



"People
helping people
help
themselves"

MICHAEL R. PENCE, GOVERNOR
STATE OF INDIANA

Division of Family Resources
Bureau of Child Care

402 W. WASHINGTON STREET, P.O. BOX 7083
ROOM W361, MS 02
INDIANAPOLIS, IN 46204-2243

March 12, 2014

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

91-7190-0005-2670-0003-9036

Mr. Michael Johnson
11489 Little Rock Ct
Fishers, IN 46037

RE: Revocation of Child Care Home License

Dear Mr. Johnson:

This is official notification that the Division of Family Resources is taking action to **revoke** your license.

This revocation is based on non-compliance with the following Indiana and Administrative Code:

IC 12-17.2-5-33(a) Disciplinary sanctions

"(a) A licensee shall operate a child care home in compliance with the rules established under this article and is subject to the disciplinary sanctions under subsection (b) if the division finds that the licensee has violated this article.

(b) The division may impose any of the following sanctions when the division finds that a licensee has committed a violation under subsection (a):

(1) After complying with the procedural provisions in sections 19 through 22 of this chapter:

(B) revoke the license."

IC 12-17.2-5-3(e)(2) Applying for licenses; national criminal history background check

"(e) Subject to section 3.3 of this chapter, an applicant shall require:

(2) The applicant's household members who are:

(A) at least eighteen (18) years of age; or

(B) less than eighteen (18) years of age but have previously been waived from juvenile court to adult court; to submit fingerprints for a national criminal history background check by the Federal Bureau of Investigation. An applicant shall require an individual described in subdivision (1) to apply for a national criminal history background check before the individual is employed or allowed to volunteer and every three (3) years thereafter that the individual is continuously employed or allowed to volunteer."



IC 12-17.2-5-3.5(a)(3)

“(a) A child care home shall, at no expense to the state, maintain and make available to the division upon request a copy of drug testing results for:

- (3) an individual who:
 - (A) is employed; or
 - (B) volunteers;
- as a caregiver at the child care home.”

470 IAC 3-1.1-28.5(c)(1) Annual inspection

“(c) The caregiver shall maintain and make available verification of the following:

- (1) Annual Mantoux tuberculin test or chest x-ray for direct child care providers and all family members over eighteen (18) years of age.”

470 IAC 3-1.1-32(a)(3) and (5) Documentation requirements

“(a) The licensee shall maintain the following documentation in the child care home for review by the COFC:

- (3) Documentation of criminal history checks on employees, volunteers, and all household members who are at least eighteen (18) years of age.
- (5) Documentation of certification of a current first aid course, training in “Universal Precautions”, and annual CPR certification by direct child care providers.”

470 IAC 3-1.1-33.5(b)(3) and (c) Staff orientation, training, and development

“(b) Direct child care providers, including volunteers, shall receive training in the following within thirty (30) days of starting employment or volunteer work:

- (3) Procedures for preventing, detecting, and reporting suspected child abuse and neglect.

(c) At least one (1) direct child care provider shall be trained in pediatric cardiopulmonary resuscitation training annually and shall be on the premises at all times.”

470 IAC 3-1.1-34(a) Medical requirements

“(a) Direct child care providers who work in the home more than three (3) times a month and all members of the household having direct contact with children receiving care shall have an initial physical examination by a physician or certified nurse practitioner indicating that they are free from communicable disease, have no physical or other condition which would endanger the health or welfare of children in care, and have an annual Mantoux tuberculin test or chest x-ray.”

470 IAC 3-1.1-36.5(c) Child to staff ratio

“(c) Only direct child care providers shall be counted in determining the child to staff ratio.”

On 2/28/14, Ms. Vicki Allen, Child Care Home Licensing Consultant visited the home to conduct the annual licensing inspection. Ms. Allen found 6 children with 2 adults that were not qualified. The adults did not have verification of any of the above required documentation.

