

Home:		SGH-	Date:	Page 1 of 4
<b>Statute or Rule:</b>	C NC N/A NE TA	<input type="checkbox"/> Plan of Correction <input type="checkbox"/> Exit Interview only		
<b>A.R.S. § 36-897.02D.</b> Total number of children present for compensation shall not exceed ten.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>A.R.S. § 36-897.03.A.B</b> Child care personnel shall apply for <i>Fingerprint Clearance Card</i> 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>R9-3-205 Changes Affecting a Certificate</b> A.-H. Written notification of changes and implementation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>R9-3-301 Certificate Holder and Provider Responsibilities</b> A.1.a Provider lives in the residence A.1. Provider meets requirements (12 mos, 3cr/60 hr training) A.2. Staff members are at least 16 years of age A.3. TB documentation A.4.a Supervises non-adult staff members A.4.b Staff files A.4.c Resident files A.4.d Staff record of arrival/departure times daily A.4.f Child care provided only in certified areas B. All records in English/translation C. Maintain insurance D.1 Staff member for provider qualified (6 mos, 2cr/30 hr training) D.2 At least one add'l staff present for 6+ children E. Parental access to certified areas F. Statement of services: a) name/number b) hours of operation c) charges/fees/payment d) medication e) field trips f) transportation g) contact verification h) parental access i) inspection reports available j) Dept. address/number G. Post: 1) certificate 2) name of provider 3) name of designee 4) hours of operation 5) weekly activity schedule 6) screen time 7) weekly menu H. Supervise non-staff members I. At least one staff with current first aid and CPR certification N. Department notified of temporary closure	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>R9-3-302 Staff Training</b> A. Complete training within 10 days of start date. C. Complete 12 clock hours or one credit hour of annual training E. Staff member with current First Aid/CPR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>R9-3-303 Enrollment of children</b> B. Emergency Information and Immunization Record Card, (EIIRC) C. Access to EIIRC for emergencies	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>R9-3-304 Enrolled Child Immunization Requirements</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>R9-3-305 Admission and Release of Enrolled Children</b> A.1. Child is signed in/out by parent/authorized indiv A.2. Sign in with arrival/depart times, signatures	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>R9-3-306 Pesticides</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>R9-3-307 Illness and Infestation</b> A.B.C. Exclude an enrolled child, staff member or resident with signs of illness or infestation D. Written notice provided to staff members and parents	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>R9-3-308 Suspected Abuse or Neglect of an Enrolled Child</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>R9-3-309 Medications</b> A. Medication policy B.1. One designated staff in writing B.3. Written authorization from parent B.4. Record of administration/labeled C. Injections permitted/authorized indiv. E. Old medications returned/disposed F. Locked medication storage H. No stock medication	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

C = Compliant NC = Non – Compliant N/A = Not Applicable E = Not Evaluated T.A. = Technical Assistance

