

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):
  - (I) 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

resuscitation training annually and shall be on the premises at all times."

- "(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

### 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 TAC 3-1.1-36.5(e) 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 Page 3 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.

Mr. Johnson Page 4 March 12, 2014

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; descrification 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

Mr. Johnson Page 5 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



			ABBINIS MOTION SIMMARY	ON SUMMARY			
99-114 d 1-1-1-1 <sub>3</sub> 13 y v v v	☐ ANNUAL ☐ PROBATIONARY	☐ COMPLAINT ☐ SUMMER CARE	☐ INITIAL (PROPOSED) ☐ TECHNICAL ASSISTANCE	ñ	T)	EMERGENCY CLOSURE ENFORCEMENT	
Name of licensee Johnson, Michael			29		Class I / II CLASS I	Ratio 0	Capacity 10
Address (number and street, city, state, and ZIP code) 11489 Little Rock Court	y, state, and ZIP code) Fishers	IN 46037	THE THE THE PROPERTY CONTRACTOR AND	маниям императору ет brond	не селе в при в при в передения в пере	баланда аланда от от верен из верен верен от вер	
REGULATION	STATEMEN	STATEMENT OF NONCOMPLIANCE		DESCRIPTION OF	OF CORRECTION	DATE TO BE CORRECTED (month, day, year)	D DATE CORRECTED (month, day, year)
Signed consent agreement. Placing home on Probation. Reporting/Detecting abuse training completed 3/12/14	Placing home on Probation. raining completed 3/12/14	A	ACTION TO BE TAKEN AND COMMENTS	AND COMMENTS			
With my signature, I confi	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 altotted time in which to comply with the rule(s) as indicated above.	int has explained the non-co	ompliance item(s). Als	o, i acknowledge what a	ction is necessary and the	allotted time in which to co	mply with the rule(s)
Signature of licensee W	Morsh	Date (month, 4/21/2014	Date (month, day, year) S: 4/21/2014	Signature of Licensing Consultant	September 1998	Date 4/2	Date (month, day, year) 4/21/2014

Page

\_

ವ್ಲ



Date (month, day, year) 2/27/2014	Dat	MAN	Signature of Licensing Consultant	Signature of Lic	Date (month, day, year) 2/27/2014	. Date (month). 2/27/2014		Signature of licenses
w Ajdilloc	otted time in which to c	ssay and the ak	edge what action is nece	). Also, I acknowle	compliance item(s	liant has explained the non	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.	With my signature, I co as indicated above.
	9 (1)							no one nome
			MENTS	AKEN AND COM	ACTION TO BE TAKEN AND COMMENTS			
TED DATE CORRECTED ) (month, day, year)	DATE TO BE CORRECTED (month, day, year)		DESCRIPTION OF CORRECTION	Om	WAR THE	STATEMENT OF NONCOMPLIANCE	STATEN	REGULATION NUMBER
Andrody Alexander and Alexander	A teath distribution and extensive and exten					IN 46037	city state, and ZIP code) Fishers	Address (number and street, city, state, and ZiP code) 11489 Little Rock Court Fisher
Capacity 10	iò O	Ratio	Class I / II	1D number 29-1654				Name of licensee Johnson, Michael
Attempted	EMERGENCY CLOSURE	☐ EMERGENCY OL	☐ RENEWAL	TECHNICAL ASSISTANCE	☐ INITIAL (PROPOSED)	☐ COMPLAINT ☐ SUMMER CARE	☐ ANNUAL ☐ PROBATIONARY	

