

# Working in a Child Care Facility

## \*Common Citations\*

Training Presented by:  
Bureau of Child Care Licensing



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

LICENSING

# General Information

- This training includes a review of rules associated with providing care in a Child Care Facility.
- It is not a comprehensive review of the rules, which can be accessed from the [AZDHS.gov](http://AZDHS.gov) website.
- This training was developed to address some of the most common citations found when inspecting a Child Care Facility.



# The Inspection Process

- Per **A.R.S. § 36-885.B**. The Department is mandated to make at least one unannounced visit annually and can visit each child care facility as often as necessary to assure continued compliance with the rules and regulations.
- We know the inspection process can be stressful. We want to partner with you, and we want you to feel comfortable when the Department visits.



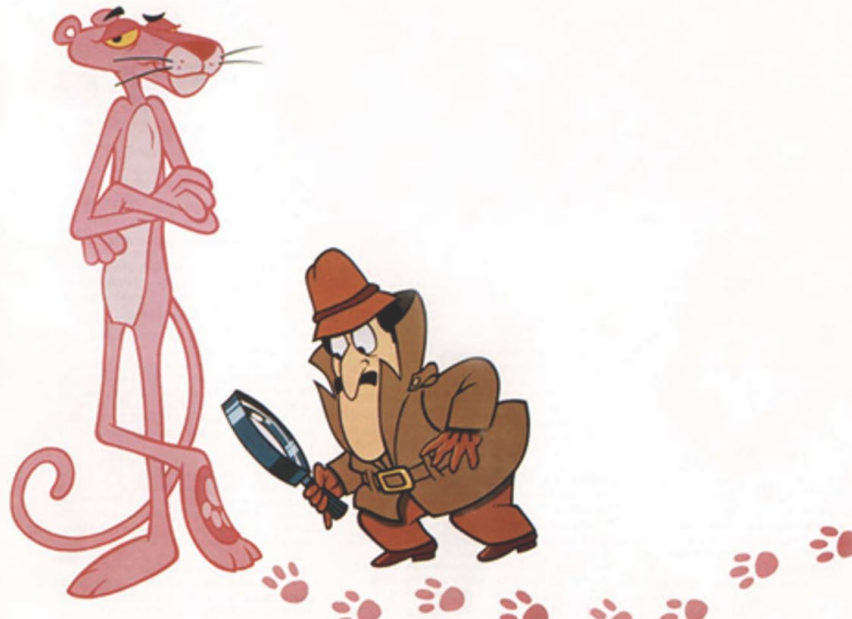
# Agenda

- Introductions
- Common citation rule review
- Questions
- Evaluations
- Exit




# The Inspection Process

- We are there as an extra set of eyes for your program.
- We are there to help and ensure the health, safety and welfare of the enrolled children is being provided.
- Fun fact: Most of the Surveyors, and members of BCCL management are former staff members of a facility.
  - We have been in your shoes!!!
- We want the inspection process to be a **POSITIVE EXPERIENCE**,  
**NOT** a **STRESSFUL** one!



# The Inspection Process

- All BCCL surveyors should be wearing their state issued badge.
- You will be issued the “Notice Of Inspection Rights” (aka “Entrance Letter”) and you will be asked to read, sign and date it.
- You will receive a copy of the letter, and this will become part of your “inspection reports”.
- The Surveyor will then begin the remainder of the inspection.

 **ARIZONA DEPARTMENT OF HEALTH SERVICES**  
LICENSING

**NOTICE OF INSPECTION RIGHTS**

Facility Name: \_\_\_\_\_ Facility Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Inspector/Team Leader: \_\_\_\_\_ Accompanied by: \_\_\_\_\_

Bureau of Child Care Licensing

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This inspection is conducted under the authority of:

1. Arizona Revised Statutes Title 36, Chapters 1 and 4, and Arizona Administrative Code, Title 9, Chapter 10. Some of the activities during the inspection may include, but are not limited to, a facility premise inspection, review and/or copying of records, including personnel records, interviews with residents/clients, family and staff, and review of services offered.
2. The purpose of this inspection is:
  - Determine compliance with Child Care Centers and Child Care Group Homes requirements pursuant to the above Arizona Revised Statutes and Arizona Administrative Code.
  - Conduct a complaint investigation.
3. Application and License Fees are charged. There is no fee for the inspection.
4. An authorized representative of this facility may accompany the inspector(s) during the inspection conducted on these premises, except during any confidential interview.
5. You have the right to receive copies of any original documents taken by the Inspector(s) during the inspection in those cases where the agency has authority to make original documents.
6. You and your staff have the opportunity to provide any information that would clarify an issue. Additionally, interviews with staff, family or residents/clients may be conducted privately. Each person interviewed will be informed that statements made by the person may be included in the inspection report and each person whose conversations are tape or video recorded will be informed that the conversation is being tape or video recorded.
7. Upon completion of the inspection the Inspector(s) will conduct an exit interview and informally disclose their findings. A Statement of Deficiency(ies) (SOD), if applicable, formally informing you of the findings will be provided within 30 working days. You will be afforded an opportunity to submit a Written Documentation of Correction (WDOC) unless the Department is considering enforcement against the license/certificate. If the visit was a complaint investigation, a redacted copy of the investigation report, when completed, is available to you upon request.
8. If you have questions regarding this inspection, you may contact: Lourdes B. Ochoa, State Licensing Bureau Chief, 150 North 18<sup>th</sup> Ave., Suite 400, Phoenix, Arizona 85007-3244, Phone: (602)364-2539, FAX: (602)364-4768, Email: [Lourdes.Ochoa@azdhs.gov](mailto:Lourdes.Ochoa@azdhs.gov). If you have an issue that you cannot resolve with the Bureau or the Division, you may contact the Office of Ombudsman-Citizens Aide, 3737 N. 7<sup>th</sup> St., Suite 209, Phoenix, AZ 85014 (602) 277-7292.
9. You have an opportunity to dispute any deficiencies or language listed on the SOD through an Informal Dispute Resolution (IDR). To dispute a deficiency or language listed on the SOD, send a written request on a separate document due 10 days from receipt of the SOD. The written request must include documentation that shows the licensee was in compliance at the time of the inspection. The Department will review the written request and documentation provided to the Department and notify you of the Department's decision. If you have any questions, please call (602)364-2539.
10. Your administrative hearing rights are found at A.R.S. § 41-1092 *et seq.*, and rights relating to appeal of a final agency decision can be found in A.R.S. § 12-901 *et seq.*

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Upon entry to the premises for this inspection, the Inspector(s) presented photo identification indicating that they are Arizona Department of Health Services (ADHS) employees and reviewed with me the above Notice of Inspection Rights. I have read the disclosures and am notified of my inspection and due process rights as listed. I understand that while I have the right to decline to sign this form, the ADHS Representative(s) will proceed with the inspection.

\_\_\_\_\_  
Administrator/Director Representative Signature Date

Administrator/Director Representative refused to sign this form  
 Administrator/Director Representative or authorized on-site Representative is not present

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Inspector/Team Leader Signature \_\_\_\_\_ Date \_\_\_\_\_

Copy left with Administrator/Director Representative

© Form Notice of Inspection Rights (6/16/04)

# The Inspection Process

*The following rules are associated with the inspection/investigation process:*

**R9-5-209.A.** A licensee shall allow the Department “**immediate**” access to all areas of the facility affecting the health, safety or welfare of an enrolled child or to which an enrolled child has access during the hours of operation.

*Definition: **Immediate** means: without restriction, delay, or hesitation.*

**R9-5-209.B.** A licensee shall permit the Department to interview each staff member or enrolled child as part of an investigation.

# The Inspection Process

- **R9-5-301.D.** A licensee shall ensure that the following individuals are allowed immediate access to facility premises during hours of operation:
  - 1. A parent of an enrolled child or an individual designated, in writing, by the parent of an enrolled child;
  - 2. A representative of:
    - The Department (BCCL)
    - The local health department
    - The Department of Child Safety
    - The local fire department or State Fire Marshal





# Facility's Posting of Notices

## R9-5-303.A.

# FACILITY POSTINGS OF NOTICES

## R9-5-303.A.

A licensee shall post **in a place that can be conspicuously viewed** by individuals entering or leaving the facility or activity area:

- Facility's license
- Name of the facility director
- Name of the individual designated to act on behalf of the facility director when the facility director is not present in the facility
- Schedule of child care services fees and policy for refunding fees
- Breakfast, lunch, dinner, and snack menus for each calendar week at the beginning of the calendar week
- Notice of the presence of any communicable disease or infestation, from the date of discovery through the incubation period of the communicable disease or infestation

# FACILITY POSTINGS OF NOTICES

## R9-5-303.A.

A licensee shall post **in a place that can be conspicuously viewed** by individuals entering or leaving the facility or activity area:

- Notice of the availability of facility inspection reports for public viewing at the facility premises
- Notice that identifies the location where inspection reports are available for review.

