

STATE OF ARIZONA  
CHILD CARE STUDY REPORT

Arizona Department of Economic Security  
Division of Children and Family Services  
Child Care Administration

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## EXECUTIVE SUMMARY

### Purpose

The State of Arizona Child Care Study was required by H.B. 2068. It was to serve as a follow-up to the 1993 child care regulatory review which was conducted by the Arizona Department of Economic Security (DES) in response to a requirement of the federal Child Care and Development Block Grant and Arizona Executive Order 92-14. The current study was conducted under the auspices of DES, with the cooperation of several State agencies: the Arizona Department of Health Services (DHS), the Arizona Department of Education (ADE), the Attorney General's Office, and the Governor's Office for Children; and with the advice of a broad and diverse Child Care Advisory Committee. It addresses two child care issues: (a) the regulatory status of public school operated child care programs and (b) the State agency regulation of family child care in Arizona.

### Current Situation

In Arizona today, there are multiple agencies involved in the regulation of child care. DHS licenses child care centers. Child care programs operated by public schools are exempt from licensure, although privately operated child care programs located in public schools are required to be licensed by DHS. Although public school operated child care programs are not required to meet State-level child care standards, they may meet some ADE or local school board requirements by virtue of being operated by a public school.

The regulation of family child care homes involves multiple State agencies and, as a result, is more complex and confusing. Providers are required to be certified as "day care group homes" by DHS if they provide child care in their homes for 5 to 15 children, of whom 5 to 10 are "for compensation." There are 139 certified day care group home providers in Arizona. Providers caring for four or fewer children for compensation are not required to be regulated in order to operate lawfully in Arizona.

If a provider chooses to receive DES child care subsidy payments for eligible children in care, the provider must be certified, either by DHS as a day care group home or by DES if there are four or fewer children for compensation. There are 1,550 DES certified family child care providers and an additional 1,250 non-certified relative providers receiving DES child care subsidy payments in Arizona.

If a provider chooses to participate in the federal Child and Adult Care Food Program (CACFP), administered by ADE, the provider must be certified by DHS or DES or receive "alternate approval" from a sponsoring agency with whom ADE contracts. There are over 3,300 homes which participate in the CACFP statewide.

Many homes certified by DHS as day care group homes also receive DES child care subsidy payments and participate in the CACFP. These homes are involved with three different State agencies. In addition, a home may elect to be listed with a child care resource and referral agency funded by DES. There are no requirements for listing with a child care resource and referral agency, although the provider must declare that the home is operating lawfully.

### Study Process

A study group was convened to address the regulatory status of public school operated child care programs in Arizona. The group included representatives from a variety of types of public school operated child care programs from rural and urban areas throughout Arizona, directors of private child care centers, and members of school board and school administrator associations. The group met during August 1993 to complete a review of the existing DHS child care center regulations and to determine the reasonableness and feasibility of applying existing regulations to public school operated child care settings. The study group's findings were shared with the involved State agencies. Recommendations were developed and subsequently approved by the DES Child Care Advisory Committee.

The family child care aspect of the study was conducted utilizing the expertise of the Family Child Care Subcommittee of the DES Child Care Advisory Committee. The Subcommittee included members of the DES Child Care Advisory Committee and a diverse group of consumers, providers, advocates, and State agency staff and met six times from August through November 1993. The Subcommittee identified the roles and responsibilities of agencies involved in family child care and identified issues and problems arising from the current family child care regulatory environment. They identified options for improvement and developed recommendations which were subsequently approved by the DES Child Care Advisory Committee.

### Current Child Care Regulation and Public School Operated Child Care: Findings and Recommendations

The task of identifying appropriate regulations, standards, and policies that should apply to the differing forms of child care offered in the private sector and in the public schools was complicated by three factors. First, there were definitional issues. Neither statutory nor regulatory language clearly defined which public school operated programs would be considered to be child care. Second, the current child care licensing regulations were not written with application to schools in mind. Third, DHS is in the process of revising existing rules, but the rules are in draft form and were not appropriate for use in the study.