Page

ಲ್ಲ



		The second secon	PECEMIZING!					
	☐ PROBATIONARY	☐ COMPLAINT	☐ TECHNICAL ASSISTANCE		FOLLOW UP	☐ EMERGENCY CLOSURE	CLOSURE	
Name of licensee Johnson, Michael	Мех судобудую и перед на	a.a.l. L. Leją, Welloup Politica pro Nasappanana na nasapana A.a.a.a (1bas)			Class / / II Class I	Ratio 6	2	Capacity 10
Address (number and street 11489 Little Rock Court	Address (number and street, city state, and ZIP code) 11489 Little Rock Court Fishers	IN 46037	7		Landing to the control of the contro		The state of the s	
REGULATION	STATEMEN	STATEMENT OF NONCOMPLIANCE	Adeile Adeile Adeile Ann an Ann a The	DESCRIPT	DESCRIPTION OF CORRECTION		DATE TO BE CORRECTED (month, day, year)	DATE CORRECTED (month, day, year)
ld	470 IAC 3-1.1-46(u) The licensee No proof of annual fd notification 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	No proof of annual fd n	otification	Submit proof of fd notification	otification	3/10/2014	2014	
	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	No proof of FA, CPR and Univ Prec for Nancy or Mary	nd Univ Prec for	Submit proof of FA, CPR and U assistants	CPR and Univ Prec for	for 3/10/2014	2014	
At the time of arrival a lingain and got no answhe he home, but Nancy statement. Caregivers	ACHOIN TO BE TAKEN AND COMMENTS If 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 igain 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 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 pasement. Caregivers stated they were only in the basement for a short time to play	loor and stated that licent ernt arrived so I again tring the bathroom. All chillent for a short time to plent	ACTION TO BE TAKEN AND CO nsee was in the bathroom and she led to enter and was allowed. Nanv dren other than the child who arrive ay	EN AND COMMENTS  Dom and she couldn't a  sallowed. Nancy stated t  lild who arrived as I ent	allow me entry. I wai that licensee had to ntered were in the ba	ted for Mr. Johnso leave as an emerg sement. Four pack	n to come out of the gency. Consultant di < and plays were se	itry. I waited for Mr. Johnson to come out of the bathroom and knocked se had to leave as an emergency. Consultant didn't see anyone leave in the basement. Four pack and plays were set up in a room in the
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 allotted time in which to comply with the rule(s) as indicated above.	it has explained the non	-compliance item(s).	Also, i acknowledge w	hat action is necesse	ry and the allotted	time in which to co	nply with the rule(s)
signature of licensee	Noum busher	Date (month)	Date (month, day, year) 2/28/2014	Signature of Licensing Consultant	Consultant /		Date	Date (month, day, year)

Page

1 of

6



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

	X ANNUAL	CONPLAINT	INITIAL (PROPOSED)			EMERGENCY CLOSURE	
v i sensembras assumente de la companya de la comp	TACESTICINAS	L OCEANO CARE		1	Emma E	ロボークアで川道の水・	
Johnson, Michael			29-1654		Class	n allo	napacny 10
Address (number and site)	Address (number and street city state, and ZiP code)			La Carte Car			On and Add American Control of the Advantage of the Advan
11489 Little Rock Court	Fishers	IN 46037					
REGULATION NUMBER	STATEMENT	STATEMENT OF NONCOMPLIANCE		DESCRIPTION OF CO	F CORRECTION	DATE TO BE CORRECTED (month, day, year)	TED DATE CORRECTED ) (month, day, year)
4a	ч	No physicals for Mary or Nancy		Submit physical for Mary and Nancy	and Nancy	3/10/2014	-
	Ω.	to priyototo to may of	المنافعة الم	annin priysical ini mary o	and Namey	71 10%01 t	
	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		······································				
	tuberculin test or chest x-ray		Address Manager				
₽	470 IAC 3-1.1-28.5(c)(1) The caregiver shall maintain and	No to tests for Mary or Nancy		Submit current to tests for Mary	Mary and Nancy	3/10/2014	
	following: Annual Mantoux						
	fuberculin test or chest x-ray for direct child care providers and all						
	family members over eighteen (18) years of age						
			manana Philippinh Novold Protection (Managa da a				neneral annual annua
			ACTION TO BE TAKEN AND COMMENTS	ANDSCOMMENTS			
		÷				·	
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 altotted time in which to comply with the rule(s) as indicated above.	t has explained the non-co	mphance terru(s). Also	), I acknowledge what ac	zion is necessary and it	e allotted time in which to	comply with the rule(s)
Signature of licensee	Nang Austen	Date (month, day, year) 2/28/2014		Signature of Licensing Consultant	hant IM	SAL III	Date (month, day, year) 2/28/2014

