

Facility:		CDC-	Date:	Page 1 of 5
<b>Statute or Rule:</b>	C NC N/A NE TA	<input type="checkbox"/> <b>Plan of Correction</b>	<input type="checkbox"/> <b>Exit Interview only</b>	
<b>A.R.S. § 36-882.M.</b> 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"/>			
<b>A.R.S. § 36-883.02.A.C.</b> Child care personnel shall have a valid <i>Fingerprint Clearance Card</i> issued before starting employment or volunteer work. Affidavit on file.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>R9-5-203</b> Fingerprinting & Central Registry documentation	<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 svc./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 & pgrms 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.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 (EIIR); 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 EIIR	<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"/>			



<b>Statute or Rule:</b>	C NC N/A NE TA	
<b>R9-5-503 Standards for Diaper Changing</b> A.1. Sanitizable, seamless, smooth surface; Clear of unrelated items A.2.a.b.c. Handwashing sink: Water 86-110°, soap & single-use paper towels from dispensers A.3.4. 2 containers, lined & covered B.1.2.3. No food/prep in area; Water not drawn; Staff/food prep no diaper changing D. Written diaper changing procedures - post & implement E.1. Use separate wash cloth/towel only once for each child E.2. Wash & dry with child's labeled products E.3. Use single-use non-porous gloves E.4.5. Staff/children wash hands with warm water, soap E.6. Clean, sanitize, dry surface following each diaper change E.7. Use single-use paper towels from dispenser F.1. Inaccessible containers F.2. Maintain daily dated log of diaper changes (12 mos.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>R9-5-504 Supplemental Standards for 1 &amp; 2 Year Old Children</b> 1. If awake, less than 30 min. in crib, feeding chair, confinement      2. Toilet training plan      3. Age-appropriate safe toys      4. Prohibit screen time for 1's 5.d. Sippy cup labeled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>R9-5-505 Supplemental Standards for 3-Year-Old, 4-Year-Old, and 5-Year-Old</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>R9-5-506 Supplemental Standards for School-age Children</b> A.1. Supervise child while en route to & from bathroom      3. Age-appropriate toys      4. Quiet study area provided	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>R9-5-507 Supplemental Standards for Children with Special Needs</b> A. Individual plan (12 mos.), updated D.1.2. Developmentally appropriate materials/assistance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>R9-5-508 General Nutrition Standards</b> A. Meals to be available      D. Provide milk or juice if not provided by parent B. Time periods for meal service      E. Age-appropriate nutritional requirements/Variety C. Meal pattern requirements & serving sizes      F. One day supply G. Second servings available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>R9-5-509 General Food Service &amp; Food Handling Standards</b> A.B Sanitation - Every 12 months , Local ordinances/permit obtained every 12 mos.      C.11. 100% full-strength fruit or veg. juice C.1. Wash hands before handling/eating food      C.14. Special dietary instructions posted kitchen/activity areas C.2. Single use washcloth for inf/spec needs      C.18 Weekly menu - Posted & dated C.7. Family style      C18.e. Substitutions noted	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>R9-5-510 Discipline &amp; Guidance</b> A.1. Reasonable rules & limitations      B.4. Discipline not associated with: A.2. Teaches, models      B.4.a. Eating, napping, sleeping, toileting A.3. Suggest alternative      B.4.b. Medication A.4. Holds child to regain composure      B.4.c. Mechanical restraint B.1. Discipline does not cause harm      B.5. Not administered by another child B.2. No corporal punishment      C.1 Separate child no longer than 3 minutes B.3. Abusive language      C.2. Separate >10 minutes w/t interaction	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>R9-5-511 Sleeping Materials &amp; Equipment, Napping</b> A.1. Cot, mat, crib accommodates child      C. 18" between rows of cots or mats A.2. Clean sheet to cover mat      E.1-5 Naptime standards: No direct contact with floor while napping, no T.V. A.3. Clean blanket/sheet to cover child A.4. Rug, carpet, blanket, or towel not used      F.2 Storage for mats/cots from food, laundry, toilet A.5. Maintained in cleaned/repared cond'n	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

