

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Child Care Administration

**FULL ARTICLE 52
HOME VISIT COMPLIANCE REVIEW**

PROVIDER NAME:

VISIT DATE:

INSPECTION SCORE:

INSPECTION TYPE

VISIT DATE

VISIT START TIME

VISIT END TIME

PROVIDER INFORMATION

PROVIDER NAME

PROVIDER ID

P

CERTIFIED DATE

EXPIRATION DATE

EMAIL

FACILITY ADDRESS (No., Street)

CITY

STATE

ZIP CODE

SPECIALIST INFORMATION

SPECIALIST NAME

EMAIL

TELEPHONE NUMBER

SUPERVISOR NAME

EMAIL

TELEPHONE NUMBER

HOURS OF OPERATION

DAYS OF OPERATION

HOURS OF OPERATION

CERTIFICATION INFORMATION

NO. OF CHILDREN CERTIFIED FOR CARE

MAX NO. OF ALL CHILDREN

CERTIFIED AGES

CODE: **NE**- No Evidence **NA** - Not Applicable **0**- Compliance **1**- Noncore/TA **2**- Low Risk **3**- Medium Risk **4**- High Risk

KEY INDICATOR	RELIABILITY PROMPT	RULE	CODE	AZCCATS #
SAFETY OF FACILITY INSIDE AND OUT	Specialist is to conduct a visual inspection of all areas of the home facility that are accessible to children. Specialist is to open accessible cabinets and drawers to ensure proper safeguarding.	All areas of the home facility accessible to the children are maintained in a safe and sanitary condition		37
		Carpeting and/or floors are clean and safe		27
		Indoor and outdoor play equipment is safe and in good repair. Areas are free from obvious hazards		28
	Specialist will conduct visual inspection of mobile home (if applicable) to ensure no points of access for a child to go under home.	A mobile home has skirting to ensure that a child in care cannot go beneath the mobile home		15
	Specialist will take temperature of child care areas using Dept. issued thermometer.	All areas occupied by children in care have lights, ventilation and screening		18
	Specialist is to ask provider "Is there any firearms in the home?" If yes, Specialist is to visually see storage location to ensure under lock and key or combination lock.	Temperature of home facility is between 68°F and 85°F		19
		Heating devices are vented and safeguarded to protect children from burns and/or harmful fumes		13
		Fireplaces are safely screened and fire place tools are safeguarded		14
		Provider has household and fireplace tools, sharp objects, plastic bags, matches, lighters, etc. safeguarded		32
		Machineries are safeguarded		52

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KEY INDICATOR	RELIABILITY PROMPT	RULE	CODE	AZCCATS #
SAFETY OF FACILITY INSIDE AND OUT		Electrical boxes are safeguarded		53
		Electrical outlets are capped when not in use		10
		Electrical cords are in safe condition		12
		All chemicals, cleansers, and toxic substances are safeguarded		23
		All potentially dangerous objects are safeguarded from children		54
		Firearms and ammunition stored separately from one another, under lock and key or combination lock		24
		There is adequate space and equipment to accommodate each child in care and other household members		55
	Specialist will inspect gate, ensure it is self-closing, self-latching and lockable.	There is a fence and/or gates to safeguard outside play areas for the children if hazards are present		29
	If pets in home ask provider if there is history of aggression.	The fence/gate is at least 4 feet high and free of hazards		30
	Any non-certified areas not locked with key are to be inspected as if certified.	The fence has a gate that is self-closing, self-latching and lockable		31
		Pets with history of biting, charging, growling, etc. are kept away from children at all times		40
		All non-certified areas are locked with a lock and key		65
	Does the provider have a pool? Yes No If no put NA	There is an easily accessible ring buoy with at least 25 feet of ½ inch rope attached or shepherd's crook, if there is a pool		57
	Specialist is to conduct inspection around perimeter fence, looking for any loose, damaged, or comprised areas that could allow a child to access pool. Specialist shall measure the lowest point of fence from ground to top of fence.	Pool is separately enclosed by a 5-foot (from ground) permanent fence with self-closing, self-latching gate, and locked when not in use		20
		Spas and hot tubs are either covered and locked or fenced		21
SANITATION	Specialist is to inspect bathroom for soap, towels, and toilet tissue. Specialist is to check for running water by turning facet on. Specialist is to inspect all accessible garbage/trash containers to ensure they all have tight fitting lid and are closed.	Provider and each child in care shall wash hands with soap and running water at appropriate times		69
		Soap, towels and toilet tissue are available and within children's reach		43
		All utensils used for eating, drinking, and food preparation are washed in hot soapy water and sanitized		70
	If there is an opportunity to observe, Specialist is to observe provider and children in care washing hands. Specialist will review proper hand washing procedures.	All garbage/trash containers have a close-fitting lid		38A
		The lid for each garbage/trash container is closed at all times		38B
	Was there an opportunity to observe item? If no, ask for explanation of provider's procedures.	Wading pool is emptied and sanitized after each use		22
		Swimming pool is maintained in a sanitary condition		71

