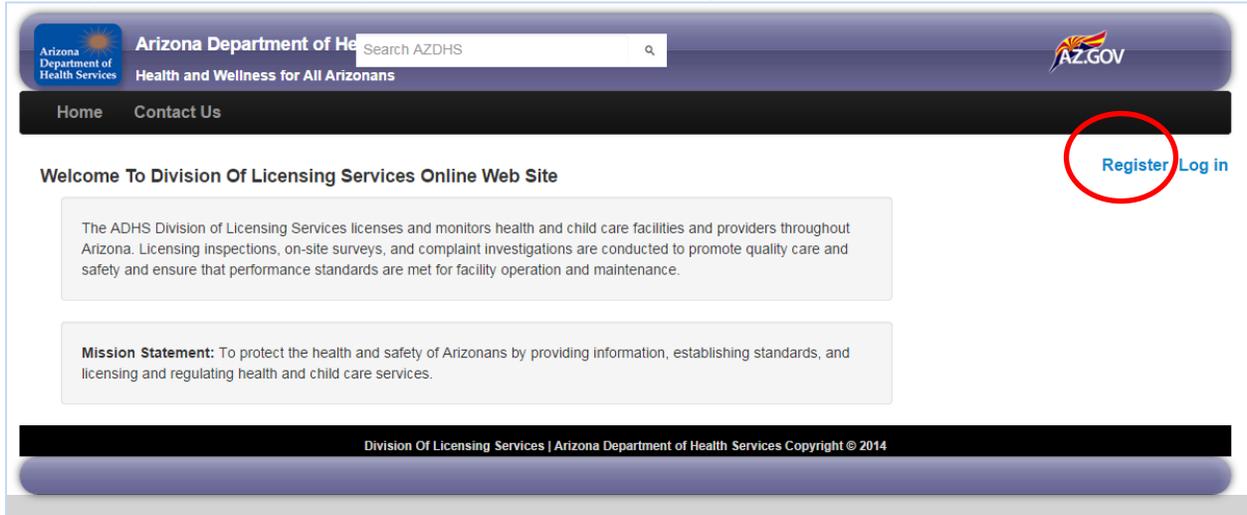


Online Application Process

Location: <https://licensing.azdhs.gov/LicensingOnline/CC>

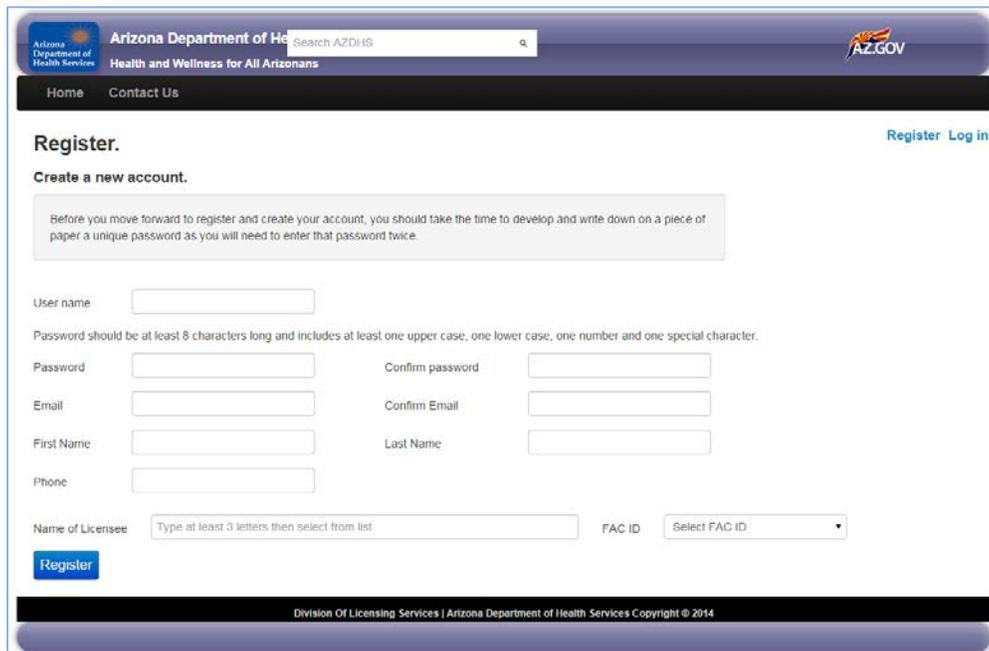
GENERAL USERS:

When you first use the site, you will need to select “Register” in order to establish an account.



The screenshot shows the homepage of the Arizona Department of Health Services (AZDHS) Licensing Online Web Site. The header includes the AZDHS logo, the text "Arizona Department of Health Services Health and Wellness for All Arizonans", a search bar for AZDHS, and the AZ.GOV logo. A navigation bar contains "Home" and "Contact Us". Below the navigation bar, the text "Welcome To Division Of Licensing Services Online Web Site" is displayed. A red circle highlights the "Register" link, with "Log in" also visible. A paragraph of text describes the division's role in licensing and monitoring health and child care facilities. A "Mission Statement" is also present. The footer contains the text "Division Of Licensing Services | Arizona Department of Health Services Copyright © 2014".

