# 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

ARIZONA DEPARTMENT OF HEALTH SERVICES Division of Licensing			Account Help	ADHS Home	About	Contact
ADHS Facility L	Licensing Porta	al				
	Login					
	Email Address Password					
	2 rget Username	Login Don't have an account? Sign up here.	Eorgas Passward			
	ug <u>et Username</u>	Don't have an account? Sign up here.	Forget Pessword			

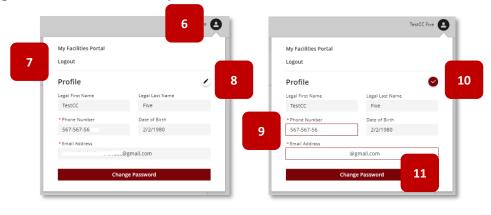
- 5. Upon login, the user will be directed to the **Select a Portal** page
- 6. Click the Person Icon in the top right corner to view profile details
- 7. The Profiles pop-out will appear
- 8. Click the Pencil Icon to edit certain fields within the Profile
  - Editable fields include Phone Number and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

#### Select a Portal





le state licensing ate identification cards individual persons to participate in corresponding (applied for ADHS) ans nd to individual enforcements and submit payments processes that include: Submit and manage applications View and update all facility information Manage facility employees Submit transactions (sales, payments) Respond to inspactions and facility enforcements.







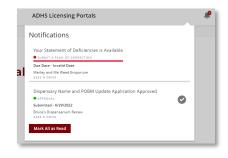
### 8. Select Send Message to submit

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

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



#### ADHS Facility Licensing Portal

Portal Selection > My Programs > > Bruce Children Centers



- 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

Child Care	
My Locations	.4
Centers	17 Group Homes
Bruce Children Centers	Captain America Kids Klub
3020 E Main St	400 E Windsor Ave
Applications	.5
Application Status	18
lnitial Child Care Cer	nter Application 17
Initial Child Care Gro	oup Home Application
Information	
Child Care Forms	19

#### **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

Home Facility Details	Facility Details			Edit Fa	icensing Portals ility Information
Certificates			2	Please initiate the Change Application (for Licensed Capacity or Services changes)	er the Information Update Application if you want to edit othe page.
Applications	Facility Details		Edit Information		
Application History	Facility Information			Phone Fax	Primary Contact
Facility Access	Facility Name UAT-D.V.	Designated Email Address	Phone Number	Mailing Address*	Suite, Unit, etc
Inspections	Designated Person TestCC Five	Fax	Facility Director(s) Start/End - Sheldon 2/14/2019 -		
Enforcements					3
Statements & Payments	Owning Entity Information Owning Entity UNT-SCHOOL UNT-SCHOOL Controlling Persons / Responsible Parties	Primary Contact		City* State*	2 p Code
	Hours of Operation Additional Notes About Hours of Operation and Closures			Current Facility Director(s)	Last Name *
	Closures Start Date	End Date		Sheldon	
	Service & Capacity Information			Start Date	Fnd Date
		Ones Twos	Threes to Five		

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

Home Facility Details	6	Applications			
Certificates Applications		Facility Applications			
Application History Facility Access Inspections Enforcements Statements & Payments		Center Change of Service/Space Utilization Application	Anniversary Notification	Facility Closure Notification	Information Update 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

Home Facility Details Certificates	7 Application History
Applications Application History	Enter/Recurr key     Facility-Related Applications       Q. Search     Facility-Related Applications       Application Type     Application tume       Submitted     Status ↓       Action Related
Facility Access	CC - Initial Center Application Approved 12/18/2021
Enforcements Statements & Payments	

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

8 Facility Access
Q, Search All Statuses V All Levels V Records found: 1
Add Delegated Access User
Contact Name Facility Position Status + Access Levels
TestCC Five Designated Person ACTIVE Facility Details, Certificates, Applications, Facility Access Mgmt, Inspections, Enforcements, Invoices

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 Facility Details							
Certificates							Records found: 1
Applications		Inspection #	Inspection Date(s)	Address	Status↓	Action Required	
Application History							
Facility Access		INSP-0001324	1/7/2022	12454,	Complete		
Inspections							
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 Facility Details	10	Enforce	ments						WEST CHANDLER BLVD
	Certificates Applications Application History		Enforcement #	Description	Status	Action Letter Sent	Hearing Request Deadline	Hearing Date/Time	ISC Date/Time	Records found: 1
	Facility Access		00001653	Repeated Health and Safety Violations	In Process	1/24/2022	2/23/2022			
l	Enforcements 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 Facility Details Certificates Applications	11	11 Statements & Payments 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.								
Application History										
Facility Access	Invoice #	Invoice Type	Description	Status	Total	Balance	Invoice DateDue			
Inspections										
Enforcements										
Statements & Payments										

# **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, <u>only two</u> other Facility Portal users can have active access. <u>For additional support, watch this step-by-step video guide</u>

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

Home	Facility Access	Storm and Her Happy Clouds
Facility Details	racincy racess	400 E WINDSOR AVE
Certificates		
Applications	Q. Search All Statuses V All Lovels	2 ind: 1
Application History		agated Access User
Fi In 1	Contact Name Facility Position Status † Access Levels	
En Statements & Payments	Ororo Munroe Designated Person ACTIVE Facility Details, Certificates. A Facility Access Mgmt, Inspectio Enforcements, Invoices	

- 3. The Add Facility Access form will display
- 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 setps 5 and 6 for each item
- 6. Select the right arrow key to confirm selection(s)
- 7. Select Save to continue

*Portal username/email and press Enter	4	First Name	Middle Name	Last Name	
Facility Position Delegated Access	Facility Access Active	By selecting this checkbox, the user car Access levels below.	n view the Facility Tile and the Fac	ility Home tab. To display additional Fa	acility tabs, sele
Available Access		Chosen Acc	855		
Facility Details		A +			
Certificates					
Applications 5					
Inspections		6			
Enforcements					

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

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

Home	Facility Ac	cess			Storm and Her Happy Cloud
Facility Details	r denity / le				400 E WINDSOR AV
Certificates					
Applications	Q. Search	All Statuses	*	All Levels 💌	Records found: 2
Application History					Add Delegated Access User
Facility Access					
Inspections	Contact Name	Facility Position 5	Status 🕈	Access Levels	
Enforcements				9	
Statements & Payme	Bruce Banner	Delegated Access	ACTIVE	Facility Details, Certif Facility Access Mgmt, Enforcements, Invoices	Edit Access
	Ororo Munroe	Designated Person	ACTIVE	Facility Details, Certificates, Appli Facility Access Mgmt, Inspections Enforcements, Invoices	

- 10. When Edit Access is selected, the Edit Facilty 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

* Portal username/email and press Enter			First Nan	1e		Middle Name	Last Name	
Q david.rosebudhotel+208@gmail.com		8	Bruce				Banner	
Facility Position								
Delegated Access	Facility Access Active		ing this che vels below.	ckbox,	the user can view t	the Facility Tile and the Fi	acility Home tab. To display add	litional Facility tabs,
Available Access					Chosen Access			
				►	Facility Details			
					Certificates			
				4	Applications	11		
					acility Access M	Mgmt		
				12	nspections			
					Enforcements			

# 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
- Inner
   Facility Details

   Facility Details
   2

   Certificates
   Facility Information

   Application Hittory
   Facility Information

   Relity Access
   Bragewate Frain Advers

   Impections
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   Bragewate Frain Advers

   Bragewate Frain
   Facility Information

   Controlling Herson / Relity Information
   Facility Information

   Controlling Herson / Relity Information
   Prain Member

   Controlling Herson / Regionality Information
   Prainty Contact

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

		page.		
Phone	Fax		Primary Contact	
lailing Address *			Suite, Unit, etc	_
ty*	State*	Zip Code*		
ty*	State*	Zip Code*		
ty* Current Facility Director(s)	State *	Zip Code *		5

# **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

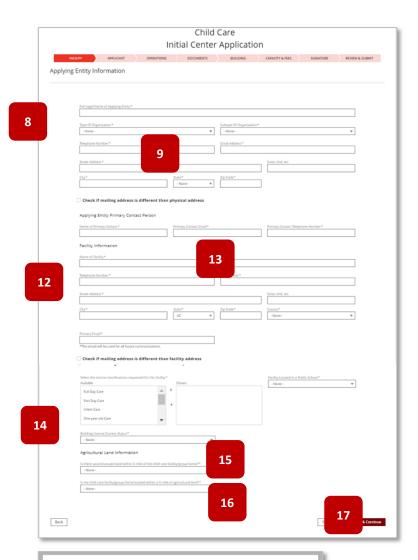
## ADHS Facility Licensing Portal My Programs Child Care Marijua Other Licenses Add a new license Child Care 3 My Locations 1 11 Group Homes Centers Bruce Children Captain America Kids Centers Klub 3020 E Main St 400 E Windsor Ave olications Application Status Initial Child Care Center Application Initial Child Care Group Home Application Information Child Care Forms