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DIAPERING	<p>Specialist is to observe or ask about diapering, and ensure diapering surface is sanitized after each diaper change and not near food prep or consumption areas.</p> <p>If there is an opportunity to observe, Specialist is to observe provider washing own hands and child's hands before and after diapering.</p> <p>Was there an opportunity to observe item? If no, ask for explanation of provider's procedures.</p>	Provider frequently checks the diaper of each child in care and immediately changes a soiled diaper		72
		Provider and child shall wash hands with soap and running water before and after diapering in a sink not used for food preparation		69
		Diaper changing area is not in an area where food is prepared or consumed		36A
		The diapering surface shall be cleaned, sanitized, and dried after each diaper change, and diaper properly disposed of		36B
		All soiled clothes including cloth diapers are bagged in plastic, individually labeled with child's name, stored in a covered container out of reach of children, and returned to the child's parent each day		73
		Soiled disposable diapers are discarded in a lined container with a tight fitting lid and out of reach of children		35
CHILDREN WITH SPECIAL NEEDS	<p>Specialist is to observe interaction of provider with children with special needs.</p> <p>Specialist is to ask for explaining of the mutually agreed upon plan, if applicable.</p>	Provider is able to explain in detail a mutually agreed upon plan regarding services for a child with special needs		83
		Provider has the appropriate training to provide the care required by the child(ren) with special needs		84
		Provider practices inclusion when caring for children with special needs		85
		Provider has a diaper changing area that offers privacy to children age 4 and older, if applicable		86
		Provider makes reasonable accommodations in the home facility, equipment, and materials for a child with special needs		87
SAFE SLEEP	<p>Specialist is to observe sleeping equipment/arrangements for each child in care.</p> <p>Specialist is to check crib manufacture information for cribs used for infants. <u>If nighttime care is provided</u>, providers must have a crib for maximum number of infants allowed in care. <u>If nighttime care is provided</u>, providers must have a bed or cot with mattress for maximum number of infants allowed in care. Nighttime (Midnight to 6:30am)</p> <p>If there is an opportunity to observe, specialist is to observe bottle feeding of infant. Was there an opportunity to observe? If no, ask for explanation of provider's procedures.</p>	Crib and portable cribs meet safety guidelines		58
		There is a safe and sturdy crib with mattress in a quiet location for infants in care (Nighttime Care only)		47B
		Bottles are not propped for infants		82
		Provider has a bed, cot, mat, crib, or playpen for total number of children certified		46

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SUPPLIES/ EQUIPMENT	Specialist is to view provider's supplies and equipment. A good variety for ages in care should be present.	Provider offers adequate and appropriate toys, equipment and furniture for the interests and developmental level of each child in care		441
	Age appropriate items include: Books, costumes, craft supplies, large and small motor toys, etc.	All these item are visible to children and in clean, sanitary and hazard-free conditions		
MEALS AND NUTRITION	Is provider enrolled with CACFP? Yes Unless observed otherwise provider is in compliance. CACFP Provider:	Wholesome and nutritious foods and beverages were served during the mealtime		48
		Provider supplements meals and snacks supplied by a parent if the supplied food does not provide adequate nutrition		98
	No If no observe meal or snack.	Provider makes available to a child in care meals and snacks that satisfy the child's appetite and dietary needs		99
	If there is an opportunity to observe, Specialist is to observe meal being prepared and served. Meals should align with Article 5217 policy.	Provider has written instructions or dietary needs for each child in care – Ensure the CC-012-A is completed		100
	Specialist will take temperature of fridge using Department issued thermometer.	Provider assists children in feeding and teaches self-feeding skills		101
		Provider does not force a child to eat		102
		If meals are provided by parents, food is individually labeled with child's name, dated, covered and stored properly		103
		The temperature in the refrigerator where the children's meals are stored is 45° F or less		104
EMERGENCY PREPAREDNESS	Specialist is to listen to provider test the smoke detector by activating its alarm.	There is a least 1 working UL-approved smoke detector on each level of home		25
	Specialist is to view fire extinguisher, look at rating ensure it is ABC rated. Have provider explain how to operate. (Pull Aim Squeeze Sweep)	There is a readily accessible/operable multipurpose (ABC rated) fire extinguisher that provider can explain how to operate		26
	Specialist is to view first-aid supplies.	A provider shall have first-aid supplies available, which shall be administered only by the provider		33
	Specialist is to view at least 2 usable exits and ensure they are easily accessible, and practical (if window, is drop down or climb up too high, is latch easy to open, escape ladder accessible if 2 nd story) etc. (Doors and passageways are free from clutter, free from tripping hazards, able to walk thru door, able to open the door all the way)	There are at least 2 usable outdoor exits		16A
		Doors/passageways are unobstructed		17
	Specialist is to ask to see two-way communication device.	There is a working telephone or other two-way communication device acceptable to the Department		56

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HEALTH AND MEDICATION	Specialist is ask provider are any children in care on medication currently?	There is no child in care who exhibits symptoms of a contagious disease		105
		Provider does not exhibit symptoms of a contagious disease		106
	Specialist is to view proper storage and review of medication container and log. If there is an opportunity to observe, specialist is observe administration of medication.	Each medication for children in care must be accompanied by signed written instructions for administering the medication		108
	Specialist is to view home. Tobacco products or alcohol should not be accessible or in view of children in care. Home should be smoke free with no residual odor. Specialist should not be able to smell smoke on provider in passing or close contact.	Medication for children in care is not date expired and is in its original container		109
		Prescription medications bear the date of issue, the child's name, the amount and frequency of dosage and doctor's name		110
		Medications are in a locked storage container and refrigerated if necessary		34
	Specialist is to observe provider and other persons present. (Slurring of words, dilated pupils, and behaviors out of the norm for provider may all be signs of being under the influence or impairment.)	Medication log (CC-036) is maintained for each child, when applicable		03
		Children are not exposed to tobacco products, smoke or alcohol		41
		Provider is not under the influence of alcohol, medication, or any other substance, that may impair the provider's ability to care for the children		42
		There are no persons under the influence of illegal drugs or alcohol is present at the time of visit		67
TRANSPORTATION <i>Only required during ANN/REC and if new vehicle.</i>	Does the provider transport? Yes No If no put NA	Vehicle has functioning brakes, signal lights, and headlights		90
	Specialist is to conduct inspection of private vehicle only (note: if public transportation is used no vehicle inspection is needed): Provider is to take kids in care out to car and buckle them in car seats as they would when transporting. Provider is to start car, turn on lights, blinkers front and back, brake lights to show they are all functioning.	Vehicle has tires with tread		91
		Children are not transported on a motorcycle or in a vehicle that is not constructed for the purpose of transporting people		92
		Provider has adequate number of car seats, booster seats, and seat belts that are size and age appropriate for each child being transported		93
	Specialist is to take a penny, with Lincoln head upside down, to the tire tread on all four tires. Tread needs to be at least to top of Lincolns head.	There are first-aid supplies in the vehicle		94
	Specialist is to see first aid kit, and emergency cards (or providers system for bringing).	Provider carries children's emergency information cards when transporting children in care (applies to both private or public transportation)		95
		Driver has automobile insurance that meets Arizona state law – obtain a copy		96
	Specialist is to inspect interior of car to ensure dangerous or hazardous items aren't accessible.	No convictions for driving while intoxicated within 3 years before the date of transportation		97

