

**CHILD CARE GROUP HOME PROVIDER QUALIFICATIONS**

- Provider (initial)**  
 **Notice of CHANGE of provider**

Pursuant to R9-3-301.A. The certificate holder shall designate in writing a provider who meets the qualifications of R9-3-302.A. and R9-3-302.C to act on behalf of the certificate holder and to be responsible for the daily on-site operation of the child care group home.

**COMPLETE AND RETURN TO:**

150 NORTH 18<sup>TH</sup> AVENUE, SUITE 400  
PHOENIX, ARIZONA 85007  
Phone: (602) 364-2539

400 WEST CONGRESS, SUITE 100  
TUCSON, ARIZONA 85701  
Phone: (520) 628-6541

1500 EAST CEDAR AVENUE, SUITE 22  
FLAGSTAFF, ARIZONA 86004  
Phone: (928) 774-2707

Name of provider:		Certificate # <b>SGH -</b>
Group Home Name:		Group Home Telephone #:
Group Home Address:	City:	Zip:

- I am at least 21 years of age and will accept the primary responsibility for the daily administration and operation of the child care group home. I possess the minimum qualifications required by R9-3-302. The group home is my principal place of habitation.

List all names you have been known by:

Attach **COPIES** of each of the following:

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | A <b>high school diploma</b> or its equivalent, <b>associates degree</b> , or <b>bachelor degree</b>  |
| <input type="checkbox"/> | <b>Documentation</b> of 3 credit hours or 60 clock hours of training in early education, child development or a closely related field (certificates, transcripts) |
| <input type="checkbox"/> | The <b>Certificate of Completion</b> verifying attendance of the Department's training.   |
| <input type="checkbox"/> | A copy of AZ <b>Drivers License or ID</b> issued by the MVD.  |
| <input type="checkbox"/> | A copy of a valid <b>fingerprint clearance card</b> .   |

*Per R9-3-206.A.1.a, "The Department may deny, revoke, or suspend a certificate to operate a child care group home if an applicant or certificate holder has provided false or misleading information to the Department."*

**Under penalty of law, I declare that the information provided in this form is accurate and complete.**

Print Name	Signature	Date
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For OCCL Use Only:  <b>DOCUMENTATION RECEIVED, REVIEWED AND APPROVED</b>	<b>LS/TL Initials:</b>	<b>Date:</b>
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