

**Notice of Findings**

**Notice To:** Jennifer Parker - Director  
**Facility Name:** Little Beans Playhouse LLC  
**Owner:** Rachel Martin  
**Site Address:** 4620 Grandview Avenue  
**City/State/Zip:** Cheyenne, WY 82009

The Department of Family Services has completed the investigation regarding alleged violation(s) of the Wyoming Child Care Rules received on 05/13/2022, and investigated by Michelle Tucker.

A statement of childcare allegation, CPL-5281, was provided on 05/17/2022.

The finding is listed below for each individual alleged violation of the Wyoming Child Care Licensing Rules:

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1. Finding: Non-Compliant

Regulation: Chapter 4. General Requirements  
Section 11. Reports.

(a) All child care facilities shall report any injury, illness or incident which occurs at the facility and results in medical treatment, hospitalization or death to the parents of the child(ren) immediately and to the child care licenser within 24 hours. A written report shall be sent to the child care licenser within three (3) days of the incident. The death of any child in care, regardless of cause, shall be reported to licensing immediately.

Allegation: It has been reported that on April 21, 2022, a child in care endured an injury that required medical treatment, which the facility knew about, and this injury was not reported to Child Care Licensing either verbally or in writing.

Explanation of Findings: Through interviews and evidence obtained over the course of this investigation, it has been found that on April 21, 2022, a child in care endured an injury that required medical treatment. The facility was aware of the injury and that the child was taken to the dentist to treat the injury and did not report this to Child Care Licensing either verbally or in writing.

Action Required: Staff members shall report all injuries, including any injury that leaves any mark or causes any pain to any child, to the Director of the facility on the same day the injury happens. These injuries shall be documented and provided to parents in writing, with a copy of the injury notification kept on file at the facility. The Director shall document following up on these injuries to find out if any medical treatment was sought for the child and notify Child Care Licensing any time an injury requires any type of medical treatment (including dental). The documentation that

shows a follow up to each injury shall be available for review in each child's file.

Corrective Action Plan Due Date: 06/06/2022

Corrective Action Plan Achieved Date:

Compliance Due Date: 06/06/2022

Compliance Achieved Date: 06/06/2022

## 2. Finding: Non-Compliant

Regulation: Chapter 7. Child Care Center

Section 2. Capacity/Supervision Requirements.

(f) There shall be at least one (1) adult staff directly supervising children in each area of the facility where children are located at all times.

Allegation: It has been reported that on April 21, 2022, a 1 year old child in care endured an injury to their mouth and forehead, while not being directly supervised by any staff member of the facility.

Explanation of Findings: Through interviews and evidence obtained over the course of this investigation, it has been found that on April 21, 2022, a 1 year old child in care fell off or over the back of a chair and endured an injury to their mouth and forehead. This injury was not seen by any staff member of the facility and no staff member could identify who was responsible for the supervision of the child. Therefore, this child was not directly supervised as required by Child Care Licensing Rules.

Action Required: Owner/Director shall arrange a training specifically addressing direct supervision, what it means and what it looks like in a Child Care Center. This training may be completed by the director, DFS Licensing or another approved entity. Staff members must sign and acknowledge that they have received this training and understand what Direct supervision means and how it looks in a classroom. This must be provided to Child Care Licensing no later than 06/01/2022.

Corrective Action Plan Due Date: 06/06/2022

Corrective Action Plan Achieved Date: 06/01/2022

Compliance Due Date: 06/01/2022

Compliance Achieved Date: 06/01/2022

## 3. Finding: Non-Compliant

Regulation: Chapter 7. Child Care Center

Section 2. Capacity/Supervision Requirements.

(f) There shall be at least one (1) adult staff directly supervising children in each area of the facility where children are located at all times.

Allegation: It has been reported that on multiple occasions throughout 2022, staff members of the facility are not directly and adequately supervising children in care, due to excessive cell phone usage.

Explanation of Findings: Through interviews and evidence obtained over the course of this investigation, it has been found that on multiple occasions from February 2022 until the time of this investigation, various staff members of the facility are not directly and adequately supervising children in care. It has been found that excessive cell phone usage is a contributing factor to the lack of direct supervision in the facility.