The study group reviewed all the current DHS regulations and determined that, while some regulations were reasonable and appropriate for public school operated child care, many more would need re-interpretation or were simply not feasible for application to public schools. The major barriers to applying DHS regulations were the governance of public schools, the organizational structure of public schools, and funding. The experience of the study group strongly suggested that until these issues were addressed, it would be impossible to move further toward the development of child care standards for application to all child care programs and impractical to require the application of existing DHS regulations to public school operated programs.

Following are the recommendations with respect to current child care regulations and public school operated child care:

1. Statutory and regulatory language needs to be modified to clarify whether or not certain programs are considered "child care" for purposes of licensure.

2. The revision of current child care center regulations needs to be completed and modifications made to ensure that the regulations are appropriate for specific age groups.
3. The current child care center regulations should not be more broadly applied to any setting currently exempted, given the current statutory and regulatory issues.
4. All child care programs should have standards that address the health, safety, and well being of children, including, but not limited to: physical facilities; staffing; activities, toys and equipment; nutritious food; encouragement of parental participation; and exclusion from the center of persons whose presence may be detrimental to the welfare of children.
5. All child care programs should be reviewed against a set of standards, and the results should be available to the general public.
6. Standards for all child care programs should be established within one year after passage of legislation requiring standards.
7. All child care programs should be in compliance with child care standards within two years after passage of legislation requiring standards.
8. If public schools are required to meet standards in the future, the State legislature should make a decision regarding the development of standards. Two options are: (a) a State agency could take the lead and work with community representatives to develop a single set of statewide standards, or (b) local school boards could be required to develop their own child care standards or adopt statewide standards.
9. If all child care programs are required to comply with standards, the State legislature should decide which organization or agency should review for compliance and be charged with enforcement. Options include: (a) a State agency or (b) a local entity (e.g., the school board).

#### Regulation of Family Child Care Homes: Findings and Recommendations

The Family Child Care Subcommittee noted the following: (a) The multiple-agency family child care regulatory system is too complex, inconsistent, confusing, and costly for families, providers, and others working in the field. (b) Current family child care limits and child/staff ratios contained in statute and rules do not allow family child care providers to earn a living wage. (c) There are not enough identifiable family child care providers in Arizona. (d) Adequate systems are not in place to support improvement of quality in family child care. (e) DES requires child care resource and referral agencies to refer to lawful, unregulated homes, and there is no system in place for child care resource and referral agencies to substantiate that a home is operating lawfully. (f) The DES family child care regulatory and reimbursement systems are not implemented in a manner which is responsive, user-friendly, consistent, coordinated, or timely, nor is reimbursement to providers adequate. (g) Zoning ordinances in many localities throughout Arizona serve as a barrier to the development of family child care.

It is, therefore, recommended that changes be made in the regulation of family child care in Arizona, as specified below:

1. **Large Family Child Care Homes** - State statute should be changed during the 1994 legislative session to require certification as a large family child care home for any person providing care and supervision for seven or more non-residential children from two or more families unrelated to the provider in the provider's home on a regular basis.
2. **Small Family Child Care Homes**
  - 2.A. If State statutes were changed to require large family child care certification as described above in Recommendation #1, this would create a regulatory gap. That is, homes for five or six children would not be addressed by any statute or rule. It is, therefore, recommended that State statute be changed in the 1994 legislative session to allow DES to certify homes caring for six or fewer children and receiving public funds. ADE requirements should then be modified to allow alternate approval of CACFP participating homes for six or fewer children. A longer term alternative was strongly supported. That recommendation is described below in 2.B.
  - 2.B. State statutes should be developed to require small family child care home certification for any person providing care and supervision for two to six non-residential children from two or more families unrelated to the provider in the provider's home on a regular basis. By 12/31/94, State agencies involved in child care should ensure that a specific proposal is developed for the certification of a greater number of small family child care homes. The proposal should address the issue of how children living with or related to the provider should be counted in determining the maximum number of children allowed in a certified home. The proposal should also include provision for the development of rules and should define responsibility for enforcement.
3. **Other Recommendations** - It is recommended that there be immediate implementation of as many of these actions as possible and further study of those for which immediate implementation is not feasible due to the need for additional information.
  - 3.1. Designate one State agency responsible for certifying small and large family child care home settings.
  - 3.2. Require that the State agency responsible for certifying family child care settings advise the applicant within 15 days if the application is incomplete and within 30 days of approval or nonapproval of certification.
  - 3.3. Engage a broad and diverse group of providers and advocates in a further review of DHS day care group home regulations to improve clarity and reasonableness of the standards for family child care settings.
  - 3.4. Allow small family child care homes to operate without local zoning restrictions, and encourage cities to change ordinances to permit large family child care homes. If permit charges are imposed, ensure that they are not prohibitively expensive for providers.

