



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

DATE OF REPORT
11/21/2017

DVN
001890468

FACILITY NAME
PRIME TIME, INC

FACILITY ADDRESS
5181 WARREN RD

CITY
IMPERIAL

ZIP CODE
63052

PHONE NUMBER
(636) 464-7476

COUNTY
JEFFERSON

ASSIGNED SPECIALIST
CRABTREE, CHAZ

RULE/STATUTE VIOLATION(S)

VIOLATION(S)

19 CSR 30-62.082 (1)(A)

The premises shall be safe and suitable for the care of children.

19 CSR 30-62.082 (1)(C)

Children shall have no access to areas not approved for child care.

19 CSR 30-62.082 (2)(A)(6)

Walls, ceilings and floors shall be finished with material which can be cleaned easily and shall be free of splinters, cracks and chipping paint. Floor covering shall be in good condition. Lead-free paint shall be used for all painted surfaces.

CONCLUSION SUMMARY

The allegation that Child A went into the kitchen alone and got a knife out of the drawer and cut his finger is substantiated . During the investigation, Child A, Parent A, Grandparent A, Krystal Craig, Center Director, Ashley Colaiacovo and Debra Carter, caregivers were interviewed.

Child A stated that he went in the kitchen at school because he wanted to get in his mom 's classroom (she is a caregiver at the facility), and he hurt his thumb from a knife on the kitchen counter at school. Krystal Craig stated that Child A was allowed to go into the kitchen momentarily with caregiver, Debra Carter, because Parent A could not handle a classroom and Child A's constant need for attention from her simultaneously. Debra Carter stated that while she was in the kitchen, Parent A picked up Child A and physically placed him in the kitchen because Parent A could not control him . Debra stated she immediately put Child A back in the classroom and told Parent A that Child A could not stay in the kitchen . Grandparent A stated that she observed a knife on the kitchen counter around 2:00pm the day Child A was injured. Grandparent A provided CCFS Crabtree with a picture of the knife. Parent A stated that when she woke up Child A from napping, she found blood on Child A's clothes, running down his arm and on his blanket. Parent A provided CCFS Chaz Crabtree with pictures of Child A's injury. One picture shows a cut on Child A's thumb, and the second picture, shows Child A's hand with blood on his thumb, palm and two other fingers, as well as a cut on the thumb.

During the investigation, Parent A stated that Director, Krystal Craig told her that where Child A naps there were two small finishing nails and a broken piece of plastic wall corner covering. The facility provided pictures to CCFS Crabtree, of wall trim with nails protruding, and a broken plastic edge on the wall. The medical examination report for Child A from Urgent Care, dated November 7, 2017, states that the reason for the visit according to Parent A, was "mom said cut his thumb from a nail". The facility provided an incident report to CCFS Crabtree, dated November 7, 2017, 12:30pm, completed by Ashley Colaiacovo and signed by Ashley and signed by Parent A, stating: "During naptime Child A was climbing on the cots & in the window to the 2s room & cut his hand on a nail, or the plastic wall strip."

Due to inconsistent statements between all persons interviewed, it is unclear whether Child A received a cut from a knife in the kitchen, or from the nails and broken plastic edge on the wall in the classroom, but he was injured at the facility according to all information provided. Child A was allowed in the kitchen of the facility, and a picture of a knife on the kitchen counter was provided by Grandparent A. The facility provided pictures of nails protruding from the wall and a broken plastic piece.

CORRECTIVE MEASURES

CORRECTIVE MEASURE The facility shall conduct a staff meeting to review the center's policies and all licensing rules and regulations regarding children not having access to unapproved areas. The facility must provide the Section for Child Care Regulation with a statement, signed by all staff (paid employees or unpaid volunteers), to indicate they understand and agree to follow those rules and regulations.	COMPLETED (Y/N) Yes	COMPLETED DATE 2/20/2018
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CORRECTIVE MEASURE All walls shall be in good condition. The facility shall provide documentation, to show there are no protruding finishing nails on the wall, and that the broken piece of plastic wall corner covering has been repaired.	COMPLETED (Y/N) Yes	COMPLETED DATE 2/20/2018
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DISPOSITION SUBSTANTIATED	DISPOSITION DATE 1/19/2018
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APPROVING SUPERVISOR CLARK, ANGELA
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