

CHILD CARE LICENSING MANAGEMENT SYSTEM (LMS)

Child Care Provider Training Guide



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NOTE: Images, screenshots, and steps outlined in this guide may not reflect the current portal site. Refer to the portal site for the most up-to-date experience.

Here are a few common items and where to find them in this guide:

I would like to...	Where to go...	Notes and Tips...
Update my Facility's designated email address	Information Update Applications	Designated facility email addresses are the primary email account that is used by the licensing system to send updates on application statuses, inspections and more. This email is the main point of contact between the facility and the Child Care Licensing Bureau. It is important that the email is NOT a personal email and should be one that can be accessed by the appropriate facility team members.
Change Controlling Person / Responsible Party	Information Update Applications	Changing or updating Controlling Person(s) will be part of the Information Update Application
Update Delegated Person on a facility	Delegated Persons	Adding/Removing delegated persons can be done through the portal. Delegated persons are granted permissions like applying for applications, submit plan of corrections, work on inspections and more.
Update Facility Areas and capacities	Change Applications	Updating facility areas are part of the Change Applications. Facility Areas can be updated, added, or identified as not in use on the application. Facility Areas are used to calculated capacity amounts.
Anniversaries / Renewals	Anniversary Applications	Anniversary applications or renewals will be available on the portal 90 days prior to the expiration date and payment can be made 60 days prior to the expiration date.
Pay an Invoice associated to a facility	Statements & Payments	Payments can be made from the portal and confirmation of payment is sent to the facility email address.
Updating Owning Entity	Information Update Applications	In case of changes to the owning entity, facilities are required to inform the bureau using the Information Update Application.
View an inspection	Inspections	Inspection records will be viewed on the portal when available. Licensees can view Statements of Deficiencies, Submit Plan of Corrections and other actions related to inspections.

SECTION 1 - Portal Overview and Tabs

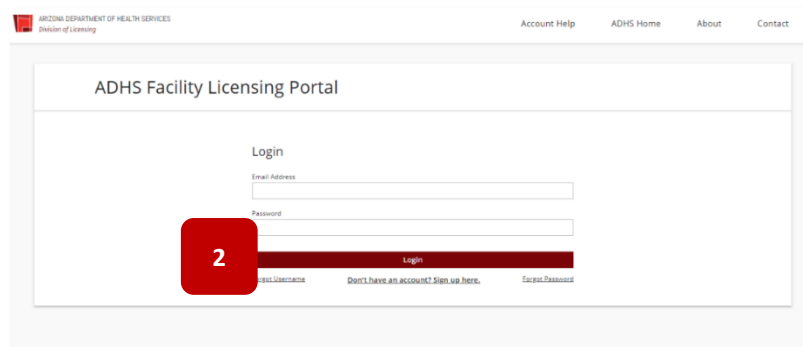
1.1 Portal Overview

Change Password, Change Email / Username and More

Upon logging in to the portal, portal account holders will be directed to the home screen containing information related the Individual and Facility Licensing Portals. [For additional support, watch this step-by-step video guide](#)

1. To log into the Licensing Portals, Designated Persons or other users with facility access will enter their email address and password
2. The facility portal user will click **Login**
3. If the facility portal user forgets their username or password, the user can click the appropriate links (Use the **Forgot Username** or **Forgot Password**) to reset those items on the account
4. If the user does not have an account, they can click the **Don't have an account? Sign up here** link. The link should be used to create a new account if an account has never been created before

NOTE: If the user has a login to the portal but needs access to a specific facility, they need to request access from the facility's Designated Person who will grant the user Facility Access to that facility account



5. Upon login, the user will be directed to the **Select a Portal** page
6. Click the **Person Icon** in the top right corner to view profile details
7. The **Profiles** pop-out will appear
8. Click the **Pencil Icon** to edit certain fields within the Profile

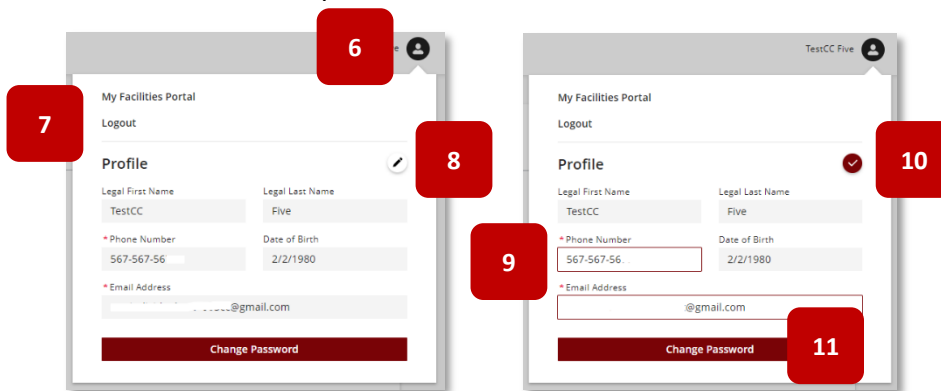
- Editable fields include Phone Number and email address

NOTE: If editing email address, the system will send two emails to confirm the new email address change and the username change. Both confirmation emails will need to be completed in order to finalize the change.

NOTE: The Legal First/Last Name and Date of Birth are not editable from the account. If these need to change, contact your ADHS Representative to request this change in the system. A Profile email address should NOT be same as the Facility email address

9. The Editable fields will appear with the red outline
10. Click the **Check Mark** icon to save changes

11. Click **Change Password** to reset the password for the account



1.2 Program Portal Navigation

Site Navigation, Edit Facility Phone, Address, Update Facility Director(s)

The Facility Licensing Portal contains specific tabs related to functionality within the portal. The user can click each tab to view information related to that topic. [For additional support, watch this step-by-step video guide](#)

Initial Portal Selection Page

1. Upon log in, users will be able to select between either the Individual or Facility Portal

The **Individual Portal** is used for personal licenses/applications

The **Facility Portal** is used for facility applications, licensing and submitting transactions (sales, payments), inspections and more



Facility Portal Navigation Overview

2. The top menu bar of the Facility Portal page layout displays My Programs, All Programs and Contact menus

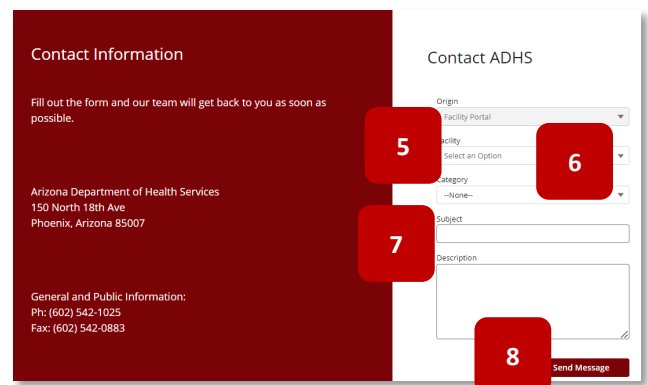
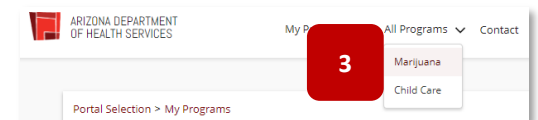
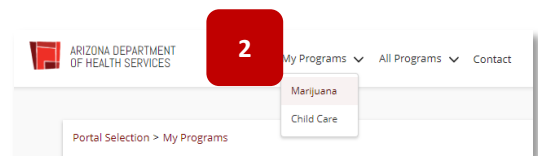
My Programs will display programs that the user has or had (in the last three years) an active associated license to that program

3. The **All Programs** menu will display all programs on the portal system

4. Contact menu will display the contact form upon selection

Contact ADHS form is used to submit items pertaining to technical issues, feedback or verification portal requests

5. Select the facility from which the communication is in reference to
6. Select the **Category** of the communication
7. Provide a **Subject** and **Description** of the communication

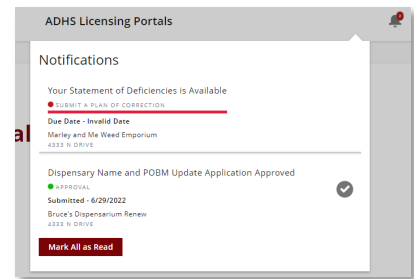


8. Select **Send Message** to submit

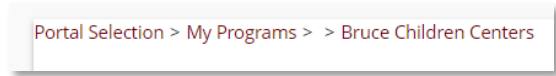
NOTE: Submitting a communication from the portal may not always receive a reply from ADHS

9. The **Notification Bell** - Notifications will be bundled under the notification bell and will include notifications from all records for all facilities the user is associated to

NOTE: Selecting certain notifications will navigate the user to the specific record



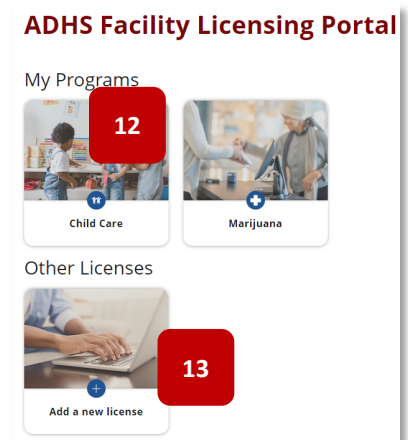
10. Toward the top of the pages will display 'breadcrumbs' – breadcrumbs are a small text path that identifies where the user is on the site



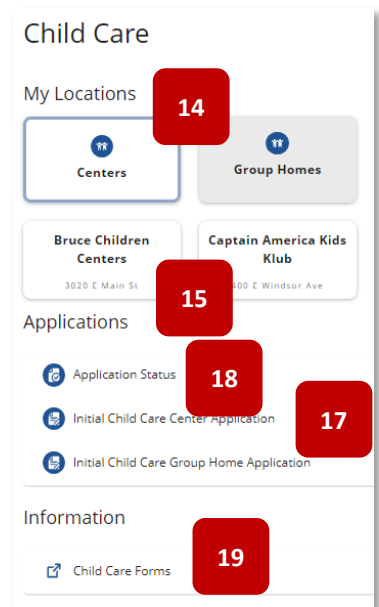
11. Select a text link on the path to be redirected back to that page on the site

12. The Facility Program selection page will display program tiles based on user account status

13. Other Licenses section will display all other licensing programs on the system – use this section to apply for a new facility license



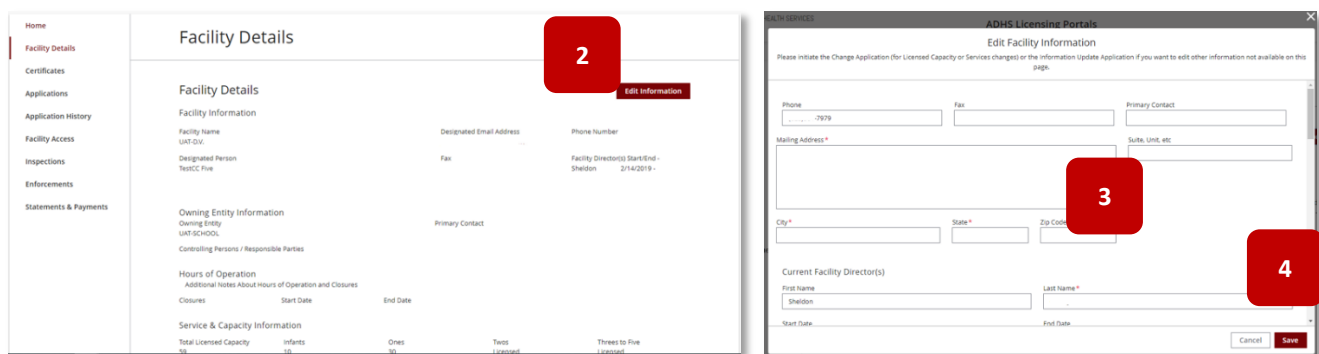
14. Once the program type is selected – the facility location types will display based on user permissions
15. My Locations display any affiliated facility types based on user permissions
16. Once a facility type is selected, the associated facility(ies) will display (alphabetically by facility name)
17. Applications for new facilities (if applicable) will display
18. Check current applications statuses by selecting the **Application Status** link
19. The Information section will link to the ADHS site for additional forms and information regarding the specific program



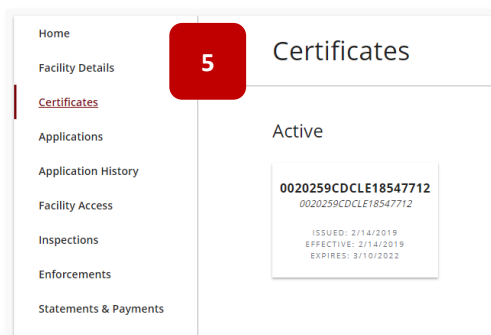
Portal Tab Details

1. Program Tabs will display based on roles and permissions set by the Facility Owner / Facility Director
2. The Facility Details tab contains the most current approved information related to a facility, the user can click the **Edit Information** button for the ability to edit certain fields on the Facility Details page
3. Update fields by replacing the current data displayed in that specific field – editable areas include: Facility Director, Mailing Address, Phone, Fax, Primary Contact
4. Select **Save** to confirm the changes

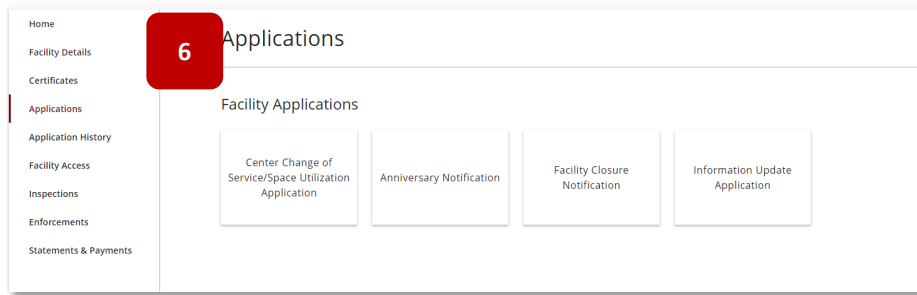
NOTE: Initiate the Change Application (for Licensed Capacity or Services Changes) or the Information Update Application if a user wants to edit other information not available on this page



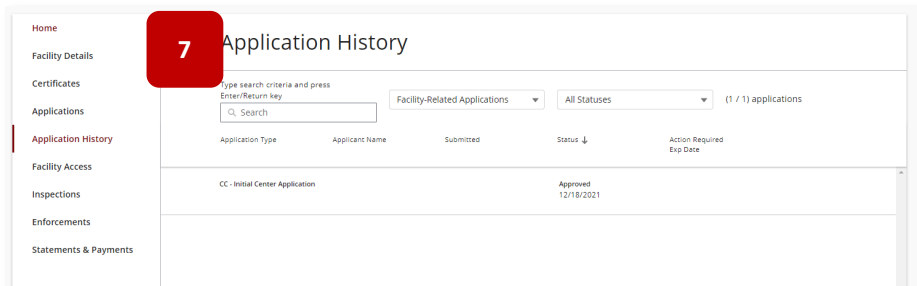
5. **Certificates:** The Certificates tab contains any certificates associated with the Facility, click the certificate tile to download a PDF version of the associated certificate, including current and historical certificates. The facility can print/download a certificate at any time. No certificate reprint requests are needed from the BCCL Team. In addition, if the facility pays their anniversary fee early, the facility will continue to see their current active certificate and also the new certificate with Expiration Date that is extended



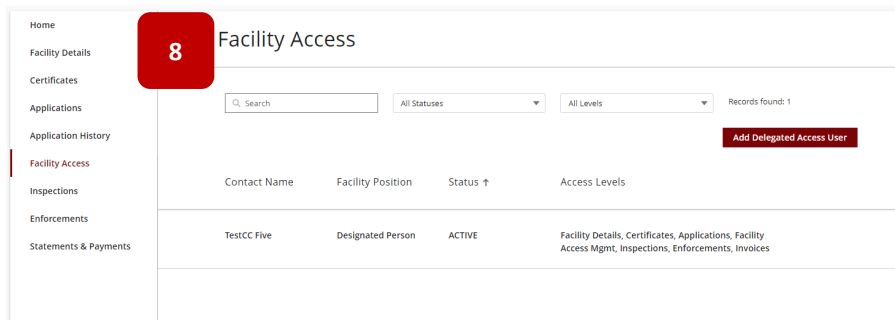
6. **Applications:** Available applications are listed on the Applications Tab – click the appropriate tile to open an application



7. **Application History:** The Application History tab will show all applications related to this account for a 3-year history – filter the applications based on the criteria shown at top



8. **Facility Access:** The Facility Access tab is used to grant access to the facility to certain users and to view who is associated with each facility – follow the instructions in the Facility Access section to add Delegated Access users



9. **Inspections:** The Inspections tab is where all information related to inspections is housed - once an inspection has been conducted, the user will use this page to view any action that must be taken as a result of an inspection

Home	9 Inspections					12454
Facility Details						Records found: 1
Certificates	Inspection #	Inspection Date(s)	Address	Status ↓	Action Required	
Applications	INSP-0001324	1/7/2022	12454,	Complete		
Application History						
Facility Access						
<u>Inspections</u>						
Enforcements						
Statements & Payments						

10. **Enforcements:** The Enforcements tab is where all information related to enforcements is housed – the user will use this page to respond to enforcements or view enforcement related information

