, lavatories and shower facilities meeting ADA requirements are available for both sexes on every level of the existing facility.
- 7) Eating: The cafeteria and kitchen are now available to the disabled via the elevator.
- 8) Visitors: Again, similar to eating, accessibility is now possible for all visitors, including disabled visitors.
- 9) Area of Evacuation Assistance: Inherent with making the upper 2 floors of the building accessible via the elevator is the issue of emergency exiting. An elevator does not qualify as an emergency exit. Therefore, an intercom connecting the front desk to an area of evacuation assistance on each occupied level has been installed. This is not an ADA requirement, but instead a requirement of the International Building Code.

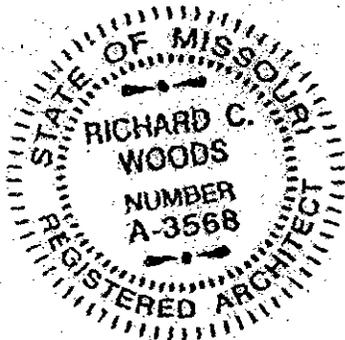
Following up on the last comment in Item 9) and worthy to note in this certification, in my professional opinion 1514 Campbell not only complies with the ADA but it also complies with the entire 2006 International Building Code package. We know the City of Kansas City, Missouri agrees with this assertion because they have issued KCCC a Final Certificate of Occupancy for the building.

I hope this letter will meet your needs regarding the State of Missouri. I wish you well in your endeavors to provide quality programs for all your clients. If you, or the state authorities have any questions regarding my letter or my certification, please do not hesitate to contact me. As ever, WGN stands ready to serve KCCC and it's mission.

Sincerely,



Cris Woods



RRC

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]



PREA MEMORANDUM OF UNDERSTANDING  
October 20, 2014

This Memorandum of Understanding (MOU) is entered into between HEARTLAND CENTER FOR BEHAVIORAL CHANGE and Metropolitan Organization to Counter Sexual Assault (MOCSA), and is written to facilitate an agreement between the parties for services related to the federal Prison Rape Elimination Act (PREA).

**I. UNDERSTANDING, AGREEMENTS, SUPPORT AND RESOURCE REQUIREMENTS:**

**A. HEARTLAND CENTER FOR BEHAVIORAL CHANGE agrees to:**

- 1) Whenever possible, HEARTLAND CENTER FOR BEHAVIORAL CHANGE will transport a victim of sexual abuse to an area hospital listed on Attachment 1 for a forensic evidence collection exam. MOCSA has pre-existing protocols in place with these hospitals so that a rape crisis advocate will be requested by the hospital to respond in order to provide advocacy to the victim during the sexual assault forensic evidence collection exam. Please see Attachment 1 for a list of the hospitals MOCSA advocates respond to for advocacy during the sexual assault forensic evidence collection exam.
- 2) Facilitate follow-up, whenever possible, between the detainee and a MOCSA advocate by mail or telephone only while the detainee is in the custody of HEARTLAND CENTER FOR BEHAVIORAL CHANGE.
- 3) HEARTLAND CENTER FOR BEHAVIORAL CHANGE agrees to provide a means for confidential communications between the detainee and MOCSA victim advocate. Please see Attachment 2 for an explanation of confidentiality between a victim and advocate as defined by the Violence Against Women Act.
- 4) Provide detainees with confidential, 24-hour access to MOCSA's rape crisis hotline, at no cost to the detainee, through the detainee telephone system.
- 5) Ensure confidential communication in writing or by telephone between MOCSA advocates and victims of sexual abuse detained at HEARTLAND CENTER FOR BEHAVIORAL CHANGE. Written materials from detainees are to be directed to:  
Director of Advocacy Services  
MOCSA  
3100 Broadway, Suite 400  
Kansas City, MO 64111
- 6) Facilitate the placement of placards or brochures in areas visible to detainees with information on how to access the MOCSA's rape crisis hotline.
- 7) Communicate any questions or concerns to MOCSA staff to the attention of:  
Director of Advocacy Services, 816-931-4527  
MOCSA  
3100 Broadway, Suite 400  
Kansas City, MO 64111

**B. MOCSA agrees to:**

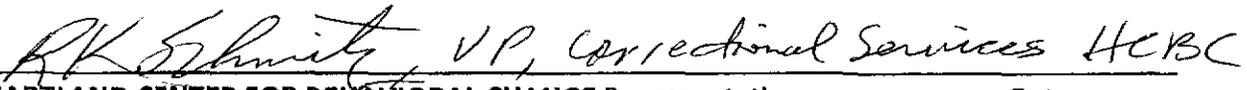
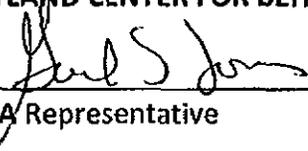
- 1) Per the pre-existing protocols established by MOCSA and the area Sexual Assault Response Teams, any time a victim of sexual abuse is brought to an area hospital listed on Attachment 1 for a sexual assault forensic evidence collection exam a rape crisis advocate from MOCSA is requested by the hospital to respond and provide advocacy to the victim during the exam. Please see Attachment 1 for a list of the hospitals MOCSA advocates respond to for advocacy during forensic evidence collection exams.
- 2) Provide advocacy to victims of sexual abuse from HEARTLAND CENTER FOR BEHAVIORAL CHANGE who are brought to area hospitals listed on Attachment 1 for sexual assault forensic exams.
- 3) Respond to calls from HEARTLAND CENTER FOR BEHAVIORAL CHANGE detainees received on MOCSA's rape crisis hotline. MOCSA is not able to accept collect calls on the rape crisis hotline.
- 4) Provide follow-up advocacy services during regular business hours to victims of sexual abuse from HEARTLAND CENTER FOR BEHAVIORAL CHANGE by telephone or in writing (U.S. mail) at no cost to the detainee or HEARTLAND CENTER FOR BEHAVIORAL CHANGE, as MOCSA resources allow.
- 5) Maintain confidentiality of communications with clients detained at HEARTLAND CENTER FOR BEHAVIORAL CHANGE per the Violence Against Women Act guidelines for confidentiality. Please see Attachment 2 for a definition of confidential communications between a victim and advocate as defined by the Violence Against Women Act.
- 6) Communicate any questions or concerns to HEARTLAND CENTER FOR BEHAVIORAL CHANGE staff. HEARTLAND CENTER FOR BEHAVIORAL CHANGE will provide MOCSA with a contact person to discuss questions or concerns.

**II. TERM OF MOU:**

This MOU shall begin October 20, 2014 and continue until it is terminated by either party.

**III. MOU TERMINATION AND MODIFICATION:**

This MOU may be terminated, without cause, by either of the parties with no less than thirty calendar days' written notice. The MOU may be terminated by either party, with cause, with two days written notice. Otherwise, any modification must be agreed to and signed by both parties and attached to this MOU as a modification.

 HEARTLAND CENTER FOR BEHAVIORAL CHANGE Representative	Date
 MOCSA Representative	10-17-14 Date

Attachment 1

**Region 1: SANE programs in Johnson and Wyandotte Counties (Kansas)**

- COVERSA at St. Joseph Medical Center
- COVERSA at Overland Park Regional
- Saint Luke's South
- Shawnee Mission Medical Center
- University of Kansas Medical Center
- Children's Mercy South

**Region 2: SANE programs in the Northland Area (Missouri-North of I-70)**

- COVERSA at North Kansas City Hospital
- COVERSA at Centerpoint Medical Center
- COVERSA at Liberty Hospital
- St. Luke's Northland
- St. Luke's Smithville

**Region 3: SANE programs in Jackson County (Missouri- South of I-70)**

- St. Luke's (Plaza)
- Truman Medical Center
- Research Medical Center
- Children's Mercy Downtown

**Region 4: SANE programs in Eastern Jackson County & Cass County**

- COVERSA at Belton Regional Medical Center
- COVERSA at Cass County Medical Center
- COVERSA at Lee's Summit Medical Center
- St. Luke's East
- Truman Medical Center- Lakewood

## Attachment 2

### Office on Violence Against Women

#### Acknowledgement of Notice of Statutory Requirement to Comply with the Confidentiality and Privacy Provisions of the Violence Against Women Act, as Amended

Under section 40002(b)(2) of the Violence Against Women Act, as amended (42 U.S.C. 13925(b)(2)), grantees and subgrantees with funding from the Office on Violence Against Women (OVW) are required to meet the following terms with regard to nondisclosure of confidential or private information and to document their compliance. By signature on this form, applicants for grants from OVW are acknowledging that that they have notice that, if awarded funds, they will be required to comply with this provision, and will mandate that subgrantees, if any, comply with this provision, and will create and maintain documentation of compliance, such as policies and procedures for release of victim information, and will mandate that subgrantees, if any, will do so as well.

#### (A) In general

In order to ensure the safety of adult, youth, and child victims of domestic violence, dating violence, sexual assault, or stalking, and their families, grantees and subgrantees under this subchapter shall protect the confidentiality and privacy of persons receiving services.

#### (B) Nondisclosure

Subject to subparagraphs (C) and (D), grantees and subgrantees shall not—

(i) disclose, reveal, or release any personally identifying information or individual information collected in connection with services requested, utilized, or denied through grantees' and subgrantees' programs, regardless of whether the information has been encoded, encrypted, hashed, or otherwise protected; or

(ii) disclose, reveal, or release individual client information without the informed, written, reasonably time-limited consent of the person (or in the case of an unemancipated minor, the minor and the parent or guardian or in the case of legal incapacity, a court-appointed guardian) about whom information is sought, whether for this program or any other Federal, State, tribal, or territorial grant program, except that consent for release may not be given by the abuser of the minor, incapacitated person, or the abuser of the other parent of the minor. If a minor or a person with a legally appointed guardian is permitted by law to receive services without the parent's or guardian's consent, the minor or person with a guardian may release information without additional consent.

#### (C) Release

If release of information described in subparagraph (B) is compelled by statutory or court mandate—

(i) grantees and subgrantees shall make reasonable attempts to provide notice to victims affected by the disclosure of information; and

(ii) grantees and subgrantees shall take steps necessary to protect the privacy and safety of the persons affected by the release of the information.

**(D) Information sharing**

**(i) Grantees and subgrantees may share—**

**(I) nonpersonally identifying data in the aggregate regarding services to their clients and nonpersonally identifying demographic information in order to comply with Federal, State, tribal, or territorial reporting, evaluation, or data collection requirements;**

**(II) court-generated information and law enforcement-generated information contained in secure, governmental registries for protection order enforcement purposes; and**

**(III) law enforcement-generated and prosecution-generated information necessary for law enforcement and prosecution purposes.**

**(ii) In no circumstances may—**

**(I) an adult, youth, or child victim of domestic violence, dating violence, sexual assault, or stalking be required to provide a consent to release his or her personally identifying information as a condition of eligibility for the services provided by the grantee or subgrantee;**

**(II) any personally identifying information be shared in order to comply with Federal, tribal, or State reporting, evaluation, or data collection requirements, whether for this program or any other Federal, tribal, or State grant program.**

**(E) Statutorily mandated reports of abuse or neglect**

**Nothing in this section prohibits a grantee or subgrantee from reporting suspected abuse or neglect, as those terms are defined and specifically mandated by the State or tribe involved.**

**(F) Oversight**

**Nothing in this paragraph shall prevent the Attorney General from disclosing grant activities authorized in this Act to the chairman and ranking members of the Committee on the Judiciary of the House of Representatives and the Committee on the Judiciary of the Senate exercising Congressional oversight authority. All disclosures shall protect confidentiality and omit personally identifying information, including location information about individuals.**

**(G) Confidentiality assessment and assurances**

**Office on Violence Against Women Grantees and subgrantees must document their compliance with the confidentiality and privacy provisions required under this section.**

CITY OF FOUNTAINS  
HEART OF THE NATION



KANSAS CITY  
MISSOURI

CITY OF KANSAS CITY, MISSOURI  
CITY PLANNING & DEVELOPMENT DEPARTMENT  
DEVELOPMENT SERVICES

Kansas City  
Missouri



2006

**CERTIFICATE OF OCCUPANCY**

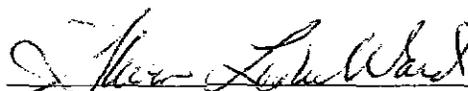
**CICO 200811607**

**Project Address:** 1514 CAMPBELL ST  
**Project Name:** KC COMMUNITY CENTER (KCCC)  
**Project Description:** Construct interior renovation on existing building per plan reviewed for code compliance.

<b>Area (in SqFt):</b>	<b>Height (in stories):</b>
<b>Occupancy group:</b> I-1 IBC	<b>Construction Type:</b> V-AS
<b>Zoning District:</b> M1	<b>Code Edition:</b> 2003 IBC
<b>Building Permit:</b> CPBF-200725116	<b>Project Number:</b> CR200710457
<b>Other Permits:</b> CPMP-200726538 , CPMR-200726539 , CPFT-200726948 , CPEP-200727099 , CPPL-200727164 , CPEP-200815771 ,	

**Conditions:**

**This is to certify that the regulated work done under authority of the referenced permits has been inspected in accordance with the codes and ordinances of the City applicable to building construction and use, and is approved for occupancy. The City makes no warranty or guarantee as to the condition of the buildings or structures inspected. The City assumes no liability by the issuance of permits, inspections or this certificate, which is for the benefit of the general public and not intended to create any duty to any individual. This certificate is void when secured through fraud or misrepresentation or when changes in construction or occupancy are made without the approval of the Building Official.**

  
For DONALD N. BOOTH P.E., C.B.O., BUILDING OFFICIAL

03-DEC-2007

DATE

# HEARTLAND CENTER for behavioral change

REBUILDING LIVES SINCE 1982

## HEALTH & SAFETY HANDBOOK

*Safety is everyone's responsibility.*



Revised: 8/16/2013

## Heartland Center for Behavioral Change Community Locations

Administrative Offices	1730 Prospect Avenue Kansas City, MO 64127 (816)421-6670	
Federal Residential Reentry Center (RRC) Correctional Treatment Unit (CTU)	1514 Campbell Kansas City, MO 64108 (816)421-6670	
Medically Monitored Inpatient Detoxification R2 CSTAR Outpatient Services	1534 Campbell Kansas City, MO 64108 (816)421-6670	
Drug Court Services	1212 McGee Kansas City, MO 64108 (816)474-2121	
Northland Outpatient Services	1205 W. College Liberty, MO 64068 (816)421-6670	
Free and Clean	6301 Rockhill Road Kansas City, MO 64131 (816)333-9999	
Independence Services	103 N Main Independence, MO 64050 (816)836-3677	
Southwest Region Services	644 South Scenic Springfield, MO 65802 (417)866-3293	
SW Region Satellite Offices	<p>Polk County 3371 S. Springfield Bolivar, MO 65613 (417)777-8970</p> <p>Taney County 602 South 6th St. Branson, MO 65616 (417)239-0759</p> <p>Dallas County 1223 S. Ash Ave. Buffalo, MO 65622 (417)894-5446</p>	<p>Barry County 203 West 7th St. Cassville, MO 65625 (417)872-8246</p> <p>Stone County 22065 Main St. Reeds Spring, MO 65737 (417)880-7310</p> <p>Webster County 123 E. Clinton Seymour, MO 65746 (417)935-2720</p>
Kansas City Community Release Center	651 Mulberry Kansas City, MO 64101 (816)842-7467	

Heartland Center for Behavioral Change  
Employee Health & Safety Handbook  
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Attachments:

- A. Telephone Bomb Threat Checklist
- B. Emergency/Disaster Incident Report
- C. Policy and Procedure 3.15: Drug Free Workplace
- D. Policy and Procedure 8.4: Weapons and Concealed Firearms
- E. "Reporting Injuries for HCBC Employees"
- F. Policy and Procedure 8.2: Critical Incident Reporting



Dear Staff:

The Heartland Center for Behavioral Change is firmly committed to the safety of everyone who enters our doors. We will do everything possible to prevent accidents, to provide a safe working environment for employees, and a safe treatment environment for the people that we serve.