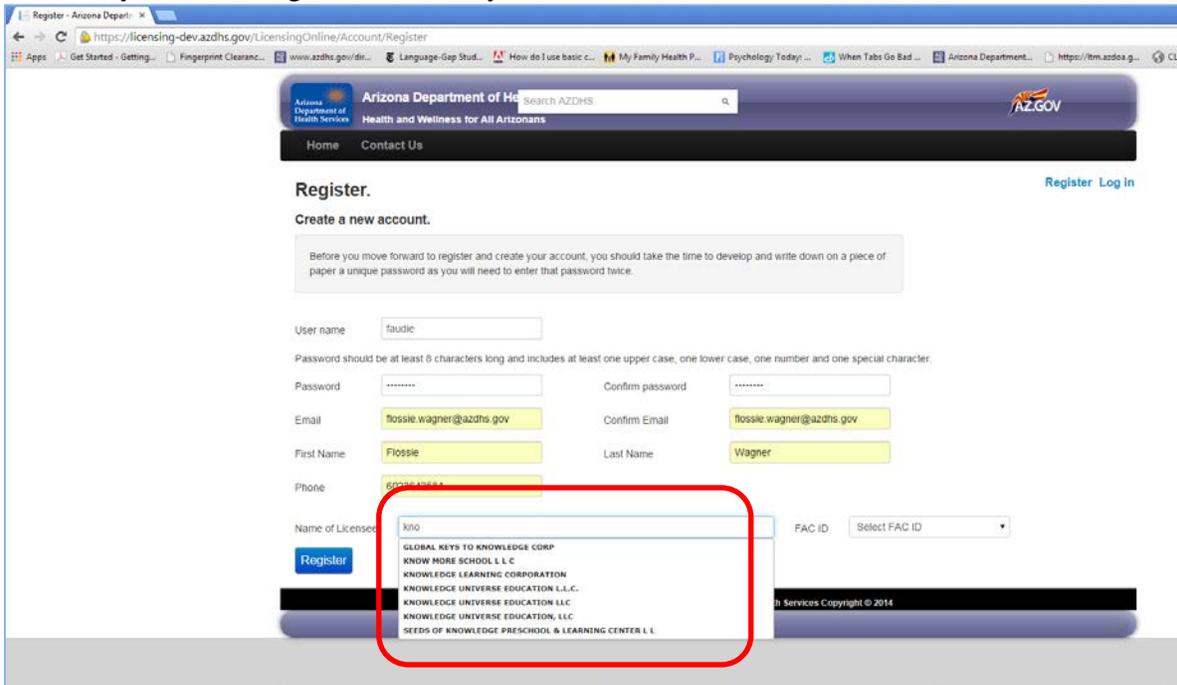
Fill in the boxes. All of the information is required.



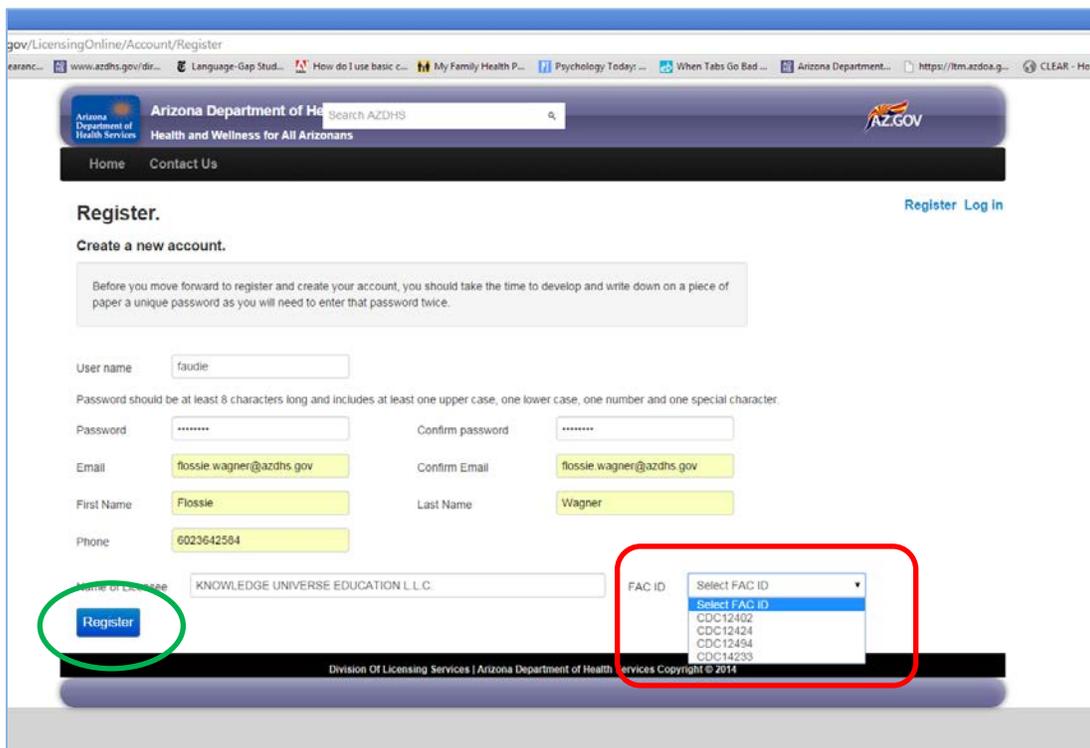
The screenshot shows the "Register" page on the AZDHS website. The page title is "Register." and it includes a "Register Log in" link. The main heading is "Create a new account." Below this, a note states: "Before you move forward to register and create your account, you should take the time to develop and write down on a piece of paper a unique password as you will need to enter that password twice." The registration form consists of the following fields: "User name", "Password" (with a note: "Password should be at least 8 characters long and includes at least one upper case, one lower case, one number and one special character."), "Confirm password", "Email", "Confirm Email", "First Name", "Last Name", "Phone", "Name of Licensee" (with a prompt: "Type at least 3 letters then select from list"), and "FAC ID" (with a dropdown menu: "Select FAC ID"). A blue "Register" button is located at the bottom of the form. The footer contains the text "Division Of Licensing Services | Arizona Department of Health Services Copyright © 2014".