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RATIO	Specialist is to observe children in the home facility. Specialist is to ask "Who is in care today?"	There is no more than the maximum number of children for compensation		113
	Are there children in care today? Yes No	There is no more than the maximum number of all children under age 13		114
	If no ask for explanation maximum number of allowed for compensation, and ages.	There are no more than two children in care who are younger than age 1, unless sibling group		115
SUPERVISION	If there is an opportunity to observe, Specialist is to observe provider engagement and supervision of all children. If the provider is engaged in activities that interfere with care for children, discuss proper supervision. Was there an opportunity to observe item? If no, ask for explanation of provider's procedures.	Provider is not engaged in activities that interfere with the ability to supervise and care for children (ex. Employment, frequent visitors, internet/ social networking, recreational activities, watching TV, on-line classes)		04
		Provider is directly supervising each child who is awake		60
		Provider is able to hear each child who is sleeping		61
		Child younger than age 6 does not bathe or shower independently		63
		Provider gave each infant and toddler physical contact and attention during the visit		76
		Provider responded promptly to a child's distress signal and need for comfort during the visit		77
		Children are not kept in a crib, high chair, swing, or playpen, for more than 1 consecutive waking hour		78
		Child in care is not using a spa or hot tub		62
MANDATED REPORTING	Specialist is to ask provider to explain mandated reporting.	Provider is aware that he/she is a mandated DCS reporter and be able to explain the steps to do so		64
	Specialist is to observe behaviors of all persons in home.	There are no persons who are abusive or who use unacceptable discipline methods in the home at the time of the visit		68
DISCIPLINE	If there is an opportunity to observe, Specialist is to observe any disciplining during visit. Specialist is to looking for appropriate measures of discipline with the provider. (Role modeling, redirecting, positive communication, encouragement, praise, time-out (age 3+)) Was there an opportunity to observe item? If no, ask explanation of provider's procedures.	Children in care are disciplined only by a provider including backup providers		068
		Provider must use consistent, fair, positive guidance and discipline methods. These methods must be appropriate to the child's developmental level, abilities, culture and are related to the child's behavior		74

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RECORDS	Specialist will view items posted in an easily visible location for parents and visitors to see. Items should be current and complete.	Written plan or diagram for emergency evacuation is posted		16B
		Current DES Child Care Certification is posted		02C
	Specialist is to review sign in and out logs, ensure form is filled out with accurate times and valid signatures.	Daily Program and activity schedule is posted		07
		Daily attendance records kept for each child with required signature on Department form (CC-218)		66
	Specialist is to review file for a completed BDT Agreement (CC-1234A). New form is completed every Recertification or when changes to backup provider or transportation status.	Daily Accident Log (CC-005) and Accident/ Injury/Illness Report (CC-004) are dated and kept current		09
		Review CC-004 to make sure that there is no unusual accident, injury, or other incidents that has not been reported to DES		111
		Provider has all required records available for inspection		112
		Backup/Discipline/Transportation Agreement is current and provider can explain policy		116/06A

CHILD RECORDS

Specialist will check provider's files for all children enrolled. Forms need to be completed in their entirety. Note: all children must be checked to be in compliance for each record. Circle non-compliant items CHILD NAMES (First Name, Last name)		Child Age	Statement of Services (CC-221)	Written AGMT for Charges (CC-208) or Non-Comp AGMT (CCA-1176A)	Written Parent Permission Form (CC-107)	Written Emergency Medical Care and Special Dietary Needs (CC-012A)	Immunizations or Exemption	Parent Receipt of EPP (CCA-1198A)	Best of Care Form (CC-1200A)- Signed
RULE REFERENCE			5202/RA	RA	VARIOUS	5218	5219	RA	RA
AZCCATS #			05	208/119	107	012	118	112	112
CODE: 0/1 ONLY FOR RECORDS									
1)	Present								
2)	Present								
3)	Present								
4)	Present								
5)	Present								
6)	Present								
7)	Present								
8)	Present								
9)	Present								
10)	Present								

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SUMMARY AND ACKNOWLEDGEMENT			
NONCOMPLAINE ITEMS:	TA PROVIDED	RESOLVED	RESOLUTION DATE

REMINDERS:

x

Provider Signature

x

Specialist Signature

SAFETY OF FACILITY INSIDE AND OUT

A Provider's home facility shall meet the requirements of this Section.

RULE	No Evidence (NE)	Not Applicable (NA)	1 Noncore/TA	2-Low Risk	3 Medium Risk	4 High Risk
A provider shall maintain the indoor and outdoor premises of the home facility in a safe and sanitary condition, free from hazards and vermin, and in good repair.	Never	Never	Minor cleanliness issues such as isolated stains on carpet or fresh smudges or crumbs directly following a meal	Any hazards that are accessible and visible to the children in care	Any hazard handled by a child that is ready for use; Any hazards that are dangerous and accessible with or without being handled by a child	Equipment, materials or supplies that are hazardous and accessible that caused an incident and/or injury requiring professional medical attention or/ incident resulting in death, extreme or permanent injury

SAFETY OF FACILITY INSIDE AND OUT

A Provider's home facility shall meet the requirements of this Section.