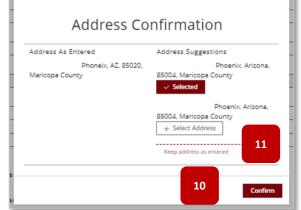
- 5. Upon selecting the Application tile, the Agreement Page will display for the Initial Child Care Center Application
- 5
- 6. The Agreement page contains the following items:
  - A. Link to Additional Application Instructions
  - B. Link to Application Checklist details on required documentation needed 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

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Descent a Application Cashini Constrained Section Section Cashini Constrained Section Section Cashini Constrained Section S	ng of users' activities. Evidence of unauthorized activities obtained during monitoring can and will be us <u>ed by</u> ADH	ites user
Lowers of Arizon Review South Trip S. Charger 7.1 and Arizon Administrative Cost Tris 9. Charger 1 (Chin Gar Ghi Perpendit a Arizon Review South Tris S. Charger 7.1 and Your South South Tris Arizon South Sou	6	
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<pre>department to inform me of the error.  Ender beginning the application process, be sure you have the following items in the digital format ready for upload (where application is the error information is the error inf</pre>	wised Statutes Title 36, Chapter 7.1 and Arizona Administrative Code Title 9, Chapter 3 (Child Care Gro ents listed below must be submitted before a license can be issued by the Department. An inspection of the facility	
<ul> <li>Natio Chief Care Care Application Documents:</li> <li>Application of the Solid Care Care Application Documents:</li> <li>Application of the Solid Care Care Care Care Care Care Care Care</li></ul>		nore n
<ul> <li>Approximate of the service of the service</li></ul>	application process, be sure you have the following items in the digital format ready for upload (where ap	licable
<ul> <li>The agreement register (agreement agreement)</li> <li>ALS perspect, a kink confirmation, neuralization documents, or documentation of legal resident alian status (a) ALS perspect, a kink confirmation, neuralization documents, or documentation of legal resident alian status (b) Control Aliance A</li></ul>		
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<ul> <li>Newspring a conjugation of a spicarcy unit degraphing deg</li></ul>	a birth certificate, naturalization documents, or documentation of legal resident alien status	
<ul> <li>exclusion frame f</li></ul>	e a copy of the applicant's valid fingerprint clearance card (front and back) issued according to <u>A.R.S. Title 41. Chapter 12. Article 3.1</u> with <u>A.R.S. 154/3302</u> , inoir to submitting license application, signatories must be fingerprinted and registered with the Department of fram. An application for an initial license shall include a copy of a valid fingerprint clearance and issued to the applicant pursuant to	of Public
<ul> <li>Remains the second and second a</li></ul>		
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<ul> <li>Must be dated within 3 months further the date of submittion of this applications.</li> <li>Letter from the strobulg governing board or stobed dimitsi superinterest designating a signatory.</li> <li>Letter from the strobulg in the individual in the sterior leadershap particule designating an individual as inguistry.</li> <li>Proof of Conguency, choose or a of the following: <ul> <li>A constraint the individual in the store leadershap particule designating an individual as inguistry.</li> <li>A constraint the individual in the store leadershap particule designating an individual as inguistry.</li> <li>A constraint of Constraints of Constraints of the following particule in exclusion:</li> <li>Constraints from the load particulation that the following particulation that the following particulation that the following governing the science interpolation of the following governing the applicant to spersite the datars individual in the store interpolation of the following particulation interpolation interpolation of the datars individual in the store interpolation of the following particulation of the following governing the applicant to spersite the charter school is incorporating based on skhole the charter school is incorporating based in skhole the charter school is incorporating based in skhole theory incorporating based on skhole the charter school is incorporating based on skhole the charter school is incorporating based on skhole theory incorporating based on the following particulation.</li> <li>Constraintschole theory of particulation on specific particulation.</li> <li>Muster which is particulation approxement to approxement to applicate to specific the following particulation.</li> <li>Muster which is particulation approxement applicate to specific the schole interpolation of the schole particulation.</li> <li>Muster which is particulation of the schole particulation of the schole particulation.</li> <li>Muster which is particulation to approxement to applicate to specific the schole thank is par</li></ul></li></ul>		
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<ul> <li>A concernant than the shade distribution generating based in which the charter school is located, the Actiona State Based of Education, on the Actiona State Based of Education, on the Actiona State Based of Education, and the Actiona State Based of Education and the Actional State Based of Education and Actional State Based of Education Actional State Based of Education and Actional State Based of Education and Actional State Based of Education Actional State Based of Education and Actional State Based of Education Actional State Bas</li></ul>	he school district governing board in which the charter school is located, the Arizona State Board of Education, or the Arizona Stat	Board
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\$4,000 for a 11-59 licensed capacity	I licensed capacity	
<ul> <li>\$7,000 for a 60+ licensed capacity</li> <li>Facilities that are registered to participate in select programs will qualify for a 50% reduction of this fee.</li> </ul>		
<ul> <li>Facilities that are registered to participate in select programs will qualify for a 50% reduction of this fee.</li> </ul> Pursuant to A.R.S. 41-1030(B)(D)(E)(F)		
a same or non-control of the set of the s	base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically author mact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or c	ted by i indition
D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable am	enforced in a private civil action and relief may be awarded against the state. The court may award reasonable	
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 o		5
Agency's adopted personnel policy. F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.	ionnel policy.	7

- 8. The first page of the application is the **Applying Entity Information**
- 9. Enter all required demographic fields regarding the **Applying Entity**
- 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)
- 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 identity 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





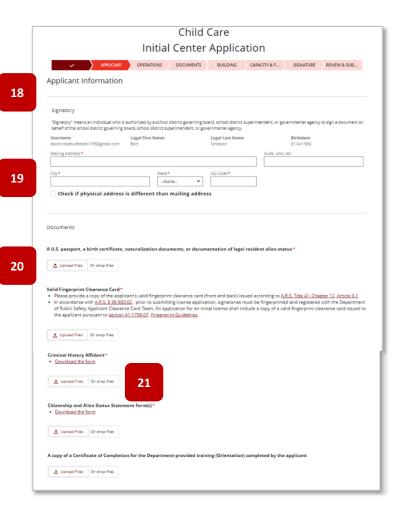
landowners if within 1/4 mile from the facility

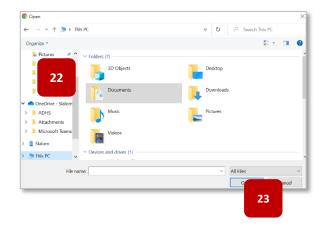
- 17. Select Save & Continue to proceed Save & Exit will save progress and exit out of the application (Applicants will be able to retrieve saved applications from the Application Status tile from the main Child Care Licensing page)
- 18. Next page is the **Applicant Information** details page
- 19. 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

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





- 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

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

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	Upload Files	
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1 of 1 file uploaded		Dor 25
		25

Email Address		
	Suite Unit etc	
Mailing Address *	Suite, Unit, etc	

- 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

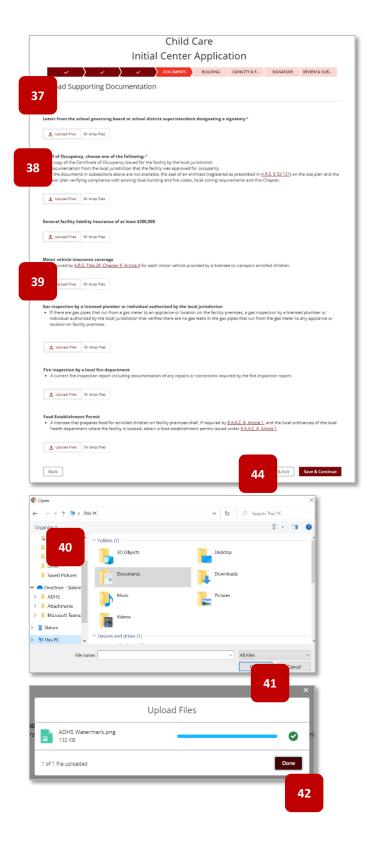
**NOTE:** Use this field if there are more than three programs to define hours of operations or if the facility would like to further define specific closures. This information will publish to AZ Care Check.

