



**Missouri Department of Health and Senior Services**

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

**Margaret T. Donnelly**  
Director



**Jeremiah W. (Jay) Nixon**  
Governor

August 17, 2011

Wondering Minds Preschool, LLC  
3315 Meramec  
St. Louis, MO 63118

SUBJECT: Wondering Minds Preschool, LLC

Dear Kathlyn Banks,

As you are aware, the Section for Child Care Regulation (SCCR) received a complaint alleging rule violation(s) at your facility on <sup>8/17/11</sup> ~~July 14, 2011~~. The allegation(s), the details of the investigation, the substantiated licensing rule violations(s), and correction(s) for compliance with licensing rules are included on the enclosed Substantiated Complaint BCC-50 form.

Substantiated allegations are placed in the facility's public licensing record retained in the SCCR district office. You may reply to this report in writing. If you choose to reply, your response will be filed with the report in the facility's licensing record. We welcome any questions at (314)877-0219.

Sincerely,

Shelley Truesdale  
Child Care Facility Specialist

Enclosure

[www.health.mo.gov](http://www.health.mo.gov)

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES  
SECTION FOR CHILD CARE REGULATION

DATE OF REPORT  
8/8/11

**SUBSTANTIATED COMPLAINT  
OF STATUTE OR RULE VIOLATIONS**

FACILITY TYPE  
 HOME  
 GROUP HOME/CENTER  
 INSPECTED  
 UNLICENSED MORE THAN FOUR

FACILITY NAME  
Wondering Minds

FACILITY NUMBER  
002234022

STREET ADDRESS  
3315 Meramec

CITY St. Louis	ZIP CODE 63118	PHONE (314)481-7676	FACILITY COUNTY St. Louis City
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REPORTER: <input type="checkbox"/> NAMED <input checked="" type="checkbox"/> WITHHELD BY REQUEST <input type="checkbox"/> ANONYMOUS	REPORT MADE: <input type="checkbox"/> IN PERSON <input checked="" type="checkbox"/> PHONE <input type="checkbox"/> WRITTEN
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REPORTER NAME \_\_\_\_\_ REPORTER PHONE \_\_\_\_\_

REPORTER ADDRESS (STREET, CITY, STATE, ZIP CODE)

RECEIVED BY Brooke Poskin	ASSIGNED TO Shelley Truesdale	SUPERVISOR Marcia Walmsley
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**ALLEGATION(S) OF STATUTE/RULE(S) VIOLATION(S)** Attach pages as needed.

Facility transports - without permission - 7 children ages 2-5 years without car seats.

**SUMMARY OF INVESTIGATION** Attach pages as needed.

On August 12, 2011, I conducted an unannounced inspection of the facility and observed that Child A and Child B's enrollment forms indicated that transportation was not permitted by parent. The facility director, Kathryn Banks, stated that she picks these children up from their home. Ms. Banks also stated that she has one car seat for Child C (dob 8/15/08) and no booster seats for the other five children that she currently transports. All five children require booster seats.

**DISPOSITION: SUBSTANTIATED** List statute number or rule number(s) of substantiated violation(s).

19 CSR 30-62.212(1)(B) Written parental consent shall be on file at the facility for field trips and transportation.  
 19 CSR 30-62.212(3)(A) All children shall be seated in a permanent seat and restrained by seat belts or child restraint devices as required by Missouri law.

**REQUIRED CORRECTIONS AND DEADLINES** Attach pages as needed.

1. Obtain written parental permission for all children transported by 8/12/11.
2. Obtain appropriate safety seats for all children transported by 8/12/11.
3. All children transported must be appropriately restrained per Missouri Law at all times.

DISPOSITION DATE 8-17-11	CHILD CARE SPECIALIST SIGNATURE <i>Shelley Truesdale</i>	DATE 8-17-11	SUPERVISOR SIGNATURE <i>Marcia Walmsley</i>	DATE 8-17-11
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6F 8-17-11 [Signature]



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St. Louis

ZIP CODE  
63118

PHONE  
(314)481-7676

FACILITY COUNTY  
St. Louis City

REPORTER:  NAMED  
 WITHHELD BY REQUEST  
 ANONYMOUS

REPORT MADE:  IN PERSON  
 PHONE  
 WRITTEN

REPORTER NAME

REPORTER PHONE

REPORTER ADDRESS (STREET, CITY, STATE, ZIP CODE)

RECEIVED BY  
Brooke Poskin

ASSIGNED TO  
Shelley Truesdale

SUPERVISOR  
Marcia Walmsley

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DISPOSITION  
DATE  
8-17-11

CHILD CARE SPECIALIST SIGNATURE  
*Shelley Truesdale*

DATE  
8-17-11

SUPERVISOR SIGNATURE  
*Marcia Walmsley*

DATE  
8-17-11