

PLAN OF CORRECTION FOR CHILD CARE HOMES State Form 49475 (R1 7-03) / BCD 9946

The increase shall note with the child sparent Missing. Obtain for all children. Obtain for al	Signature of licensee	Signature of license
Obtain for all children. ACTION TO BELITAMEN AND COMMISSION: Days of operation: M-F Voucher requirements: Met Declined Needs Follow up on The local Office of Family and Children recommends: Regular Expiring Provisional Expiring Undetermined Until	With my signature, I confirm that the ficensing consultant has explained the non-compliance its comments indicated above.	With my signature comments indical
Obtain for all children. ACTION TO BE TAKEN AND COMMENTANTS Days of operation: M-F Noucher requirements: O6:00 AM Noe:00 PM Ratio: 2 Noucher requirements: Follow up on		
Obtain for all children. ACTION TO BE TAKEN AND COMMENS Days of operation: M-F Hours of operation: M-F Ratio: 06:00 AM 06:00 PM 6 2		
Obtain for all children. 11/1/2011 ACTION TO BE TAKEN AND COMMENTS	Water temp 113.9 degrees	Water temp
Obtain for all children.	TO TO THE TOTAL	4 7
	470 IAC 3-1.1-37(b) Within thirty (30) days of a childs admission, the licensee shall receive a written statement from the childs parent or legal guardian signed by a physician or a certified nurse practitioner which states the following: That the child can participate	0 I A C 3 -
ssing. Obtain for all children. 11/1/2011 10/27/2011	12-172-1-1(8) Enrollment form for each-ichild receiving services which shall include the following: Childs name and date of birth	1 ,
NCOMPLIANCE DESCRIPTION OF CORRECTION CORRECTED DATE CORRECTED	TION NUMBER STATEMENT OF NONCOMPLIANCE	REGULATION NUMBER
Telephone number X HS Diplome	47882	Address (number an 541 E Silver St, Sulliva
		Name of licensee Waterman, Christa
COMPLAINT FOLLOW UP OTHER	X renewal I initial I complaint I	☐ ANNUAL



PLAN OF CORRECTION FOR CHILD CARE HOMES State Form 49475 (R.1.7-03) / IBCD 9045

ANNUAL RENEWAL [Name of licensee Waterman, Christa Address (number and street, city, state, ZIP code) 541 E Silver St, Sullivan, IN, 47882, SULLIVAN Su REGULATION NUMBER 12 R	ANNUAL RENEWAL INITIAL Name of licensee Waterman, Christa Address (number and street, city, state, ZIP code) 541 E Silver St, Sullivan, IN, 47882, SULLIVAN Sullivan REGULATION NUMBER 12 He childs parent or legal guardian Missing, signed by a physician or a certified nurse practitioner which states the following: That the child has had mmuniza C 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: - 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: - 11-12 - 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: - 11-12 - 11-12 - 11-12 - 11-12 - 11-13 - 11-14 - 11-15 -	COMPLAINT [] IN 47882 IPLIANCE.	HOME INSPECTION SUMMARY FOLLOW UP OTHER ID number 77-700253 Education: 8122684214 DESCRIPTION OF CORRECT ODtain for all children. Obtain for all children. Conduct monthly fire drills for Class II.	correction	Date and time of visit CDA Class Masters DATE TO BE CORRECTED CORRECTED	ne of visit 1 Capacity: DATE CORRECTED 10/27/2011 10/27/2011
1-12	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 co	Last fire drill in August.	Conduct monthly fire drills for Class	5 I.	11/1/2011	10/11/2011
Water temp 113.9 degrees.	.9 degrees.	ACTIONIT	ACTION TO BE TAKEN AND CONMENTS Days of operation: M-F Voucher requirements: O Met Declined	Hours of operation 06:00 AM	Ratio: 06:00 PM 6	2
			The local Office of Family and Children recommends Regular Expiring Probationary Expiring		Provisional Expiring	
With my signature, I confirn comments indicated above.	nfirm that the licensing consultant ove.	With my signature, I confirm that the ficensing 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.	em(s). Also, I acknowledge what ac	tion is necessary and the a	Hatted firne in which to c	comply with the rule(s) and
Signature of licensee	estalista	Date (month, day, year) 10/11/2011	Signature of Licensing Consultant	Circle Sales	Date (month. c 10/11/2011	Date (month, day, year) 10/11/2011