- 3.5. Share regulatory information among agencies involved in child care regulation to avoid duplication and identify problems, until such time as there is a single responsible State agency.
- 3.6. Develop a system for sharing training and other resource information among State agencies in order to enhance the quality of family child care.
- 3.7. Standardize the currently conflicting fingerprinting statutes across agencies involved in child care regulation. Explore a review mechanism for extenuating circumstances that might warrant a waiver of the criminal record prohibition. Make fingerprinting affordable or provide at no-cost to family child care providers.
- 3.8. Increase training and education requirements for DES monitoring staff; cross train; involve staff in quality improvements; promote professionalism and a customer service orientation. Utilize staff who reflect the cultural and ethnic composition of the community where they work. Appropriately compensate staff.
- 3.9. In order to better protect the well-being of children and better serve their families, devise a mechanism for removing providers from the child care resource and referral agency listings and for verifying that homes are lawful.
- 3.10. Provide immediate information on DES family eligibility and changes in eligibility status to DES contracted family child care providers.
- 3.11. Provide a toll-free number or other mechanism whereby providers can report payment processing problems to DES.
- 3.12. Increase DES subsidy for low income families in order to pay a greater share of the actual costs of family child care.
- 3.13. Allow DES to provide State subsidy payments for non-certified relative child care.
- 3.14. Assist providers with start-up and ongoing costs; assist with liability insurance.
- 3.15. Provide consumer education.
- 3.16. Improve access to provider training.
- 3.17. Encourage and reward providers for accreditation.
- 3.18. Explore linking limits on the number of children allowed in a home to the education and experience of the provider.
- 3.19. Ensure that State family child care regulations are consistent with the Americans with Disabilities Act (ADA) and provide related training for providers.



The complete State of Arizona Child Care Study Report (January, 1994) details the processes used in arriving at findings and recommendations regarding the regulatory status of public school operated child care programs and the regulation of family child care. Findings and recommendations are presented. Those who participated in this study represented a diversity of opinions and concerns. They worked diligently to stay focused on the shared values of child care quality, affordability, and availability. They took their task very seriously--to make recommendations for improving the Arizona child care system. All participants are to be commended for their vision, thoughtfulness, and willingness to work collaboratively for the welfare of Arizona's children and families.

# STATE OF ARIZONA CHILD CARE STUDY

## PURPOSE

The State of Arizona Child Care Study was required by H.B. 2068. It was to serve as a follow-up to the 1993 child care regulatory review which was conducted by the Arizona Department of Economic Security (DES) in response to a requirement of the federal Child Care and Development Block Grant and Arizona Executive Order 92-14. The current study was conducted under the auspices of DES, with the cooperation of several State agencies: the Arizona Department of Health Services (DHS), the Arizona Department of Education (ADE), the Attorney General's Office, and the Governor's Office for Children; and with the advice of a broad and diverse Child Care Advisory Committee. It addresses two child care issues: (a) the regulatory status of public school operated child care programs and (b) the State agency regulation of family child care in Arizona. This report explains the events leading up to the study, the process for the study, the findings, and the recommendations.

