

**Notice of Findings**

**Notice To:** Amy M Calhoun - Director

**Facility Name:** Sublette BEEP

**Owner:**

**Site Address:** 665 N. Tyler

**City/State/Zip:** Pinedale, WY 82941

The Department of Family Services has completed the investigation regarding alleged violation(s) of the Wyoming Child Care Rules received on 04/19/2021, and investigated by Kelli Dunne

A statement of childcare allegation, CPL-47021, was provided on 04/19/2021.

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 3. Provider, Director, and Staff Requirement

(e) All staff, household members, substitutes, and volunteers shall complete a child abuse/neglect Central Registry background check once a year and a full fingerprint based national criminal history record background check every five (5) years.

Explanation of Findings: It was discovered during renewal desk review and verified at visit that (1) staff member has been working with an expired fingerprint check for a period of 3 months.

Action Required: Staff member may not work until fingerprint check has been completed or an approved variance request is in place. A corrective action plan needs to be completed detailing how this will not happen in the future.

Corrective Action Plan Due Date: 05/03/2021

Corrective Action Plan Achieved Date:

Compliance Due Date: 04/19/2021

Compliance Achieved Date: 04/19/2021

**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.

Licenser: Kelli Dunne  
Address: 115 West Snowking Ave PO Box 547  
City/State/Zip: Jackson WY 83001  
Phone: 307-249-5848  
Email: kelli.dunne@wyo.gov

Licenser Supervisor: Regien Hasperhoven  
Address: 877 N 8th Street W, Second Floor  
City/State/Zip: Riverton WY 82501  
Phone: 307-857-9281  
Email: Regien.Hasperhoven@wyo.gov

Signature:   
Kelli Dunne

Date: 4/21/2021

CC:

## Corrective Action Plan (CAP)

<b>Facility Name</b> Sublette Beep		<b>Director's Name</b> Amy Calhoun	
<b>License Certificate Number</b> 2477	<b>Facility Address</b> P.O. Box 977 Pinedale, WY 82941		
<b>Phone Number</b> 307.367.5505			
<b>Instructions</b> A <b>Corrective Action Plan (CAP)</b> is a plan that you create. The plan shall be specific and reasonable for you to maintain at your facility. Licensing has provided you with a copy of your facility inspection/visit or the Notice of Non-Compliance (CCL-305). You may need to refer to these documents in order to complete this form and create your plan. If you need additional space to write in your plan, please feel free to use additional paper and attach it to this form. A separate form is needed for each finding of non-compliance. <ul style="list-style-type: none"><li>• Complete the CAP and provide it to your licenser for approval within the time frame designated by your licenser. Should you need assistance in developing your CAP, please contact your licenser.</li><li>• Your licenser will then discuss the plan and approve the plan and agree on a compliance date for the plan to be completed. If further clarification is needed for the plan, it will be done at this time.</li><li>• Provide the compliance and documentation of the completion of the CAP as specified to your licenser on or before the date agreed upon by you and your licenser.</li></ul>			
<b>Finding of Non-Compliance</b>		<b>Chapter 4, Section 3 (e)</b> A staff member has been working with an expired fingerprint background check for a period of (3) months.	
<b>Plan ( What, Who, Where, When) correction and preventative measures</b>  <b>What</b> is going to be done  <b>Who</b> will execute the plan  <b>Where</b> is the plan executed  <b>When</b> will the plan be checked to ensure continued compliance			
		<b>What date will the non-compliance correction be completed</b>	

Provider Signature

Date

Licenser Approval Signature

Date

Corrective Action Plan Due by May 3, 2021

Compliance Due Date