The following definitions apply in this Article:

1. “Abandonment” has the meaning ascribed to “abandoned” in A.R.S. § 8-201 (1).

2. “Abuse” has the meaning ascribed in A.R.S. § 8-201 (2).

3. “Age” means years of a person’s lifetime when used in reference to a number, unless the term “months” is used.

4. “Adult” means a person age 18 or older.

5. “Applicant” means a person who submits a written application to the Department to become certified as a child care provider.

6. “Backup provider” means an adult who, or an entity that, provides child care when a provider is not available.

7. “CACFP” means the Child and Adult Care Food Program.

8. “Certificate” means a document the Department issues to a provider as evidence that the provider has met the child care standards of this Article.


10. “Child care” means the compensated care, supervision, recreation, socialization, guidance, and protection of a child who is unaccompanied by a parent.

11. “Child care personnel” means all adults residing in a home facility, an in-home provider, and any backup provider.

12. “Child care registration agreement” means a written contract between a provider and the Department; that establishes the rights and duties of the provider and the Department for provision of child care.

13. “Child care specialist” means a Department child care eligibility and/or certification staff person.

Current through March 31, 2013.
14. “CHILDS” means the Children’s Information Library and Data Source, which is a comprehensive, automated system to support child welfare policies and procedures, and includes information on investigations, ongoing case management, and payments.

15. “CHILDS Central Registry” means the Child Protective Services Central Registry, a confidential, computerized database within CHILDS, which the Department maintains according to A.R.S. § 8-804.

16. “Child with special needs” means a child who needs increased supervision, modified equipment, modified activities, or a modified facility, due to any physical, mental, sensory, or emotional delay, or medical condition, and includes a child who has a physical or mental impairment that substantially limits one or more major life activities; has a record of having a physical or mental impairment that substantially limits one or more of the child’s major life activities; or who is regarded as having an impairment, regardless of whether the child has the impairment.

17. “Client” means a person who applies for and meets the eligibility criteria for a child care service program administered by the Department.

18. “Compensation” means something given or received, such as money, goods, or services, as payment for child care services.

19. “Corporal punishment” means any act that is administered as a form of discipline and that either is intended to cause bodily pain, or may result in physical damage or injury.

20. “CPS” means Child Protective Services, a Department administration that operates a program to investigate allegations of child maltreatment and provide protective services.


22. “Developmentally appropriate” means an action that takes into account:

   a. A child’s age and family background;

   b. The predictable changes that occur in a child’s physical, emotional, social, cultural, and cognitive development; and

   c. The individual child’s pattern and timing of growth, personality, and learning style.

23. “DHS” means the Arizona Department of Health Services.


25. “Exploitation” means an act of taking advantage of, or making use of a child selfishly, unethically, or unjustly for one’s own advantage or profit, in a manner contrary to the best interests of the child, such as having a child panhandle, steal, or perform other illegal activities.

Current through March 31, 2013.
26. “Evening care” means child care provided at any time between 6:30 p.m. and midnight.

27. “Heating device” means an instrument designed to produce heat for a room or inside area and includes a nonelectric stove, fireplace, freestanding stove, or space heater.

28. “Home facility” means a provider’s residence that the Department has certified as a location where child care services may be provided.

29. “Household member” means a person who does not provide child care services and who resides in the home facility of a provider for 21 consecutive days or longer or who resides periodically throughout the year for a total of at least 21 days.

30. “Infant” means:
   a. A child who is younger than 12 months old; and
   b. A child who is younger than 18 months old and not walking.

31. “In-home provider” means a provider who cares for a child in the child’s home.

32. “Maltreatment” means abuse, neglect, exploitation, or abandonment of a child.

33. “Medication” means any prescribed or over-the-counter drug or medicine.

34. “Mechanical restraint” means a device to restrict a child’s movement.

35. “Neglect” has the same meaning ascribed in A.R.S. § 8-201(21).

36. “Night-time care” means child care provided at any time between midnight and 6:00 a.m.

37. “Non-parent relative” means a caretaker relative who exercises responsibility for the day-to-day physical care, guidance, and support of a child who physically resides with the relative and who is by affinity, consanguinity, or court decree, a grandparent, great grandparent, sibling of the whole or half-blood, stepbrother, stepsister, aunt, uncle, great aunt, great uncle, or first cousin of the child.

38. “Parent” means the biological or adoptive parent of a child, a court-appointed guardian, or a non-parent relative.

39. “Provider” means an adult who is not the parent or guardian of a child needing care, and to whom the Department has issued a certificate, and includes a backup provider who performs the provider’s duties when the provider is unavailable.

40. “Physical restraint” means the use of bodily force to restrict a child’s freedom of movement.

Current through March 31, 2013.
41. “Safeguard” means to use reasonable efforts and developmentally appropriate measures to eliminate the risk of harm to a child in care and ensure that a child in care will not be harmed by a particular object, substance, or activity. Safeguarding may include:

   a. Locking up a particular substance or item;

   b. Putting a substance or item beyond the reach of a child who is not mobile;

   c. Erecting a barrier that prevents a child from reaching a particular place, item, or substance;

   d. Mandating the use of a protective safety device; or

   e. Providing direct supervision.

42. “Sanitize” means treatment by a heating or chemical process that reduces the bacterial count, including pathogens, to a safe level.

43. “Time out” means removing a child from a situation by directing the child to remain in a specific chair or place identified as the time out place, for no more than one minute for each year of a child’s age, but no more than 10 minutes.

44. “Undue hardship” means significant difficulty or substantial expense concerning the operation of a provider’s program. In this subsection, “significant” and “substantial” are measured relative to the level of net income the provider earns from child care services.