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

Operational Inform	
Facility Director	
The director is at least 21 years of as a staff member (R9-5-402.A) ar	of age and will accept the primary responsibility for the daily administration and operation of the facility, and must meet requireme and possess the following minimum qualifications (R9-5-401.1).
Copies of this documentation mu	ust be kept in the director's file on-site.
Facility Director	
Legal First Name *	Legal Last Name * Email Address
Vehicles	
A licensee shall provide a copy of expires, is canceled, or changes. (	f documentation of insurance to the Department before issuance of a license and at any time that the licensee's insurance coverag (R9-5-308). Copies of this documentation can be uploaded on the Documents page of this application.
	ehicles that will be used for transportation of enrolled children.
Number Of Vehicles	
Hours of Operation	
	Program Name Program Name Program Name
Monday	Start Time         End Time         Start Time         End Time         End Time         End Time           Image: Ima
Tuesciav	
33 Wednesday	
Thursday	
Friday	
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Sunday	
Closed Inter-session	
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Additional Notes About Hours of	
Salesforce Sans	▼ 12 ▼ 8 <i>I</i> ⊻ 5 ≡ 15 +1 +1 5 5 ≅ ⊘ 15 <i>I</i> .

- 37. The Upload Support Documentation is the next page of the application
- 38. Upload all required documents
- 39. Select the Upload Files button

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

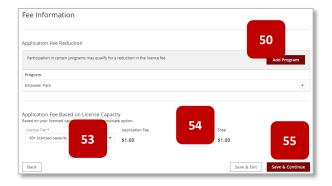


- 45. Building Information is the next page of the application
- 46. Upload Site and Floor Plans For facilities located in public schools that provide service for only children 3+, a school map or final set of construction drawings is required instead of site/floor plans
- 47. Check the required checkbox acknowledging that the ADHS Inspection Team will determine the Facility Total Capacity and room capacity based on set parameters
- 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
- Select whether the facility is ready for inspection – If unchecked, enter the Inspection Ready Date (Date must be in the future)
- The designated person / signatory can select whether to upload a signed attestation <u>or</u>
- 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

Select Empower Pack if you are interested in qualifying for a 50% by participating in the Empower Pack Program. To register, and fo www.theempowerpack.org or call your local licensing office.	
Select Quality First 50% reduction in the <b>51</b> Select Program	am. Participants qualify for a

	Child Care
	Initial Center Application
~	SIGNATURE REVIEW & SUB
Signature	
Inspection Information	
Is the facility currently ready for inspect Inspection Ready Date *	57
Application Signature	
Bart	Simpson david.rosebudhotel+155@gmail.c
<ul> <li>Pursuant to A.A.C. § R9-5-202 frame if necessary. This will r</li> <li>I have read and understand t</li> </ul>	ent to submit supplemental requests for information. (A), the applicant and the Department agree to extend the substantive review time frame and overall time to exceed 23% of the overall time frame. The statutes and relate of the Arizona Department of Health Services for Child Care Facilities, and I will compl
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- 62. The final page in the application will be the Review and Submit page
- 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

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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

	Payment	Information
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*First Name		*Last Name
*Billing Address		*City
*State		*Zip
Click to Select	~	
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# 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

Initial Child Care Group Home Application

Initial Child Care Center Application

1. Upon logging into the ADHS Facility ADHS Facility Licensing Portal Licensing Portal, the facility selection 1 My Facilities page will display 2. Select the Child Care Facility Licensing tile Other Facility Information 2 Marijuana Facility Licensing Child Care Facility Licensing 3. The Child Care Licensing main page Child Care will display 3 Information 4. Select the Initial Child Care Group **Home Application** Application Status Child Care Forms Applications 4

- 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



- 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 identity what services the facility would like to provide – One "Age Group" selection is required
- 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)

	Initial	Child Group Ho	Care me Applic	ation		
FACILITY Applicant	OPERATIONS	DOCUMENTS	BUILDING	CAPACITY & FEES	SIGNATURE	REVIEW & SUBMIT
Applying Entity Information						
8 Full Legal Name of Applying Entity*						
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Telephone Number*			Email Address*			
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Street Address*				Suite, Unit, etc		
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12 Infant Care One-year-old Care						
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Agricultural Land Informati						
Is there vacant/unused land within	% mile of the child care facility	/group home?"				
13 Is the child care facility/group home	located within a ¼ mile of agr	icultural land?*				14
Back					Save & Ex	

- 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

- 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

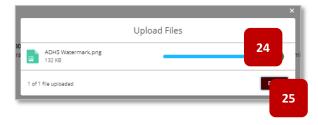
- 20. Upload all required documents
- Drag and drop local files to the Upload Files button or Select the Upload Files button
- Local Files window will appear select desired file(s) to upload – multiple files can be selected (use the Ctrl key while selecting the files)
- 23. Select Open

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- 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

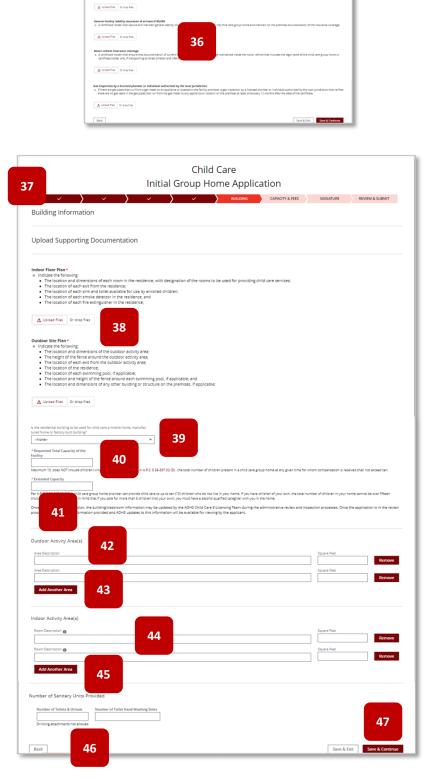
**NOTE:** Use this field if there are more than three programs to define hours of operations or if the facility would like to further define specific closures. This information will publish to AZ Care Check.

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



FACILITY 🔪 🗸	OPERATIONS D	DCUMENTS BUILDIN	G CAPACITY & SIG	NATURE REVIEW & S
Operational Inform	ation			
Vehicles				
Indicate the number of motor vel- Homes,	nicles that will be used for trans	portation of enrolled childre	n. See R9-5-517 for transportatio	n requirements for Group
Number Of Vehicles				
Hours of Operation				
	Program Name			
Monday	Start Time End	Time		
Tuesday	0	0		
Wednesday	0	0		
Thursday	0	0		
Friday	0	0		
Saturday	0	0		
Sunday	0	0		
Closed Inter-session				
Closed Summers				
Open Summers Only				
Additional Notes About Hours of	Operation & Closures ▼ B I 및 ⊖	= 12 44 44 2 3		
32				
				33

- 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
- 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



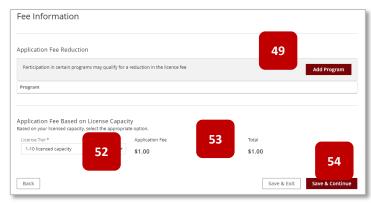
Child Care Initial Group Home Application

34

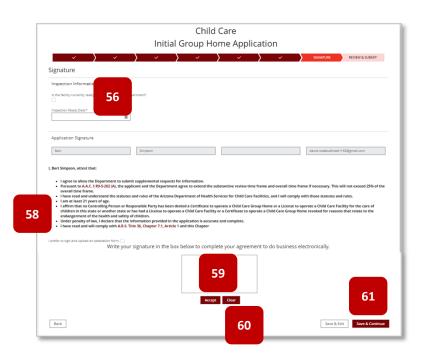
- 48. Fee Information page is next
- 49. Select **Add Program** if facility will register for a Fee Reduction Program
- 50. Add Program menu will display select the **Select Program** menu to select from available options
- 51. Once selection is made, select Add Program
- 52. License Tier is preselected

**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
- 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



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- 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

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In the reason will be referent with the information provided in the signature of address. In the rest of the reference with the information provided in the signature in a complete. In the rest of a will be represented and the signature in the box before the signature in the signature in the box before to complete your agreement to do business electronically. Write your signature in the box below to complete your agreement to do business electronically.		<ul> <li>I affirm that no Controlling Person or Responsible Party has been for the care of children in this state or another state or has had</li> </ul>	en denied a Certificate i I a License to operate a	o operate a Child Care Gr Child Care Facility or a Ce	oup Home or a License to operate a Child G rtificate to operate a Child Care Group Hor	Care Facility the revoked
For the story and using an exemution from The Box below to complete your agreement to do business electronically.		for reasons that relate to the endangerment of the health and Under penalty of law, I declare that the information provided in home and and will be a set of the information of the set o	safety of children. n the application is accu	rate and complete.		
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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

CHECKOUT - PAYMENT INFORMATION		
Pirst Name	*Last Name	
*Billing Address	*City	
*State	•Zip	
Click to Select	~ [	
Ermail	*Phone Number	
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wyster	m's inability to confern security measures. As an alternative, please use a secured	
*Credit Card Number		
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### 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.

