

Arizona Department of Health Services
Bureau of Child Care Licensing

Child Care Center Rules Instrument (condensed)

Compliant (C), Not Compliant (NC), Not Applicable (NA), Not Evaluated (NE), Technical Assistance (TA)

Facility:		CDC –		Date:	
C NC NA NE TA		<input type="checkbox"/> Plan of correction	<input type="checkbox"/> Exit interview only	C NC NA NE TA	
A.R.S. § 36-883.02.A.C. Fingerprint Clearance Card and Affidavit on file	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			R9-5-508 Nutrition	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
R9-5-301 General Responsibilities	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			R9-5-510 Discipline & Guidance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
R9-5-304.A EIIR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			R9-5-512 Cleaning/Sanitation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
R9-5-305.A Immunization	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			R9-5-514 Accident & Emergency	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
R9-5-306.A.B Attendance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			R9-5-515 Illness & Infestation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
R9-5-401 Staff Qualifications	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			R9-5-516 Medications	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
R9-5-402 Staff records ___ of ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			R9-5-517 Transportation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
R9-5-403 Training ___ of ___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			R9-5-518 Field Trips	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
R9-5-404.A Ratios: Infants 1:5, 2:11 1-year-old children 1:6, 2:13 2-year old children 1:8 3-year old children 1:13 4-year-old children 1:15 5-year old children 1:20	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			R9-5-601/2 Physical Plant/Square Footage	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
				R9-5-603 Outdoor Activity Area	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
				R9-5-605 Fire & Safety	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
R9-5-501 Equipment/Program standards	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Other:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
R9-5-502 Suppl. Infant standards	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
R9-5-503 Diaper Changing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
R9-5-504 Suppl. 1/2's	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
R9-5-505 Suppl. 3/4/5's	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
R9-5-506 Suppl. School Age	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Documents Requested:	

NOTE: Deficiencies must be corrected immediately. An exit interview was conducted. Deficiencies, if any, were discussed with the facility representative. This abbreviated evaluation is not all inclusive of ARS § 36-891 et seq and these rules. Other areas may be inspected at the Surveyor's discretion. The Department reserves the right to amend findings after programmatic review.

Corrections are due within 10 days of receipt of the Statement of Deficiencies.

Documentation of Corrections was submitted at the time of the exit interview.

 Licensing Surveyor(s) Date

 Facility Representative(s) Date