



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

COMPLAINT INVESTIGATION OF SUBSTANTIATED STATUTE OR RULE VIOLATIONS

DATE OF REPORT

1/4/2018

DVN

002538829

FACILITY NAME

MY FRIEND'S HOUSE, LLC.

FACILITY ADDRESS

19 NEW SUGAR CREEK RD

CITY

FENTON

ZIP CODE

63026-4459

PHONE NUMBER

(636) 283-8830

COUNTY

JEFFERSON

ASSIGNED SPECIALIST

RILEY, ALYSSA MARIE

RULE/STATUTE VIOLATION(S)

VIOLATION(S)

19 CSR 30-62.192 (5)(A)

In case of accident or injury to a child, the provider shall notify the parent(s) immediately. If the child requires emergency medical care, the provider shall follow the parent(s) written instructions.

19 CSR 30-62.192 (5)(B)

Information regarding the date and circumstance of any accident or injury shall be noted in the child's record.

CONCLUSION SUMMARY

Based on the interviews with staff members on January 5, 2018, the allegation that Parent of Child A was not notified immediately of an accident or injury is substantiated.

Ms. Emily stated that she noticed a mark on Child A's mouth but did not document the mark on an accident or injury report and notified mom at pick-up. Director, Ms. Tanya acknowledged that other staff noticed a mark on Child A's face and did not document or notify the parent immediately of the mark.

CORRECTIVE MEASURES

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The facility shall conduct a staff meeting to review the center's policies and all licensing rules and regulations regarding accidents and injuries. The facility must provide the Section for Child Care Regulation with a statement, signed by all staff (paid employees or unpaid volunteers), to indicate they understand and agree to follow those rules and regulations. The statement shall be submitted to CCFS Alyssa Riley no later than March 30, 2018.

COMPLETED (Y/N)

Yes

COMPLETED DATE

8/8/2018

DISPOSITION

SUBSTANTIATED

DISPOSITION DATE

3/6/2018

APPROVING SUPERVISOR

CLARK, ANGELA