Accident prevention is good business and the best way to prevent accidents and injuries is to be prepared. Being prepared means knowing your emergency plans; knowing where first aid and fire suppression equipment is located; knowing and following evacuation plans; and understanding how to handle difficult situations.

Keeping our facilities safe also means practicing work safety every day and reporting unsafe work practices or safety hazards encountered on the job. All accidents and incidents, no matter how slight, must be immediately reported to the supervisor on duty. This improves our overall program of safety.

This handbook provides the Heartland Center for Behavioral Change's expectations for workplace safety and offers you guidance when emergencies occur. You should read this handbook thoroughly and know what actions you should take when an emergency happens. You should keep this handbook readily available at your work site for easy reference. If you have any questions, you should contact your supervisor or a member of management for assistance.

Help us keep the Heartland Center for Behavioral Change a safe and accident free environment. Safety is everyone's responsibility and I'm counting on you.

Sincerely,

Myrna Trickey  
CEO/President

## Emergency Numbers

On-Call HCBC Maintenance Number	816-777-6598
Poison Control Hotline	800-222-1222
Child Abuse Hotline	800-392-3738
National Suicide Prevention Lifeline	800-273-8255
HCBC Administration	816-421-6670
Human Resources (Work Place Injuries)	816-421-6670
Facilities Management	816-421-6670
<b>Kansas City Facilities</b>	
Emergency Number	911
Police Department	816-234-5000
Fire Department	816-784-9200
EMS	816-513-3000
Jackson County Sheriff's Department	816-524-4302
FBI Kansas City	816-512-8200
Missouri Gas Energy	800-582-0000
Kansas City Power & Light (KCPL)	888-544-4852
City of Kansas City Water Department	816-513-1313
Truman Medical Center	816-404-1000
US Marshal's Office	913-551-6727
<b>Liberty &amp; Richmond</b>	
Emergency Number	911
Liberty Police Department	816-439-4716
Liberty Fire Department	816-439-4310
Richmond Police Department	816-776-5826
Richmond Fire Department	816-776-2115
Clay County Sheriff's Department	816-407-3750
Ray County Sheriff's Department	816-290-5323
City of Liberty Public Works	816-439-4514
Missouri Gas Energy	800-582-0000
Kansas City Power & Light (KCPL)	888-544-4852
<b>Southwest Region Facilities</b>	
Emergency Number	911
Springfield Police Department	417-864-1780
Springfield Fire Department	417-864-1500
Barry County Sheriff's Office	417-847-6556
Christian County Sheriff's Office	417-581-2332
Dallas County Sheriff's Office	417-345-2441
Lawrence County Sheriff's Office	417-466-2131
Polk County Sheriff's Office	417-777-9020
Stone County Sheriff's Office	417-357-6116
Taney County Sheriff's Office	417-546-7250
Webster County Sheriff's Office	417-468-2222
Greene County Sheriff's Office	417-868-4040

## Website Information

National Capital Poison Center  
Missouri Department of Social Services  
National Fire Protection Association  
Material Safety Data Sheets

[www.poison.org](http://www.poison.org)  
[www.dss.mo.gov](http://www.dss.mo.gov)  
[www.nfpa.org](http://www.nfpa.org)  
[www.msdssearch.com](http://www.msdssearch.com)

## **PART A**

### **WORKPLACE SAFETY**

**Safety is everyone's responsibility.** Please keep safety in mind at all times. Remind your co-workers about safe work methods. Begin work only after safety procedures and requirements have been explained. Immediately report any suspected hazards and all accidents to your supervisor.

There can be many causes of accidents, but whatever the cause, the results are the same: someone is injured. The two most frequent causes of accidents are **unsafe acts** and **unsafe conditions**.

#### **Examples of Unsafe Acts include but are not limited to:**

- Unauthorized operation or repair of equipment
- Running-Horseplay
- Not following procedures
- Improper use and/or storage of chemicals
- By-passing safety devices
- Not using protective equipment
- Working under the influence of drugs or alcohol
- Improper lifting
- Not cleaning up spills immediately
- Ignoring hazards that may result in injury

#### **Examples of Unsafe Conditions are:**

- Poor housekeeping
- Blocked walkways and hallways
- Improper or damaged personal protective equipment
- Machine guards removed or missing from equipment
- Exposed electrical wires
- Slippery floors
- Unsafe tools and items left out that could be utilized as weapons

A designated health and safety coordinator is available at each location. If you have an accident or are aware of any unsafe work condition, you should report it immediately to your safety coordinator and supervisor. Report any accidents that involve: injury, illness, equipment, and property damage. You should also report any near misses (an event that does not result in actual or observable injury such as slips, trips, and falls).

You should also report any hazards such as:

- Exposed electrical wires
- Damaged personal protection equipment
- Improper material storage

- Improper chemical use
- Horseplay
- Damaged equipment
- Missing or loose machine guards
- Anything potentially dangerous to clients, staff, or visitors to the programs

Stay safe and keep others from harm by following all safety rules. When you have a safety question ask your supervisor immediately. **DO NOT TAKE ANY CHANCES!**

## **General Safety Rules**

The following are some general safety rules to assist you in making safety a regular part of your work. Your supervisor may post other safety procedures in your department or work area. This handbook also provides guidance on other safety rules.

- Ask for assistance when lifting heavy objects or moving heavy furniture. Bend your knees, get a firm grip on the object, hold it close to your body and space your feet for good balance. Lift using your stronger leg muscles, not your weaker back muscles.
- Do not throw objects. Always carry or pass them on.
- Arrange office space in a way that prevents tripping hazards such as telephone cords or electrical cords.
- Use flammable items with caution such as cleaning fluids and other materials.
- Keep sharp objects and dangerous substances out of the trash can. Items that require special handling should be disposed of in approved containers.
- To prevent slips and tripping, clean up spills and pick up debris immediately. Use wet floor signs when needed.
- Keep aisles, hallways, work places, and stairways clean, clear, and well lighted. Walk, don't run. Watch your step.
- Exercise caution when handling objects and tools. Do not use broken or defective tools. Use tools for their intended purpose only. Wear safety glasses or goggles whenever using power tools.
- Store objects where they won't fall. Do not store heavy objects of glass on high shelves. Stack materials only to safe heights.
- Keep cabinet doors, file cabinet, and desk drawers closed when not in use. Remove or cover torn, sharp corners, or edges. Keep drawers closed. Open only one drawer at a time.
- Place ladders securely. Do not stand on boxes, chairs, or other devices not intended to be used as ladders.
- If using machines, keep guards in place at all times. Do not clean machinery while it is running. Lock all disconnect switches while making repairs or cleaning.

- Always wear or use appropriate safety equipment as required in your work. Wear appropriate personal protective equipment, like shoes, hats, gloves, goggles and hearing protectors in designated areas or when working on an operation which is potentially hazardous.
- Do not stand on a wet floor while using any electrical apparatus. Keep extension cords in good repair. Don't make unauthorized connections or repairs. Do not overload outlets.
- Do not perform work that you do not feel capable or competent to perform.

### **Housekeeping**

Employees are expected to maintain work areas in a neat and orderly manner at all times. Easily accessible trash receptacles and recycling containers are located throughout the programs. If you spill a liquid, clean it up immediately or contact the custodial supervisor for assistance. Do not leave materials, extension cords, or other objects on the floor that may cause others to trip or fall. Keep aisles, stairways, exits, hallways, electrical panels, fire extinguishers, and doorways clear at all times.

Combustible supplies and equipment such as oil based paint, paint thinner, and gasoline shall be separated from other parts of the building in accordance with stipulations of the fire authority. All such supplies shall be properly labeled and stored.

Please report anything that needs repairing or replacing to the Maintenance unit through the proper work order system.

### **Property and Equipment Care**

Take time to become thoroughly familiar with any equipment you may be required to use. You should read the manufacturer's recommendations, precautions and related equipment handbooks before using the equipment. If you find that a machine is not working properly or in any way appears unsafe, please notify your supervisor immediately so that repairs or adjustments may be made. An appropriate IT work order should be utilized for computer, phone, and electronic equipment. Other faulty equipment should be referred to the Maintenance Department through a Maintenance Work Order or through direct contact with the manager or Vice President of the program.

### **Furnishings**

HCBC has fire retardant mattresses for all clients and to the degree possible, purchases furnishings that are fire resistant. Mattresses should be checked on a regular basis to ensure they are in good shape without holes and tears. Concerns regarding the conditions of furnishings should be discussed with the Program Manager.

## **Drug Free Workplace**

It is the goal of the Heartland Center for Behavioral Change to maintain a drug and alcohol free workplace. We have standards of conduct that prohibit the use, sale, purchase, transfer, or possession of illegal drugs or alcohol by an employee while on HCBC premises or while performing HCBC business on or off-site. Policy and Procedure 3.15 addresses the Drug Free Workplace practices within the Heartland Center for Behavioral Change. This policy is included as an attachment to this manual for your reference.

In addition to the above prohibitions, HCBC has adopted the following policies to maintain the health and safety of clients, staff, and others involved with HCBC. The following are prohibited:

- Possession of or being under the influence of alcohol or illegal drugs
- Possession, distribution, selling, attempting to sell, or transferring illegal drugs on HCBC premises or while conducting HCBC business
- Possession of contraband related to illegal drugs or alcohol
- Failing to respond to, comply with, or cooperate with an order to participate in alcohol/drug testing
- Attempting to contaminate or switch a urine test sample

Employees who violate this policy are subject to dismissal on their first offense.

As per HCBC policy 3.14 Employee Reporting of Criminal Conduct, HCBC employees are required to notify their supervisor in writing of any criminal drug statute arrest or citation that occurs within 48 hours of the incident. If you need assistance for a substance use problem, the Employee Assistance Program is available to you. However, HCBC has zero tolerance for substance use on the job and any violation of the Drug Free Workplace policy and prohibitions relating to substances will be cause for your immediate separation.

## **Weapons and Concealed Firearms**

Weapons (any form of weapon or explosive restructured under Missouri Revised Statute 571.030 and any local or federal regulation including all firearms, knives, blackjack, or any other weapon readily capable of lethal use) and concealed firearms are prohibited on agency premises, while conducting agency business or at agency-sponsored functions i.e. parties, picnics, etc.

All persons who enter HCBC business premises, other than authorized, on-duty, law enforcement or probation and parole personnel, are prohibited from carrying a weapon, including concealed firearms, regardless of whether the person is licensed to carry the firearm or not.

Violation of this policy shall be considered serious and, in addition to other sanctions, may result in an arrest and the filing of criminal charges.

All staff shall receive and acknowledge training in this policy at orientation and annually thereafter, as part of the annual in-service safety training.

HCBC maintains the right to search and inspect staff belongings for the maintenance of a safe workplace.

Refer to Attachment B: HCBC Policy 8.4 Weapons and Concealed Firearms for further information.

### **Vehicle Accidents While on the Job**

All employees operating agency vehicles or transporting clients in personal vehicles are expected to comply with all legal driving requirements and to exercise courtesy and responsible behavior as a driver. Employees **MUST** report any accident or traffic violation immediately to the supervisor. In the event of an accident drivers should:

1. Stay calm. Keep instructions to passengers simple and clear.
2. Notify the police (911 or \*55 on mobile phones).
3. Remain with the vehicle and attend to passengers. Identify the need for any medical assistance. Do not remove injured persons from the vehicle unless it appears essential to protect the well-being and lives of the passenger(s) or the vehicle appears unsafe to remain with.
4. Call the supervisor immediately and request instruction.
5. Exchange insurance information with other drivers who may have been involved.

A Vehicle Safety Handbook is provided to all employees whose duty involves the transport of consumers and should be referred to for guidance following an accident.

### **Reporting Injuries**

All accidents, injuries, potential safety hazards, safety suggestions and health and safety related issues must be reported immediately. Immediately report all injuries no matter how slight, to your supervisor, the Health & Safety Coordinator on your unit, and the Benefits Coordinator. If your injury does not require medical attention, you still must contact these staff and complete all required documents including a Critical Incident Form (located in Policy and Procedure 8.2) prior to leaving duty. This enables HCBC to ensure that any existing safety hazards are corrected. Staff shall work with the Human Resources department regarding Worker's Compensation benefits instructions for injuries requiring medical attention.

If you are injured at work or while conducting work for HCBC and medical treatment is required and it is of a non-life threatening nature you must:

1. Notify your supervisor of the injury or illness immediately.
2. Notify the Human Resources'/Benefits' Department.
3. Submit to a "Post Accident Drug and Alcohol Screen"
4. Complete required forms.

If you are injured on the job during "non-business hours", and require immediate medical treatment, you should take appropriate action to protect your health and well-being. Report your injury to the Benefits Coordinator the next business day to ensure you receive the maximum medical coverage available to you as an employee.

Staff should follow the guidelines set out in Policy 8.2 Critical Incident Reporting.

### **ASK QUESTIONS**

If you are ever in doubt about how to safely perform a job, ask your supervisor for assistance. If you suspect unsafe conditions please report these to your supervisor or Safety Coordinator immediately. DO NOT perform any task which you believe is dangerous. Contact your supervisor at once.

## PART B EXPOSURE CONTROL PLAN

### POLICY

HCBC is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist HCBC in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure controls including universal precautions, personal protective equipment and housekeeping
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping (including a sharps injury log)
- Procedures for evaluating circumstances surrounding an exposure incident

### DEFINITIONS

1. **Blood** means human blood, human blood components, and products made from human blood
2. **Bloodborne Pathogens** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV)
3. **Contaminated** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface
4. **Contaminated laundry** means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps
5. **Contaminated sharps** means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires
6. **Decontamination** means the use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting

infectious particles and the surface or item is rendered safe for handling, use or disposal

7. **Engineering Controls** means controls (e.g. sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace
8. **Exposure Incident** means a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties
9. **Occupational Exposure** means reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties
10. **Other Potentially Infectious Materials (OPIM)** means (1) the following human body fluids: semen, vagina secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV-or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV
11. **Parenteral** means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions
12. **Personal Protective Equipment (PPE)** is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment
13. **Regulated Waste** means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials that are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials
14. **Universal Precautions** is an approach to infection control. According to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens

## **PROGRAM ADMINISTRATION**

The assigned HCBC Human Resources Department, the Health and Safety Officer, and designated Health & Safety Coordinators at each program location are responsible for the implementation of the Exposure Control Plan (ECP). The Human Resources Department and Safety Officer will maintain, review, and update the ECP at least annually and whenever necessary to include new or modified tasks and procedures. As part of the annual program review HCBC will document the solicitation of input from employees responsible for direct consumer care who are potentially exposed to injuries from contaminated sharps regarding the identification, evaluation and selection of effective engineering and work practice controls.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

HCBC will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g. sharps containers), labels, and containers that are required by the standard. The Safety Coordinators will ensure that adequate supplies of the equipment are available in the appropriate sizes.

The Human Resources Department will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

The Human Resources Department and Safety Officer will be responsible for training and documentation of training, keeping the sharps injury log, and making the written ECP available to employees, OSHA and NIOSH representatives.