Home	10 Enforcements							WEST CHANDLER BLVD
Facility Details								Records found: 1
Certificates	Enforcement #	Description	Status	Action Letter Sent	Hearing Request Deadline	Hearing Date/Time	ISC Date/Time	
Applications	00001653	Repeated Health and Safety Violations	In Process	1/24/2022	2/23/2022			
Application History								
Facility Access								
Inspections								
<u>Enforcements</u>								
Statements & Payments								

11. **Statements & Payments:** Any current or historical invoices associated with the facility for applications or enforcements can be viewed and paid on the statements & payments tab

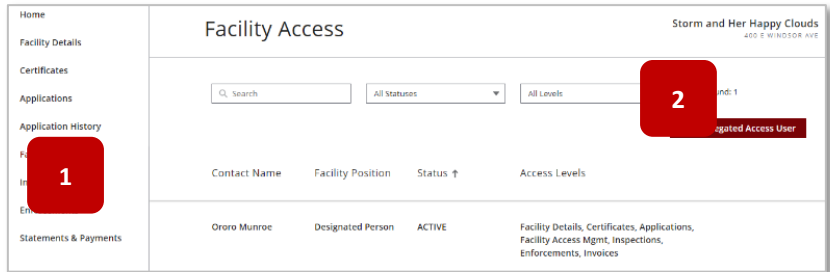
Home	11 Statements & Payments							WEST CHANDLER BLVD
Facility Details	<p>To make a payment, select a Payment Amount and click the Submit Payment button. If multiple Invoices are listed, a Payment Amount per Invoice with the same Invoice Type can be selected. Based on the Invoice selected, all remaining Invoices with a different Invoice Type will not be selectable and a separate payment must be made.</p>							Total Selected Payment \$0.00
Certificates								Submit Payment
Applications	Invoice #	Invoice Type	Description	Status	Total	Balance	Invoice DateDue	
Application History								
Facility Access								
Inspections								
Enforcements								
<u>Statements & Payments</u>								

SECTION 2 - FACILITY ACCESS

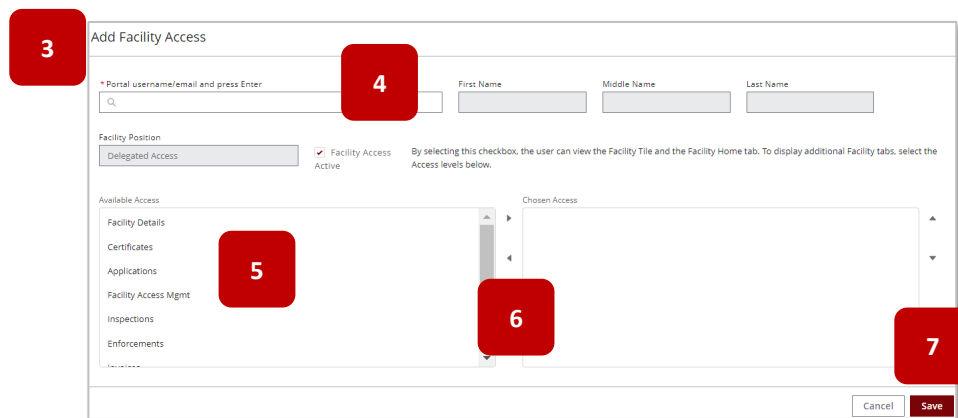
2.1 Update Delegated Persons Permissions / Access

Designated Persons for a facility can give access to certain facility portal functions to other facility related employees with an active portal account. Besides the Designated Person, for each facility, **only two** other Facility Portal users can have active access. [For additional support, watch this step-by-step video guide](#)

1. Select the **Facility Access** tab
2. To add an employee to the facility access, select **Add Delegated Access User**

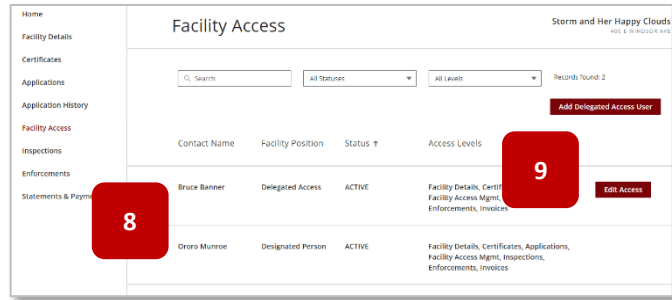


3. The **Add Facility Access** form will display
4. Enter the **username/email** of the person being added (user must have an existing and active portal account in order to be added) – select the **Enter/Return** key on keyboard to search for the user in the system
5. Select desired access features from the Available Access column – select multiple by holding down the CTRL key and make each selection or repeat steps 5 and 6 for each item
6. Select the **right arrow key** to confirm selection(s)
7. Select **Save** to continue



8. Upon save, the new delegated person will display on the Facility Access page

NOTE: When that user logs into the ADHS Facility Portal, the Facility tile will now display for that user



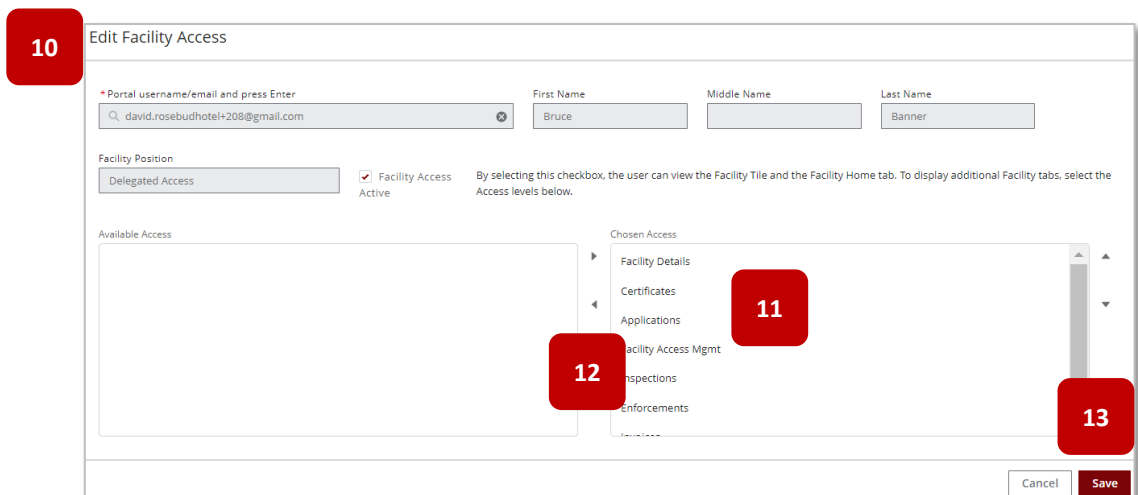
9. Access for the delegated person can be edited by selecting the **Edit Access** button

10. When **Edit Access** is selected, the Edit Facility Access form will display again

11. To remove access, select **Access Types** from the right column and once highlighted

12. Select the left arrow button to remove Selected access, to add additional access, select the item from the left column and the right arrow

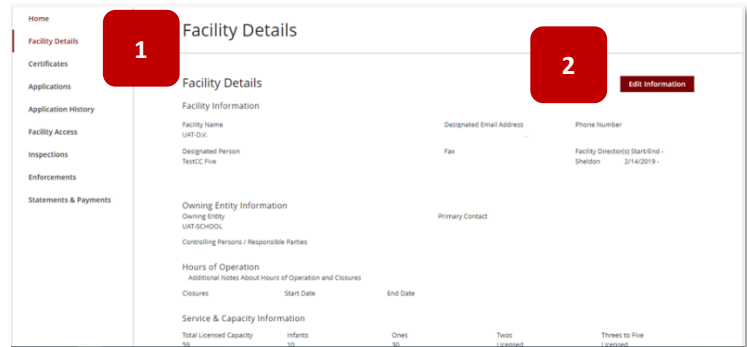
13. Select **Save** when completed



2.2 Changing / Updating Facility Directors

Add / Remove Facility Directors - Facility Licensees update the Facility Director for a particular facility from the portal. This update does NOT require an application and can easily be accomplished from the portal self-service tool.

1. Select the **Facility Details** tab
2. Select the **Edit Information** button



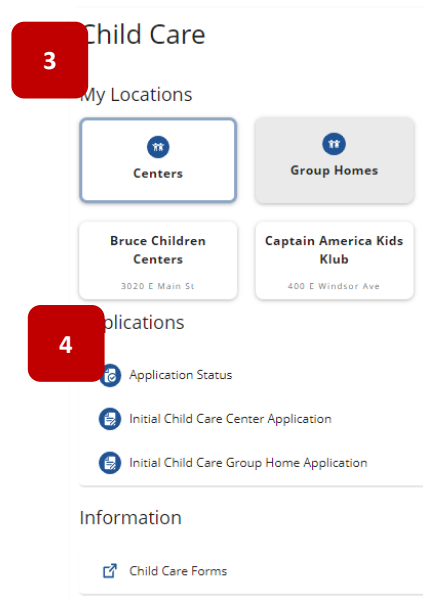
3. The Edit Facility Information form will display as a pop-up
4. Scroll the Current Facility Director(s) section
 - a. To remove a director, delete the director information by clicking into each applicable field and deleting the information in each field
 - b. To replace a director with another director, replace the current information for the outgoing director with the new director's information
5. Select **Save** to complete

Section 3 - Applications

3.1 Initial Application for a Child Care Center

Initial Applications can be submitted by the Designated Person from their Facility Licensing Portal. This example will explain how to submit an Initial Application for a Child Care Center. [For additional support, watch this step-by-step video guide](#)

1. Upon logging into the ADHS Facility Licensing Portal, the facility selection page will display
2. Select the **Child Care Facility Licensing** tile
NOTE: The Facility Licensing Portal is used by other Arizona Licensing Bureaus, there may be additional tiles located in the Other Facility Information section for these areas
3. The Child Care Licensing main page will display
4. Select the **Initial Child Care Center Application** tile



5. Upon selecting the Application tile, the Agreement Page will display for the Initial Child Care Center Application

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6. The Agreement page contains the following items:
- A. Link to **Additional Application Instructions**
 - B. Link to **Application Checklist** – details on required documentation needed for the application
 - C. Check box – If checked, applicant opts into receiving communications from the department if an error is found on the application
 - D. Required documents list
 - E. Arizona Rules and Statutes statement

7. Select the **I Agree** button to proceed

NOTE: Once the user clicks **I Agree**, the User Agreement page will not display again. Some users may want to print the page from the browser to reference the information

Child Care
Initial Center Application

User Agreement

You are about to access a system within the Arizona Department of Health Services (ADHS) computer network. Use of this system constitutes users' consent to permit ADHS monitoring of users' activities. Evidence of unauthorized activities obtained during monitoring can and will be used by ADHS for criminal prosecution as permitted by law.

6

[Download Application Instructions](#)
[Download Application Checklist](#)

Pursuant to Arizona Revised Statutes Title 36, Chapter 7.1 and Arizona Administrative Code Title 9, Chapter 3 (Child Care Group Child Care Facilities), all requirements listed below must be submitted before a license can be issued by the Department. An inspection of the facility is also required.

In the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notices from the department to inform me of the error.

Before beginning the application process, be sure you have the following items in the digital format ready for upload (where applicable).

Initial Child Care Center Application Documents:

Agricultural Buffer Zone Agreement

- The agreement required in [36-882\(D\)](#)

Applicants Information

- A U.S. passport, a birth certificate, naturalization documents, or documentation of legal resident alien status
- Valid Fingerprint Clearance Card
 - Please provide a copy of the applicant's valid fingerprint clearance card (front and back) issued according to [A.R.S. Title 41, Chapter 12, Article 3.1](#)
 - In accordance with [A.R.S. 36-882\(D\)](#), prior to submitting license application, signatures must be fingerprinted and registered with the Department of Public Safety Applicant Clearance Card Team. An application for an initial license shall include a copy of a valid fingerprint clearance card issued to the applicant pursuant to [section 41-1788-07 Fingerprint Guidelines](#).
- Criminal History Affidavit
 - [Download the Form](#)
- Citizenship and Alien Status Statement form(s)
 - [Download the Form](#)
- A copy of a Certificate of Completion for the Department-provided training (Orientation) completed by the applicant

Facility Supporting Documentation

- A copy of documents pertaining to the business organization (i.e., Articles of Incorporation, partnership documents, etc.)
- Arizona Corporation Commission Certificate of Good Standing
 - Must be used within 3 months before the date of submission of this application.
- Letter from the school governing board or school district superintendent designating a signatory
- Letter from the individual in the senior leadership position designating an individual as signatory
- Proof of Occupancy, choose one of the following:
 - A copy of the Certificate of Occupancy issued for the facility by the local jurisdiction
 - Documentation from the local jurisdiction that the facility was approved for occupancy
 - If the documents in subsections above are not available, the seal of an architect (registered as prescribed in [A.R.S. 13-2121](#)) on the site plan and the floor plan verifying compliance with existing local building and fire codes, local zoning requirements and this Chapter.
- Charter School Approval to Operate
 - Letter from the school district governing board in which the charter school is located, the Arizona State Board of Education, or the Arizona State Board for Charter School approving the applicant to operate the charter school.
- Letter from the school district governing board in which the charter school is located, the Arizona State Board of Education, or the Arizona State Board for Charter School approving the applicant to operate the charter school.
- General facility liability insurance of at least \$300,000
- Motor vehicle insurance coverage
 - Required by [A.R.S. Title 28, Chapter 9, Article 4](#) for each motor vehicle provided by a licensee to transport enrolled children.
- Gas inspection by a licensed plumber or individual authorized by the local jurisdiction
 - If there are gas pipes that run from a gas meter to an appliance or location on the facility premises, a gas inspection by a licensed plumber or individual authorized by the local jurisdiction that verifies there are no gas leaks in the gas pipes that run from the gas meter to any appliance or location on facility premises.
- Fire inspection by a local fire department
 - A current fire inspection report including documentation of any repairs or corrections required by the fire inspection report.
- Food Establishment Permit
 - A licensee that prepares food for enrolled children on facility premises shall, if required by [2.A.A.C. 8, Article 1](#), and the local ordinances of the local health department where the facility is located, obtain a food establishment permit issued under [9.A.A.C. 8, Article 1](#)

Building Information

- School Map or Final Set of Construction Drawings
 - Only needed if your program provides care for children ages 3-4 years old in a public school. Pursuant to [SS.5.001 A.5.1](#), a school map or final set of construction drawings shall be submitted for a set of final construction drawings or a school map showing:
 1. The location of each school building;
 2. The location and dimensions of each outdoor activity area used by enrolled children;
 3. The length and width dimensions for each indoor activity area;
 4. The requested licensed capacity and applicable service classifications for each indoor activity area;
 5. The location of each hand-washing sink, toilet, urinal, and drinking fountain to be used by enrolled children;
- A SITE PLAN, drawn to scale showing:
 - The drawing scale
 - Boundary dimensions of the property upon which the facility's physical plans is located
 - If more than one building is used for the facility, the location and perimeter dimensions of each building
 - The location of each driveway on the property
 - The location and boundary dimensions of each parking lot on the property
 - The location and perimeter dimensions of each outdoor activity area
 - The location, type and height of each fence and gate
 - The location of swimming pool, if applicable
- A FLOOR PLAN of each building to be used for child care drawn to scale showing:
 - The drawing scale
 - Length and width dimensions for each indoor activity area
 - The requested licensed capacity and applicable service classification for each indoor activity area
 - The location of each diaper change area
 - Location of each hand washing, utility and three-compartment sink, and each toilet, urinal and drinking fountain
 - Location and type of the alarm system

Application Fee

- \$1,000 for a 5-10 licensed capacity
- \$4,000 for a 11-59 licensed capacity
- \$7,800 for a 60+ licensed capacity
- Facilities that are registered to participate in select programs will qualify for a 50% reduction of this fee.

Pursuant to [A.R.S. 41-1030\(B\)\(D\)\(E\)\(F\)](#)

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state trial gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney's fees and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action under the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

7

Agree

8. The first page of the application is the **Applying Entity Information**

9. Enter all required demographic fields regarding the **Applying Entity**

10. Upon entering the address details, the system will display the address confirmation screen. Review the suggested address – the system will auto select the closest match by default. Verify the address by selecting the **Confirm** button

11. If suggested addresses are incorrect, select **Keep Address as Entered** button – If errors on the address are found, users can select **Confirm** on the pop-up and select **Edit Address** from the application page to edit address fields

12. Enter the **Primary Contact Person** information details (this is the primary person the bureau will directly contact regarding the facility, also known as the Emergency Contact for the facility)

13. Enter the **Primary Email** address – this will be the designated email that will receive all communications regarding the facility going forward
NOTE: This email address should NOT be that of an individual person, but rather one specific for the facility only

14. **Select the Service Classifications requested for this facility** – This section allows the applicant to identify what services the facility would like to provide – one “age group” selection is required

15. Select **Building License Current Status**

16. Select the appropriate **Agricultural Land Information** details - application might request information from Agricultural

The screenshot shows the 'Applying Entity Information' form for a 'Child Care Initial Center Application'. The form is divided into several sections: 'Applying Entity', 'Applying Entity Primary Contact Person', 'Facility Information', 'Primary Contact Person', and 'Agricultural Land Information'. Red callout boxes with numbers 8 through 17 are overlaid on the form to indicate specific steps: 8 points to the 'Full Legal Name of Applying Entity' field; 9 points to the 'Type Of Organization' dropdown; 12 points to the 'Name of Primary Contact Person' field; 13 points to the 'Primary Contact Email' field; 14 points to the 'Select the service classifications requested for this facility' section; 15 points to the 'Building License Current Status' dropdown; 16 points to the 'Agricultural Land Information' section; and 17 points to the 'Back' and 'Continue' buttons at the bottom.