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

Page N of တ



	X ANNUAL	SUNIMER CARE	INITIAL (PROPOSED)	SED)   RENEWAL  SEDO   RENEWAL	o OO	ENFORCEMENT	
Mame of Roensee			D r	de la constitución de la constit	***************************************		Capacity
Johnson, Michael			28	niteerrite	aktapjalogy za t	2	10
Address (number and sire	city, state, and ZIF		, , , , , , , , , , , , , , , , , , , ,	MALADAR MATA MARAMA MARAMA MATAMAMA MARAMAMA MARAMA MARAMA MARAMA MARAMA MARAMA MARAMA MARAMA MARAMA MARAMA MA		According to the second	
11489 Little Rock Court	t Fishers	IN 46037					
REGULATION NUMBER	STATEMENT	STATEMENT OF NONCOMPLIANCE	~~	DESCRIPTION OF CORRECTION	FCORRECTION	DATE TO BE CORRECTED (month, day, year)	O DATE CORRECTED
58	12-17.2-5-3.5(a) A child care	No drug screens on file for Mary or Nancy		Submit negative drug screens	ens	3/5/2014	
	state, maintain and make		umbaidu				
	available to the division upon		doblika				
	request a copy of drug testing		<b>-</b>			-	est alle the Man
	results for the provider						
5b	470 IAC 3-1.1-32(a)(3) The	No consent form filed		Submit completed consent form	form	3/3/2014	
	licensee shall maintain the	-				30	
	child care boxes for review by the						
	COFC: Annual Child Protective						
	Services and Sex Offender						
	Registry for employees,						
	volunteers, and all household						
	members who are at least						
50	eignteen (16) years of age.	No EDI chock on file for Ma		Cubacita to FDI			
	applicant must submit the	to the electric let may be realled		Capital pinto a i Di		3/3/2017	
	necessary information, forms, or						
	consents for the division to:						
	obtain a national criminal history						
	background check on the						1
	applicant through the state police						
	department under IC 10-13-3-39						
***************************************			****				
<b>*************************************</b>							u promonent so en
		3.4		ACTION TO BETANELAND COMMENTS			
amund E all fault							pasang ay kanna
							***************************************
With my signature, I	With my signature, I confirm that the licensing consultant has explained the non-compliance item(s). Also, I acknowledge what action	t has explained the non-cor	mpliance item(s). Al	so, i acknowledge what ac	tion is necessary and the a	is necessary and the allotted time in which to comply with the rule(s)	mply with the rule(s)
Signature of boensee	The second secon	Date (month, day, year)	day year)	Sanature of Licensing Consultant	ant //	VX) Date	Date (month, day, year)
California de tocasoca	New Mushin	2/28/2014 2/28/2014		Charles of the state of the sta		7 //	2/28/2014

Page

ω

o, 6



Date (month, day, year)	Dake (i		ying Consultant	Signature of Licensing Consultant	Date (month, day, year)	MATTERS PARTETURE AND TO SEPARATE PROPERTY AND THE PARTETURE AND T	Min Bushin	Signature of licensee
nply with the rule(s)	ed time in which to com	sary and the allotte	je what action is neces	Aiso, i acknowledg	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.	ant nas exp	I confirm that the licensing consult	With my signature as indicated above
			NTS	(EN AND COMBIE	ACTION TO BE TAKEN AND COMMENTS			
2/28/2014	3/3/2014		No children can be in the basement bc there is not two means of egress	No children can be in two means of egress	Children were in the basement with no windows and only one exit		470 IAC 3-1.1-46(a) All child care homes shall have two (2) remotely located means of egress	4/8
2/28/2014	3/3/2014		be used at	1	were in the basement with only one dt	Children were way to exit	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).	46
	3/3/2014		Caregivers need to be approved to be counted in child/staff ratio		Only caregivers present were not approved		470 IAC 3-1.1-36.5(c) Only direct child care providers shall be counted in determining the child to staff ratio	N <sub>2</sub>
	3/3/2014		<i>i</i> e a caregiver present who is	Must always have a caregiver certified in CPR	No caregiver present today had curren ped CPR		470 IAC 3-1.1-33.5(d) 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	17
	3/10/2014		training for all caregivers	Submit proof of training for al	raining not complete	Training	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	တ်
DATE CORRECTED (month, day, year)	DATE TO BE CORRECTED (month, day, year)		DESCRIPTION OF CORRECTION	DESCR	STATEMENT OF NONCOMPLIANCE	NON TO T	STATEMEN	REGULATION NUMBER
					IN 46037		Address (number and street, city, state, and ZIP code) 11489 Little Rock Court Fishers	Address (number and street 11489 Little Rock Court
Capacity 10	2 Ca	Ratio 6	Class I / #I	ID number 29-1654				Name of ficensee Johnson, Michael
	X CLOSURE	☐ EMERGENCY CLOSURE ☐ ENFORCEMENT	☐ RENEWAL		COMPLAINT   INITIAL (PROPOSED) SUMMER CARE   TECHNICAL ASSISTANCE			
				The state of the s				

