

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

06/19/2018

BONNIE L SIERKS
BONNIE'S LITTLE BUNNIES DAY CARE
6525 HARTLEY ST
LINCOLN, Nebraska 68507

Dear Ms. SIERKS:

This letter is to inform you that the Licensing Agreement you signed on 5/21/2018 has been terminated effective 6/18/2018.

If you have any questions, please contact me at {Number of CCIS}.

Sincerely,

[Redacted Signature]
Justin Waddell

Child Care Inspection Specialist

Division of Public Health

301 Centennial Mall South

Lincoln, Ne 68509-4986

Ph. (402)416-2198



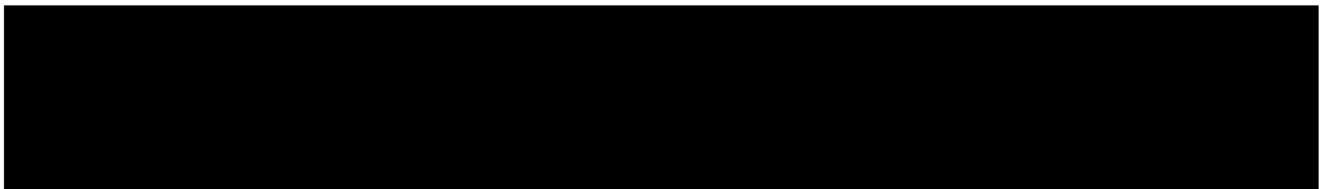
**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
STATE OF NEBRASKA**

**THE OPERATING FAMILY CHILD CARE HOME II OF) INTERIM
BONNIE'S LITTLE BUNNIES DAY CARE OWNED) LICENSING
BY BONNIE L SIERKS) AGREEMENT**

**LICENSED LOCATION: 6525 HARTLEY ST LINCOLN, NE 68507
LICENSE NUMBER: FII7104
CAPACITY: 12
AGES: 6 WEEKS TO 13 YEARS
HOURS AND DAYS: 6:00 AM TO 6:00 PM MONDAY THROUGH FRIDAY
DATE INITIALLY LICENSED: SEPTEMBER 19, 2001**

I, BONNIE L SIERKS, hereby state and declare:

1. I am the owner of the above-mentioned childcare program.
2. I have read, understand and agree to comply with all the Regulations Governing Licensure of Family Child Care Home IIs, Title 391, as long as I am licensed by the State of Nebraska to provide child care services. Specifically,



3. I understand that this agreement is based on the fact that **the Office of Children's Services Licensing (OCSL) became aware of an investigation involving myself on May 18, 2018.**
4. I understand and agree with the following:
 - A. Under no circumstances will I be alone with childcare children until the investigations by Law Enforcement and [REDACTED] and OCSL are complete and findings are determined.

- B. All parents of children enrolled will receive a copy of this Interim Licensing Agreement within 24 hours and that documentation of each parent receipt will be maintained and available for review upon request.
 - C. This Interim Licensing Agreement will be prominently posted with the current license so it is clearly visible to parents and Department representatives.
 - D. That the OCSL shall conduct announced or unannounced visits to my facility to determine compliance with this Agreement
5. This Agreement is an Interim Licensing Agreement, which means that the OCSL reserves the right to take additional action as deemed appropriate. Any violation of this Agreement may be grounds for further negative action or discipline.
6. This Agreement shall be in effect from the signing date for as long as the OCSL deems it appropriate and upon completion of an ongoing investigation. Should the license be amended because of a change of address, this Agreement may transfer to the new address if appropriate to the conditions of this Interim Licensing Agreement.

[Redacted Signature]

Licensee/Registered Agent

5-21-18
Date

[Redacted Signature]

Child Care Inspection Specialist
Justin Waddell

5/21/18
Date

LICENSING AGREEMENT

I, Bonnie Sierks at 6525 Hartley Street Lincoln, NE. 68507 hereby doing business as Bonnie's Little Bunnies hereby voluntarily state and declare:

I have read and understand the Family Child Care Home Standards (CRED-PAM-0929).

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

I understand and agree to comply with Standard #23, page 4 which states "The child care provider and/or household members do not engage in or have a history of behaviors injurious to or which may endanger the health or morals of children."

I understand and agree that my husband David L. Sierks will not be in the child care areas of my home whenever child care is being provided. I understand and agree that it is permissible for him to be on the premises, but that he will be restricted to areas of the home, not used for child care, during child care hours.

I further understand that grandchildren are defined as "own children" and my husband's presence will not be restricted when only grandchildren are in my care.

I will post a copy of this Licensing agreement next to my child care license so parent can be informed of the content of the Licensing Agreement.

I understand that Child Care Licensing staff shall conduct announced or unannounced visits to my facility to determine compliance with this Agreement.

Any violation of this Agreement may be grounds for further discipline as the Department of Health and Human Services Regulation and Licensure may deem appropriate.

This Agreement shall be in effect for as long as I am licensed from the signing of the Agreement.

[Redacted Signature]

Witness

[Redacted Signature]

Provider/Licensee

Date 2-15-07

6525 Hartley St.
Street/Address

Lincoln, NE. 68507
City and Zip code

Date 2-15-07

LINCOLN OFFICE
1050 "N" STREET, P.O. BOX 98933, LINCOLN, NEBRASKA 68509-8933 PHONE (402) 471-7000

TRANSLATION SERVICES CAN BE ARRANGED (402) 471-7000
TDD/TT (TELEPHONE FOR THE HEARING IMPAIRED) (402) 471-5225
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

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