45. “Unusual incident” means any accident, injury, behavior problem, or other extraordinary situation involving a provider or a child in care, including suspected child maltreatment.

A.A.C. R6-5-5202
R6-5-5202. Initial Application for Certification

A. To become a certified child care provider, an applicant shall comply with all requirements of this Article and other applicable requirements of federal, state, or local law.

B. An applicant shall be at least age 18.

C. An applicant shall submit a complete, signed application form to the Department.

D. An applicant shall designate one or more backup providers from the following list:

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1. An individual who is age 18 or older and who satisfies the requirements for backup providers outlined in this Article;

2. A DHS-licensed child care center;

3. A DHS-certified child care group home; or

4. A DES-certified family child care home.

E. An applicant shall participate in any orientation and training and shall cooperate in conducting any pre-certification interviews and inspections the Department may require.

F. An applicant shall give the Department the names of three references who:

1. Have known the applicant at least one year,

2. Are unrelated by blood or marriage to the applicant, and

3. Can furnish information regarding the applicant’s character and ability to care for a child.

G. An applicant and any designated individual backup provider shall furnish a self-statement of physical and mental health on a form provided by the Department.

H. An applicant and each designated individual backup provider shall have the physical, mental, and emotional health necessary to perform the duties and meet the responsibilities established by this Article. If the Department has questions about the applicant’s health that the applicant cannot satisfactorily answer or explain, the applicant, upon request by the Department, shall submit to a physical or psychological examination by a licensed physician, psychologist, or psychiatrist, and shall provide the Department with a professional opinion addressing the Department’s questions. The applicant shall bear the cost of any professional examinations that the Department needs to determine whether the individual is qualified.

I. The Department may require an applicant to furnish at least the following information about the applicant, the applicant’s spouse, members of the applicant’s household, children residing outside of the applicant’s home, and the individual backup provider:

1. Name;

2. Current address;

3. Telephone number;

4. Date of birth;

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5. Social security number;

6. Maiden name, aliases, and nicknames;

7. Relationship to the applicant or backup provider;

8. Marital status and marital history;

9. Educational background;

10. Ethnicity;

11. Gender;

12. Birthplace;

13. Physical characteristics; and


J. Child care personnel shall submit the notarized criminal history certification form required by A.R.S. § 41-1964, and disclose whether they have committed any acts of child maltreatment or have been the subject of a Child Protective Service investigation.

K. On a Department form, an applicant, all adult household members, and all individual backup providers shall provide employment histories for the five-year period immediately preceding the application date, beginning with the individual’s present or most recent job.

L. An applicant shall furnish proof that the applicant, the individual backup provider, and members of the applicant’s household who are age 13 or younger are immune from measles, rubella, diphtheria, tetanus, pertussis, polio, and any other diseases for which routine immunizations are readily and safely available.

1. The Department may waive the requirements of this subsection for a household member if the applicant will be certified as an in-home provider only and submits an affidavit attesting that household members will not be present when child care services are provided.

2. The Department shall waive the requirements of this subsection if the applicant:

   a. Submits an affidavit stating that household members are being raised in a religion whose teachings oppose immunization; and

   b. Affirms, in writing, that families will be notified of the religious exemption before child care services are provided.

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M. An applicant shall submit evidence of current freedom from pulmonary tuberculosis for the applicant, all household members, and all individual backup providers. If the application is approved, this evidence shall be submitted each succeeding calendar year.

1. Evidence required under this subsection is limited to:

   a. A report of a negative Mantoux skin test performed within three months of the date or anniversary date of initial certification.

   b. A physician’s written statement based on an examination performed within three months of the date or anniversary date of initial certification.

2. The Department shall waive the requirements of this subsection for household members if the applicant will be certified as an in-home provider only and submits an affidavit that household members will not be present when child care services are provided.

N. An applicant shall provide a statement of services on a Department form. The statement shall describe:

1. The home at which services will be provided, location, and hours of operation;

2. The applicant’s daily rates and fees;

3. The ages of children the applicant will accept;

4. The equipment, materials, daily activities, and play areas available to children in care;

5. Any special child care skills, knowledge, or training the applicant has; and

6. The behavior, guidance, and discipline methods the applicant uses.

O. During an interview with the child care specialist, an applicant shall complete a Department questionnaire describing:

1. The applicant’s child rearing philosophy;

2. The home environment, including intra-family relationships and attitudes toward child care;

3. The parenting and discipline methods employed by the applicant and the applicant’s parents; and

4. The applicant’s child care training and experience.

P. Upon Department request, an applicant, all members of the applicant’s household, and all individual backup providers shall comply with any additional requirements and requests for interviews, inspections, or information necessary to determine the applicant’s fitness to serve as a certified child care provider.

Q. A complete application package consists of an applicant’s completed application form and evidence that the applicant, all members of the applicant’s household, and all individual backup providers have met all requirements and submitted all information and documentation listed in this Section.

R. The Department shall send an applicant a notice of administrative completeness or deficiency, as described in A.R.S. § 41-1074, indicating the additional information, if any, that the applicant must provide for a complete application package. The Department shall send the notice after receiving the application and before expiration of the administrative review timeframe described in R6-5-5204. If the applicant does not supply the missing information listed in the notice, the Department may close the file.

S. An applicant whose file is closed may reapply for certification.

T. After an applicant submits a complete application for initial certification, the Department shall inspect the applicant’s home to determine whether the home meets the regulations of this Article.

A.A.C. R6-5-5203

R6-5-5203. Initial Certification: The Home Facility

A provider’s home facility shall meet the requirements of this Section.

1. A provider shall maintain the indoor and outdoor premises of the home facility in a safe and sanitary condition, free from hazards and vermin, and in good repair. A mobile home shall have skirting to ensure that a child in care cannot go beneath the mobile home.