Action Required: Owner/Director of the facility shall implement a policy that prohibits the use of cell phones while staff members are counted in ratio and/or providing direct supervision. This prohibition shall include taking calls, answering text messages or other app messages, or using any app to document child care information. Cell phones

may be kept visible in a centralized location in the room, such as the pocketed holders in the classroom, in case of personal emergencies. Staff shall be taught to take notes that can be entered later, during nap time or another appropriate time, if the pro-care app is used. Staff shall be provided with necessary equipment, such as music players, to alleviate the need to use cell phones for activities in the facility. The facility shall use the "walkie talkie" system that was purchased, or an equivalent system that does not require the use of cell phones, to communicate needs throughout the center.

Corrective Action Plan Due Date: 06/06/2022

Corrective Action Plan Achieved Date:

Compliance Due Date: 06/06/2022

Compliance Achieved Date:

#### 4. Finding: Non-Compliant

Regulation: Chapter 4. General Requirements

Section 14. Health and Safety Requirements.

(a) Children shall be present only in areas of the facility approved and inspected for child care and designated for their use.

Allegation: It has been reported that in the last three months, a child in care was able to escape their classroom and access and play in the front counter area of the facility, which is not an approved space.

Explanation of Findings: Through interviews and evidence obtained over the course of this investigation, it has been found that in the last 3 months, a 3 year old child in care has been able to run out of or escape their classroom. During these times, the child has been located in the Director's office and behind the front counter. Neither of these spaces are approved child care spaces.

Action Required: Owner/Director shall secure all classrooms and areas where children are located in a manner that does not allow for children to "run" or "escape" the classroom and access unapproved spaces. This may include replacing locks or using different types of locks.

Corrective Action Plan Due Date: 06/06/2022

Corrective Action Plan Achieved Date:

Compliance Due Date: 06/20/2022

Compliance Achieved Date:

#### 5. Finding: Non-Compliant

Regulation: Chapter 7. Child Care Center

Section 2. Capacity/Supervision Requirements.

(f) There shall be at least one (1) adult staff directly supervising children in each area of the facility where children are located at all times.

Allegation: It has been reported that on one or more occasions in the last three months, a child in care has been able to escape from their classroom while not being directly supervised by staff, and was not located until the parent/guardian of the child or staff members of the facility noticed they were missing.

Explanation of Findings: Through interviews and evidence obtained over the course of this investigation, it has been found that on multiple occasions in the last three months, a 3 year old child in care has been able to escape their classroom and multiple instances these escapes were not witnessed by any staff member. It is estimated that the longest this child has been missing was between 5 and 7 minutes and was often missing for at least 1 to 2 minutes. This is not compliant with the direct supervision



requirements in the Child Care Licensing Rules.

Action Required: In addition to the direct supervision training that all staff members have received by 06/01/2022, the facility will schedule and obtain at least 6 hours of training in the area of supervision by August 6, 2022. This may include setting up the environment, staff led activities and teaching techniques, transition and redirection training, or any other area that will help staff members to provide direct supervision in a productive and safe manner. This training must include a hands on/in person component. This training may be conducted by the PLC, the DFS technical assistance coordinator or another approved entity. This training may count towards the elective requirements for the 2022-2024 biennium, if approval is obtained through STARS.

Corrective Action Plan Due Date: 06/06/2022

Corrective Action Plan Achieved Date:

Compliance Due Date: 08/06/2022

Compliance Achieved Date:

## 6. Finding: Non-Compliant

Regulation: Chapter 4. General Requirements

Section 3. Owner, Director, and Staff Requirements.

(a) Before the owner, director, their staff, household member, employee, substitute or volunteer assume responsibility for children, provide direct care of children, work in the facility or move into the Family Child Care Home or Family Child Care Center, the following shall be on file:

(iii) A Central Registry or child abuse/neglect check which does not reveal any disqualifying information shall be completed in Wyoming and in all states lived in for the past five (5) years for staff and all adult household members including any adult who intends to move into the home;

Allegation: It has been reported that on one or more occasions in the last two months, a staff member of the facility, GS, has had unsupervised access to children, while not having a completed out of state child abuse/neglect background check on file.