## BACKGROUND

### 1993 Child Care Regulatory Review

The federal Child Care and Development Block Grant (CCDBG) required the State to conduct a regulatory review. DES is the lead State agency for CCDBG. In May 1992, the Governor of the State of Arizona, the Honorable Fife Symington, signed Executive Order 92-14. The order required DES to conduct a child care regulatory review in accordance with CCDBG requirements, to include "a full review of the law applicable to, and the licensing and regulatory requirements and policies of, each licensing agency that regulates child care services and programs in the state." (A copy of the Executive Order can be found in Appendix 1.)

The Executive Order also directed DES to convene the following groups:

- A Child Care Executive Committee to oversee the child care regulatory review process and make recommendations for regulatory change, if necessary. The Committee includes representatives of the following State agencies: Governor's Office for Children, DES, DHS, and ADE.
- An Interagency Working Committee to identify regulatory issues, options, and impacts and to develop a formal process for identifying issues from all affected parties. The Committee is composed of representatives from the following State agencies: DES, DHS, ADE, the Governor's Office for Children, and the Attorney General's Office.
- A Child Care Advisory Committee composed of a representative group of providers, advocates, and consumers to review regulatory issues, options, impacts, and recommendations.

In August 1992, DES sent a call for issues to approximately 10,000 child care center and home providers, consumers, and advocates throughout the state. Utilizing the input provided by respondents, five major areas were identified for in-depth study. The five issues were: (a) regulation

of child care programs operated by public schools, (b) limits for child care homes, (c) monitoring of child care settings, (d) child care provider training, and (e) ratios for child care centers.

The regulatory review included a comparison of existing statutes and regulations applicable to child care in Arizona and a review of information from national organizations and other states regarding the five prioritized child care issues. A report of the regulatory review was sent to the Governor and the State Legislature in January 1993.

Among the findings included in the January 1993 regulatory review report were the following which are germane to this report:

#### **Public School Operated Child Care**

- Twenty states license all public school operated child care programs.
- Nine additional states license child care programs operated by the public schools for children younger than school age but exempt programs for school-age children.
- Twenty-two states, including Arizona, exempt from licensure all child care programs operated by the public schools. In Arizona, private child care centers must be licensed by DHS, but A.R.S. § 36-884 specifically exempts units of public schools.

#### **Family Child Care**

- Arizona requires homes for 5 to 10 children for compensation to be certified as day care group homes by DHS to operate lawfully. The largest number of states consider homes for 7 to 12 children to be large family child care homes (day care group homes).
- Arizona, unlike most states, has no form of regulation of family child care homes for four or fewer children for compensation, unless those homes receive public funds. Persons who provide care and supervision for compensation in their own homes for four or fewer children are not required to be regulated in order to operate.
- If child care homes choose to accept DES funds for any children in their care and provide care and supervision in their own homes for any part of the day for four or fewer children, they must be certified by DES (with the exception of specified relatives who are required only to be fingerprinted and registered). These are called DES certified family child care homes.
- If child care homes choose to participate in the Child and Adult Care Food Program (CACFP), they must be certified by DES or DHS or must have alternate approval through the Arizona Department of Education (ADE). Alternate approval reviews are conducted by ADE-contracted agencies called sponsors.

- Arizona, unlike most states, does not have age-specific limits for day care group homes. A single caregiver can care for as many as five children of any age, including infants. Most states (38) have a provider-to-infant ratio of 1:2-4 in family child care homes.
- At least 25 states, including Arizona, require family child care homes receiving public funds to be regulated even if homes caring for the same number of children without public subsidy are not regulated.

#### Child Care Advisory Committee Recommendations for Further Study

At its December 1992 meeting, the Child Care Advisory Committee agreed to focus on two areas from the January 1993 regulatory review report: (a) public school operated child care and (b) issues affecting all family child care, both regulated and unregulated family child care. The plan was to assemble two subcommittees to address these issues. The subcommittees were to be composed of Advisory Committee members and outside participants knowledgeable about these issues. The subcommittees tentatively scheduled meetings for early 1993, after the release of the regulatory review report. However, the Advisory Committee put its plans "on hold" pending the outcome of legislation addressing both of these issues, as described below.