## **EMPLOYEE EXPOSURE DETERMINATION**

The following is a list of job classifications in which employees have a potential for occupational exposure:

<b>Position</b>	<b>Department</b>
Residential Monitor	CTU, RRC, Detox
UA Monitor	Drug Court, Court Services Independence, R2 Outpatient, NCC Outpatient, Free and Clean/OPTS, MMID
Maintenance	All locations
Custodial	All locations

## METHODS OF IMPLEMENTATION AND CONTROL

- A. **Universal Precautions** – All employees will utilize universal precautions
- B. **Exposure Control Plan** – Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial orientation. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting the HCBC Human Resources Department.

The Human Resources Department and Safety Officer are responsible for reviewing and updating the CEP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

- C. **Engineering Controls and Work Practices** – Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- Protective eyewear
- Sharp's containers in each designated work area
- Emergency spill kit
- Eyewash kit
- Red bio-hazard bags and containers

Items are located in the following areas:

**Residential Units** – PPE is located behind the front desk/control center desk and in the Chief of Security office.

**Medically Monitored Inpatient Detoxification** – PPE is located behind the detoxification reception desk and/or in the detoxification supervisor office.

**Outpatient Settings** – PPE is located in the Program Manager's office and behind the reception desks.

**Maintenance & Housekeeping** – Maintenance and housekeeping staff will also keep these items in storage closets located on the main floor at 1514 Campbell and in the shop area.

Sharps disposal containers are inspected and maintained on a regular basis. Containers are replaced whenever necessary by the program ECO to prevent overfilling.

HCBC identifies the need for changes in engineering controls and work practices through the annual ECP program review, employee interviews, and regular meetings with those who have occupational exposure.

The HCBC Human Resources Department and Safety Officer will ensure effective implementation of these recommendations.

- D. Personal Protective Equipment (PPE)** – PPE is provided to our employees. Training is provided by the department ECO in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows:

- Gloves
- Eye protection
- Red bio-hazard bags & containers
- Carbon Monoxide Filtration Masks

Items are located in the following areas:

**Residential Units** – PPE is located behind the front desk/control center desk and in the Chief of Security office.

**Medically Monitored Inpatient Detoxification** – PPE is located behind the detoxification reception desk and/or in the detoxification supervisor office.

**Outpatient Settings** – PPE is located in the Program Manager's office and behind the reception desks.

**Maintenance & Housekeeping** – Maintenance and housekeeping staff will also keep these items in storage closets located on the main floor at 1514 Campbell and in the shop area.

**All employees using PPE must observe the following precautions:**

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE
- Remove PPE after it becomes contaminated and before leaving the work area
- Used PPE may be disposed of in red bio-hazardous waste bags

- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised
- Never wash or decontaminate disposable gloves for reuse
- Wear appropriate face and eye protection when splashes, sprays, spatters or droplets of blood or OPIM pose a hazard to the eye, nose or mouth
- Remove immediately or as soon as feasible, any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface

**The procedure for handling used PPE is as follows:**

- Label contaminated PPE with a bio-hazard symbol;
- Disposal of non-reusable PPE in red bio-hazard bags.
- Safety Coordinators will work with shift supervisors and custodial staff to handle used PPE

**E. Housekeeping**

**Regulated waste** is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling **sharps disposal containers** is:

- Contaminated sharps shall be discarded in labeled, puncture resistant containers that are placed as close as possible to the area of use. Sharps disposal containers are available in the detox staff areas and/or residential control center areas.
- These containers must never be overfilled. They must be kept upright and closed immediately prior to removal or replacement to prevent spillage. The department Vice President shall be notified at any time the containers are becoming full. Program Managers shall request a new container from the Vice President before the current one becomes full.
- Instructions on the sharps container box shall be followed for return of the sharps container for destruction.

The procedure for handling **other regulated waste** is:

- Broken glassware which may be contaminated will be picked up using a mechanical means such as a brush and dustpan
- Bleach or appropriate disinfectant shall be used at the end of each work shift and as needed to clean all work surfaces that may have been exposed to potentially infectious materials
- Safety coordinators will work with shift supervisors and custodial staff to handle other regulated waste product clean up

### **Laundry**

When laundry items become contaminated (sheets, towels, pillow cases, washcloths, blankets, etc.), the following procedure for handling them should be followed:

- Handle contaminated laundry as little as possible with minimal agitation
- Wear gloves when handling any type of contaminated laundry
- Place contaminated laundry in red bio-hazard bags
- Dispose of properly

### **Labels**

HCBC will utilize the following labeling method(s):

- Biohazard labels must be affixed to infectious waste containers, sharps containers, containers used to store, transport or dispose of contaminated materials and secondary containers and any storage area for other potentially infectious material (i.e. refrigerator)
- The department VP will ensure warning labels are affixed or red biohazard bags are used, as required, if regulated waste is brought into the facility. Employees are to notify the department VP if they discover regulated waste containers, refrigerators containing blood or OPIM or contaminated equipment without proper labels.

## **POST-EXPOSURE EVALUATION AND FOLLOW-UP**

In the event an exposure incident occurs, the Human Resources Department shall be immediately contacted. The affected staff, witnesses, and supervisors shall complete the appropriate paperwork for Critical Incident Report.

A confidential medical evaluation and follow-up shall be immediately arranged by the Human Resources Department using the agency's Worker's Compensation contracted provider. The healthcare provider shall be notified that all applicable and OSHA required evaluation procedures for a post exposure incident should be followed.

The HCBC Human Resources department will follow all applicable rules related to reporting exposure incidents to OSHA.

#### **ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP**

1. The Human Resources Department shall ensure that the Worker's Compensation health care provider(s) responsible for the employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.
2. The Human Resources Department shall ensure that the Worker's Compensation health care provider evaluating an employee after an exposure incident receives the following:
  - a. A description of the employee's job duties relevant to the exposure incident
  - b. Route(s) of exposure
  - c. Circumstances of exposure
  - d. If possible, results of the source individual's blood test
  - e. Relevant employee medical records, including vaccination status
3. The HR Department will provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

#### **PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**

The Safety Officer/HR will review the circumstances of all exposure incidents to determine:

1. Controls in use at the time
2. Work practices followed
3. A description of the item causing the exposure
4. Protective equipment and clothing being utilized at the time of the incident (gloves, eye shields, etc.)
5. Location of the incident
6. Procedures being performed before the incident occurred
7. Employee's training

The Program Manager will record all injuries from contaminated sharps in a Sharps Injury Log. This log will be maintained for at least five years following the end of the calendar year covered. If a copy of this Log is requested by anyone, it must have any personal identifiers removed from the report.

#### **EMPLOYEE TRAINING**

Staff will be trained on this policy at orientation, annually, and at other times as necessary.

## **RECORD KEEPING**

### **TRAINING RECORDS**

Training records are completed for each employee upon completion of training. These documents will be kept for at least three (3) years in the personnel records in the Human Resources department.

Training records include:

- Dates of training sessions
- Contents or a summary of the training session
- Names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within fifteen (15) working days. Such requests should be addressed to the Human Resources Department.

### **SHARPS INJURY LOG**

The Human Resources department is responsible for the recording of percutaneous injuries from contaminated sharps. The information on the log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. The sharps injury log will contain, at a minimum:

- The date of the injury
- The type and brand of device involved in the incident
- Department or work area where the exposure incident occurred
- An explanation of how the incident occurred

The sharps injury log will be maintained for at least five (5) years as guided by OSHA standards.

### **ANNUAL REVIEW**

The agency HR Department is responsible for annual ECP review. The review will contain at a minimum discussion of each of the following:

- Determination of employee exposure
- Implementation of various methods of exposure control including input from employees responsible for direct client care who are potentially exposed to injuries from contaminated sharps
- Universal precautions
- Engineering and work practice controls
- Personal protective equipment
- Housekeeping

- Post-exposure evaluation and follow-up
- Communication of hazards to employees and effectiveness of employee training
- Recordkeeping (including the sharps injury log)
- Procedures for evaluating circumstances surrounding an exposure incident

The completed review will be made available for employee review and will be kept as a permanent attachment in an appendix to the ECP.

### **MEDICAL RECORDS**

A medical record is maintained for employees who have had an exposure incident in accordance with OSHA regulations and include:

- The exposed employee's name and social security number
- A copy of the exposed employee's HBV vaccination status and dates of vaccination
- A copy of the results of any exam, medical tests, and follow-up procedures provided to the employee
- A copy of the health care professional's written opinion
- A copy of information that our facility provided to the health care professional

The Human Resources department is responsible for maintenance of the required medical records. All such records are maintained separately from the employees' personnel records. These confidential records are kept in the Human Resources office at 1730 Prospect Avenue, Kansas City, Missouri 64127 for at least the duration of employment plus thirty (30) years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within fifteen (15) working days. Such requests should be sent to the Human Resources Department at 1730 Prospect Avenue, Kansas City, Missouri 64127.

### **OSHA RECORDKEEPING**

An exposure incident is evaluated to determine if the case meets OSHA's recordkeeping requirements. This determination and the recording activities are done by the department ECO officer and Human Resources.

## **PART C**

### **EMERGENCY ACTION PROGRAM**

#### **PURPOSE**

HCBC's Emergency Action Plan has been developed in accordance with the Occupational Safety and Health Administration (OSHA) regulations. The purpose of this plan is to ensure the protection of all employees in an emergency situation (fire, tornado, earthquake, severe storm, etc.). The personal safety of each employee is and always will be of primary importance to the Heartland Center for Behavioral Change.

#### **GENERAL PROGRAM MANAGEMENT**

##### **Responsibility**

The HCBC Safety Officer is responsible for the Emergency Action Program and has authority to make necessary decisions to ensure the success for this plan. It is the responsibility of the program safety coordinators to implement the Program. Copies of the written program may be obtained for the Safety Officer's office.

##### **HCBC Safety Coordinators**

There will be designated program Safety Coordinators at the following locations:

##### **Administration**

###### **1514 Campbell**

Vice President of Correctional Services  
RRC  
CTU

###### **1534 Campbell**

MMID  
CStar

##### **Northland Community Center**

##### **Jackson County Drug Court**

##### **Independence Office**

##### **Free and Clean**

##### **SW Region Locations**

The Safety Coordinators have the following responsibilities:

- Assessing the situation to determine whether an emergency exists requiring activation of the emergency procedures;
- Notifying all departments/floors of the emergency when a general alarm is not sounded;
- Supervising all efforts in the area, including evacuating personnel;
- Coordinating outside emergency services, such as medical aid and local fire departments, and ensuring that they are available and notified when necessary; and directing the shutdown of operations when required.

**Program Review and Update:**

The Emergency Action Program will be reviewed and/or updated under these circumstances:

- Annually, on or before July 1 of each year
- Whenever new equipment, facility construction, or personnel changes might affect the plan's procedures.

## **METHODS OF COMPLIANCE**

### **1. On-Call Maintenance Procedures**

HCBC has an on-call Maintenance system set-up when issues arise at the facilities that need to be addressed. The Safety Coordinator and/or shift supervisor will need to utilize their judgment about when to use the number. As a general rule, any life safety issue or security hazard to clients or employees must involve contacting the on-call Maintenance phone number 816-777-6598. Some examples of this might include wide spread power outage, gas leaks, heat or air conditioning during the winter or summer.

Initially the Safety Coordinator or the shift supervisor, whoever is on duty and in charge of the situation should call the after hours phone number. The tech on call will handle the call from there. If no one answers the phone the Safety Coordinator or shift supervisor should contact their manager who will in turn contact the Maintenance Manager. If no response is received then the Vice President of the program should be contacted immediately.

### **2. Emergency Escape Procedures**

Emergency escape routes will be kept clear at all times. The escape routes, designated safe areas, and emergency procedures are documented in Appendix A. A copy of the escape route and emergency procedures will be posted at critical locations at each site. HCBC also has designated safe areas for employees to report to in the case of an emergency.

There shall be at least two (2) means of egress on each floor which are independent of and remote from one another. The means of egress shall be free of any item that would obstruct the exit route.

### **3. Procedures for Critical Operations**

In the event of an emergency situation, the program Safety Coordinator or highest ranking on duty staff shall assume control. All employees are expected to evacuate according to the emergency evacuation plan and the instructions of the safety coordinators. The Safety Officer and/or highest ranking on duty official will be responsible to make the appropriate contacts with first responders and other appropriate agencies. (Ordinarily the fire department will notify city utilities to ensure the safety of the physical plant.) Time permitting, the HCBC Safety Committee Chairperson should be contacted by the Safety Officer and informed of the emergency.

The following emergency numbers should be used, as appropriate,  
by the Safety Coordinator:

**Kansas City Facilities**

Emergency Number	911
Police Department	816-234-5000
Fire Department	816-784-9200
EMS	816-513-3000
Jackson County Sheriff's Department	816-524-4302
FBI Kansas City	816-512-8200
Missouri Gas Energy	800-582-0000
Kansas City Power & Light (KCPL)	888-544-4852
City of Kansas City Water Department	816-513-1313
Truman Medical Center	816-404-1000
US Marshal's Office	913-551-6727

**Liberty & Richmond**

Emergency Number	911
Liberty Police Department	816-439-4716
Liberty Fire Department	816-439-4310
Richmond Police Department	816-776-5826
Richmond Fire Department	816-776-2115
Clay County Sheriff's Department	816-407-3750
Ray County Sheriff's Department	816-290-5323
City of Liberty Public Works	816-439-4514
Missouri Gas Energy	800-582-0000
Kansas City Power & Light (KCPL)	888-544-4852

**Southwest Region Facilities**

Emergency Number	911
Springfield Police Department	417-864-1780
Springfield Fire Department	417-864-1500
Barry County Sheriff's Office	417-847-6556
Christian County Sheriff's Office	417-581-2332
Dallas County Sheriff's Office	417-345-2441
Lawrence County Sheriff's Office	417-466-2131
Polk County Sheriff's Office	417-777-9020
Stone County Sheriff's Office	417-357-6116
Taney County Sheriff's Office	417-546-7250
Webster County Sheriff's Office	417-468-2222
Greene County Sheriff's Office	417-868-4040

## Landlord Contacts for Leased Offices:

### 1212 McGee Contact Information:

Landlord Contact: Pamela Hahn (Office) 816-421-3056  
Cell 816-726-5834

### 103 N. Main, Independence Contact Information:

Landlord Contact: Pycior Management  
Phyllis Brandstetter (Office) 816-200-8448  
Cell 816-564-7910

### 1205 W. College Contact Information

Landlord Contact: Charles Small 816-590-5910

### 6301 Rockhill Road Information

Landlord Contact: The Neighborhood Group, Inc.  
Bill Chareut 913-362-9094

### Ray County Out-Patient Program

Landlord Contact: Chris Schloss 816-472-4637  
816-781-8999

### Clay County Out-Patient Program

Landlord Contact: Missouri Probation & Parole  
Helen Hurley 816-792-0793

### Lawrence County Outpatient Program

Landlord Contact: Sherri George 417-678-7454  
417-466-6195

### Barry County Outpatient Program

Subcontractor Alliance Counseling  
Landlord Contact: Karah Young 417-880-7310

### Christian County Outpatient Program

Landlord Contact: Carol Jones Realty  
Linda Revoir, Agent 417-725-0420  
417-343-1869

### Dallas County Outpatient Program

Landlord Contact: Carroll & Imogene Montgomery 417-345-8622

### Greene County Outpatient Program:

Landlord Contact: Lee Blevins 417-872-8650

### Polk County Outpatient Program:

Landlord Contact: Arletta Jones 417-327-6101

### Stone County Outpatient Program:

Subcontractor Alliance Counseling  
Landlord Contact: Karah Young 417-880-7310

### Taney County Outpatient Program:

Landlord Contact: Rob Owen 417-339-3804

### Webster County Outpatient Program:

Landlord Contact: Gary & Tamera Haney 417-935-4443

#### **4. Procedures to Account for Employees**

In the event that an emergency evacuation is required, the Safety Officer and/or Safety Coordinator, or highest ranking official in his/her absence, will be responsible to organize the evacuation of the entire facility and to ensure all safety procedures are followed.