2. Any area to be occupied by a child in care shall have heat, light, ventilation, and screening. The provider shall maintain the home facility between 68° and 85° F.

3. A provider shall vent and safeguard all heating devices to protect each child from burns and harmful fumes.

4. A provider shall safeguard all potentially dangerous objects from children, including:

   a. Household and automotive tools;

   b. Sharp objects, such as knives, glass objects, and pieces of metal;

   c. Fireplace tools, butane lighters and igniters, and matches;

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d. Machinery;

e. Electrical boxes;

f. Electrical outlets;

g. Electrical wires; and

h. Chemicals, cleaners, and toxic substances.

5. A provider shall store firearms and ammunition separately from one another, under lock and key or combination lock.

6. A home facility shall have adequate space and equipment to accommodate each child in care, and other household members who are in the home facility at the same time as children in care. In this subsection, “adequate” means sufficient space and equipment to:

   a. Permit all persons in the dwelling to have safe freedom of movement;

   b. Permit children in care to be seated together for meals and snacks; and

   c. Permit all children in care to be engaged in developmentally appropriate activities at the same time and in a room where the provider can keep all children within sight.

7. A provider shall keep outside play areas clean and safe and shall fence the play area if there are conditions that may pose a danger to any child playing outside. The fence shall be at least 4 feet high and free of hazards, including splinters and protruding nails or wires. The fence shall have only self-closing, self-latching, lockable gates.

8. A home facility shall have the following equipment:

   a. A charged, readily accessible, operable, multi-purpose (ABC class) fire extinguisher that the applicant knows how to operate;

   b. At least one UL-approved, working smoke detector, properly mounted on each level of the dwelling;

   c. At least two usable outdoor exits;

   d. A posted written plan or diagram for emergency evacuation;

   e. A working telephone or other two-way communication device acceptable to the Department; and

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f. An easily accessible life-saving device if the home facility has a pool or other body of water more than 12 inches deep. A “life-saving device” means a ring buoy with at least 25 feet of 1/2-inch rope attached or a shepherd’s crook.

9. If a home facility has a swimming pool or other body of water more than 12 inches deep, the pool or body of water shall be enclosed by a permanent fence that separates it from all other outdoor areas and from doors and windows into the home facility. The fence shall be at least 5 feet high and shall have only self-closing, self-latching, lockable gates. Open spaces between upright or parallel posts and poles on fences and gates shall be no more than 4 inches apart. When the pool or body of water is not in use, the provider shall lock the gates.

10. A provider shall enclose spas and hot tubs with fencing as described in subsection (9), or with a hard, locked cover that prevents access and can support at least 100 pounds.

A.A.C. R6-5-5204

R6-5-5204. Initial Certification: Department Responsibilities

A. Before issuing a certificate, the Department shall:

1. Conduct at least one face-to-face interview with an applicant;

2. Contact any other person necessary to determine an applicant’s fitness to be a certified provider;

3. Ensure that an applicant and all individual backup providers have complied with and satisfy the requirements of R6-5-5202;

4. Inspect the home where an applicant will provide child care, unless it is the child’s own home, and ensure that it meets the requirements of R6-5-5203;

5. Conduct a CHILDS Central Registry check for:

   a. An applicant;

   b. The applicant’s household members;

   c. The applicant’s emancipated children who live outside the applicant’s home, if any; and

   d. Any individual backup provider.

6. Find that an applicant has the intent and ability to provide child care that is safe, developmentally appropriate, and in compliance with the requirements of this Article.

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B. The Department shall objectively determine whether to certify an applicant based on the applicant’s entire application package, and the information the Department has acquired during the course of the application process.

A.A.C. R6-5-5205

R6-5-5205. Certification Time-frames

For the purpose of A.R.S. § 41-1073, the Department established the following certification time-frames:

1. Administrative completeness review time-frame: 60 days,

2. Substantive review time-frame: 30 days, and

3. Overall time-frame: 90 days.

A.A.C. R6-5-5206

R6-5-5206. Certificates: Issuance; Non-transferability

A. A certificate is valid for three years from the date of issuance. The Department may revoke a certificate before expiration as provided in this Article and by law.

B. A certificate is not transferable and is valid only for the provider and location identified on the certificate.

C. A provider shall post the certificate in a conspicuous location in the home facility.

D. A certificate is the property of the state of Arizona. Upon revocation or voluntary closure, a provider shall surrender the certificate issued to the provider to the Department within seven days.

E. The Department shall designate on the certificate issued to the provider the total number of children to be allowed in child care at any one time. The total shall not exceed the limits set in R6-5-5220.

A.A.C. R6-5-5207

R6-5-5207. Maintenance of Certification: General Requirements; Training

A. Child care personnel and all individual backup providers shall be fingerprinted and pay all required fingerprint fees within the time prescribed in A.R.S. § 41-1964.

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B. A provider and all individual backup providers shall maintain the physical, mental, and emotional health necessary to fulfill all legal requirements for child care providers.

C. No later than 60 days after the date of provider certification, a provider and individual backup providers shall furnish the Department with proof of acceptable first aid training and certification in infant/child cardiopulmonary resuscitation (“CPR”). As used in this Section, “acceptable training” means a course approved by the American Red Cross or the American Heart Association. The Department may extend the time for completing this requirement and children may remain in care during an extension, if:

1. The class was not available within the 60-day time period; or

2. The provider, individual backup provider, or a dependent was ill, and the provider or backup provider was unable to attend a scheduled class due to the illness.

D. A provider and individual backup providers shall maintain current training and certification in first aid and infant/child CPR through acceptable training courses.