Page 4 of 6



Signature of licenses	With my signature, as indicated above		46	47b	REGULATION NUMBER	Address (number and street 11489 Little Rock Court	Name of scensee Johnson, Michael	
ses Must Muchan	ature, I confirm that the licensing consu above.		470 IAC 3-1.146(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 trilevel 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	470 IAC 3-1.1-46(g) Exits shall not be blocked in the child care home		Address (number and street, city, state, and ZIP code) 11489 Little Rock Court Fishers	ael	X ANNUAL □ PROBATIONARY
Date (month, day year) 2/28/2014	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 attotted time in which to comply with the rule(s) as indicated above.	ACTION TO BIF TA	Intere is no direct exit. Pack and plays were set up in a room in the basement and toys were in the main room  Ig  Ig  Ig  If  If  If  If  If  If  If	The stairway leading out of the basement was blocked by a gate	STATEMENT OF NONCOMPLIANCE	IN 46037		COMPLAINT INITIAL (PROPOSED)  SUMMER CARE TECHNICAL ASSISTA
Signature of Licensing Consultant	Also, I acknowledge what action	ACTION TO BE TAKENAND COMPLENTS	Basement cannot be used for	Remove gate and do not use the basement	DESCRIPTION OF CORRECTION		1D number Class ! / # 29-1654 Class !	
J/m/ <	is necessary and the		care at any time	the basement	ORRECTION	A ANNO CONTRACTOR OF THE CONTRACTOR OF T		OO
Da A	allotted time in which to		3/3/2014	3/3/2014	DATE TO BE CORRECTED (month, day, year)	A CONTRACTOR OF THE CONTRACTOR	Ratio 2	EMERGENCY CLOSURE
Date (month, day, year) 2/28/2014	comply with the rule(s)		2/28/2014	2/28/2014	ED DATE CORRECTED (month, day, year)	7	Capacity 10	

5	S S S	
A Commission of the Commission	ΟΊ	
4	<u>)</u> ,	
	_	



tunk Emil	XI ANNUAL   PROBATIONARY   II	COMPLAINT	☐ INITIAL (PROPOSED)  ☐ TECHNICAL ASSISTANCE		7 00	EMERGENCY CLOSURE	
lame of ficensee Johnson, Michael			10 n 29	-	***************************************	2	Capacity 10
wdress (number and street, city, state, and ZIP code) 11489 Little Rock Court	ste, and ZIP code) Fishers	IN 46037		маанияма маанияма на предверумую рефунктурую деректурую делекти на технет в технет делекти.		MERIKAN DERIKAN PRIMER PRESENTA ERROGORFON, ORDOVERNO ERROGORFON DERIKAN BARBARA	
REGULATION NUMBER	STATEMENT	STATEMENT OF NONCOMPLIANCE		DESCRIPTION	DESCRIPTION OF CORRECTION	DATE TO BE CORRECTED (month, day, year)	DATE CORRECTED (month, day, year)
	470 IAC 3-1.2-5(a) Licensee shall Infant was sleeping in a car seat. Caregive provide a separate crib, portacrib, stated parent told her to leave baby in car or playpen in which each infant or seat 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.)	Infant was sleeping in a car seat. Caregiver stated parent told her to leave baby in car seat	9	Infants must sleep in approved	oved port a cribs or cribs	3/3/2014	2/28/2014
2b IC 12-1: for a lice child ca chapter, following are bein less tha	IC 12-17.2-5-6.3(a)(3) To qualify I 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.	Infant sleeping in car seat		Infants must sleep in approved cribs or playpens	oved cribs or playpens	3/3/2014	2/28/2014
			ACTION TO BE TAKEN AND COMMENTS	V 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.	that the licensing consultant	has explained the non-c	ompliance item(s). Ais	o, i acknowledge what ac	tion is necessary and the	allotted time in which to co	emply with the rule(s)
lignature of licensee	Mushin	Date (month)	Date (month, day, year) 5	Signature of Licensing Consultant	ant $\mathcal{I}_{\mathcal{M}}$	Date	Date (month, day, year) 2/28/2014