The screenshot shows the 'Address Confirmation' screen. It displays the 'Address As Entered' (Phoenix, AZ, 85020, Maricopa County) and 'Address Suggestions' (Phoenix, Arizona, 85004, Maricopa County). A red callout box 11 points to the 'Selected' button next to the first suggestion. Another red callout box 10 points to the 'Confirm' button at the bottom right. A 'Keep address as entered' option is also visible.

landowners if within 1/4 mile from the facility

- 17. Select **Save & Continue** to proceed – **Save & Exit** will save progress and exit out of the application (Applicants will be able to retrieve saved applications from the Application Status tile from the main Child Care Licensing page)

- 18. Next page is the **Applicant Information** details page

- 19. Enter the Designated Agent/Signatory/Individual Owner information details. This section’s verbiage will alter based on the type of business entity owning the facility

NOTE: Centers that are owned by individuals (sole proprietor) will not have Controlling Persons/Responsible Parties

- 20. Upload all required documents related to the Designated Agent/Signatory/Individual Owner

- 21. Drag and drop local files to the **Upload Files** button or select the **Upload Files** button

- 22. Local Files window will appear – select desired file(s) to upload – multiple files can be selected

- 23. Select **Open**

Child Care
Initial Center Application

APPLICANT OPERATIONS DOCUMENTS BUILDING CAPACITY & F... SIGNATURE REVIEW & SUB...

Applicant Information

Signatory

Signatory means an individual who is authorized by a school district governing board, school district superintendent, or governmental agency to sign a document on behalf of the school district governing board, school district superintendent, or governmental agency.

Username: david.rosebudhotel155@gmail.com Legal First Name: Sara Legal Last Name: Simpson Birthdate: 01/04/1960

Mailing Address* Suite, Unit, etc:

City* State* Zip Code*

City: State: --None-- Zip Code:

Check if physical address is different than mailing address

Documents

A U.S. passport, a birth certificate, naturalization documents, or documentation of legal resident alien status*

Or drop files

Valid Fingerprint Clearance Card*

- Please provide a copy of the applicant's valid fingerprint clearance card (front and back) issued according to [A.R.S. Title 41, Chapter 12, Article 3.1](#)
- In accordance with [A.R.S. § 36-883.02](#), prior to submitting license application, signatories must be fingerprinted and registered with the Department of Public Safety Applicant Clearance Card Team. An application for an initial license shall include a copy of a valid fingerprint clearance card issued to the applicant pursuant to [section 41-1758.07, Fingerprint Guidelines](#).

Or drop files

Criminal History Affidavit*

- [Download the form](#)

Or drop files

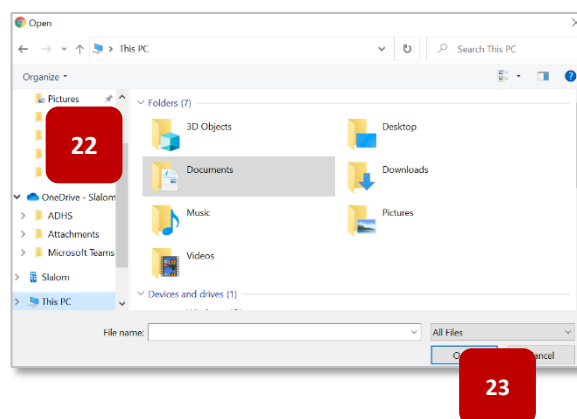
Citizenship and Alien Status Statement form(s)*

- [Download the form](#)

Or drop files

A copy of a Certificate of Completion for the Department-provided training (Orientation) completed by the applicant

Or drop files



24. The file will begin to upload – progress is displayed on the pop-up

25. Select **Done** to complete the upload process

26. Repeat the process for all required documents

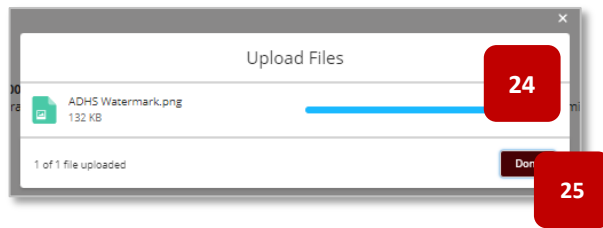
27. For a facility owned by a business or government agency, you can additionally add or remove controlling person / responsible party people by selecting the **Add Person** or **Remove Person** button respectively

NOTE: Applicants from facilities that are owned by a business entity or government agency will be required to add the applicant as a Controlling Person / Responsible Party in order to proceed in the application process. The applicant will serve as the first Controlling Person or Responsible Party. Additional people can then be added as necessary

28. Enter the Controlling Person/ Responsible Party's details – to add additional person(s) select the Add Person button

NOTE: If Individually Owned, steps 27 - 28 are not required

29. Select **Save & Continue** to proceed – **Save & Exit** will save progress and exit out of the application



30. Operational Information is the next page of the application

31. Enter **Facility Director** details (not a required field but will be required prior to final approval)

32. Enter the **Number of Vehicles** that will be used for the facility, if applicable

33. Enter **Program Name** and all **Hours of Operation** for the facility (not required upon application submittal but requested once approved. This information will publish to AZ Care Check)

34. Select various closure periods as needed

35. Add **Additional Notes** regarding hours of operation as needed

NOTE: Use this field if there are more than three programs to define hours of operations or if the facility would like to further define specific closures. This information will publish to AZ Care Check.

36. Select **Save & Continue** to proceed – **Save & Exit** will save progress and exit out of the application

Child Care
Initial Center Application

OPERATIONS DOCUMENTS BUILDING CAPACITY & F. SIGNATURE REVIEW & SUB...

Operational Information

30 Facility Director

The director is at least 21 years of age and will accept the primary responsibility for the daily administration and operation of the facility, and must meet requirements as a staff member (R9-5-402.4) and possess the following minimum qualifications (R9-5-401.1).
Copies of this documentation must be kept in the director's file on-site.

Facility Director

Legal First Name * Legal Last Name * Email Address

31 Vehicles

A licensee shall provide a copy of documentation of insurance to the Department before issuance of a license and at any time that the licensee's insurance coverage expires, is canceled, or changes. (R9-5-308). Copies of this documentation can be uploaded on the Documents page of this application.
Indicate the number of motor vehicles that will be used for transportation of enrolled children.

Number Of Vehicles

32 Hours of Operation

	Program Name		Program Name		Program Name	
	Start Time	End Time	Start Time	End Time	Start Time	End Time
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Closed Inter-session
 Closed Summers
 Open Summers Only

34 Additional Notes About Hours of Operation & Closures

35 36

Back Save & Exit Save & Continue

37. The Upload Support Documentation is the next page of the application

38. Upload all required documents

39. Select the **Upload Files** button

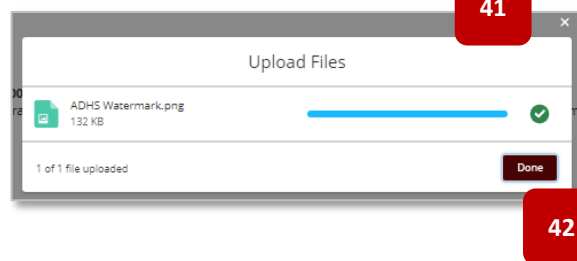
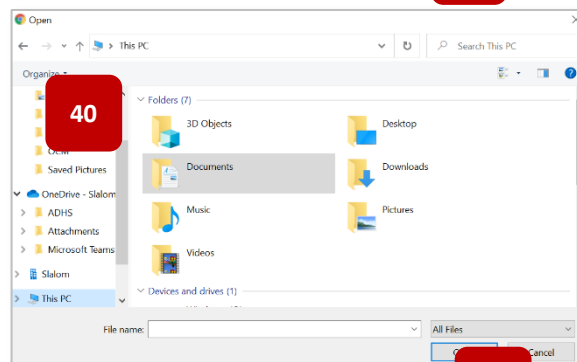
40. **Local Files** window will appear – select desired file(s) to upload – multiple files can be selected

41. Select **Open**, the file will begin to upload – progress is displayed on the pop-up

42. Select **Done** to complete the upload process

43. Repeat the process for all required documents

44. Select **Save & Continue** to proceed – **Save & Exit** will save progress and exit out of the application



45. Building Information is the next page of the application

46. **Upload Site and Floor Plans –** For facilities located in public schools that provide service for only children 3+, a school map or final set of construction drawings is required instead of site/floor plans

47. Check the required checkbox acknowledging that the ADHS Inspection Team will determine the Facility Total Capacity and room capacity based on set parameters

48. Select **Save & Continue** to proceed – **Save & Exit** will save progress and exit out of the application

NOTE: Total Maximum Capacity is the lowest of the three: 1) max outdoor capacity, 2) max indoor capacity and 3) max capacity based on sanitary units. If user added a requested capacity for the indoor areas that's less than the max outdoor capacity and the max sanitary unit capacity, the Requested Total Capacity may be less than the Total Maximum Capacity. Total Infants / Total One-Year-Olds / Total 2+ is based on the indoor area information

49. Fee Information page is next

50. Select **Add Program** if facility will register for a Fee Reduction Program

51. Add Program menu will display – select the Select Program menu to select from available options

52. Once selection is made, select **Add Program**

53. Select License Tier

NOTE: This will define the licensing tier for the facility

54. Fee details outlined

55. Select **Save & Continue** to proceed – **Save & Exit** will save progress and exit out of the application

56. The Signature is the next page

57. Select whether the facility is ready for inspection – If unchecked, enter the **Inspection Ready Date** (Date must be in the future)

58. The designated person / signatory can select whether to upload a signed attestation or

59. Applicant can digitally sign the application (form is available when box is checked – If digitally signed, no attestation is required to be uploaded) - To digitally sign, use cursor to sign inside the designated box

60. Select **Accept** – to save the signature or Select **Clear** to redo the signature

61. Select **Save & Continue** to proceed – **Save & Exit** will save progress

62. The final page in the application will be the Review and Submit page

63. All details entered in the application will display for final review by the applicant – select **Edit Section** to return to that specific section to edit details

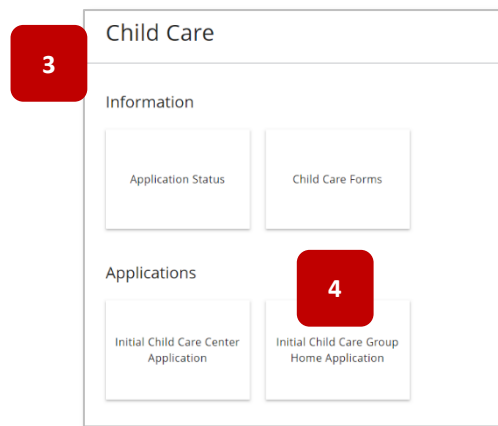
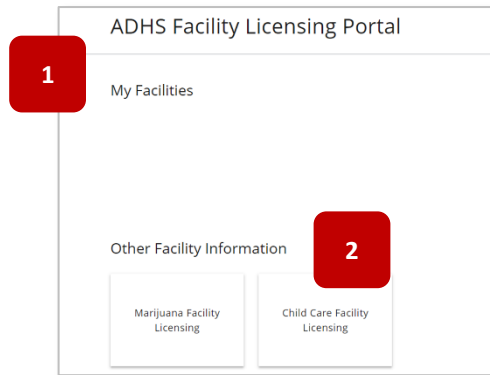
64. Select **Submit & Go to Payment** to proceed

65. The system will navigate the applicant to the Payment Portal for payment submittal – ADHS accepts Credit Card and ACH (Automatic Clearing House - Digital Checks or echeck) as payments

3.2 Initial Application for a Group Home

Initial Applications can be submitted by the Designated Person from their Facility Licensing Portal. This scenario will show how to submit an Initial Application for a Group Home. [For additional support, watch this step-by-step video guide](#)

1. Upon logging into the ADHS Facility Licensing Portal, the facility selection page will display
2. Select the **Child Care Facility Licensing** tile
3. The Child Care Licensing main page will display
4. Select the **Initial Child Care Group Home Application**



5. Upon selecting the Application tile, the User Agreement Page will display for the Initial Group Home Application

6. The User Agreement page contains the following items:

- A. Link to **Additional Application Instructions**
- B. Link to **Application Checklist** – details on required documentation needed for the application
- C. Check Box – If checked, applicant opts into receiving communications from the department if an error is found on the application
- D. Required documents list
- E. Arizona Rules and Statutes statement

7. Select the **I Agree** button to proceed

Child Care
Initial Group Home Application

5 User Agreement

You are about to access a system within the Arizona Department of Health Services (ADHS) computer network. Use of this system constitutes users' consent to permit ADHS monitoring of users' activities. Evidence of unauthorized activities obtained during monitoring can and will be used by ADHS for criminal prosecution as permitted by law.

6

[Download Application Instructions](#)
[Download Application Checklist](#)

Pursuant to Arizona Revised Statutes Title 36, Chapter 7.1 and Arizona Administrative Code Title 9, Chapter 3 (Child Care Group Homes) or 5 (Child Care Facilities), all requirements listed below must be submitted before a license can be issued by the Department. An inspection of the facility is also required.

In the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notices from the department to inform me of the error.

Before beginning the application process, be sure you have the following items in the digital format ready for upload (where applicable).

Initial Group Home Application Documents:

Agricultural Buffer Zone Agreement

- The agreement required in [36-882\(D\)](#)

Applicant and Provider Information

- A U.S. passport, a birth certificate, naturalization documents, or documentation of legal resident alien status
- Citizenship and Alien Status Statement form(s)
 - [Download the form](#)
- Proof of Arizona Residency
- Valid Fingerprint Clearance Card
 - Please provide a copy of the applicant's valid fingerprint clearance card (front and back) issued according to [A.R.S. Title 41, Chapter 12, Article 3.1](#)
 - In accordance with [A.R.S. 12-2503.02](#), prior to submitting license application, signatories must be fingerprinted and registered with the Department of Public Safety Applicant Clearance Card Team. An application for an initial license shall include a copy of a valid fingerprint clearance card issued to the applicant pursuant to [section 41-1756.07 Fingerprint Guidelines](#)
- Criminal History Affidavit
 - [Download the form](#)

Additional Applicant Information

- A copy of a Certificate of Completion for the Department-provided training (orientation)

Additional Provider Information

- Copy of high school diploma or equivalent, AA or BA degree
- Provider Qualifications
 - One of the following:
 - Has completed at least three credit hours in child growth and development, nutrition, psychology, or early childhood education;
 - Has completed at least 60 hours of training in child growth and development, nutrition, psychology, early childhood education, or management of a child care business; or
 - Has at least 12 months of child care experience

Facility Supporting Documentation

- A copy of documents pertaining to the business organization
 - (i.e., Articles of Incorporation, partnership documents, etc.)
- Arizona Corporation Commission Certificate of Good Standing
 - Must be dated within 3 months before the date of submission of this application.
- General liability insurance of at least \$100,000
 - A certificate holder shall secure and maintain general liability insurance of at least \$100,000 for the child care group home and maintain on the premises documentation of the insurance coverage.
- Motor vehicle insurance coverage
 - A certificate holder shall ensure that documentation of current motor vehicle insurance coverage maintained inside the motor vehicle that includes the legal name of the child care group home or certificate holder and, if transporting enrolled children and infants, liability information
- Gas inspection by a licensed plumber or individual authorized by the local jurisdiction
 - If there are gas pipes that run from a gas meter to an appliance or located on the facility premises, a gas inspection by a licensed plumber or individual authorized by the local jurisdiction that verifies there are no gas leaks in the gas pipes that run from the gas meter to any appliance or location on the premises at least once every 12 months after the date of the certificate.

Building Information

- Indoor Floor Plan
 - Indicate the following:
 - The location and dimensions of each room in the residence, with designation of the rooms to be used for providing child care services;
 - The location of each exit from the residence;
 - The location of each sink and toilet available for use by enrolled children;
 - The location of each smoke detector in the residence; and
 - The location of each fire extinguisher in the residence;
- Outdoor Site Plan
 - Indicate the following:
 - The location and dimensions of the outdoor activity area;
 - The height of the fence around the outdoor activity area;
 - The location of each exit from the outdoor activity area;
 - The location of the residence;
 - The location of each swimming pool, if applicable;
 - The location and height of the fence around each swimming pool, if applicable; and
 - The location and dimensions of any other building or structure on the premises, if applicable;

Application Fee

- \$1,000
- Facilities that are registered to participate in select programs will qualify for a 50% reduction of this fee

Pursuant to A.R.S. 41-1030(B)(D)(E)(F)

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

7

I Agree

8. The first page of the application is the Applying Entity Information
9. Enter all required demographic fields regarding the **Applying Entity**
10. Enter the **Primary Contact Person** information details (this is the primary person the bureau will contact regarding the facility)
11. Enter the **Primary Email** address – this will be the designated email that will receive all communications regarding the facility
12. **Select the service classifications requested for this facility** – This section allows the applicant to identify what services the facility would like to provide – One “Age Group” selection is required
13. Select the appropriate **Agricultural Land Information** details – if within ¼ mile from the center or group home location, application will require information
14. Select **Save & Continue** to proceed – **Save & Exit** will save progress and exit out of the application (Applicants will be able to retrieve saved applications from the Application Status tile from the main Child Care Licensing page)

**Child Care
Initial Group Home Application**

FACILITY Applicant OPERATIONS DOCUMENTS BUILDING CAPACITY & FEES SIGNATURE REVIEW & SUBMIT

Applying Entity Information

8 Full Legal Name of Applying Entity*

Type Of Organization* Subtype Of Organization*
--None-- --None--

9 Telephone Number* Email Address*

Street Address* Suite, Unit, etc.
City* State* Zip Code* County*
AZ --None--

Check if mailing address is different than physical address

10 Applying Entity Primary Contact Person **11**

Name of Primary Contact* Primary Contact Email* Primary Contact Telephone Number*

Group Home Information

Name of Group Home / Applicants*

Telephone Number* Fax Number*

Street Address* Suite, Unit, etc.
City* State* Zip Code* County*
AZ --None--

Primary Email*
*This email will be used for all future communications.