RULE	No Evidence (NE)	Not Applicable (NA)	1 Noncore/TA	2-Low Risk	3 Medium Risk	4 High Risk
A provider shall vent and safeguard all heating devices to protect each child from burns and harmful fumes.	Never	If there are none in the Home	If present in the Home, but not in use	Never	Heater and heating equipment accessible and in use which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as precaution	Heater and heating equipment accessible and in use with an incident and/or injury requiring professional medical attention, or incident resulting in death, extreme or permanent injury

SAFETY OF FACILITY INSIDE AND OUT

A Provider's home facility shall meet the requirements of this Section.

RULE	No Evidence (NE)	Not Applicable (NA)	1 Noncore/TA	2-Low Risk	3 Medium Risk	4 High Risk
<p>A provider shall safeguard all potentially dangerous objects from children, including:</p> <ul style="list-style-type: none"> a. Household and automotive tools; b. Sharp objects, such as knives, glass objects, and pieces of metal; c. Fireplace tools, butane lighters and ignites, and matches; d. Machinery; e. Electrical boxes; f. Electrical outlets; g. Electrical wires; and h. Chemicals, cleaners, and toxic substances. 	Never	Never	<p>Hazards in a room currently not in use for child care but potentially accessible to children; Isolated minor hazards: brooms, dustpans, toothpaste, electrical outlet uncovered apparent just in use, etc.</p> <p>*If TA documented on previous visit, move to Low Risk</p> <p>**Soap that says "Keep Out of Reach of Children" never moves higher unless an incident and/or injury occurs</p>	<p>Hazards accessible with or without being handled by a child (plastic grocery bags, aerosol cans, items that say "Keep Out of Reach Children" etc., electrical outlet uncovered)</p>	<p>Serious/dangerous hazards handled by a child OR easily ingestible hazards (open container) that are accessible with or without being handled by a child which may or may not have resulted in an incident or injury with no medical attention or with medical attention as a precaution (cup of bleach on a shelf, sharp knife lying on a table, 3 gallon bucket of water)</p>	<p>Hazards accessible and handled or ingested with an incident and/or injury requiring professional medical attention, or incident resulting in death, extreme or permanent injury</p>

SAFETY OF FACILITY INSIDE AND OUT

A Provider's home facility shall meet the requirements of this Section.

RULE	No Evidence (NE)	Not Applicable (NA)	1 Noncore/TA	2-Low Risk	3 Medium Risk	4 High Risk
A provider shall store firearms and ammunition separately from one another, under lock and key or combination lock.	Never	If there are no firearms in the Home	Never	Never	Never	Firearms that are not safely stored or are accessible, or incident resulting in death, extreme or permanent injury

SAFETY OF FACILITY INSIDE AND OUT

A Provider's home facility shall meet the requirements of this Section.

RULE	No Evidence (NE)	Not Applicable (NA)	1 Noncore/TA	2-Low Risk	3 Medium Risk	4 High Risk
<p>A provider shall keep outside play areas clean and safe and shall fence the play area if there are conditions that may pose a danger to any child playing outside. The fence shall be at least 4 feet high and free of hazards, including splinters and protruding nails or wires. The fence shall have only self-closing, self-latching lockable gates.</p>	<p>If not observed due to severe weather. A follow up visit may be required to inspect the outside play area.</p>	<p>If there is not outside play area on the property.</p>	<p>Children not outside and the gate is open *Never move to Low Risk; Isolated minor fencing issue in a limited area: small gap (less than 3.5 inches wide and no entrapment or escape hazard) Isolated damage to fence and hazardous area made inaccessible to children *If TA documented on previous visit, cite accordingly</p>	<p>Fence not four feet high; Minor fencing hazards: loose wires, bolts measuring over 2 threads, rust, splintering wood, potential impalement hazard, exposed sharp prongs, nails or screws, fence not secured, etc.; Gate open with no incident, while children on the playground; Potential entrapment hazard (gap that measures between 3.5-9 inches)</p>	<p>Not completely enclosed and child(ren) did not leave premises; Actual entrapment occurs, with an incident and/or injury with no medical attention or with medical attention as a precaution</p>	<p>Child left premises due to: fence not completely enclosed, gate open, fence not four feet high; Entrapment or fence hazards with an incident and/or injury requiring professional medical attention, or incident resulting in death, extreme or permanent injury, or incident resulting in death, extreme or permanent injury</p>

SAFETY OF FACILITY INSIDE AND OUT

A Provider's home facility shall meet the requirements of this Section.

RULE	No Evidence (NE)	Not Applicable (NA)	1 Noncore/TA	2-Low Risk	3 Medium Risk	4 High Risk
An easily accessible life-saving device if the home facility has a pool or other body of water more than 12 inches deep. A "life-saving device" means a ring buoy with at least 25 feet of ½ inch rope attached or a shepherd's crook.	Never	If there is no pool on the premises	If planning to provide swimming activities in the future; and no life-saving device is available in area	Pool area accessible but not accessed by children; and no life-saving device is available	Swimming pool accessible and accessed by child(ren) but no child(ren) entered the water; and no life-saving device is available with <u>no</u> incident or injury	Swimming pool accessible and/or wading pool in use by children; no life-saving device is available with an incident and/or injury; or incident resulting in death, extreme or permanent injury

SAFETY OF FACILITY INSIDE AND OUT

A Provider's home facility shall meet the requirements of this Section.

