

Arizona Department of Health Services
Bureau of Child Care Licensing

Child Care Group Home Rules Instrument (condensed)

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

Facility:		SGH –		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. § 36-897.02.D. 10 for comp.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			R9-3-501 Physical Environment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
A.R.S. § 36-897.02.D Fingerprint Clearance Card and Affidavit on file	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			R9-3-502 Outdoor Activity Area	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
R9-3-301 Cert. Holder/Provider Responsibilities C. Maintain insurance D.1 Staff member /provider qualified D.2 One add'l staff for 6 + children I. One staff with current first aid and CPR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			R9-3-504 Fire, Gas Safety	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
				R9-3-505 General Safety	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
				R9-3-506 Cleaning & Sanitation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
R9-3-303 Enrollment of Children	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			R9-3-507 Diaper Changing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
R9-3-305 Admission/Release of Children	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			R9-3-508 Pet & Animal Standards	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
R9-3-307 Illness & Infestation	<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"/>
R9-3-309 Medications	<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"/>
R9-3-310 Accident & Emergency	<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"/>
R9-3-401 General Program & Equipment 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"/>
R9-3-403 Supp. Care for Infants, One-, Two-year old child	<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"/>
R9-3-405 Discipline & Guidance	<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"/>
R9-3-406 General Nutrition & Menu	<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"/>
R9-3-407 Food Service/Handling	<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"/>
R9-3-408 Field Trips	<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