Check if mailing address is different than facility address

Select the service classifications requested for this facility*

Available Chosen

Full-Day Care
Part Day Care
Infant Care
Oneyearold Care

Agricultural Land Information

12 Is there vacant/unused land within ¼ mile of the child care facility/group home?*

--None--

13 Is the child care facility/group home located within a ¼ mile of agricultural land?*

--None--

14

Back Save & Exit Save & Continue

15. Next section is the **Applicant Information** details page – for individual owner, skip steps 16-19

16. Enter the Designated Agent information details

17. Upload all required documents related to the designated agent

NOTE: Be sure to enter a title for each Designated Agent

18. Add additional controlling person / responsible party by selecting the **Add Person** button

19. Enter the Controlling Person/Responsible Party's Title

NOTE: For facilities owned by businesses, the first Controlling Person is the applicant

20. Upload all required documents

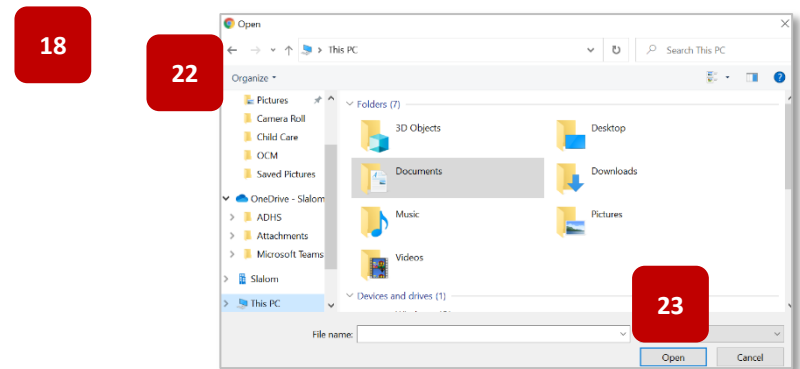
21. Drag and drop local files to the **Upload Files** button or Select the **Upload Files** button

22. **Local Files** window will appear – select desired file(s) to upload – multiple files can be selected (use the Ctrl key while selecting the files)

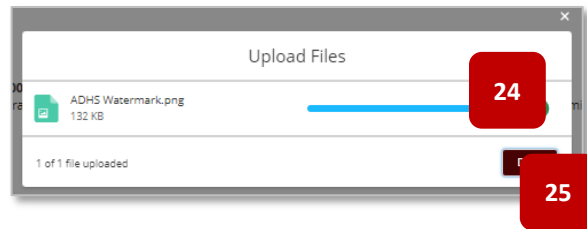
23. Select **Open**

The screenshot shows the 'Child Care Initial Group Home Application' form, Step 15: Applicant Information. The form is divided into several sections:

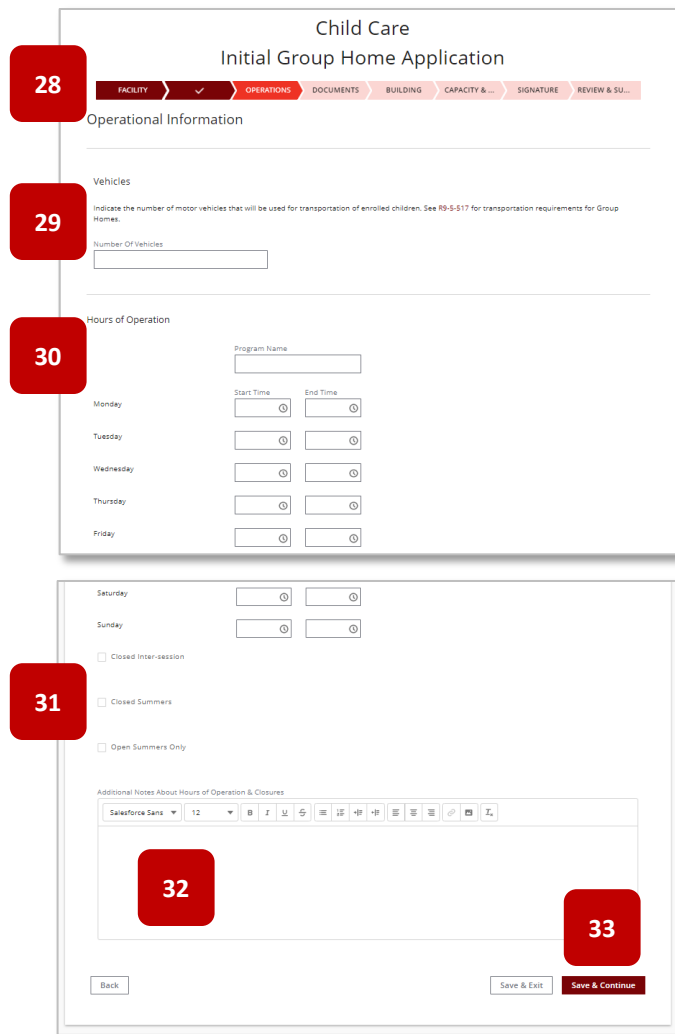
- Designated Agent:** Includes fields for Legal First Name (Bart), Legal Last Name (Simpson), Birthdate (01/4/1960), and Address. A red callout box with the number 15 is over the 'Applicant Information' header, and another with 16 is over the 'Designated Agent' section.
- Documents:** Lists required documents such as 'A U.S. passport, a birth certificate, naturalization documents, or documentation of legal resident alien status*', 'Proof of Arizona Residency*', 'Valid Fingerprint Clearance Card*', 'Criminal History Affidavit*', and 'A copy of a Certificate of Completion for the Department-provided training (orientation)'. Each document has an 'Upload Files' button. A red callout box with the number 17 is over the 'Upload Files' button for the 'U.S. passport' document.
- Controlling Person(s):** Includes a section to 'Add a New Controlling Person / Responsible Party' with fields for Legal First Name, Legal Last Name, Title, Email Address, Date of Birth, and Mailing Address. A red callout box with the number 19 is over the 'Add Person' button. Another red callout box with the number 27 is over the 'Save & Continue' button at the bottom right.



24. The file will begin to upload – progress is displayed on the pop-up
25. Select **Done** to complete the upload process
26. Repeat the process for all required documents
27. Select **Save & Continue** to proceed – **Save & Exit** will save progress and exit out of the application (Applicants will be able to retrieve saved applications from the **Application Status** tile from the main Child Care Licensing page)



28. The **Operational Information** is the next section of the application
29. Enter the **Number of Vehicles** that will be used for the facility, if applicable
30. Enter **Program Name** and all **Hours of Operation** for the facility (not required upon application submittal but requested once approved. This information will publish to AZ Care Check)
31. Select various **closure periods** as needed
32. Add **Additional Notes** regarding hours of operation as needed



33. Select **Save & Continue** to proceed – **Save & Exit** will save progress and exit out of the application

34. The **Upload Support Documentation** is the next section of the application
35. Upload all required documents – as noted previously
36. Select the **Upload Files** button
37. **Building Information** is the next section of the application
38. Upload Indoor and Outdoor Floor Plans
39. Select whether the residential building is a manufactured home, mobile home, or factory-built building
40. Enter requested total capacity for the facility
41. Enter extended capacity amount (this amount includes the number of children for which the provider is the parent/guardian, that will be included in the daily child care at this site)
42. Enter **Outdoor Activity Area(s)** details
43. Select **Add Another Area** to add additional outdoor areas, if applicable
44. Enter **Indoor Activity Area(s)** details
45. Select **Add Another Area** to add additional indoor areas, if applicable
46. Enter **Sanitary Unit** details
47. Select **Save & Continue** to proceed – **Save & Exit** will save progress and exit out of the application

Child Care
Initial Group Home Application

Upload Supporting Documentation

A copy of documents pertaining to the business organization (i.e., Articles of Incorporation, partnership documents, etc.)

Upload Files Or drop files **34**

Arizona Corporation Commission Certificate of Good Standing*

Upload Files Or drop files

General Facility liability insurance of at least \$100,000

Upload Files Or drop files **36**

Motor vehicle insurance coverage

Upload Files Or drop files

Gas inspection by a licensed plumber or individual authorized by the local jurisdiction

Upload Files Or drop files

Back Save & Exit Save & Continue

Child Care
Initial Group Home Application

Building Information

Upload Supporting Documentation

Indoor Floor Plan*

Upload Files Or drop files **38**

Outdoor Site Plan*

Upload Files Or drop files

Is the residential building to be used for child care a mobile home, manufactured home or factory built building?

--None-- **39**

*Requested Total Capacity of the Facility **40**

*Extended Capacity **41**

Outdoor Activity Area(s) **42**

Area Description Square Feet Remove

Area Description Square Feet Remove

Add Another Area **43**

Indoor Activity Area(s) **44**

Room Description Square Feet Remove

Room Description Square Feet Remove

Add Another Area **45**

Number of Sanitary Units Provided **46**

Number of Toilets & Urinals Number of Toilet Hand Washing Sinks

Drinking attachments not allowed **47**

Back Save & Exit Save & Continue

48. Fee Information page is next

49. Select **Add Program** if facility will register for a Fee Reduction Program

50. Add Program menu will display – select the **Select Program** menu to select from available options

51. Once selection is made, select **Add Program**

52. **License Tier** is preselected

NOTE: This will define the licensing tier for the facility

53. Fee details outlined

54. Select **Save & Continue** to proceed – **Save & Exit** will save progress and exit out of the application

55. The **Signature** page is the next section of the application

56. Select whether the facility is ready for an inspection – If unchecked, enter the **Inspection Ready Date**

57. The Designated Person can select whether to upload a signed attestation (form is available when checkbox is selected) OR

58. Applicant can digitally sign the application – If digitally signed, no attestation is required to be uploaded

59. To digitally sign, use cursor to sign inside the designated box

60. Select **Accept** – to save the signature or Select **Clear** to redo the signature

61. Select **Save & Continue** to proceed – **Save & Exit** will save progress and exit out of the application
62. The final section in the application will be the **Review and Submit page**
63. All details entered in the application will display for final review by applicant – select **Edit Section** to return to that specific section to edit details
64. Select **Submit & Go To Payment** to proceed

Applicant Information Edit Section

Operational Information Edit Section

Child Care Initial Group Home Application

Review Review & Submit

Applying Entity Information 63 Edit Section

Full Legal Name of Applying Entity*
ENTHUSIAST HOLDINGS LLC

Type Of Organization*
Business Organization

Subtype Of Organization*
Limited Liability Company

Telephone Number*
3333333333

Email Address*
david.rosebush@enthusiast.com

Street Address*
8888 West World St

City*
Phoenix

State*
AZ

Zip Code*
85020

County*
Maricopa

Check if mailing address is different than physical address

Applying Entity Primary Contact Person

Name of Primary Contact*
Bart Simpson

Primary Contact Email*
david.rosebush@enthusiast.com

Primary Contact Telephone Number*
3333333333

Group Home Information

Name of Group Home / Applicant*
Bart House

Signature Edit Section

Inspection Information

Is the facility currently ready for inspection by the department?

Application Signature

Bart Simpson david.rosebush@enthusiast.com

I, Bart Simpson, attest that:

- I agree to allow the Department to submit supplemental requests for information.
- Pursuant to A.A.C. 1-89-5-202 (A), the applicant and the Department agree to extend the substantive review time frame and overall time frame if necessary. This will not exceed 25% of the overall time frame.
- I have read and understand the statutes and rules of the Arizona Department of Health Services for Child Care Facilities, and I will comply with these statutes and rules.
- I am at least 21 years of age.
- I affirm that no Controlling Person or Responsible Party has 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 has 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.
- Under penalty of law, I declare that the information provided in the application is accurate and complete.
- I have read and will comply with A.A.C. Title 9, Chapter 7-1, Article 1 and this Chapter.

I prefer to sign and upload an attestation form

Write your signature in the box below to complete your agreement to do business electronically.

Back 64 Submit & Go to Payment

65. The system will navigate the Applicant to the Payment Portal for payment submittal. ADHS accepts Credit Card and ACH (Automatic Clearing House -Digital Checks/echecks), as payment

65

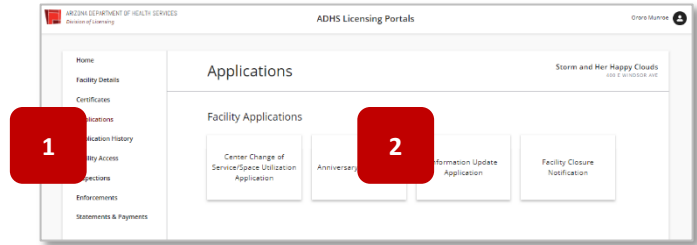
The screenshot shows a web form titled "Payment Information" from the "State of Arizona Check/Kiosk Utility". The form is divided into two main sections: "CHECKOUT - PAYMENT INFORMATION" and "Credit Card" details. The "CHECKOUT" section includes fields for "First Name", "Last Name", "Billing Address", "City", "State" (with a dropdown menu), "Zip", "Email", and "Phone Number". The "Credit Card" section has radio buttons for "Credit Card" (selected) and "Electronic Check". Below these are fields for "Credit Card Number", "Expiration Date" (with "Month" and "Year" dropdowns), and "CVV/CVV2". A small warning box states: "Credit Cards issued by a foreign bank or entity are not an acceptable form of payment due to the customer's inability to confirm security measures. An exception may be made for a renewed or printed Credit Card issued by a US entity or bank." At the bottom of the form are "Clear" and "Continue" buttons.

3.3 Anniversary Notifications – Centers & Group Homes

Anniversary / Renewals

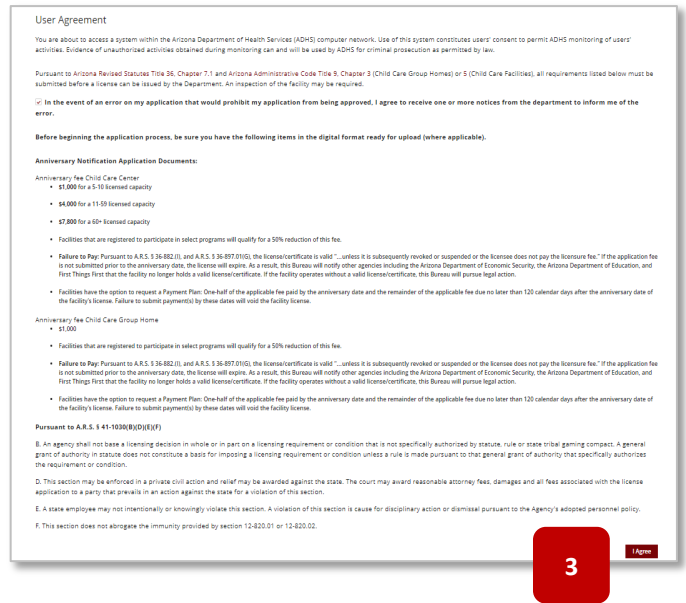
Centers & Group Homes submit Anniversary Notifications to renew the facility certificate from the portal. The facility used in this example is for a Child Care Center.

1. From the main facility page, select **Applications** tab
2. Select the **Anniversary Notification** tile



3. Review the User Agreement details and select **Agree** to proceed

NOTE: Once the user clicks **I Agree**, the User Agreement page will not display again. Some Providers print the page from their internet browser to reference the information



4. At the top of the Facility & Anniversary Payment Information page will display current facility information for the applicant to verify

5. The lower section of the page displays the Licensed Capacity & Fees for the facility

6. If a payment plan is desired, uncheck the **Submit the applicable fee by anniversary date** checkbox – the option to select a payment option will display, select desired payment option

NOTE: Two payment options are available:

1. Pay in full by anniversary date or 2. Pay in two installments. 50% is due by Anniversary Date and the remaining 50% by 120 days after the Anniversary Date

NOTE: The applicant **MUST** pay either 100%, or if payment plan, 50% before midnight of the Anniversary Date. If payment is not received through this portal system, the facility will automatically close and the facility must initiate the Initial application process again

7. The designated person can select whether to upload a signed attestation (form is available when checkbox is selected) OR Applicant can digitally sign the application – If digitally signed, no attestation is required to be uploaded

8. Select **Accept** to save the signature – select **Clear** to clear the signature and sign again

Child Care Anniversary Notification

FACILITY & ANNIVERSARY PAYMENT INFORMATION | SIGNATURE | REVIEW

Facility & Anniversary Payment Information

Facility Information

Facility Name Storm and Her Happy Clouds	License Number 000008CDBCX97390734	Anniversary Date 02/16/2022
Physical Address 400 E Windsor Ave	City Phoenix	State AZ
Zip Code 85004	County Maricopa	State, Univ, etc.
Owning Entity Information Owning Entity Donald Duck LLC		

Service & Capacity Information

Total License Capacity	Infants	Ones	Twos	Three to Five	School Aged
33	N/A	N/A	N/A	N/A	Licensed

Currently Licensed Services
Full-Day Care, School-Age Child Care
License Fee
11-59 licensed capacity

Licensed Capacity & Fee

The facility is currently licensed for a 11-59 licensed capacity (discount program enrollment sizes is not enrolled)	Application Fee \$4,000.00	Total \$4,000.00
--	-------------------------------	---------------------

Payment Information

Payment Section *

Submit the applicable fee by anniversary date

Payment Due by 2/5/2022

\$4,000.00

Submit the applicable fee according to payment plan

Payment Plan:
Payment Due by 2/5/2022 \$2,000.00
Payment Due by 6/5/2022 \$2,000.00

Child Care Centers
All licensees shall submit total license fee. (See 9-5-205)

Substantive Note:
Pursuant to A.R.S. § 36-882(J), and A.R.S. § 36-897.01(G), the license/certificate is valid "... unless it is subsequently revoked or suspended or the licensee does not pay the license fee." If the application fee is not submitted prior to the anniversary date, the license will expire. As a result, this Bureau will notify other agencies including the Arizona Department of Economic Security, the Arizona Department of Education, and Fire Things First that the facility no longer holds a valid license/certificate. If the facility operates without a valid license/certificate, this Bureau will pursue legal action.