RULE	No Evidence (NE)	Not Applicable (NA)	1 Noncore/TA	2-Low Risk	3 Medium Risk	4 High Risk
<p>If a home facility has a swimming pool or other body of water more than 12 inches deep, the pool or body of water shall be enclosed by a permanent fence that separates it from all other outdoor areas and from doors and windows into the home facility.</p> <p>The fence shall be at least 5 feet high and shall have only self-closing, self-latching lockable gates. Open spaces between upright or parallel posts and poles on fences and gates shall be no more than 4 inches apart. When the pool or body of water is not in use, the provider shall lock the gates.</p>	Never	If there is no pool on the premises	<p>If planning to provide swimming activities in the future;</p> <p>Wading pool without water is accessible;</p> <p>If children not outside and the gate to the pool is unlocked</p>	Pool area accessible but not accessed by children (gate latched but not locked)	<p>Swimming pool accessible and accessed by child(ren) but no child(ren) entered the water;</p> <p>Wading pool used for water related activities accessible with no incident or injury</p>	<p>Swimming pool accessible and/or wading pool used for water related activities accessible with an incident and/or injury; or incident resulting in death, extreme or permanent injury;</p> <p>Any other swimming related incident and/or injury</p>

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RULE	No Evidence (NE)	Not Applicable (NA)	1 Noncore/TA	2-Low Risk	3 Medium Risk	4 High Risk
A provider shall enclose spas and hot tubs with fencing as described in subsection (9), or with a hard, locked cover that prevents access and can support at least 100 pounds.	Never	If there is no spa or hot tub on the premises	If children not outside and the cover to the spa or hot tub is unlocked	Spa or hot tub accessible but not accessed by children (cover is closed but not locked)	Spa or hot tub is accessible by child(ren) and not covered with <u>no</u> incident or injury	Spa or hot tub is accessible by child(ren); and not covered with an incident and/or injury; or incident resulting in death, extreme or permanent injury

SANITATION

RULE	No Evidence (NE)	Not Applicable (NA)	1 Technical Assistance	2-Low Risk	3 Medium Risk	4 High Risk
A provider and each child in care shall wash their hands with soap and running water after playing with animals or using the toilet, and before and after handling, serving, or eating food. If a child cannot reach a sink with running water, due to the child's age or some limiting condition, the provider shall clean the child's hands with an individual, clean, washcloth.	Never – <i>If not observed provider must explain procedures</i>	Never	Provider and Children observed to use hand sanitizer or bar soap instead of liquid soap; Children not washing hands after leaving restroom and Provider reminding them within a few minutes; Warm water not used; Provider did not wash their hands before the first diaper change *If TA documented on previous visit move to Low Risk	Inconsistent hand washing following toileting and diapering and/or prior to meals and snacks; Children not washing hands <u>immediately</u> : upon arrival and after outside play, <u>before</u> and <u>after</u> : handling or touching food, water play, <u>after</u> : sand play, touching animals/pets, contact with bodily fluids, or other contamination; Warm water is not available	<u>No</u> hand washing observed throughout the Home following toileting and diapering or prior to meals and snacks	Evidence of spread of illness due to lack of hand washing (confirmed by CDC or HD) or incident resulting in death, extreme or permanent injury

DIAPERING

RULE	No Evidence (NE)	Not Applicable (NA)	1 Technical Assistance	2-Low Risk	3 Medium Risk	4 High Risk
Before and after each diaper change, a provider shall wash hands with soap and running water in a sink not used for food preparation.	Never – <i>If not observed provider must explain procedures</i>	<i>If no children in care require diapering</i>	Provider and Children observed to use hand sanitizer or bar soap instead of liquid soap; Children not washing hands after leaving restroom and Provider reminding them within a few minutes; Warm water not used; Provider did not wash their hands before the first diaper change *If TA documented on previous visit move to Low Risk	Inconsistent hand washing following toileting and diapering and/or prior to meals and snacks; Children not washing hands <u>immediately</u> : upon arrival and after outside play, <u>before</u> and <u>after</u> : handling or touching food, water play, <u>after</u> : sand play, touching animals/pets, contact with bodily fluids, or other contamination; Warm water is not available	<u>No</u> hand washing observed throughout the Home following toileting and diapering or prior to meals and snacks	Evidence of spread of illness due to lack of hand washing (confirmed by CDC or HD) or incident resulting in death, extreme or permanent injury

DIAPERING

RULE	No Evidence (NE)	Not Applicable (NA)	1 Technical Assistance	2-Low Risk	3 Medium Risk	4 High Risk
The diaper changing area shall not be in an area where food is prepared or consumed.	Never – <i>Provider must show specialist diaper changing area</i>	If no children in care require diapering	Never	Diaper changing area is located near food preparation or eating area	Diaper changing area is in an area where food is prepared or consumed without the need of medical attention	Diaper changing area is in an area where food is prepared or consumed with the need of medical attention

DIAPERING

RULE	No Evidence (NE)	Not Applicable (NA)	1 Technical Assistance	2-Low Risk	3 Medium Risk	4 High Risk
The diapering surface shall be cleaned, sanitized, and dried after each diaper change.	Never – <i>If not observed provider must explain procedures</i>	If no children in care require diapering	The diapering surface is not sanitized according to recommendations *If TA documented on previous visit, move to Low Risk	Diapering surface used can not be properly sanitized or provider did not sanitize the surface	There is evidence of isolated illness and confirmed lack of proper sanitation	There is evidence of widespread illness due to lack of proper sanitation (by CDC or HD) or incident resulting in death, extreme or permanent injury

SAFE SLEEP

RULE	No Evidence (NE)	Not Applicable (NA)	1 Technical Assistance	2-Low Risk	3 Medium Risk	4 High Risk
A provider who offers nighttime care shall have a safe and sturdy crib for each infant, and a safe and sturdy bed or cot with mattress for each child. Crib bars or slats shall be no more than 2 3/8 inches apart and the crib mattress shall fit snugly into the crib frame so that no space remains between the mattress and frame.	Never	If program does not serve infants <i>or doesn't provide overnight care</i>	If planning to care for infants in the future; Noncompliant crib(s) not being used, located in an area not used for childcare and removed from Home during the visit with sufficient compliant cribs available for number of enrolled infants	Noncompliant crib(s) not being used, located in an area not used for childcare and unable to be removed from Home during the visit with sufficient compliant cribs available for number of enrolled infants	Noncompliant crib(s) in childcare area regardless of whether the crib is being used, which may or may not have resulted in an incident or injury with no medical attention or with medical attention as a precaution; Insufficient number of compliant cribs for number of enrolled infants which may or may not have resulted in an incident or injury with no medical attention or with medical attention as a precaution	Noncompliant crib(s) used with an incident and/or injury requiring professional medical attention, or incident resulting in death, extreme or permanent injury

