



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

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

**DATE OF REPORT**

8/26/2020

**DVN**

002546954

**FACILITY NAME**

STONEBROOKE KIDZ ACADEMY

**FACILITY ADDRESS**

500 GW LANE STREET

**CITY**

WAYNESVILLE

**ZIP CODE**

65583

**PHONE NUMBER**

(573) 774-3522

**COUNTY**

PULASKI

**ASSIGNED SPECIALIST**

KOETTING, SHELBY N

**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**

Based on statements made by staff member, MacKenzie Atterberry, and director, Jeanie Rowden, as well as Parents of Child A and B, this allegation will be substantiated because the facility failed to appropriately complete an accident report for the incident on July 29. The parents of Child A and Child C received messages through the facility's app, Brightwheel, in place of receiving a paper version of the accident report. The accident reports were not signed by the parents or the supervisor on duty at the time of the incident.

**CORRECTIVE MEASURES**

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The facility shall establish a policy regarding accidents, injuries, and incident reporting to reflect the requirements set forth by the Section for Child Care Regulations License-Exempt Child Care Facility Rules. A staff meeting shall be conducted to review the policy and to review rule 19 CSR 30-60.060 (11). The facility must provide the Section for Child Care Regulation with the policy and a signed statement by all staff to indicate they understand and agree to follow the rules and policy set forth.

**COMPLETED (Y/N)**

Yes

**COMPLETED DATE**

11/2/2020

**DISPOSITION**

SUBSTANTIATED

**DISPOSITION DATE**

10/29/2020

**APPROVING SUPERVISOR**

TODARO, KAYLA