- 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 <u>will not display again</u>. Some Providers print the page from their internet browser to reference the information

AR20NLDEPARTMENT OF HEALTH SERVICES Division of Licensing		ADHS Licensing Po	ortals		Orana Munnar
Home Facility Details	Applications			Storm and Her H	appy Clouds
Certificates	Facility Applications				
lication History Ilty Access pections	Center Change of Service/Space Utilization Application	Anniversary	2 formation Update Application	Facility Closure Notification	
Enforcements Statements & Payments					

User Agree	ment
	a access a system within the Aritona Department of Health Services (ADHS) computer network. Use of this system constitutes users' consent to permit ADHS monitoring of users' nee of unauthorized activities obtained during monitoring can and will be used by ADHS for criminal prosecution as permitted by law.
	zona 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 balow in et al legens can be issued by the Department. An inspection of the facility may be required.
In the even error.	t 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 t
Before beginn	ing the application process, be sure you have the following items in the digital format ready for upload (where applicable).
Anniversary N	otification Application Documents:
	- Child Care Center r a 5-10 Revned capacity
<ul> <li>\$4,000 fr</li> </ul>	r a 11-59 licensed capacity
<ul> <li>\$7,800 fc</li> </ul>	r a 60+ licensed capacity
<ul> <li>Facilities</li> </ul>	that are registered to participate in select programs will qualify for a 50% reduction of this fee.
is not su	• Pay: Pursuant to ARS. 136-882.01], and ARS. 136-887.010(c), the licensol certificate is valid "wriess it is subsequently revolved or suspended or the license does not pay the licensum tex." If the applic binding dynet to the innoversary data, the license will applic, this librawa will notify other agencies including the Arbona Department of Economic Spectrum, the Arbona Department of Educating Is in struct the fails in longer holds and librame/centrities. The failing apprent mitigate and librame/centrities. The fails application of the application of
	have the option to request a Paymert Plan: One-half of the applicable fee paid by the anniversary date and the remainder of the applicable fee due no later than 120 calendar days after the anniversary ty's license. Failure to submit payment(s) by these dates will void the facility license.
Anniversary fee • \$1,000	Child Care Group Home
<ul> <li>Facilities</li> </ul>	that are registered to participate in select programs will qualify for a 50% reduction of this fee.
is not su	Pay Pursuant to ARS. 336 822(1), and ARS. 136-897.01(6), the Icensal carditicate is valid "_unifees it is subsequently revoked or suppended or the Icensae does not pay the Icensary file." If the apple homed prior to be anniversary data, the Icensa will optim. As a routh, this Bureau will not dependent of Icensa Icensary Ic
	have the option to request a Payment Plan: One-half of the applicable fee paid by the anniversary date and the remainder of the applicable fee due no later than 120 calendar days after the anniversary ty's license. Palver to submit payment(s) by these dates will void the facility license.
Pursuant to A.	R.S. 5 41-1030(B)(D)(E)(F)
	all 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 ger
grant of author the requiremen	ity 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 authority condition.
	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 lice party that prevails in an action against the state for a violation of this section.
E. A state empl	oyee 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 poli
F. This section of	does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

- 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
- 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

- 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
- Select Accept to save the signature select
   Clear to clear the signature and sign again

		Anniver	sary Notification		
FACILITY & ANNI	VERSARY PAYMENT INFORM	IATION	SIGNATURE		REVIEW
Facility & Annive	ersary Payment	Information			
Facility Information					
Facility Name Storm and Her Happ	y Clouds		Licente Number 0000008CDCBX97390734		Anniversary Date 02/6/2022
Physical Address					
Physical Address 400 E Windsor Ave					Suite, Unit, etc.
City Phoenix	s A	Late	Zip Code 85004		County
Owning Entity Inform		4	85004		Maricopa
Owning Entity					
Donald Duck LLC					
Service & Capacity In	formation				
Total License Capacity	Infants	Ones	Twos	Three to Five	School Aged
33	N/A	N/A	N/A	N/A	Licensed
License Tier 11-59 licensed capac	ity				
Licensed Capacity & I	Fee				
The facility is currently licen Discount program enrolline		spacity	Application Fee \$4,000.00		Total \$4,000.00
Payment Information	1				
			Payment Due by 2/5/2022		\$4.000.00
Payment Section *	co oy olimiyersary uale		Payment Due by 2/5/2022		\$4,000.00
Payment Section *					
Payment Section *  Submit the applicable for  Child Care Centers  A Licensee shall submit total	il license fee. (See R9-5-205	)			
Submit the applicable for Child Care Centers A Licensee shall submit tota Ealture to tays: Pursuant to A.R.S. 5 36-882.	.(I), and A.R.S. 5 36-897.01(G	), the license/certificate is valid "u	tiess it is subsequently revoked or suspended or	the licensee does r	tot pay the licensure fee." If the applic
Submit the applicable for Child Care Centers A Licensee shall submit tou Failure to App. Pursuant to AR.5. 5.36.482. not submitted prior to the J	(I), and A.R.S. 5 36-897.01(G anniversary date, the license	i), the license/certificate is valid "u e will expire. As a result, this Bureau	tless it is subsequently revoked or suspended or will notify other agencies including the Arizona B f the facility operates without a valid license/cert	epartment of Econ	omic Security, the Arizona Departmen
Submit the applicable for Child Care Centers A Licensee shall submit tou Failure to App. Pursuant to AR.5. 5.36.482. not submitted prior to the J	(I), and A.R.S. 5 36-897.01(G anniversary date, the license	i), the license/certificate is valid "u e will expire. As a result, this Bureau	will notify other agencies including the Arizona C	epartment of Econ	omic Security, the Arizona Departmen will pursue legal action.
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- 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

12

- 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

9	I prefer to sign and upload an attestation form. 🗹		
9	Attestation Form	Completed Attest	tation*
	Please download and sign your completed attestation form. Once signed you will need to scan it into a PDF and upload it to the next section as a supporting document. A completed and signed attestation for each	1 Upload Files	Or drop file
	owner listed in this application will need to be uploaded.		
	Download Attestation Form	1	.0

			ild Care ary Notification	
eview	×	$\rangle$	~	REVIEW
	Anniversary Payme	ent Information		13
Facility Info	rmation			
Facility Name Storm and J	Her Happy Clouds		License Number 0000008CDCBX97390734	Anniversary Date 02/6/2022
Physical Add			000000000000000	OLI O'LOLL
Physical Addres				Suite, Unit, etc.
400 E Winds	sor Ave	Date	Zin Code	County
Phoenix		AZ	85004	Maricopa
	ity Information			
Owning Entity Donald Duc	* LLC			
	apacity Information			
Total License Cr 33	spacity infants N/A	Ones N/A		tree to Five School Aged
License Tier	re, School-Age Child Care sed capacity			
Full-Day Car Downse Tier 11-59 license Licensed Ca The facility is cu		ed capacity d	Application Ree \$4,000,00	Tool \$4,000.00
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## 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.

Home

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

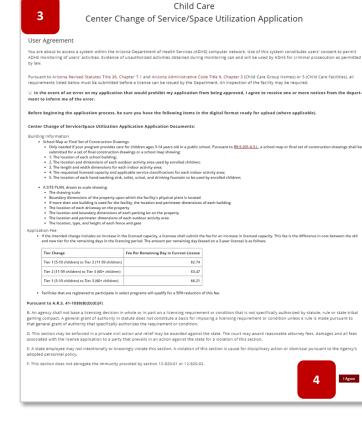


3. The User Agreement Page of the application will display

**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 <u>will not display again</u>. Providers can choose to print the page from their internet browser to reference the information later



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

		Child C	Care			
Center C	hange of	f Service/Sp	ace Utiliza	ation A	Appli	cation
LICENSED SERVICE	BUILDING	UPLOAD DOCUMENTS	CAPACITY & FEES	SIGNAT	URE	REVIEW & SUBMIT
Change of Service	/Space Utiliz	ation Application				
Facility Information	5					
Facility Name Bruce's Haus Center			License Number 0000003CDCOU545	27757	Anniversar 12/20/20	
Physical Address						
Physical Address 400 E Windsor Ave					Suite, Unit,	etc.
City Phoenix	State AZ		Zip Code 85004		County Maricop	a
Owning Entity Informat	ion					
Owning Entity Robin Hood LLC						
Service & Capacity Info	rmation					
	fants /A		Twos N/A	Three to Five Licensed		School Aged Licensed
Currently Licenced Services Full-Day Care, 3/4/5-ye School-Age Child Care	ar-old Care,					
License Tier 60+ licensed capacity						