### IF APPLICABLE:

- Notice of the Department's intent to deny, revoke, or suspend at the expiration of time in the notice for the licensee to respond
- Notice of an intermediate sanction within 10 calendar days after the licensee received notice of the intermediate sanction
- Notice of a legal injunction imposed when the licensee receives the legal injunction

# Which rules are cited the most?

Based on annual inspections of 2534  
facilities conducted in 2019

# What rules are cited the most?

## Bureau of Child Care Licensing Top Ten Citations – 2019

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### Child Care Centers/Public Schools

<u>CITATION</u>	<u>DESCRIPTION</u>	<u>COUNT</u>
R9-5-304.B.1-9	Missing or incomplete Emergency Information and Immunization Record Card.	1104
R9-5-306.A.1	Attendance records for children not completed or missing.	745
R9-5-603.E.1.2	Resilient surface under swings & climbing equipment not adequate.	630
R9-5-306.B.1	Attendance rosters for children were missing or incomplete.	612
R9-5-402.A.1-12	Staff files were incomplete or missing.	599
R9-5-501.C.5.a-k	Dated lesson plan were not prepared and posted in each activity area.	525
R9-5-603.C.2	Outdoor activity spaces were not maintained free from hazards.	500
R9-5-503.A.1.a.b	Diaper changing area was not seamless, smooth and kept clear of items not required for diaper changing.	468
R9-5-301.F.1.2	Documentation of negative tuberculosis tests for staff members was missing or incomplete.	457
R9-5-503.A.3.4.	Waterproof, sanitizable containers with liners & lids for soiled diapers & clothing.	330

# **Missing or Incomplete Emergency Information and Immunization Record Cards**

**R9-5-304.B.1-9**

# ENROLLMENT OF CHILDREN

## R9-5-304 THE EMERGENCY, INFORMATION & IMMUNIZATION RECORD CARD



Arizona Department of Health Services  
Bureau of Child Care Licensing

CDC/SGH# or name: \_\_\_\_\_

### Emergency, Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider* Name:	Contact Telephone Number:
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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The following individual(s) may NOT remove my child from the facility:

Name(s):
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Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

### Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to: [www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day/ yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day/ yr

### Medical Information

Is child allergic to food or other substances?  No  Yes  
If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:

Is child usually susceptible to infections and if so, what precautions need to be taken?  No  Yes  
If yes, list precautions:

Is child subject to convulsions and what should be our procedure if one occurs?  No  Yes  
If yes, specify procedure:

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)?  No  Yes  
If yes, list precautions:

Additional comments:


Other special instructions:

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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# ENROLLMENT OF CHILDREN

## R9-5-304 THE EMERGENCY, INFORMATION & IMMUNIZATION RECORD CARD

		CDC/SGH# or name: _____
<b>Arizona Department of Health Services Bureau of Child Care Licensing Emergency, Information and Immunization Record Card</b>		
Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female
Parent or Guardian Name:		Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:	
Parent or Guardian Name:		Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:	
I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)		
Name:	Contact Telephone Number:	
Name:	Contact Telephone Number:	
Name:	Contact Telephone Number:	
Name:	Contact Telephone Number:	
If Medical care is necessary, call:		
Health Care Provider*	Name:	Contact Telephone Number:
*A Health Care Provider is a physician, physician assistant or registered nurse practitioner. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.		
<b>In case of injury or sudden illness, I request that this individual be called first:</b>		
The following individual(s) may NOT remove my child from the facility:		
Name(s):		
Custody papers have been provided and are on file at the facility. <input type="checkbox"/> yes <input type="checkbox"/> no		
Telephone Authorization Code (optional): _____		

Before an enrolled child receives child care services, a licensee shall require the enrolled child's parent to complete a Department-provided Emergency, Information, and Immunization Record card that is signed by the enrolled child's parent.

This is a document that is a required form issued by BCCL, and can be downloaded from the AZDHS.gov website.

The form cannot be altered, and must be completed by the enrolled child's parent/guardian upon enrollment.



# ENROLLMENT OF CHILDREN

## R9-5-304 THE EMERGENCY, INFORMATION & IMMUNIZATION RECORD CARD

The following information must be completed on the EIIR:

1. The child's name, home address, city, state, zip code, home telephone number, sex, and date of birth.
2. The date of the child's enrollment.
3. The name, home address, city, state, zip code, and contact telephone number of each parent of the child. (If the parent is not involved or deceased, N/A can be substituted.)
4. The name and contact telephone number of at least two individuals authorized by the child's parent to collect the child from the facility in case of emergency, or if the child's parent cannot be contacted.

**ADHS** LICENSING  
Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card

CDC/SGH# or name: \_\_\_\_\_

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.  
I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

**In case of injury or sudden illness, I request that this individual be called first:** \_\_\_\_\_


The following individual(s) may NOT remove my child from the facility:  
Name(s): \_\_\_\_\_

Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

# ENROLLMENT OF CHILDREN

## R9-5-304 THE EMERGENCY, INFORMATION & IMMUNIZATION RECORD CARD

		CDC/SGHF or name: _____
<b>Arizona Department of Health Services Bureau of Child Care Licensing Emergency, Information and Immunization Record Card</b>		
Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female
Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):	
Cell Phone (optional):	Contact Telephone Number:	
Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):	
Cell Phone (optional):	Contact Telephone Number:	
I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)		
Name:	Contact Telephone Number:	
Name:	Contact Telephone Number:	
Name:	Contact Telephone Number:	
Name:	Contact Telephone Number:	
If Medical care is necessary, call:		
Health Care Provider*	Name:	Contact Telephone Number:
*A Health Care Provider is a physician, physician assistant or registered nurse practitioner. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his or her health and safety.		
<b>In case of injury or sudden illness, I request that this individual be called first:</b>		
The following individual(s) may NOT remove my child from the facility: Name(s):		
Custody papers have been provided and are on file at the facility. <input type="checkbox"/> yes <input type="checkbox"/> no		
Telephone Authorization Code (optional): _____		

- The name and contact telephone number of the child's health care provider. (Health care provider meaning: a physician, physician assistant or registered nurse practitioner).
- The written authorization for emergency medical care of the enrolled child when the parent cannot be contacted at the time of the emergency
- The name of the individual to be contacted in case of injury or sudden illness of the child.

# ENROLLMENT OF CHILDREN

## R9-5-304 THE EMERGENCY, INFORMATION & IMMUNIZATION RECORD CARD

8. The written instructions of a child's parent or health care provider for nutritional and dietary needs of the child.
9. A written record completed by the child's parent or health care provider noting the child's susceptibility to illness, physical conditions of which a staff member should be aware, and any individual requirements for health maintenance.

The parent/guardian also must print their name, sign and date the bottom of the second page. **A current immunization record also must be attached to the record card.**

**Immunization Information**  
(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:  
[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day/ yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day/ yr

**Medical Information**

Is child allergic to food or other substances?  No  Yes  
If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:

Is child usually susceptible to infections and if so, what precautions need to be taken?  No  Yes  
If yes, list precautions:

Is child subject to convulsions and what should be our procedure if one occurs?  No  Yes  
If yes, specify procedure:

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)?  No  Yes  
If yes, list precautions:

Additional comments:

Other special instructions:

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:  
Parent/Guardian PRINTED: \_\_\_\_\_ SIGNED Name: \_\_\_\_\_ DATE: \_\_\_\_\_

G:\Forms\Emergency Information and Immunization Record Card (9/18)

# **Attendance records for children not completed or missing**

**R9-5-306.A.1.**



# ADMISSION AND RELEASE OF CHILDREN

## R9-5-306 SIGN IN/OUT RECORDS

A licensee shall ensure that the attendance form is signed with **at least a first initial of an individual's first name and the individual's last name** by each enrolled child's parent or individual designated by the enrolled child's parent, each time the enrolled child is admitted or released.



*John Doe*

*Jane Doe*

# ADMISSION AND RELEASE OF CHILDREN

## R9-5-306 SIGN IN/OUT RECORDS

An electronic fingerprint verification or an electronic signature may be used in place of a signature of the enrolled child's parent or designated individual to admit or release the enrolled child.

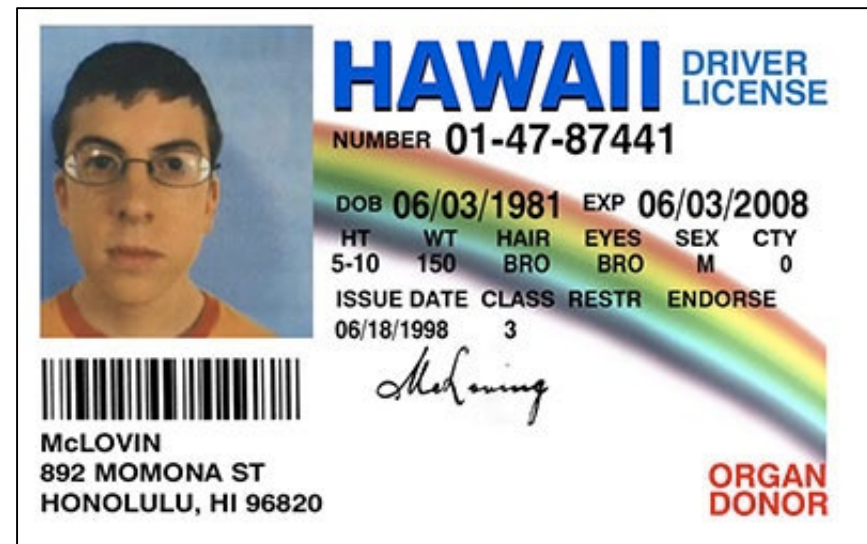
If an electronic signature is used to admit or release the enrolled child, the licensee shall adopt policies and procedures to ensure that the individual whose signature the electronic or digital method of identification represents is accountable for the use of the electronic or digital method;



# ADMISSION AND RELEASE OF CHILDREN

## R9-5-306 SIGN IN/OUT RECORDS

A licensee shall develop, document, and implement policies and procedures to ensure that the identity of an individual is known to the staff member or is verified with picture identification before releasing an enrolled child to the individual.





# **Attendance rosters for children were missing or incomplete**

**R9-5-306.B.1**



# ADMISSION AND RELEASE OF CHILDREN

## R9-5-306 CLASSROOM ROSTERS

Remember that rosters must document the presence of enrolled children in each activity area. That means that if a classroom has children both indoors and outdoors, there must be a roster for both locations that accurately accounts for each child.