#### H.B. 2068

The January 1993 regulatory review report, particularly the public school and family child care issues, generated considerable interest. During the 1993 legislative session, bills were introduced that would have simply removed the public school exemption and created a study process for family child care. Neither of these bills passed as originally introduced. In April 1993, Governor Fife Symington signed H.B. 2068 which required that DES conduct a follow-up study of rules and regulations applying to all forms of lawful child care in the state. DES was directed to conduct the review using the committee structure created by Executive Order 92-14 (i.e., the Child Care Advisory Committee, the Executive Committee, and the Interagency Working Committee), with the provision that membership be expanded to include additional providers of public and private child care in urban and rural communities. The statute allowed for the creation of additional subcommittees, as needed. (A copy of H.B. 2068 can be found in Appendix 2. A list of the Advisory Committee members is in Appendix 3.)

The study was to identify:

- The extent and nature of child care programs offered in the public schools;
- The appropriate regulations, standards, and policies that should apply to the differing forms of child care offered in the private sector and in the public schools; and
- The current roles of State agencies in regulating day care group homes and certified day care homes that receive public funds. (Both CACFP "alternate approval" homes and DES subsidized homes were considered to be receiving "public funds" for purposes of this study.)

H.B. 2068 Child Care Study Process

From the time of enactment until July, DES developed the process for the study, working closely with DHS, ADE, the Governor's Office for Children, and the Attorney General's Office. The Child Care Advisory Committee reviewed and expressed support for the study process.

With respect to public school operated child care programs, the decision was made to convene a broadly representative study group to review the existing DHS child care center licensing regulations and to ascertain their applicability to public school operated programs. Results of the study group's deliberations would then be reported back to the full Child Care Advisory Committee for consideration.

A different approach was taken with respect to the family child care issue. A subcommittee of the Child Care Advisory Committee was formed, as originally planned, with members from the Committee and other participants as well.

The remainder of this report details the processes used in arriving at findings and recommendations regarding: (a) public school operated child care programs and (b) family child care. Findings and recommendations are presented. Unless otherwise noted, the recommendations were accepted by the full subcommittee or committee. This was not an easy process. Given the diversity of opinions and concerns, participants worked diligently to stay focused on the shared values of child care quality, affordability, and availability. They took their task very seriously--to make recommendations for improving the Arizona child care system. All participants are to be commended for their vision, thoughtfulness, and willingness to work collaboratively for the welfare of Arizona's children and families.

## CHILD CARE REGULATIONS AND PUBLIC SCHOOL OPERATED CHILD CARE

### Current Situation

In Arizona, private child care centers are required to be licensed by DHS. Child care programs offered on the premises of public schools but operated by organizations other than school districts are also required to be licensed by DHS. However, A.R.S. §36-884 exempts child care programs operated by public schools from licensure as child care centers.

ADE does not have specific state-level regulations which apply to child care programs, but facilities within the schools used for child care still need to meet school facility requirements (e.g., fire safety standards).

Public school operated programs are under the jurisdiction of their school districts and answer to their school boards and parents. Policies and procedures for programs in the schools, including child care programs, are established by school boards, consistent with A.R.S. §15-301 *et seq.* These child care programs may establish or adopt guidelines for program operation, but are not required to do so. There are, therefore, neither easily identifiable nor uniform requirements for public school operated child care programs.

### Extent and Nature of Public School Operated Child Care

H.B. 2068 called for a determination of the extent and nature of child care programs offered in the public schools. This information was not readily available because public schools are not required to report on their child care programs.

In 1992, a survey was conducted by the Governor's Office for Children to determine the number of schools offering school age child care. The study did not specifically address school operated child care or programs for children younger than school age. It was reported that 245 schools offered school age child care. Over 60 percent of these used outside agencies and organizations to operate the program. In 28 percent, the staff was employed by the school district.