470 IAC 3-1.1-46(b),(c),(g), and (u) Fire prevention

“(b) A basement area in which child care services are provided shall have a direct exit at ground level not involving stairs or ramps. The interior staircase serving the first floor is acceptable as the second exit for a basement in which child care services are provided. An example of an allowable exit is a level area directly outside the exterior door that is at least thirty-two (32) square feet. This area may be a porch, deck, or stairway landing. Bi-level and tri-level homes which are licensed

Mr. Johnson
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March 12, 2014

and hold a regular license with the division of family and children, as of the effective date of this section are exempt.

- (c) Each room of the home where child care services are provided is required to have at least two (2) means of escape (this may include one (1) window and one (1) door).
- (g) Exits shall not be blocked in the child care home.
- (u) The licensee shall notify the local fire department at the time of application or relicensure of the licensed capacity and the hours of operation of the home."

On 2/28/14, Ms. Allen visited the home and found the children being cared for in the basement. The basement does not have an exit directly to the outside nor does each room have 2 means of escape. The only exit was the interior staircase and it was blocked by a stationary gate. There were several pack n plays and toys set up in the basement area and appeared to be the main area for the child care operation.

On 1/21/2011, Ms. Allen visited your home because we had a complaint that you were operating illegally and caring for children in a basement that did not have an exit directly to the outside. The complaint was validated and 11 children were found in the basement and 3 upstairs. Ms. Allen explained the basement requirement for licensed facilities at that time. On 3/28/2011, Ms. Allen did your initial licensing visit and once again explained that children could not be cared for in the basement area. This is a very serious fire safety violation.

If you object to this action of revoking your license to operate a child care home, you are entitled to file a written request for an administrative appeal to the following address within thirty (30) days after receipt of this letter, pursuant to the Administrative Adjudication procedures established under 470 IAC 1-4:

Family and Social Services Administration
Division of Family Resources
402 West Washington Street, Room W-361, MS02
Indianapolis, IN 46204-2739

If you do not appeal this action within thirty (30) days you must cease operation of your child care home and return your license to the Division. If you fail to do so, civil and criminal proceedings will be recommended by this Division to the Attorney General of the State of Indiana as well as to your local County Prosecutor.

In accordance with Indiana Code 12-17.2-4-19; the licensee shall also be provided with the opportunity for an informal meeting with the Division. The licensee must request the meeting within ten (10) working days after the receipt of the certified notice. If you would like to schedule an informal meeting, please contact your licensing consultant, Vicki Allen.

Pursuant to Indiana Code 12-17.2-5-1, a person may not operate a child care home without a license issued under this article. According to IC 12-17.2-2-8 Sec. 8, the division shall exempt from licensure the following programs: A child care home if the provider; (A) does not receive regular compensation; (B) cares only for children who are related to the provider; (C) cares for less than six (6) children, not including children for whom the provider is a parent, stepparent, guardian, custodian, or other relative.

Indiana Code 12-17.2-5-29 provides that the Division shall investigate a report of an unlicensed child care home and report the findings to the Attorney General, and to the county department of public welfare attorney, and the Prosecuting Attorney in the county where the child care home is located.

The Attorney General or the County Attorney may seek the issuance of a search warrant to assist in the investigation, file an action for injunctive relief to stop the operation of a child care home if there is reasonable cause to believe that the child care home is operating without a license required under this article, or a licensee's non-compliance with this article and the rules adopted under this article creates an imminent danger of serious bodily injury to a child or an imminent danger to the health of a child.

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The Attorney General and/or the County Attorney may seek in civil action a civil penalty not to exceed one hundred dollars (\$100) a day for each day a child care home is operating without a license required under this article.

The Division may provide for the removal of children from child care homes, and may provide an opportunity for an informal meeting with your local Office of Family Resources and Department of Child Services after the injunctive relief is ordered.

