

**Arizona Department of Health Services
Division of Licensing Services
Bureau of Child Care Licensing**

INSTRUCTIONS for WRITTEN DOCUMENTATION OF CORRECTIONS

Your *Written Documentation of Corrections (WDOC)* must include the following information for each deficiency:

- 1. How each deficiency was/will be corrected.
- 2. The name of the person and/or the position responsible for each correction.
- 3. The date each deficiency was/will be corrected.
- 4. The Director's/Provider's signature, date, and the CDC/SGH number on one page of the *WDOC*.
- 5. If you do not use the provided *WDOC* chart, the Event ID Number (located on the upper left hand corner of your Statement of Deficiencies) must be included on your own *WDOC*.

The *Written Documentation of Corrections* must be returned to the Bureau of Child Care Licensing *within 10 days from your receipt of the Statement of Deficiencies (SOD)*. If the Department does not receive the *Written Documentation of Corrections* by this date, further action may be taken.

Be advised that the Statement of Deficiency and Written Documentation of Correction will become a part of the Department's Public file for your facility and are available for review.

Call your Licensing Surveyor if you have any questions.

RETURN YOUR *WRITTEN DOCUMENTATION OF CORRECTIONS (WDOC)* TO:

<input type="checkbox"/> 150 NORTH 18 TH AVENUE, SUITE 400 PHOENIX, ARIZONA 85007 Phone: (602) 364-2539	<input type="checkbox"/> 400 WEST CONGRESS, SUITE 100 TUCSON, ARIZONA 85701 Phone: (520) 628-6541
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OVER

WRITTEN DOCUMENTATION OF CORRECTIONS

Name of Facility: _____		SGH/CDC#: _____	Page ____ of ____
Survey Date: _____		Inspector: _____	Event ID #: _____
		Complaint # <u>AZ</u>	WDOC Due Date: _____
Rule#/Statute Cited	How each deficiency was/will be corrected.	The person/position responsible for each correction.	The date each deficiency was/will be corrected.
A.R.S. § - or R9-			
R9-			
R9-			
R9-			

WDOC Approved (LS): _____

WDOC Reviewed (TL): _____

Facility Representative Signature

Date