

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

September 19, 2017

Natalie Nitzsche
Little Blessings Daycare
1251 Sunrise Dr
Seward, NE 68434

Dear Ms. Nitzsche:

This letter is to inform you that the Interim Licensing Agreement you signed August 28, 2017 has been terminated effective September 15, 2017.

If you have any questions, please contact me at 308-385-6163.

Sincerely,

A handwritten signature in cursive script that reads "Sue Jensen".

Sue Jensen
Child Care Inspection Specialist
Office Children's Services, Licensing
Nebraska Department of Health and Human Services
PO Box 2440/ 208 N Pine St
Grand Island NE 68802-2440

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INTERIM LICENSING AGREEMENT

I, Natalie Nitzsche, F111733, operating Monday-Friday, 7:00 a.m to 5:00 p.m. as a Family Child Care Home I, 1251 Sunrise Dr., Seward, NE, 68845, 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 Child Care Home I Regulations, 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 1-006.02E Investigations and Repeat Registry Checks:

2. Any individual who is under investigation for abuse, neglect, or sexual abuse of a child or vulnerable adult must not be left alone with children until the investigation is completed and the findings are determined.

On Friday, August 25, 2017, the Office of Children's Services Licensing (OCSL) became aware of an investigation involving an infant being injured while in the care of Natalie Nitzsche.

I understand and agree that under no circumstances will I, Natalie Nitzsche, be alone with child care children until the investigations by Law Enforcement and the OCSL are complete and findings are determined.

I understand and agree that if I remain open I must immediately provide OCSL 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 clears background checks, that I shall voluntarily close my program until such time that the investigation by Law Enforcement and the OCSL is complete and findings are determined, AND that I have written documentation from OCSL stating that I can reopen.

I understand and agree that I, or an approved "staff" person, will accompany and directly supervise children at all times when they are outside, as well as inside the home.

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 parents 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 I license so it is clearly visible to parents and Department representatives.

I understand that the OCSL 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, OCSL 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, OCSL 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 I 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.

[Handwritten Signature]

Licensee

8/28/17

Date

[Handwritten Signature]

Child Care Inspection Specialist

8/28/17

Date