# CHILD CARE GROUP HOME
## Staff and Household Members' Files
### R9-3-301. A. and D.

| | | |
|---|---|---|
| ☐ 1.* | Name | Date of Birth: |
| | Address: | City / State / Zip: |
| | Telephone #: | Position / Relationship: |
| ☐ 2. | Start Date: | Hire Date: (if different) |
| ☐ 3. | End Date: | |

☐4.* Immunization Statement: In Compliance with Arizona State Law, the undersigned does hereby testify that he/she has immunizations against measles, rubella, diphtheria, mumps and pertussis that are current.
**Signature:_____Date:_____**

☐ 5. Criminal History Affidavit , original signed & dated _____

☐ 6.* Verification of Fingerprint Registration – **staff & residents 18 yrs or older** *(see A.R.S. § 36-897.03.c, R9-3-301.B.4)*:
- ☐ Copy of the *Applicant Fingerprint Registration Application* (application #_____)
- ☐ Copy of the *Fingerprint Clearance Card* (expiration date_____)(#_____)
- ☐ DPS contacted (date_____) (person_____)(status_____)

☐ 7.* Documents required by R9-3-301.A.3 – **staff & residents 12 years of age and older**
- ☐ Mantoux TB Test Results (on or w/in 12 months prior to start date)_____ date of test results
- ☐ A health care provider's signed statement that the individual is free from TB, dated w/in 6 months of start date

☐ 8. Good faith efforts to contact previous employers:

| | |
|---|---|
| ☐ Contact 1 | ☐ Contact 2 |
| Name: Date: | Name: Date: |

☐ 9.* ☐CPS Registry background check + ☐CPS Registry *Direct Service Position* form or *Affidavit* form +

☐ DHS New Provider Orientation certificate (provider/owner) | + **staff & residents 18 years and older**

☐10. Written Documentation of Training required by R9-3-302
- ☐ **New Staff Training** within 10 days of starting date (date)
- ☐ **Twelve (12) Hours** of Annual In-Service Training based on starting date, including at least two or more topics

| | | | | |
|---|---|---|---|---|
| YEAR: (based on hire date) | | | | |
| HOURS: | | | | |

☐ 11. Documents required by R9-3-301.A.1 or D.1 (provider or person left in charge)

☐ High School Diploma/GED Certificate ☐ saw orig. ☐ by phone ☐ by letter Verified by: (name)

☐ Work Experience ☐ Training/Education doc. (date)

☐ Current License or Certification (R9-3-302.E, R9-3-408.D.2)

| | | |
|---|---|---|
| ☐ First Aid Certificate | ☐ CPR Certificate | ☐ AZ Driver's License (if a driver) |
| Expires:_____ | Expires:_____ | Expires:_____ |

**RETAIN ENTIRE FILE 12 MONTHS FROM TERMINATION DATE**

***Residents (household members) not involved with child care & living in the home MUST have these documents in their files.**