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			A CONTRACTOR OF THE PROPERTY O	ACTORNAL SPORT SPORT SPORT SPORT SPORT SPORT SPORT	ZZZBZZZASTANIOSBALYMISKOSTO	MANAGEMENT CONTRACTOR
Name of licensee	(C 1 () 4) () () () () () () () ()	ber .			Date and time of visit	8:00 AM
Waterman, Christa	A THE RESIDENCE OF THE PROPERTY OF THE PROPERT		U Non Graduate	• \)
Address (number and street, city, state, ZIP code)	IN 47882	Telephone number	☐ College Degree ☐	Masters	1 / @	16
	OMPLIANCE	DESCRIPTION	DESCRIPTION OF CORRECTION		DATE TO BE CORRECTED	DATE CORRECTED
4 7 0 A C 3 - 1 , water temp 119.3 degrees.	ACTION TO	CHON TO BE TAKEN AND COMMENTS Days of operation: Voucher requirements: Voucher requirements: Woucher Feduirements:	operation	Follow up on	Revio:	
		Voucher requirements: Met Declined Differents and Children			~	,
		The local Office of Family and Children recommends: Regular Expiring		Provisional Expiring		
		☐ Probationary Expiring	•	Undetermined Until		
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 afforted time in which to comply with the rule(s) and comments indicated above.	xplained the non-compliance its	em(s). Also, l acknowledge what ac	tion is necessary and the	e affotted time in t	which to comply wil	th the rule(s) and
Signature of licensee (Mak William 11	Date (month. dey, year) 11/30/2012	Signature of Licensing Consultant	Find Si	ST	Date (month, day, year) 11/30/2012	1r)

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PLAN OF CORRECTION FOR CHILD CARE HOMES State Form 19475 (R4 / 10-12)

			HOME INSPECTION SUMMAR	GN SUMMARY				
	☐ ANNUAL ☐ PROBATIONARY	☐ COMPLAINT ☐ SUMMER CARE	☐ TECHNICAL ASSISTANCE		FOLLOW UP	J EMERGENCY CLOSURE J ENFORCEMENT	OSURE	
Name of licensee Waterman, Christa	Subjection (Control of Control of		77	10 number 77-700253	Class I/ II Class II	11	2	16
Address (number and street, city, state, and ZIP code) 541 E Silver St Sullivi	<u>st, city, state, and ZiP code)</u> Sullivan	IN 47882						i
REGULATION	STATEMEN	STATEMENT OF NONCOMPLIANCE		DESCRIPTIO	DESCRIPTION OF CORRECTION		DATE TO BE CORRECTED (month, day, year)	
	470 IAC 3-1.1-37(b) Within thirty (30) days of a childs admission, the licensee shall receive a	1 physical missing.		Obtain physical and send.	nd.	11/28	1/28/2013	11/25/2013
	written statement from the childs 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							
12	470 IAC 3-1.1-37(b)(2) Within thirty (30) days of a childs admission, the licensee shall receive a written statement from the childs 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 childs age.	1 shot record missing.		Obtain shot record.		11/28/2013	2013	11/25/2013
Water temp 118.5 degrees	ees,		ACTION TO BE TAKE	A AND COMMENTS				
With my signature, I as indicated above.	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 elicited time in which to comply with the rule(s) as indicated above.	int has explained the non	compliance item(s). A	iso, i acknowledge wh	at action is necessar	ry and the allotted	I time in which to co	omply with the rule(s)
Signature of licenses	Physic Water	Date (month 11/7/2013	Date (month, day, year) 11/7/2013	Signature of Licensing Consultant	N	Nim OS	Sater Date	Date (month, day, year) 11/7/2013