Parents or guardians of the children in care should be referred to their local Child Care Resource and Referral Agency for assistance in locating child care. For additional information concerning child care in your area, please call 1-800-299-1627.

Your ability to accept payment from federal subsidized parent/customers will be jeopardized due to the revocation.

This enforcement action against your child care home license makes you ineligible to receive a voucher payment through the Child Care Development Fund ("CCDF") program until any further proceeding regarding your child care home license reflects a final determination that your child care home license is in good standing. (See selected portions of the Indiana Code (IC) below):

IC 12-17.2-3.5-4

Ineligible providers; enforcement action; decertification

Sec. 4.

(b) A provider whose:

(1) license under . . . IC 12-17.2-5;

is subject to an enforcement action is ineligible to receive a voucher payment, regardless of whether the provider meets the requirements of this chapter, until the outcome of any proceeding under IC 4-21.5 reflects a final determination that the provider's license . . . is in good standing.

IC 12-7-2-77.2

"Enforcement action"

Sec. 77.2. "Enforcement action" for purposes of IC 12-17.2, refers to the following:

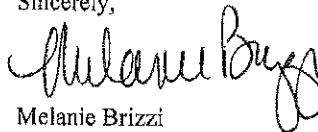
(2) Denial, suspension, or revocation of a license under . . . IC 12-17.2-5.

Effective March 31, 2014 you will not be eligible to receive CCDF payments.

Parents or guardians of the children receiving CCDF in care should be **immediately** referred to their local Child Care Resource and Referral Agency for assistance in locating child care. For additional information concerning child care in your area, please call 1-800-299-1627.

If you have any questions regarding this matter, please feel free to contact Ms. Debbie Sampson, Manager, Child Care Homes at (317) 232-7413.

Sincerely,



Melanie Brizzi
Child Care Administrator
Bureau of Child Care

MB:dss

Mr. Johnson
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March 12, 2014

cc: Ms. Christi Tucker, Director
Hamilton County Department of Child Services

Mr. Mike Price, Attorney
Hamilton County Department of Child Services

Ms. Pattie Ryan,
Indiana Association for Child Care Resource & Referral

Ms. Carol Markle, CACFP Field Staff & Sponsor Support Coordinator
Indiana Department of Education

Ms. Vicki Allen, Licensing Consultant

Ms. Linda Kolbus, CCDF Policy Manager

ID# 29-1654



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: **Johnson, Michael** ID number: **29-1654** Class I/II: **CLASS I** Ratio: **8** Capacity: **10**

Address (number and street, city, state, and ZIP code): **11489 Little Rock Court Fishers IN 46037**

REGULATION NUMBER	STATEMENT OF NONCOMPLIANCE	DESCRIPTION OF CORRECTION	DATE TO BE CORRECTED (month, day, year)	DATE CORRECTED (month, day, year)
ACTION TO BE TAKEN AND COMMENTS				
Signed consent agreement. Placing home on Probation. Reporting/Detecting abuse training completed 3/12/14				

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: *[Signature]* Date (month, day, year): **4/21/2014**

Signature of Licensing Consultant: *[Signature]* Date (month, day, year): **4/21/2014**



PLAN OF CORRECTION FOR CHILD CARE HOMES
 State Form 49475 (94 / 10-12)

HOME INSPECTION SUMMARY

ANNUAL COMPLAINT INITIAL (PROPOSED) RENEWAL EMERGENCY CLOSURE
 PROBATIONARY SUMMER CARE TECHNICAL ASSISTANCE FOLLOW UP ENFORCEMENT
 Name of licensee: Johnson, Michael ID number: 29-1654 Class I/II: CLASS I Ratio: 0 Capacity: 10
 Attempted

Address (number and street, city, state, and ZIP code): 11489 Little Rock Court Fishers IN 46037

REGULATION NUMBER	STATEMENT OF NONCOMPLIANCE	DESCRIPTION OF CORRECTION	DATE TO BE CORRECTED (month, day, year)	DATE CORRECTED (month, day, year)
ACTION TO BE TAKEN AND COMMENTS				
no one home				