SAFE SLEEP

RULE	No Evidence (NE)	Not Applicable (NA)	1 Technical Assistance	2-Low Risk	3 Medium Risk	4 High Risk
A provider shall hold an infant younger than age 1 for any bottle feeding, and shall not prop bottles with a child in care.	Never – <i>If not observed provider must explain procedures</i>	If program does not serve infants	Never	Provider props the bottle with no incident or injury	Provider props the bottle which resulted in an incident or injury with no medical attention or with medical attention as a precaution	Provider props bottle with an incident and/or injury requiring professional medical attention, or incident resulting in death, extreme or permanent injury

SAFE SLEEP

A provider shall have a bed, cot, mat, crib, or playpen for each child in care who requires a daily nap or rest period. Each infant in care shall have a safe crib, port-a crib, bassinet, or playpen.

RULE	No Evidence (NE)	Not Applicable (NA)	1 Technical Assistance	2-Low Risk	3 Medium Risk	4 High Risk
Crib construction: Good repair and free of hazards; Stack cribs and cribs with drop sides not used	<i>If infant is sleeping in crib at time of visit, follow up inspection may be needed to view manufacturing information; Visual inspection must still be conducted</i>	If program does not serve infants	Never	Never	Crib(s) not in good repair and/or hazards are present without an incident or injury; Stack crib(s) or crib(s) with drop sides used, which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Crib(s) not in good repair and/or hazards are present with an incident and/or injury requiring professional medical attention; or incident resulting in death, extreme or permanent injury; Stack crib(s) or crib(s) with drop sides used with an incident and/or injury requiring professional medical attention
Mattress: Firm, tight-fitting without gaps, at least 2 inches thick and covered with a waterproof, washable material; Disinfected before change of occupant	<i>If infant is sleeping in crib at time of visit, follow up inspection may be needed to view mattress; Visual inspection must still be conducted</i>	If program does not serve infants	Never	Mattress not two inches thick; Not covered with waterproof, washable material; Not disinfected before a change of occupant	Mattress is not tight-fitting or firm which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Mattress is not tight-fitting or firm with incident and/or injury requiring professional medical attention, or incident resulting in death, extreme or permanent injury
Sheets: Individual and tight-fitting and changed daily or more often as needed and prior to the change of an occupant	If program serves infants, but none are currently enrolled and no sheets in use	If program does not serve infants	If program serves infants, but no infants are currently enrolled and sheet(s) not tight-fitting on crib mattress; Isolated instance of a sheet not tight-fitting in an unoccupied crib and the sheet can be changed during the visit *If TA documented on previous visit move to Low Risk	Crib sheet is not changed daily or more often as needed; Crib sheet not changed prior to change of occupant	Crib sheet not tight-fitting and crib in use, which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Crib sheet not tight-fitting with an incident and/or injury requiring professional medical attention, or incident resulting in death, extreme or permanent injury

EMERGENCY PREPAREDNESS

A home facility shall have the following equipment:

RULE	No Evidence (NE)	Not Applicable (NA)	1 Technical Assistance	2-Low Risk	3 Medium Risk	4 High Risk
A charged, readily accessible, operable, multi-purpose (ABC class) fire extinguisher that the applicant knows how to operate	Never	Never	Fire extinguisher on same level but more than 30 feet from the kitchen	Wrong size/type of fire extinguisher; Fire extinguisher accessible to children	No fire extinguisher in Home; Inoperable fire extinguisher (empty or needing to be recharged)	No fire extinguisher with a fire in the Home, or incident resulting in death, extreme or permanent injury

EMERGENCY PREPAREDNESS

A home facility shall have the following equipment:

RULE	No Evidence (NE)	Not Applicable (NA)	1 Technical Assistance	2-Low Risk	3 Medium Risk	4 High Risk
At least 1 UL-approved, working smoke detector, properly mounted on each level of the dwelling	Never	Never	Smoke detector beeping indicating new batteries are required	No operable smoke detector on each floor of the Home	No smoke detector in Home	No smoke detector with a fire in the Home, or incident resulting in death, extreme or permanent injury

HEALTH AND MEDICATION

RULE	No Evidence (NE)	Not Applicable (NA)	1 Technical Assistance	2-Low Risk	3 Medium Risk	4 High Risk
AUTHORIZATION: Only a provider shall administer medication with signed written instructions for administering the medication from the child's parent.	If medication has not been administered since last visit or since medication was last evaluated; was not observed during visit	<i>If a provider does not administer medication</i>	Isolated instance of incomplete paperwork other than missing parent signature *If TA documented on previous visit, move to Low Risk	Authorization: Medication is on site with no medication authorization, but not dispensed	Authorization: Dispensed medication without authorization with no adverse reaction; Medication not dispensed as authorized	Authorization: Dispensed medication without authorization with an adverse reaction; Medication dispensed to the wrong child
DISPENSING RECORDS: A provider shall not administer: 1. Medication that is date expired or in something other than its original container; or 2. Prescription medication that does not bear the date of issue, the child's name, the amount and frequency of dosage, and the doctor's name. A provider shall maintain a written log of all medications administered. The log shall include: 1. The name of the child receiving the medication; 2. The name of the medication; 3. The date and time of administration; and 4. The dosage administered. A provider shall use a sanitary medication measure for accurate dosage.				Records: Incomplete dispensing documentation: not documenting date(s)/time(s) dispensed, name of person or medication etc.	Records: Dispensed medication not documented at all with no incident or injury	Records: Dispensed medication not documented at all with an incident and/or injury (i.e., over medicating a child), or incident resulting in death, extreme or permanent injury
STORAGE: A provider shall keep all medication in a locked storage container, and refrigerate if necessary.				Storage: Medication not stored as authorized/instructed OR medication accessible but not handled or ingested by a child (located in cubbies, drawer, etc.)	Storage: Medication handled by child(ren) with no incident or injury	Storage: Child ingested and/or handled medication with an incident and/or injury