At this time, each facility must have a unique user – which means a unique password as well. The password must include a “special character” – one of the characters above the numbers on

the keyboard. The system will not allow a password that does not meet the criteria, but will tell you so that you can change it if necessary.

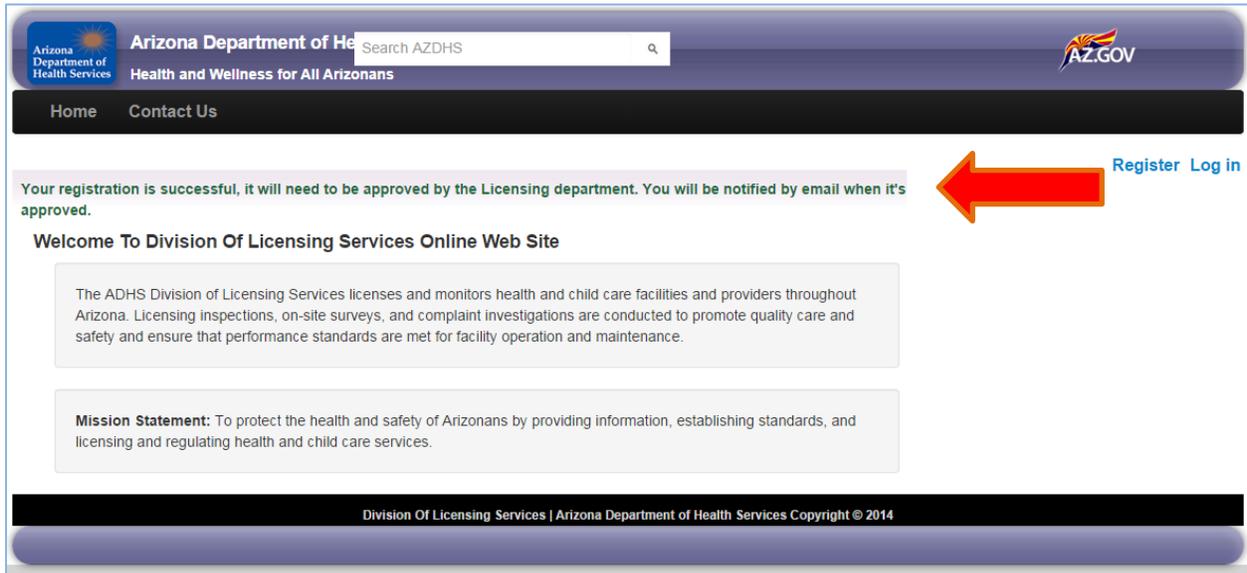


When you begin typing the Licensee name, a list should appear of existing licensees within the System. (Give it a few seconds to load.) Once you select a licensee, any associated facility numbers will be available to select in the FAC ID box when you click the down arrow.