<b>Statute or Rule:</b>	C NC N/A NE TA	
<b>R9-5-512 Cleaning &amp; Sanitation</b> A. Premises free of insects & vermin B.1-2 Premises/furnishings clean & free from odor C.1.2 Flooring clean, free from dampness, odors, hazards D. Plumbing flooring, fixtures clean, sanitized F.1. Toilet room contains, within easy reach of children: Mounted toilet tissue, sink with running water, dispensed soap & single-use paper towels or air dryer F.2.3. Staff & children wash hands after toileting F.4. Food waste stored in covered, clean, lined container F.7. Toys, materials, equipment in clean condition F.8.9. Plumbing fixtures clean, working; chipped/cracked sinks repaired or replaced	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>R9-5-513 Pets &amp; Animals</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>R9-5-514 Accident &amp; Emergency Procedures</b> A. First aid kit - inaccessible to children/sufficient quantity A.1 Sterile bandages, gauze pads, rolls A.2 Antiseptic A.3 Scissors A.4 Adhesive tape A.5 Single use/non porous gloves A.6 Closeable 1-gal plastic bags C. Written fire and emergency plan; update every 12 months. 1.a.b.c.Location of first aid kit, names of staff w/first aid, CPR 1.d Directions for verbal notification of parents within 30 minutes of accident or emergency; directions for written notification to parent within 24 hours 1.e. Facility's address, emerg. phone numbers for fire, police, ambulance, poison control C.3 Post written fire & emergency plans in areas without communication system D. Building evacuation plan posted near designated exit in activity area E.1.2. Operating phone OR 2-way communication system that connects with individual with direct access to in & out phone F. Documents and notifies parent of injury or emergency requiring medical treatment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>R9-5-515 Illness &amp; Infestation</b> B.1-3 Immediately separate child, notify parent, document (12 mos) D. Exclude ill staff E. Written notice regarding communicable illness or infestation to staff, parent, & local Health Dept. (24 hrs.) F.1.2. Dated, written notice of comm. illness or infestation posted in entrance (12 mos.) F.3. Illness log of staff & children (12 mos.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>R9-5-516 Medications</b> A. Written policy regarding medication B.1. One staff member designated in writing B.3. Written parental permission: B.3.a. First & last name of child B.3.b. Name of medication B.3.c. Prescription number, if any B.3.d. Instructions for administration B.3.e. Reason for medication B.3.f. Date of authorization B.4 Medication in original containers B.4.b. Labeled with child's name D.F. Record of medications admin. 12 mos. F.1.a Name of child F.1.b. Name, prescription #, & amount F.1.c. Date & time med administered F.1.d Signature of staff member who admin med. G. Return unused medications H.1-3. Staff/children's medications locked separately I. No stock medications	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>R9-5-517 Transportation</b> A.1. Written permission to transport A.3. Vehicle registered by ADOT A.4. Proof of insur. in vehicle A.8. Restraint system (A.R.S.§28-907) A..9.a.b. Working heating & cooling systems A.9.c.d. First aid kit, 2 towels or blankets A.9.e. Sufficient water, receptacles A.10. Maintain in clean condition	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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<b>R9-5-517 Transportation – cont'd</b> A.11. Maintain service records on premises      B.3. List of children transported, copy of EIIR card C.D. Staff-to-child ratios met                      B.7. Children secured in seat belts B. Driver qualifications:                                  B.11. Driver does not use telephone or audio headphones B.1.2. 18 years of age, Valid driver's license      while vehicle in motion	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>R9-5-518 Field Trips</b> A.1. Written parental permission: Date & purpose, depart/return times, destination info      B.3.4. List of children; Sufficient water A.2. Field trip plan: Names of participants, depart/return times, license #, destination info      C. Attendance doc. A.3. Maintain field trip and plan (12 mos.)      D,E. Proper identification B.1.2 Copy of Emergency cards & Plan              F. Volunteer drivers G. 6+ children, teacher-caregiver + 1 staff	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>R9-5-601 General Physical Plant Standards</b> 1. Infant room - If capacity is more than 5, a second exit required 4. Diaper changing area in rooms with diapered children 6. Glass, mirrors, windows within 36" from floor constructed with safety glass	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>R9-5-602 Facility Square Footage Requirements</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>R9-5-603 Outdoor Activity Area</b> C.1. Enclosed by fence                                  E.1.2. Rubber material or resilient 6" fall surface C.1.a. Minimum of 4 feet high                      F. Asphalt or concrete not installed under swings or climbing equipment C.1.b. Secured to ground C.1.c. Open spaces do not exceed 4"      H. Shaded area for each child occupying outdoor area C.2. Maintained free of hazards	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>R9-5-604 Swimming Pools</b> B.3. No portable pools	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>R9-5-605 Fire &amp; Safety</b> A. Portable fire extinguishers (2A-10-BC)      B.9. Fans mounted & inaccessible to children B.1. Designated exits unobstructed/unlocked      B.10. Toilet room ventilation while children in bathroom B.5. Electrical extension cords not used      B.15. Sprinkler system (12 mos) B.6. Unused electrical outlets covered w/safety plug or insert      B.16. Fire extinguishers	<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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**Documents requested:**

**NOTE: Deficiencies must be corrected immediately. An exit interview was conducted, 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.**