<b>Statute or Rule:</b>	C	NC	N/A	NE	TA
<b>R9-3-310 Accident and Emergency Procedures</b> A.1 Sterile bandages: adhesive bndgs, gauze pads, rolls      A.3 Single-use non-porous gloves A.2 Antiseptic solution or wipes      A.5 Scissors A.4 Recloseable 1-gallon plastic bags      A.6 Adhesive/self-adhering tape D. Notify parent; document incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R9-3-401 General Program and Equipment Standards</b> A. Health, safety or welfare of an enrolled child is not placed at risk of harm B.1 Supervises each child at all times      B.4 Program structured and weekly schedule B.2 Certified areas maintained free from hazards      B.6 Drinking water available/accessible B.3.a-c Appropriate/Sufficient/Accessible play materials & equipment      C.1 Monitor sun exposure B.3.d Toys, materials, equipment maintained free from hazards and in condition for use      C.2 Child's soiled/wet clothing changed C.4 Label personal items with identifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R9-3-402 Supplemental Standards for Napping or Sleeping</b> A.1 Separate/accomodating bed, cot, mat, or crib for each child A.3 Each bed mattress, cot, mat completely covered with a clean sheet or similar covering C. Crib meets requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R9-3-403 Supp. Stand. for Care of Enrolled Inf. ,1 or 2 Year Old Child</b> A.1.a 30 min or less in confining equipment A.1.b. Maintain individual awake-sleep patterns A.2 Infant sleeping positions A.3.a Written instructions for prep, storage and feeding of formula breast milk, food A.3.c Infant to 6 months held for feeding, over 6 months at a table or in a feeding chair A.4.b Feeding chairs with safety strap, secured while child in chair A.1.c Only water in naptime/bedtime bottle or sippy cup A.1.d Diapers changed as soon as wet or soiled A.1.f Child not permitted to use a walker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R9-3-404 Supp. Stand. For Care of Enrolled Child with Special Needs</b> A. Obtain written instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R9-3-405 Discipline and Guidance</b> A.1. Establish & maintain reasonable/consistent guideline & limits A.2.3 Teaches & models/suggest alternatives B.1,2 Staff shall not use method causing harm/ No corporal punishment B.3 Discipline not to be associated with eating, napping, sleeping, toileting, meds, fear, etc B.4 Discipline by non-staff not allowed D. Staff may not discipline own child inconsistent with rules during hours of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R9-3-406 General Nutrition and Menu Standards</b> B. Meals and snacks are served in compliance to table 4.1 (meal times) C.1. Meal pattern requirements met (table 4.2) E. One day supply of food maintained F. Specific dated menu posted, substitutions noted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R9-3-407 General Food Service and Food Handling Standards</b> A.1.2. Children and staff wash hands prior to handling or eating food/after eating A.4.a Children encouraged but not forced to eat A.4.b,c Children assisted in self- feeding skills A.5. Food served to child younger than 5 is prepared so as not to present a choking hazard A.7. Each child's bottle or sippy cup is identified specifically A.9 Children not allowed to eat directly off floor, carpet or ground A.15. Perishable foods including sack lunches covered and stored in a refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>R9-3-407 General Food Service and Food Handling Standards (cont'd)</b> A.16. Refrigerator maintained at 41° F or below, thermometer in refrigerator A.17. Freezer maintained at 0° F or below, thermometer in freezer A.18. Foods prepared close to serving time, in advance 45°/ below or 130°/ above A.19. Fresh milk served undiluted directly from original commercially filled container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R9-3-408 Field Trips &amp; Other Trips Away from the Home</b> A. Written permission from parent to transport child, school/field trips C.1.c.d Operable heating, air-conditioning system, a first aid kit, two clean towels or blankets. C.1.e-g Vehicle registered in Arizona and insured D. Driver is an adult staff member, has current AZ driver's license, 18 yrs old E.4. Children under 5 yrs secured in a child passenger restraint system E.5. Children over 5 yrs secured with an adjustable lap belt or lap and shoulder belt E.2. No enrolled child allowed in front seat with an airbag unless the air bag has been disarmed F.1 A copy of the EIIRC for each child in the vehicle during transportation/ water F.2 Account for each child while off premise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R9-3-501 General Physical Environment Standards</b> A.1. 30 square feet per child inside not including single use areas B. Rooms used by enrolled children maintained between 68° and 82° F C. Ensure enough lighting in each indoor certified area to enable staff to see each child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R9-3-502 Outdoor Activity Area Standards</b> A.2. 500 total square feet outside A.4. Shade provided A.5. Totally enclosed by a minimum 4 foot high fence that is secured to the ground and has no openings that exceed 4 inches at any point.; gate is kept closed and latched C.1 Gate closed/Equipment arrangement C.2.a 6 inches of resilient surface or foam or rubber mats under and around play equipment C.3 Equip. with 24"-48" fall over green grass or resilient surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R9-3-503 Swimming Pool Standards</b> A.1 Water meets chemical disinfection standards A.2 Equipped with water circulation system that clarifies and disinfects, operational vacuum cleaning system, and has a ring buoy attached to a ½ inch diameter 25 foot long rope and a shepherd's crook accessible B. Pool is enclosed by a fence at least 5 feet high, secured to the ground, has no openings over 4 inches, and has a self-closing, self-latching, lockable gate C.3 Pool gate locked C.3.4 Pool gate locked/chemicals stored in a locked area, inaccessible to children D. No wading pools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R9-3-504 Fire Safety, Gas Safety and Emergency Standards</b> A.2.3 Smoke detectors installed/operable in required locations A.4 Two portable fire extinguishers , one rated 2A-10-BC, one 1A-10-BC in kitchen A.5 Unused electrical outlets covered with a safety plug or insert A.10 Open-flame space heaters not used D. Annual gas inspection A.16 Fireplace screened E.1 Prepare fire/emergency plan B. Log of smoke detector battery test E.3 Post evacuation paths C. Fire extinguishers replaced/serviced F. Fire drills conducted monthly and logged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R9-3-505 General Safety Standards</b> A. Children younger than 5 or using wheel chair cared for only on the ground floor B. Children older than 5 may be cared for on a floor above or below ground level if that floor has an exit with direct access to the ground level outside D.2 A sliding glass door, low window tempered glass/ conspicuous markings at child's eye level D.3 Guns and ammunition unloaded/locked, inaccessible and out of view D.4.5 Telephone available and emergency information and numbers posted					