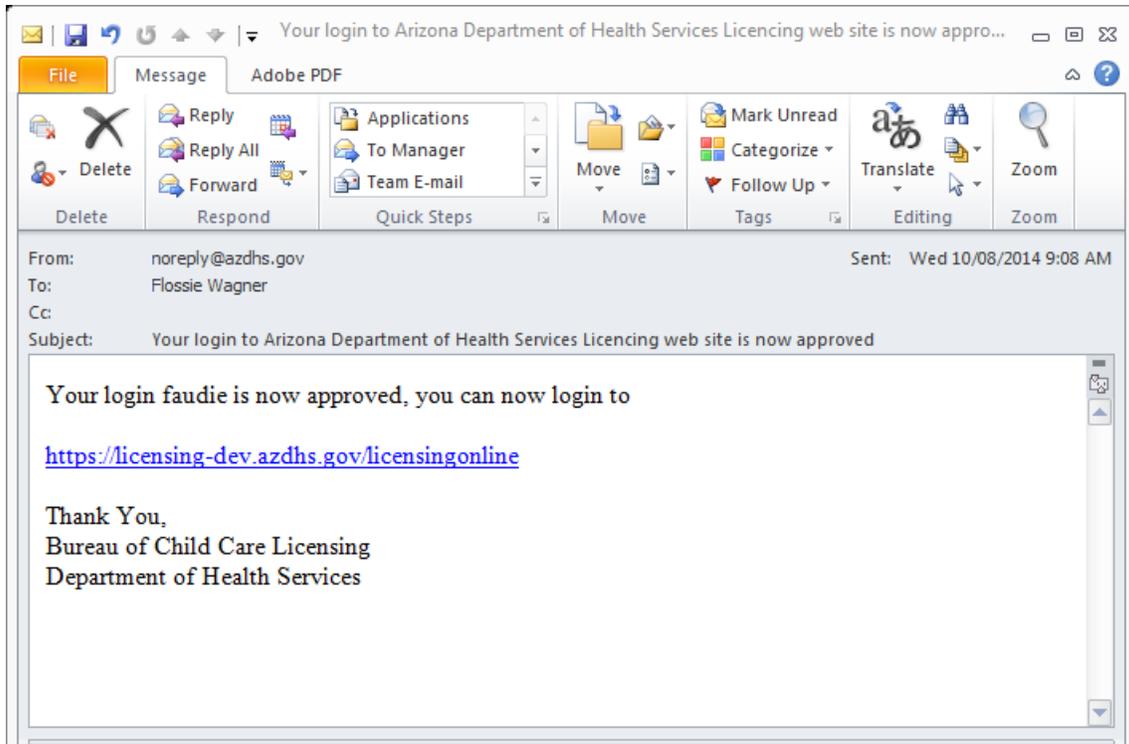
(If your licensee name, or the facility ID, does not appear, contact the Bureau for help.)
Click “Register.”

You will see this message:

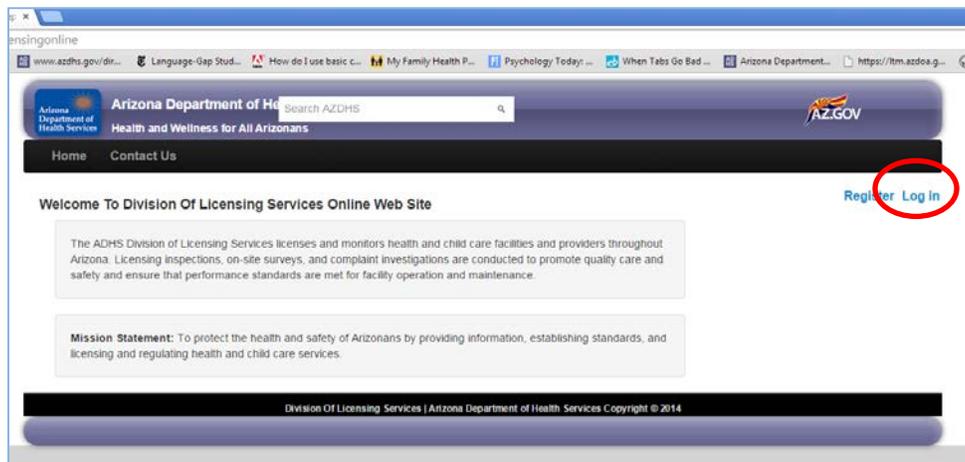


The screenshot shows the Arizona Department of Health Services website. At the top, there is a navigation bar with the Arizona Department of Health Services logo, the text "Arizona Department of Health Services Health and Wellness for All Arizonans", a search bar labeled "Search AZDHS", and the "AZ.GOV" logo. Below the navigation bar, there are links for "Home" and "Contact Us". A message box states: "Your registration is successful, it will need to be approved by the Licensing department. You will be notified by email when it's approved." To the right of this message is a red arrow pointing left towards the text, and further right are links for "Register" and "Log in". Below the message, there is a section titled "Welcome To Division Of Licensing Services Online Web Site" with two text boxes: one describing the division's role in licensing and monitoring health and child care facilities, and another containing the "Mission Statement: To protect the health and safety of Arizonans by providing information, establishing standards, and licensing and regulating health and child care services." At the bottom, there is a footer with the text "Division Of Licensing Services | Arizona Department of Health Services Copyright © 2014".

The Bureau will receive notification that your registration needs approval. Please allow at least one business day for this process. You will receive an email indicating the registration has been approved.