6. 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

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

	es ★	6		
icensed Services lease update as needed to ext page. censed Services * railable	reflect <b>all</b> services the facilit	y will provide as of the effective	date specified above. If the	ere are no changes needed, please proceed to th

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

Center Cha	Child ange of Service/Sp		ition Applic	ation
~ <u>}</u>	UPLOAD DOCUMENTS	CAPACITY & FEES	SIGNATURE	REVIEW & SUBMIT
Building Information				
Do you need to u	ty space utilization?			
Back			Save & Exi	t 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 <u>remove / update / add</u> 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 <u>R9-5-208</u>
- 12. If changing the request capacity, update the value in the field with the new capacity amount
- 13. Select Save & Continue to proceed

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		d/or facility space utilization?						
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hrea Name ADHS v [Vaungest Child ADHS v Diaper Change Area v Square Feet ADHS v Capacity-Calculated v Capacity-Requested L. v [Mark Existing Area for Re. accepted 3-year-olds and up No 5555 222 33 Indioor Activity Area(5) (1) Area Name ADHS v [Vaungest Child ADHS v Diaper Change Area v Square Feet ADHS v Capacity-Calculated v Capacity-Requested L. v [Mark Existing Area for Re. accepted 3-year-olds and up No 5555 222 33 Outdoor Activity Area(5) (1) Type v Area Name ADHS v Square Feet ADHS v Capacity-Calculated ADHS v Capacity-Calculated MaxL. v [Mark Existing Area for Removal Outdoor accepted 456 00 120 Sinitary Activity Area(5) (1) Tatlets & Unitary Activity Area(5	turrently Licens	reference only. All cha	nge application information mus	t be put in t	ne description box prov	ided above.		
kccepted     3-year-olds and up     No     5555     222     23	Indoor Activity Area(s) (1)							
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Outdoor Activity Area(s) (1)     Type     V     Area Name-ADHS     V     Square Feet-ADHS     V     Capacity-Calculated ADHS     V     Capacity-Calculated MaxL     V     Mark Existing Area for Removal       Outdoor     excepted     4546     60     120	Area Name-ADHS 🗸 🗸	foungest Child-ADHS 🗸 D	iaper Change Area 🗸 Sq	uare Feet-A	DHS v Capac	ity-Calculated	Capacity-Requested I	V Mark Existing Area for Re
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Tallets & Livinals-ADHS V Hand Washing Sinks ADHS 11 13								
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	Toilets & Urinals-ADHS			~	Hand Washing Sinks	ADHS		×
Back Save & Esti	11				11			13
Back Save & Exit Save & Continue								
	Back						s	ave & Exit Save & Continue

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

				ation
<u> </u>	BUILDING UPLOAD DOCUMENTS	CAPACITY & FEES	SIGNATURE	REVIEW & SUB
Upload Supporting Do	ocumentation			
A SITE PLAN, drawn to scale showi • The drawing scale	ing:*			
<ul> <li>Boundary dimensions of the prop</li> </ul>	perty upon which the facility's physical p d for the facility, the location and perime		ulding	
<ul> <li>The location of each driveway on</li> </ul>				
	ensions of each outdoor activity area	cy.		
<ul> <li>The location, type, and neight of</li> <li>The location of swimming pool, if</li> </ul>				
1 Upload Files Or drop files				
	h	- the sector of		
<ul> <li>The drawing scale</li> </ul>	be used for child care drawn to scale	snowing: "		
	and applicable service classification for e	each indoor activity area		
	utility and three-compartment sink, and	each toilet, urinal and drii	nking fountain	
<ul> <li>Location and type of fire alarm sy</li> </ul>	ystem			
A Upload Files Or drop files				
Other documentation supporting	requested change			
11 0				1
1 Upload Files Or drop files				

- 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
- To change tiers, select License Tier dropdown 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

		Upload Files	
adhs-logo.png 5 KB	15		- 0
1 of 1 file uploaded			Done

Cen	ter Change	Child ( of Service/Sp		ion Appli	ication
~	BUILDING		CAPACITY & FEES	SIGNATURE	REVIEW & SUBMIT
Fee Informa	tion				
Licensed Capacity					
Based on your licensed current tier and the ne The facility currently ha	capacity, select the appropr	iate option. If your facility needs to b until the expiration date of the curr d.		y, you will be charged ti	he difference between the
Based on your licensed current tier and the ne The facility currently ha	capacity, select the appropr w tier for the remaining days s a 60+ licensed capacity.	until the expiration date of the curr		y, you will be charged th Total	he difference between the
Based on your licensed current tier and the ne The facility currently ha Discount program enco License Tier*	capacity, select the appropr w tier for the remaining days s a 60+ licensed capacity. liment status is <b>not enrolled</b>	until the expiration date of the curr d.			he difference between the

[	Child Care
	Center Change of Service/Space Utilization Application
	V DUILDING V V V SKONATURE REVIEW & SUBMIT
	Signature
	Inspection Information
20	This application may require an inspection. Is the facility currently ready for inspection by the Department?
	Impetion Ready Data +
	Application Signature
	Bruce Banner david.rosebudhotel+208@gmail.c
	I, Bruce Banner, attest that the information provided to the Department for this application is true and correct.
	I prefer to sign and upload an attestation form
	21
	Accept Clear
	Back Save & Exit Save & Continue

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

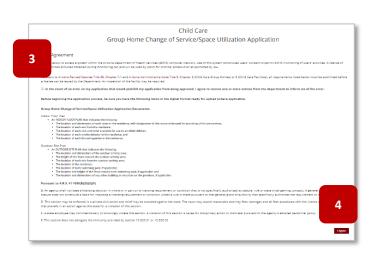
Change of	f Service/Space	Utilization Applica	ation		23 Edit 5
Facility Infor	mation				
Facility Name Bruce's Hau	s Center		License Number 0000003CDCOU5	4527757	Anniversary Date 12/20/2024
Physical Add					
Physical Address 400 E Winds					Suite, Unit, etc.
Oty Phoenix		State AZ	Zip Code 85004		County Maricopa
	ty Information				
Owning Entry Robin Hood	LLC				
Service & Capacity Total License Capacity	Information	Ones	Terra	Three to Five	School Awed
77	N/A	N/A	N/A	Licensed	Licensed
Utense Ter 60+ licensed capa	city				
60* Electrice Capa Effective Date This the effective and Electric Capa Des 23, 2027 Licensed Services Participation of Capa Camared Services Participation Camared Services Participation Participation Participation Camared Services Participation Participa	for ell requested changes spectr reges *	y wil provide es of the effective dec	ve effective on Different Googa, men Jagoardo		
60+ licensed capa Effective Date This is the effective Date This is the effective Date Effective Date of the CN Ber 23, 2021 Licensed Services Paralogic Services Available Family Care Inflant Care	for all requested changes specific region A	y wil provide es of the effective dec			
60* Ecented Capa Effective Date This date official was been as the offi	for all requested changes spect report * d to reflect all services the facility of the reflect all services the facility of the reflect of the reflect all services the reflect all services the reflect of the reflect all services the reflect all services the reflect of the reflect all services the reflect all services the reflect of the reflect all services the reflect all services the reflect of the reflect all services the reflect all services the reflect of the reflect all services the reflect all services the reflect all services the reflect of the reflect all services the refle	y wil provide es of the effective dec			
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60* Scened capa Effective Date The last the effective date See 25 MBP Free applies of the Sec Free applies of the Se	for all requests of charges specific regions * for infract all services the facility and by Comp	n ut prode at d'he effetive der re form	e specifies alone. I trees are to charges n	rected, please proceed to	
60* Scened capa Effective Date The last the effective date See 25 MBP Free applies of the Sec Free applies of the Se	for all requests of charges specific regions * for infract all services the facility and by Comp	n ut prode at d'he effetive der re form		rected, please proceed to	the new page.
60* Scened capa Effective Date Trig to enhance and Sceness Service Sceness Sceness Service Sceness Sceness Service Sceness Service Sceness Service Sceness Service Sceness Service Sceness Service Sceness Service Sceness Sceness Scenes Sceness Scenes Sceness Sceness Scenes Sceness Scenes	br in equess ones set or a visual at even in the factor as visual at even in the factor as a visual at even in the factor as a visual at even in the factor as a visual at even in the factor protoce protoce protoce as a visual at even in the factor as	e un a su de la sub estectiva dan re Gran Remer revelded so the Degarement for	e specifies alone. I trees are to charges n	weeks, please proceed to	ter net jage

