

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

January 10, 2018

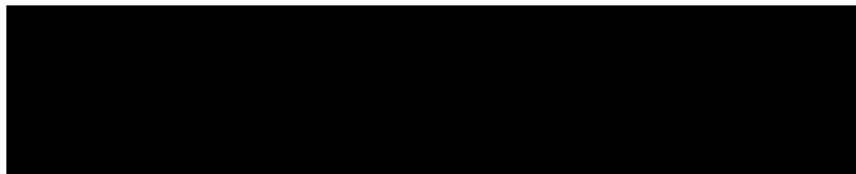
Cindy Bligh
221 East 30th St
South Sioux City, NE 68776

Dear Ms. Bligh,

This letter is to inform you that the Interim Licensing Agreement you signed on January 9, 2017 has been terminated effective January 9, 2018.

If you have any questions, please contact me at 402-471-9193

Sincerely,



Kathee Sanchez
Child Care Licensing Supervisor
Children's Services Licensing - Licensure Unit
301 Centennial Mall South
P.O. Box 98986
Lincoln, NE 68509-4986

Cc: File
Rita Krusemark
Jeann Granstra

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LICENSING AGREEMENT

I, Cindy Bligh, hereby state and declare:

I am the licensee of a Family Child Care Home I, #FI5269, located at 221 East 30th St, South Sioux City, NE 68776. Under the terms of my license, I am allowed to serve a maximum of 10 children, ages six weeks to 13 years, 24 hours a day 7 days a week, Monday through Sunday.

I agree to comply with each of the *Regulations Governing Licensure of Family Child Care Home I* as long as I am licensed by the State of Nebraska to provide child care services.

I understand and agree to comply with **391 NAC1-006.03D Household Members**: "If the child care home is a private residence, the licensee must: 3. Not allow any household member who engages in behavior injurious to or which may endanger the health or morals of children to provide care or be on the premises."

I understand and agree that under no circumstances, because of her criminal history, will Faith Niebaum, household member, be allowed on the child care premises during the hours and days listed on my Family Child Care Home I license. Premises is defined as "the home, including areas of the home not used for child care/ preschool, all attached and all outbuildings, and all areas included within the lot boundaries."

I agree to provide information in writing to the Department within ten calendar days from the signing of this Agreement, the name, address, and telephone number of the primary and secondary location of Ms. Niebaum, where she will stay if she is unable to be at the primary or secondary location and where she will stay should she be ill. Information shall be sent to: Jeann Granstra, Child Care Inspection Specialist, Children's Services Licensing, Division of Public Health, Licensure Unit, 209 N 5th St, Norfolk NE 68701.

In addition, I agree to notify all parents of children enrolled in my program and parents of future enrollees by providing the Department a copy of the Acknowledgment of Licensing Agreement signed by the parent(s) of all children in care within ten calendar days from the signing of this Agreement. Acknowledgments from parents of future enrollees are due to the Department within fifteen calendar days from the date of enrollment. A copy of this Acknowledgment is attached to this Agreement. These Acknowledgments will be sent to the Department, Attn: Jeann Granstra, at the above address.

I understand that Children's Services Licensing staff shall conduct announced or unannounced visits to my facility to determine compliance with this Agreement.

I agree that this Licensing Agreement will be prominently posted with my Family Child Care Home License so that it is clearly visible to parents and agency representatives.

Any violation of this Agreement may be grounds for further negative action or discipline as the Nebraska Department of Health and Human Services, Division of Public Health, Licensure, Children's Services Licensing may deem appropriate.

This Agreement shall be in effect from the signing of this Agreement for as long as I am licensed to provide child care services. I understand that I can request that this Agreement be reviewed after it has been in effect for a period of one year. In addition, should a change of address occur or should I reapply for a different type of child care license, this Licensing Agreement may transfer to the new license and/or address if appropriate to the conditions of this Licensing Agreement. *2/1*


Child Care Inspection Specialist/Witness

1/9/17
Date

Provider/Licensee 1

221 E 30th St.

Street/Address

South Sioux, Ne.

City and Zip Code

1-9-17
Date

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