Page 6 of 6



Days diperation   Days diper		DENICW/AI						
Court, Fishers, IN, Fishers  Court, Fishers, IN, Fishers  STATEMENT OF HONCORPLANCE  ATO IAC 3-11-4G/U The  No proof of notification to FD  Submit				Det	Education:	THE	Date and time of visit	
a court, Fishers, IN. Fishers  IN. 48037  In Replacement of Court Fishers, IN. Fishers  IN. 48037  In Replacement of Court Fishers  IN. 48037  In Replacement of Context of Con	Johnson, Michael				☐ Non Graduate	O GED	1/28/2013	9:21 AM
SCAULT Fishers. IN. Fishers SIN 48037 3178635233 College Degree Charles STATEMENT OF NONCOMPLANCE.  STATEMENT OF NONCOMPLANCE.  STATEMENT OF NONCOMPLANCE.  SATEMENT OF NONCOMPLANCE.  SATEMENT OF NONCOMPLANCE.  SATEMENT OF NONCOMPLANCE.  CORRECTOR  CORRE	Address (number and stree	8		nber	☐ HS Diploma	CDA	Class	Capacity:
SER ATOLIAC 3.1.1-46(u) The Inception to FD Submit proof of notification to FD Submit proof of oursent CPR Inception (1.3.2(a)(5)) The No proof of current CPR Submit proof of oursent CPR Inception and continuent in the child care providers of a current in the child care providers in the continuent in the conti	11489 Little Rock Court,			2000 0 2000	☐ College Degree	Masters	0 -	10
A70  AC 3-1,1-46(u) The   No proof of notification to FD   Submit proof of notification to FD   Illegisses shall notify the local fine department at the time of application or relicensure of the (consed capacity and the hours of operation of the hours of operation in the hours of operation in the following documentation in the phild care home for review by the COFC. Documentation of current first aid course, training in Universal Precautions, and annual CPR certification by direct child care providers   ACTION TO BETAKEN AND CONDITION OF CONDITION TO BETAKEN AND CONDITION OF CONDIT	REGULATION NUMBER	STATEMENT OF	NONCOMPLIANCE	DESCRIPTION	OF CORRECTION		DATE TO BE CORRECTED	DATE CORRECTED
Incepsee shall notify the local fire department at the time of application or relicensure of the Ecensed capacity and the hours of operation of the Incensed capacity and the hours of operation of the Incepsee shall maintain the child care home for review by the COFC: Documentation of chriffication of a current first aid course, training in Universal Precautions, and annual CPR certification by direct child care providers  ACTION TO BETAKEN AND COMMENTS  Days of operation:  M.T.W.TH.F.  W.T.W.TH.F.  W.T.W.TH.F.  The local Office of Family and Children recommends of the Inception of Expiring  The local Critic of Family and Children recommends of the Inception of Expiring  The local Critic of Family and Children recommends of the Inception of Expiring  The local Critic of Family and Children recommends of the Inception of Expiring  The local Critic of Family and Children recommends of the Inception of Expiring  The local Critic of Family and Children recommends of the Inception of Expiring  The local Critic of Family and Children recommends of the Inception of Expiring  The local Critic of Family and Children recommends of the Inception of Expiring  The local Critic of Family and Children recommends of the Inception of Expiring  The local Critic of Family and Children recommends of the Inception of Expiring  The local Critic of Family and Children recommends of the Inception of Expiring  The local Critic of Family and Children recommends of the Inception of Expiring  The local Critic of Family and Children recommends of the Inception of Expiring  The local Critic of Family and Children recommends of the Inception of Expiring  The local Critic of Family and Children recommends of the Inception of Expiring  The local Critic of Family and Children recommends of the Inception of Expiring  The local Critic of Family and Children recommends of the Inception of Expiring  The local Critic of Family and Children recommends of the Inception of Expiring		470 AC 3-1.1-46(u) The	No proof of notification to FD	Submit proof of notification to f	-D		2/8/2013	1/28/2013
application or relicensure of the foensed capacity and the hours of operation of the hours of operation in 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 CDR certification by direct child care providers  ACTION TO BETAKEN AND COMMENTS  Days of operation:  M.T.W.TH.F  Voucher requirements:  M.T.W.TH.F  Probationary Expiring  D. P		icensee shall notify the local ire department at the time of						
hours of operation of the hours of operation in 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  ACTION TO RETAKEN AND COMMENTS  Days of operation:  ACTION TO RETAKEN AND COMMENTS  Probationary Expiring  Signature of Licensing Consultant  Signature of Licensing Consultant	,	application or relicensure of						
horrie 470 IAC 3-1,1-32(a)(5) The III censes shall maintain the licenses 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  ACTION TO BE TAKEN AND COMMENTS  Days of operation:  ACTION TO BE TAKEN AND COMMENTS  Pays of operation:  M,T,W,TH,F  Voucher requirements:  The local Office of Family and Children recomments of the comments of the commen		nours of operation of the						
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  ACTION TO BETAKEN AND COMMENTS  Days of operation:  M,T,W,TH,F  Voucher requirements:  Met   Declined Index explained the non-compliance item(\$), Also, I acknowledge what action is ad above.  Date (marth, day, year)  Signature of Licensing Consultant  Signature of Licensing Consultant  Signature of Licensing Consultant  Signature of Licensing Consultant	-	nome						
following documentation in the child care home for review by the COFC: Documentation of certification of a current first laid course, training in Universal Precautions, and annual CPR certification by direct child care providers  ACTION TO BE TAXKEN AND COMMENTS  Days of operation:  Mat Days of operation:  Mat Days of operation:  Mat Days of operation:  Mat Days of operation:  He local Office of Family and Children recommends:  Probationary Expiring  Probationary Expiring  Probationary Expiring  I Date (month), day, year)  Signature of Locansing Consultant  Signature of Locansing Consultant	ω	170 IAC 3-1.1-32(a)(5) The censee shall maintain the	No proof of current CPR	Submit proof of current CPR			2/8/2013	2/23/2013