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<b>Statute or Rule:</b>	C NC N/A NE TA	
<b>R9-3-505 General Safety Standards (cont'd)</b> D.5.6 Hazardous materials and flammable liquid stored in original containers, inaccessible D.7 Cords are inaccessible to children D.8 Fans inaccessible and permanently mounted D.9 Children have no access to Irrigation ditches, abandoned mines or wells are inaccessible to children , hot tubs, spas, ponds, fountains, portable wading pools, or any body of water more than 1 inch deep on the premises, trampoline	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>R9-3-506 General Cleaning and Sanitation Standards</b> 1. All areas including furnishings, toys, equipment clean and free of insects or vermin 2. All equipment, materials and toys cleaned and disinfected as necessary to maintain & every 24 hours if used by infants, 1's or 2's 3. Plumbing fixtures operating condition 5. Bathrooms used contain mounted toilet tissue, dispensed soap, singly dispensed paper towels 7.8 Handwashing procedures followed for children & special needs children 9. Toilets, sinks, cleaned and disinfected daily or more often if necessary 10. Bathtubs cleaned & disinfected between each use 11. Food waste stored in waterproof container that is covered and lined with a plastic bag 12. Food waste and other refuse removed daily or more often if necessary	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>R9-3-507 Diaper Changing</b> A. Not located in kitchen or eating areas; accessible to soap and running water (w/in 15 ft), clear of unrelated items B.1.a Clean, sanitized and dry diaper changing surface B.1.b Staff washes hands before and after each diaper change B.1.c Single-use disposable non-porous gloves worn during each diaper change B.1.d Staff washes child's hands after diaper change B.1.e Diaper changing log B.3.4 Cloth diapers bagged, disposable diapers in covered, lined containers, removed daily	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>R9-3-508 Pet and Animal Standards</b> A. Each dog, cat & ferret has current rabies vaccination/Documentation/habitats clean A.8 Pet dishes are inaccessible to children A.9. Litter boxes are inaccessible to children A.10 Pet feces cleaned up from outside before children go outside for activities A.11 Staff and children wash hands after pet/animal involved activity	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>OTHER:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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<input type="checkbox"/> Documents requested:		

**NOTE: Deficiencies must be corrected immediately. An exit interview was conducted and 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 the findings of this document after programmatic review.

- The Written Documentation of Correction is due within 10 days of receipt of the Statement of Deficiencies.
- The Written Documentation of Correction was submitted at the time of the exit interview.

Licensing Surveyor(s)

Date

Child Care Group Home Representative

Date