The Safety Coordinator(s) will be responsible for accounting for employees after an emergency evacuation. The Human Resources Department maintained a list of all the employees at each site.

These procedures are designed to account for all employees; determine if an employee needs assistance in evacuating and to determine their possible location.

#### **5. Procedure for Reporting Emergencies**

The quicker and more efficient emergencies are reported, the greater the chance for saving lives and property. The following is the procedure for reporting an emergency. Time permitting, staff should immediately report emergencies to the Safety Officer or a Safety Coordinator who will assess the situation and determine the appropriate response. In the event that the emergency requires the immediate assistance of the fire department and/or other rescue personnel, staff should immediately report the emergency as follows:

##### **EMERGENCY NUMBERS**

<b>Emergency Situation:</b>	<b>Reporting Procedures</b>
Fire	911
Tornado	911
Fuel or Chemical Release	911
Medical Emergency	911
Poison Control	1-800-222-1222

This procedure will be posted near telephones and on the employee bulletin board.

#### **6. Rescue and Medical Duties**

In the event of a fire, the Department Safety Coordinators, department heads, and shift supervisors are trained in the use of fire suppression equipment and should be contacted.

In the event of a medical emergency, 911 should be immediately contacted and the 911 instructions followed.

## **7. Fire Safety Equipment**

Portable ABC Type fire extinguishers shall be located in each HCBC facility and on each floor so no person will have to travel more than 100 feet from any point to reach the nearest extinguisher. Additional fire extinguishers shall be provided in the kitchen, laundry, and furnace areas.

Fire extinguishers shall be clearly visible, maintained with a charge and inspected annually by a qualified service company. Fire protection equipment shall be installed in accordance with NFPA codes.

## **8. Alarm Systems**

1514 Campbell – Federal RRC, CTU

In the event of an actual or false alarm staff must evacuate the building and follow the Emergency Procedures. The fire alarm is monitored by Alarm Central. When an alarm is activated by pull station, smoke detector, or heat detector Alarm Central is notified by automatic dialer. They will contact the designated person at HCBC and that person has to determine if it is an actual alarm or not and tell the dispatcher to send or not to send the fire department or other emergency services.

The sprinkler system is activated by heat applied to a sprinkler head that drops system water pressure and triggers the auto dialer to Alarm Central. They follow the same procedure as the fire alarm system call list. (The staff should follow the same procedure after being notified.).

We have a stand alone detection system which means smoke and carbon monoxide detectors are hard wired 120 volts with battery backup. These are located in all mechanical rooms, client rooms and common areas. The purpose of this is to alert staff or clients of a potential emergency. This system is a “local” system meaning it is not monitored outside of HCBC.

1534 Campbell – CSTAR Outpatient - Detox

The building has fire alarm systems that are activated by pull stations, smoke detectors, or heat detectors but are not monitored off site. The staff must evacuate the building and call for emergency services.

A hard wired /battery backup standalone system with smoke/carbon monoxide detectors is also in place. There are no sprinklers in the 1534 Campbell building.

## **9. Phone System**

The HCBC telephone system is maintained through a data system connected through a server. If for some reason the server goes down, there will still be an analog line that goes straight to the 911 system and is not to be utilized for any other reason than to contact 911. If the phone systems are not working and 911 is needed, a cell phone may have to be utilized, providing the 911 operator with the location of the issue including the address and specific area within the building.

## **10. Training and Recordkeeping**

The Safety Officer and Safety Coordinators are responsible for training all employees covered under this program. As part of the Emergency Action Program our employees will be trained under the following circumstances:

- At the time of initial assignment and annually thereafter
- When an employee's responsibilities change under this program

The Department Safety Coordinators and other employees responsible for leading the evacuation will be trained in evacuation inspections of closed rooms, alternate escape routes, employees that may need additional assistance, and hazardous areas to avoid during evacuation procedures.

For additional information or explanation for the duties under the Emergency Action Program contact the HCBC Safety Officer.

To ensure that proper training is given to our employees, we keep accurate records of our employees' training. This information is kept in the Human Resources Department.

## **PART D**

### **PREPARING FOR EMERGENCIES**

#### **PREPARING FOR AN EMERGENCY**

It is hard to predict when severe weather or a natural disaster may occur. A tornado with winds reaching more than 300 miles per hour can quickly level a building, a block, or a town leaving hundreds, maybe thousands, dead, injured or homeless. A heart attack, fall or workplace accident can become life threatening if proper emergency attention is unavailable. Threats in the workplace can have disastrous consequences if there is not a thoughtful and cautious response. These are but a few of the possible emergency situations that all of us may face at one time or another, whether at work or in the home. They can happen at any time, to anyone, and anywhere.

Our best defense is to **BE PREPARED**:

As employees of HCBC we have a duty to respond to emergencies that occur at the workplace. We have a duty to know, understand, and implement our Emergency Plan, taking care to guide all those who may be in our facilities when a crisis occurs. We each play a vital role in the Emergency Plan and by knowing the role we have the greatest chance to turn a potential tragedy into positive outcome. In an emergency each of us must act quickly and act decisively. The life we save may be our own.

The following section offers step-by-step guidance in responding to a variety of emergency situations. You are expected to know these plans.

Before An Emergency Occurs:

1. **KNOW** the established emergency procedures for your building and work area. Your department evacuation plan is supplemental to this handbook and provides facility-specific information. The department evacuation plan will contain emergency telephone numbers; evacuation personnel duties; designated meeting point; and building information.
2. **KNOW** the hazards of any materials or equipment and the precautions that accompany them in your building and work area.
3. **KNOW** two means of exit from your area.
4. **KNOW** the locations of facilities fire alarm pull station.

5. **KNOW** the locations of facilities portable fire extinguishers and how to use them. Fire extinguishers can be found throughout a building in hallways, mechanical rooms, and other areas, whether in cabinets or mounted on wall brackets. Make sure you know the location and type of the nearest fire extinguisher. Report missing, discharged or damaged fire extinguishers to your Department Health and Safety Coordinator or Facilities Management promptly.
6. **KNOW** the location of the nearest Emergency First Aid Kit. First aid kits can be found in reception areas, behind front desk areas, and other locations in each facility.
7. **ASSIST** persons with disabilities. Persons with disabilities should study and remember the features of each building they are in, including stairways, exits, phone locations and elevator procedures. Assistance from others may be needed. Prior to an emergency, individuals with impairment should develop an escort system in their daily environment.
8. **KNOW** and apply Universal Precautions if an emergency places you at risk of contact with body fluids. All body fluids should be considered a potential for infection. Universal precautions refer to infection control measures that should be followed for protection from disease-producing microorganisms. All blood and other bodily fluids should be treated as if they are infected with HIV, hepatitis B virus, and other blood borne pathogens. A barrier such as latex gloves should always be used to protect yourself if you may be coming into contact with blood or other body fluids.

## **EVACUATION PLANS**

Knowing where and when to go when an emergency strikes is vitally important. Everyone must exit an area immediately when an evacuation is called. There is no time to pick up paperwork, personal items or finish work on a project. An evacuation notice means that an emergency situation has occurred and your urgent attention is needed...NOW!

Every facility has an evacuation route posted in heavy traffic areas and in reception areas. The evacuation routes include the locations of fire alarms, fire extinguishers, and first aid kits. You need to read and understand exactly where you need to go and what you need to do in the event an emergency occurs.

### EMPLOYEES SHOULD:

1. Remain calm
2. Assist In evacuation of clients and visitors.
3. Keep an accurate head count at all times of all persons accompanying you (visitors, clients, vendors)
4. Remain in designated area until an all clear is given by the department director or highest- ranking authority.

### PROGRAM SAFETY COORDINATOR SHOULD:

1. Secure the First Aid kit from the facility reception or designated storage area.
2. Keep an accurate head count at all times of employees, consumers, and visitors.
3. Assist in the evacuation of individuals.
4. Notify and keep administration informed of the situation.
5. Give the all clear when informed to do so by the proper authority.
6. After the all clear is given, an incident report and evacuation summary should be completed. The evacuation summary shall include the names of those evacuated and any problems and suggestions for future evacuations.

### ASSISTING PERSONS WITH DISABILITIES

Persons with disabilities may need assistance in evacuating an area during an emergency. There may be persons who are in a wheelchair or hearing impaired, blind, or suffering from a physical disability that impedes mobility. If you have a disabled visitor, you will be expected to offer or arrange assistance to that individual during an emergency. If you are an employee with a disability or special needs, please discuss your limitations with your Safety Coordinator so that an appropriate plan can be developed to assist you in the event an evacuation is needed.

### NON-AMBULATORY PERSONS

There are many considerations in moving a person in a wheelchair. Wheelchairs may have moving pads; some are not designed to withstand stress or lifting. You may have to remove the chair batteries. Life support equipment may be attached. Lifting a person with minimal ability to move may be dangerous to their well being. *Always consult with the person in the chair regarding how to best assist them in a life-threatening emergency.* It may be necessary to remove an individual from their wheelchair. Non-ambulatory persons may have respiratory complications. Remove them from smoke or fumes immediately and determine their needs and preferences. Always consult with the person about:

1. Ways of being removed from the wheelchair. **WHEELCHAIRS SHOULD NOT BE USED IN STAIRWELLS, IF AT ALL POSSIBLE;**
2. The number of people necessary for assistance;
3. Whether to extend or move extremities when lifting because of pain, catheter leg bags, braces, etc.;

4. Whether a seat cushion or pad should be brought along if they are removed from the chair;
5. Whether to carry forward or backward on a flight of stairs;
6. Assist as needed if removed from the wheelchair (ask if they prefer a stretcher chair with cushion/pad, car seat or if paramedic assistance is necessary).

### VISUALLY IMPAIRED PERSONS

Most visually impaired persons will be familiar with the immediate area they are in. In the event of an emergency tell the person the nature of the emergency and offer to guide him/her by having the person take your elbow and escorting him/her.

As you walk, tell the person where you are and advise of any obstacles. When you have reached safety, orient the person where he/she is and ask if any further assistance is needed.

### HEARING IMPAIRED PERSONS

Persons with impaired hearing may not perceive emergency alarms and an alternative warning technique is required. Two methods of warning are:

- Writing a note telling what the emergency is and the nearest evacuation route, ("FIRE-go out rear door to the right and down, NOW!").
- Turning the light switch off and on to gain attention, then indicating through gestures or in writing what is happening and what to do.

## PART E EMERGENCY PLANS FOR NATURAL DISASTERS

### FIRE PLAN & CARBON MONOXIDE SEVERE WEATHER, POWER OUTAGE, NATURAL GAS LEAK

#### FIRE PLAN

Fire Drills are planned and supervised by the Program Manager, in coordination with the Safety Officer and the Safety Coordinator at each location on a monthly basis. A log of all fire drills conducted will be kept by the Safety Officer, and the Safety Coordinators.

Fire Drills are conducted at various times of the day and night in order to ensure effectiveness of procedures.

#### A. Determination of Type of Fire

##### 1. Small Fires

Very small fires that may occur in a trash barrel or ashtray may be extinguished without the assistance of the Fire Department. CO2 Fire extinguishers are located on each floor of each wing for use on small fires. Their location is marked by a large red arrow. They may be used on all types of fires. Fires, any larger, however, should be extinguished either by the Fire Department or with their assistance. The Fire Department should be called immediately.

##### 2. Fire Alarm

The facility is equipped with smoke and heat detectors which will sound an alarm automatically when smoke or heat is present. The highest ranking staff member present will be responsible to contact the fire department when the alarm sounds.

##### 3. Fire - No Alarm

If for any reason, significant smoke or fire is detected but the alarm does not sound, staff shall use a manual pull-alarm (located throughout the building) to alert staff and clients to evacuate. The highest ranking staff member present shall be

responsible for investigating the smoke/heat and contacting the fire department if needed.

4. Smoke Detector/Carbon Monoxide Alarm (No Fire)

In addition to the alarm/detection system referenced above, the Main Center (Social Detox), the 1534 Campbell facility, and NCC also have stand alone smoke detector/Carbon Monoxide units. These stand alone units will issue a separate sound depending upon if the cause of the alarm is smoke or the cause of the alarm is the presence of carbon monoxide. **The evacuation procedures that follow are to be utilized when ever these units become activated.** Also, as stated above, the fire department is to be contacted.

B. Evacuation

Once the alarm is sounded, staff have the following responsibilities:

1. Security Responsibilities

The Security Coordinator is responsible for seeing that all clients are moved out of the building.

The shift supervisor is also responsible for taking a copy of a client census. This document is used for a roll call after the clients leave the building.

The clients are to be taken to the designated evacuation spot for purposes of taking a roll call. The security supervisor is responsible to account for both detox clients and clients in treatment.

2. Counselor/Case Manager Responsibilities

Counselors/Case Managers on duty during a fire evacuation will be responsible for checking client rooms and group rooms.

3. Fire Occurring Outside Normal Working Hours

If a fire occurs when counselors and management staff are not on duty, designated security staff are responsible for clearing all floors.

**REMEMBER THE FOLLOWING POINTS:**

1. When the fire alarm rings, don't waste time gathering personal articles or locking your door ..... **JUST LEAVE THE BUILDING.**
2. *If you have your door closed, place your hand on it before opening it to see if it is hot. A hot door means that hot, poisonous gases may have already spread to the hallway.*  
  
Open your door slowly and cautiously before entering the hallway.
3. When leaving the building, stay as close to the wall as possible. Firemen may be coming up the stairway with equipment and you must stay out of their way.

**The Program Safety Coordinator (or shift supervisor) should:**

1. Secure the First Aid kit from the facilities reception or designated storage area.
2. Monitor the evacuation process to ensure that all occupants have been evacuated and are assembled in the designated outside assembly area.
3. Verify that the evacuation is completed (roll call, observations, etc.). Maintain control and count of those evacuated.
4. Contact an administrative official, notify of the emergency, and as indicated discontinue services and/or identify alternative service locations.
5. Prepare a Critical Incident Report.
6. After the fire is extinguished...**DO NOT RE-ENTER THE FACILITY UNLESS EXPRESSLY AUTHORIZED BY THE FIRE DEPARTMENT AND AGENCY ADMINISTRATOR.**

**R-A-C-E**

**R - Rescue: Rescuing consumers is our first objective**

**A - Alarm: Sound the alarm immediately or call the fire department**

**C - Contain/Confine: Confine the fire by closing doors and windows**

**E - Extinguish: If the fire is small use the proper extinguisher to extinguish the fire**

## **SEVERE WEATHER**

### A. Tornado

In the event of a tornado warning, all staff and clients will be assembled in the basement of the facility or designated location. The highest ranking staff member will announce over the intercom that a tornado warning is in effect. The shift supervisor will also secure the staff sign-in sheet and client census so an accurate head count can be conducted.

### B. Flood

In the event of a flood, all clients will be kept on the upper floors. The shift supervisor will secure the staff sign-in sheet and client census so that accurate head counts can be conducted.

### C. Earthquake

In the event of an earthquake, stay calm and stay put.

If Indoors: Stay inside. Move away from windows, shelves, and heavy objects and furniture that may fall. Take cover under a table or desk, or in a strong doorway.