Explanation of Findings: Through interviews and evidence obtained over the course of this investigation, it has been found that on multiple occasions since April 7, 2022, staff member GS has had unsupervised access to children without an out of state child abuse/neglect background check on file. It is acknowledged by Child Care Licensing that this was partly due to a misunderstanding between the supervising staff members about what is considered proper supervision and believed that having the employee in the "middle" room between rooms with qualified staff was sufficient supervision. However, it has been found that even after learning that this is not acceptable supervision, this employee has had unsupervised access to children by sitting against the half wall so that staff members supervising her cannot see her.

Action Required: Owner/Director shall ensure that all new staff members have all the required background check documentation on file, or an approved variance for any missing pieces, before allowing staff to work in the facility. Owner/Director shall pair each new employee that is on a variance for a background check with a qualified staff member, and that staff member shall be responsible for supervising the new staff member. The supervising staff member shall sign a statement that acknowledges that they understand that the new staff member is on a variance and must be directly supervised at all times. This statement shall be sent to DFS Licensing each time a new employee starts and needs a variance.

Corrective Action Plan Due Date: 06/06/2022

Corrective Action Plan Achieved Date:

Compliance Due Date: 06/06/2022

Compliance Achieved Date:

7. Finding: Non-Compliant

Regulation: Chapter 4. General Requirements  
Section 6. Discipline and Guidance.

(d) The following behavior shall be prohibited in all child care settings:  
(iii) Inappropriate use of language, including but not limited to profanity, name-calling, derogatory or demeaning terminology or screaming related to disciplinary purposes;

Allegation: It has been reported that on or around May 11, 2022, a staff member of the facility, SB, used inappropriate language, including profanity, in front of a classroom of 2 and/or 3 year old children.

Explanation of Findings: Through interviews and evidence obtained over the course of this investigation, it has been found that on May 11, 2022, there was an altercation between two employees of the facility, SB and KG. During this time, inappropriate language, including profanity, was used in front of 2 and 3 year old children in the room.

Action Required: The Director of the facility and all staff members shall obtain 1 hour of training in the area of conflict resolution and/or appropriate work place behavior. The training may be taken online or in person with the PLC, the DFS Technical Assistance Coordinator or another approved entity. This training may count towards elective credits for the 2022-2024 biennium, if approved through STARS. The facility may choose to take "Conflict Resolution in the Early Care and Education Workplace", provided through Proolutions (prosolutionstraining.com, select Wyoming, then select this course name), which is already approved, or work with the PLC (Tyler Gonzalez, a PLC Coordinator, has given a training that would qualify in the past and may be willing to do this training again remotely).

Corrective Action Plan Due Date: 06/06/2022

Corrective Action Plan Achieved Date:

Compliance Due Date: 08/06/2022

Compliance Achieved Date:

8. Finding: Compliant

Regulation: Chapter 4. General Requirements  
Section 2. Capacity/Supervision Requirements.

(b) Staff:child ratios and supervision requirements as described in this chapter shall be maintained at all times.

Allegation: It has been reported that on an ongoing basis for the last three months, the facility is out of compliance with staff:child ratios, particularly after 3pm and on Thursdays.

Explanation of Findings: There is not enough evidence to support an additional finding of non-compliance in regards to staff:child ratio requirements.

Corrective Action Plan Due Date:

Corrective Action Plan Achieved Date:

Compliance Due Date:

Compliance Achieved Date:

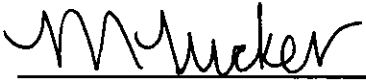
**The Department requests your cooperation in ensuring compliance is met. In the absence of cooperation, the Department may take whatever steps are necessary to ensure the safety of children.**

**The Department's information may be shared with the authorized individuals or agencies, which include, but are not limited to, the Attorney General, County Attorney, and law enforcement.**

If you disagree with the Department's finding of non-compliance for a violation, you may request an Administrative hearing within (10) days of your receipt of this letter (W.S. 14-4-108). Administrative hearing procedures are included in the Department of Family Services' **Wyoming Child Care Licensing Rules, Chapter 3, Section 5: Contested Case Hearing Rules**, and based upon the above statute. If you have questions, or need a copy of the Rules, you may contact the Department of Family Services Field office in the county where you live.

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Signature:   
Michelle Tucker for Michelle Tucker

Date: 6/3/22

CC:  
Rachel Martin - Owner  
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