HEALTH AND MEDICATION

RULE	No Evidence (NE)	Not Applicable (NA)	1 Technical Assistance	2-Low Risk	3 Medium Risk	4 High Risk
A provider shall not expose a child in care to tobacco products or smoke.	Never	Never	Tobacco products are seen in home	Evidence of recent use of tobacco products	Witness use of tobacco products during visit	Incident resulting in need for medical care

TRANSPORTATION

RULE	No Evidence (NE)	Not Applicable (NA)	1 Technical Assistance	2-Low Risk	3 Medium Risk	4 High Risk
<p>A provider shall ensure that a child in care is transported in a private vehicle by a person who has:</p> <ol style="list-style-type: none"> 1. A valid Arizona driver's license; 2. Automobile insurance 3. No convictions for driving while intoxicated with in 3 years. 	Never	<i>If program does not provide transportation, or provider uses public transportation</i>	Never	Never	Driver does not have a driver's license free from restrictions or insurance and is providing transportation with <u>no</u> incident or injury	Driver does not have a driver's license free from restrictions or insurance with an incident and/or injury, or incident resulting in death, extreme or permanent injury

TRANSPORTATION

RULE	No Evidence (NE)	Not Applicable (NA)	1 Technical Assistance	2-Low Risk	3 Medium Risk	4 High Risk
A provider shall transport a child in a separate car seat, seat belt, or child-restraint device in compliance with A.R.S. § 28-907.	<i>If vehicle is not on site during the visit or if vehicle is not due for inspection at visit</i>	If program does not provide transportation	Never	Never	No restraints or improperly restrained in accordance with state and federal laws (torn or frayed seat belts in use) with or without an incident and/or injury with no medical attention or with medical attention as a precaution	No restraints or not restrained in accordance with state and federal laws with an incident and/or injury requiring professional medical attention, or incident resulting in death, extreme or permanent injury

TRANSPORTATION

RULE	No Evidence (NE)	Not Applicable (NA)	1 Technical Assistance	2-Low Risk	3 Medium Risk	4 High Risk
A provider shall carry a child's emergency information card when transporting a child in care.	<i>If vehicle is not due for inspection at visit</i>	If program does not provide transportation	<i>Incomplete emergency medical information for less than 50% of transported children</i>	Incomplete emergency medical information for 50% or more of transported children; No emergency medical information for at least one transported child	Missing/incomplete emergency medical information for all children transported with no incident or injury	No emergency medical information on the vehicle with an incident and/or injury, or incident resulting in death, extreme or permanent injury

RATIO

RULE	No Evidence (NE)	Not Applicable (NA)	1 Technical Assistance	2-Low Risk	3 Medium Risk	4 High Risk
<p>The Department may certify a provider in a home facility to care for a maximum of 4 children at a time, from birth through age 12, for compensation.</p> <p>A provider in a home facility may care for a maximum of 6 children at a time, from birth through age 12, or a child age 13 or older who is a child with special needs, when all of the following conditions are met:</p> <p>1. No more than 4 children in care are for compensation; and</p>	Never	Never	More than 4 children are in care for compensation, due to overlap	5-6 children are in care for compensation	More than 6 children present or than 1 infant in care outside of sibling group with or without injury or incident that did not require medical attention or medical attention as a precaution	More than 6 children present or more than 1 infant in care outside of sibling group with injury/ incident requiring professional medical attention or could be seriously detrimental to the child, or incident resulting in death, extreme or permanent injury
<p>2. No more than 2 of the children in care are younger than age 1, unless a sibling group.</p>	Never	<i>If provider does not care for children under 1</i>	More than 2 children are in care younger than age 1, unless sibling group			

SUPERVISION

RULE	No Evidence (NE)	Not Applicable (NA)	1 Technical Assistance	2-Low Risk	3 Medium Risk	4 High Risk
<p>A provider shall directly supervise each child who is awake.</p> <p>A provider shall have unobstructed access to and shall be able to hear each child who is sleeping.</p>	Never	Never	<p>If provider is distracted or engaged in activities that interfere with supervision; If no opportunity to observe and the providers process is not compliant *If TA documented on previous visit, move to Low Risk</p>	<p>Brief break in watchful oversight (excluding adult restroom breaks or stepping away to answer the door) or Provider unable to hear children sleeping</p>	<p>Supervision citation with or without an incident and/or injury with no medical attention or with medical attention as a precaution (i.e. children sleeping behind a closed door, Provider going outside without the children, leaving the children alone, or going to a different level of the Home)</p>	<p>Supervision citation with an incident and/or injury requiring professional medical attention OR could be seriously detrimental to the child(ren), or incident resulting in death, extreme or permanent injury</p>

DISCIPLINE

A provider shall use discipline only to teach acceptable behavior and to promote self-discipline, not for punishment or retribution.