In halls move to the interior walls. Turn away from windows, kneel alongside wall, bend head close to knees, cover head with elbows, and clasp hands firmly behind neck.

If Outdoors: Move to an open space, away from buildings and overhead lines. Lie down or crouch to the ground. Keep looking around to be aware of dangers that may demand movement.

## **SUSTAINED POWER FAILURE**

- A. If there is an area Black Out, contact the local power company for an estimate of the duration of the Black Out and any instructions. If the power failure is due to mechanical difficulties, contact the designated facility maintenance unit for assistance and advice.
- B. Notify the Department Vice President if the power failure is expected to continue for a sustained period of time. A decision will be reached whether to (1) Continue services, (2) Discontinue services, or (3) Relocate services. SERVICES MAY NOT BE CONTINUED AT THE FACILITY IF ANY UNSAFE CONDITIONS APPEAR TO EXIST.

- C. If services are to be relocated or discontinued the Vice President and other designated staff will assist in evacuation of the facility.
- D. Complete a critical incident report.

**NATURAL GAS LEAK**

- A. *If you or someone in the facility indicates that they smell natural gas, don't do anything that could cause a spark. Electrical switches, matches, telephones, etc. could cause a spark.*
- B. The highest ranking staff member on site should contact the Maintenance On-Call number. If no one answers the phone, the Maintenance Manager should be contacted.
- C. If the smell is very strong, clients and staff should be evacuated from the facility following the same procedures for a building evacuation.
- D. Contact the gas company, MGE, first by utilization a cell phone outside the building.
- E. Contact the fire department by dialing 911.

**PART G**  
**MEDICAL EMERGENCIES,**  
**LIFE THREATENING BEHAVIOR, CLIENT DEATH, AND**  
**SUICIDE RISK**

**MEDICAL EMERGENCIES**

A medical emergency exists in the event that a client suffers from profuse bleeding, chest/arm pains, escalated blood pressure, seizures, severe pain in any part of the body, etc. Should there be any doubt, staff should call 911. Emergency medical services have been arranged with:

Truman Medical Center (adults)	404-1500
Children's Mercy Hospital (children)	234-3000
Center for Behavioral Medicine	512-7000

A. Life Threatening

In the event of a life-threatening emergency, staff will utilize the 911 system for ambulance and rescue assistance. Staff trained in emergency first aid/CPR will immediately report to the scene to render appropriate emergency first aid as instructed by 911, time permitting.

B. Non Life Threatening

A decision will be made by the highest ranking staff member if 911 rescue assistance or transportation is necessary.

C. Client Death

In case of client death, the highest ranking staff on duty shall see that the scene is secured, the area vacated by staff and clients, and the police contacted. The highest ranking staff will immediately contact the HCBC President, Vice President, and Program Director immediately. The Vice President will contact the Department of Mental Health, Department of Corrections, or Federal Bureau of Prisons on the same day.

D. Suicide Risk

Staff are to call 911 immediately if any client makes an attempt to commit suicide.

If a client is deemed a suicide risk (as determined by observation of his/her behavior or if he/she threatens suicide), the client should remain with the staff member while the staff member contacts the Suicide Crisis Hotline for referral information and assistance.

**SUICIDE CRISIS HOTLINE: 1-800-SUICIDE or 1-800-784-2433**

**HOSTAGE THREAT, PRESENCE OF FIREARMS, WEAPONS, OR EXPLOSIVES**

In the event that an employee is taken hostage, or an individual presents firearms or explosives on site, the following procedures shall immediately be followed:

**EMPLOYEES SHOULD:**

1. Not argue or engage in any interference, struggle, or conflict with the perpetrator unless acting in self-defense.
2. Attempt to contact police, unless to do so would jeopardize the safety of self or others.
3. Attempt to contact an agency official unless to do so would jeopardize the safety of self or others.
4. Attempt to direct clients and any other individuals away from harm to safe areas, if possible.
5. Comply with the request(s) of the perpetrator unless to do so would jeopardize the safety of self or others.
6. Cooperate fully with the instructions of the police.

**AFTERWARDS:**

7. Prepare a critical incident report after the threatening event is concluded.

**THE DEPARTMENT VICE PRESIDENT OR HIGHEST RANKING OFFICIAL SHOULD:**

1. Work closely with the police department in controlling the threat and reducing safety risks to individuals.
2. Complete a critical incident report as required.
3. Arrange a debriefing and/or other needed support services for the individuals affected.
4. Contact the President/CEO upon notification of the incident.

## **BOMB THREAT**

Each bomb threat must be investigated on its own merits, and we cannot emphasize too strongly that each must be investigated to its fullest extent and not be treated as just another crank call. Any employee of HCBC could possibly receive a bomb threat call. Accordingly, all employees are responsible for knowing the steps to take in case that happens.

If the threat is made by written message, the recipient should avoid handling the documents to protect for fingerprint investigation.

In the event of a telephone bomb threat:

1. STAY CALM
2. Attempt to keep the caller on the line, while signaling a nearby person of the situation.
3. Be alert for distinguishing background noises, such as music, traffic, aircraft, church bells, trains, etc. Voices should be noted as related to sex, age, race, accent, speech, and special impediments (lisp, stutter, etc.).
4. Use the bomb threat form in the Appendix of this document to gather information.
5. Find out what time it is set to explode.
6. Note if the caller has knowledge of the physical description of the facility.
7. Try to determine as much information about the plan as possible.
8. When connection is broken, notify 911 and the highest ranking official on duty at the facility. The highest-ranking official on duty will be responsible for notifying administration.
9. DO NOT SEARCH FOR THE BOMB.
10. Elevators should be made available for immediate use by those engaged in the search.
11. If a bomb is discovered, DO NOT TOUCH IT. Call 911.
12. If an evacuation is required, use the stairs and follow the facility's evacuation plan.
13. When the all clear is given by law enforcement, the highest-ranking official will notify all persons evacuated and administration that an all clear was given.

## **PART G**

### **HAZARDOUS MATERIALS**

Hazardous materials used by the Heartland Center for Behavioral Change shall be used, stored, and disposed of in a manner that complies with the recommendations of the manufacturer and any applicable laws and regulations.

The Safety Coordinators shall conduct regular walk through surveys to identify any potential safety hazards including an assessment that hazardous materials are correctly labeled, handled, used and stored in accordance with the recommendations of the manufacturer and the requirements of HCBC.

The Safety Coordinators at each location shall ensure that Material Safety Data Sheets are maintained for hazardous materials. They shall ensure that staff comply with requirements for the use, storage, and disposal of hazardous materials and to correct and report any violations to the Safety Officer immediately.

Preference shall be given to the procurement and use of non-toxic materials for general housekeeping and maintenance work. Staff shall follow applicable manufacturer's recommendations in handling hazardous materials including the use of Protective Personal Equipment when required.

All containers of hazardous material shall be properly labeled and include the following:

- Product name
- Manufacturer's name
- Personal Protective Equipment needed

Hazardous materials and cleaning materials shall be stored in a closed containment area, such as a closet or cabinet and secured from consumer or visitor access. Combustible materials such as gasoline, kerosene, propane, and paint thinner shall not be stored on facility premises.

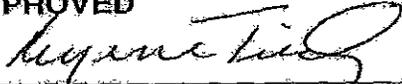
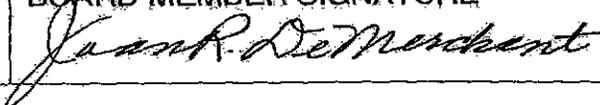
## **APPENDIX:**

- A. Telephone Bomb Threat Checklist**
- B. Emergency/Disaster Incident Report**
- C. Policy and Procedure 3.15: Drug Free Workplace**
- D. Policy and Procedure 8.4: Weapons and Concealed Firearms**
- E. Reporting Injuries for HCBC Employees**
- F. Policy and Procedure 8.2: Critical Incident Reporting**

## TELEPHONE BOMB THREAT CHECKLIST

Time Call Received (am/pm):	Time Call Terminated (am/pm):
Exact Words of Caller:	
Delay: Ask caller to repeat information	
Questions you should ask:	
1. Time the bomb is set to explode	
2. Where is it located? What floor? What area?	
3. What kind of bomb is it?	
4. Description of the bomb?	
5. Why do you want to kill or injure innocent people?	
Voice Description:	
Male _____	Female _____
Calm _____	Nervous _____
Young _____	Old _____
Rough _____	Refined _____
Does the caller have an accent?      Y   N	Describe it:
Does the caller have a speech impediment? Y   N	Describe it:
Did the caller use any unusual phrases?   Y   N	Describe them:
Did you recognize the voice?      Y   N	Who do you think it was?
Were there any background noises?	
Music _____	Running Motor _____
Traffic _____	Bells _____
Horns _____	Whistles _____
Machinery _____	Aircraft _____
Other _____ Describe:	
Additional Information:	
Did the caller indicate knowledge of the facility?	Describe how:
What line did the call come in on?	
Was there a caller ID number that came up from the caller?	What was it?
Signature:	Date:



<b>HCBC</b>	<b>POLICY AND PROCEDURE</b>	<b>NUMBER</b> 3.15	<b>PAGES</b> 9
<b>APPLICABILITY</b> Agency-Wide	<b>REFERENCES</b> ADA: 9 CSR 10-7.110 ACA: 4-ACRS-7C-02 CARF: Section 1.H, 1.I		
<b>CHAPTER THREE (3)</b> Personnel	<b>SECTION FIFTEEN (15)</b> Drug Free Workplace		
<b>EFFECTIVE</b> June 20, 2013	<b>APPROVED</b> 		
<b>DATE OF BOARD REVIEW</b> 6/20/13	<b>BOARD MEMBER SIGNATURE</b> 		

**I. POLICY**

The Heartland Center for Behavioral Change (HCBC) endeavors to maintain a work place which is free from illicit drugs, controlled substances and alcohol. Information shall be provided to all staff on the adverse effects of the non-medical use and abuse of controlled substances and alcohol. Additionally, employees shall be provided the HCBC alcohol and drug-free workplace policy including the prohibitions regarding substance abuse in the workplace. Employees, contractors, and volunteers in violation of the HCBC policy shall be dismissed.

**II. DISCUSSION**

As an expert agency provider of substance abuse treatment, HCBC employees are expected to display exemplary drug free conduct. Employees who abuse alcohol or misuse drugs not only harm themselves, but place their co-workers and the consumers that rely on them, in danger. Impairment by staff at work can directly affect the lives of others.

HCBC supports alcohol and drug education and the availability of counseling and rehabilitation programs for all employees who need help. However, HCBC forbids the possession or use of alcohol or drugs in the workplace and holds employees to a high standard of conduct in both their professional and personal lives.

All HCBC candidates for employment shall be required to submit to pre-employment drug testing and all employees shall be subjected to alcohol/drug testing when reasonable suspicion exists of an impairment or intoxication at the workplace or randomly when scheduled. Such testing is designed to ensure a drug free workplace.

### III. DEFINITIONS

- A. Agency Premises or Facilities  
All property of HCBC including but not limited to, the offices, facilities and surrounding areas on HCBC-owned or leased property, parking lots, and storage areas. The term also includes HCBC-owned or leased vehicles and equipment wherever located.
- B. Alcohol  
Any beverage that contains ethyl alcohol (ethanol), including but not limited to beer, wine, and distilled spirits.
- C. Contraband  
Any article, the possession of which on HCBC premises or while on HCBC business that causes an employee to be in violation of agency work rules or law. Contraband includes illegal drugs and alcoholic beverages, drug paraphernalia, lethal weapons, firearms, explosives, incendiaries, stolen property, and pornographic materials.
- D. Drug Testing  
The scientific analysis of urine, blood, breath, saliva, hair, tissue and other specimens of the human body for the purpose of detecting the presence of a drug or alcohol.
- E. Illegal Drug  
Any drug which is not legally obtainable; any drug which is legally obtainable but has not been legally obtained; any prescribed drug not legally obtained; any prescribed drug not being used for the prescribed purpose; over-the-counter drugs being used at a dosage level different than recommended by the manufacturer and any drug being used for a purpose not in accordance with bona fide medical therapy. Examples of illegal drugs are cannabis substances such as marijuana and hashish, cocaine, phencyclidine (PCP) and so called designer drugs and look-alike drugs.
- F. Legal Drug  
Prescribed drugs or over-the-counter drugs that have been legally obtained and are being used for the purpose for which they were prescribed or manufactured.

G. Reasonable Belief

A belief based on objective facts, sufficient to lead a prudent person to conclude that a particular employee is unable to satisfactorily perform his or her job duties due to drug or alcohol impairment. Such inability to perform may include, but is not limited to, decrease in the quality or quantity of the employee's productivity, judgment, reasoning, concentration, psychomotor control and marked changes in behavior. Accidents, deviations from safe work practices and erratic conduct indicative of impairment are examples of "reasonable belief" situations.

H. Under the Influence

A condition in which a person is affected by a drug or alcohol in any detectable manner. A person is considered "under the influence" if there is a presence of an illegal drug or alcohol at a concentration that is equal to, or in excess of, the minimum levels established in this policy. A determination of "under the influence" may also be based on evidence of a lesser concentration of alcohol or drugs when the employee's behavior indicates there is a safety risk and/or the employee is impaired in his/her ability to perform the job in satisfactory manner through symptoms that include: inappropriate conduct, obvious impaired physical and mental functioning, uneven gait, extremely dilated pupils, smell of alcohol present, slurred speech or difficulty in maintaining balance.

IV. **PROCEDURE**

A. Prohibited Activities and Disciplinary Sanctions

The use, sale, purchase, transfer, or possession of an illegal drug or alcohol by any employee while on HCBC premises or while performing HCBC business is prohibited. Violation of any of the provisions of this policy will result in dismissal, even for a first offense. Prohibited conduct includes:

1. Any employee who is found to be in possession of, or under the influence of illegal drugs or alcohol.
2. Any employee who possesses, distributes, sells, attempts to sell or transfers illegal drugs on HCBC premises or while conducting HCBC business.
3. Any employee who is found to be in possession of contraband in violation of this policy.
4. Any employee who fails to respond, comply or cooperate with an order to participate in alcohol/drug testing.

5. Attempting to contaminate or switch a test sample is grounds for dismissal.

B. Pre-Employment Testing

All final candidates for employment, including candidates for regular part-time positions, and those who are former employees, will be informed of and required to participate in pre-employment drug testing before a job offer can be made.

1. Candidates will be notified of HCBC's alcohol and drug-free workplace policy prior to being tested. A written summary of this policy shall be provided and the applicant shall be required to acknowledge receipt and understanding of the purpose and intent of the policy. The Statement of Knowledge and Consent form (Attachment A) shall be used for this purpose. The summary will inform the applicant of his or her right to refuse to undergo such testing and that a consequence of this refusal is termination from the pre-employment process.
2. Pre-employment alcohol & drug testing shall be arranged by Human Resources.
3. If a candidate refuses to be tested or if evidence of the use of illegal drugs or alcohol by a candidate is discovered, either through testing or other means, the pre-employment process will be terminated.
4. A candidate must pass the pre-employment drug test to be offered a position of employment.

C. Post-Employment Testing

As a condition of employment, employees must report to their jobs in a condition that will allow them to be mentally and physically alert. Post-employment alcohol or drug testing will be conducted only with the approval and authority of Human Resources or designee in his/her absence.

An employee's consent to submit to alcohol or drug testing shall be required as a condition of employment and an employee's refusal to consent will result in dismissal.