Save & Exit | Save & Continue

Child Care Anniversary Notification

SIGNATURE | REVIEW

Signature

Application Signature

Given | Surname | Email (david.mackintosh@173@gmail.com)

I, David Mackintosh, attest that the information provided to the Department for this application is true and correct.

I prefer to sign and upload an attestation form.

Write your signature in the box below to complete your agreement to do business electronically.

7

Accept | Clear

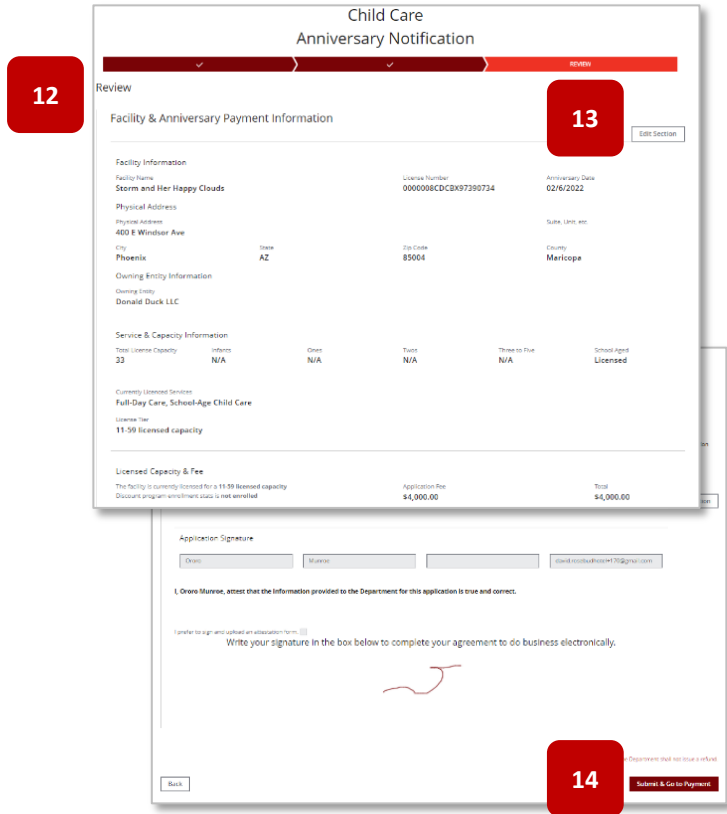
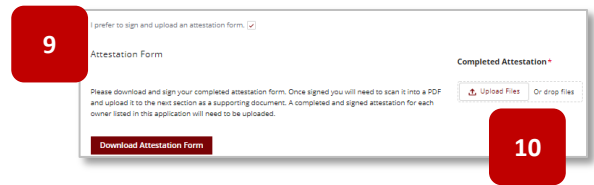
8

Save & Exit | Save & Continue

11

9. If an attestation upload form is preferred, select the **checkbox**
10. An upload button is now available to upload a signed attestation
11. Select **Save & Continue** to proceed
12. Review page will display the application form fields
13. Select **Edit Section** to return to that section and update the information
14. Select **Submit & Go to Payment**
15. Proceed through the payment system as previously noted

NOTE: If a payment is not submitted at this time, an invoice(s) will be available (if within 60 days of the Anniversary Date) under the Statements & Payments tab of the portal

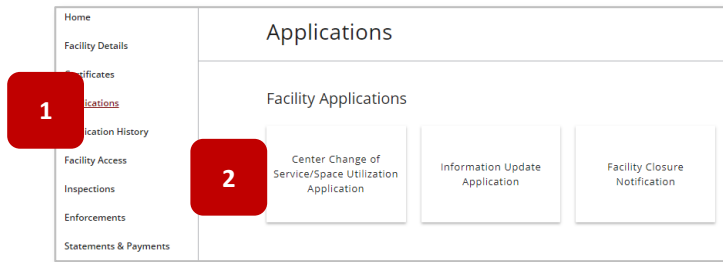


3.4 Center Change of Service/Space Utilization Application

Update: Facility Areas, License Tiers, Services

Centers can change services and space utilization for their facility by submitting the Change application and update their Certificate.

1. From the main facility page, select **Applications** tab
2. Select the **Center Change of Service/Space Utilization Application** tile

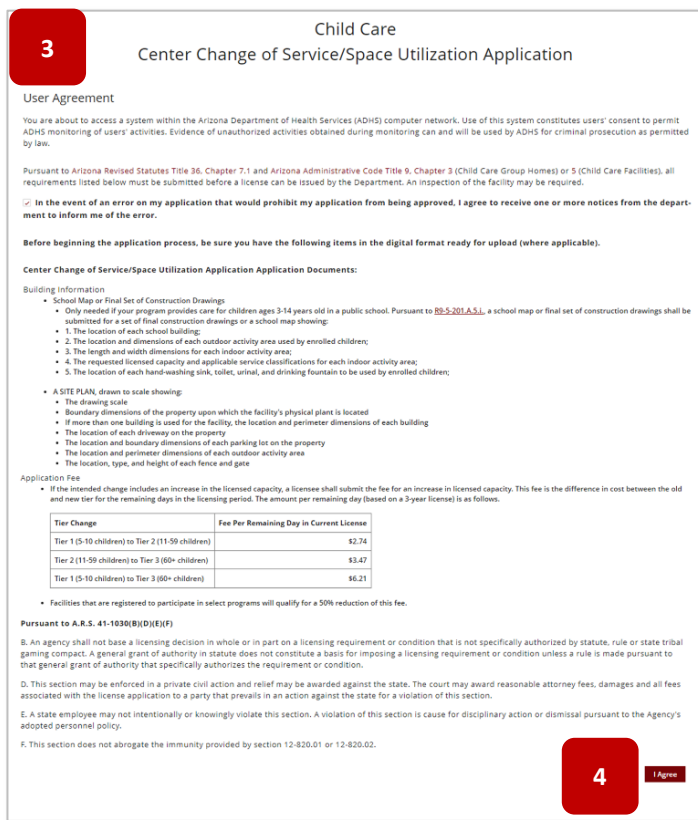


3. The User Agreement Page of the application will display

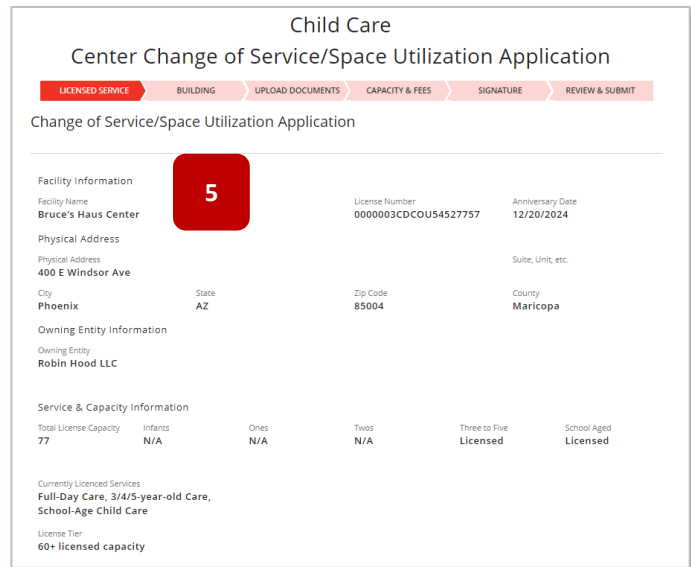
NOTE: If changing certificate tiers, the additional fee amounts are displayed on this page

4. Select **Agree** to proceed

NOTE: Once the user clicks **I Agree**, the User Agreement page will not display again. Providers can choose to print the page from their internet browser to reference the information later



- The upper section of the application's Licensed Service page will display the current facility information



Child Care
Center Change of Service/Space Utilization Application

LICENSED SERVICE
BUILDING
UPLOAD DOCUMENTS
CAPACITY & FEES
SIGNATURE
REVIEW & SUBMIT

Change of Service/Space Utilization Application

Facility Information

Facility Name
Bruce's Haus Center

License Number
000003CDCOU54527757

Anniversary Date
12/20/2024

Physical Address
400 E Windsor Ave

City
Phoenix

State
AZ

Zip Code
85004

County
Maricopa

Owning Entity Information
Owning Entity
Robin Hood LLC

Service & Capacity Information

Total License Capacity	Infants	Ones	Twos	Three to Five	School Aged
77	N/A	N/A	N/A	Licensed	Licensed

Currently Licensed Services
Full-Day Care, 3/4/5-year-old Care, School-Age Child Care

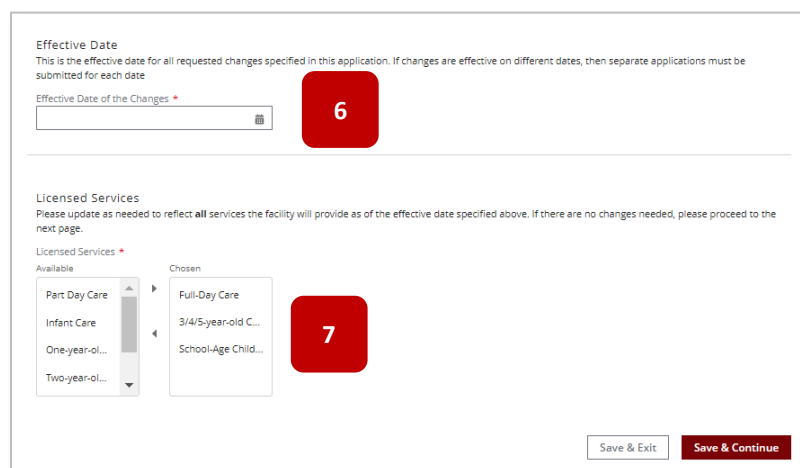
License Tier
60+ licensed capacity

- Below in the facility information section, users can select the effective date of the proposed change(s)

NOTE: If the date is a past date, the certificate will print upon application approval. If it is a future date, the new certificate will print on that day. This data also helps to calculate the additional fee if a License Tier is upgraded. No refunds are issued if License Tier is downgraded

- In the Licensed Services section, select or deselect changes to the current services –
 - To add services: Select an **Available** service then select the **right arrow** – add additional services by repeating the same steps
 - To remove services: Select a **Chosen** service to remove, then select the **left arrow** - remove additional services by repeating the same steps

NOTE: At least one "age group" is required



Effective Date
This is the effective date for all requested changes specified in this application. If changes are effective on different dates, then separate applications must be submitted for each date.

Effective Date of the Changes *

Licensed Services
Please update as needed to reflect all services the facility will provide as of the effective date specified above. If there are no changes needed, please proceed to the next page.

Licensed Services *

Available	Chosen
Part Day Care	Full-Day Care
Infant Care	3/4/5-year-old C...
One-year-ol...	School-Age Child...
Two-year-ol...	

Save & Exit Save & Continue

8. If updating capacities and/or facility space utilization, select the **Yes** check box



9. If checked, the capacity and facility space form fields will display

10. The current facility areas are displayed on the page

11. To remove / update / add any of the facility areas including Sanitary Units, Outdoor Areas, and Indoor Areas - enter the description of each change in as much detail as possible

A. If changing areas NOT IN USE to IN USE or vice versa, note each area in the description field - **NOTE:** For the latest details regarding required information on Changes Affecting a License, please refer to the Child Care Rules and Statutes Section [R9-5-208](#)

12. If changing the request capacity, update the value in the field with the new capacity amount

13. Select **Save & Continue** to proceed

✓ BUILDING UPLOAD DOCUMENTS CAPACITY & FEES SIGNATURE REVIEW & SUBMIT

Building Information

Do you need to update capacities and/or facility space utilization?
 Yes

* Please provide a description of the requested change(s) in detail as possible. To assist with your description, below are your Currently Licensed Activity Areas.

* Requested Total Facility: 33

The ADHS established the Facility Total Capacity and room capacity based on the blueprints, and information gathered during the application and inspection process. The Requested Capacity may change, and the applicant accepted.

Once you submit the application, the building/classroom information will be completed by the ADHS Child Care E-Licensing Team during the administrative review and inspection processes.

Currently Licensed

The Currently Licensed information is for reference only. All change application information must be put in the description box provided above.

Indoor Activity Area(s) (1)						
Area Name-ADHS	Youngest Child-ADHS	Diaper Change Area...	Square Feet-ADHS	Capacity-Calculated ...	Capacity-Requested L...	Mark Existing Area for Re...
accepted	3-year-olds and up	No	5555	222	33	

Indoor Activity Area(s) (1)						
Area Name-ADHS	Youngest Child-ADHS	Diaper Change Area...	Square Feet-ADHS	Capacity-Calculated ...	Capacity-Requested L...	Mark Existing Area for Re...
accepted	3-year-olds and up	No	5555	222	33	

Outdoor Activity Area(s) (1)						
Type	Area Name-ADHS	Square Feet-ADHS	Capacity-Calculated-ADHS	Capacity-Calculated Maxi...	Mark Existing Area for Removal	
Outdoor	accepted	4546	60	120		

Sanitary Activity Area(s) (1)	
Toilets & Urinals-ADHS	Hand Washing Sinks-ADHS
11	11

Back Save & Exit Save & Continue

14. After the Information Update page, upload required documentation that supports the requested change(s)

✓ BUILDING UPLOAD DOCUMENTS CAPACITY & FEES SIGNATURE REVIEW & SUBMIT

Child Care Center Change of Service/Space Utilization Application

Upload Supporting Documentation

A SITE PLAN, drawn to scale showing:*

- The drawing scale
- Boundary dimensions of the property upon which the facility's physical plant is located
- If more than one building is used for the facility, the location and perimeter dimensions of each building
- The location of each driveway on the property
- The location and boundary dimensions of each parking lot on the property
- The location and perimeter dimensions of each outdoor activity area
- The location, type, and height of each fence and gate
- The location of swimming pool, if applicable

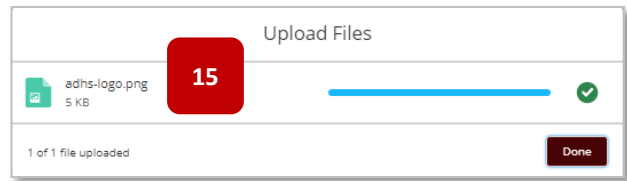
A FLOOR PLAN of each building to be used for child care drawn to scale showing:*

- The drawing scale
- Length and width dimensions for each indoor activity area
- The requested licensed capacity and applicable service classification for each indoor activity area
- The location of each diaper change area
- Location of each hand washing, utility and three-compartment sink, and each toilet, urinal and drinking fountain
- Location and type of fire alarm system

Other documentation supporting requested change

Back Save & Exit Save & Continue

15. Drag and drop local files to the **Upload Files** button or select the **Upload Files** button

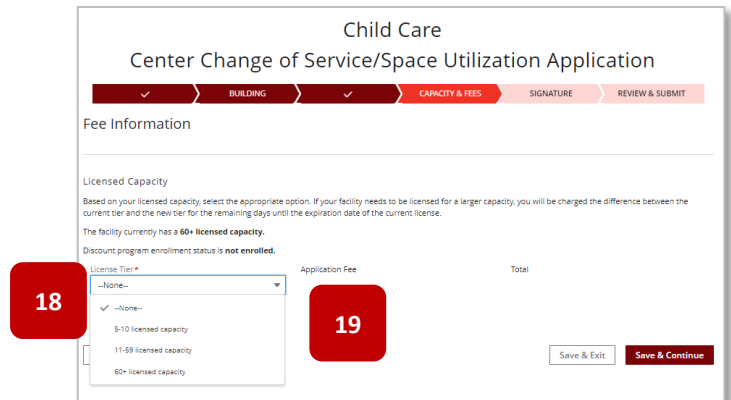


16. Select **Save & Continue** to proceed

17. The Fee Information page will display the facility's current licensed tier and discount program

18. To change tiers, select License Tier drop-down menu and select the desired tier from the list

19. If a fee is required, the system will display the amount to the right of the menu

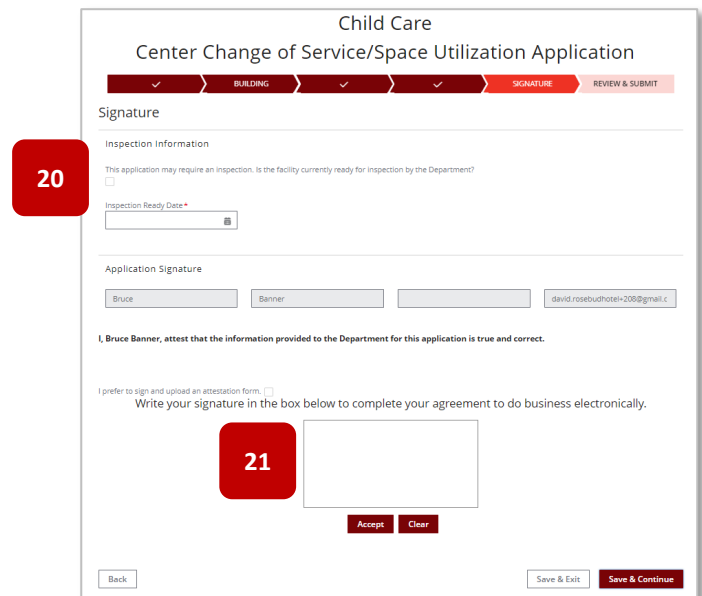


NOTE: No refunds are issued if License Tier is downgraded. Additional fees will be applied if upgrading tiers

20. Check whether the site is ready for inspection - if the checkbox is empty, the system will require an **Inspection Ready Date**

21. Digital signature can be submitted by signing with a cursor within the signature box – if a signed attestation is preferred, select the checkbox and upload a copy of the attestation to the application

NOTE: If digitally signing, be sure to select **Accept** to save the signature



22. Review all details of the application on the Review & Submit page

23. To edit, select the **Edit Section** button – the system will reopen the associated section for editing

24. Select **Submit** to complete the application and submit to the Child Care Licensing Bureau

22

Review & Submit

Change of Service/Space Utilization Application **23** [Edit Section](#)

Facility Information

Facility Name	Brue's Maus Center	License Number	0000003CDCOU4527757	Anniversary Date	12/20/2024		
Physical Address	400 E Windsor Ave				Suite, Unit, etc.		
City	Phoenix	State	AZ	Zip Code	85004	County	Maricopa

Owning Entity Information

Owning Entity: Robin Hood LLC

Service & Capacity Information

Total License Capacity	Infants	Ones	Twos	Threes to Fives	School Age
77	N/A	N/A	N/A	Licensed	Licensed

Currently Licensed Services

Full-Day Care, 3A/5-year-old Care, School-Age Child Care

License Fee

60+ licensed capacity

Effective Date

This is the effective date for all requested changes specified in this application. If changes are effective on different dates, then separate applications must be submitted for each date.