E. A certified provider shall attend at least six hours of training each calendar year in any of the following subjects:

1. The Department’s child care program, policies, and procedures;

2. Child health and safety, including recognition, control, and prevention of illness and disease;

3. Child growth and development;

4. Child abuse prevention, detection, and reporting;

5. Positive guidance and discipline;

6. Child nutrition;

7. Communication with families; family involvement;

8. Developmentally appropriate practices; and

9. Other similar subjects designed to improve the provider’s ability to provide child care.

F. A provider shall maintain a record of all training, and annually furnish the Department with proof of attendance.

G. A provider shall maintain a safe and clean home facility, including furnishings, equipment, supplies,
materials, utensils, toys, and grounds, that meets the standards in this Article.

H. At all times, a provider shall allow the Department access to all parts of the home facility. The Department shall make at least two onsite visits each year to each home facility and in-home provider. At least one visit shall be unannounced.

I. A provider shall allow a parent or a designated representative access to the home facility at all times when the parent’s child is present, and shall give parents and designated representatives written notice explaining this right.

J. A provider shall directly supervise a visitor to the home facility while the visitor is in an area with a child in care.

K. A provider shall not expose a child in care to tobacco products or smoke.

L. A provider shall not care for a child while under the influence of alcoholic beverages, medication, or any other substance, that may or does impair the provider’s ability to care for a child.

M. A provider shall not consume alcoholic beverages while caring for a child.

N. A provider shall not refuse to provide care to any child on the basis of color, sex, religion, disability, or national origin.

O. If a provider is notified that a child or household member has a communicable disease, the provider shall ensure that a child who lacks written evidence of immunity to the communicable disease is not permitted to be present in the home facility until:

1. A parent provides written evidence of the child’s immunity to the disease; or

2. A local health department notifies the provider that the child may return to the home facility

A.A.C. R6-5-5208

R6-5-5208. Recertification Requirements

A. Before recertifying a provider, the Department shall interview the provider at the location where child care will be provided. The Department Representative may interview an in-home provider at the in-home provider’s residence. The interview shall include a discussion and review of the provider’s experiences in the provision of child care services during the current certification period.

B. A provider shall demonstrate the continued physical, mental, and emotional health necessary to perform the duties and fulfill the responsibilities in this Article.
C. Before recertification, a provider and designated individual backup provider shall furnish a self statement of physical and mental health and freedom from communicable diseases on a form furnished by the Department.

D. The Department shall renew a certificate only after a provider demonstrates the intent and ability to provide child care that is safe, developmentally appropriate, and in compliance with the requirements of this Article.

E. Unless the Department, in its sole discretion, accepts a provider’s written assurance of future compliance with the requirements of this subsection, the Department shall deny recertification or take other enforcement action when the provider does not accept Department-referred children on three separate occasions unless the refusal is for:

1. Illness, accident, or incapacity of the provider;
2. Illness, accident, or incapacity of any household member, if the existing condition will pose a risk to children in care, or limit the provider’s ability to provide child care in accordance with the law;
3. The provider is not equipped or trained to provide care to the referred child, and the provider cannot acquire the equipment or training without undue hardship;
4. The provider has no available slots;
5. The situations listed in R6-5-5222 and a backup provider is unavailable;
6. A child has not been immunized, and the parent or guardian is unwilling to obtain appropriate immunization, in accordance with R6-5-5219(F); or
7. The home facility is in temporary disrepair or under construction.

F. The Department may obtain any supplemental information needed to determine continuing fitness to serve as a certified child care provider.

G. A provider, all household members, and an individual backup provider shall cooperate with the Department in providing all information required for recertification.

H. The Department shall determine whether to recertify a provider based on the provider’s original application package, all previous monitoring reports, and all additional information the Department receives during the recertification process.

A.A.C. R6-5-5209

R6-5-5209. Program and Equipment

A. A provider shall offer a program that is developmentally appropriate for, and meets the needs of each child in care. The daily program and activity schedule shall include a balance of the following:

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1. Indoor and outdoor activities;

2. Activities that encourage movement and quiet time;

3. Activities that encourage a child’s creativity;

4. Individual and group activities;

5. Small and large muscle development activities; and

6. Activities that include social interaction, problem solving, and negotiating skills.

B. A provider shall incorporate into the program each child’s daily routine activities, such as diapering, toileting, eating, dressing, resting, and sleeping, in accordance with the developmental needs of each child.

C. A provider shall develop a flexible, developmentally appropriate program that the provider can adjust to accommodate unanticipated events such as the illness of a child or changes in the weather.

D. A provider shall have play equipment and materials sufficient to meet the program requirements described in subsections (A) through (C), and to ensure that all children in care can be occupied in developmentally appropriate play at the same time.

E. A provider who cares for a child who is younger than age 2 shall have a variety of developmentally appropriate play equipment and supplies available for the child, such as:

1. Touch boards;

2. Soft puppets;

3. Soft or plastic blocks;

4. Simple musical instruments;

5. Push-pull toys for beginning walkers;

6. Picture and texture books;

7. Developmentally appropriate art materials, including crayons, paints, finger paints, watercolors, and paper;

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8. Simple, 2-3 piece puzzles and peg boards; and

9. Large beads to string or snap.

F. A provider who cares for a child age 2 or older shall have a variety of developmentally appropriate play equipment and supplies available for the child, such as:

1. Art supplies;

2. Blocks and block accessories;

3. Books and posters;

4. Dramatic play areas with toys and dress-up clothes;

5. Large muscle equipment;

6. Manipulative toys;

7. Science materials; and


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

A.A.C. R6-5-5210

R6-5-5210. Safety; Supervision

A. When a provider is unavailable to care for a child for a reason described in R6-5-5222(B), the provider may use only the backup provider designated under R6-5-5202 or R6-5-5222(E).