# **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.

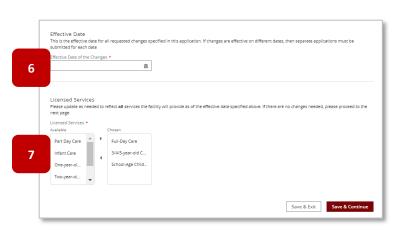
- 1. From the main facility page, select Applications tab
- 2. Select the Group Home Change of Service/Space Utilization Application tile
- Home Facility Details Prificates 1 Ications Information Update Inspections Enforcements Statements & Payments Home Applications Pacility Applications Center Change of Service/Space Utilization Application Facility Closure Notification Pacility Closure Notification
- 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

_		Child (	Care						
<sup>5</sup> enter Change of Service/Space Utilization Application									
LICENSED SERVICE	BUILDING	UPLOAD DOCUMENTS	CAPACITY & FEES	SIGNAT	URE	REVIEW & SUBMIT			
hange of Servi	ice/Space Utili	zation Applicatior	า						
Facility Information									
Facility Name Bruce's Haus Center	r		License Number 0000003CDCOU54	527757	Anniversa 12/20/2				
Physical Address									
Physical Address 400 E Windsor Ave					Suite, Uni	t, etc.			
City Phoenix	State AZ		Zip Code 85004		County Marico				
Owning Entity Inform			85004		Warico	Ja			
Owning Entity Owning Entity Robin Hood LLC	nation								
Service & Capacity Ir	nformation								
Total License Capacity 77	Infants N/A	Ones N/A	Twos N/A	Three to Five Licensed		School Aged Licensed			
Currently Licenced Services Full-Day Care, 3/4/5-year-old Care, School-Age Child Care									
License Tier 60+ licensed capacit									

- Below the facility information section, users are able to select the effective date of the proposed change(s)
- 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								
~	$\rangle$	BUILDING	UPLOAD DOCUMENTS	SIGNATURE	REVEW & SUBMIT			
Building Information	_							
Do you reed to up Ves Back	er utilasion?				Save & Entr. 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 <u>remove / update / add</u> 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 <u>R9-5-208</u>

13. Select Save & Continue to proceed

~ )	BUILDING	UPLOAD DOCUMENTS		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, including as m	uich detail as possible. To assist with your des		e existing rooms.		
* Requested Total Capacity of the Facility 11			li		
* The ADHS Inspection Team will set the Facility Total Capacity cepts the final capacity limits established by ADHS.	and room capacity based on the blueprints, a	ind information gathered during the applica	ition and inspection	n process. The applicant provided n	equested capacity may change, and the applicant ac-
Once you submit the application, the building/classroom informa	tion will be completed by the ADHS Child	Care E-Licensing Team during the admin	istrative review an	nd inspection processes.	
Outdoor Activity Area(s) (0) Area Name-ADHS	✓ Square Feet-ADHS		~	Mark Existing Area for Remo	
Area Name-ADHS 10	<ul> <li>aquare reet-suns</li> </ul>		· ·	Mark existing Area for Kemo	vai
Indoor Activity Area(s) (0)					
Area Name-ADHS	✓ Square Feet-ADHS		~	Mark Existing Area for Remo	val
Number of Sanitary Units Provided					
Sanitary Activity Area(s) (0)					12
Toilets & Urinats-ADHS		<ul> <li>Hand Washing Sinks</li> </ul>	ADHS		13
Back					Save & Exit Save & Continue

1 of 1 file uploaded

- 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 Cha	ange of Service/Space Ut	tilization Appli	cation
×	BUILDING	UPLOAD DOCUMENTS	SIGNATURE	REVIEW & SUBMIT
load Supporting I	Documentation			
NDOOR FLOOR PLAN that i	ndicates the following:*			
he location of each exit from	the residence:	ation of the rooms to be used for providing child care ser	vices:	
The location of each sink and The location of each smoke d		τ.		
The location of each fire extin	100			
	15			
L Upload Files Or drop files				
OUTDOOR SITE PLAN that in	and a second as followed as the			
The location and dimensions	of the outdoor activity area;			
The height of the fence arour The location of each exit from				
The location of the residence				
The location of each swimmin				
	e fence around each swimming pool, if app of any other building or structure on the p			
1 Upload Files Or drop files				
C opean mes				
				17
her documentation supporti	ing requested change			1/
Upload Files  Or drop files				
lack				Save & Exit Save & Continu
uch.				
		Upload Files		
adhs-logo.p	ong			

16

- 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

Inspection Informatio	n				
This application may require	an inspection. Is the facility currently	ready for inspection by	the Department?		
Inspection Ready Date*					
Application Signature					
Bruce	Banner			david.	rosebudhotel+208@gm
I Prove Preserve attent the					
	t the information provided to th	e Department for th	is application is tru	e and correct.	
	t the information provided to th	e Department for th	is application is tru	e and correct.	
l prefer to sign and upload an i	Ittestation form.				
I prefer to sign and upload an i	·				electronically.
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l prefer to sign and upload an i	sttestation form.  gnature in the box below	v to complete y	our agreement		electronically.

-	vice/Space Utili	zation Application			21 Edit Section
Facility Informatio	n				
Facility Name Bruce's Haus Cen	ler		License Number 0000003CDCOU5452	7757	Anniversary Date 12/20/2024
Physical Address					
Physical Address					Suite, Unit, etc.
400 E Windsor Av					
Oty Phoenix	State AZ		Zip Code 85004		County Maricopa
Owning Entity Info	irmation				
Owning Entity					
Robin Hood LLC					
ervice & Capacity Inform	nation				
otal License Capacity 7	Infants N/A	Ones N/A	Twos N/A	Three to Five Licensed	School Aged
Hective Date of the Changes * Dec 25, 2021 Licensed Services lease update as needed to refle consed Services * antidov Part Day Care	ct all services the facility will pro- Oroson		e on different docs, then separate op docum. If there are no changes need		
Infant Care One-year-old Care	3/4/5-year-old Care School-Age Child Care				
Two-yeer-old Care	Weekend Care				
*					
Application Signatu					
	Barner			david.rs	sebuchotel+208@gmail.com
Application Signature	Banner	d to the Department for this appl	ication is true and correct.	david.rt	sebuchotel+2080gmail.com
Application Signature	Banner	d to the Department for this appl	ication is true and correct.	devid.rs	sabuchotel+208()gmail.com
Application Signatur Bruce I, Bruce Banner, attest 6	Barner hat the information provider				
Application Signatur Bruce I, Bruce Banner, attest 6	Barner hat the information provider		ication is true and correct. e your agreement to do b		
Application Signatur Bruce I, Bruce Banner, attest 6	Barner hat the information provider				
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Application Signatur Bruce I, Bruce Banner, attest 6	Barner hat the information provider				
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## 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.

- 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 <u>will not display again</u>. Some Providers choose to print the page from their internet browner 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

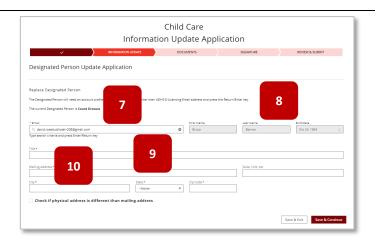
6. Select Save & Continue to proceed

		Child Care											
	Informatio	on Update Applic	ation										
LPOARE SELECTION	INFORMATION UPDATE	DOCLAMENTS	SICAUTURE	REVEW & SLEWIT									
Facility Information Update	Application												
Pacility information													
Facility Name Bruce's Haus Center	Facility Emails david.rose	otress budhotel+208@gmail.com											
Designated Person Bruce Banner					Designated Person								
Additional Notes About Hours of Operati	on & Cosures												
Additional Notes About Hours of Operatio	an & Cosures			_									
	an & Cosures												
Owning Entity Information Owning Entity Robin Hood LLC			5		6								
Owning Entity Information Desing Britiy			5		6								
Owning Entity Information Georg Proty Rebin Hood LLC * Please select an update ty Select an Option	pe		5		6								
Owning Entity Information Decembrity Robin Hood LLC	pe		5	Save & Exer. Save & Constr									
Owning Entity Information Georg Proty Rebin Hood LLC * Please select an update ty Select an Option	pe	•	5	Sere & Loci									
Owning Entry Information Designmy Robin Nood LLC * Please select an update ty Select an Option Controlling People /	pe	•	5	Sere & Kex Sere & Constr									

