

**Arizona Department of Health Services
Bureau of Child Care Licensing**

SGH# _____
L.S.# _____

CHILD CARE GROUP HOME PROVIDER QUALIFICATIONS

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

Pursuant to R9-3-301.A, the certificate holder shall designate a provider who meets the qualifications.

COMPLETE AND RETURN TO:

Phoenix Metro Area & Northern AZ:
 Bureau of Child Care Licensing
 150 North 18th Ave., Suite 400
 Phoenix, AZ. 85007
 Phone: 602 364-2539

Tucson/Yuma Area:
 Bureau of Child Care Licensing
 400 West Congress, Suite 100
 Tucson, AZ 85701
 Phone: 520 628-6541

Name of Provider:		Certificate # SGH -
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 R9-3-301. The group home is my principal place of habitation.**

List all names you have been known by:

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

<input type="checkbox"/>	A high school diploma or its equivalent, associates degree , or bachelor degree						
<input type="checkbox"/>	Documentation of one of the following: <table border="1" style="width: 100%;"> <tr> <td style="width: 20%;"></td> <td>3 credit hours in early education, child development or a closely related field (certificates, transcripts)</td> </tr> <tr> <td></td> <td>60 clock hours of training in early education, child development or a closely related field (certificates, transcripts)</td> </tr> <tr> <td></td> <td>12 months of child care experience</td> </tr> </table>		3 credit hours in early education, child development or a closely related field (certificates, transcripts)		60 clock hours of training in early education, child development or a closely related field (certificates, transcripts)		12 months of child care experience
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	12 months of child care experience						
<input type="checkbox"/>	The Certificate of Completion verifying attendance of the Department's training.						
<input type="checkbox"/>	A copy of AZ Drivers License or ID issued by the MVD.						
<input type="checkbox"/>	A copy of a valid fingerprint clearance card .						

Per R9-3-207.A, "The Department may deny, revoke, or suspend a certificate to operate a child care group home if an applicant or certificate holder provides 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 BCCL Use Only: DOCUMENTATION RECEIVED, REVIEWED AND APPROVED	LS/TL Initials:	Date:
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