



PLAN OF CORRECTION FOR CHILD CARE HOMES
 State Form 49475 (R / 7-03) / BCD 0046

HOME INSPECTION SUMMARY

<input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> RENEWAL <input type="checkbox"/> INITIAL <input type="checkbox"/> COMPLAINT <input type="checkbox"/> FOLLOW UP <input type="checkbox"/> OTHER	
Name of licensee Waterman, Christa	
Address (number and street, city, state, ZIP code) 541 E Silver St, Sullivan, IN, 47882, SULLIVAN Sullivan IN 47882	
REGULATION NUMBER	STATEMENT OF NONCOMPLIANCE
11	470 IAC 3-1.1-37(D) Within thirty (30) days of a child's admission, the licensee shall receive a written statement from the child's parent or legal guardian signed by a physician or a certified nurse practitioner which states the following: That the child can participate
Missing.	Missing.
Obtain for all children.	Obtain for all children.
11/1/2011	10/27/2011
ID number: 77-700253 Telephone number: 8122684214 Education: <input type="checkbox"/> Non Graduate <input type="checkbox"/> GED <input checked="" type="checkbox"/> HS Diploma <input type="checkbox"/> CDA <input type="checkbox"/> College Degree <input type="checkbox"/> Masters	
DATE TO BE CORRECTED	DATE CORRECTED
10/11/2011	10/27/2011
Class: 1 / 16	Capacity: 16
ACTION TO BE TAKEN AND COMMENTS Days of operation: M-F Hours of operation: 06:00 AM - 06:00 PM Ratio: 6 / 2 Voucher requirements: <input type="checkbox"/> Met <input type="checkbox"/> Declined <input type="checkbox"/> Needs <input type="checkbox"/> Follow up on _____ The local Office of Family and Children recommends: <input type="checkbox"/> Regular Expiring <input type="checkbox"/> Probationary Expiring <input type="checkbox"/> Provisional Expiring <input type="checkbox"/> Undetermined Until _____	
Water temp 113.9 degrees.	
With my signature, I confirm that the licensing consultant has explained the non-compliance item(s). Also, I acknowledge what action is necessary and the allotted time in which to comply with the rule(s) and comments indicated above.	
Signature of licensee <i>Christa Waterman</i>	Date (month, day, year) 10/11/2011
Signature of Licensing Consultant <i>Erin D. Sartin</i>	Date (month, day, year) 10/11/2011



PLAN OF CORRECTION FOR CHILD CARE HOMES
 State Form 49475 (R. 7.03) / BCD 0045

HOME INSPECTION SUMMARY

ANNUAL RENEWAL INITIAL COMPLAINT FOLLOW UP OTHER
 Name of licensee: **Waterman, Christa**
 Address (number and street, city, state, ZIP code): **541 E Silver St. Sullivan, IN, 47882, SULLIVAN Sullivan IN 47882**
 ID number: **77-700253** Telephone number: **8122684214**
 Education: Non Graduate GED HS Diploma CDA Masters
 College Degree Masters
 Date and time of visit: **10/11/2011** Class: **1 / 10** Capacity: **16**

REGULATION NUMBER	STATEMENT OF NONCOMPLIANCE	DESCRIPTION OF CORRECTION	DATE TO BE CORRECTED	DATE CORRECTED
12	470 IAC 3-1.1-37(b)(2) Within thirty(30) days of a child's admission, the licensee shall receive a written statement from the child's parent or legal guardian signed by a physician or a certified nurse practitioner which states the following: That the child has had immuniza	Obtain for all children.	11/1/2011	10/27/2011
12-17.2-5-6.5(a)(6)	To qualify for a license to operate a class II child care home under this chapter, a person must do the following: Conduct fire drills required under article 37 of the Indiana fire prevention code adopted by the fire prevention and building safety	Conduct monthly fire drills for Class II.	11/1/2011	10/11/2011

ACTION TO BE TAKEN AND COMMENTS

Water temp 113.9 degrees.