Other sources provided additional information which was used to piece together the picture of child care in the public schools. DES currently contracts with 165 public school operated child care programs. These programs may also be listed with child care resource and referral agencies and/or may be participating in the Child and Adult Care Food Program (CACFP).

Child care resource and referral agencies have 47 school operated child care programs listed. Of these, 22 are in Maricopa County (20 before/after school programs and two preschool programs). An additional 21 are in Pima County (one teen parent program and 20 before/after school programs). The remaining four are in the Pinal/Gila Counties area of central Arizona and serve children before/after school. CACFP currently lists six public school operated child care programs as participants.

Despite efforts to utilize available data, it became clear that additional information would be needed to determine the extent and nature of public school operated child care. As a result, ADE agreed to conduct a survey of all public schools in the state for the purpose of identifying how many schools offered programs and what types of programs were available.

In May 1993, ADE sent a mail survey to principals throughout the state. The survey included two parts: (a) a principal survey which inquired about child care programs implemented in the school and (b) a program administrator survey for schools operating child care programs which asked for specific program information. The response was not sufficient to provide a comprehensive picture of the extent and nature of public school operated child care. Furthermore, some respondents were unclear about the meaning of terms used in the survey, making the usefulness of the data uncertain. (See Appendix 4 for a copy of the letter accompanying the survey and the initial results.)

To improve the adequacy of the information obtained from the May survey, ADE conducted a supplemental survey in November 1993. The follow-up survey focused on public school operated programs which are currently exempt from child care licensure. It was conducted via phone calls to school district personnel, rather than individual schools. (See Appendix 5 for results of the November 1993 survey.)

#### Applicability of Child Care Center Regulations

H.B. 2068 required the study "to identify the appropriate regulations, standards, and policies that should apply to the differing forms of child care offered in the private sector and in the public schools..." As the State agencies began to develop the process for the study, it was decided to use the current DHS regulations as a starting point for discussion. However, there were three factors which complicated use of the existing regulations. First, there were definitional issues, as described below. Neither statutory nor regulatory language clearly defined which public school operated programs would be considered to be child care. Second, the current child care center licensing regulations were not written with application to schools in mind. As a result, there is a "translation" problem when trying to evaluate what a regulation would mean in a public school operated environment. Specific examples can be found in Group B on page 15. Third, DHS is currently engaged in a review of its child care licensing regulations. Two goals of the DHS review are to better organize the regulations and to clarify compliance requirements. But these revised regulations are in the drafting stage and were not appropriate for use in the H.B. 2068 child care study.

The major definitional issues relate to the following:

- Child care licensing statutes define "day care" (child care) and the State education code defines school, but the distinction between the two is not clearly delineated. Statute does not define whether child care and school are mutually exclusive or overlapping. For example, are at-risk education preschool programs "school" or "child care"?
- Day care is defined in A.R.S. §36-881 as "care, supervision and guidance of a child or children, *unaccompanied by parent, guardian or custodian*, on a regular basis, for periods of less than 24 hours per day, in a place other than the child's or the children's own home or homes." There is currently no formal definition of "unaccompanied by a parent, guardian or custodian." As a result, it is not clear

whether or not teen parent programs would be required to be licensed. In these programs, teen parents leave their children in the care of others for some portion of the day while they are attending classes or engaged in other activities.

- A.R.S. §36-884 exempts from child care center licensure programs which provide for training only in specific subjects, including dancing, drama, music, self-defense, or religion. DHS has made a determination that recreational programs are not covered by this exemption. A.R.S. §36-884 also exempts facilities that provide only recreational or instructional activities to school age children who may come to and go from the program at their own volition. Without knowing the specifications of before and after school programs, it is unclear whether they would be covered by these exemptions. During the study process a related issue of how the DHS regulations are being applied to parks and recreational programs was identified. Due to the timeframes and scope of this study, the issue could not be fully explored. (See Appendix 6 for a letter of concern related to this issue.)