Testing may be authorized for the following reasons:

1. Random Testing  
Testing may be required for employees whose duties are safety and security sensitive. Examples are employees: who transport consumers; those responsible to dispense or monitor medication;

those who have security responsibilities, etc. Random testing under these circumstances will be coordinated Human Resources, with the consent of the President and will be unannounced and conducted randomly.

Employees who work within a facility operated by the Missouri Department of Corrections will be required to comply with the policies and participate in the drug free workplace program operated by the Department, (see MDOC policy D2-11.11, Employee Substance Abuse Policy).

2. For Cause

Testing may be authorized when an employee shows obvious signs of being unfit for duty or has a documented pattern of unsafe work behavior that creates a reasonable suspicion of alcohol/drug use.

- a. Employees who believe that someone is unfit for duty have an obligation to make an immediate report to a supervisor. If a supervisor suspects that an individual is at work and under the influence of alcohol and/or drugs, the supervisor should notify the Vice President who if agreed, will notify Human Resources for authorization to test the employee. The supervisor will be asked to provide Human Resources a written report that includes the employee's name, the date, time and symptoms present before testing will be arranged.
- b. Testing will be arranged by Human Resources if sufficient objective symptoms exist to suggest the employee may be under the influence of alcohol/drugs. The employee will be informed that providing a false specimen, refusing to report to the collection site, or refusing to submit to testing or to cooperate in the testing process, will be grounds for disciplinary action that includes separation from employment.
- c. Testing shall be conducted on the same day as the report unless extenuating circumstances exist. Testing will be conducted at an independent health care laboratory for the administration of an alcohol or drug test. If he/she believes an employee is impaired, the employee should not be allowed to drive himself/herself to the testing facility and should be discouraged from driving home afterwards.
- d. An employee who is tested in a reasonable belief situation will be suspended pending receipt of written tests result.

3. Safety/Accident-Related  
Testing shall be conducted when an employee is involved in a workplace accident or unsafe practice incident. Human Resources shall be immediately notified in such an incident and will request testing in conjunction with the examination of the employee's injury by the agency authorized healthcare provider organization. All costs for testing will be at HCBC expense.

D. Laboratory Testing

Only independent and National Institute of Drug Abuse (NIDA) certified labs will be used for the analysis of specimens. All costs of the testing will be paid by HCBC.

1. Drugs tested for, and minimum levels for initial and confirmatory positive readings are as follows:

	<u>Initial</u>	<u>Confirmatory</u>
Amphetamines	1,000 ng/ml	500 ng/ml
Barbiturates	300 ng/ml	300 ng/ml
Benzodiazepines	300 ng/ml	300 ng/ml
Cocaine Metabolites	300 ng/ml	150 ng/ml
Marijuana Metabolites	50 ng/ml	15 ng/ml
Methadone	300 ng/ml	300 ng/ml
Methaqualone (Quaalude)	300 ng/ml	300 ng/ml
Opiates	2000 ng/ml	2000 ng/ml
Phencyclidine (PCP)	25 ng/ml	25 ng/ml
Propoxyphene	300 ng/ml	300 ng/ml
Alcohol	.02 g/dl	-----

2. All initially positive drug testing results, except for alcohol, shall be confirmed by the Gas Chromatographer/Mass Spectrometry (GC/MS), analytic technique. For a test result to be reported as positive, both the initial and confirmatory test results must agree, and together will be considered conclusive evidence of drug use.
3. Confirmation testing shall not be required in the case of alcohol use. An alcohol test that reveals an unacceptable concentration of alcohol in the employee's blood stream will be considered conclusive evidence that the employee was "under the influence" of alcohol within the meaning of this policy. Evidence of a lesser concentration of alcohol will also be considered with other factors indicating impairment.

E. Positive Results

In the case of a positive pre- or post-employment test result, the applicant or employee will be provided an opportunity to offer a written explanation to determine if there is any reason that a positive finding could have resulted from some cause other than drug or alcohol use.

1. The explanation must be provided in writing to the Human Resource department within three (3) working days of the test result.
2. In the case of a candidate for employment, the application will be placed on hold pending receipt of the written explanation. If an employee, the employee will be placed on leave without pay pending receipt of the written explanation.
3. The written explanation will be considered in determining the final outcome for the applicant or employee of the positive result.

F. Employee Assistance Program (EAP)

While HCBC does not condone the abuse of alcohol, prescription drugs and/or use of illegal drugs, HCBC does support employee efforts to address drug and/or alcohol abuse problems.

The Employee Assistance Program (EAP) is a confidential resource designed to assist employees and their eligible dependents in dealing with challenges and problems, such as substance abuse. Employees and/or eligible dependents can reach an EAP representative by contacting the Human Resource department.

G. Confidentiality and Record-Keeping

HCBC will maintain the highest standards for confidentiality for all records and information regarding alcohol and drug testing. Under no circumstances should the results of a drug and/or alcohol screen be discussed with individuals that do not have a work-related need to know. Additionally, no employee is authorized without the express consent of the HCBC President to release, communicate or leave unsecured information on alcohol or drug abuse problems. Any employee violating this policy will be subject to disciplinary action, including possible separation from the agency. Non-employees, contractors, vendors and agencies that disclose unauthorized information will be subject to legal recourse.

All test results and related information shall be permanently retained by Human Resources in a file that is maintained separately from the employee's personnel record.

H. Violations

Because violations to the "Alcohol & Drug-Free Workplace" policy are serious, disciplinary action may include, but is not limited to, suspension and/or termination of employment.

I. Training

The HCBC alcohol and drug-free workplace policy shall be reviewed as part of orientation training, annual in-service training and as part of the employee handbook. Employees are expected to acknowledge in writing, training and receipt of this policy.

V. **ATTACHMENTS/FORMS**

- A. Drug Free Workplace Policy Summary – Statement of Knowledge and Consent for Alcohol/Drug Testing

VI. **HISTORY**

Original: April 1, 1992  
Revised: August 1, 1994  
May 1, 1996  
March 15, 1999  
Reviewed: June 12, 2000  
Revised: July 1, 2001  
December 1, 2002  
January 20, 2006  
March 1, 2008  
March 1, 2009  
Reviewed: March 1, 2010  
Revised: February 1, 2011  
June 20, 2013

**HEARTLAND CENTER FOR BEHAVIORAL CHANGE  
Drug Free Workplace Policy Summary  
Statement of Knowledge and Consent for Alcohol/Drug Testing**

The Heartland Center for Behavioral Change (HCBC) has the right and obligation to maintain a safe, healthful, and productive workplace for all employees. Use of alcohol and other drugs on the job can result in accidents, safety problems, costly mistakes, and even cause harm to consumers or others in the workplace.

HCBC is an alcohol and drug free workplace that prohibits the unlawful manufacture, distribution, dispensing, possession or use of alcohol, controlled substances, unauthorized drugs, intoxicants, drug paraphernalia, or any combination thereof on agency premises or worksites, including agency vehicles and private vehicles parked on agency premises or worksites.

All candidates for employment, including candidates for part time or contractual positions and individuals who were former employees requesting rehire consideration, will be required to participate in alcohol and drug testing as part of the final employment consideration process. While any applicant has the right to refuse the testing, the consequence of refusal will be termination in the employment process. Where there is evidence of the use of illegal drugs or an impairment from the use of alcohol that is discovered as a consequence of the testing, (or other reasonable means), the pre-employment process will be terminated.

Individuals who become employed by HCBC may be required to participate in alcohol or drug testing due to the random testing of employees; for cause; or as part of an investigation of a workplace accident or unsafe practice incident. A refusal to participate or cooperate in the testing or a positive test result may result in the termination of the employee from the Heartland Center for Behavioral Change.

All testing will be conducted by an independent, NIDA certified laboratory.

*"I have been provided a summary of the Heartland Center for Behavioral Change "Alcohol and Drug Free Workplace Policy" policy and understand the purpose, intent, and requirements of the policy.*

*I \_\_\_\_\_ understand and voluntarily consent to participate in any drug/alcohol testing as may be required in compliance with the HCBC Alcohol and Drug Free Workplace Policy. I understand that a failure to comply with the requirements of the policy may be cause to refuse an employment offer to me; or if employed, for my dismissal from service.*

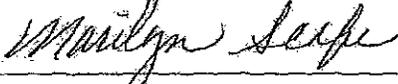
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

<b>HCBC</b>	<b>POLICY AND PROCEDURES</b>	<b>NUMBER</b> 8.4	<b>PAGES</b> 4
<b>APPLICABILITY</b>  Agency - Wide	<b>REFERENCES</b>  ADA: 9 CSR 10-7.120 ACA: 4-ACRS 2A-10 CARF: Section 1.H		
<b>CHAPTER EIGHT (8)</b>  Safety and Emergency Procedures	<b>SECTION FOUR (4)</b>  Weapons and Concealed Firearms		
<b>EFFECTIVE</b>  July 18, 2013	<b>APPROVED</b> 		
<b>DATE OF BOARD REVIEW</b>  7/18/2013	<b>BOARD MEMBER SIGNATURE</b> 		

## I. POLICY

Heartland Center for Behavioral Change (HCBC) must keep its workplace safe for all persons. Although the State of Missouri allows certain qualified persons to carry concealed firearms, it is the policy of HCBC to prohibit weapons and concealed firearms on any agency property by any person other than authorized law enforcement or Probation and Parole personnel. HCBC also prohibits employees, volunteers, interns, and contractors from carrying a weapon and/or concealed firearm while conducting agency business, whether on or off agency premises.

This policy applies to all employees, contract and temporary staff, volunteers, interns, visitors, clients, and contractors on agency property, regardless of whether or not they are licensed to carry a concealed firearm. The only exceptions to this policy will be law enforcement or Probation and Parole personnel.

Persons who fail to abide by the HCBC policy will be subject to immediate removal from any agency premises. Employees, contractors, volunteers, and student interns found in non-compliance of this policy will be subject to discipline that may include immediate termination.

## II. DISCUSSION

The safety and well being of staff, clients, and other individuals on HCBC property is of primary concern. The program environments pose special safety issues in view of their size, the treatment components, and the nature of the clientele. It is of utmost importance that all safety related standards be well established and that the structure provides for the highest level of safety.

## III. DEFINITIONS

### A. Agency Property

Agency property covered by this policy includes, without limitation, all agency owned or leased buildings and surrounding areas such as sidewalks, walkways, driveways, and parking lots under the agency ownership or control. Agency vehicles are covered by this policy at all times regardless of whether they are on agency property at the time.

### B. Concealed Carry Endorsement

An endorsement on a driver's license or non-driver's license that identifies the person has received a certificate or qualification to carry concealed firearms issues pursuant to RSMo. 571.030.

### C. Weapon

As used in this policy, any form of weapon or explosive restricted under Missouri revised statute 571.030 and any local or federal regulation. This includes all firearms, knives, blackjack, or any other weapon readily capable of lethal use.

## IV. PROCEDURES

### A. Weapons and Concealed Firearms Prohibited

Weapons (as defined above) and concealed firearms are prohibited on agency premises except when carried by officials that have been properly identified as members of law enforcement who are carrying out law enforcement duties. Employees, volunteers, interns, and HCBC contractors with questions about this policy should contact a member of the management staff or Human Resources.

#### 1. Posting

Signage that prohibits the introduction of weapons and concealed firearms on HCBC premises shall be posted at the entrance(s) of each HCBC site. The signage shall be conspicuously displayed and shall conform to the requirements of law by being a minimum size

of eleven (11) inches by fourteen (14) inches with the writing thereon in letters of not less than one (1) inch.

2. Prohibition on Agency Premises

All persons who enter HCBC business premises, other than authorized, on-duty, law enforcement or Probation and Parole personnel, are prohibited from carrying a weapon, including concealed firearms, regardless of whether the person is licensed to carry the firearm or not.

3. Prohibition While Conducting Business

HCBC prohibits employees, volunteers, interns, and HCBC contractors from carrying weapons, including concealed firearms, while in the course and scope of performing their job for the agency whether they are on agency property at the time or not, and whether they are licensed to carry a firearm or not. Employees, volunteers, interns, and HCBC contractors may not carry a weapon or concealed firearm covered by this policy while performing any task on the agency's behalf.

B. Searches

When violations of this policy are suspected, HCBC shall reserve the right to search the suspect, the agency premises, and/or the person's property on agency premises in accordance with the agency policy regulating searches.

C. Violations

Violation of this policy shall be considered serious and, in addition to other sanctions, may result in an arrest and the filing of criminal charges.

1. When it is believed that a person is in possession of a weapon prohibited under this policy, he/she shall be asked to leave the premises and/or law enforcement shall be immediately summoned to take appropriate action to remove the person from the premises.
2. All staff shall be expected to abide by all terms and conditions of the policy described herein. Violation of any terms and conditions of the policy shall result in discipline up to and including termination.

3. Staff members are expected to immediately report any violation of this policy to a supervisor, member of management staff, or Human Resources.

D. Training

All staff shall receive and acknowledge training of this policy and orientation and annually thereafter as part of the annual in-service safety training.

V. **ATTACHMENTS/FORMS**

NONE

VI. **HISTORY**

Original: April 1, 2011  
Revised: July 18, 2013

## Reporting Injuries For HCBC Employee's

### Reporting Injuries

You must report all injuries immediately, even minor injuries! Call HCBC, Human Resources Department within 24 Hours of the occurring injury to report the incident.

**A Program Director or Supervisor** - must complete a *Critical Injury Report form* and submit it the same day as the occurrence of the accident, even if medical treatment is not sought.

**Employees** - Report any incident or injury to your supervisor immediately. All staff must be made aware of the importance of reporting injuries promptly.

### Getting Treatment For Injuries

The HR department should be notified prior to going to a clinic whenever possible. All employees will submit to a "Post Accident Drug & Alcohol Screen" by qualified medical personnel. If an employee uses a different facility during the below-mentioned facilities hours, the charges will not be paid by Workers' Compensation or HCBC. Indicate to the physician that this is a Worker's Compensation related injury. Instruct the physician to do a "Post Accident Drug & Alcohol screening", and to send all related medical bills to Heartland Center for Behavioral Change. If you receive any medical bills, doctor's reports, etc., on a claim, please forward them to HCBC HR Dept. immediately.

**Kansas City Area employees** should be taken to US Healthworks, 1650 Broadway, KCMO, during regular business hours. If an injury occurs after 5:00pm, they should be taken to Truman Medical Center Emergency Room. For emergency treatment before or after 5:00pm, Truman Medical Center Emergency Room should be used.

**Liberty and Independence employees** should be taken to US Healthcare, 6501 E. Commerce Ave., Suite 110, KCMO. If an injury occurs after 5:00pm, they should use the nearest medical facility emergency room if the injury requires emergency treatment or not.

If an employee is off work due to a Worker's Compensation related injury, report it to HCBC Benefits Department immediately. Also, notify HCBC immediately when the employee returns to work. The employee must submit a doctor's authorization requiring him/her to stay home and another releasing them to return to work. The employee must keep in touch with HCBC as to the status of their condition.

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT HUMAN RESOURCECES DEPT EXT. 1261**

## MISSOURI REIMBURSEMENT

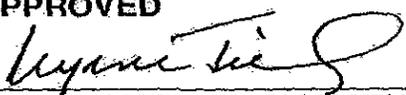
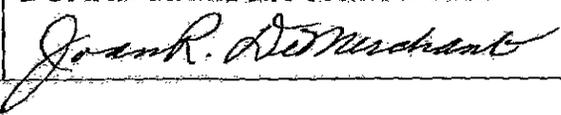
Worker's Compensation Insurance will pay all medical bills relating to an injury.

