



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

**COMPLAINT INVESTIGATION OF
SUBSTANTIATED STATUTE OR RULE VIOLATIONS**

DATE OF REPORT
3/15/2019

DVN
002727044

FACILITY NAME

CHILDREN'S LEARNING CENTER

FACILITY ADDRESS

2713 CAPETOWN VILLAGE RD

CITY

HIGH RIDGE

ZIP CODE

63049-2405

PHONE NUMBER

(636) 677-8101

COUNTY

JEFFERSON

ASSIGNED SPECIALIST

WILMESHER, LAURA

RULE/STATUTE VIOLATION(S)

VIOLATION(S)

19 CSR 30-62.192 (2)(B)

Each child's parent(s) shall be notified immediately when any contagious disease occurs in the facility.

CONCLUSION SUMMARY

Child Care Facility Specialist (CCFS) Laura Wilmesher conducted an investigation regarding the allegation that the facility does not advise parents when any contagious diseases are going around the daycare. After conducting the investigation, CCFS Wilmesher finds this allegation is substantiated. This conclusion is based on the following evidence:

On March 21, 2019, CCFS Wilmesher conducted interviews with director, Julie Hawkins and assistant director, Goldie Forrester. Julie Hawkins stated that they do not notify parents if a contagious disease occurs within the facility, and that she thought she was not allowed to notify parents of contagious disease due to HIPAA. Goldie Forrester stated that if they know a child was diagnosed with a contagious disease, and they observe other children showing signs of the same illness, they would inform the parents of the children showing the same symptoms, but not inform the other parents in the facility.

On March 22, 2019, CCFS Wilmesher received a letter from director Julie Hawkins which stated that all staff members have been notified that when anyone reports a contagious disease, they will notify management and management will post the information in the front foyer near the sign in and out sheet.

CORRECTIVE MEASURES

CORRECTIVE MEASURE

The facility shall develop a plan on how they will implement notifying parents immediately when any contagious disease is known within the facility. Provider shall submit a copy in writing of the plan to SCCR/CCFS Laura Wilmesher.

COMPLETED (Y/N)

Yes

COMPLETED DATE

3/22/2019

DISPOSITION

SUBSTANTIATED

DISPOSITION DATE

5/7/2019

APPROVING SUPERVISOR

SMITH, NANCY