Arizona Department of Health Services

Bureau of Child Care Licensing

CHILD CARE GROUP HOME ROOM USAGE REPORT

LS #_____

Date_____

Group Home:_____SGH #:_____

Room Description	Enrolled Children's Indoor Activity Area Square Footage	Diaper Approved	Comments
Total	÷ 30 =		(capacity) **

# of Sanitary Units	

Swimming Pool	Y / N

Capacity Limited By:

Insurance Y N _____

Other Y N _____

Outdoor Activity Area square footage _____ (must be a minimum of 500 square feet)

Comments:

Total Certified Capacity for Compensation:	

I affirm that the above information is accurate.

Provider's signature Date