**Staff records were  
missing or incomplete**

**R9-5-402.A.1-12**

# STAFF RECORDS & REPORTS

## R9-5-402 THE STAFF FILE

**Using the Personnel Records form is not required, but suggested. Using this form will help you ensure your staff files are complete. Each file must contain:**

1. Name, date of birth, home address and telephone number.
2. Starting date of employment or volunteer service.
3. Ending date of employment or volunteer service.
4. Name, telephone number and **mailing address** of an individual to be notified in case of emergency.
5. Written statement attesting to current immunity against measles, rubella, diphtheria, mumps and pertussis.

PERSONNEL RECORDS R9-5-402.A., R9-5-403	
<input type="checkbox"/> 1.	Employee Name: _____ Date of Birth: _____ Home Address: _____ Position: _____ Telephone #: _____ Alone <input type="checkbox"/> Supervised <input type="checkbox"/>
<input type="checkbox"/> 2.	Start Date: _____ Hire Date: (if different) _____
<input type="checkbox"/> 3.	End Date: _____
<input type="checkbox"/> 4.	Emergency Contact (name) _____ Phone # _____
<input type="checkbox"/> 5.	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. Employee Signature: _____ Date: _____
<input type="checkbox"/> 6-7.	Verification of Fingerprint Registration (see A.R.S. § 38-203.02c, R9-5-2023): <input type="checkbox"/> Original signed Criminal History Affidavit dated _____ <input type="checkbox"/> Copy of the Applicant Fingerprint Registration Application (application # _____) <input type="checkbox"/> Copy of the Fingerprint Clearance Card (expiration date _____) (# _____) <input type="checkbox"/> DPS contacted (date _____) <input type="checkbox"/> Valid <input type="checkbox"/> NOT valid
<input type="checkbox"/> 8.	Documents required by R9-5-301(F) <input type="checkbox"/> Mantoux TB Test Results (on or w/in 12 months prior to start date) _____ date of test results <input type="checkbox"/> A health care provider's signed statement that the individual is free from TB, dated w/in 6 months of start date
<input type="checkbox"/> 9.	Documents required by R9-5-401 <input type="checkbox"/> High School Diploma/GED Certificate <input type="checkbox"/> saw orig. <input type="checkbox"/> by phone <input type="checkbox"/> Verified (name) _____ <input type="checkbox"/> Work Experience (based on full time employment, 30+ hours/week) <input type="checkbox"/> by letter _____ by: _____ (date) _____
<input type="checkbox"/> 10.	Written Documentation of Training required by R9-5-403 <input type="checkbox"/> New Staff Training within 10 calendar days of starting date (date) _____ <input type="checkbox"/> Eighteen (18) Hours of Annual In-Service Training based on starting date, including at least 6 hours in areas of child growth & development YEAR: _____ (based on start date) HOURS: _____
<input type="checkbox"/> 11.	Current License or Certification <input type="checkbox"/> AZ Driver's License (if a van driver) Expires: _____ <input type="checkbox"/> Food Handlers Card Expires: _____ <input type="checkbox"/> First Aid Certificate Expires: _____ <input type="checkbox"/> CPR Certificate Expires: _____
<input type="checkbox"/> 12.	Good faith efforts to contact previous employers: <input type="checkbox"/> Contact 1 Name: _____ Date: _____ <input type="checkbox"/> Contact 2 Name: _____ Date: _____
<input type="checkbox"/> 13.	<input type="checkbox"/> Central Registry (ADCS) check (copy of submittal, or documentation of results) <input type="checkbox"/> Central Registry (ADCS) Direct Service Position form

**RETAIN ENTIRE FILE 12 MONTHS FROM TERMINATION DATE**

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# STAFF RECORDS & REPORTS

## R9-5-402 THE STAFF FILE

6. Criminal History Affidavit.
7. Fingerprint clearance card or the application.
8. Negative Mantoux skin test or other tuberculosis screening test.
9. Educational qualifications.
10. Documentation of training.
11. Good faith efforts to contact two previous employers.
12. DCS Registry background check & Affidavit.

PERSONNEL RECORDS R9-5-402.A., R9-5-403	
<input type="checkbox"/> 1.	Employee Name: _____ Date of Birth: _____ Home Address: _____ Position: _____ Telephone #: _____ Alone <input type="checkbox"/> Supervised <input type="checkbox"/>
<input type="checkbox"/> 2.	Start Date: _____ Hire Date: (if different) _____
<input type="checkbox"/> 3.	End Date: _____
<input type="checkbox"/> 4.	Emergency Contact: (name) _____ Phone # _____
<input type="checkbox"/> 5.	<b>Immunization Statement:</b> 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. Employee Signature: _____ Date: _____
<input type="checkbox"/> 6-7.	<b>Verification of Fingerprint Registration</b> (see A.R.S. § 36-603.02.c, R9-5-2023): <input type="checkbox"/> Original signed Criminal History Affidavit dated _____ <input type="checkbox"/> Copy of the Applicant Fingerprint Registration Application (application # _____) <input type="checkbox"/> Copy of the Fingerprint Clearance Card (expiration date _____) (# _____) <input type="checkbox"/> DPS contacted (date _____) <input type="checkbox"/> Valid <input type="checkbox"/> NOT valid
<input type="checkbox"/> 8.	<b>Documents required by R9-5-301(F)</b> <input type="checkbox"/> Mantoux TB Test Results (on or w/in 12 months prior to start date) _____ date of test results <input type="checkbox"/> A health care provider's signed statement that the individual is free from TB, dated w/in 6 months of start date
<input type="checkbox"/> 9.	<b>Documents required by R9-5-401</b> <input type="checkbox"/> High School Diploma/GED Certificate <input type="checkbox"/> saw orig. <input type="checkbox"/> by phone <input type="checkbox"/> by letter Verified (name) _____ by: _____ (date) _____ <input type="checkbox"/> Work Experience (based on full time employment, 30+ hours/week)
<input type="checkbox"/> 10.	<b>Written Documentation of Training required by R9-5-403</b> <input type="checkbox"/> New Staff Training within 10 calendar days of starting date (date) _____ <input type="checkbox"/> Eighteen (18) Hours of Annual In-Service Training based on starting date, including at least 6 hours in areas of child growth & development YEAR: _____ (based on start date) HOURS: _____
<input type="checkbox"/> 11.	<b>Current License or Certification</b> <input type="checkbox"/> AZ Driver's License (if a van driver) Expires: _____ <input type="checkbox"/> Food Handlers Card Expires: _____ <input type="checkbox"/> First Aid Certificate Expires: _____ <input type="checkbox"/> CPR Certificate Expires: _____
<input type="checkbox"/> 12.	<b>Good faith efforts to contact previous employers:</b> <input type="checkbox"/> Contact 1 Name: _____ Date: _____ <input type="checkbox"/> Contact 2 Name: _____ Date: _____
<input type="checkbox"/> 13.	<input type="checkbox"/> Central Registry (ADCS) check (copy of submittal, or documentation of results) <input type="checkbox"/> Central Registry (ADCS) Direct Service Position form

**RETAIN ENTIRE FILE 12 MONTHS FROM TERMINATION DATE**

G:\Forms\CD\Personnel records checklist.doc (1/19) CCL form - 256

# STAFF RECORDS & REPORTS

## R9-5-402 THE STAFF FILE

As a reminder, the staff files at the facility must be located in a single location at the facility, accessible to the Surveyor when they are conducting a inspection/investigation. Additionally, staff files must be maintained for 12 months after the ending date of employment of a staff member. Ensuring the staff files are complete, and accessible to your Surveyor will expedite the inspection process!



# STAFF RECORDS & REPORTS

## R9-5-402 THE STAFF FILE—REQUIRED DOCUMENTATION

Staff files must include the following documents as part of the file:  
**The Criminal History Affidavit (2 pages)**

**Arizona Department of Health Services**  
 Bureau of Child Care Licensing  
**CRIMINAL HISTORY AFFIDAVIT**

Complete this form immediately upon beginning employment, and at the time of application for a Fingerprint Clearance Card.  
 (All requested information is required.)

Applicant's Name (Last, First, Middle, Last)		Social Security Number
Melanie Burgeimer		XXX-XX-XXXX
Applicant's Address (St, Street, City, State, Zip)		Birth date
150 N. 18th Ave. #400 Phoenix, AZ 85007		03/18/1999
Facility Name		
ABC Daycare		
Facility Address (St, Street, City, State, Zip)		OR CDS/OSHR
123 N. Maryland Dr. Phoenix, AZ 85016		

Pursuant to A.R.S. § 36-883.02(B), for purposes of this section, "child care personnel" means any employee or volunteer working at a child care facility. Pursuant to A.R.S. § 36-887.03(F), for purposes of this section, "child care personnel" means all employees and persons who are eleven years of age or older and who reside in a child care group home that is certified by the department.

Pursuant to A.R.S. § 36-883.02(C) and 36-897.03(B), child care personnel shall certify on forms that are provided by the department that:

**I have read and am willing to attest to the following in regards to the offenses listed in A.R.S. § 41-1758.07(D) for centers, (B) and (C) for Group Homes, which can be found at <http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=17>:**

1. Are you awaiting trial on or have you ever been convicted or admitted in open court or pursuant to a plea agreement committing any of the offenses listed in A.R.S. § 41-1758.07(B) for centers, (B) or (C) for Group Homes, in this state or similar offenses in another state or jurisdiction?  YES  NO

2. Are you a parent or guardian of a child adjudicated to be a dependent child as defined in A.R.S. § 9-201?  YES  NO

3. Have you been denied or had a certificate revoked to operate a child care group home or a license to operate a child care facility in this or any other state, or have you been denied or had a certificate revoked to work in a child care facility or a child care group home?  
 YES  NO

Have you been denied a certificate to operate a child care group home or a license to operate a child care facility for the care of children in this state or another state, or had a license to operate a child care facility or a certificate to operate a child care group home revoked for reasons that relate to the endangerment of the health and safety of children?  
 YES  NO

**ALL QUESTIONS MUST BE COMPLETED.** Pursuant to A.R.S. § 36-883.02(C), and A.R.S. § 36-897.03(B), the forms are confidential.