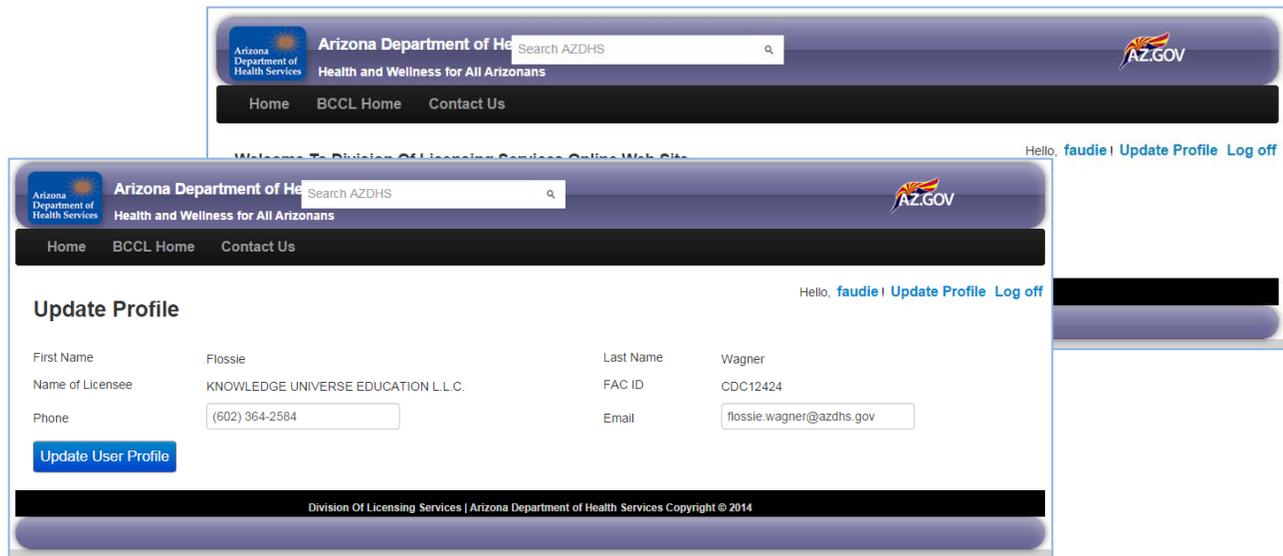


Go to the Online Web Site and LOG IN using your user name and password.



On the ***BCCL Home Welcome screen***, you have several options:

- **Submit a licensure fee** – pay the licensing fee for the facility you are registered for
- **Update your profile** – change your password or other information related to your account
- **Log off** – when you are finished with your payment process
- **Contact us** – If you have any questions or issues



When you select “Submit Child Care Center Licensure Fee” the Licensure Fee screen will open.

If your facility **does not owe a fee** within the next 60 days, you will receive this message.

ensingOnline/Provider/SubmitCCLicensureFeeApplication

www.azdhs.gov/dir... Language-Gap Stud... How do I use bas... When Tabs Go Bad ... Arizona Department... https://ltm.azdoa.g...

The page at https://licensing-dev.azdhs.gov says: No Fee is required at this time. OK

Arizona Department of Health Services
Health and Wellness for All Arizonans

Home BCCL Home Contact Us

Arizona Department of Health Services AZ.GOV

Hello, **faudie!** [Update Profile](#) [Log off](#)

Child Care Center
Licensure Fee

Name of Licensee*: KNOWLEDGE UNIVERSE EDUCATION L.L.C.

Facility ID*: CDC12424	Name of Facility*: KINDERCARE LEARNING CENTER	Anniversary Date: 8/1/2015
	Address: 10455 NORTH LA CANADA DRIVE	City: ORO VALLEY

Application Fee
Based on your current licensed capacity, which is 157
check the appropriate box

5-10 licensed capacity \$1000
 11-59 licensed capacity \$4000
 60+ licensed capacity \$7800

Application Fee Reduction:
Check the box if you are interested in qualifying for a 50% reduction in the license fee by participating in the Empower Pack Program. To register, and for more information, go to www.theempowerpack.org or call your local license office.

Empower Pack Program fee reduction

1. Fee Based on Licensed Capacity	\$	7800
2. Less Empower Pack Fee Reduction	-\$	3900
3. Add Enforcement Fees owed	+\$	0
Total Amount	= \$	3900

ALL FEES ARE NON-REFUNDABLE pursuant to A.R.S. § 36-405(c), 36-882(f) and 36-897.01(c), except as provided in A.R.S. § 41-077.

*All fees submitted to the Department are subject to review and adjustment due to information provided by the architect review or Departmental inspection.

[Submit Licensure Fee](#)

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If a fee is owed, you will see a screen like this:

Arizona Department of Health Services
Health and Wellness for All Arizonans

Search AZDHS

Home BCCL Home Contact Us

Hello, **faudie1**! [Update Profile](#) [Log off](#)

Child Care Center Licensure Fee

Name of Licensee*: KNOWLEDGE LEARNING CORPORATION

Facility ID*: CDC8575	Name of Facility*: KINDERCARE LEARNING CENTER	Anniversary Date: 12/1/2014
	Address: 8425 EAST OLD SPANISH TR.	City: TUCSON

Application Fee
Based on your current licensed capacity, which is 101
check the appropriate box

- 5-10 licensed capacity \$1000
- 11-59 licensed capacity \$4000
- 60+ licensed capacity \$7800

Application Fee Reduction:
Check the box if you are interested in qualifying for a 50% reduction in the license fee by participating in the Empower Pack Program. To register, and for more information, go to www.theempowerpack.org or call your local license office.

