



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

COMPLAINT INVESTIGATION OF
SUBSTANTIATED STATUTE OR RULE VIOLATIONS

DATE OF REPORT
6/4/2019

DVN
002705326

FACILITY NAME

FIRST STEPS DAYCARE

FACILITY ADDRESS

209 N CARLETON ST

CITY

FARMINGTON

ZIP CODE

63640-1343

PHONE NUMBER

(573) 756-4204

COUNTY

ST FRANCOIS

ASSIGNED SPECIALIST

TUSCHHOFF, RONDA

RULE/STATUTE VIOLATION(S)

VIOLATION(S)

19 CSR 30-60.060 (11)

In case of an accident or injury to a child, the provider shall notify a parent immediately. If a child requires emergency medical care, a parent's prior written instructions shall be followed. A form shall be completed indicating the circumstances and the date and time of the injury. The form shall be signed by the caregiver and his/her supervisor. A copy of the form shall be given to the parent the day of the accident or injury and necessary explanations shall be given. The form shall be filed in the child's record.

CONCLUSION SUMMARY

The Section for Child Care Regulation has determined this report of a rule violation to be substantiated based upon Child Care Facility Specialist Ronda Tuschhoff's interview with Director Jennifer Skinner.

On June 10, 2019, Director Jennifer Skinner told Child Care Facility Specialist Ronda Tuschhoff that accidents/injuries are documented on parent sheets that are sent home, but not retained in the file. She continued by saying she immediately texts parents concerning any accidents/injuries to their children. She and the staff do not complete accident/injury reports other than the daily sheets that are sent home with the children. Next, she confirmed that parents are not given accident/injury reports to sign. Finally, she verified there are no accident/injury reports in the children's files.

CORRECTIVE MEASURES

CORRECTIVE MEASURE

All staff must review the license exempt rules pertaining to accident/injury reporting and documentation. A statement must be submitted to the Section for Child Care Regulation with all staff signatures verifying they have read and understand the rules pertaining to accident/injury reporting/documentation.

COMPLETED (Y/N)

Yes

COMPLETED DATE

8/19/2019

CORRECTIVE MEASURE

The facility must submit a copy of their proposed accident/injury report to the Section for Child Care Regulation for review.

COMPLETED (Y/N)

Yes

COMPLETED DATE

8/19/2019

DISPOSITION

SUBSTANTIATED

DISPOSITION DATE

8/7/2019

APPROVING SUPERVISOR

TODARO, KAYLA