#### 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



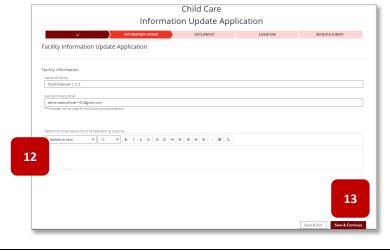


#### For Facility Information Updates:

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

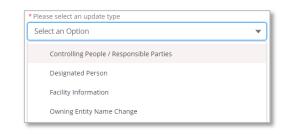
#### 15. Check the agreement box

#### 16. Select Save & Continue



<u>To Update Controlling Persons / Responsible</u> <u>Parties:</u>

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**

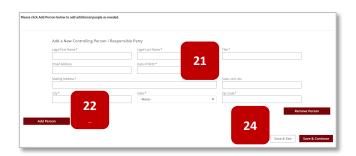
#### For Group Home Provider Updates:

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



# 

Upload Supporting Documentation

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Serve & Low

Serve & Low

Comparison

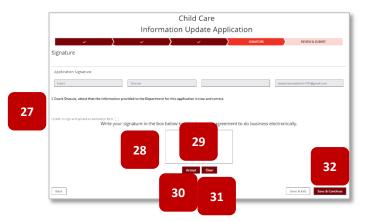
To f1 file uploaded

Done

Child Care

Information Update Application

- 27. The applicant can select whether to upload a signed attestation (form is available if box is checked) OR
- 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
- 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



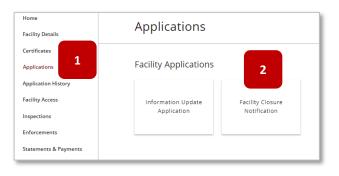
Uploaded Documents Legal Business Document	Edit Section	
	34	35
Buck		Submit

#### 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
- 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
- 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.

Closure	Information
	sting this form, you are notifying the Department of the planned permanent closure of the facility. For temporary facility closures, please navigate to the Facility Details tab and add temporary formation there instead.
Diffective D	See *
Supportin	ag Decumentation
6 💵	Nar Hen. O day Re
Signatu	ure
	tion Signature
Count	Doucle devices set of the Department for this application is true and cerrect.
( count of	акна, актер ная на постанов рочано о на ократитал на саз аррениета о на апенскаток.
8 I prefer to sig	ign and upload an assessment toon Write your signature in the box below to complete your agreement to do business electronically.
	7
	Accept Citer 9
	Save & Exit

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.

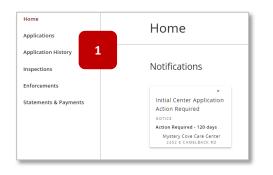
## 3.9 Applications in Action Required Status

#### 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



None Applications	Application H	listory			
Application History	Type search oritoria and press briter	Platan kay			
Inspections	Q. Search		Facility-Related Applications	<ul> <li>Al Statuses</li> </ul>	<ul> <li>(1 / 1) application</li> </ul>
Enforcements	Apartonis in 1 gan	Appleant Kerne	halon ilini	Martine 🛔	Asian Konjarovi Kup Date
Statements & Payments	CC - Initial Carller Application	Welva Diritley	1-210023	Adian Fequina 2/0/2022	6/2/00/2 Bugs Inte 120

- 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 <u>critical</u> when resubmitting the application to go through the **ENTIRE** application to the final submit page to <u>complete</u> 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									
Applications	<b>A 14</b> . •								Count Dracula and Kids
Application History 1	Application	History							400 E WINDSOR AVE
Inspections	Type search criteria and press E	nter/Return key	En ellier e	Selete of Annelline Selections	•	All Statuses		(1 / 1) applications	
Enforcements	Q Search		Facility-F	Related Applications	•	All Statuses	•	(171) applications	
Statements & Payments	Application Type	Applicant Name		Submitted	Status 🦆	Action Required Exp Date		1	
	CC - Initial Center Application	Count Dracula	2		Not Submit 8/19/202				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

# **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

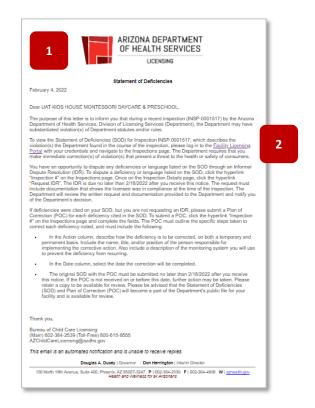
3	Ionfirm Inspection		Confirm Inspection	
	ddress	Scheduled Date/Time Date: 2/17/2022 Anticipated start time: 11:00 AM - 3:00 PM	Address <sup>90</sup>	Scheduled Date/Time Date: 2/17/2022 Anticipated start time: 11:00 AM - 3:00 PM
	* Accept/Reject Inspection		* Accept/Reject Inspection	* Rejection Explanation
	None	▼ 4	Reject	
6	Submit		Submit	5

## 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

ARIZONA DEPARTMENT OF HEALTH SERVICES Division of Licensing	ADHS Licensing Portals	TestCC Five
Home Facility Details	Home	PRESCHOOL ESCALADA DRIVE
Certificates Applications	Notifications	
Application History Facility Access Inspections Enforcements Statements & Payments	Your Statement of Deficiencies is Available Suburt A HAN OF CONFECTION Due Due 2: 7/12/022 URA YOUS HOUSE WONTESSON DAYS RE IN CONFECTION DUE 10 URA YOUS HOUSE WONTESSON	
	Message ADHS To ensure your message gets to the appropriate ADHS department; please select one of the following categories. Category Select an Option Subject	•

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

Home Facility Details	5	Inspections					PRESCHOO
Certificates		Inspection #	Inspection Date(s)	Address	Status↓	Action Required	Records found: 4
Application History Facility Access	6	SP-0001526		162 NORTH ESCALADA DRIVE, NOGALES, AZ 85621	SOD	Submit a POC by 2/16/2022	
Inspections Enforcements		INSP-0001297	1/7/2022	162 NORTH ESCALADA DRIVE, NOGALES, AZ 85621	SOD	Submit a POC by 2/22/2022	
Statements & Payments		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  $\mathbf{\overline{z}}$  to open the **Plan of Correction Action** page for each item

Home	Inspection	Detail				PRESCHOOL
7	Inspection # INSP-0001517	Inspection Date(s) 2/1/2022	Status SOD	Address DRIVE, NOGALES, AZ 85621		
	Initial Comments: of Deficiency deficiencies were found during	the inspection held on Feb 1, 202	2	Request IDR	Plan of C (Due by Fe	
pproval gran .1. The applie ubstantive re the substantiv	2.A. me-frame described in A.R.S. § 4 ted by the Department under ti cant and the Department may a eview time-frame and the overal ve review time-frame and the ov f the overall time-frame.	I1-1072 for each type of his Chapter is set forth in Table agree in writing to extend the II time-frame. An extension of	his is not good for Child Care		11	C file(s)
in Table 1.1 ar completeness approval of a of physical sp.	E.C.2. we review time-frame described nd begins on the date of the nois s. 2. As part of the substantive ri- change affecting a certificate the ace at a child care group home, that may require more than on	I in A.R.S. § 41-1072 is set forth tice of administrative eview for a request for at requires a change in the use the Department shall conduct	Ve can't tolerate this.		₽⁄	60 file(s)

- 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

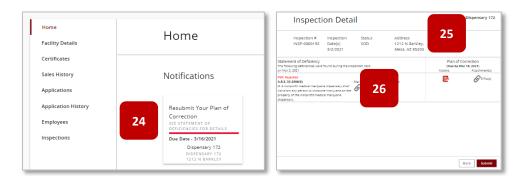
		<b>k</b>
12	Plan of Correction Action	
13	AAC P3-3-102.A *Name, title and/or Position of the Person Responsible Permanent Solution   Date permanent correction will be complete	2
	Cancel Save	14

- 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 ico** 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

Home Facility Details	Inspection Detail			PRESCHOOL	
Certificates	Inspection # Inspection Date(s) Status INSP-0001517 2/1/2022 SOD	Address			
Applications Application History		DRIVE, NOGALES, AZ 85621			
Facility Access	Initial Comments:				
Inspections Enforcements	Statement of Deficiency The following deficiencies were found during the inspection held on Feb 1, 2022	Request IDR		of Correction w Feb 18, 2022) Attachment(s)	
Statements & Payments	AC R9-3 102A. The overall time frame described in A.S.S. 5 41:1072 for each type of approval graved by the Department under this Chapter is set forth in Table 1.1. The applicant and the Department may agree in writing to exact the substantive review time frame and the outer list me frame may not exact 30% of the walls merk frame. Are be overall time frame may not exact 30% of the walls merk frame.	d Care.	15	16	
	Act R93-102.2.2. The substantises there introduces described in A.S.5.5.1-1.1072 is and form. We can't tolerate this: $\mathcal{O}$ to the substantises of the substantises of the model of the substantises of th		E2	C *O file(s)	Back Submit

