

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

March 20, 2017

Ann Marie Tentinger
606 Pearl St
Wayne NE 68787

Dear Ms. Tentinger,

This letter is to inform you that the Licensing Agreement you signed on March 2, 2017 has been terminated effective March 20, 2017.

If you have any questions, please contact me at 402-371-3126

Sincerely,

Jean Granstra, Child Care Inspection Specialist
Office Children's Services Licensing
Nebraska Department of Health and Human Services
209 North 5th Street
Norfolk NE 68701

Cc: File
Marsha Wandersee

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INTERIM LICENSING AGREEMENT

I, Ann Marie Tentinger, hereby state and declare:

I am the licensee of a Family Child Care Home I, license number FI11194, located at 606 Pearl St, Wayne, NE 68787, licensed to provide services from 24 hours, seven (7) days a week for children ages 6 weeks to 13 years of age.

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

I understand and agree to comply with:

On Thursday March 2, 2017, the Office of Children's Services Licensing (CSL) became aware of an investigation involving treatment of children in care.

I understand and agree that under no circumstances will I, Ann Marie Tentinger, be alone with child care children, until such time as the investigations by Law Enforcement and the office of Children's Services Licensing is complete and findings are determined.

I understand and agree that if I remain open, I must immediately provide CSL with the name of 'staff' that will provide care with me, including submission of a release to conduct the appropriate background checks. A release is not needed if the staff name that I provide to the department has already been cleared, and this information is contained in the personnel file for Department review.

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 clears background checks, that I shall voluntarily close my program until such time that the investigation by Law Enforcement and the Office of Children's Services Licensing is complete and findings are determined, AND that I have written documentation from CSL that I can reopen.

I understand and agree that all parents or guardians of children currently enrolled have received a copy of this interim Licensing Agreement within 24 hours and the documentation of each parents/guardians 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 Child Care Home II license so it is clearly visible to a parents and representatives.

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

I understand I am to inform parents that I will be having another adult to help supervise the children and will obtain confirmation of the parent's being informed of this and provide documentation within 10 days of signing the agreement to the Office of Children's Services Licensing, Attn: Jeann Granstra, Child Care Inspection Specialist 209 North 5th Street, Norfolk NE 68701

This Agreement shall be in effect from the signing of this Agreement for as long as the investigation continues. 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, 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 Child Care Home I 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.

Witness [Signature]
Date 3/2/17

Provider/Licensee [Signature]
Street/Address 600 N Pearl Street
Wayne, NE 68787
Date 3-2-17