



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

CHILD CARE SANITATION PROGRAM INSPECTIONS PARTICIPATION AGREEMENT

AGREEMENT NUMBER		O.A. VENDOR NUMBER	
FUNDING SOURCE			
FEDERAL AGENCY NAME		STATE %	FEDERAL %
FEDERAL AWARD YEAR		RESEARCH & DEVELOPMENT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SUBJECT TO A-133 REQUIREMENTS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
FEDERAL AWARD NUMBER		CFDA NUMBER	CFDA TITLE
FEDERAL AWARD NAME			

- This agreement is entered into by and between the State of Missouri, Department of Health and Senior Services (hereinafter referred to as the Department) and the below named Provider, for the purpose of conducting environmental child care inspections and enforcing expeditious correction of defects in child care facilities.
- This agreement shall consist of this form and the attached Terms and Conditions document which are incorporated herein by reference.
- This agreement shall be effective for the period of October 1, 2007 through September 30, 2010.
- The Provider shall:
 - Perform sanitation inspections at all licensed and inspected child care facilities designated by the Department. All inspections are to be conducted in accordance with the Environmental Health Operational Guidelines (EHOG) Section 4 Child Care Sanitation inspections.
 - Conduct Annual Sanitation Inspections for existing child care facilities at least 30 days prior to the due date in response to a request for child care inspection, using BCC-34, for family child care homes or BCC-35 for licensed centers, group homes and inspected facilities.
 - Conduct Re-inspections of existing child care facilities not approved as a result of the annual inspection, by the inspection due date on the request, using the appropriate form (BCC-34 or BCC-35)
 - Conduct Special Circumstance Sanitation Inspections as they arise following the procedure outlined in the EHOG Section 4.
 - Submit a complete and legible original sanitation inspection form (BCC-34 or BCC-35) for each inspection, annual, re-inspection or Special circumstance within 10 working days following the date of each inspection to the appropriate SCCR district office. The Department will provide the required forms to the Provider.
- Payment may not be made for more than _____ annual inspections without prior approval from the Department. Additionally, the Provider shall receive payment for special circumstance inspections only upon prior approval by the Department. Each annual, re-inspection, and special circumstance inspection report received and approved by the Department will be reimbursed at a fixed rate of \$80 each for annual inspections, \$45 for each re-inspection, \$30 per hour for each special circumstance inspection and \$25 for responding to a request for inspection and the facility is closed. The Department shall have no obligation to pay any invoice that is not received in accordance with the requirements of this agreement in its entirety.
 - The Provider shall submit a quarterly invoice for all inspections performed and reported during the quarter within thirty (30) calendar days following the end of the quarter, unless prior written approval has been made by the Department. The invoice shall be submitted on the Department's standard DH-38 billing form and shall include the agreement number and vendor number. In addition to the DH-38, the provider shall provide a completed Reimbursement Request for Child Care Sanitation Inspection (BCC-38) along with copies of the Request for Child Care Inspection and Sanitation Inspection Report (BCC-34 or BCC-35). Quarterly invoices shall be sent to: The Department of Health and Senior Services, Bureau of Environmental Regulation and Licensure, 930 wildwood, PO Box 570, Jefferson City, MO 65102-0570. If a request by the Provider for payment is denied, the Department shall provide the Provider with written notice of the reason(s) for denial.

PROVIDER NAME (PLEASE TYPE)		PAYMENT MAILING ADDRESS (STREET, CITY, STATE, ZIP)	
NAME OF AUTHORIZED REPRESENTATIVE			
SIGNATURE OF PROVIDER OR REPRESENTATIVE	DATE	E-MAIL ADDRESS	
FEDERAL TAX I.D. OR SOCIAL SECURITY NO.	STATE LICENSE NO. (IF APPLICABLE)	TELEPHONE NUMBER	

PROVIDER ENROLLMENT APPROVED		
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES, DIVISION OF ADMINISTRATION DIRECTOR OR DESIGNEE	TITLE Director or Designee, Division of Administration	DATE



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6. The provider shall assure that all inspectors meet the requirements for an Environmental Public Health Specialist as defined by the Missouri state Merit System.
7. The provider shall assure that all inspectors attend classroom training annually. This training will be provided by the Department.
8. The Department will not reimburse the provider for any inspections conducted by an inspector, prior to completion of initial child care sanitation training. This training may include distance learning, classroom, and in the field training. Training is to be conducted in accordance with the EHO, Section 4.
9. This agreement expresses the complete agreement of the parties and shall supersede all previous communication, representations or agreements, either verbal or written, between the parties. Performance shall be governed solely by the terms and conditions contained in this agreement. By signing below, the Provider and Department agree to all terms and conditions set forth in this agreement.