Empower Pack Program fee reduction

1. Fee Based on Licensed Capacity	\$ 7800
2. Less Empower Pack Fee Reduction	-\$ 3900
3. Add Enforcement Fees owed	+\$ 0
Total Amount	=\$ 3900

ALL FEES ARE NON-REFUNDABLE pursuant to A.R.S. § 36-405(c), 36-882(f) and 36-897.01(c), except as provided in A.R.S. § 41-077.

*All fees submitted to the Department are subject to review and adjustment due to information provided by the architect review or Departmental inspection.

[Submit Licensure Fee](#)

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Please review the information carefully.

The information is based on what is **currently** in the public records regarding your license.

If you need to make **changes**, you will need to contact your Licensing Surveyor. You may need to provide documentation or additional information in order for the changes to be processed. The changes must be made **prior** to payment. Please allow at least 7-10 business days for changes to be processed once the documentation is provided.

All fees received by the Department are non-refundable.

Once you have verified that the information and the required fee is correct, select “Submit Licensure Fee.”

Payment Information

☆Indicates Required Field

Please enter the customer's billing and credit card information. Click the continue button to go to the Order Review page to authorize payment.

CHECKOUT - PAYMENT INFORMATION

☆First Name:

Susie

☆Last Name:

Queu

☆Billing Address:

123 N 45th Place

☆City:

Phoenix

☆State:

AZ

☆Zip: only 5 digits

85006

Email: (receipt will be emailed to you)

flossie.wagner@azdhs.gov

☆Phone Number:

602-364-2584

The following credit cards are accepted



☆Credit Card Number:

[Redacted]

☆Expiration Date:

January 2014

☆CSV:

[Redacted]



CVV number
CVV number is a 3 digit code on the back
of your Visa or MasterCard.

CLEAR

CONTINUE

Complete the required information and select “Continue” to submit the credit card information.

An order review screen containing the details of your payment will appear. Please review it carefully.

- If it is not accurate, select “Previous” and correct the information as necessary.
- If it is accurate, select “Authorize” to submit your payment.

Licensure fees to the Department are non-refundable.
It is your responsibility to ensure that you are paying the correct fee.

PAYMENT INFORMATION » ORDER REVIEW » PAYMENT PROCESSING » RECEIPT

Order Review

Please review your order and ensure the information below is correct before proceeding.
If you agree with the information as displayed, please click the "Authorize" button to process the credit card payment.

BILLING INFORMATION

Name: Susie Queu
Address: 123 N 45th Place, Phoenix, AZ 85006
Phone: 602-364-2584
Email: flossie.wagner@azdhs.gov

[EDIT](#)

ACCOUNT INFORMATION

VISA
4*****1111 EXP: 01/2016

[EDIT](#)

ORDER INFO

Order No	Product ID	Item Description	Amount	Quantity	Total Amount
336	HSDLS065	CC 60-OVER LIC EMP	\$3,900.00	1	\$3,900.00
336		TOTAL			\$3,900.00

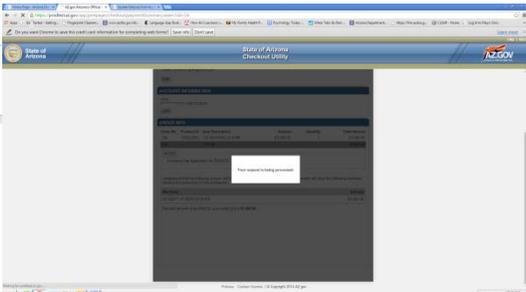
NOTES
Licensure Fee Application for CDC8575

I understand that the following amount will be billed to my credit card. My credit card statement will show the following merchant name(s) and amount(s) for this transaction.