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: _____ Date (month, day, year): 2/27/2014

Signature of Licensing Consultant: *[Signature]* Date (month, day, year): 2/27/2014



PLAN OF CORRECTION FOR CHILD CARE HOMES
 State Form 49475 (84 / 10-12)

HOME INSPECTION SUMMARY

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

Name of licensee: Johnson, Michael ID number: 29-1654 Class I / II: Class I Ratio: 6 Capacity: 10

Address (number and street, city, state, and ZIP code): 11489 Little Rock Court Fishers IN 46037

REGULATION NUMBER	STATEMENT OF NONCOMPLIANCE	DESCRIPTION OF CORRECTION	DATE TO BE CORRECTED (month, day, year)	DATE CORRECTED (month, day, year)
1d	470 IAC 3-1-1-46(u) The licensee shall notify the local fire department at the time of application or relicensure of the licensed capacity and the hours of operation of the home	Submit proof of fd notification	3/10/2014	
3	470 IAC 3-1-1-32(a)(5) The licensee shall maintain the following documentation in the child care home for review by the COFC: Documentation of certification of a current first aid course, training in Universal Precautions, and annual CPR certification by direct child care providers	Submit proof of FA, CPR and Univ Prec for assistants	3/10/2014	

ACTION TO BE TAKEN AND COMMENTS

At the time of arrival a lady (Nancy Austin) answered the door and stated that licensee was in the bathroom and she couldn't allow me entry. I waited for Mr. Johnson to come out of the bathroom and knocked again and got no answer. Approximately 15 min later a parent arrived so I again tried to enter and was allowed. Nancy stated that licensee had to leave as an emergency. Consultant didn't see anyone leave the home, but Nancy stated that he had left after finishing in the bathroom. All children other than the child who arrived as I entered were in the basement. Four pack and plays were set up in a room in the basement. Caregivers stated they were only in the basement for a short time to play

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: *Nancy Austin* Date (month, day, year): 2/28/2014 Signature of Licensing Consultant: *[Signature]* Date (month, day, year): 2/28/2014



PLAN OF CORRECTION FOR CHILD CARE HOMES
 State Form 49475 (R4 / 10-12)

HOME INSPECTION SUMMARY

Name of licensee: **Johnson, Michael**

Address (number and street, city, state, and ZIP code):
 11489 Little Rock Court Fishers IN 46037

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

ID number: 29-1654 Class I / II: Class I Ratio: 6 / 2 Capacity: 10

REGULATION NUMBER	STATEMENT OF NONCOMPLIANCE	DESCRIPTION OF CORRECTION	DATE TO BE CORRECTED (month, day, year)	DATE CORRECTED (month, day, year)
4a	470 IAC 3-1.1-34(a) Direct child care providers who work in the home more than three (3) times a month and all members of the household having direct contact with children receiving care shall have an initial physical examination by a physician or certified nurse practitioner indicating that they are free from communicable disease, have no physical or other condition which would endanger the health or welfare of children in care, and have an annual Mantoux tuberculin test or chest x-ray	Submit physical for Mary and Nancy	3/10/2014	
4b	470 IAC 3-1.1-28, 5(c)(1) The caregiver shall maintain and make available verification of the following: Annual Mantoux tuberculin test or chest x-ray for direct child care providers and all family members over eighteen (18) years of age	No tb tests for Mary or Nancy Submit current tb tests for Mary and Nancy		3/10/2014

ACTION TO BE TAKEN AND COMMENTS

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: *Michael Johnson* Date (month, day, year): 2/28/2014

Signature of Licensing Consultant: *[Signature]* Date (month, day, year): 2/28/2014



PLAN OF CORRECTION FOR CHILD CARE HOMES
 State Form 4947S (R4 / 10-12)