the child care home for review by the COFC: Documentation of obriffication of a current first aid course, training in Universal Precautions, and annual CPR certification by direct child care providers  ACTION TO BETAKEN AND COMMENTS  Days of operation:  M.T.W.TH,F  Voucher requirements:  M.T.W.TH,F  Voucher requirements:  ACTION TO BETAKEN AND COMMENTS  HE local Office of Family and Children recommends above.  Date (meanth, day, year)  Date (meanth, day, year)  Signature of Licensing Consultant  Signature of Licensing Consultant		ollowing documentation in						
by the COFC: Documentation of oertification of a current first aid course, training in Universal Precautions, and annual CPR certification by direct child care providers  ACTION TO BE TAKEN AND COMMENTS  Days of operation:  M.T.W.TH,F  Voucher requirements:  M.T.W.TH,F  Voucher requirements:  The local Office of Family and Children recommends above.  Confirm that the Idensing consultant has explained the non-compliance item(s). Also, I acknowledge what action is so that above.  Date (month, day, year)  Signature of Licensing Consultant  Signature of Licensing Consultant		he child care home for review						
ACTION TO BE TAKEN AND COMMENTS  ACTION TO BE TAKEN AND COMMENTS  ACTION TO BE TAKEN AND COMMENTS  M,T,W,TH,F  Voucher requirements.  I Meet   Regular Expiring		by the COFC: Documentation						_
Universal Precautions, and annual CPR certification by direct child care providers  ACTION TO BE TAKEN AND COMMENTS Days of operation: M,T,W,TH,F  Voucher requirements: Met Declined Need The local Office of Family and Children recompliance item(s). Also, I acknowledge what action is ad above.  Date (menth, day, year)  Signature of Licensing Consultant		irst bid course training in						
annual CPR certification by direct child care providers  ACTION TO BETAKEN AND COMMENTS  Days of operation:  M.T.W.TH.F  Voucher requirements:  Met Declined Need  The local Office of Family and Children recom  Regular Expiring  Probationary Expiring  Probationary Expiring  Date (manth. day year)  Signature of Licensing Consultant  Signature of Licensing Consultant		Iniversal Precautions, and						
direct child care providers  ACTION TO BETAKEN AND COMMENTS Days of operation: M,T,W,TH,F  Voucher requirements: M,T,W,TH,F  Voucher requirements: Met	-	annual CPR certification by						
ACTION TO BE TAKEN AND COMMENTS  Days of operation:  M.T.W.TH,F  Voucher requirements:  Met Declined Need  The local Office of Family and Children recom  Regular Expiring  Probationary Expiring  Probationary Expiring  Date (month, day, year)  Date (month, day, year)  Signature of Licensing Consultant		lirect child care providers						
ACTION TO BETAKEN AND COMMENTS  Days of operation:  M,T,W,TH,F  Voucher requirements:  Mee Confirm that the licensing consultant has explained the non-compliance item(s). Also, I acknowledge what action is ad above.  ACTION TO BETAKEN AND COMMENTS  HM,T,W,TH,F  Voucher requirements:  I Met Declined Neec  The local Office of Family and Children recon  I Regular Expiring  I Probationary Expiring	7	Attorna	- italianiani					
ACTION TO BETAMEN AND COMMENTS  Days of operation:  M,T,W,TH,F  Voucher requirements:  Voucher requirements:  Whet Declined Neec  The local Office of Family and Children recon  Regular Expiring  Probationary Expiring  Probationary Expiring  Date (month, day, year)  Date (month, day, year)  Signature of Licensing Consultant								- berkerker
ACTION TO BETAKEN AND COMMENTS    Days of operation:   M,T,W,TH,F	A	and the second s			-		- Sunstitut I de al	*************************
ACTION TO BE TAKEN AND COMMENTS  Days of operation:  M,T,W,TH,F  Voucher requirements:  Meet Declined Need  The local Office of Family and Children recom  Regular Expiring  Probationary Expiring  Date (month, day, year)  Date (month, day, year)  Signature of Licensing Consultant	eriete e savjentig gaza de							galleyd y pareness
Days of operation:  M,T,W,TH,F  Voucher requirements:  Mee tocal Office of Family and Children recorn  The local Office of Family and Children recorn  Regular Expiring  Probationary Expiring  Date (month, day, year)  Date (month, day, year)  Signature of Licensing Consultant  Signature of Licensing Consultant	- Variable of		2.5 mg V (4.1 k P P L V )	堪				and a silvery from
Voucher requirements:    Met   Declined   Neec   Ne				8.1	Hours of operation:		Ratio:	
Voucher requirements:    Met   Declined   Neec     Met   Declined   Neec     The local Office of Family and Children recom     Regular Expiring   Declined   Probationary Expiring     Probationary Expiring   Declined   Neeconnic     Probationary Expiring   Neeconnic   Ne				M,T,W,TH,F				grinneligh be all on
The local Office of Family and Children recomnocing that the licensing consultant has explained the non-compliance item(s), Also, I acknowledge what action is above.    Date (month, day, year)   Date (month, day, year)   Signature of Ucensing Consultant				clined.		Mow up on		
J confirm that the licensing consultant has explained the non-compliance item(s). Also, I acknowledge what action is above.    Date (month, day, year)   Date (month, day, year)   Signature of Ucensing Consultant				The same of the sa	and or man or man or man or the	***************************************	And the street of the street o	
, I confirm that the licensing consultant has explained the non-compliance item(s). Also, I acknowledge what action is ad above.    Date (month, day, year)   Signature of Licensing Consultant				Ine local Office of Femily and Children  Regular Expiring		ovisional Expirit	ca.	in Annie Was
, I confirm that the licensing consultant has explained the non-compliance item(s). Also, I acknowledge what action is ad above.    Date (month, day, year)   Care (month, day, year)   Signature of Licensing Consultant				Probationary Expiring		ndetermined Unt		
Date (month, day, year)  Signature of Licensing Consultant  (128/2013	With my signature, I con comments indicated abo	firm that the licensing consultant has	es explained the non-compliance it	em(s). Also, I acknowledge what act	ion is necessary and th	e allotted time in	which to comply will	th the rule(s) and
1/28/2013	Signature of licensee		Date (month, day, year)	Signature of Licensing Consultant	, b 1 mm/ 4 1		Date (month, day, year	7
		DE PROPERTY	1/28/2013	enthicums on the testing Constitution	くるべん		1/28/2013	

