NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

January 23, 2018

Brandi L. Swanson
Swanson Child Care
1817 Spring Meadow Drive
Lincoln NE 68521

Dear Ms. Swanson,

This letter is to inform you that the Interim Licensing Agreement you signed on July 18, 2017 has been terminated effective January 23, 2018. This agreement is being replaced by the licensing agreement dated January 18, 2018 and received in our office January 23, 2018.

If you have any questions, please contact me at 402-471-9193

Sincerely,

[redacted]

Kathee Sanchez
Child Care Licensing Supervisor
Children's Services Licensing - Licensure Unit
301 Centennial Mall South
P.O. Box 98986
Lincoln, NE 68509-4986

Cc: File
Chris Kort
Teresa Neal

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

LICENSING AGREEMENT

I, Brandi L. Swanson, hereby state and declare:
I am the licensee of a Family Child Care Home II, Swanson Childcare, FII 9557, located at 1817 Spring Meadow Drive, Lincoln NE 68521 , licensed to provide services from 6:30 AM to 5:30 PM Monday through Friday for children ages 6 weeks to 12 years of age.
I agree to comply with all Regulations Governing Licensure of a Family Child Care Home II 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 2-006.03D Household Members: If the child care home is a private residence, the licensee must: 3. Not allow any household member who engages in behavior injurious to or which may endanger the health or morals of children to provide care or be on the premises.
I understand and agree that due to past behavior, that under no circumstances will [redacted] household member, be left alone with or provide care to any child in care.
I understand and agree that this 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 and agree that parents of children currently enrolled be advised that this licensing agreement exists and parents of new children enrolled receive and sign an Acknowledgement Statement which will be submitted to the Office of Children's Services Licensing staff, CCIS Teresa Neal.
I understand that Children's Services Licensing staff shall conduct announced or unannounced visits to my program to determine compliance with this Licensing 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 Licensing Agreement shall be in effect until such time the Licensee receives written notification of its termination. Should the Family Child Care Home II license be amended because of a change of address, this Agreement may transfer [redacted] opriate to the conditions of this Licensing A[redacted]

[redacted]

Witness

1-18-18

Date

[redacted]

Provider/Licensee

1817 Spring meadow Dr

Street/Address

Lincoln, NE 68521

1-18-18

Date

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

LICENSING AGREEMENT

I, Brandi L. Swanson, hereby state and declare:

I am the Licensee of a Family Child Care Home II, Swanson Childcare, FII 9557, located at 1817 Spring Meadow Drive, Lincoln NE 68521 , licensed to provide services from 6:30 AM to 9:00 PM Monday through Friday for children ages 6 weeks to 12 years of age.

I agree to comply with all the Regulations Governing Licensure of a Family Child Care Home II license 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 2-006.03D Household Members: If the child care home is a private residence, the licensee must: 3. Not allow any household member who engages in behavior injurious to or which may endanger the health or morals of children to provide care or be on the premises.

I understand and agree that due to past behavior [redacted] will not be on the child care premises during the hours of operation. I understand that this agreement will be reviewed six months from the date of signature.

I understand and agree that I will provide the Office of Children's Services Licensing (OCSL) documentation of where [redacted] will be during the hours of operation and/or reduce the hours of operation on my FCCHII license.

I understand and agree that this 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 and agree that parents of children currently enrolled be advised that this licensing agreement exists and parents of new children enrolled receive and sign an Acknowledgement Statement which will be submitted to the Office of Children's Services Licensing staff, CCIS Teresa Neal.

I understand that Children's Services Licensing staff shall conduct announced or unannounced visits to my program to determine compliance with this Licensing 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 Licensing Agreement shall be in effect until such time the Licensee receives written notification of its termination. Should the Family Child Care Home II license be amended because of a change of address, this Licensing Agreement may transfer to the new address if appropriate to the conditions of this Licensing Agreement.

[redacted]

Witness

7-18-17

Date

[redacted]

Provider/Licensee

847 Spring Meadow Dr

Street/Address

Lincoln, NE 68521

7-18-2017

Date

I, Brandi L. Swanson, hereby state and declare:

I am the licensee of a Family Child Care Home II, Swanson Childcare, FII 9557, located at 1817 Spring Meadow Drive, Lincoln NE 68521 , licensed to provide services from 6:30 AM to 9:00 PM Monday through Friday for children ages 6 weeks to 12 years of age.