B. A provider shall give parents and guardians written notice of the provider’s backup care plan.

C. A provider shall not engage in activities that interfere with the ability to supervise and care for children, including other employment, and volunteer or recreational activities. An in-home provider shall not perform housekeeping duties unrelated to the care of the child.

D. A provider shall directly supervise each child who is awake.

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E. A provider shall have unobstructed access to and shall be able to hear each child who is sleeping.

F. A provider shall not permit a child in care to use a spa or hot tub.

G. A provider shall have written permission from a parent or guardian before allowing a child to engage in water play. In this subsection, “water play” means any activity in which water is likely to get into a child’s ears.

H. A provider shall directly supervise any child who is in a pool area.

I. A provider shall accompany a child who is using a public or semi-public swimming place.

J. A provider shall have written permission from a child’s parent or designated representative to bathe or shower the child, or to allow the child to bathe or shower independently.

K. A provider shall not permit a child younger than age 6 to bathe or shower unsupervised.

L. A provider shall report suspected child abuse or neglect to CPS or the local law enforcement department as required by A.R.S. § 13-3620.

M. A provider shall use developmentally appropriate precautions to separate a child in care from hazardous areas, including locked doors and safe portable folding gates.

N. A provider shall release a child only to the child’s parent or to an adult who has been designated in writing by the parent.

O. A provider shall not allow a person addicted to or under the influence of illegal drugs or alcohol in the home facility while children in care are present.

P. A provider shall not permit a person who is abusive to children, or who uses unacceptable disciplinary methods as described in R6-5-5212, into the home facility when children in care are present.

A.A.C. R6-5-5211

R6-5-5211. Sanitation

A. A provider and each child in care shall wash their hands with soap and running water after playing with animals or using the toilet, and before and after handling, serving, or eating food. If a child cannot reach a sink with running water, due to the child’s age or some limiting condition, the provider shall clean that child’s hands with an individual, clean, washcloth.

B. A provider shall wash, in hot soapy water, and sanitize, all utensils used for eating, drinking, and food preparation.
C. A provider shall have a garbage can with a close-fitting lid.

D. A provider shall dispose of garbage in the home facility at least once a day.

E. A provider shall empty and sanitize wading pools measuring 12 inches deep or less, after each use.

F. A provider shall maintain, in a sanitary condition, a swimming pool or other area or container, which is more than 12 inches deep and used for water play.

G. A provider shall frequently check the diaper of each child in care and shall immediately change a soiled diaper.

H. A provider shall have sanitary arrangements for diaper changing and disposal of soiled diapers, including the following:

1. The diaper changing area shall not be in an area where food is prepared or consumed;

2. The diapering surface shall be cleaned, sanitized, and dried after each diaper change;

3. Following bulk stool disposal into a toilet, soiled cloth diapers shall not be rinsed, but shall be bagged in plastic, individually labeled with child’s name, stored in a covered container out of reach of children, and returned to the child’s parent each day; and

4. Soiled disposable diapers shall be discarded in a tightly covered, lined container out of reach of children.

I. Before and after each diaper change, a provider shall wash hands with soap and running water in a sink not used for food preparation.

J. A provider shall sanitize a bathtub before bathing each child in care.

A.R.C. R6-5-5212

R6-5-5212. Discipline

A. A certified provider and all individual backup providers shall sign a written agreement to abide by the Department’s policy on developmentally appropriate discipline.

B. Only a provider may discipline a child in care;

C. A provider may physically restrain a child whose behavior is uncontrolled, only when the physical restraint:

1. Is necessary to prevent harm to the child or others;

2. Occurs simultaneously with the uncontrolled behavior;

3. Does not impair the child’s breathing; and

4. Cannot harm the child.

A provider shall use the minimum amount of restraint necessary to bring the child’s behavior under control.

**D. A provider shall not use the following disciplinary measures**

1. Corporal punishment, including shaking, biting, hitting, or putting anything in a child’s mouth;

2. Placing a child in isolation or in a closet, laundry room, garage, shed, basement, or attic;

3. Locking a child out of the home facility;

4. Placing a child in any area where the provider cannot directly supervise the child;

5. Methods detrimental to the health or emotional needs of a child;

6. Administering medications;

7. Mechanical restraints of any kind;

8. Techniques intended to humble or frighten a child;

9. **Discipline associated with eating, sleeping, or toileting; or**

10. Abusive or profane language.

**E.** As a disciplinary measure, a provider may place a child in time out. During the time out period, the provider shall keep the child in full view. Time out shall not be used for children less than age 3.

**F.** A provider shall maintain consistent, reasonable rules that define acceptable behavior for a child in care.

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

A.A.C. R6-5-5213

Current through March 31, 2013.
A. A provider who offers evening or nighttime care shall remain awake until each child in care is asleep.

B. A provider who offers nighttime care shall have a safe and sturdy crib for each infant, and a safe and sturdy bed or cot with mattress for each child. Crib bars or slats shall be no more than 2 3/8 inches apart, and the crib mattress shall fit snugly into the crib frame so that no space remains between the mattress and frame.

C. A provider may allow siblings to share a bed only if the provider has received written parental permission.

A.A.C. R6-5-5214
R6-5-5214. Children Younger than Age 2

A provider who cares for a child younger than age 2 shall comply with the following requirements:

1. A provider shall frequently hold a child and give each infant and toddler physical contact and attention throughout the day.

2. A provider shall respond promptly to a child’s distress signals and need for comfort.

3. A provider shall get written permission from a parent or guardian to give a child a bedtime or nap-time bottle. If the provider receives permission, the provider shall use only water in the bottles, unless otherwise directed by the child’s physician.

4. A provider shall not confine a child in a crib, high chair, swing, or playpen, for more than one consecutive waking hour.

