## STATE OF WYOMING Department of Family Services

## **Notice of Findings**

**Notice To:** Nancy S Jaure - Director

Facility Name: LIL RASCALS

Owner:

**Site Address:** 5220 Antelope

City/State/Zip: Bar Nunn, WY 82601

The Department of Family Services has completed the investigation regarding alleged violation(s) of the Wyoming Child Care Rules received on 08/05/2020, and investigated by Ashley Dame

A statement of childcare allegation, CPL-45852, was provided on 08/05/2020.

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

## 1. Finding: Non-Compliant

Regulation: Chapter 4. General Requirements

Section 10. Records

(d) Individual child's records shall be in place before a child is left in care and shall include:

(vii) Immunization records as required by W.S. 14-4-116 and the Department of Health, Immunization Program, except for school age children who are attending public school. In programs that are operated on a drop-in basis, immunization records for children are not required, but recommended to be on file. If attendance on a drop-in basis exceeds 30 calendar days, immunization records are required;

Explanation of Findings: Explanation of finding of non-compliance. At the 8/5/20 visit, it was observed that a child's record was missing the immunization record.

Action Required: Please submit a corrective action plan detailing how you will assure the child's records are complete.

Corrective Action Plan Due Date: 08/19/2020 Corrective Action Plan Achieved Date: 08/25/2020

Compliance Due Date: 08/19/2020 Compliance Achieved Date: 08/25/2020

Action Met Comments: Received corrective action plan.

## 2. Finding: Non-Compliant

Regulation: Chapter 9. Fire Standards for Family Child Care Home - Residential

Classification

Section 13. Emergency Evacuation Drills (Fire Drills)

Date Printed: 06/10/2022

(c) Records shall be maintained of required emergency evacuation drills and include the following information:

Explanation of Findings: Explanation of finding of non-compliance. At the 8/5/20 visit, it was observed that the fire drill record was not available for review.

Action Required: Please submit a copy of the current fire drill record to the licensing office.

Corrective Action Plan Due Date: 08/19/2020 Corrective Action Plan Achieved Date: 08/25/2020

Compliance Due Date: 08/19/2020 Compliance Achieved Date: 08/25/2020

Action Met Comments: Received corrective action plan.

3. Finding: Non-Compliant

Regulation: Chapter 4. General Requirements

Section 9. Training

(e) All staff shall have Infant/Child Cardiopulmonary Resuscitation (CPR) and First Aid (FA) training and certification shall be kept current.

Explanation of Findings: Licenser observed during the 8/5/20 visit that Staff Tammy had expired FA and CPR.

Action Required: Please submit a corrective action plan showing how you will assure that all staff maintain current FA and CPR at all times.

Corrective Action Plan Due Date: 08/19/2020 Corrective Action Plan Achieved Date: 08/25/2020

Compliance Due Date: 08/19/2020 Compliance Achieved Date: 08/25/2020

Action Met Comments: Received corrective action plan.

Date Printed: 06/10/2022

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 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 a non-compliance 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 Wyoming Department of Family Services Contested Case Hearing Rules, Chapter 2, Substitute Care and Child Care Licensing and based on the above statute. If you need a copy of the Rules, or assistance in requesting an Administrative hearing, you may contact the Department of Family Services Field Office in the county where you live.

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Signature:		Date:	
J	Nichole Anderson for Robyn Harbison	_	
CC:			

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