



**MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE
 COMPLAINT INVESTIGATION OF
 SUBSTANTIATED STATUTE OR RULE VIOLATIONS**

DATE OF REPORT
12/13/2018

DVN
000654000

FACILITY NAME

NUBIAN KINGS & QUEENS INHOME CHILD CARE CENTER

FACILITY ADDRESS

2236 DODIER ST

CITY

ST LOUIS

ZIP CODE

63107-3409

PHONE NUMBER

(314) 588-9069

COUNTY

ST LOUIS CITY

ASSIGNED SPECIALIST

WALLACE, SHALINDA

RULE/STATUTE VIOLATION(S)

VIOLATION(S)

19 CSR 30-61.045 (3)(U)

The number and ages of children a family day care home is authorized to have in care at any one time shall be specified on the license and shall not be exceeded except as permitted within these rules.

19 CSR 30-61.105 (2)(A)

If there is one (1) adult provider, the home may be licensed for up to six (6) children including a maximum of three (3) children under age two (2), or for up to ten (10) children including a maximum of two (2) children under age two (2), or both. If only four (4) children are present, all the children may be under the age of two (2).

CONCLUSION SUMMARY

The allegation is that from August 3-13, 2018, between 2:30pm-3:15pm, Erina Shannon was over capacity and exceeded license limitations when 13 children were in care and 3 of those children were under 2 years of age. Ms. Erina Shannon stated that she was trying to help a single mother of four out during that time and allowed her to bring her children which put her over ratio. She stated that the children no longer attend the daycare and that she will allow this to happen again. Based on information provided by Ms. Erina Shannon, this allegation will be substantiated.

CORRECTIVE MEASURES

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The day care provider and all assistants shall review the current license for the family home and the Licensing Rules for Family Child Care Homes in regards to licensing capacities. After review of these two documents, a statement shall be sent to SCCR indicating that the current license and the Licensing Rules for Family Child Care Homes have been reviewed and that the provider and assistants understands the limitations specified on the license and agrees to follow those limitations. The statement shall be signed by the provider and all assistants.

COMPLETED (Y/N)

Yes

COMPLETED DATE

4/26/2019

DISPOSITION

SUBSTANTIATED

DISPOSITION DATE

2/8/2019

APPROVING SUPERVISOR

AHLEMEYER, CARON