Heartland Center for Behavioral Change (HCBC) does not pay for any lost time due to work related injuries. And lost time does not have to be consecutive days. There is a three (3) day waiting period before workers' compensation will pay the employee for lost time. Workers' compensation will pay the initial three (3) days only if employee is off more than fourteen (14) days. During the waiting period, employee may use accrued leave time, if available; or take leave without pay.

After the first three (3) days, workers' compensation will pay employee 66<sup>2/3</sup> % of his average weekly income for Lost Time. This amounts to approximately the net pay of the employees' regular wages. Worker's Compensation benefits are not taxable.

For Worker's Compensation to cover an absence from work, the physician must have authorized it. If not, employee may use accrued leave time to cover it or take as leave without pay.

Timekeepers must report the type of leave taken due to a work related injury on all period end reports for payroll purposes.

<b>HCBC</b>	<b>POLICY AND PROCEDURES</b>	<b>NUMBER</b> 8.2	<b>PAGES</b> 16
<b>APPLICABILITY</b>  Agency - Wide	<b>REFERENCES</b>  ADA: 30-3.040 (7) ACA: 4-ACRS-4C-16, 4-ACRS-4E-16 CARF: Section 1H		
<b>CHAPTER EIGHT (8)</b>  Safety and Emergency Procedures	<b>SECTION ONE (1)</b>  Critical Incident Reporting		
<b>EFFECTIVE</b>  August 15, 2013	<b>APPROVED</b> 		
<b>DATE OF BOARD REVIEW</b>	<b>BOARD MEMBER SIGNATURE</b> 		

## I. POLICY

The Heartland Center for Behavioral Change (HCBC) is committed to providing quality care to all persons served. As part of HCBC's commitment, appropriate steps will be taken to identify and prevent events that are not consistent with routine care. All such events will be reported as a "Critical Incident" by staff members and may warrant significant review, action, and/or change in HCBC protocols and processes. In these situations, HCBC's administrative and quality review process will be used.

Any Critical Incident that is an unexpected occurrence resulting in the death or serious physical or psychological injury or the risk thereof to a consumer will be reviewed more closely and designated as "Sentinel Event." Upon the discovery of a sentinel event, HCBC will conduct a thorough review, a root-cause analysis, and will undertake the necessary steps to eliminate or substantially reduce the likelihood that a similar event will occur in the future. All sentinel events shall be reviewed and analyzed as an integral part of HCBC's Quality Improvement Plan.

## II. DISCUSSION

Incident notification and review is a fundamental element in incident management and vital to achieving improvements in consumer care and safety. By critically evaluating our services we are able to identify, treat, and respond to hazards and appropriately protect consumers and prevent further incidents.

### III. DEFINITIONS

- A. Critical Incidents – A Critical Incident is any situation, action, or result of an action that is not consistent with the routine care of an individual served, the routine services provided by HCBC, the routine operation of HCBC, or the safety and security of environments in which services are provided.
- B. Misuse of Funds or Property – Misuse of Funds or Property as defined in 9 CSR 10-5.200 is the misappropriation or conversion for any purpose of a consumer's funds or property by an employee or employees with or without the consent of the consumer, or the purchase of property or services from a consumer in which the purchase price substantially varies from market value.
- C. Neglect - Neglect as defined in 9 CSR 10-5.200, means the failure of an employee to provide reasonable or necessary services to maintain the physical and mental health of any consumer when that failure presents either imminent danger to the health, safety, or welfare of a consumer or a substantial probability that death or serious physical injury would result. This would include, but is not limited to, failure to provide adequate supervision during an event in which one consumer causes serious injury to another consumer.
- D. Physical Abuse – Physical Abuse as defined in 9 CSR 10-5.200 is the purposeful beating, striking, wounding, or injuring of any consumer by an employee. Physical abuse is also when an employee in any manner mistreats or maltreats a consumer in a brutal or inhumane manner or an employee handles a consumer with any more force than is reasonable for a consumer's proper control, treatment, or management.
- E. Root Cause Analysis- Root-Cause Analysis is a written review and analysis performed to determine what, if any, underlying errors, deficiencies and problems in a process and procedure allowed or caused a sentinel event to occur. A root-cause analysis includes a plan for improvement and a mechanism for monitoring the plan for improvement.
- F. Sentinel Event – A Sentinel Event is an unexpected occurrence that results in death or serious physical or psychological injury or the risk thereof to a consumer. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a reoccurrence would carry a significant chance of a serious adverse outcome.
- G. Serious Injury – Serious Injury as defined in 9 CSR 10-5.200 is any injury requiring medical inpatient hospitalization.

- H. Sexual Abuse – Sexual abuse of a consumer as defined in 9 CSR 10-5.200 is any touching, directly or through clothing, of a consumer by an employee for sexual purpose or in a sexual manner. This includes, but is not limited to, kissing; touching of the genitals, buttocks, or breasts; causing a consumer to touch the employee for sexual purposes; promoting or observing for sexual purpose any activity or performance involving consumers including any play, motion picture, photography, dance, or other visual or written representation; failing to intervene or attempting to stop inappropriate sexual activity or performance between consumers; and/or encouraging inappropriate sexual activity or performance between consumers.
- I. Verbal Abuse – Verbal Abuse as defined in 9 CSR 10-5.200 is making a threat of physical violence to a consumer by an employee, when such threats are made directly to a consumer or about a consumer in the presence of a consumer.

#### IV. PROCEDURES

A. Required Critical Incident Reporting

Critical incidents as identified in Attachment A, "Written Reporting Requirements," must be promptly reported by employees when known. The list provided in Attachment A is not inclusive. Staff should report of any incident that has the potential to cause serious harm or injury to any person.

The "Critical Incident Report" (Attachment B), must be completed in its entirety and shall include the following information:

- The date, time of the event and location with specific information such as a.m. or p.m.
- A narrative that describes the event, including a list of witnesses, and all action taken by staff.

B. Staff Responsibility for Prompt Reporting

1. When a staff member responds to a Critical Incident, s/he **must**:
  - Make an immediate verbal report to the supervisor (or Program Manager/Duty Officer, in his/her absence);
  - Prepare a Critical Incident Report (CIR), (Attachment B); and

- Submit the completed CIR to the supervisor prior to leaving duty.

2. All witnesses identified in the CIR **must**:

- Prepare a Witness Statement (Attachment C); and
- Submit the completed Witness Statement to the supervisor prior to leaving duty.

C. Supervisory Responsibility for Prompt Reporting

Upon notification of a critical incident, the supervisor **must**:

- Make an immediate verbal report to the Program Manager or designee;
- Follow the instructions of the Program Manager/designee in making required notifications to HCBC officials and contract representatives, as required;
- In the event of a safety incident during normal business hours, ensure the Safety Coordinator is notified, or during non-business hours, submit a copy of the CIR to the Safety Coordinator;
- In the event of a staff injury, complete the Supervisor's Report of Staff Accident/Injury and follow the requirements of HCBC Policy #3.27, Employee Accidents and Injuries;
- Investigate the incident as instructed;
- Ensure that the CIR (Attachment B) is completed by the reporting staff member before s/he departs duty;
- Ensure that all witnesses have completed a Witness Statement, (Attachment C) before staff witnesses depart duty; and
- Submit all documents to the Program Manager prior to leaving duty.

D. Program Manager Responsibility

The Program Manager has primary responsibility for the prompt reporting of critical incidents to HCBC officials and contract representatives. S/he is also responsible for the appropriate investigation and response to critical incidents.

When notified of a critical incident the Program Manager **must**:

- Promptly notify HCBC administrative officials, (i.e., supervising Vice President and President/CEO) of any event that falls within the definition of a "Sentinel Event;"
- Ensure the prompt notification of federal, state, and/or local officials as required by contracts;
- Initiate the prompt investigation of critical incidents;
- Promptly implement corrective action, as indicated;
- Review all reports and provide additional detail, including corrective action taken; and
- Submit all CIRs within one (1) business day to the supervising Vice President and the office of the President/CEO.

E. Supervising Vice President's Responsibility

The supervising Vice President is responsible for the review of all reports, and ensuring that appropriate corrective action is taken to minimize the possibility of future incidents.

When a CIR is submitted to the supervising Vice President, s/he **must**:

- Review the report noting approval of the action taken, or additional action that is required to reduce the likelihood of a recurrence;
- Initiate additional investigation of the incident when it appears warranted; and
- Submit the final report to the office of the President/CEO within five (5) business days.
- The report shall be subsequently submitted to the Vice President, Quality Improvement for review, recording, and retention.

F. Reporting Required by Contractual Agencies

1. Certain critical incidents must be reported to federal, state, and local contractual agencies, as identified in Attachment A.
2. The following incidents involving a DMH consumer must be reported to the Department of Mental Health (DMH) on the

Community Event Report form (Attachment D) within 24 hours of the occurrence:

- Neglect
  - Physical abuse
  - Sexual abuse
  - Verbal abuse
  - Misuse of funds or property
  - Death of a consumer
  - Medication error resulting in intervention or treatment and/or
  - Serious injury requiring medical inpatient hospitalization.
3. The supervising Vice President shall be responsible for ensuring that the form is submitted to the Department of Mental Health, as required.
  4. The President/CEO shall be notified and provided a copy of written report made to DMH.

G. Sentinel Events

1. Any critical incident that is an unexpected occurrence that results in the death or serious physical or psychological injury or serious physical or physiological injury or the risk thereof to a consumer shall be **immediately reported** as a "Sentinel Event" to the supervising Vice President and President/CEO by the Program Manager. The initial report may be made in person or by telephone.
2. The report of the Sentinel Event and supporting documentation shall be immediately forwarded to the President/CEO.
3. A "Sentinel Event Task Force," consisting of the President/CEO, the supervising Vice President, Vice President of Quality Improvement, Corporate Compliance/Risk Management Officer and other staff deemed as possessing the appropriate credentials to review the scope of care, shall be immediately convened by the President/CEO.
4. The Sentinel Event Task Force shall review all available information and determine whether a sentinel event has occurred. If a determination is made that a sentinel event has occurred, the CEO shall inform the Chair of the Board of Directors and make any mandated reports to the applicable contracting authorities.

5. Counsel may be contacted for assistance in the review of the sentinel event at the discretion of the President/CEO.
6. Within one (1) business day after a sentinel event has been identified, the Vice President, Quality Improvement, shall initiate a root cause analysis process.
7. All staff shall cooperate fully in the root cause analysis process.

H. Procedure for Root Cause Analysis

1. The Vice President, Quality Services shall direct the root cause analysis process. S/he shall be assisted by a Performance Review Team appointed by the Sentinel Event Task Force.
2. The President/CEO may request legal counsel to assist in the analysis.
3. The Performance Review Team (PRT) will promptly conduct a review and analysis of the sentinel event. The review and analysis process may include, but need not be limited to, the following:
  - interviewing HCBC personnel, including HCBC employees, who witnessed or have any knowledge/information regarding the sentinel event;
  - interviewing the direct care staff involved;
  - inspecting and/or reviewing all relevant material, equipment and devices and securing the same;
  - meeting with and interviewing the consumer and/or the family of the affected patient, as appropriate; and
  - reviewing the consumer record, the original of which shall be secured.
4. All root-cause analyses will consider human error, process deficiencies, systems issues, environmental factors, external factors, and leadership issues.
5. All information and documents generated as a result of the sentinel event, including but not limited to the initial report and findings and the root-cause analysis report, shall be maintained in strict confidence by the PRT.
6. A root-cause analysis report shall be prepared by the PRT and shall be forwarded to the President/CEO.

- a. The root-cause analysis report must include a description of the process that was followed by the PRT and must identify the individuals on the PRT by their position.
  - b. All interviews conducted, interview statements, documents reviewed and relied upon in completing the root cause analysis, and other material facts must be included in the report.
  - c. All documents relied upon in the root-cause analysis must be attached to the analysis report that is submitted to the President/CEO.
  - d. The report shall include recommendations to prevent further occurrence of the sentinel event.
7. The President/CEO shall review and discuss the report with the Sentinel Event Task Force. The task force may be aided in its review by legal counsel.
  8. The Sentinel Event Task Force will finalize an appropriate written plan of action to prevent further occurrence of the sentinel event. The plan of action will include requirements for ongoing monitoring and compliance, including specific time frames for such. The plan of action shall identify:
    - Who will implement the action;
    - When it will occur; and
    - How implementation will be monitored or evaluated including the monitoring and compliance schedule, protocol, and the procedure for implementation.

All monitoring and compliance efforts will be conducted within the larger framework and procedures of HCBC's quality improvement program.

9. The Sentinel Event Task Force may determine at any time in the process that the conduct of a staff member warrants corrective action pursuant to applicable human resources policies. In such a case, information gathered through the root-cause analysis will be shared with Human Resources and appropriate supervisory personnel unless the Sentinel Event Task Force determines that the sharing of information would jeopardize the protections that might otherwise be available for such information.

10. A summary of the sentinel event and action taken will be provided to the Quality Improvement Committee and HCBC Corporate Compliance Committee. Sentinel event data will be considered a critical indicator within the continuous quality improvement monitoring and risk management processes.
11. **All reports and information collected and considered in the review and analysis of the sentinel event shall be maintained in a confidential file by the President/CEO and shall be classified and marked as "Confidential, Peer Review Documents." Certain of these documents may also be marked as "Confidential, Attorney Work Product" or "Confidential, Attorney-Client Communication," as directed by legal counsel.**

I. Confidentiality of Critical Incident and Sentinel Event Reports

1. The confidentiality of consumers shall be protected when a critical incident or sentinel event occurs pursuant to HCBC HIPAA policy.
2. All critical incidents are considered confidential information and critical incident reporting forms and distributed copies are to be maintained in a safe and secure location by the staff member possessing them and are never to be reviewed by unauthorized personnel. All specific information related to the actual event will be contained within the appropriate forum of discussion and is not to be disclosed outside of formats authorized by policy and procedures.
3. Critical incident report forms are not to be filed in the medical record of persons provided substance abuse treatment services.

J. Quality Improvement Committee Review

1. Critical Incident reports shall be maintained by the Quality Improvement Department.
2. Information shall be recorded from critical incident reports by the Quality Services Department for the purpose of aggregate analysis.
3. The results of the aggregate analysis of critical incidents shall be reviewed quarterly by the HCBC Quality Improvement Committee. The focus of the review will be address the causes, trends, actions for improvement, results of performance improvement plans as applicable, training and education of personnel and actions taken for prevention of recurrence.

4. Confidentiality of Quality Improvement Data

Quality improvement data will be accessible only to members of the Quality Improvement Committee, staff members who are involved in a particular problem solving mechanism, the CEO and members of the Board of Directors. Individuals engaged in quality improvement activities must maintain the confidentiality of the information.

- a. Under no circumstances will quality improvement data sheets, records or reports be made a part of the consumer record. Reference to individual practitioners or consumers in any quality improvement report shall be impersonal in that individuals will be referred to by number or initials only.
- b. Sentinel Event reviews/reports, medical records reviews/reports and the Corporate Compliance investigation/reports will be treated as confidential material and protected from disclosure.

K. Staff Training

All staff will be trained in this policy. Additionally the completion of Incident Reports shall be a component of orientation training.

