NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



LICENSING AGREEMENT

I, Makayla Horeis, Licensee, hereby state and declare:

I am the Licensee of a Child Care Center, CCC 9510, Yutan Kids Acadmey 820 2nd Street, Yutan, NE 68073.

I understand and agree to comply with all the Regulations Governing Licensure of Child Care Centers 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 3-006.23A Infant Care Rooms: (In part) Rooms where infants are receiving care must be limited to the care of no more than 12 children at any one time.

1. If five or more infants are receiving care in a room, at least two staff members

must be in the room.

2. If nine or more infants are receiving care in a room, at least three staff members must be in the room.

I understand and agree that this Agreement is based on non-compliance with the above regulation noted at inspections on April 14, 2016 and March 8, 2017, during which the required number of teachers were not present in infant rooms.

I understand and agree that infant rooms will be staffed according to the requirements in the regulations.

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 Child Care Center 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.

| Witness | () | <i></i> | Provider/Livensee |
|---------|---------|---------|---------------------|
| Date | 3 30 17 | | Street/Address |
| | | | City and Zip Code |
| | | | 3 30 / 17 Date |