5. A provider shall not feed cereal by bottle, except with the written instruction of a physician.

6. A provider shall hold an infant younger than age 1 for any bottle feeding, and shall not prop bottles with a child in care.

A.A.C. R6-5-5215
R6-5-5215. Children with Special Needs

A. When enrolling a child with special needs, a provider shall comply with the requirements of this Section:

1. A provider shall consult with parents to establish a mutually agreed upon plan regarding services for a child with special needs;

Current through March 31, 2013.
2. A provider shall have the physical ability and appropriate training to provide the care required by a child with special needs;

3. A provider shall use best efforts to integrate a child with special needs into the daily activities of the home facility in a manner that is the least restrictive, and that meets the child’s individual needs;

4. If a provider regularly cares for a child with special needs older than age 3 who requires diapering, the home facility shall have a diaper changing area that permits the child to have privacy. Proper sanitation shall be maintained as described in R6-5-5211.

   B. A provider shall make reasonable accommodations in the home facility, equipment, and materials for a child with special needs.

A.A.C. R6-5-5216

R6-5-5216. Transportation

A. A provider shall obtain prior written permission from a child’s parent before transporting a child in a privately owned vehicle or on public transportation.

B. A provider shall ensure that a child in care is transported in a private vehicle by a person who has:

   1. A valid Arizona driver’s license;

   2. Automobile insurance that meets the financial responsibility requirement of Arizona law; and

   3. No convictions for driving while intoxicated within three years before the date of transportation.

C. A provider shall transport a child only in a mechanically safe vehicle. “Mechanically safe” means a vehicle with:

   1. Functioning brakes, signal lights, and headlights;

   2. Tires with tread; and

   3. Structural integrity.

D. A provider shall not transport a child on a motorcycle or in a vehicle that is not constructed for the purpose of transporting people, such as a truck bed, camper, or any trailered attachment to a motor vehicle.

E. A provider shall transport a child in a separate car seat, seat belt, or child-restraint device in compliance with
A provider shall never leave a child unattended in a vehicle.

A provider shall maintain first-aid supplies in a privately owned vehicle used to transport children in care.

A provider shall carry a child’s emergency-information card when transporting a child in care.

A provider shall sign a form that states that the provider will abide by R6-5-5216.

A.A.C. R6-5-5217

R6-5-5217. Meals and Nutrition

A provider shall serve a child in care wholesome and nutritious foods and beverages. In this Section, “wholesome and nutritious” means foods and beverages consistent with the requirements of 7 CFR 226.20 (January 1, 1998), which is incorporated by reference and available for inspection at the Department’s Authority Library, 1789 West Jefferson, Phoenix, Arizona 85007 and in the office of the Secretary of State at 1700 West Washington, Phoenix, Arizona. The incorporated material contains no later amendments or editions.

A provider shall supplement meals and snacks supplied by a parent when the supplied food does not provide a child with a wholesome and nutritious diet.

A provider shall make available to a child in care meals and snacks that satisfy the child’s appetite and dietary needs.

A provider shall consult with a parent to identify, in writing, any special dietary needs or instructions for a child in care.

A provider shall give a child any necessary assistance in feeding and shall teach self-feeding skills, but shall not force a child to eat.

A provider shall monitor all perishable foods, including infant formulas and sack lunches. The provider shall ensure that food is individually labeled with a child’s name, dated, covered, and properly stored to prevent spoilage at temperatures of 45°F or less.

A.A.C. R6-5-5218

R6-5-5218. Health Care; Medications

When a provider enrolls a child for care, the provider shall make written arrangements with the child’s parent for emergency medical care of the child.

Current through March 31, 2013.
B. If a child becomes ill while in care, a provider shall:

1. Make the child comfortable and keep the child in full view; and

2. Notify the parent or other designated person that the child is ill and must be immediately removed from care.

C. A provider shall notify the parent of other children in care when a child in care contracts an infectious illness.

D. A provider shall not provide care while knowingly infected with or presenting symptoms of an infectious disease.

E. If a child exhibits symptoms of an infectious disease, the child may return to care when fever free and symptom free, or with written permission from the child’s medical practitioner that returning will not endanger the health of the child or other children in care.

F. A provider shall not admit a child in need of professional medical attention to the home facility and shall direct the parent to obtain medical attention for the child.

G. Only a provider shall administer medication with signed written instructions for administering the medication from the child’s parent.

H. A provider shall not administer:

1. Medication that is date expired or in something other than its original container; or

2. Prescription medication that does not bear the date of issue, the child’s name, the amount and frequency of dosage, and the doctor’s name.

I. A provider shall maintain a written log of all medications administered. The log shall include:

1. The name of the child receiving the medication;

2. The name of the medication;

3. The date and time of administration; and

4. The dosage administered.

A provider shall use a sanitary medication measure for accurate dosage.

J. A provider shall keep all medication in a locked storage container, and refrigerate if necessary.

Current through March 31, 2013.
K. A provider shall have first-aid supplies available at the home facility, which shall be administered only by the provider.

L. A provider is responsible for obtaining only emergency medical treatment for a child in care.

A.A.C. R6-5-5219

R6-5-5219. Recordkeeping; Unusual incidents; Immunizations

A. A provider shall maintain a daily attendance log on a Department-approved form and shall require that each child be signed in and out on the log by the parent or other individual designated in writing by the parent.

B. On a form approved by the Department, a provider shall promptly log all accidents, injuries, behavior problems, or other unusual incidents at the home facility, including any suspected child abuse or neglect.

C. A provider shall immediately report all unusual incidents to a parent or guardian of the child involved and shall report the incidents to the Department within 24 hours of the time of occurrence.