Pursuant to A.R.S. § 36-883.02(A), a child care facility shall not allow a person to be employed or volunteer in the facility in any capacity if the person has been denied a fingerprint clearance card pursuant to section 41-1758.07 or has not received a later approval from the Board of Fingerprinting pursuant to A.R.S. § 41-619.06(D).  
**Check your certification expiration:**

1. Pending the outcome of a police case, expunction determination, the board of reviewing officers may issue interim approval in accordance with board rules to continue working to a good cause expiration application.

Pursuant to A.R.S. § 36-897.03(F), a person who is awaiting trial on or who has been convicted or who has admitted in open court or pursuant to a plea agreement to committing a criminal offense listed in Section 41-1758.07, subsection B, paragraph 2 or 3 of this section is prohibited from being employed in any capacity in a child care group home.

Pursuant to A.R.S. § 36-897.03(C), a person who is awaiting trial on or who has been convicted or who has admitted in open court or pursuant to a plea agreement to committing a criminal offense listed in Section 41-1758.07, subsection C shall not work in a child care group home without direct visual supervision unless the person has applied for and received the required fingerprint clearance card pursuant to § 41-1758.07 and is registered as child care personnel. A person who is subject to this subsection shall not be employed in any capacity in a child care group home if that person is denied the required fingerprint clearance card.

Pursuant to A.R.S. § 36-883.02(C) and A.R.S. § 36-897.03(H), the employer shall notify the Department of Public Safety if the employer receives credible evidence that any child care personnel either:

1. Is arrested for or charged with an offense listed in A.R.S. § 44-1758.07(D).
2. Established information on the form required by subsection C for Centers, B for Group Homes, of this section.

**I hereby certify under penalty of perjury that the answers given above are true and correct to the best of my knowledge and belief.**

Applicant's Signature: Melanie Burgeimer Date: 2/11/2019

© Terms Criminal History Affidavit 8-09.doc (8/09) (C) (Case 117) CCL form - 285

**CRIMINAL HISTORY AFFIDAVIT**

I, a person who is awaiting trial on or who has been convicted or who has admitted in open court or pursuant to a plea agreement to committing a criminal offense listed in A.R.S. § 41-1758.07(B) for centers, (B) or (C) for Group Homes, in this state or similar offenses in another state or jurisdiction, hereby certify that I am willing to attest to the following in regards to the offenses listed in A.R.S. § 41-1758.07(D) for centers, (B) and (C) for Group Homes, which can be found at <http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=17>:

1. Are you awaiting trial on or have you ever been convicted or admitted in open court or pursuant to a plea agreement committing any of the offenses listed in A.R.S. § 41-1758.07(B) for centers, (B) or (C) for Group Homes, in this state or similar offenses in another state or jurisdiction?  YES  NO

2. Are you a parent or guardian of a child adjudicated to be a dependent child as defined in A.R.S. § 9-201?  YES  NO

3. Have you been denied or had a certificate revoked to operate a child care group home or a license to operate a child care facility in this or any other state, or have you been denied or had a certificate revoked to work in a child care facility or a child care group home?  
 YES  NO

Have you been denied a certificate to operate a child care group home or a license to operate a child care facility for the care of children in this state or another state, or had a license to operate a child care facility or a certificate to operate a child care group home revoked for reasons that relate to the endangerment of the health and safety of children?  
 YES  NO

**ALL QUESTIONS MUST BE COMPLETED.** Pursuant to A.R.S. § 36-883.02(C), and A.R.S. § 36-897.03(B), the forms are confidential.

Pursuant to A.R.S. § 36-883.02(A), a child care facility shall not allow a person to be employed or volunteer in the facility in any capacity if the person has been denied a fingerprint clearance card pursuant to section 41-1758.07 or has not received a later approval from the Board of Fingerprinting pursuant to A.R.S. § 41-619.06(D).  
**Check your certification expiration:**

1. Pending the outcome of a police case, expunction determination, the board of reviewing officers may issue interim approval in accordance with board rules to continue working to a good cause expiration application.

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2. Established information on the form required by subsection C for Centers, B for Group Homes, of this section.

**I hereby certify under penalty of perjury that the answers given above are true and correct to the best of my knowledge and belief.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

© Terms Criminal History Affidavit 8-09.doc (8/09) (C) (Case 117) CCL form - 285



# STAFF RECORDS & REPORTS

## R9-5-402 THE STAFF FILE—REQUIRED DOCUMENTATION

Staff files must also include Fingerprint Clearance card documentation. The DPS website can be used to check for valid cards and/or applications.

This is the website the Surveyor will use to process the cards on an inspection. The cards must be shown as “valid” when the clearance card number is processed.

<https://www.azdps.gov/services/public/fingerprint>



The screenshot shows the top header of the Arizona Department of Public Safety website. On the left is the state seal and the text "Arizona Department of Public Safety". In the center, it says "FINGERPRINT CLEARANCE CARD". On the right is the "AZ.GOV" logo with the tagline "Arizona's Official Web Site".

Below the header, the page title is "Fingerprint Clearance Card / Application Status". A disclaimer paragraph follows, stating that the information is provided for convenience and that the department makes no guarantee of accuracy or timeliness.

At the bottom, there are two input fields: "Fingerprint Clearance Card Number:" and "Application Number (Must enter leading zeros):". Between these fields is the word "OR". Below the input fields are two buttons: "Submit" and "Reset".

# STAFF RECORDS & REPORTS

## R9-5-402 THE STAFF FILE—REQUIRED DOCUMENTATION

West Chester University  
Tuberculin Skin Test for Education Majors

Section I: To be filled out by Student

Last Name	First Name	M.	Major: <u>Eum. Education</u>
ID#	Date of Birth		
Phone Number			

\*\*\* The Commonwealth of Pennsylvania, "Pennsylvania Code" Title 28; Tuberculin Testing of School Personnel, states that the tuberculin skin test needs to be administered within 3 months prior to the date the school receives the form.\*\*\*

Section II: To be completed by Health Care Professional: (See Instructions)

Name of Provider Providing Service: \_\_\_\_\_  
Address: \_\_\_\_\_

**KIDS CARE PEDIATRICS**  
6529 Black Horse Pike  
Egg Harbor Twp., NJ 08234-4509

Tuberculosis Screening (PPD)  
Date Admin: 8/7/09 Time: 1:00pm  
Manufacturer: SmithKline Beecham  
Lot #: C3150AA  
Expiration Date: 11-20-2011  
Dosage: 5 Route: SA  
Arm: L Signature: [Signature]  
Date Read: 8/10/09 Time: 1:30  
Result: Negative mm induration  
Signature/Title: \_\_\_\_\_

Section III: If 10mm or greater: (See Instructions)

**KIDS CARE PEDIATRICS**  
6529 Black Horse Pike  
Egg Harbor Twp., NJ 08234-4509

1. Attach copy of Chest X-ray Report \_\_\_\_\_
2. Is applicant free of infectious Tuberculosis Disease?  
 No  
 Yes
3. Was the applicant referred for treatment?  
 No  
 Yes if yes: When, Where and What is treatment \_\_\_\_\_
4. Was BCG given?  
 No  
 Yes if Yes: when \_\_\_\_\_

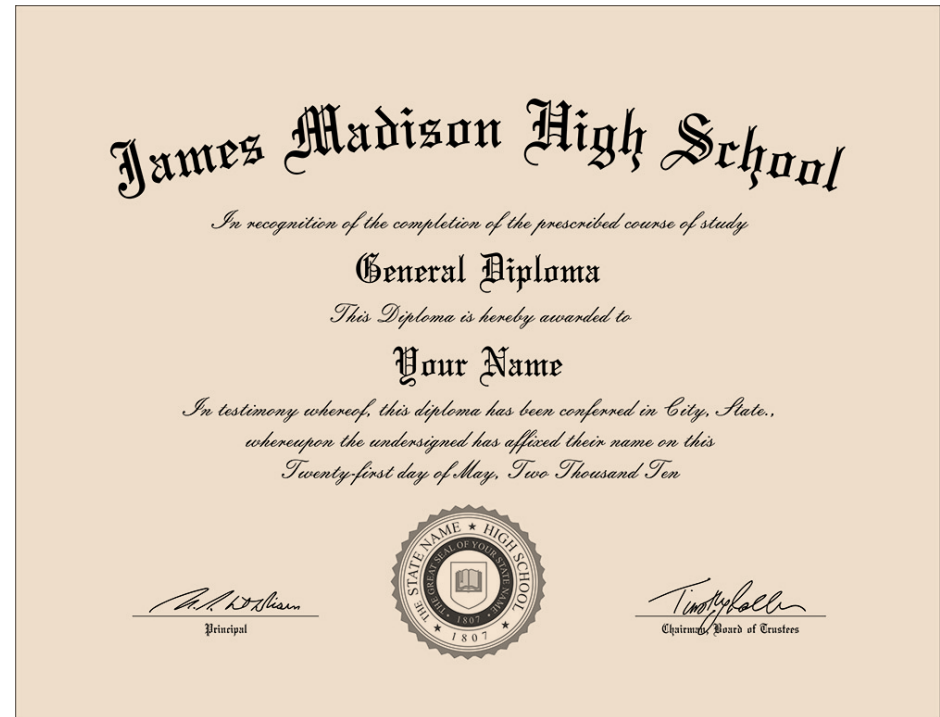
The TB skin test documentation also falls under rule **R9-5-301.F**. The Mantoux skin test or other tuberculosis screening test recommended by the U.S. Centers for Disease Control and Prevention, must be administered within **12 months before the starting date of employment**. If the staff member has had a positive Mantoux skin test or other tuberculosis screening test, a written statement that the staff member is free from infectious active tuberculosis that is signed and dated by a health care provider within **six months before the starting date of employment**.