HOME INSPECTION SUMMARY

Name of licensee: **Johnson, Michael**

Address (number and street, city, state, and ZIP code):
 11489 Little Rock Court Fishers IN 46037

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

ID number: 29-1654 Class I / II: Class I Ratio: 6 2 Capacity: 10

REGULATION NUMBER	STATEMENT OF NONCOMPLIANCE	DESCRIPTION OF CORRECTION	DATE TO BE CORRECTED (month, day, year)	DATE CORRECTED (month, day, year)
3a	12-17-2-5-3-5(a) A child care home shall, at no expense to the state, maintain and make available to the division upon request a copy of drug testing results for the provider	No drug screens on file for Mary or Nancy	Submit negative drug screens	3/5/2014
5b	4/70 IAC 3-1-1-32(a)(3) The licensee shall maintain the following documentation in the child care home for review by the COFC: Annual Child Protective Services and Sex Offender Registry for employees, volunteers, and all household members who are at least eighteen (18) years of age.	No consent form filed	Submit completed consent form	3/3/2014
5c	12-17-2-5-3-3(d)(2)&(e) An applicant must submit the necessary information, forms, or consents for the division to: obtain a national criminal history background check on the applicant through the state police department under IC 10-13-3-39	No FBI check on file for Mary or Nancy	Submit prints to FBI	3/5/2014

ACTION TO BE TAKEN AND COMMENTS

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: *Nancy Quartin* Date (month, day, year): 2/28/2014

Signature of Licensing Consultant: *MPR* Date (month, day, year): 2/28/2014

DISTRIBUTION: White - Central Office; Canary - Licensing Specialist; Pink - Provider

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PLAN OF CORRECTION FOR CHILD CARE HOMES
 State Form 49475 (R4 / 10-12)

HOME INSPECTION SUMMARY

Name of licensee: **Johnson, Michael**

Address (number and street, city, state, and ZIP code): **11489 Little Rock Court Fishers IN 46037**

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

ID number: **29-1654** Class I/II: **Class I** Ratio: **6** Capacity: **10**

REGULATION NUMBER	STATEMENT OF NONCOMPLIANCE	DESCRIPTION OF CORRECTION	DATE TO BE CORRECTED (month, day, year)	DATE CORRECTED (month, day, year)
17a	470 IAC 3-1-1-33.5(b)(3) Direct child care providers, including volunteers, shall receive training in the following within thirty (30) days of starting employment or volunteer work: Procedures for preventing, detecting, and reporting suspected child abuse and neglect.	Training not complete	Submit proof of training for all caregivers	3/10/2014
22	470 IAC 3-1-1-36.5(c) Only direct child care providers shall be counted in determining the child to staff ratio.	Only caregivers present were not approved	Caregivers need to be approved to be counted in child/staff ratio	3/3/2014
46	470 IAC 3-1-1-46(c) Each room of the home where child care services are provided is required to have at least two (2) means of escape (this may include one (1) window and one (1) door).	Children were in the basement with only one way to exit	Basement cannot be used at any time bc it doesn't have a direct exit	3/3/2014
47a	470 IAC 3-1-1-46(a) All child care homes shall have two (2) remotely located means of egress.	Children were in the basement with no windows and only one exit	No children can be in the basement bc there is not two means of egress	3/3/2014

ACTION TO BE TAKEN AND COMMENTS

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: *Michael Johnson* Date (month, day, year): **2/28/2014**

Signature of licensing consultant: *[Signature]* Date (month, day, year): **2/28/2014**



PLAN OF CORRECTION FOR CHILD CARE HOMES
State Form 46475 (R4 / 10-12)

HOME INSPECTION SUMMARY

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

Name of licensee: **Johnson, Michael** ID number: **29-1654** Class 1 / # **Class 1** Ratio: **6** 2 Capacity: **10**

Address (number and street, city, state, and ZIP code):
11489 Little Rock Court Fishers IN 46037