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

] \_ \_ \_ \_ \_

Page
1
Q.
4



	HOME INSPECTION SUMBARY				
X RENEWAL ☐ INITIAL ☐ COMPLAINT ☐	FOLLOW UP OTHER	AND THE RESIDENCE OF THE PARTY	ANNOUNCE OF THE PROPERTY OF TH	TANKS A CANADA A A MANAGAMAN AND AND AND AND AND AND AND AND AND A	
Name of licerisee	10 number	Education:		Date and time of visit	A PRINTED TO PRINTED TO SECURE STATE
Johnson, Michael	29-1654	Non Graduate	□ GED	1/28/2013	9:21 AM
Address (number and street, city, state, ZIP code)	Telephone number	☐ HS Diploma	□ CDA	Class	Capacity:
11489 Little Rock Court, Fishers, IN, Fishers IN 46037	3178635323	College Degree	Masters	0	10
REGULATION NUMBER STATEMENT OF NONCOMPLIANCE	DESCRIPTION OF	TION OF CORRECTION		DATE TO BE	DATE CORRECTED
470 IAC 3-1.1-28.5(c)(1) The TB tests are not current	Submit proof of current to tests			2/8/2013	3/6/2013
the following: Annual Mantoux				•••	
for direct child care providers					
and all family members over					
eighteen (18) years of age					
9e 12-17.2-1-1(8) Enrollment No proof of dob in four files	Add proof of dob to all files			2/8/2013	2/25/2013
the following: Childs name					
THE COLOR OF PERSON			***************************************		
0				A-B-000-00-00-00-00-00-00-00-00-00-00-00-	h h h h h h h h h h h h h h h h h h h
7	PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADM			Pivers Assessm	
4				ateatakingen (	e i i fabilitadista
				na a d'Antière de la descrito	e-11   1   1   1   1   1   1   1   1   1
	Days of operation:	Hours of operation:		Rafo:	
	M,T,W,TH,F	7:00 AM	5:30 PM	7	was a was
	equirements				
	TO CHECK		r dalow dip oli		*
	The local Office of Family and Children recommends:		) 		
	District Character		Customer myself	(C)	***************************************
With my sinned its I confirm that the intension consultant has explained the new consultant	Li Frontonery Expring	The state of the s	Undetermined Unit		
comments indicated above.	be series). Also, i acknowledge what	action is necessary and	the allotted time is	n which to comply wil	Ith the rule(s) and
Signature of licensee Date (morth, day, year) 1/28/2013	Signature of Licensing Consultant			Date (month, day, year)	700
		いておう	1	1/28/2013	