V. **ATTACHMENTS**

- A. Written Reporting Requirements
- B. HCBC Critical Incident Report
- C. Witness Statement
- D. DMH Community Event Reporting Form

VI. **HISTORY**

Original: April 1, 2011  
Revised: August 15, 2013

## WRITTEN INCIDENT REPORTING REQUIREMENTS

MANDATED REPORTING TO PROGRAM MANAGER	MANDATED REPORTING TO CONTRACTORS (As Applicable)	
	Bureau of Prisons (RRC) OR MO. Dept. of Corrections (CTU)	Dept. of Mental Health
<i>Note: Any critical incident (below) resulting in the death or serious physical or psychological injury or serious physical or physiological injury or the risk thereof to a consumer MUST be immediately reported as a "Sentinel Event" to the supervising Vice President and President/CEO by the Program Manager (or Correctional Duty Officer).</i>		
Accidents on premises (Notify BOP and DOC if more than first aid (Report to Safety Coordinator)	X	X
Accidents transporting consumers (Report to HR; Safety Coord.)	X	
Adverse events that may result in significant publicity	X	
Assault of staff or consumer on premises (Report to HR)	X	
Bomb threat	X	
Bribery (allegation against staff)	X	
Civil disturbance or protests	X	
Communicable disease requiring removal or quarantine	X	
Crime resulting in law enforcement response	X	
Damage to property (significant)	X	
Death of consumer resident; Death of consumer within 30 days of his/her discharge from a substance abuse program.	X	X
Death of staff member on duty (Notify HR)	X	
Disturbance	X	
Fire resulting in 911 call	X	
Food poisoning (alleged)	X	
Gang Activities	X	
Hazardous spill of materials	X	
Injury of consumer resulting in hospitalization	X	X
Injury of consumer on-site due to slip/fall or safety violation (Notify BOP/DOC if more than first aid is required) Report to Safety Coordinator)	X	
Injury to staff member on duty (Complete Supervisor's report of Staff Injury and follow policy #3.27; Notify HR and Safety Officer)	X	
Law Enforcement Visits	X	
Medication error resulting in intervention or treatment of consumer	X	X
Missing medication (Controlled Substance)	X	
Misuse of funds or property of a consumer	X	X
Natural disaster	X	
Neglect of a consumer (alleged)	X	X
Physical Abuse (alleged)	X	X
Sexual Abuse (alleged)	X	X
Staff Misconduct (alleged)	X	
Strip Searches	X	
Suicide Attempt or Gesture	X	
Use of force or restraint	X	
Verbal abuse of consumer (alleged)	X	X
Workplace Violence	X	

### HCBC CRITICAL INCIDENT REPORT

1. Program:	2. Persons Involved:	3. Date and Time of Incident:												
4. Where Did Incident Happen (be specific as to location)		5. Date and Time Incident was Reported:												
<b>6. Type of Incident:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Abuse of Client  <input type="checkbox"/> Accident  <input type="checkbox"/> Assault  <input type="checkbox"/> Bomb Threat  <input type="checkbox"/> Communicable Disease  <input type="checkbox"/> Death of Client  <input type="checkbox"/> Fire/911 Response  <input type="checkbox"/> Food Poisoning                 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Injury to Client  <input type="checkbox"/> Misuse of Funds  <input type="checkbox"/> Medication Error  <input type="checkbox"/> Medication Miscalculation  <input type="checkbox"/> Neglect  <input type="checkbox"/> Physical Abuse  <input type="checkbox"/> Property Damage  <input type="checkbox"/> Safety Violation                 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Safety Violation  <input type="checkbox"/> Serious Illness  <input type="checkbox"/> Suicide Gesture/Attempt  <input type="checkbox"/> Theft  <input type="checkbox"/> Use of Force  <input type="checkbox"/> Vehicular Accident  <input type="checkbox"/> Verbal Abuse Workplace Violence  <input type="checkbox"/> Workplace Violence                 </td> </tr> </table>			<input type="checkbox"/> Abuse of Client <input type="checkbox"/> Accident <input type="checkbox"/> Assault <input type="checkbox"/> Bomb Threat <input type="checkbox"/> Communicable Disease <input type="checkbox"/> Death of Client <input type="checkbox"/> Fire/911 Response <input type="checkbox"/> Food Poisoning	<input type="checkbox"/> Injury to Client <input type="checkbox"/> Misuse of Funds <input type="checkbox"/> Medication Error <input type="checkbox"/> Medication Miscalculation <input type="checkbox"/> Neglect <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Property Damage <input type="checkbox"/> Safety Violation	<input type="checkbox"/> Safety Violation <input type="checkbox"/> Serious Illness <input type="checkbox"/> Suicide Gesture/Attempt <input type="checkbox"/> Theft <input type="checkbox"/> Use of Force <input type="checkbox"/> Vehicular Accident <input type="checkbox"/> Verbal Abuse Workplace Violence <input type="checkbox"/> Workplace Violence									
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IMMEDIATE ACTIONS: <input type="checkbox"/> Ambulance called <input type="checkbox"/> Police called <input type="checkbox"/> Fire Department Called Time Called: _____                      Time Arrived: _____ News Media Involved: <input type="checkbox"/> YES <input type="checkbox"/> NO                      *NOTE: All media requests must be forwarded to Media Coordinator														
7. To Whom was Incident First Reported:	8. Date/Time of Verbal Notifications: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">Date</td> <td style="width: 20%; text-align: center;">Time</td> </tr> <tr> <td>Program Manager:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Safety Coord.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Contract Rep.</td> <td>_____</td> <td>_____</td> </tr> </table>			Date	Time	Program Manager:	_____	_____	Safety Coord.	_____	_____	Contract Rep.	_____	_____
	Date	Time												
Program Manager:	_____	_____												
Safety Coord.	_____	_____												
Contract Rep.	_____	_____												
9. Witnesses to Incident (staff and clients): Attach witness statements.														
10. Description of Incident (who, what, when, where, why): Attach relevant documentation and additional sheets if necessary.														
11. Action Taken:														
_____ Reporter's Printed Name, Signature, and Date:														
12. Program Manager's Action:	13. Date/Time of Verbal Notifications: (Required if Sentinel Event) <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">Date</td> <td style="width: 20%; text-align: center;">Time</td> </tr> <tr> <td>Vice President</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>President/CEO</td> <td>_____</td> <td>_____</td> </tr> </table>			Date	Time	Vice President	_____	_____	President/CEO	_____	_____			
	Date	Time												
Vice President	_____	_____												
President/CEO	_____	_____												
_____ Program Manager's Printed Name, Signature, Title, and Date:														
13. Vice President's Action:														
_____ Vice President's Printed Name, Signature, Title, and Date:														
RECEIVED BY QUALITY IMPROVEMENT:    DATE _____                      INITIALS _____														



Event #

DMH Use Only

PrintForm

**\*\*Please note all signatures are required to be original signatures. Please complete the form electronically, print, sign and submit to the department.\*\***

**Department of Mental Health  
EMT - Community Event Report Form - ADA/CPS**

Division (please select one):  Alcohol and Drug Abuse (ADA)  Comprehensive Psychiatric Services (CPS)

1. EVENT DATE & TIME:    AM  PM

2. DISCOVERY DATE & TIME:    AM  PM

3. EVENT LOCATION OR WHERE DISCOVERED:  
(Name of agency or location)

4. NAME OF PERSON/AGENCY INVOLVED IN EVENT:

Vendor Number (required)

5. EVENT CATEGORY: (Check One)  INCIDENT (Includes Death)  MEDICATION ERROR

6. PROGRAM CATEGORY PERTINENT TO EVENT:

ADA Only:  Adult or  Adolescent Choose a service type:

CPS Only:  Adult or  Youth Choose a service type:

7. REPORTABLE EVENT: All events identified below shall be recorded on this form and faxed within one (1) business day to the appropriate division, Division of Alcohol and Drug Abuse District Administrator or the Division of Comprehensive Psychiatric Services Supported Community Living Office.

- Death (All deaths, including those of consumers within 30 days post-discharge from residential programs.) If checked complete suspected manner (14)
  - Injury resulting in medical inpatient hospitalization. If checked, please complete 9, 10, and 11.
  - Elopement/ Unauthorized Absence (When absence raises reasonable concern for the safety of the consumer or others, or the consumer will not return. For ADA, this applies to adolescents and involuntary commitments only.) Return Date:  Time:  AM  PM
  - MEDICATION ERROR (Occurring in residential programs or programs in which medication is administered or self administration is observed by the agency.)
- Severity: (SELECT ONE)
- Moderate: Treatment and/or interventions in addition to monitoring or observation
  - Serious: Life threatening and/or permanent adverse consequences
- Medication Error Category:
- Failure to Administer
  - Wrong Form
  - Wrong Medication
  - Wrong Person
  - Wrong Dose
  - Wrong Route
  - Wrong Time
  - No Physician Order
- Reason:
- Alleged or Suspected Abuse, Neglect, or Misuse of Funds/Property
- Select Type: (all that apply)  Verbal Abuse  Physical Abuse  Sexual Abuse  Neglect  Misuse of Funds/Property
- If Physical Abuse, Verbal Abuse, Sexual Abuse, Misuse of Consumer Funds/Property or Neglect is alleged by a consumer or suspected by staff, report this immediately by verbal or written report and follow all other procedures described in 9 CSR 10-6.200.

8. PERSONS INVOLVED:	Relationship	Role	DMH State # (for consumers)	Date of last Services (for consumers)
Please PRINT (attach pages if necessary)				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship Types: Consumer, Parent, Guardian, Staff, Visitor, Volunteer, Other (PLEASE SPECIFY)  
 Role Types: Complainant, Perpetrator, Victim, Witness, Other (PLEASE SPECIFY)

**9. INJURY TYPE (SELECT ONE)**  Accident  Consumer Inflicted  Other Inflicted  Self Inflicted  Staff Inflicted  Unknown

**10. INJURY DESCRIPTION (CHECK ALL THAT APPLIES)**

<input type="checkbox"/> Abrasion	<input type="checkbox"/> Puncture
<input type="checkbox"/> Bite	<input type="checkbox"/> Scratches
<input type="checkbox"/> Burn	<input type="checkbox"/> Strain/Sprain
<input type="checkbox"/> Complaint of Pain	<input type="checkbox"/> Swelling
<input type="checkbox"/> Contusion/Bruise	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Dislocation	
<input type="checkbox"/> Fracture/Break	
<input type="checkbox"/> Frostbite	
<input type="checkbox"/> Heat related illness	
<input type="checkbox"/> Laceration/Cut	

**11. INJURED BODY PARTS (CHECK ALL THAT APPLY)**

<input type="checkbox"/> Head	<input type="checkbox"/> Shoulder - Right	<input type="checkbox"/> Lower Abdomen
<input type="checkbox"/> Face	<input type="checkbox"/> Shoulder - Left	<input type="checkbox"/> Waist
<input type="checkbox"/> Eye - Right	<input type="checkbox"/> Upper Arm - Right	<input type="checkbox"/> Hip - Right
<input type="checkbox"/> Eye - Left	<input type="checkbox"/> Upper Arm - Left	<input type="checkbox"/> Hip - Left
<input type="checkbox"/> Ear - Right	<input type="checkbox"/> Elbow - Right	<input type="checkbox"/> Genitals
<input type="checkbox"/> Ear - Left	<input type="checkbox"/> Elbow - Left	<input type="checkbox"/> Buttock - Right
<input type="checkbox"/> Nose	<input type="checkbox"/> Forearm - Right	<input type="checkbox"/> Buttock - Left
<input type="checkbox"/> Mouth	<input type="checkbox"/> Forearm - Left	<input type="checkbox"/> Thigh - Right
<input type="checkbox"/> Teeth	<input type="checkbox"/> Wrist - Right	<input type="checkbox"/> Thigh - Left
<input type="checkbox"/> Neck	<input type="checkbox"/> Wrist - Left	<input type="checkbox"/> Knee - Right
<input type="checkbox"/> Upper Back	<input type="checkbox"/> Hand - Right	<input type="checkbox"/> Knee - Left
<input type="checkbox"/> Chest	<input type="checkbox"/> Hand - Left	Other: <input type="text"/>

**FINGERS**

<input type="checkbox"/> Thumb - Right	<input type="checkbox"/> Index - Right	<input type="checkbox"/> Middle - Right	<input type="checkbox"/> Ring - Right	<input type="checkbox"/> Little - Right
<input type="checkbox"/> Thumb - Left	<input type="checkbox"/> Index - Left	<input type="checkbox"/> Middle - Left	<input type="checkbox"/> Ring - Left	<input type="checkbox"/> Little - Left

**TOES**

<input type="checkbox"/> Big - Right	<input type="checkbox"/> 2nd - Right	<input type="checkbox"/> 3rd - Right	<input type="checkbox"/> 4th - Right	<input type="checkbox"/> Little - Right
<input type="checkbox"/> Big - Left	<input type="checkbox"/> 2nd - Left	<input type="checkbox"/> 3rd - Left	<input type="checkbox"/> 4th - Left	<input type="checkbox"/> Little - Left

Event or  Discovery Date and Time   AM  PM

**12. NOTIFIED:**

	Name of Person Contacted	Date	Time
<input type="checkbox"/> Family or Guardian			<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Physician			<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Law Enforcement			<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Dept. of Mental Health			<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> DSS Children's Division			<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> DHSS			<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> 911			<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Other (Coroner or M.E.)			<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Other			<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Other			<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Other			<input type="checkbox"/> AM <input type="checkbox"/> PM

**13. EVENT DESCRIPTION:** Describe what happened and interventions used by staff.

Attach additional pages if necessary.

14. IMMEDIATE ACTION TAKEN BY AGENCY AND ACTION STEPS TO PREVENT REOCCURANCE: (To be completed by agency management if action was required.)

If a death occurred: Suspected Manner of Death  ACCIDENT  HOMICIDE  NATURAL  SUICIDE  UNDETERMINED

Is an Autopsy being performed?  YES  NO  UNKNOWN If Yes, list Coroner/ Medical Examiner:

15. SIGNATURE --REPORTER: Agency Name:

Reporter's Signature:  Print Reporter's Name:

Date Reporter Signed:  Phone Number:

\*\*\*Please note all signatures are required to be original signatures. Please complete the form electronically, print, sign and submit to the department\*\*\*

To be Completed by Department of Mental Health Staff

16. ACTION/ COMMENTS

- Incident Type:
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Consumer Self Harm<br><input type="checkbox"/> Violation of Consumer Rights<br><input type="checkbox"/> Consumer struck object resulting in injury<br><input type="checkbox"/> Fall<br><input type="checkbox"/> Fire | <input type="checkbox"/> In appropriate language by staff toward consumer<br><input type="checkbox"/> Medical emergency-Consumer<br><input type="checkbox"/> Misuse of consumer funds/property<br><input type="checkbox"/> Physical altercation-between consumers<br><input type="checkbox"/> Physical altercation-consumer & non-staff<br><input type="checkbox"/> Physical altercation-Staff & Consumer<br><input type="checkbox"/> Possession of Weapon<br><input type="checkbox"/> Property loss/destruction | <input type="checkbox"/> Sexual conduct-consumer/non-consensual<br><input type="checkbox"/> Sexual conduct-staff & consumer<br><input type="checkbox"/> Suicide attempt<br><input type="checkbox"/> Theft by consumer<br><input type="checkbox"/> Vehicular accident<br><input type="checkbox"/> Other |
|---|--|--|

If other selected, please explain:

Was the event a Critical Incident?  YES  NO If yes to either question, must be entered into EMT within 24 hours.

Suspicion or Allegation of Abuse, Neglect or Misuse of Consumer Funds/ Property?  YES  NO

Decision:  Inquiry  Local Review  Death Review  No Action Taken Result:  Accepted  Declined  
 CD Investigation Required

Notes:

Check any of the following contacts that are required:  
 DMH Facility Head  Parent/ Guardian  Local Law Enforcement  DHSS  DSS

Signature of DMH Staff:  Date:

Additional Notes: