

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION DATE OF REPORT **OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE** 9/14/2017 COMPLAINT INVESTIGATION OF DVN SUBSTANTIATED STATUTE OR RULE VIOLATIONS

002462900

FACILITY NAME

KIDSPLAY, LLC

FACILITY ADDRESS

2949 HIGHWAY K

СІТҮ	ZIP CODE	PHONE NUMBER	COUNTY
O FALLON	63368-7862	(636) 379-9494	ST CHARLES

ASSIGNED SPECIALIST

WILMESHER, LAURA

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.

CONCLUSION SUMMARY

Child Care Facility Specialist (CCFS) Laura Rogers conducted an investigation regarding the allegation that Child A came home from Kidsplay, LLC with a Band-Aid covering an injury on his hand and that the parents of Child A were not notified of the injury. After conducting the investigation, CCFS Rogers finds this allegation is substantiated. On September 15, 2017, Child Care Facility Specialist (CCFS) Laura Rogers conducted an unannounced inspection of the facility. During the inspection, the facility provided CCFS Rogers with a copy of the incident report which was written for Child A. The incident report was written for an injury that occurred to Child A on August 4, 2017, and the report was written on August 28, 2017, and stated that Child A fell and cut his hand on the mulch while playing on the outdoor playground, and that Ms. Nicole applied a Band-Aid to the cut and gave TLC to Child A. The incident report was signed by Parent of Child A on August 28, 2017. It was also documented in the incident report that Ms. Nicole was spoken to about proper procedures to follow when a child gets hurt at the facility. CCFS Rogers also observed a typed documentation of a conversation that took place on September 13, 2017, between Ky Ngo (LLC managing member), Jaimie Simmes (director), and Parent of Child A. It was documented that Jaimie Simms had stated the incident report was written and signed by the Parent of Child A a couple weeks after the incident.

CORRECTIVE MEASURES

CORRECTIVE MEASURE		COMPLETED (Y/N)	COMPLETED DATE
The facility shall conduct a staff meeting to review the center's policies and all		Yes	1/19/2018
licensing rules and regulations regarding 19 CS	SR 30-62.192 (5) Health		
Care/Accidents, Injuries and Emergency Medic	al Care. The facility must provide		
the Section for Child Care Regulation with a sta	atement, signed by all staff (paid		
employees or unpaid volunteers), to indicate th	ey understand and agree to follow		
those rules and regulations. These statements	shall be submitted to CCFS Laura		
Rogers b December 15, 2017.			
DISPOSITION	DISPOSITION DAT	E	
SUBSTANTIATED	11/28/2017		
APPROVING SUPERVISOR			
SMITH, NANCY			