REGULATION NUMBER	STATEMENT OF NONCOMPLIANCE	DESCRIPTION OF CORRECTION	DATE TO BE CORRECTED (month, day, year)	DATE CORRECTED (month, day, year)
47b	470 IAC 3-1.1-46(g) Exits shall not be blocked in the child care home	The stairway leading out of the basement was blocked by a gate Remove gate and do not use the basement	3/3/2014	2/28/2014
49	470 IAC 3-1.1-46(f) A basement area in which child care services are provided shall have a direct exit at ground level not involving stairs or ramps. The interior staircase serving the first floor is acceptable as the second exit for a basement in which child care services are provided. An example of an allowable exit is a level area directly outside the exterior door that is at least thirty-two (32) square feet. This area may be a porch, deck, or stairway landing. Bi-level and tri-level homes which are licensed and hold a regular license with the division of family and children, as of the effective date of this section, are exempt	There is no direct exit. Pack and plays were set up in a room in the basement and toys were in the main room Basement cannot be used for care at any time	3/3/2014	2/28/2014

ACTION TO BE TAKEN AND COMMENTS

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: *Michael Johnson* Date (month, day, year): **2/28/2014** Signature of Licensing Consultant: *[Signature]* Date (month, day, year): **2/28/2014**



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: **Johnson, Michael** ID number: **29-1654** Class I / II: **Class I** Ratio: **6** 2 Capacity: **10**

Address (number and street, city, state, and ZIP code):
11489 Little Rock Court Fishers IN 46037

REGULATION NUMBER	STATEMENT OF NONCOMPLIANCE	DESCRIPTION OF CORRECTION	DATE TO BE CORRECTED (month, day, year)	DATE CORRECTED (month, day, year)
69a	470 IAC 3-1-2-5(a) Licensee shall provide a separate crib, portacrib, or playpen in which each infant or toddler can sleep. Each crib, portacrib, or playpen shall be equipped with a firm-fitting mattress or pad made of waterproof materials. A parent or legal guardian may provide or approve the use of a bassinet for an infant and is responsible along with the caregiver to monitor its use closely. (Manufacturers of bassinets indicate that a bassinet should no longer be used once an infant begins moving and turning unassisted.)	Infants must sleep in approved port a cribs or cribs	3/3/2014	2/28/2014
72b	IC 12-17-2-5-6, 3(a)(3) To qualify for a license to operate a class I child care home under this chapter, a person must do the following: Safe sleep practices are being followed for children less than one (1) year of age.	Infants sleeping in car seat Infants must sleep in approved cribs or playpens	3/3/2014	2/28/2014

ACTION TO BE TAKEN AND COMMENTS

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: *Nancy Baldwin* Date (month, day, year): **2/28/2014** Signature of Licensing Consultant: *[Signature]* Date (month, day, year): **2/28/2014**