- 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**



### 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

	Home Facility Details		Inspections					PRESCHOOL ESCALADA DRIVE
	Certificates Applications		Inspection #	inspection Date(s)	Address	Status 🕁	Action Required	Records found: 4
	Application History Facility Access	2	INSP-0001526		162 NORTH ESCALADA DRIVE, NOGALES, AZ 85621	SOD	Submit a POC by 2/16/2022	
1	Inspections Enforcements		INSP-0001297	1/7/2022	162 NORTH ESCALADA DRIVE, NOGALES, AZ 85621	SOD	Submit a POC by 2/22/2022	
	Statements & Payments		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

Storm and Her Happy Cloud
ss Windsor Ave, hix, AZ 85004
Plan of Correction (Due by Mar 2, 2022)
Actions Attachment(s)
١

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 # Inspection Date(s) S INSP-0000471 S	itatus Address OD 400 E Windso Phoenix, AZ 8	
Initial Comments:		4
Statement of Deficiency The following deficiencies were found during the inspection held An IDR may only be requested once. You must enter a reasor submitting		Informal Dispute Resolution (Due by Mar 2, 2022) Reason Attachment(s)
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: 1.5 terile bandages including: b. Sterile gauze pads, and		5 Z O file(s)
	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

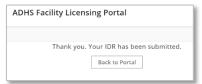


- 8. The notebook icon will turn gray once a reason for IDR has been entered
- 9. Click the paperclip icon to add any necessary files to support the reason for the dispute
- 10. Repeat the steps if additional deficiencies are being disputed
- 11. Once all relevant disputed reasons and files have been added, click Submit

Inspection Detail				Dispensary 173
Inspection # Inspection Date INSP-0000202 3/2/2021	e(s) Status SOD	Address 1228 N Terripin, Mesa, AZ 85207		
Statement of Deficiency The following deficiencies were found during the inspection held An IDR may only be requested once. You must enter a reaso disputed prior to submitting		Cancel IDR		pute Resolution Mar 16, 2021) Attachment(s)
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;	Place appeared dirty, trasl	h and debris on floor.	E/	O file(s)
AAC. R9-17-320(B)(1)(b) IF. 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 dispensa- gent's arms in a hord wathing rist ic. During prevantion, as often as necessary to remove soil and containmistion and to prevent cross-containmistion when burging tasks;	Hands not washed.		8⁄	O file(s)
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:	A preschool is less than 50	10 feet away.	Ð	O file(s)
				Back Submit

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

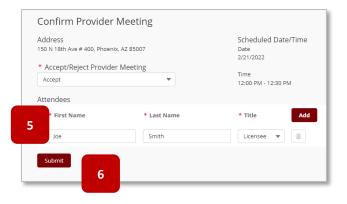
- 1. In many cases, the Bureau will schedule a meeting with the Facility to discuss the Enforcement Action being taken. In these cases, an email will be generated to the Facility to confirm the date / time of the Provider Meeting
- 2. Click on the link to open the scheduling confirmation page
- 3. Accept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

		RVICES
	ACTION REQUIRED: Confirm Provider Meet	ing Date & Time
	February 15, 2022	
	Dear King Children Center,	
	A Provider Meeting for King Children Center, located at 2800 E Gen been scheduled on 02/21/2022 from 12:00 PM to 12:30 PM. Please why this date/time will not work.	mann Rd, Chandler, AZ 85286 has click <u>here</u> to confirm or to explain
_	lease take action no later than 3 days from the date of this email.	
2		
	Thank you,	
	Bureau of Child Care Licensing (Main) 602-364-2539 (Toll-Free) 800-615-8555 AZChildCareLicensing@azdhs.gov	3
	This email is an automated notification and is unable to receive repl	ies.
	Dourise & Ducey   Gou	ernor Don Herrington   Interim Director
	150 North 18th Avenue, Suite 400, Phoenix, AZ 85	5007-3247 P   602-364-2536 F   602-364-4808 W   azhealth.gov
l	Health an	d Wellness for all Arizonans
	Confirm Provider Meeting	
	Address	Scheduled Date/Time
	150 N 18th Ave # 400, Phoenix, AZ 85007	Date
	the second se	2/11/2022
	* Accept/Reject Provider Meeting	Time
	-ilious.	12:00 PM - 1:00 PM
	Submit	

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



## 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

ARIZONA DEPARTMENT OF HEALTH SERVICES ADHS Licensing Portals								King Arth
Home Facility Details	3	Enforce	ments					King Children Center 2800 E GERMANN RD
Certificates Applications Application History		Enforcement #	Description	Status	Action Letter Sent	Hearing Request Deadline	Hearing ISC Date/Time Date/	Records found: 1 'Time
Facility Access	4	00001371	Adding in the case information here.	In Process	2/16/2022	3/18/2022		
Inspections Enforcements								
Statements & Payments								

- 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

5	5 Enforcement Detail								
Enforceme 00001371	ent #	Status In Process	Date Notified 2/16/2022		Hearing Req 3/18/2022	uest Deadline	Request Hea		
Hearing St Not Reques		Hearing Date/Tim	e	Hearing Case #	ISC Date/Tim	e			
Related Fil	es								
60 file(s)									
Descriptio Adding in th	n e case information here.								
Enforcemen	t Resulted From								
Inspection INSP-000043		ection Type liance (Annual)							
7	Actions Description	Status	Total Amount	Start Date	Due/End Date	Completed Date			
	Training Needed	In Process		3/7/2022	5/31/2022				
8	Fine for Inspection	In Process	\$1,000.00		6/1/2022				

- 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

Description Required Training	Status In Process	Start Date 2/11/2022	End/Due Date 2/11/2022	Completed Date	Related Files	
Due Date	Status	Attachments	Comments	Completed Date		12
2/11/2022	Not Submitted	60 file(s)	11 🧕			Submit

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

	Enforcemen	t Detail				к	ing Children Center 2800 E GERMANN RD
Enforcemen 00001371	nt #	Status In Process	Date Notified 2/16/2022		Hearing Reques 3/18/2022	t Deadline	Request Hearing
-	ed es case information here. Resulted From # Inspect	Hearing Date/Time ion Type nce (Annual)		Hearing Case #	ISC Date/Time		
	Actions Description	Status	Total Amount	Start Date	Due/End Date	Completed Date	
13	raining Needed	In Process In Process	\$1,000.00	3/7/2022	5/31/2022 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 Deta	ail			King Children Center 2800 E GERMANN RD
Description Fine for Inspection	Status In Process	14 End/Due Date 6/1/2022	Completed Date Related Files	
Next Payment Date	20	Total Amount	Total Remaining	
2022-03-01		\$1,000.00	\$1,000.00 Pay	

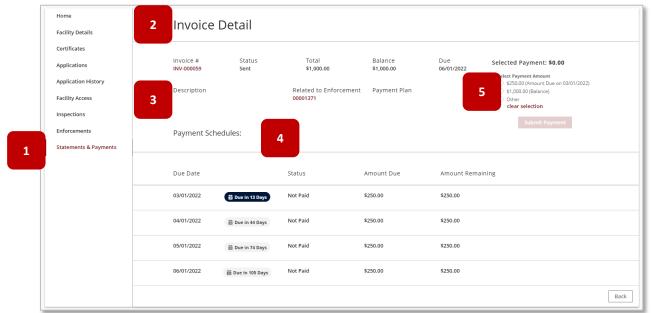
- 22. Continue in the Statements & Payments section for more information on payments
- 23. Once the payment has been made, the total remaining will reflect the update
- 24. The Enforcement Case will be updated to complete once all payments in the payment plan have been paid showing no remaining balance 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



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



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

8	Payment Am		
	Invoice #	Amount \$250.00	
		Total Amount: <b>\$250.00</b>	9 Cancel Next

10. Enter Payment Information to complete the payment

	Payme	nt In	formation
O CHECKOUT - PAYMENT INFORM	IATION		
*First Name			"Last Name
*Billing Address			*City
*State		~	*Zip
* Email			*Phone Number
Cinai			
Credit Card			
O Electronic Check			
VISA			rre not an acceptable form of payment due to the system's inability to confirm a secured or prepaid Credit Card issued by a US entity or bank.
*Credit Card Number			

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

	Payment Confirmation
11	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.
	Back to Portal

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

Action Det	Action Detail									
Description Fine for Inspection	Status In Process	End/Due Date 6/1/2022	Completed Date	Related Files						
Next Payment Date		Total Amount	Total Remainir	ng						
2022-04-01		\$1,000.00	12 750.00		Рау					