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 , signed & dated _____

☐ 6.* Verification of Fingerprint Registration – **staff & residents 18 yrs or older** *(see A.R.S. § 36-897.03.a, R9-3-202)*:
- ☐ Copy of the *Applicant Fingerprint Registration Application* (application #_____)
- ☐ Copy of the *Fingerprint Clearance Card* (expiration date_____)(#_____) *front & back*
- ☐ DPS verification (date_____)

☐ 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 Name: Date: ☐ Contact 2 Name: Date:

☐ 9. ☐ DCS Registry *Direct Service Position* form or *Affidavit* form ☐ DCS Registry background check
☐ DHS New Provider Orientation certificate (provider/owner)

☐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:	
HOURS:	

☐ 11. Documents required by R9-3-301.A.1 or D.1 (provider or person left in charge)
☐ High School Diploma/GED Certificate ☐ by phone ☐ saw orig. ☐ by phone ☐ by letter Verified by: (name) (date)
☐ Work Experience ☐ Training/Education doc.

☐ 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.**