Effective Date of the Changes:

Licensed Services

Please select or check to select all services the facility will provide as of the effective date specified above. If there are no changes needed, please proceed to the next page.

Available	Chosen
Part-Day Care	Full-Day Care
Infant Care	3A/5-year-old Care
One-year-old Care	School-Age Child Care
Two-year-old Care	Weekend Care

Application Signature

Name: Email:

I, **Brue Banner**, attest that the information provided to the Department for this application is true and correct.

I agree to sign and upload an attestation form.

Write your signature in the box below to complete your agreement to do business electronically.

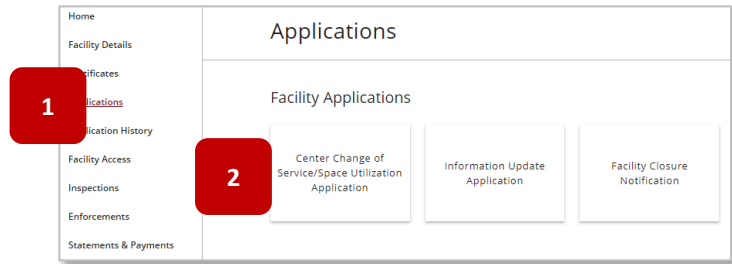
24 [Submit](#)

3.5 Group Home Change of Service/Space Utilization Application

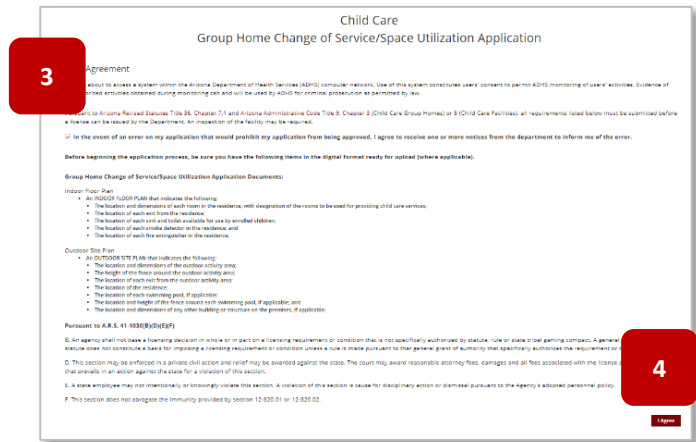
Update: Facility Areas, License Tiers, Services

Group Homes are able to change services and space utilization for their facility by submitting the Change application.

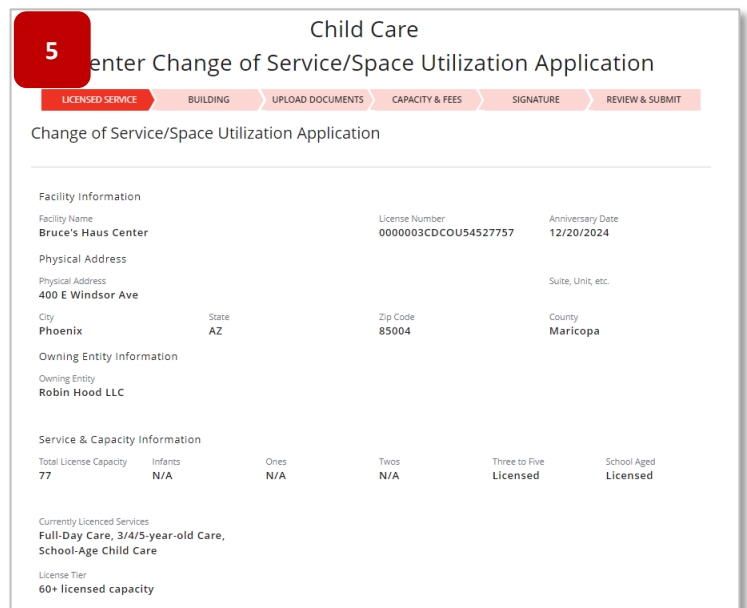
1. From the main facility page, select Applications tab
2. Select the **Group Home Change of Service/Space Utilization Application** tile



3. The User Agreement Page of the application will display
4. Select **Agree** to proceed



5. The upper section of the application's Licensed Service page will display the current facility information



6. Below the facility information section, users are able to select the effective date of the proposed change(s)

Effective Date
This is the effective date for all requested changes specified in this application. If changes are effective on different dates, then separate applications must be submitted for each date.

Effective Date of the Changes *

Licensed Services
Please update as needed to reflect all services the facility will provide as of the effective date specified above. If there are no changes needed, please proceed to the next page.

Licensed Services *

Available	Chosen
Part Day Care	Full-Day Care
Infant Care	3/4/5-year-old C...
One-year-ol...	School-Age Child...
Two-year-ol...	

Save & Exit Save & Continue

7. In the Licensed Services section, select or deselect changes to the current services –
- c) To add services: Select an **Available** service then select the **right arrow** – add additional services by repeating the same steps
 - d) To remove services: Select a **Chosen** service to remove, then select the **left arrow** - remove additional services by repeating the same steps

8. If updating capacities and/or facility space utilization, select the **Yes** check box

Child Care
Group Home Change of Service/Space Utilization Application

Building Information

Do you need to update facility space utilization?
 Yes No

Back Save & Exit Save & Continue

9. If checked, the capacity and facility space form fields will display

10. The current facility areas are displayed on the page

11. To update requested capacity, replace the current amount with the new value (new amount will be verified by ADHS and final determination will be made by the Bureau)

12. To remove / update / add any of the facility areas including Sanitary Units, Outdoor Areas, and Indoor Areas - enter the description of each change in as much detail as possible. If changing areas NOT IN USE to IN USE or vice versa, note each area in the description field

NOTE: For the latest details regarding required information on Changes Affecting a License, please refer to the Child Care Rules and Statutes Section [R9-5-208](#)

13. Select **Save & Continue** to proceed

Building Information

Do you need to update capacities and/or facility space utilization?
 Yes
 * Please provide a description of the requested change, including as much detail as possible. To assist with your description, a reference has been created of the existing rooms.

12

* Requested Total Capacity of the Facility
11

The ADHS Inspection Team will set the Facility Total Capacity and room capacity based on the blueprints, and information gathered during the application and inspection process. The applicant provided requested capacity may change, and the applicant accepts the final capacity limits established by ADHS.

Once you submit the application, the building/classroom information will be completed by the ADHS Child Care E-Licensing Team during the administrative review and inspection processes.

Outdoor Activity Area(s) (0)
 Area Name-ADHS **10** Square Feet-ADHS Mark Existing Area for Removal

Indoor Activity Area(s) (0)
 Area Name-ADHS Square Feet-ADHS Mark Existing Area for Removal

Number of Sanitary Units Provided
 Sanitary Activity Area(s) (0)
 Toilets & Urinals-ADHS Hand Washing Sinks-ADHS **13**

Back Save & Exit Save & Continue

14. After the Information Update page, upload required documentation that supports the requested change(s)

15. Drag and drop local files to the **Upload Files** button or select the **Upload Files** button – Select **Done** to complete each upload

16. Select **Save & Continue** to proceed

Child Care
 Group Home Change of Service/Space Utilization Application

Upload Supporting Documentation

An **INDOOR FLOOR PLAN** that indicates the following:
 • The location and dimensions of each room in the residence, with designation of the rooms to be used for providing child care services.
 • The location of each exit from the residence.
 • The location of each sink and toilet used by the children.
 • The location of each propane gas.
 • The location of each fire extinguisher.

15

An **OUTDOOR SITE PLAN** that indicates the following:
 • The location and dimensions of the outdoor activity area.
 • The height of the fence around the outdoor activity area.
 • The location of each sink from the outdoor activity area.
 • The location of the residence.
 • The location of each swimming pool, if applicable.
 • The location and height of the fence around each swimming pool, if applicable, and
 • The location and dimensions of any other building or structure on the premises, if applicable.

17

Other documentation supporting requested change

Back Save & Exit Save & Continue

Upload Files

adhs-logo.png
 5 KB

16

1 of 1 file uploaded Done

17. Check whether the site is ready for inspection, if the checkbox is empty, the system will require an **Inspection Ready Date**

18. The digital signature can be submitted by signing with a cursor within the signature box, if a signed attestation is preferred, select the check box and upload a copy of the attestation to the application

NOTE: If digitally signing, be sure to select **Accept** to save the signature

19. Review all details of the application on the **Review & Submit** page

20. To edit, select the **Edit Section** button and the system will reopen the associated section for editing

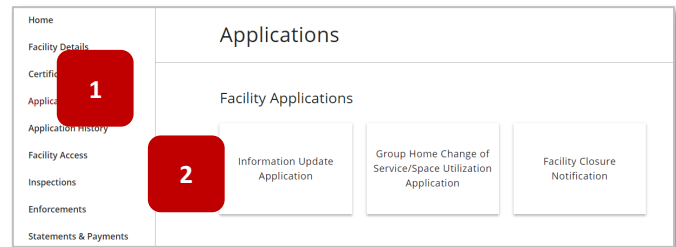
21. Select **Submit** to complete the application and submit to the Child Care Licensing Bureau

3.6 Information Update Application for Child Care Centers and Group Homes

Update: Designated Person, Facility Name, Facility Primary Email, Hours of Operation Notes, Owning Entity Name, Group Home Provider, Controlling Person / Responsible Parties

Centers and Group Homes can update information for their facility by submitting the Information Update application. Information that can be updated from this application include: Facility Information (facility name, facility email), Designated Person, Owning Entity Name Change, and updating Controlling People / Responsible Parties if the facility is owned by a business or government agency.

1. From the main facility page, select **Applications** tab
2. Select the **Information Update Application** tile
3. The Agreement page will display, review requirement details
4. Select **I Agree** and proceed

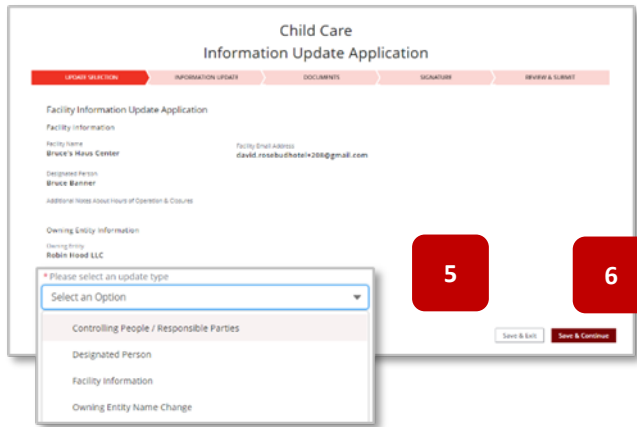


NOTE: Once the user clicks **I Agree**, the User Agreement page will not display again. Some Providers choose to print the page from their internet browser to reference the information

5. Select the Update Type menu to open available update types

NOTE: Once a type is selected, additional details of the update type will display

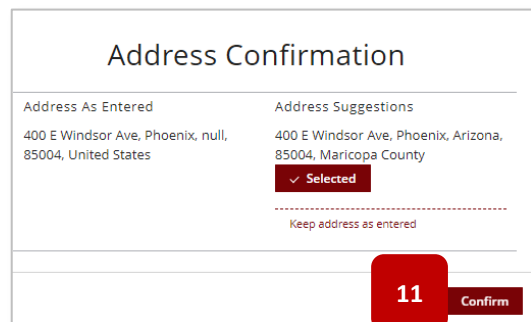
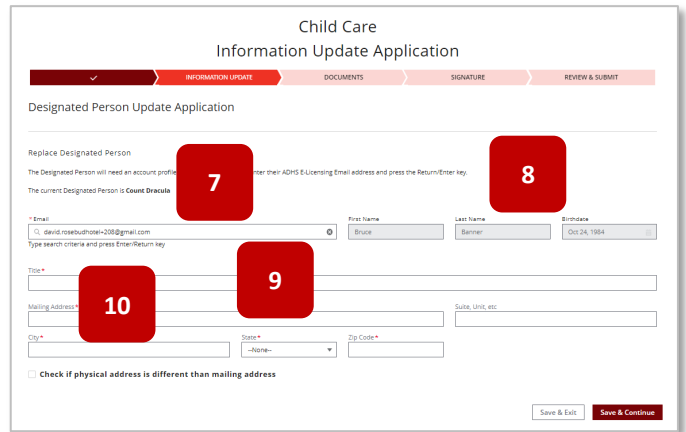
6. Select **Save & Continue** to proceed



For Designated Person Updates:

Designated Person MUST have an existing and active ADHS Portal Account

- 7. Enter an existing user account email and press Enter/Return key
- 8. If an email is found, the system will display the first name, last name, and birthdate
- 9. Enter desired title
- 10. Enter new designated person’s address – the system will verify address
- 11. Select **Confirm** if the address is correct

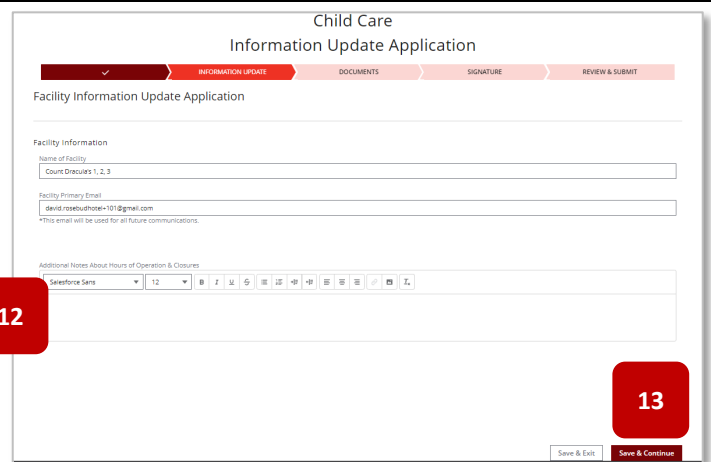


For Facility Information Updates:

This application will only update Facility Name, Facility Primary Email, and Hours of Operation Notes

- 12. Update desired fields by replacing the text in each appropriate field
- 13. Select **Save & Continue** to proceed

NOTE: If the Facility Name is changed, upon application approval, a new Certificate will be



issued and needs to be downloaded/printed from the portal

For Owning Entity Name Change Updates:

14. Enter the new name of the facility owning entity

NOTE: If the Owning Entity owns more than one active Facility (Centers or Group Homes), they will be listed here. This application will update for ALL facilities listed

NOTE: If the Owning Entity name is changed, upon application approval, a new Certificate will be issued for every active facility and needs to be downloaded/printed from the portal

15. Check the **agreement box**

16. Select **Save & Continue**

To Update Controlling Persons / Responsible Parties:

17. Select Controlling People / Responsible Parties

18. Controlling Person /Responsible Parties detail page will display

19. Select the checkbox to confirm person(s) is/are in line with requirements as outlined

20. Select **Add Person** to add new person

21. Enter all required information on the controlling person / responsible party
22. To add another controlling person / responsible party – select **Add Person**
23. Enter all required information
24. To complete the application, select **Save & Continue**

For Group Home Provider Updates:

1. Select whether to **Replace the Group Home Provider** or **Update the Current Group home Provider's Name**

NOTE: If the Provider Name is changed, upon application approval, a new Certificate will be issued and needs to be downloaded/printed from the portal

2. Update the fields as needed
3. Select **Save & Continue**

25. After the Information Update page, upload required documentation that supports the requested update

26. Drag and drop local files to the **Upload Files** button or select the **Upload Files** button

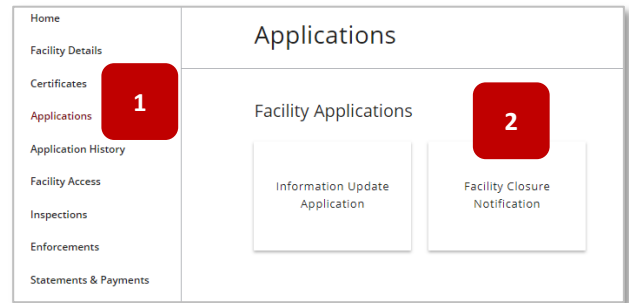
27. The applicant can select whether to upload a signed attestation (form is available if box is checked) OR
28. Applicant can digitally sign the application – If digitally signed, no attestation is required to be uploaded
29. To digitally sign, use cursor to sign inside the designated box
30. Select **Accept** – to save the signature
31. Select **Clear** to redo the signature
32. Select **Save & Continue** to proceed – **Save & Exit** will save progress and exit out of the application
33. Review page will display – review items for accuracy
34. Select **Edit Section** to edit the specific section of the application
35. Select **Submit** to confirm and submit the application

3.7 Facility Closure Notification

Formal Closure Process for a Facility

Facility designated persons are able to submit a Facility Closure Notification to inform the bureau of a facility closure.