D. A provider shall maintain records in accordance with the requirements of the provider's child care registration agreement. The provider shall make the following records readily available for inspection by the Department and shall keep them separate from household and other personal records:

1. Information listed in subsection (E):

2. Immunization records identified in subsection (F) and R6-5-5202 (L);

3. Documentary evidence of freedom from communicable tuberculosis as required by R6-5-5202 (M);

4. The provider’s certification, re-certification, and monitoring records;

5. Health records of child care personnel;

6. The provider’s training records;

7. Unusual incident reports; and

8. Daily logs of attendance, accidents, injuries, medications administered, behavior problems, or other unusual incidents.

E. A provider shall maintain at least the following information for each child in care:

Current through March 31, 2013.
1. The child’s name, home address, telephone number, gender, and date of birth;

2. The name, home and business addresses, and telephone numbers of the child’s parent;

3. The name, address and telephone number of the child’s physician or health care provider and hospital;

4. Authorization and instructions for emergency medical care when the parent cannot be located; and

5. Written authorization to release a child to any individual other than the parent and the name, home and work addresses, and telephone numbers of that individual.

F. A provider shall maintain an immunization record or exemption affidavit for each child in care.

1. Documentation required under this subsection is limited to:

   a. An immunization record prepared by the child’s health care provider stating that child has received current, age-appropriate immunizations specified in R9-6-701, including Immunizations for Diphtheria, homophiles influenza type b, Hepatitis B, Measles, Mumps, Pertusis, Poliomyelitis, Rubella, and Tetanus;

   b. An affidavit signed by the child’s health care provider stating that the child has a medical condition that causes the required immunizations to endanger the child’s health; or

   c. An affidavit signed by the child’s parent stating that the child is being raised in a religion whose teachings oppose immunization.

2. If a child has received all current immunizations but requires further inoculations to be fully immunized, the provider shall require the parent to verify that the parent will have the child complete all immunizations in accordance with the DHS recommended schedule identified in R9-6-701. The provider shall:

   a. Require the parent to produce documented records from the child’s health care provider of the immunizations as they are completed; and

   b. Maintain the records as required by subsection (F)(1).

3. The provider shall not permit a child in care to remain enrolled for more than 15 days if the parent does not provide proof of current, age-appropriate immunizations, a statement of timely completion of further inoculations, or exemption from immunization.

G. Children exempted from immunizations for religious or medical reasons shall be excluded from the home facility if there is an outbreak of an immunizable disease at the home facility.

A.A.C. R6-5-5220

R6-5-5220. Provider/Child Ratios

Current through March 31, 2013.
A. The Department may certify a provider in a home facility to care for a maximum of four children at a time, from birth through age 12, for compensation. A provider in a home facility may care for a maximum of six children at a time, from birth through age 12, or a child age 13 or older who is a child with special needs, when all of the following conditions are met:

1. No more than four children in care are for compensation; and

2. No more than two of the children in care are younger than age 1, unless a sibling group.

B. The Department may certify an in-home provider to provide the following care:

1. An in-home provider may care for a sibling group of no more than six children.

2. An in-home provider shall care only for the children who live in that home.

3. An in-home provider may bring the in-home provider’s own children to the in-home location with the written permission of the client, and so long as the total number of children at the in-home location does not exceed six children.

C. The Department may further limit the ratios allowed in subsections (A) and (B) to protect the well-being of children in care. The Department may impose additional restrictions when:

1. There are more than two children residing in the home facility who are counted in the ratio;

2. The Department determines that the home facility and the furnishings are inadequate to accommodate four children at a time for compensation, as provided in Section R6-5-5203(6);

3. The Department has determined that a provider is physically unable to care for four children at a time; for compensation or

4. A provider requests certification for fewer than four children at a time for compensation.

D. For the sole purpose of establishing and monitoring ratios, the Department shall not count any child who is age 13 or older, except as provided in subsection (A) for a child with special needs.

A.A.C. R6-5-5221

R6-5-5221. Change Reporting Requirements

At least 15 days before the effective date of any scheduled change, or within 24 hours after an unscheduled change, which significantly affects the provision of child care services, a provider shall furnish the Department with written

Current through March 31, 2013.
notice of the change. Significant changes include, but are not limited to:

1. Home remodeling;

2. Home repair;

3. Pool installation;

4. Relocating to a new residence;

5. Change in household composition;

6. Telephone number change;

7. Change of backup provider;

8. Voluntarily relinquishing the certificate; and

9. Any other change in the home facility or the provider’s personal circumstances that affect the provider’s ability to provide stable child care services.

A.A.C. R6-5-5222

R6-5-5222. Use of A Backup Provider

A. A provider shall maintain a backup provider, and shall keep clients and the Department apprised of the backup provider’s identity and location.

B. A provider may use a backup provider only in the following circumstances:

1. When the provider is ill;

2. When the provider is attending to an emergency related to the provision of child care;

3. When the provider has an emergency involving the provider or the provider’s dependent family members;

4. When the provider needs to attend a non-emergency appointment for the provider or the provider’s dependent family members, and the provider cannot schedule the appointment outside of normal child care hours;
5. When the provider is attending classes to meet training requirements listed in this Article; or

6. When the provider is taking a vacation.

C. At the time of enrollment of a child in care, a provider shall advise the parent of the possible use of a backup provider.

D. A provider shall notify the Department within 24 hours of the onset of the use of a backup provider.

E. When a provider designates a new backup provider, the provider shall ensure that the backup provider meets the requirements for backup providers in R6-5-5202.

F. A provider shall execute a backup provider agreement form furnished by the Department, which identifies the backup provider and contains assurances that the backup provider will be used in accordance with the requirement of this Section.

A.A.C. R6-5-5223
R6-5-5223. Claims For Payment

A. A provider shall submit claims for payment in the manner prescribed in the child care registration agreement with the Department.