# STAFF RECORDS & REPORTS

## R9-5-402 THE STAFF FILE—REQUIRED DOCUMENTATION

A copy of at least a high school diploma or a high school equivalency diploma which means:

- a. A document issued by the State Board of Education to an individual who passes a general educational development test
- b. A document issued by another state to an individual who passes a general educational development test or meets the requirements of a state statute
- c. A document issued by another country to an individual who has completed that country's equivalent of a 12th grade education, as determined by the Department.



**Dated lesson plans  
were not prepared and posted  
in each activity area**

**R9-5-501.C.5.a-k**

# LESSON PLANS

## R.9-5-501.C.5.

LESSON PLAN		
Name: _____		Date: _____
Venue: _____		Type: <u>Class Theory</u>
Lesson: # ( <u>2</u> ) of ( <u>8</u> )		
<b>Key Outcomes/Objectives:</b> <ul style="list-style-type: none"> <li>• Engaging learning experience</li> <li>• Develop knowledge of golf</li> <li>• Golf course designs/types</li> </ul>		
<b>Introduction:</b> Class objective, to design and build a SNAG golf course for a golf tournament to be run by the students		
Time: 30 (mins)	Discussion points	
Design of Holes 1, 2, 3, 4 & 5	<b>Key Points:</b> <ul style="list-style-type: none"> <li>• Create the location in the photograph</li> <li>• Designate 'tee' and 'hole'</li> <li>• Create hazards and obstacles</li> </ul>	<b>Equipment:</b> <ul style="list-style-type: none"> <li>• Paper, pens/pencils</li> <li>• Model Clay</li> <li>• White board, Markers</li> </ul>
Time: 30 (mins)	Discussion points	
Hospital & Course map	<b>Key Points:</b> <ul style="list-style-type: none"> <li>• Create course map to help the players understand how to play the hole</li> <li>• Create a map of hospital to help the players get from one hole to the next hole</li> </ul>	<b>Equipment:</b> <ul style="list-style-type: none"> <li>• Projector / TV screen</li> <li>• White board, Markers</li> </ul>
<b>Notes – Review/Evaluation:</b> Can we source a map of the hospital that we can modify for the event		

Q: What is a Lesson Plan?

A: A “Lesson plan” means a written description of the activities scheduled in each activity area for a day.

Facility staff should prepare and post a dated lesson plan in **each indoor activity area for each calendar week**, which is maintained on facility premises for 12 months after the lesson plan date.

Idea: Prepare rotating lesson plans that can be changed, if necessary.

# LESSON PLANS

## R.9-5-501.C.5.

The Lesson Plan should provide opportunities for each child to:

- a. Gain a positive self-concept
- b. Develop and practice social skills.
- c. Think, reason, question, and experiment.
- d. Acquire language skills.
- e. Develop physical coordination skills.
- f. Participate in structured large muscle physical activity.
- g. Develop habits that meet health, safety, and nutritional needs.
  - a. Express creativity.
  - b. Learn to respect cultural diversity of children and staff.
  - c. Learn self-help skills.
  - k. Develop a sense of responsibility and independence

P. 3

No. 0012

Jan. 13. 2014 10:23AM

RECEIVED  
JAN 13 2014

BUREAU OF CHILD CARE LICENSING

**Circle Times**  
(Use Supplement A to fill out this form.)

Class: Preschool A

Focus: colors

Week of: 1/13/2014

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Gathering Activity:</b>		sign in	mirror dancing	sight words	show and tell
<b>This Week's Smarts:</b>	Word	Music	Math	Nature	Fun Friday
<b>Planned Activity:</b>	Write the Letter With Your Finger *  Activity Goal: Points to and names the first letter in familiar words	Vegetable Colors Chart *  Activity Goal: Sings or hums familiar songs or tunes.	Taped Letter Match *  Activity Goal: Identifies 1 or more sounds to corresponding letters	Find the Missing Letter *  Activity Goal: Identifies 1 or more sounds to corresponding letters	painting with balls
<b>Tutor Time Features:</b>	Word of the Month	Creating Character	Big Book	Fitness for Life	Phonics Express
<b>Planned Activity:</b>	Jump Up and Touch *  Activity Goal: Recognizes matching and dissimilar sounds of consonants and vowels	Similar Friends *  Activity Goal: Separates a group into two sets and identifies the number of items in both sets	How Many Toes Does a Fish Have? *  Activity Goal: Invents songs or tunes using voice or musical instruments	Exercise Changes Things *  Activity Goal: Identifies a variety of games/exercises that help enhance fitness	Family Newsletter
<b>Sharing Our Stories:</b>	jump up and down	alphabet eye chart	letter tracing	flash cards	painting with golf balls

Please post for parents

# LESSON PLANS

## R.9-5-501.C.5.

If an activity in the lesson plan required includes **screen time**, include in the lesson plan the duration of the screen time in minutes.

**Screen time** means the use of electronic media to watch television or to watch a video, a DVD, or a movie at the facility or at another location, or the use of electronic media and/or computers for game-playing, entertainment, communication, or educational purposes.



# LESSON PLANS

R.9-5-501.C.5.

Additional things to remember:

**\*\*\*Facility staff implements the schedule and lesson plan.\*\*\***

When schedule or lesson plan is not implemented, writes on the schedule/lesson plan the activity that was implemented.

This can occur when staff changes the lesson plans to accommodate changes in current events, weather, etc.



KEEP  
CALM  
AND  
WRITE A  
LESSON PLAN



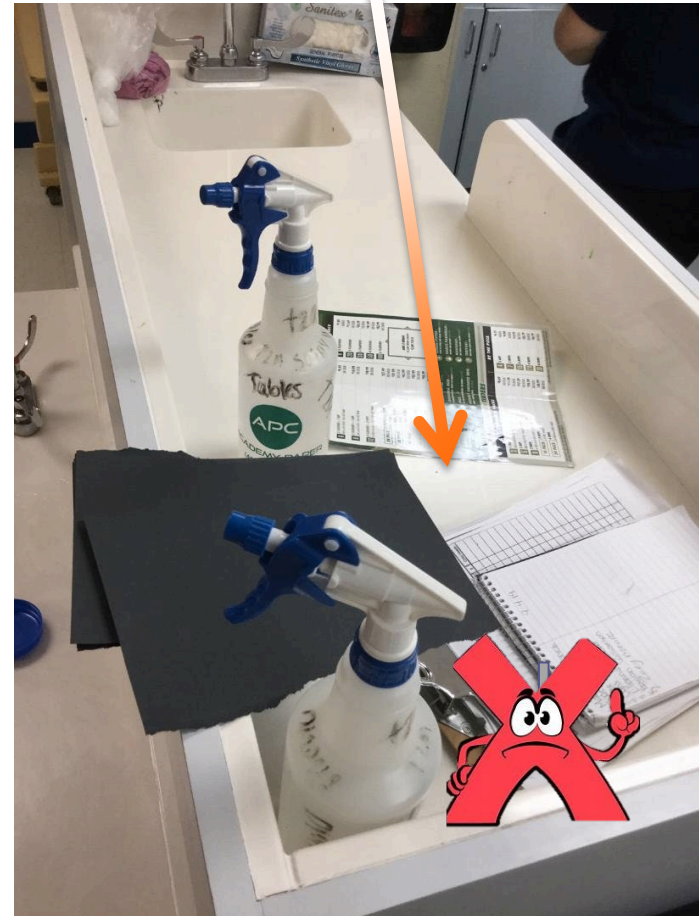
**Diaper changing area was not seamless, smooth and kept clear of items not related to diaper changing.**

**R9-5-503.A.1.**

# STANDARDS FOR DIAPER CHANGING

## R9-5-503 DIAPER CHANGING AREAS

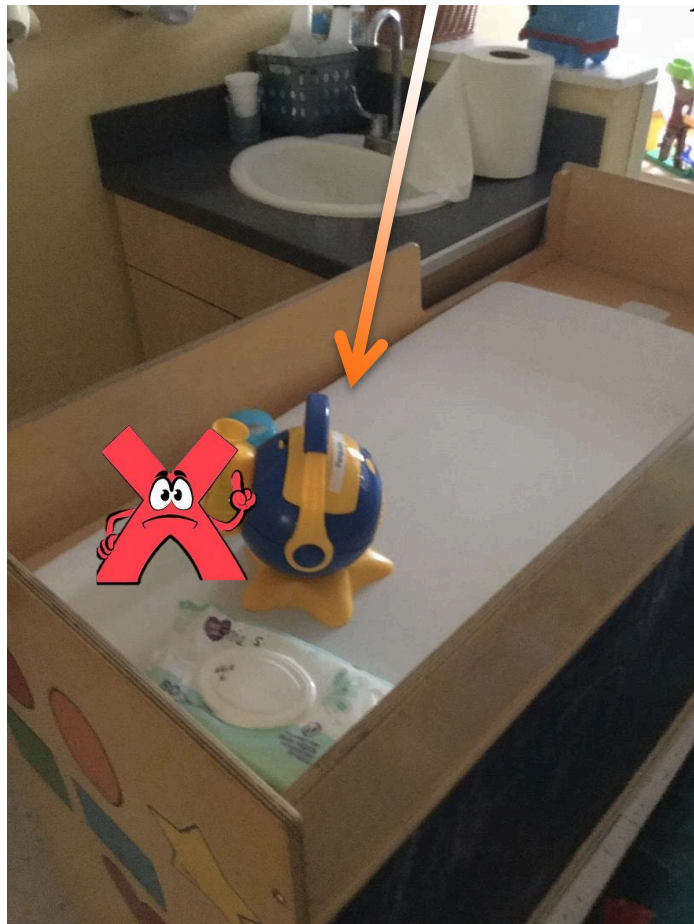
Diaper changing areas must contain: A nonabsorbent, sanitizable diaper changing surface that is: seamless and smooth, and kept clear of items not related to diaper changing.