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

age.	
-	N
Ç	ļ
	4



# PLAN OF CORRECTION FOR CHILD CARE HOMES State Form 49475 (R/7-33)/BCD 0046

(6)	HOME INSPECTION SUMMARY			
X RENEWAL   INITIAL   COMPLAINT	FOLLOW UP OTHER			
•	Υ,	Education:	Date and time of visit	
Johnson, Michael	29-1654	□ Non Graduate □ GED	1/28/2013	9:21 AM
iP code)	Telephone number		Class	Capacity:
11489 Little Rock Court, Fishers, IN, Fishers IN 46037	3178635323	☐ College Degree ☐ Masters	0	10
REGULATION NUMBER STATEMENT OF NONCOMPLIANCE	DESCRIPTION OF	ON OF CORRECTION	DATE TO BE CORRECTED	DATE CORRECTED
11 470 IAC 3-1.1-37(b) Within No medicals in four files	Add medicals to all files		2/8/2013	3/6/2013
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 in the child care homes activities				
C			The state of the s	
A				A-rayonkasyyal
				menti no siban sibban
7			***	و در داد در در داد در در داد در در در داد در
4			AT DESCRIPTION OF THE PROPERTY	(Margage Caracidans)
	Albando propins			
ACTION	COTION TO BE TAKEN AND COMMENTS	in the state of th		
	M,T,W,TH,F	7:00 AM 5:30 PM	7 7 1	y kol An Miloso
	Voucher requirements:  Met Declined [	☐ Needs ☐ Follow up on _	n de la company de la comp	
	The local Office of Family and Children recommends:		And the state of t	
	☐ Probationary Expiring	Undetermined Unit		
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.	tem(s). Also, I acknowledge what a	action is necessary and the allotted tim	e in which to comply will	h the rule(s) and
Signature of licensee (Park And 1/28/2013	Signature of Licensing Consultant	ANA SA	Date (month, day, year)	
•		2000	1/20/2013	

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

S. C.	D S
	ω
Ç	2
-	4



		MoH	HOME INSPECTION SUMMARY			
☐ ANNUAL (X)	D RENEWAL O NITIAL	COMPLAINT C FOLL	FOLLOW UP OTHER	A LAND AND THE PROPERTY OF THE	11111 AND	
Name of licenses  Johnson, Michael			10 number 29-1654	Education:	Date and time of visit 1/28/2013	9:21 AM
Address (number and street, city, state, ZiP code)	ei, city, state, ZiP code)		Telephone number		Class	Capacity:
11489 Little Rock Court, Fishers, IN,	, Fishers, IN, Fishers	IN 46037	3178635323		9	10
REGULATION NUMBER	STATEMENT OF	STATEMENT OF NONCOMPLIANCE	DESCRIPTION	DESCRIPTION OF CORRECTION	DATE TO BE	DATE CORRECTED
68	470 IAC 3-1.2-5(a) Licensee	Eight month old sleeping on	Infants must sleep in approved port a cribs or playpens	d port a cribs or playpens		2/25/2013
44	shall provide a separate crib, portacrib, or playpen in which pack infant or toddler can	mat on floor				
	sleep. Each crib, portacrib, or					
1	playpen shall be equipped					
-	with a firm-fitting mattress or					
3	pad made of waterproof					
	gualdian may provide or					
<u> </u>	approve the use of a bassinet	ņ				
	ior an imani and is					•
<u>A</u>	caregiver to monitor its use					
1	closely. (Manufacturers of					
	bassinets indicate that a					
0	bassinet should no longer be				•	
	moving and triping					
7	unassisted.)					
4	· · · · · · · · · · · · · · · · · · ·		PA-A-Million and Vision			in a second constant of the second constant o
a kramonima kohunu	er er e vonan e noome		n ar-avima-			udurkollikok edelogoa
		1 NOTION	CTION TO BE TAKEN AND COMMENTS		and the second	
i			Days of operation:	Hears of operation:	Refo:	
			M,T,W,TH,F	7:00 AM 5:30 PM	7 1	
		-	Voucher requirements:  Met   Declined	Needs — Follow up on	ä.	
			The local Office of Family and Children recommends:		***************************************	Verten en e
			☐ Regular Expiring	☐ Provisional Expiring	Expiring	******
The state of the s		-	☐ Probationary Expiring		ned Until	-
With my signature, I confirm comments indicated above.	nfirm that the licensing consultant I ove.	With my signature, I confirm that the licensing consultant has explained the non-compliance item(s). Also, I acknowledge what action is comments indicated above.	em(s). Also, i acknowledge what a	ction is necessary and the allotter	necessary and the allotted time in which to comply with the rule(s) and	the rule(s) and
Signature of licensee	1	Date (month, day, year)	Signature of Licensing Consultant	W 1 × 11	Date (month, day, year)	monanora
	- TOTAL PLANTS	1/28/2013	1	1000 M	1/28/2013	1491-97 (1894-9

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

Раде	
4	
0	



People helping people heĺp 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.

Licensee will be placed on probation for six months. 4.

Any violations of the terms of this agreement by the licensee shall be grounds for license 5.

6. This agreement can be used in any further compliance actions.

This Agreement shall be posted next to the current child care home license and may be 7. available on the Carefinder website.

Michael Johnson.

Licensee

Debbie Sampson,

Child Care Home Licensing Manager

Md Care Administrator

Bureau of Child Care

Vicki Allen,

Child Care Home Licensing Consultant