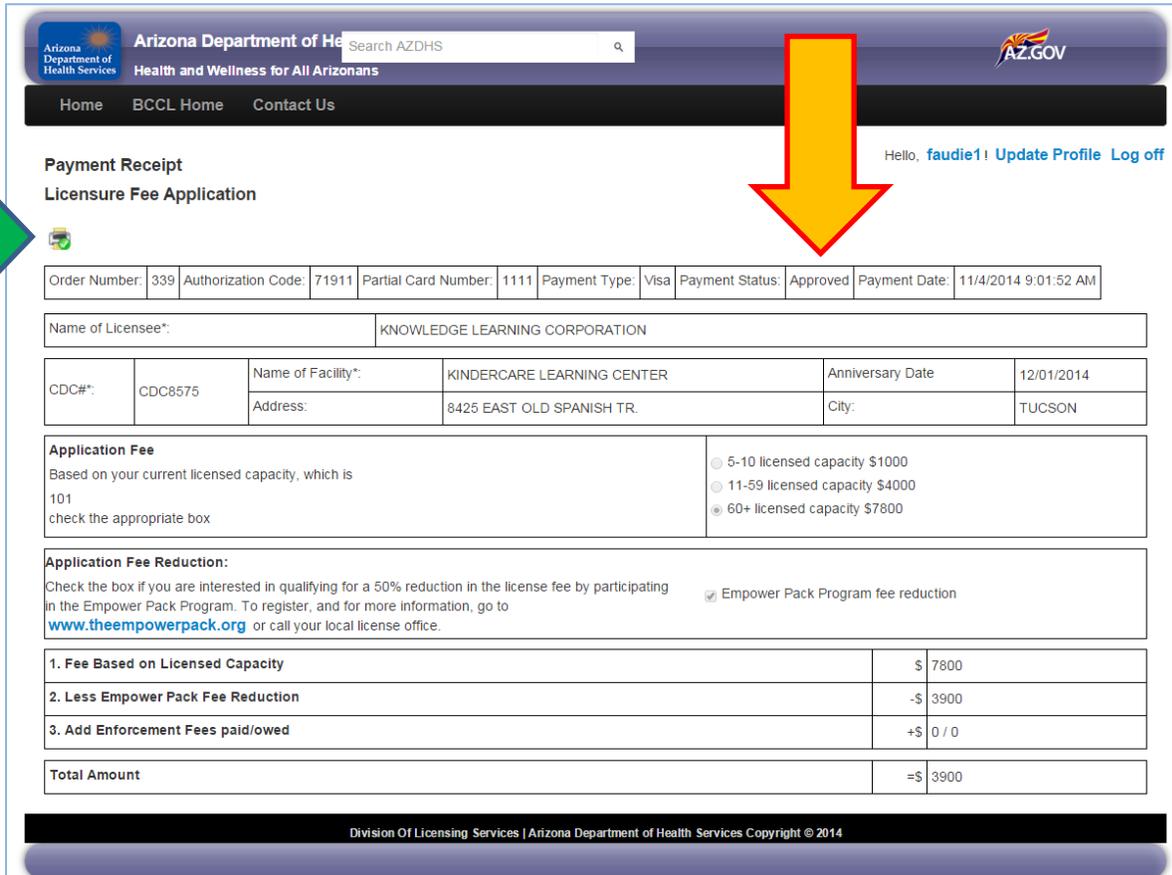
Merchant	Amount
AZ DEPT OF HEALTH SVCS	\$3,900.00

The total amount to be billed to your credit card is \$3,900.00

[PREVIOUS](#) [AUTHORIZE](#)



Once the credit card has been processed, a payment receipt screen will be available for your review (see p. 10 for a sample). It is recommended that you print a copy for your records.



Arizona Department of Health Services
Health and Wellness for All Arizonans

Home BCCL Home Contact Us

Payment Receipt
Licensure Fee Application

Hello, **faudie1**! [Update Profile](#) [Log off](#)

Order Number:	339	Authorization Code:	71911	Partial Card Number:	1111	Payment Type:	Visa	Payment Status:	Approved	Payment Date:	11/4/2014 9:01:52 AM
---------------	-----	---------------------	-------	----------------------	------	---------------	------	-----------------	----------	---------------	----------------------

Name of Licensee*: KNOWLEDGE LEARNING CORPORATION

CDC#:	CDC8575	Name of Facility*:	KINDERCARE LEARNING CENTER	Anniversary Date	12/01/2014
		Address:	8425 EAST OLD SPANISH TR.	City:	TUCSON

Application Fee
Based on your current licensed capacity, which is 101, check the appropriate box

- 5-10 licensed capacity \$1000
- 11-59 licensed capacity \$4000
- 60+ licensed capacity \$7800

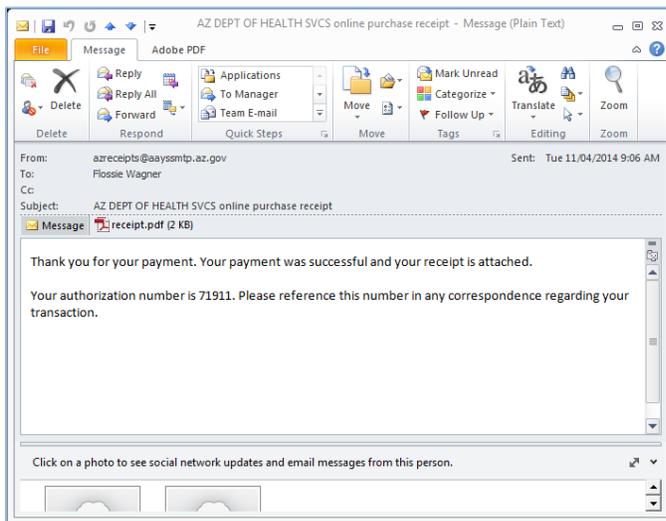
Application Fee Reduction:
Check the box if you are interested in qualifying for a 50% reduction in the license fee by participating in the Empower Pack Program. To register, and for more information, go to www.theempowerpack.org or call your local license office.