With my signature, I confirm that the licensing consultant has explained the non-compliance item(s). Also, I acknowledge what action is necessary and the allotted time in which to comply with the rule(s) and comments indicated above.

Signature of licensee: *Christa Waterman* Date (month, day, year): **10/11/2011** Signature of Licensing Consultant: *Erin D. Sartin* Date (month, day, year): **10/11/2011**

Days of operation: **M-F** Hours of operation: **06:00 AM - 06:00 PM** Ratio: **6 / 2**

Voucher requirements: Met Declined Needs Follow up on _____

The local Office of Family and Children recommends: Regular Expiring Provisional Expiring Probationary Expiring Undetermined Until _____



PLAN OF CORRECTION FOR CHILD CARE HOMES
 State Form 4917S (R 7-09) / BCD 0045

HOME INSPECTION SUMMARY

ANNUAL RENEWAL INITIAL COMPLAINT FOLLOW UP OTHER

Name of licensee: **Waterman, Christa** ID number: **77-700253** Date and time of visit: **11/30/2012 8:00 AM**

Address (number and street, city, state, ZIP code): **541 E Silver St, Sullivan, IN, 47882** Telephone number: **8122684214** Education: Non Graduate GED HS Diploma CDA College Degree Masters

REGULATION NUMBER: _____ STATEMENT OF NONCOMPLIANCE: _____ DESCRIPTION OF CORRECTION: _____ DATE TO BE CORRECTED: _____ DATE CORRECTED: _____

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ACTION TO BE TAKEN AND COMMENTS

Water temp 119.3 degrees. Days of operation: _____ Hours of operation: _____ Ratio: **8** / **1**

Voucher requirements: Met Declined Needs Follow up on _____

The local Office of Family and Children recommends: Regular Expiring Provisional Expiring Undetermined Until _____

Probationary Expiring _____

With my signature, I confirm that the licensing consultant has explained the non-compliance item(s). Also, I acknowledge what action is necessary and the allotted time in which to comply with the rule(s) and comments indicated above.

Signature of licensee: *Christa Waterman* Date (month, day, year): **11/30/2012** Signature of Licensing Consultant: *Christa Waterman* Date (month, day, year): **11/30/2012**



PLAN OF CORRECTION FOR CHILD CARE HOMES

State Form 49475 (R4 / 10-12)

HOME INSPECTION SUMMARY

ANNUAL COMPLAINT INITIAL (PROPOSED) RENEWAL
 PROBATIONARY SUMMER CARE TECHNICAL ASSISTANCE FOLLOW UP EMERGENCY CLOSURE
 ENFORCEMENT

Name of licensee: **Waterman, Christa**
 Address (number and street, city, state, and ZIP code): **541 E Silver St Sullivan IN 47882**
 ID number: **77-700253** Class I/II: Ratio: **11** Capacity: **16**

REGULATION NUMBER	STATEMENT OF NONCOMPLIANCE	DESCRIPTION OF CORRECTION	DATE TO BE CORRECTED (month, day, year)	DATE CORRECTED (month, day, year)
11	470 IAC 3-1.1-37(b) Within thirty (30) days of a child's admission, the licensee shall receive a written statement from the child's parent or legal guardian signed by a physician or a certified nurse practitioner which states the following: That the child can participate in the child care homes activities	Obtain physical and send.	11/28/2013	11/25/2013
12	470 IAC 3-1.1-37(b)(2) Within thirty (30) days of a child's admission, the licensee shall receive a written statement from the child's parent or legal guardian signed by a physician or a certified nurse practitioner which states the following: That the child has had immunizations which are up-to-date for the child's age.	Obtain shot record.	11/28/2013	11/25/2013

ACTION TO BE TAKEN AND COMMENTS

Water temp 118.5 degrees.

With my signature, I confirm that the licensing consultant has explained the non-compliance item(s). Also, I acknowledge what action is necessary and the allotted time in which to comply with the rule(s) as indicated above.

Signature of licensee: *Christa Waterman* Date (month, day, year): **11/7/2013**

Signature of Licensing Consultant: *Erin D Sater* Date (month, day, year): **11/7/2013**