### Study Group

A study group was assembled to address the question of the applicability of the current DHS regulations to public school operated child care programs. (See Appendix 7 for Arizona Administrative Code, Title 9, Chapter 5.)

The objectives of the study group were to:

- Review current DHS licensing regulations;
- Assess the appropriateness of each regulation for ensuring the health, safety, and well-being of children of various ages in child care;
- Determine the applicability of each regulation to public school operated child care for children of various ages; and
- Identify specific issues and concerns related to those regulations if they were to be applied to public school operated child care.

Forty-eight persons were invited to participate in the study group. The invited group included 35 managers of license exempt child care programs currently operating in public schools throughout the state. They represented the following program types : (a) before and after school, (b) preschool, (c) special education preschool, (d) teen parent and infant, and (e) community college programs. Also invited were a member of the Arizona School Board Association, seven members of the Arizona School Administrators Executive Board, and five representatives of private for-profit child care centers.

Of the invitees, 24 participants attended one or more of the study group sessions. The participants included representatives from a variety of public school operated programs for children of all ages, school administrator and school board associations, and private child care centers. Both rural and metropolitan areas were represented. The study group met for three days (August 5, 6 and 11, 1993)

at the Arizona State University Downtown Center in Phoenix. Written comments from participants were also accepted. (See Appendix 8 for a list of the participants.)

Regulations were divided into three categories for review by the study group:

- Center Program and Equipment
- Center Licensure, Center Administration, and Center Personnel
- Center Activity Areas and Physical Plant Standards

The study group participants reviewed the DHS child care regulations using a facilitated process. Each regulation was read. Representatives from DHS and the Attorney General's Office were available to answer questions and clarify the meaning of specific regulations. DHS had been working on a new, proposed set of child care regulations prior to the meeting of the study group. The new regulations were in draft form at the time; therefore, the decision was made to use the existing, approved regulations for purposes of the study group assessment.

After each regulation had been read and clarified, participants were asked if they thought the rule was reasonable to ensure the health, safety, and well-being of: a) infants and toddlers, b) preschool age children, or c) school age children. This wording was used because A.R.S. §36-883 requires DHS to establish "reasonable rules and standards regarding the health, safety and well-being of the children to be cared for in any day care center." Reasonableness for children was the key concept during this phase, regardless of setting -- private center or public school operated program. If anyone present expressed a concern about the reasonableness of a regulation, the concern was recorded. All concerns were registered; a majority vote was not required.

After addressing the issue of reasonableness, the participants were asked whether they thought the regulation as written would present a problem if applied to public school programs for: a) infants and toddlers, b) preschool age children, or c) school age children. As in the case of reasonableness, if anyone expressed a concern about application to public school operated programs, the concern was recorded. Written response forms were available to participants unable to attend all of the sessions. Three were received and included in the results.

Given the definitional issues regarding the child care center regulations described earlier, it was necessary to make some assumptions in order to proceed with the study. Therefore, regulations were reviewed as if they might be applied to all the program types represented by study group participants, including special education preschool programs and teen parent programs.

Furthermore, the review was complicated by the lack of a mandate for regulation of public school operated programs and lack of consensus on the need. In Ohio, for example, where a coalition successfully developed standards for school age child care programs operated by public schools and private centers, a legislative mandate provided the impetus for the endeavor. Schools knew they were going to be regulated and, therefore, had a stake in the development of appropriate standards. Private centers saw a need for a revision of current standards and, thus, also had a stake in the process. State agencies concerned with child care licensing and education both had a stake as well, because their roles were legislatively defined. None of these facilitating conditions existed in Arizona at the time the study group was convened.