Empower Pack Program fee reduction

1. Fee Based on Licensed Capacity	\$ 7800
2. Less Empower Pack Fee Reduction	-\$ 3900
3. Add Enforcement Fees paid/owed	+\$ 0 / 0
Total Amount	=\$ 3900

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You will also receive an email.



SAMPLE Receipt

PAYMENT INFORMATION » ORDER REVIEW » PAYMENT PROCESSING » RECEIPT

Receipt

Thank you for your payment. Your payment was successful.
Do not close this window. Click the "Continue" button to return to the Agency application.

YOUR PAYMENT IS COMPLETE

Payment is complete. Print this receipt for your records.
Your authorization number is 71911.
Please reference this number in any correspondence regarding your transaction.
[Click here to download receipt](#)
[Printer Friendly Version \(PDF\)](#)

 [Get the Adobe Acrobat Reader](#)

BILLING INFORMATION

Name: Susie Queu
Address: 123 N 45th Place, Phoenix, AZ 85006
Phone: 602-364-2584
Email: flossie.wagner@azdhs.gov

ACCOUNT INFORMATION

VISA
4*****1111

PAYMENT DATE

DATE:
Tue, 04 Nov 2014 09:02:47 MST

ORDER INFO

Order No	Product ID	Item Description	Amount	Quantity	Total Amount
339	HSDLS065	CC 60-OVER LIC EMP	\$3,900.00	1	\$3,900.00
339		TOTAL			\$3,900.00

NOTES
Licensure Fee Application for CDC8575

The following amount was billed to your credit card. Your credit card statement will show the following merchant name(s) and amount(s) for this transaction.

Merchant	Amount
AZ DEPT OF HEALTH SVCS	\$3,900.00

The total amount billed to your credit card is \$3,900.00

[Printer Friendly Version \(PDF\)](#) CONTINUE

If there is an issue with the credit card, you might get a message like this:

PAYMENT INFORMATION » ORDER REVIEW » PAYMENT PROCESSING » RECEIPT

Payment Information

 **❌ Credit Card is expired. Please correct and re-submit.**

☆Indicates Required Field

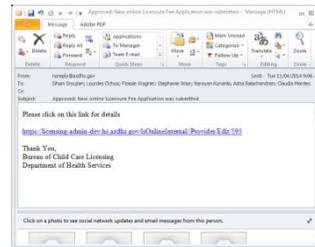
Please enter the customer's billing and credit card information. Click the continue button to go to the Order Review page to authorize payment.

CHECKOUT - PAYMENT INFORMATION

☆First Name:

☆Last Name:

Please check your credit card and try re-submitting. If there continues to be an issue, you might need to use another method to pay your licensure fee.



Sometimes there might be a technical problem. If you get this message, try the process one more time from the beginning. After that, notify the Department that you had the problem.



It is strongly recommended that you document any aborted efforts to pay your fee. You will receive a payment receipt indicating the declined status of the payment. You can print this page for your records.

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Home BCCL Home Contact Us

Payment Receipt
Licensure Fee Application

Hello, faudie11 Update Profile Log off

Order Number: 336 Authorization Code: Partial Card Number: 1111 Payment Type: Visa Payment Status: Declined Payment Date: 10/29/2014 10:04:44 AM

Name of Licensee*: KNOWLEDGE LEARNING CORPORATION

CDC#*: CDC8575 Name of Facility*: KINDERCARE LEARNING CENTER Anniversary Date: 12/01/2014
Address: 8425 EAST OLD SPANISH TR. City: TUCSON

Application Fee
Based on your current licensed capacity, which is 101 check the appropriate box

5-10 licensed capacity \$1000
11-59 licensed capacity \$4000
60+ licensed capacity \$7800

Application Fee Reduction:
Check the box if you are interested in qualifying for a 50% reduction in the license fee by participating in the Empower Pack Program. To register, and for more information, go to www.theempowerpack.org or call your local license office. Empower Pack Program fee reduction

1. Fee Based on Licensed Capacity	\$ 7800
2. Less Empower Pack Fee Reduction	-\$ 3900
3. Add Enforcement Fees paid/owed	+\$ 0 / 0
Total Amount	=\$ 3900

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REMEMBER: When the payment is processed, you will receive a payment receipt indicating the payment has been approved.

Do not forget to **LOG OFF**.

Arizona Department of Health Services | Search AZDHS | Health and Wellness for All Arizonans | AZ.GOV

Home Contact Us

You are now logged out. Register Log in

Welcome To Division Of Licensing Services Online Web Site

The ADHS Division of Licensing Services licenses and monitors health and child care facilities and providers throughout Arizona. Licensing inspections, on-site surveys, and complaint investigations are conducted to promote quality care and safety and ensure that performance standards are met for facility operation and maintenance.

Mission Statement: To protect the health and safety of Arizonans by providing information, establishing standards, and licensing and regulating health and child care services.

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BCCL staff are notified that a payment has been received. Staff will review the receipt and verify the information and fee amount. If everything is compliant, a license will be issued indicating the new start and end dates of the licensure period for the facility.