# STANDARDS FOR DIAPER CHANGING

## R9-5-503 DIAPER CHANGING AREAS

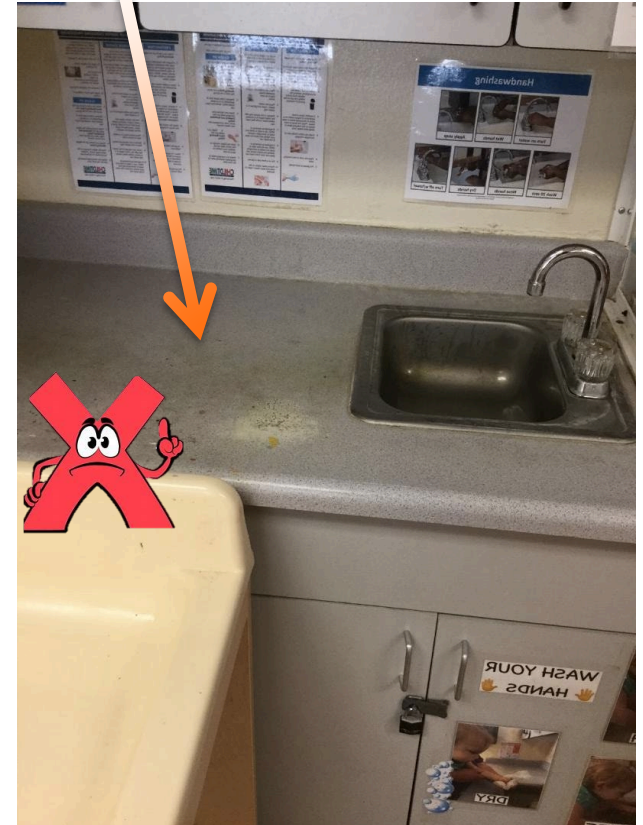
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# STANDARDS FOR DIAPER CHANGING

## R9-5-503 DIAPER CHANGING AREAS

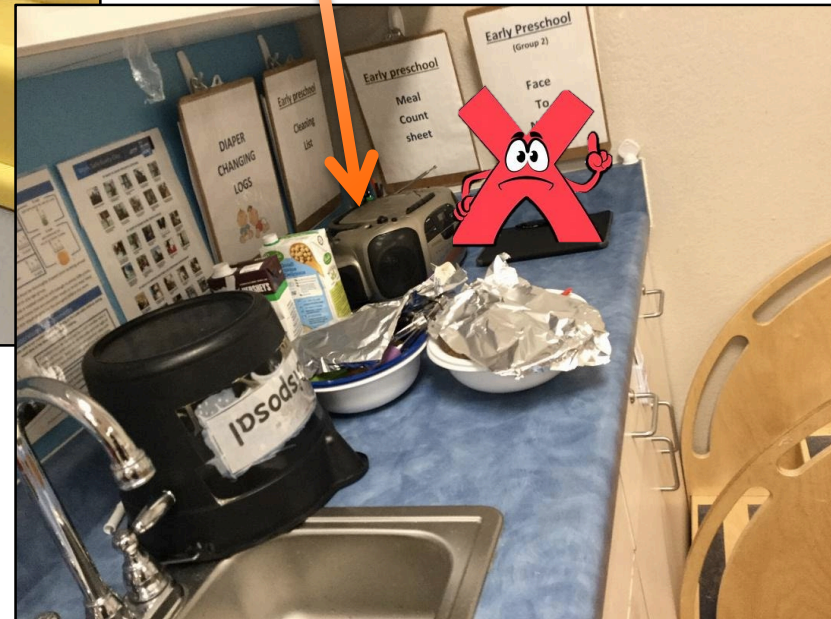
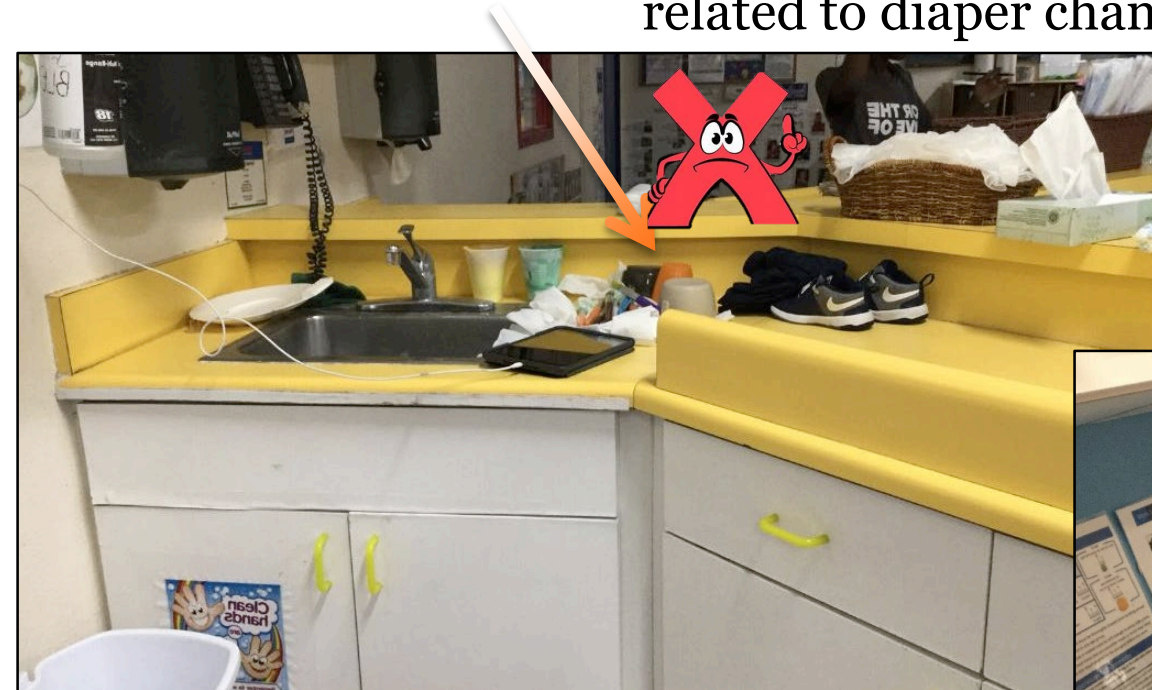
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# STANDARDS FOR DIAPER CHANGING

## R9-5-503 DIAPER CHANGING AREAS

Diaper changing areas must contain: A nonabsorbent, sanitizable diaper changing surface that is: seamless and smooth, and kept clear of items not related to diaper changing.



# STANDARDS FOR DIAPER CHANGING

## R9-5-503 DIAPER CHANGING AREAS

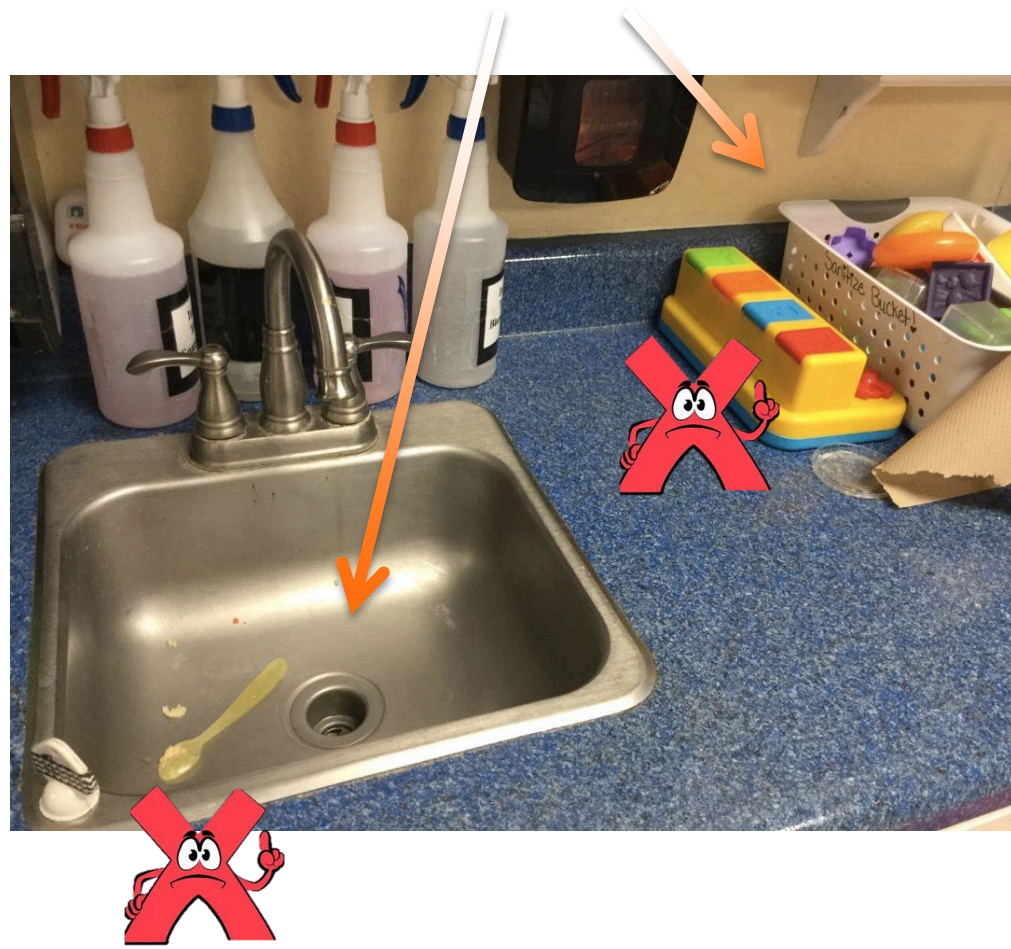
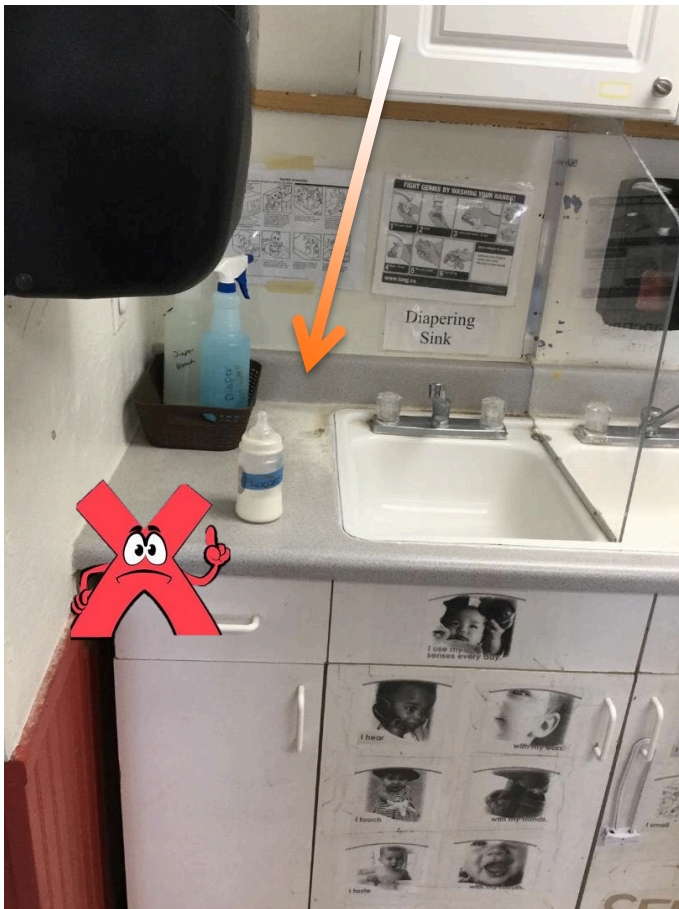
Diaper changing areas must contain: A nonabsorbent, sanitizable diaper changing surface that is: seamless and smooth, and kept clear of items not related to diaper changing.



