

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

March 23, 2017


Tracy's Daycare  
Attn: Tracy Foster  
624 North 19th  
Ord NE 68862

Dear Ms. Foster:

This letter is to inform you that the Licensing Agreement you signed on March 9, 2017 has been terminated effective March 23, 2017.

If you have any questions, please contact me at 308-324-7633.

Sincerely,

  
Shonna Werth, CCIS  
PO Box E  
Lexington NE 68850  
Shonna.werth@nebraska.gov

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## INTERIM LICENSING AGREEMENT

I, Tracy A. Foster, operating Monday-Sunday, 5:30 a.m. to 12:00 a.m., as a Family Child Care Home II, 624 North 19<sup>th</sup> Ord NE 68862, hereby voluntarily state and declare: I have read and understand the Regulations governing licensure of Family Child Care Child Home I.

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

I understand and agree to comply with:

On March 1, 2017, DHHS, Division of Public Health, Children's Services Licensing became aware of an investigation involving Tracy Foster being conducted by \_\_\_\_\_

I understand and agree that under no circumstances will I, Tracy Foster, be alone with children in care until the investigations by \_\_\_\_\_ and Children's Services Licensing (CSL) are complete and findings are determined.

I understand and agree that if I remain open I must immediately provide CSL with the name of the "staff" that will provide care with me, including submission of a Consent and Authorization for Release of Information to conduct the appropriate background checks.

I understand and agree that if there is no one 19 years of age or older, that is available to provide care with me, and clear background checks, that I shall voluntarily close my program until such time that the investigation by \_\_\_\_\_ and the CSL is complete and findings are determined, AND that I have written documentation from CSL stating that I can reopen.

I understand and agree that all parents of children currently enrolled have received a copy of this Interim Licensing Agreement within 24 hours and that documentation of each parent's receipt will be maintained and available for review upon request.

I will ensure that this Interim Licensing Agreement will be prominently posted with the current Family Child Care Home II license so it is clearly visible to parents and Department representatives.

I understand that CSL 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 negative action or discipline as the Department of Health and Human Services, Division of Public Health, CSL may deem appropriate.

This Agreement is an Interim Licensing Agreement which means that the Department reserves the right to take additional action as deemed appropriate. However, any violation of this Interim Licensing Agreement may be grounds for further negative action or discipline as the Department of Health and Human Services, Division of Public Health, CSL may deem appropriate.

This Agreement shall be in effect from the signing of this Agreement for as long as the Department deems it appropriate and upon completion of an ongoing investigation. Should the Family Child Care Home II 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

\_\_\_\_\_  
Licensee

3-9-17  
Date

\_\_\_\_\_  
Child Care Inspection Specialist

3-9-17  
Date