PLAN OF CORRECTION FOR CHILD CARE HOMES

State Form 49476 (R 7-03) / BCD 0646

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: Johnson, Michael	
Address (number and street, city, state, ZIP code): 11489 Little Rock Court, Fishers, IN, Fishers IN 46037	
ID number: 29-1654	Education: <input type="checkbox"/> Non Graduate <input type="checkbox"/> GED
Telephone number: 3178635323	<input type="checkbox"/> HS Diploma <input type="checkbox"/> CDA
	<input type="checkbox"/> College Degree <input type="checkbox"/> Masters
Date and time of visit: 1/28/2013	Class: 0 / 11
	Capacity: 10
REGULATION NUMBER: 1d	STATEMENT OF NONCOMPLIANCE: 470 IAC 3-1.1-46(u) The licensee shall notify the local fire department at the time of application or relicensure of the licensed capacity and the hours of operation of the home
REGULATION NUMBER: 3	STATEMENT OF NONCOMPLIANCE: 470 IAC 3-1.1-32(a)(5) The licensee shall maintain the following documentation in the child care home for review by the COFC: Documentation of certification of a current first aid course, training in Universal Precautions, and annual CPR certification by direct child care providers
DESCRIPTION OF CORRECTION: Submit proof of notification to FD	DATE TO BE CORRECTED: 2/8/2013
DESCRIPTION OF CORRECTION: Submit proof of current CPR	DATE CORRECTED: 2/23/2013
ACTION TO BE TAKEN AND COMMENTS	
Days of operation: M,T,W,Th,F	Hours of operation: 7:00 AM - 5:30 PM
Ratio: 7	Ratio: 1
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"/> Provisional Expiring <input type="checkbox"/> Probationary Expiring <input type="checkbox"/> 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 allotted time in which to comply with the rule(s) and comments indicated above.	
Signature of licensee: <i>Michael Johnson</i>	Date (month, day, year): 1/28/2013
Signature of Licensing Consultant: <i>Mark S. All</i>	Date (month, day, year): 1/28/2013

DISTRIBUTION: White - County Office; Canary - Central Office; Pink - Provider



PLAN OF CORRECTION FOR CHILD CARE HOMES

State Form 49475 (R/7-03) / BCU 0046

HOME INSPECTION SUMMARY

ANNUAL RENEWAL INITIAL COMPLAINT FOLLOW UP OTHER

Name of licensee: **Johnson, Michael** ID number: **29-1654** Education: Non Graduate GED

Address (number and street, city, state, ZIP code): **11489 Little Rock Court, Fishers, IN, Fishers IN 46037** Telephone number: **3178635323** HS Diploma CDA Class: **0 / 11** Capacity: **10**

REGULATION NUMBER	STATEMENT OF NONCOMPLIANCE	TB tests are not current	DESCRIPTION OF CORRECTION	DATE TO BE CORRECTED	DATE CORRECTED
4b	470 IAC 3-1.1-28.5(c)(1) The caregiver shall maintain and make available verification of the following: Annual Mantoux tuberculin test or chest x-ray for direct child care providers and all family members over eighteen (18) years of age	No proof of dob in four files	Submit proof of current tb tests	2/8/2013	3/6/2013
9e	12-17.2-1-1(8) Enrollment form for each child receiving services which shall include the following: Child's name and date of birth	Add proof of dob to all files		2/8/2013	2/25/2013

ACTION TO BE TAKEN AND COMMENTS

Days of operation: **M,T,W,T,H,F** Hours of operation: **7:00 AM - 5:30 PM** Ratio: **7 / 1**

Voucher requirements: Met Declined Needs Follow up on _____

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 allotted time in which to comply with the rule(s) and comments indicated above.

Signature of licensee: *[Signature]* Date (month, day, year): **1/28/2013** Signature of Licensing Consultant: *[Signature]* Date (month, day, year): **1/28/2013**



PLAN OF CORRECTION FOR CHILD CARE HOMES

State Form 49475 (R 7-03) / BCD 0945

HOME INSPECTION SUMMARY

ANNUAL
 RENEWAL
 INITIAL
 COMPLAINT
 FOLLOW UP
 OTHER

Name of licensee: **Johnson, Michael** ID number: **29-1654** Education: Non Graduate GED
 Address (number and street, city, state, ZIP code): **11489 Little Rock Court, Fishers, IN, Fishers IN 46037** Telephone number: **3178635323** HS Diploma CDA
 College Degree Masters

Date and time of visit: **1/28/2013 9:21 AM**
 Class: **0 / 11** Capacity: **10**

REGULATION NUMBER	STATEMENT OF NONCOMPLIANCE	DESCRIPTION OF CORRECTION	DATE TO BE CORRECTED	DATE CORRECTED
11	4701IAC 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 home's activities	Add medicals to all files	2/8/2013	3/6/2013

ACTION TO BE TAKEN AND COMMENTS

Days of operation: **M,T,W,Th,F** Hours of operation: **7:00 AM - 5:30 PM** Ratio: **7 / 1**

Voucher requirements: Met Declined Needs Follow up on _____

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 allotted time in which to comply with the rule(s) and comments indicated above.

