Arizona Department of Health Services BUREAU OF CHILD CARE LICENSING Staff Report

Facility Name	CDC/SGH Number		
Address	City	Zip	

Applicant * Staff Members ** Residents (SGH) Provider (SGH)	Start Date MM/DD/YY	Fingerprint Clearance Card		- Criminal History Affidavit	DCS Central Registry Background Check	
		Card Number	Exp. Date	Complete Date	Affidavit Complete Date	Submittal Date

List all staff members at the facility.

Anyone 18 years or older must be fingerprinted and registered.

*License/Certificate Applicant
**List all staff members at the facility