B. A provider shall make all financial arrangements with a backup provider. The Department shall not make direct payments to the backup provider.

A.A.C. R6-5-5224
R6-5-5224. Complaints; Investigations

A. Any person may register, with the Department, a written or verbal complaint about a provider or the operation of a home facility. Upon receipt of a complaint, or in response to the observations of Department staff, the Department shall investigate the allegations made and any matters related to certification and compliance with the child care registration agreement.

B. A provider who is the subject of a complaint shall cooperate with the Department in conducting an investigation. The provider shall allow a Department representative to inspect the home facility and all records, and to interview any child care personnel, or household member.

C. The Department shall maintain a file on all complaints against a provider and shall make information on valid complaints available to parents and to the general public upon request and as permitted by law.

D. Following an investigation, the Department shall take appropriate administrative action as described in this

Article.

A.A.C. R6-5-5225

R6-5-5225. Probation

A. The Department may place a provider on probation when a Department representative observes a problem or the Department receives and validates a complaint in an area of noncompliance that does not endanger a child in care.

B. The Department shall set a term of probation that does not exceed 30 days.

C. The Department may suspend a provider’s child care certificate if the same infraction that resulted in probation is repeated during a provider’s current certification period and the Department determines that the provider has not demonstrated either the intent or ability to comply with the requirements of this Article.

D. The Department shall not authorize any new child for payment to a provider who is on probation. Children already in that provider’s care may remain authorized.

E. Probationary status is not appealable.

A.A.C. R6-5-5226

R6-5-5226. Certification, Denial, Suspension, and Revocation

A. The Department may deny, suspend, or revoke certification when:

1. An applicant or provider violates or fails to comply with any statute or rule applicable to the provision of Child Care Services.

2. An applicant or provider has a certificate or license to operate a child care home or facility denied, revoked, or suspended in any state or jurisdiction.

3. An applicant or provider fails to disclose requested information or provides false or misleading information to the Department.

4. A provider’s contract with the Department to furnish child care services expires or is terminated.

5. Child care personnel fail or refuse to comply with or meet the requirements of A.R.S. § 41-1964.

6. A provider fails or refuses to correct or repeats a violation that resulted in probation or suspension.

Current through March 31, 2013.
7. The Department, through its CPS hotline, receives a report of alleged child maltreatment by an applicant, provider, or household member who is under investigation by CPS or a law enforcement agency or is being reviewed in a civil, criminal, or administrative hearing.

8. An applicant or provider fails or refuses to cooperate with the Department in providing information required by these rules or any information necessary to determine compliance with these rules.

9. An applicant, provider, or household member engages in any activity or circumstance that may threaten or adversely affect the health, safety, or welfare of children, including inadequate supervision or failure to protect from actual or potential harm.

10. An applicant or provider is unable or unwilling to meet the physical, emotional, social, educational, or psychological needs of children.

11. The Department, through its CPS hotline, receives a report of alleged child maltreatment in a home facility that is under investigation by CPS or a law enforcement agency or is being reviewed in a civil, criminal, or administrative proceeding.

12. An applicant, provider, or household member is the subject of a substantiated or undetermined report of child maltreatment in any state or jurisdiction. Substantiated child maltreatment includes, but is not limited to, a probable cause finding by CPS or a law enforcement agency.

13. CPS or a law enforcement agency substantiates a report of child maltreatment in a home facility.

B. In determining whether to take disciplinary action against a provider, or to grant or renew a certificate, the Department may evaluate the provider’s history from other certification periods, both in Arizona and in other jurisdictions, and shall consider multiple violations of statutes or rules applicable to the provision of child care services as evidence that the applicant or provider is unable or unwilling to meet the needs of children.

A.A.C. R6-5-5227

R6-5-5227. Adverse Action; Notice Effective Date

A. When the Department denies, suspends, or revokes certification, it shall mail a written, dated notice of the adverse action to the applicant or the provider at the applicant’s or provider’s last known address.

B. A notice of adverse action shall specify:

1. The adverse action taken and date the action will be effective;

2. The reasons supporting the adverse action; and

3. The procedures by which the applicant or provider may contest the action taken and the time period in which
to do so.

C. Except as provided in subsection (D), a revocation, suspension, or denial of recertification is effective 20 calendar days from the date on the notice or letter advising the provider of the adverse action.

D. A suspension, revocation, or denial of recertification is effective on the date of the notice or letter advising the person of the adverse action if:

1. The adverse action is based on the failure of child care personnel to comply with or meet the requirements of A.R.S. § 41-1964; or

2. The Department bases the adverse action on a determination that the health, safety, or welfare of a child in care is in jeopardy.

E. The Department shall stop payment authorization for all subsidized children in care on the effective date of a suspension, revocation, or denial of recertification.

F. The Department shall not authorize the referral of additional children to a provider after mailing a notice of adverse action to the provider’s last known address.

A.A.C. R6-5-5228
R6-5-5228. Appeals

A. An applicant or provider may appeal the following Department decisions:

1. Denial of certification or re-certification;

2. Suspension of a certificate; and

3. Revocation of a certificate.

B. A person who wishes to appeal an adverse action shall file a written request for a hearing with the Department within 15 calendar days of the date on the notice or letter advising the provider of the adverse action.

C. The Department shall conduct a hearing as prescribed in 6 A.A.C. 5, Article 75. Decisions based on failure to clear a fingerprint check or criminal history check are not appealable under this Article.

D. Matters relating to contractual agreements with the Department, including payment rates and amounts, are not appealable under this Article.

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E. When an adverse action based on R6-5-5226(A)(7) is appealed under this Article, allegations of child maltreatment are not at issue and shall not be adjudicated in an administrative proceeding conducted under subsection (C).