

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

## LICENSING AGREEMENT

I, Jennifer D. Hallett, Licensee, hereby state and declare:

I am the Licensee of a Family Child Care Home I, F110282, located at 6680 Grays Peak Ct, Lincoln, NE 68521.

I understand and agree to comply with all the Regulations Governing Licensure of Family Child Care Homes as long as I am licensed by the State of Nebraska to provide child care services.

I understand and agree to comply with:

**391 NAC 1-006.15B Beds, Cribs, and Sleeping Surfaces:** (In part) Appropriate sleeping surfaces must be available for each child in care.

2. The only acceptable sleeping surfaces for children age 12 months and under are cribs and playpens. When used, cribs and playpens must meet the following standards:

a. Cribs and playpens must be federally approved

d. Cribs and playpens must be clean, in good repair, and not have any surface covered by lead based paint.

I understand and agree that this Agreement is based on non compliance with the above regulation noted at inspections on January 23, 2015, April 5, 2016, and March 2, 2017, during which children were observed to be sleeping in playpens that were broken and not in good repairs, and in car seats.

I understand and agree that children will **ONLY** sleep in playpens that are clean and in good repairs and that car seats will not be used for sleeping.

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

I agree that this Licensing Agreement will be **prominently** posted with my Family 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 effective from the date of the signing of this Agreement until six months after the date of the signing of this agreement.

*Kristianz*

Witness

*J. Miller*

Provider/Licensee

3-30-17

Date

10680 Grays Peak Ct

Street/Address

Lincoln, NE 68521

City and Zip Code

3-30-17

Date