Signature of licensee: *[Signature]* Date (month, day, year): **1/28/2013** Signature of Licensing Consultant: *[Signature]* Date (month, day, year): **1/28/2013**



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: **Johnson, Michael**
 ID number: **29-1654**
 Education:
 Non Graduate
 GED
 Date and time of visit: **1/28/2013 9:21 AM**

Address (number and street, city, state, ZIP code): **11489 Little Rock Court, Fishers, IN, Fishers IN 46037**
 Telephone number: **3178635323**
 HS Diploma
 CDA
 Class: **0 / II**

College Degree
 Masters
 DATE TO BE CORRECTED: **1/29/2013**
 DATE CORRECTED: **2/25/2013**

REGULATION NUMBER	STATEMENT OF NONCOMPLIANCE	DESCRIPTION OF CORRECTION	DATE TO BE CORRECTED	DATE CORRECTED
68	470(IAC 3-1-2-5(a) Licensee shall provide a separate crib, portacrib, or playpen in which each infant or toddler can sleep. Each crib, portacrib, or playpen shall be equipped with a firm-fitting mattress or pad made of waterproof materials. A parent or legal guardian may provide or approve the use of a bassinet for an infant and is responsible along with the caregiver to monitor its use closely. (Manufacturers of bassinets indicate that a bassinet should no longer be used once an infant begins moving and turning unassisted.)	Infants must sleep in approved port a cribs or playpens	1/29/2013	2/25/2013

ACTION TO BE TAKEN AND COMMENTS

Days of operation: **M,T,W,T,H,F**
 Hours of operation: **7:00 AM - 5:30 PM**
 Ref#: **7 1**

Voucher requirements:
 Met
 Declined
 Needs
 Follow up on _____

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 allotted time in which to comply with the rule(s) and comments indicated above.

Signature of licensee: *[Signature]*
 Date (month, day, year): **1/28/2013**

Signature of Licensing Consultant: *[Signature]*
 Date (month, day, year): **1/28/2013**



"People helping people help themselves"

MICHAEL R. PENCE, GOVERNOR
STATE OF INDIANA

*Division of Family Resources
Bureau of Child Care*

402 W. WASHINGTON STREET, P.O. BOX 7083
ROOM W361, MS 02
INDIANAPOLIS, IN 46204-2243

**CONSENT AGREEMENT
BETWEEN
INDIANA FAMILY & SOCIAL SERVICES ADMINISTRATION
AND
Michael Johnson**

This agreement is entered into by and between the Indiana Family & Social Services Administration and Michael Johnson. The parties agree as follows:

1. Mr. Johnson shall ensure that all staff and volunteers are qualified before allowing them to care for children. This includes receipt of results from background checks; verifications of drug test results, physical, and TB; and required trainings.
2. Children shall never be cared for in the basement.
3. Licensee shall enroll in the Paths to Quality program through Child Care Answers once he is off probation. Licensee agrees to begin work with the mentors to increase the quality of his child care home.
4. Licensee will be placed on probation for six months.
5. Any violations of the terms of this agreement by the licensee shall be grounds for license revocation.
6. This agreement can be used in any further compliance actions.
7. This Agreement shall be posted next to the current child care home license and may be available on the Carefinder website.

Michael Johnson 4-21-14

Michael Johnson, Date
Licensee

Debbie Sampson 4/28/14

Debbie Sampson, Date
Child Care Home Licensing Manager

Melanie Brizzi 4/28/14

Melanie Brizzi, Date
Child Care Administrator
Bureau of Child Care

Vicki Allen 4-21-14

Vicki Allen, Date
Child Care Home Licensing Consultant