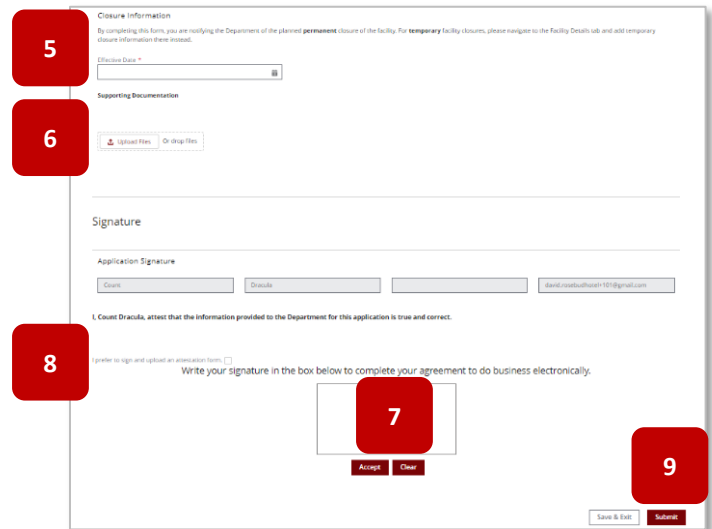
1. From the Main facility page, select the **Applications** tab
2. Select the **Facility Closure Notification** tile
3. The system will open the facility closure form



4. The first section of the page will display current facility details for that facility



5. Enter the **effective date** the site will be closing
6. Upload supporting documentation of the closure
7. Digitally sign the form in the signature box – hold down the cursor button to sign – select **Accept** to save the signature or **Clear** to redo the signature
8. To upload a PDF signed attestation, select the checkbox (the form will be available upon selecting the checkbox)
9. Select **Submit** to submit the form



NOTE: Once application is approved, facility will be closed upon the effective date, the certificate will be voided, and the facility will be closed in the system.

The facility can still access their facility tile in the portal; however, many of the tabs will be hidden so they can no longer submit applications, etc.

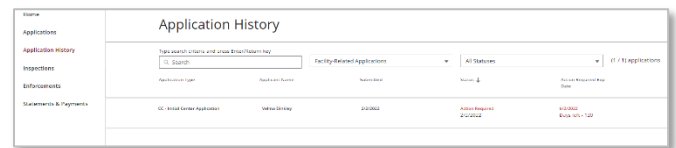
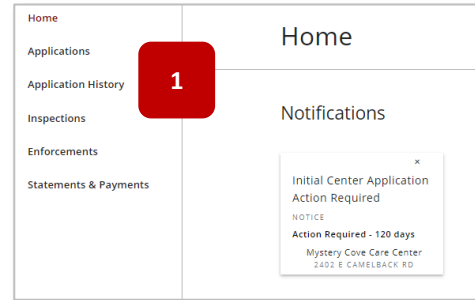
3.9 Applications in Action Required Status

Applications with Errors Require Revisions by Applicant

Applications that have missing information or errors will be set to the Action Required status by ADHS. This indicates that corrections must be made and submitted by the applicant before the application can be processed further. Applicants are given a set amount of time to correct and resubmit applications based on the issue type.

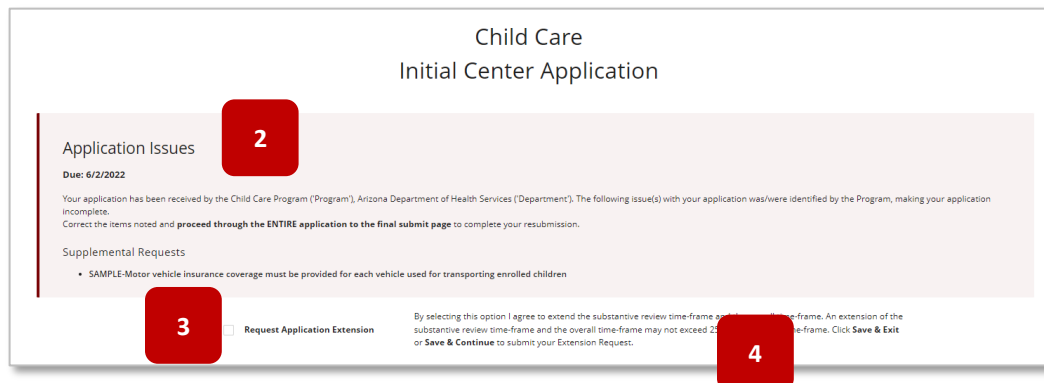
1. Once an application is set to Action Required, Applicants will receive notification via: email, portal tiles and Application History tab updates

NOTE: To reopen an application from Action Required status either: select the link in the email, select the tile notification on the home page of the facility site or select the application from the Application History



2. Upon opening the application, a notification box will display at the beginning of the application noting all the issues found on the applications at this point in the review process
3. Additionally, a request for an extension is made available here
4. Applicants are able to edit existing fields or submit additional documents to correct the identified issues

NOTE: It is critical when resubmitting the application to go through the **ENTIRE** application to the final submit page to complete the resubmission process – otherwise the application will **NOT** be considered resubmitted



3.10 Check Application Status & Deleting Applications

Applications drafted and submitted from the LMS can be viewed online

Application statuses and updates can be viewed from the portal. Users can delete applications in Not Submitted status.

1. Once logged into the LMS and in the facility account, select the **Application History** tab
2. All drafted and submitted applications related to the facility will display
3. To delete a Not Submitted application – select the **Delete** button next to the application

NOTE: Only applications in Not Submitted status are able to be deleted

Count Dracula and Kids
400 E WINDSOR AVE

Applications
Application History 1
Inspections
Enforcements
Statements & Payments

Application History

Type search criteria and press Enter/Return key

Search Facility-Related Applications All Statuses (1 / 1) applications

Application Type	Applicant Name	Submitted	Status ↓	Action Required Exp Date
CC - Initial Center Application	Count Dracula	2	Not Submitted 8/19/2022	3 Delete

4. Once the Delete button is selected, a confirmation pop-up message will display – select Submit to confirm the deletion

Delete Application

Are you sure you want to delete this application?

Cancel **Submit**

SECTION 4 - Inspections

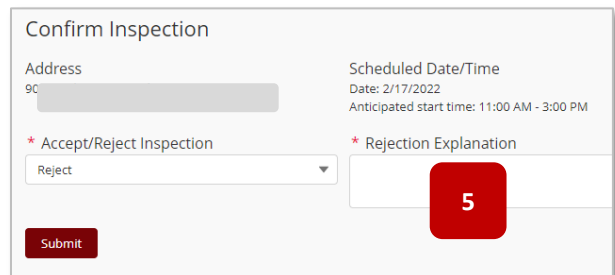
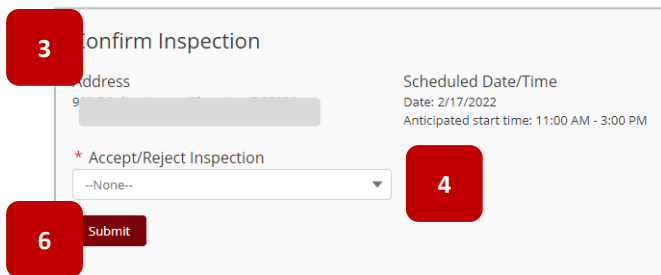
4.1 Inspections Scheduling

Some Bureau inspections may be scheduled with the Facility in order to ensure the appropriate attendance. If an inspection has been scheduled, the Facility will receive notice to confirm the pending inspection in order to proceed. [For additional support, watch this step-by-step video guide](#)

1. If an announced inspection is scheduled for the Facility, the Facility will receive email notice requesting confirmation of the scheduled **Inspection Date**
2. From the email, click the **link to navigate** to the Inspection Confirmation page



3. The Confirm Inspection page will appear in a new tab
4. Click the dropdown to **Accept** or **Reject** the Inspection date/time
5. If Reject is selected, enter a rejection reason
6. Click **Submit** to send the information to ADHS
7. The Facility will receive an email from ADHS once the inspection is confirmed

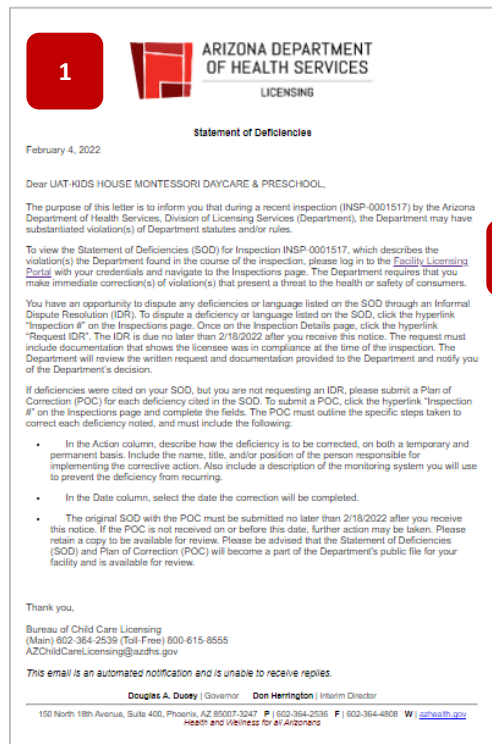


4.2 Viewing the SOD & Submitting a POC

Statement of Deficiency and Plan of Correction

The Statement of Deficiencies (SOD) will be sent following an inspection if deficiencies are found at the facility. Action is required at this time and a Plan of Corrections (POC) must be submitted for each deficiency found. [For additional support, watch this step-by-step video guide](#)

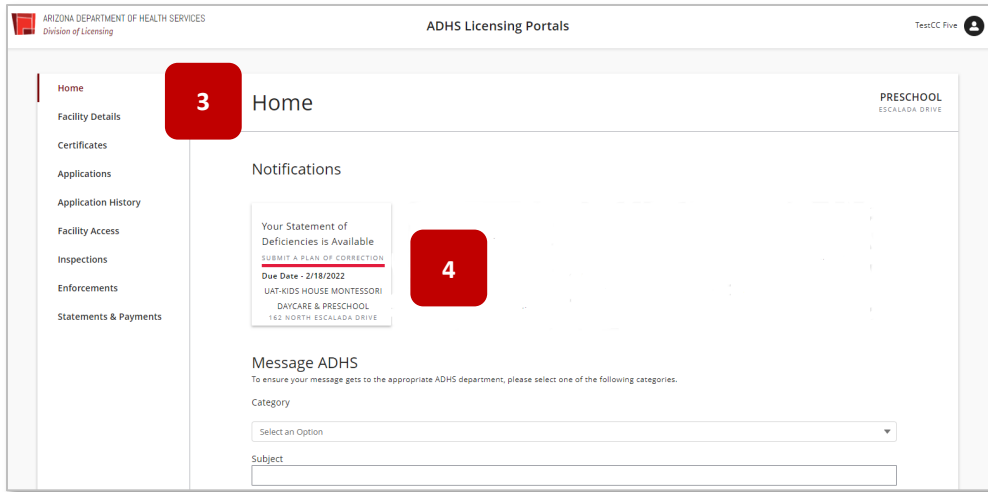
1. An email notification will be sent to the Designated Facility email address stating that the SOD is available in the Portal with instructions
2. Click the **Facility Licensing Portal** link in the email to login and view more information related to the SOD



3. Once logged into the Facility Licensing Portal, the SOD notification tile will appear on the Home page

NOTE: The SOD tile will show the due date for the Plan of Correction (POC)

4. Click the **SOD** tile to be directed to the Inspections page



5. The Inspections page will appear with the Inspection Number listed as a line item

NOTE: The **Status** of the inspection will be listed as SOD (or Enforcement) and the **Action Required** column will show the appropriate action needed

6. In the Inspection # column, click the **Inspection Number** link to open the **Inspection Detail** page

Inspection #	Inspection Date(s)	Address	Status ↓	Action Required
SP-0001526		162 NORTH ESCALADA DRIVE, NOGALES, AZ 85621	SOD	Submit a POC by 2/16/2022
INSP-0001297	1/7/2022	162 NORTH ESCALADA DRIVE, NOGALES, AZ 85621	SOD	Submit a POC by 2/22/2022
INSP-0001323	1/7/2022	162 NORTH ESCALADA DRIVE, NOGALES, AZ 85621	SOD	Submit a POC by 2/7/2022
INSP-0001517	2/1/2022	162 NORTH ESCALADA DRIVE, NOGALES, AZ 85621	SOD	Submit a POC by 2/18/2022

7. The **Inspection Detail** page will appear and will include the Initial Comments, Staff Roster, Child Roster, and list the Statement of Deficiencies related to the Inspection including the citation, the evidence documented by the Department, and any files or attachments that the Department has chosen to share

8. View the specific rule or statute that was identified as having deficiencies in the first column

9. View the comments and attached files (if applicable) in the second column from the paperclip icon

10. View the **Plan of Correction** section

11. Click on the notebook icon  to open the **Plan of Correction Action** page for each item

12. The **Plan of Correction Action** form will appear

13. Fill in the sections with the appropriate information regarding the action plan, including the Name, Title and/or Position of the Person Responsible, Permanent Solution, and Date when that permanent solution will be completed

NOTE: Items marked with * are required

14. Once complete, click **Save**

15. Once the **Plan of Correction** Action plan has been added, the notebook icon will change from red to gray, showing that all required fields for that Action form have been completed

16. Click the **paper clip icon**  to add any supporting files

17. The **POC Attachments** upload pop-up will appear

18. Click **Upload Files** to upload any supporting files

19. Click **OK** to save and attach files

20. Repeat the same process to complete any additional **Plan of Correction** actions that are needed. Corrective action must be documented for each deficiency stated

21. Once all actions have been completed for each line item, click **Submit** to send the POC to ADHS for processing

The screenshot shows the 'Inspection Detail' page for a preschool. The table below summarizes the deficiencies and actions:

Statement of Deficiency	Request IDR	Plan of Correction (Due by Feb 18, 2022)
AAC R9-3-102.A. The overall time-frame described in A.R.S. § 41-1072 for each type of approval granted by the Department under this Chapter is set forth in Table 1.1. The applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. An extension of the substantive review time-frame and the overall time-frame may not exceed 25% of the overall time-frame.	This is not good for Child Care.	Actions: 15, 16
AAC R9-3-102.C.2. The substantive review time-frame described in A.R.S. § 41-1072 is set forth in Table 1.1 and begins on the date of the notice of administrative completeness. 2. As part of the substantive review for a request for approval of a change affecting a certificate that requires a change in the use of physical space at a child care group home, the Department shall conduct an inspection that may require more than one visit to the child care group home.	We can't tolerate this.	Actions: 16

At the bottom right, there is a 'Back' button and a 'Submit' button with a red '21' overlay.

22. ADHS will review the **Plan of Correction**

23. If it is **Accepted**, an email notification will be sent to the Facility email address

24. If any documented corrective actions are **Rejected**, an email notice will be sent stating that the **Plan of Corrections** has been rejected, and additional action is needed – a notification tile will also appear

25. Navigate to the inspection to view any information that needs to be reviewed and corrected

26. Notes from ADHS will appear in red text; correct the information per the comments from ADHS and follow the previous process (steps 16- 20) to **save and resubmit a POC**

The first screenshot shows a notification titled 'Resubmit Your Plan of Correction' with a red '24' overlay. The notification text reads: 'SEE STATEMENT OF DEFICIENCIES FOR DETAILS' and 'Due Date - 3/16/2021'. The facility name is 'Dispensary 172, 1212 N BARKLEY'.

The second screenshot shows the 'Inspection Detail' page with a red '25' overlay. The table below summarizes the deficiencies and actions:

Statement of Deficiency	Request IDR	Plan of Correction (Due by Mar 16, 2021)
AAC R9-3-102.C.2. A nonprofit medical marijuana dispensary shall post notice and permit to consume marijuana on the property of the nonprofit medical marijuana dispensary.	Max	Actions: 26

At the bottom right, there is a 'Back' button and a 'Submit' button.