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

I understand and agree to comply with: [redacted]

391 NAC 2-006.03D Household Members: If the child care home is a private residence, the licensee must: 3. Not allow any household member who engages in behavior injurious to or which may endanger the health or morals of children to provide care or be on the premises. [redacted]

On Wednesday June 15, 2016, the Office of Children's Services Licensing (OSCL) became aware of an [redacted] of Brandi Swanson. An Interim Licensing Agreement was signed on June 20, 2016 and in effect until the investigation could be completed. [redacted]

I understand and agree that [redacted] will not be on the child care premises during the hours of operation until the investigations by Law Enforcement, Children and Family Services (CFS) and the OCSL are complete and findings are determined.

I understand and agree that I will provided the OCSL documentation of where will be during the hours of operation and/or reduce the hours of operation on my FCCHII license.

I understand and agree that this 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 and agree that parents of children currently enrolled receive and sign an Acknowledgement Statement which will be submitted to the Office of Children's Services Licensing staff, CCIS Teresa Neal.

I understand that Children's Services Licensing staff shall conduct announced or unannounced visits to my program to determine compliance with this Licensing 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 Licensing Agreement shall be in effect from January 5, 2017 to July 1, 2017 at which time the Office of Children's Services Licensing(OSCL) will review the terms of the Licensing Agreement. 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 Licensing Agreement.

[redacted]

Witness

1/5/17

Date

[redacted]

Provider/Licensee

[redacted] Spring Meadow Dr

Street/Address

[redacted]

1-5-17

Date

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

State of Nebraska
Pete Ricketts, Governor

INTERIM LICENSING AGREEMENT

I, Brandi L. Swanson, hereby state and declare:

I am the licensee of a Family Child Care Home II, Swanson Childcare, FII 9557, located at 1817 Spring Meadow Drive, Lincoln NE 68521 , licensed to provide services from 6:30 AM to 9:00 PM Monday through Friday for children ages 6 weeks to 12 years of age.

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

I understand and agree to comply with:

[redacted]

391 NAC 2-006.03D Household Members: If the child care home is a private residence, the licensee must: 3. Not allow any household member who engages in behavior injurious to or which may endanger the health or morals of children to provide care or be on the premises.

On Wednesday June 15, 2016, the Office of Children's Services Licensing (OSCL) became aware of an investigation involving [redacted]

I understand and agree that [redacted] will not be on the child care premises during the hours of operation until the investigations by Law Enforcement, [redacted] and the OCSL are complete and findings are determined.

I understand and agree that I will provided the OCSL documentation of where [redacted] will be during the hours of operation and/or reduce the hours of operation on my FCCHII license.

I understand and agree 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 and agree that parents of children currently enrolled receive and sign an Acknowledgement Statement which will be submitted to the Office of Children's Services Licensing staff, CCIS Teresa Neal.

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.

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 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.

[redacted]

Witness

6/20/16

Date

[redacted]

Provider/Licensee

180 Spring Meadow Dr

Street/Address

Lincoln, Vt 05521

6e 20 16

Date

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

LICENSING AGREEMENT

I, Brandi L. Swanson, hereby state and declare:

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I understand and agree that due to past behavior [redacted] will not be on the child care premises during the hours of operation. I understand that this agreement will be reviewed six months from the date of signature.

I understand and agree that I will provide the Office of Children's Services Licensing (OCSL) documentation of where [redacted] will be during the hours of operation and/or reduce the hours of operation on my FCCHII license.

I understand and agree that this 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.

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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 Licensing Agreement shall be in effect until such time the Licensee receives written notification of its termination. Should the Family Child Care Home II license be amended because of a change of address, this Licensing Agreement may transfer to the new address if appropriate to the conditions of this Licensing Agreement.

[redacted]

Witness

7-18-17

Date

[redacted]

Provider/Licensee

417 Spring Meadow Dr

Street/Address

Lincoln, NE 68521

7-18-2017

Date