# STANDARDS FOR DIAPER CHANGING

## R9-5-503 DIAPER CHANGING AREAS

Staff members do **not**: permit a bottle, formula, food, eating utensil or food preparation in a diaper changing area.



**Waterproof sanitizable  
container with liners and  
lids for soiled diapers and  
clothing.**

**R9-5-503.A**



# STANDARDS FOR DIAPER CHANGING

## R9-5-503 DIAPER CHANGING AREAS

A diaper changing area contains at least one waterproof, sanitizable container with a waterproof liner and tight fitting lid for soiled diapers, and an additional one for soiled clothing. **\*Containers must be inaccessible to children.**



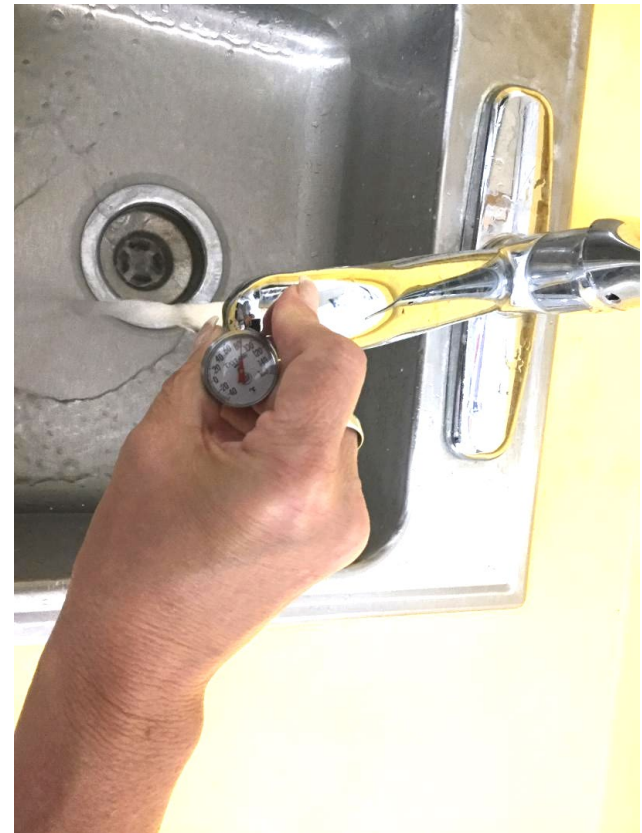
# STANDARDS FOR DIAPER CHANGING

## R9-5-503 DIAPER CHANGING AREAS

Additionally, the diaper changing area must have a hand washing sink next to the diaper changing surface must provide running water between

**86 degrees F and 110 degrees F.**

(Idea: Purchase a thermometer and test the water temperatures periodically)



# **Additional Information on Infant's Tummy Time**

**R9-5-502.A.5.**

# TUMMY TIME WITH INFANT CARE

## “BOPPY” PILLOWS ARE PROHIBITED



- Do NOT use of any type of apparatus such as boppy pillows during Tummy Time.
- Staff are to sit on the floor and directly supervise any child while in Tummy Time.
- Other activities such as feeding another child **cannot** be done in conjunction with Tummy Time.

# TUMMY TIME WITH INFANT CARE

**“BOPPY” PILLOWS ARE PROHIBITED**



Any use of soft pillows like boppy pillows will result in a referral to the Enforcement team and possible fines or legal action.

**DO NOT USE THESE ITEMS IN THE FACILITY!!**

# TUMMY TIME WITH INFANT CARE

R.9-5-502.A.5.



Bureau of Child Care Licensing

## Tummy Time 101



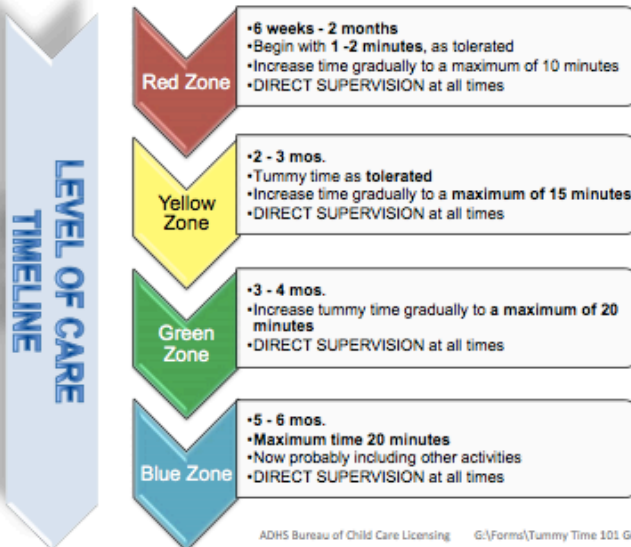
Tummy Time allows infants to have a **change in physical space/environment**.

This exercise increases **sensory** perception, **visual** and **hearing** acuity, **social** and **emotional** interaction and **language** acquisition.

Tummy Time allows the back of the head to have a break from being flat on a surface, preventing a flattening effect on the back of the skull.

Tummy Time helps **strengthen** head, neck and upper body muscles.

During Tummy Time the infant is preparing for **future activities**: crawling, pushing up, rolling over, sitting up, standing and eventually walking.



## ESSENTIAL GUIDELINES

“Tummy Time” is a shared activity of dedicated time between the caregiver and the infant.

Tummy Time is unfamiliar at first and infants may fuss or cry until they feel comfortable.

Remember to start **slowly** and make the experience **FUN**.

Strive to keep it **positive** with interesting toys and your face!

Increase the number of times per day, rather than insisting the infant stay for long periods.

**DIRECT SUPERVISION is required at all times.**

Tummy time physical space must be SAFE

- CLEAN surface
- CLEAR of soft pillows or blankets
- NOT a walkway

If infant falls asleep, **IMMEDIATELY** place the infant in a crib on his/her back.



Infant's NAME:	LEVEL of CARE:	
DATE:	Start time:	End time:

**Prior to tummy time, assess the following:**

Section A - ASSESS	YES	NO	Comments
Is the infant's behavior:	Normal	<input type="checkbox"/>	If NO • reschedule Tummy Time • use section B
	Alert	<input type="checkbox"/>	
Is the infant awake:	Ready to play	<input type="checkbox"/>	
		<input type="checkbox"/>	
<b>Section B – if YES to any of these questions, no Tummy Time</b>			
Is the infant's skin:	Flushed?	<input type="checkbox"/>	
	Pale?	<input type="checkbox"/>	
	Spotty?	<input type="checkbox"/>	
Does the infant have nasal congestion or a cough?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the infant on medication(s)?	<input type="checkbox"/>	<input type="checkbox"/>	
If the infant had a bottle recently, has the infant experienced:	Reflux?	<input type="checkbox"/>	
	Projectile?	<input type="checkbox"/>	
Is the infant's behavior:	Different?	<input type="checkbox"/>	

**If the infant has SPECIAL NEEDS:**

What are they?

What unique needs must be considered?

Considerations that can affect the level of care timeline: Developmentally delayed? Premature birth?