RULE	No Evidence (NE)	Not Applicable (NA)	1 Technical Assistance	2-Low Risk	3 Medium Risk	4 High Risk
Only a provider may discipline a child in care.	Never	Never	Provider requires child(ren) to report the bad behavior of other child(ren); If no opportunity to observe and the providers process is not compliant *If TA documented on previous visit, move to Low Risk	Provider allow and/or child(ren) or others to humiliate other child(ren) (name calling, belittling remarks, threats, use of profanity, etc.)	Provider allow and/or child(ren) or others to physically discipline each other with or without an incident and/or injury with no medical attention or with medical attention as a precaution	Provider allow and/or child(ren) or others to physically discipline each other with an incident and/or injury requiring professional medical attention OR discipline with aggravating circumstances, or incident resulting in death, extreme or permanent injury

DISCIPLINE						
RULE	No Evidence (NE)	Not Applicable (NA)	1 Technical Assistance	2-Low Risk	3 Medium Risk	4 High Risk
A provider may physically restrain a child whose behavior is uncontrolled, only when the physical restraint: Is necessary to prevent harm to the child or others; Occurs simultaneously with the uncontrolled behavior; Does not impair the child's breathing; and Cannot harm the child. A provider shall use the minimum amount of restraint necessary to bring the child's behavior under control.	Never	Never	Never	Never	Use of mechanical and/or physical restraints which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Use of mechanical and/or physical restraints with an incident and/or injury requiring professional medical attention OR restraints used for an egregious amount of time or there were egregious circumstances, or incident resulting in death, extreme or permanent injury
Confine a child for disciplinary purposes to equipment	Never	Never	Never	Child(ren) confined for discipline without an incident or injury	Child(ren) confined for discipline which resulted in an incident and/or injury with no medical attention or with medical attention as a precaution; Child(ren) confined for discipline for an extended amount of time	Child(ren) confined for discipline with an incident and/or injury requiring professional medical attention, or incident resulting in death, extreme or permanent injury
A provider shall not use the following disciplinary measures: Corporal punishment, including shaking, biting, hitting, or putting anything in a child's mouth;						
Inflict corporal/physical punishment	Never	Never	Corporal punishment by a Parent of their own child to any body part (popping on hand, buttocks, legs) not within sight/hearing of other children	Never	Corporal punishment to any body part (popping on hand, buttocks, legs, etc.) without a bruise or mark	Corporal punishment to any body part (popping on hand, buttocks, legs) with a bruise or mark, or incident resulting in death, extreme or permanent injury
Shake, jerk, pinch or roughly handle	Never	Never	Never	Never	Jerk, handle roughly, or pinch without a bruise or mark or injury; Shake a child five years or older without an injury	Jerk, handle roughly, or pinch with a bruise or mark or injury; or incident resulting in death, extreme or permanent injury; Shake a child under five years old with or without an injury; Shake a child five years or older with an injury
Placing a child in isolation or in a closet, laundry room, garage, shed, basement, or attic; Locking a child out of the home facility; Methods detrimental to the health or emotional needs of a child;						
Isolate in a dark room, closet, or unsupervised area	Never	Never	Never	Never	Isolation	Isolation with aggravating circumstances such as but not limited to the door being closed or the room being dark, or incident resulting in death, extreme or permanent injury
Administering medications	Never	Never	Never	Never	Never	Use of medication for discipline and/or to control behavior, other than as prescribed by a physician, or incident resulting in death, extreme or permanent injury
Techniques intended to humiliate or frighten a child; Abusive or profane language.						
Verbally abuse or humiliate (includes use of threats, profanity, or belittling remarks about a child or his family)	Never	Never	Tone of voice: raised voice with negative implications; Mild threat to call parent about behavior ("Do we need to call your mom?" or "You know what's going to happen when your mom gets here?") *If TA documented on previous visit, move to Low Risk	Raised voices with profanity or belittling remarks or threats; Use of profanity in general	Humiliating a child; Threatening physical harm; Screaming at a child, where child displays behavior demonstrating that he/she is afraid or upset	Extreme or repeated threats, humiliation or belittling remarks
Discipline associated with eating, sleeping, or toileting; or						
Restrict unreasonably from going to the bathroom	Never	Never	Never	Provider fail to respond appropriately and/or timely to a child's request or need to toilet (Provider states, "You should have gone to the bathroom during the bathroom break and now you can't go.")	Child(ren) not allowed to go to the bathroom as punishment, which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Child(ren) not allowed to go to the bathroom as punishment, which resulted in incident and/or injury requiring professional medical attention
Punish toileting accidents	Never	Never	Never	Provider uses appropriate form of discipline as punishment immediately following a toileting accident (a 3 year old is put in time out for 3 minutes following a toileting accident)	Provider uses an inappropriate form of discipline as punishment immediately following a toileting accident (a child is made to stand in the corner facing the wall following a toileting accident or a child was forced to clean up their own accident)	Restriction/punishment for bathroom accidents with an incident and/or injury requiring professional medical attention OR with aggravating circumstances, or incident resulting in death, extreme or permanent injury
Force-feed or withhold feeding regularly scheduled meals/snacks	Never	Never	Never	Feeding of a child was intentionally delayed but still occurred during the current meal or snack service	Feeding of a child was delayed but still occurred after the current meal or snack but before the next meal or snack; with no incident or injury	Child(ren) physically force fed (a child's mouth is held and made to eat) which resulted in a serious incident and/or injury requiring professional medical attention; given to child for the entire day or for all meals or snack or incident resulting in death, extreme or permanent injury
Force or withhold naps	Never	Never	Telling child(ren) that they must lay in a particular position on *If TA documented on previous visit, move to Low Risk	Force or withhold naps with no physical contact	Physically force/withhold naps without an incident or injury	Physically force naps with an incident and/or injury, or incident resulting in death, extreme or permanent injury
As a disciplinary measure, a provider may place a child in time out. During the time out period, the provider shall keep the child in full view. Time out shall not be used for children less than age 3.	Never	Never	Observing inappropriate discipline methods: making a child face the wall for time out, a 4 year old standing in timeout for 5 min. instead of 4, children under 2 in timeout instead of redirection, behavior charts posted that use marks, colors, etc. by children's names *If TA documented on previous visit, move to Low Risk	Misuse or inappropriate use of time out or redirection; Provider encourages or does not intervene when a Parent disciplines their child within sight and/or hearing of other children; Provider convey understanding of discipline rules and report previous use of inappropriate discipline, such as popping a child's hand	Disciplinary action detrimental to child's physical or mental health which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Disciplinary action detrimental to child's physical health OR was seriously detrimental to a child's mental health with an incident and/or injury requiring professional medical attention, or incident resulting in death, extreme or permanent injury