4.3 Submitting an IDR

Informal Dispute Resolution

For some inspections, an Informal Dispute Resolution (IDR) can be requested after a Statement of Deficiency (SOD) has been sent to the Facility following an Inspection. To dispute a deficiency listed on the SOD, a Facility can request an IDR. An IDR may only be submitted once and cannot be submitted when the inspection occurs from an application.

1. To submit an IDR, click the **Inspections** tab in the Facility Licensing Portal
2. Click on the **Inspection Number** to open the inspection

Inspection #	Inspection Date(s)	Address	Status	Action Required	Records found: 4
INSP-0001526		162 NORTH ESCALADA DRIVE, NOGALES, AZ 85621	SOD	Submit a POC by 2/16/2022	
INSP-0001297	1/7/2022	162 NORTH ESCALADA DRIVE, NOGALES, AZ 85621	SOD	Submit a POC by 2/22/2022	
INSP-0001323	1/7/2022	162 NORTH ESCALADA DRIVE, NOGALES, AZ 85621	SOD	Submit a POC by 2/7/2022	
INSP-0001517	2/1/2022	162 NORTH ESCALADA DRIVE, NOGALES, AZ 85621	SOD	Submit a POC by 2/18/2022	

3. From the Inspection Detail page, click **Request IDR**

Inspection #	Inspection Date(s)	Status	Address
INSP-0000471		SOD	400 E Windsor Ave, Phoenix, AZ 85004

Initial Comments:

Statement of Deficiency	Plan of Correction (Due by Mar 2, 2022)
The following deficiencies were found during the inspection held on AAC R9-3-310.A.1.b. A certificate holder shall ensure that a child care group home has a first-aid kit on the premises that contains at least the following items, in a quantity sufficient to meet the needs of the enrolled children at the child care group home: 1. Sterile bandages including: b. Sterile gauze pads, and	Actions: Attachment(s): files(s)

Request IDR

4. The guidelines pertaining to an IDR will appear on the screen and the IDR table will replace the POC information

NOTE: To cancel the IDR request, click **Cancel IDR**

5. Click the **notebook icon** to dispute a specific deficiency

NOTE: One item, or all items listed may be disputed. An IDR can only be requested once and cannot be requested if a POC has already been submitted

Inspection Detail Storm and Her Happy Clouds

Inspection # INSP-0000471	Inspection Date(s) SOD	Status SOD	Address 400 E Windsor Ave, Phoenix, AZ 85004
------------------------------	---------------------------	---------------	--

Initial Comments:

4

<p>Statement of Deficiency The following deficiencies were found during the inspection held on An IDR may only be requested once. You must enter a reason for any item being disputed prior to submitting</p>	<p>Informal Dispute Resolution (Due by Mar 2, 2022)</p> <p>Reason Attachment(s)</p>
<p>AAC R9-3-310.A.1.b. A certificate holder shall ensure that a child care group home has a first-aid kit on the premises that contains at least the following items, in a quantity sufficient to meet the needs of the enrolled children at the child care group home: 1. Sterile bandages including: b. Sterile gauze pads, and</p>	<p>This is a test 0 file(s)</p> <div style="text-align: center; border: 1px solid red; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">5</div> <p> 0 file(s)</p>

Cancel IDR

6. Enter notes indicating why you are disputing the deficiency in the IDR Reason pop-up

NOTE: Prior to submitting the IDR, users must enter a reason for each item being disputed

7. Click **OK**

IDR Reason

A.A.C. R9-17-320(A)(1)
Enter Reason for IDR

Cancel
OK

6

7

8. The **notebook icon** will turn gray once a reason for IDR has been entered

9. Click the **paperclip icon** to add any necessary files to support the reason for the dispute

10. Repeat the steps if additional deficiencies are being disputed

11. Once all relevant disputed reasons and files have been added, click **Submit**

Inspection Detail Dispensary 173

Inspection # INSP-0000202	Inspection Date(s) 3/2/2021	Status SOD	Address 1228 N Terripin, Mesa, AZ 85207
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Statement of Deficiency
The following deficiencies were found during the inspection held on Mar 2, 2021
An IDR may only be requested once. You must enter a reason for anything being disputed prior to submitting

8

<p>A.A.C. R9-17-320(A)(1) A. A dispensary shall ensure that: 1. Any building or equipment used by a dispensary for the cultivation, harvest, preparation, packaging, storage, infusion, or sale of medical marijuana or marijuana products is maintained in a clean and sanitary condition.</p>	<p>Please appeared dirty, trash and debris on floor. 0 file(s)</p>	<p> 0 file(s)</p>	<p> 0 file(s)</p>
<p>A.A.C. R9-17-320(B)(1)(B) B. A dispensary shall ensure that a dispensary agent at the dispensary or the dispensary's cultivation site: 1. Cleans the dispensary agent's hands and exposed portions of the dispensary agent's arms in a hand-washing sink; b. During preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks;</p>	<p>Hands not washed. 0 file(s)</p>	<p> 0 file(s)</p>	<p> 0 file(s)</p>
<p>A.A.C. R9-17-321(A) A. A dispensary or a dispensary's cultivation site shall be located at least 500 feet from a private school or a public school that existed, as applicable:</p>	<p>A preschool is less than 500 feet away. 0 file(s)</p>	<p> 0 file(s)</p>	<p> 0 file(s)</p>

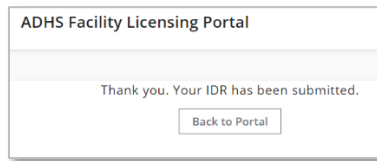
Back
Submit

9

11

12. A message will appear stating that the **IDR has successfully been submitted**

NOTE: Once the IDR has been accepted or rejected, you will receive email notice from ADHS

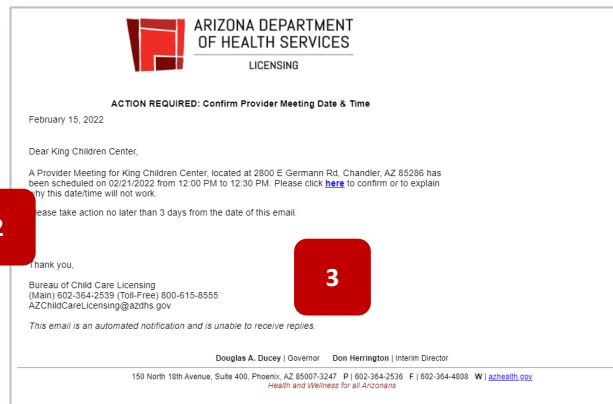


SECTION 5 - Enforcements

5.1 Scheduling a Provider Meeting

The Bureau of Child Care Licensing uses progressive enforcement when evaluating concerns at facilities. Several areas are reviewed to determine what steps need to be taken when a facility cannot meet substantial compliance. Enforcements are managed from the Enforcements tab within the Facility Licensing Portal. [For additional support, watch this step-by-step video guide](#)

1. In many cases, the Bureau will schedule a meeting with the Facility to discuss the Enforcement Action being taken. In these cases, an email will be generated to the Facility to confirm the date / time of the Provider Meeting
2. Click on the **link** to open the scheduling confirmation page
3. **Accept or Reject** the proposed date/time using the **dropdown** provided
4. If **Reject** is chosen, an explanation is required for why the date / time of the scheduled Provider Meeting will not work



5. If accept is chosen, enter the name and title of any Attendees

NOTE: A Licensee is **required** to be present

6. Click **Submit** to send your response to ADHS

Confirm Provider Meeting

Address
150 N 18th Ave # 400, Phoenix, AZ 85007

Scheduled Date/Time
Date
2/21/2022

* Accept/Reject Provider Meeting

Accept

Time
12:00 PM - 12:30 PM

Attendees

* First Name	* Last Name	* Title	Add
Joe	Smith	Licensee	<input type="button" value="Add"/>

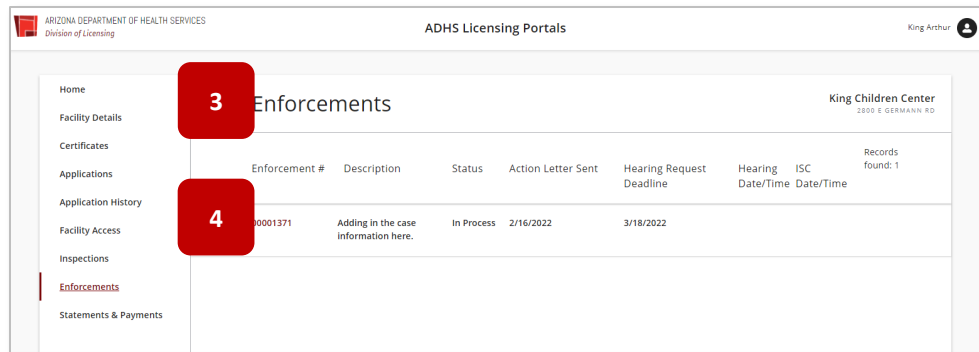
Submit

6

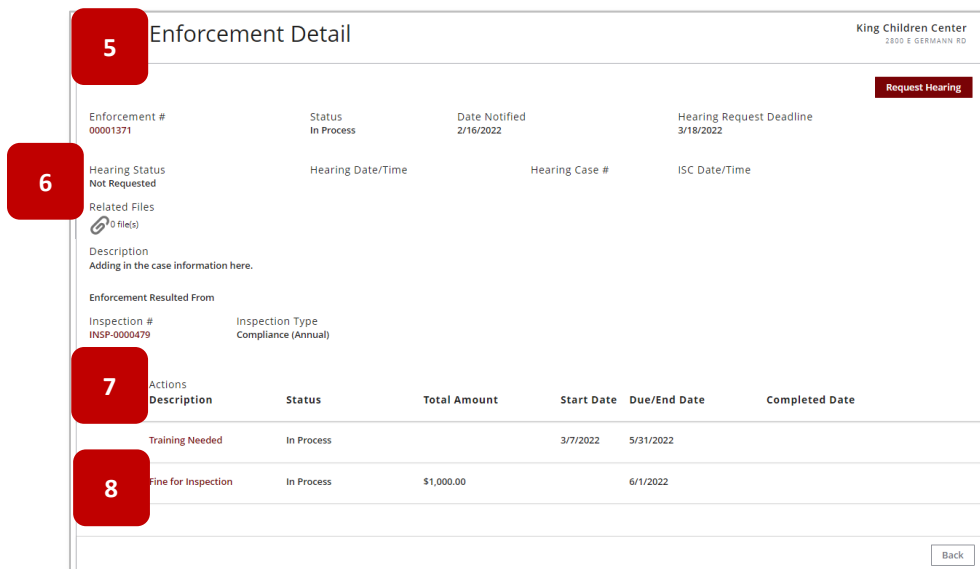
5

5.2 Viewing an Enforcement

1. Once the **Provider Meeting** has taken place, the Bureau will post the Enforcement in the portal
2. If an agreement was reached during the Provider Meeting and Enforcement Action finalized, the Facility will receive an **email notice** indicating that the **Enforcement Agreement** is available in the portal
3. The **Enforcements** page will appear with a list of all related enforcement actions
4. To view more information regarding a specific enforcement action, click the **Enforcement # link** to open the **Enforcement Detail** page



5. The **Enforcement Detail** page will appear
6. View all of the information related to the Enforcement on the page
7. View the **Actions** associated with the Enforcement in the bottom section
8. Click on the **Description Link** in the Actions section to view the required action



9. The **Action Detail Page** will appear for the action selected
10. Depending on the type of Enforcement Action, the Action detail page may display required Civil Penalty payments or Action Items required of the Facility
11. To submit the correction response for an **Action Item**, enter any relevant files in the Attachments section or comments in the Comments section by clicking on the notebook icon
12. Click **Submit** to send the Action Item(s) to ADHS for review

9 Action Detail Enforcement Demo Account
150 N 7TH AVE

Description	Status	Start Date	End/Due Date	Completed Date	Related Files
Required Training	In Process	2/11/2022	2/11/2022		

Due Date: 2/11/2022
Status: Not Submitted
Attachments: 0 files
Comments: **11**
Completed Date:
Submit **12**

13. Return to the **Enforcement Detail** page and select any additional **Actions**

Enforcement Detail King Children Center
2100 E GERMAN RD

Enforcement # 00001371 Status In Process Date Notified 2/16/2022 Hearing Request Deadline 3/18/2022 **Request Hearing**

Hearing Status Not Requested Hearing Date/Time Hearing Case # ISC Date/Time

Related Files 0 files

Description Adding in the case information here.

Enforcement Resulted From
Inspection # INSP-0000479 Inspection Type Compliance (Annual)

Actions	Description	Status	Total Amount	Start Date	Due/End Date	Completed Date
13	Training Needed	In Process		3/7/2022	5/31/2022	
	Fee for Inspection	In Process	\$1,000.00		6/1/2022	

Back

14. Once the submissions are reviewed, if ADHS is satisfied with the submission(s) for a non-monetary case action item, the Action will show as **complete**
15. If ADHS is **NOT** satisfied with the submission, the Facility will receive an email notice indicating that they must **resubmit the Action Item**
16. From the email, click on the **Facility Licensing Portal** link to be taken to the portal
17. Navigate to the **Enforcement Detail** page, and then to the **Action Detail** page
18. The rejection reason will appear when the Facility clicks on the comments field for the Action Item that was rejected
19. To resolve, edit comments and add any new attachments needed to resubmit the action item
20. For a **Civil Penalty Case Action**, the Action Detail Page will show the upcoming required payments, which the user can pay entirely or partially with the following options:
 - a. Amount Due
 - b. Balance
 - c. Other
21. Click the **Pay** button to make a payment

Action Detail					King Children Center 2800 E GERMANN RD
Description	Status	End/Due Date	Completed Date	Related Files	
Fine for Inspection	In Process	6/1/2022			
Next Payment Date	Total Amount	Total Remaining			
2022-03-01	\$1,000.00	\$1,000.00	Pay		

22. Continue in the **Statements & Payments** section for more information on payments
23. Once the payment has been made, the total remaining will reflect the update
24. The Enforcement Case will be updated to complete once all payments in the payment plan have been paid showing no remaining balance and/or any associated action items have been fully completed and accepted

5.3 Statements & Payments

Submit Payments Online

Certain enforcements may result in a monetary Civil Penalty. The related invoice can be found in the Statements & Payments tab of the Facility Licensing Portal. [For additional support, watch this step-by-step video guide](#)

1. To make a payment, locate the appropriate **Invoice** within the **Statements & Payments** tab or by clicking through the **Enforcement Action**
2. Click the **Invoice #** to be taken to the Invoice Detail Page
3. View all information related to the invoice on the **Invoice Detail** page
4. **Scheduled payments** will be listed in the bottom section
5. To pay, click on the **payment amount** or select the “**other**” option

The screenshot shows the 'Invoice Detail' page. On the left is a navigation menu with 'Statements & Payments' highlighted (1). The main content area shows invoice details: Invoice # INV-000059, Status Sent, Total \$1,000.00, Balance \$1,000.00, Due 06/01/2022, and Selected Payment: \$0.00 (2). Below this is a table with columns: Description, Related to Enforcement (00001371), and Payment Plan (3). Underneath is a 'Payment Schedules:' section with a table (4) containing due dates and amounts. To the right, there are radio buttons for selecting a payment amount: \$250.00 (Amount Due on 03/01/2022), \$1,000.00 (Balance), and Other, along with a 'clear selection' link and a 'Submit Payment' button (5).

Due Date	Status	Amount Due	Amount Remaining
03/01/2022	Due In 13 Days Not Paid	\$250.00	\$250.00
04/01/2022	Due In 44 Days Not Paid	\$250.00	\$250.00
05/01/2022	Due In 74 Days Not Paid	\$250.00	\$250.00
06/01/2022	Due in 105 Days Not Paid	\$250.00	\$250.00

6. When the **payment amount** has been selected, the **Submit Payment** button will illuminate
7. Click **Submit Payment** to submit the payment to ADHS

This is a close-up of the payment selection dialog. It shows the 'Selected Payment: \$250.00' at the top. Below are three radio button options: '\$250.00 (Amount Due on 03/01/2022)' (6), '\$1,000.00 (Balance)', and 'Other'. There is also a 'clear selection' link. At the bottom, the 'Submit Payment' button is highlighted in red (7).

8. The confirmation screen will appear with the **Payment Amounts Selected** listed
9. Click **Next** to proceed

8 Payment Amounts Selected

Invoice #	Amount
INV-000059	\$250.00

Total Amount: **\$250.00** **9**

10. Enter **Payment Information** to complete the payment

10

State of Arizona Checkout Utility
State of Arizona

Payment Information

CHECKOUT - PAYMENT INFORMATION

*First Name *Last Name
 *Billing Address *City
 *State *Zip
 *Email *Phone Number

Credit Card
 Electronic Check

Credit Cards issued by a foreign bank or entity are not an acceptable form of payment due to the system's inability to confirm security measures. As an alternative, please use a secured or prepaid Credit Card issued by a US entity or bank.

*Credit Card Number
 *Expiration Date *CVV/CVV2

11. Once the payment has been successfully submitted, the **Payment Confirmation Screen** will appear

11 Payment Confirmation

Success! The payment has been processed and your application is now in our queue. An email confirmation has been sent to you with payment confirmation and next steps information.

12. The **Total Remaining** for the penalty will be reflected to update the current amount

Action Detail					King Children Center 2800 E GERMANN RD
Description	Status	End/Due Date	Completed Date	Related Files	
Fine for Inspection	In Process	6/1/2022			
Next Payment Date	Total Amount	Total Remaining			
2022-04-01	\$1,000.00	12 \$750.00	<input type="button" value="Pay"/>		