**Outdoor activity spaces  
were not maintained  
free of hazards**

**R9-5-603.C.2**

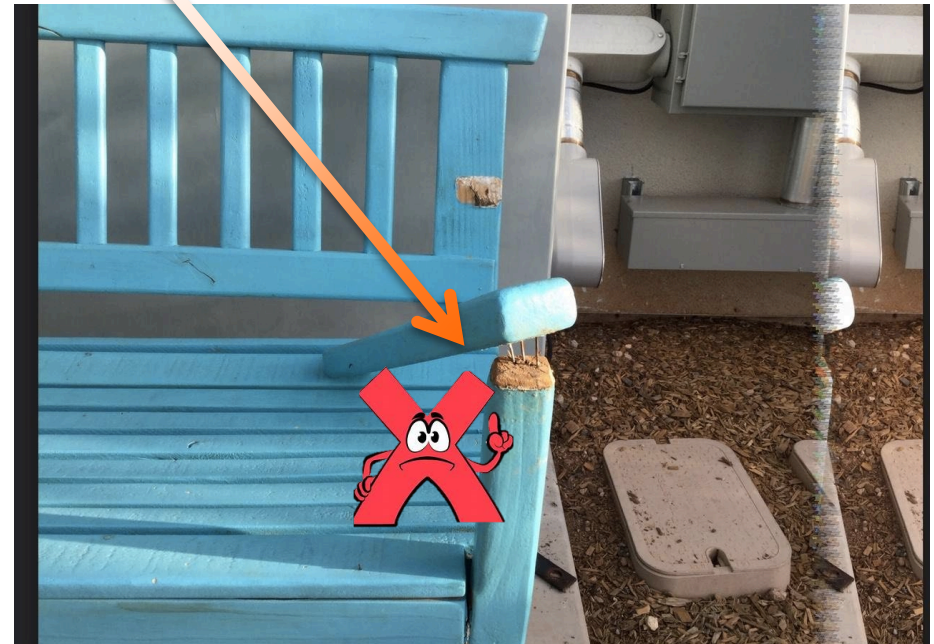
# OUTDOOR ACTIVITY AREAS

## R9-5-603.C.2 HAZARDS ON THE PLAYGROUND

Outdoor activity areas should be maintained free from **hazards**, such as exposed concrete footings and broken toys.



“**Hazard**” means a source of endangerment.





# OUTDOOR ACTIVITY AREAS

## R.9-5-603.C.2 HAZARDS ON THE PLAYGROUND

Outdoor activity areas should be maintained free from **hazards**, such as exposed concrete footings and broken toys.

“**Hazard**” means a source of endangerment.



# OUTDOOR ACTIVITY AREAS

## R9-5-603.C.2 HAZARDS ON THE PLAYGROUND

Outdoor activity areas should be maintained free from **hazards**, such as exposed concrete footings and broken toys.

(In these photos, the rusted bars and exposed piping are hazards.)



“**Hazard**” means a source of endangerment.



# OUTDOOR ACTIVITY AREAS

## R.9-5-603.C.2 HAZARDS ON THE PLAYGROUND

Outdoor activity areas should be maintained free from **hazards**, such as exposed concrete footings and broken toys.

(In these photos, the wood pallets and broken play equipment are hazards.)

“**Hazard**” means a source of endangerment.



# OUTDOOR ACTIVITY AREAS

## R.9-5-603.C.2 HAZARDS ON THE PLAYGROUND

Toys and play equipment, required in this Article, are maintained:

- a. Free from hazards.
- b. In a condition that allows the toy or play equipment to be used for the original purpose of the toy or play equipment;



**Resilient surface under  
swings and climbing  
equipment not adequate**

**R9-5-603.E.1-2**

# OUTDOOR ACTIVITY AREAS

## R.9-5-603.E. FALL ZONES

What is a “Fall Zone”?

“Fall zone” means the surface under and around a piece of equipment onto which a child falling from or exiting from the equipment would be expected to land.



# OUTDOOR ACTIVITY AREAS

## R9-5-603.E. FALL ZONES

A licensee shall ensure that the following is provided and maintained within the fall zones of swings and climbing equipment in an outdoor activity area:

1. A shock-absorbing unitary surfacing material manufactured for such use in outdoor activity areas.
2. A minimum **depth of 6 inches** of a nonhazardous, resilient material such as fine loose sand or wood chips.



# OUTDOOR ACTIVITY AREAS

## R.9-5-603.E. FALL ZONES



A licensee shall ensure that hard surfacing material such as asphalt or concrete is **not** installed or used under swings or climbing equipment unless used as a base for a rubber surfacing.



A licensee shall ensure that a swing or climbing equipment is **not** located in the fall zone of another swing or climbing equipment.

Fun idea: Purchase some child-sized rakes and have the children help place the resilient surface material back into the fall zones.



# Preparing for your annual compliance inspection.

Use the same checklist that BCCL surveyors use!



# CHILDCARE CENTER RULES CHECKLIST

FOUND ON AZDHS.GOV WEBSITE

The same checklist that a Surveyor will use when inspecting your facility can be downloaded in a PDF from our website.

You can use this form to prepare for the inspection by inspecting your facility.

Arizona Department of Health Services Bureau of Child Care Licensing		Child Care Center Rules Instrument Pursuant to A.R.S. § 36-891(F)		
Facility:		CDC-	Date:	Page 1 of 5
State or Rule:	<input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> N/A <input type="checkbox"/> NE <input type="checkbox"/> TA	<input type="checkbox"/> Plan of Correction	<input type="checkbox"/> Exit Interview only	
A.R.S. § 36-882.M. Department notified in writing within 10 days of change of director	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
A.R.S. § 36-883.02.A.C. Child care personnel shall apply for Fingerprint Clearance Card within seven working days of employment. Affidavit on file.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>R9-5-208 Changes Affecting License</b> B.E. Services, space utilization, licensed capacity I.J.K. Written notification of change of controlling person/des. agent/resp. party (30 days)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>R9-5-301 General Licensee Responsibilities</b> A.3 Change of director B.1 Designates qualified individual to act in director's absence B.2 Supervision of unqualified staff B.3 Staff attendance records D.2 Immediate access F. Mantoux TB test G. Staff with CPR/First aid on premises, vehicles, field trips I. Record of fire drills once/month (12 mos.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>R9-5-302 Statement of Child Care Services</b> A.1 Desc. of facility's child care srvc./class A.2 Hours of operations A.3 Facility street & mailing address, phone A.4 Child enrollment & disenrollment proc. A.5 Charges, fees, payment requirements A.6 Child admission & release requirements A.7 Age-appr. discipline guidelines/methods A.8 Transportation procedures A.9 Field trip requirements & procedures A.10 Parent responsibilities A.11 Description of activities & pgms A.12 Liability insurance carried by licensee A.13 Medication administration procedure A.14 Accident & emergency procedures A.15 Inspection reports available on-site A.16 Facility regulated by DHS; Dept.'s address, phone A.17 Pesticide application procedures A.18 Parental access to premises	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>R9-5-303 Posting of Notices</b> A. Posted conspicuously in facility A.1 Facility license A.2 Name of facility director A.3 Name of ind. desig. to act in direct. abs. A.4 Fees and refund policy A.5 Menus for the current calendar week A.6 Pres. of any comm. disease or infestation A.7.8.9. Notice of denial, revocation, suspension; A.10. Notice of availability of facility inspection reports B. Licensed capacity posted in each indoor activity area C. Notification of pesticide application	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>R9-5-304 Enrollment of Children</b> B.C. Emergency Information & Immunization Record (EIER); Ready access to cards	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>R9-5-305 Child Immunization Requirements</b> A. Children's immunization records or exemption B. Attach copy to EIER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>R9-5-306 Admission &amp; Release of Children; Attendance Records</b> A.1. Children's sign in/out records B. Roster documentation (12 mos.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>R9-5-307 Suspected or Alleged Child Abuse or Neglect</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>R9-5-308 Insurance Requirements</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

C = Compliant NC = Non - Compliant N/A = Not Applicable NE = Not Evaluated TA = Technical Assistance

G:\Forms\CDC\Center Rules Instrument Checklist.doc (1/19) CCL-114 Center Representative Initials \_\_\_\_\_



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

LICENSING

[www.azdhs.gov/licensing/childcare-facilities](http://www.azdhs.gov/licensing/childcare-facilities)

Bureau of Child Care Licensing

- \*Rules & Regulations
- \*Parent & Consumer Information
- \*Provider Information (including application packets)
  - \*Empower Pack Information
    - \*[www.azcarecheck.com](http://www.azcarecheck.com)
    - \*Review deficiencies online  
(date deficiencies corrected included)
    - \*Review enforcement actions

# Questions and Answers

If you have any questions, please contact your Licensing Surveyor for more details.





## Working in a Facility – Common Citations Study Guide

*A review of the training video qualifies the participant for the 1-hour training credit.  
A completed study guide attached to the training certificate will qualify the participant for an additional 1-hour training credit.*

This training includes a review of rules associated with the top ten citations in a child care facility. It is not a comprehensive review of the rules, which can be accessed on the [www.azdhs.gov](http://www.azdhs.gov) website.

Based on the information presented in this training modules, discuss the following points with your supervisor or trainer:

1. Review the top ten citations for child care centers.
2. Review the past three years of inspection reports for your facility and research any citations in the areas addressed in the module.
3. Discuss the citations with your supervisor and compare the past citations; determine any patterns.
4. Identify the cause of the citations.
5. Discuss how you would prevent the citation from happening again.
6. Discuss what you would do to maintain compliance with the regulation.

# BUREAU OF CHILD CARE LICENSING

## CERTIFICATE OF COMPLETION

\_\_\_\_\_

Has Successfully Completed  
\_\_\_\_\_ ( ) HOURS OF THE ON-LINE DEPARTMENT-PROVIDED  
TRAINING FOR Child Care Facilities

\_\_\_\_\_  
Evaluator

\_\_\_\_\_  
Date