In addition, review of the child care licensing regulations was an enormously complex task due to the following factors:

- *There are a large number of regulations.* The study group reviewed 541 individual regulations during the three day period.
- *The regulations are very complex and detailed.* Without research, it was difficult to assess the feasibility of application of some of the more technical standards. For example, some participants were not sure if their schools would meet certain of the architectural specifications.
- *There is great diversity in child care program types.* While the study group represented a broad cross section of program types, not all possible program types were represented among the participants. From the comments of the participants, it was apparent that programs of varying types have very different needs (e.g., teen parent programs v. before and after school care). Current DHS regulations do not make provision for varying program types.
- *There are varying concerns related to child age (e.g., infant needs differ considerably from those of school age children).* As a result, it was imperative to evaluate each regulation for each age group. Most of the current DHS regulations apply without regard to age group.
- *School districts in different locations and of varying sizes have different capabilities.* DHS regulations as currently written make no distinctions based on location or facility size.
- *The review of regulations had to be conducted without regard to which agency would enforce compliance.* The study group did not address which agency might be authorized to regulate public school operated child care programs. No assumptions were made about which agency would have regulatory authority.

After the study group completed its evaluation of each of the DHS child care licensing regulations, assessments were categorized into four major groupings. The four categories are:

- Group A: Regulations that are reasonable and would present no unique problems for public school operated child care programs.
- Group B: Regulations that are reasonable but which require clarification in general and/or would require an expanded interpretation if applied to public school operated child care programs.
- Group C: Regulations that are not reasonable for children of certain ages or for selected program types.
- Group D: Regulations for which there are significant barriers to public school compliance, including governance, organizational structure, and funds.

Following is a further explanation of the four categories and examples of the regulations in each. It is important to note that categories are not mutually exclusive (e.g., a single regulation may need clarification as it applies to preschool age children, but may be judged unreasonable for school age children). But each regulation was placed into only one group for purposes of summary. The regulation was placed into the "most restrictive" category; that is, if it was assessed to be in both Group C and Group D, it was placed in Group D. For a listing of each regulation and its designated category, based on the study group's assessment, see Appendix 7.

**Group A: Regulations that are reasonable and would present no unique problems for public school operated child care programs.**

Examples include:

*R9-5-501.B. Within each daily program, teacher-caregivers shall select activities in which children can become individually involved and which meet the children's developmental age and needs for: 1. Indoor/outdoor activities; 2. Quiet/active activities; 3. Supervised free choice/teacher-directed activities; 4. Individual, small group and large group activities; 5. Small/large muscle development activities; and 6. Meals and snacks.*

*R9-5-301.C. Center personnel shall not release a child to anyone other than the custodial parent, guardian or a person designated by written authorization from the custodial parent or guardian except in the case of an emergency when phone authorization by that parent or guardian is provided.*

*R9-5-604.A.2. The center shall provide an unobstructed free play area with non-abrasive carpeting for infants to safely and comfortably sit, crawl and play.*

There were 181 regulations in this category. They did not, however, constitute a "core" set of regulations which could be readily adopted and applied. For example, none of the regulations related to personnel qualifications were included in this category. A "core" set of regulations would need to fully address essential areas, including personnel.

**Group B: Regulations that are reasonable but which require clarification in general and/or would require an expanded interpretation if applied to public school operated child care programs.**

Examples include:

R9-5-505. Field trips.

This group of regulations deals with field trips. R9-5-101.A.17. defines field trip as "*a planned excursion or program activity with a specific destination away from the facility.*" The facility is the licensed portion of the building. In schools it is likely that only a small section of the whole school would be licensed. As the rule is written, any excursion to other areas of the school would constitute a field trip. The intent of this regulation would have to be clarified and perhaps the language modified to apply in public school settings. It is conceivable that this issue could be resolved through definition or the development of specific indicators for public school operated programs.

R9-5-308.F. *Centers shall require the signature of the parent, guardian, or a person authorized by the parent or guardian, each time the child enters the center or is released from the center. Centers shall require all persons other than the parent or guardian to present picture identification for verification in addition to the signature prior to releasing a child from the center.*

It is typical in school settings for older siblings to pick up their younger brothers or sisters and escort them home. DHS indicates that this is acceptable if there is a picture of the older child on file at the center. It is likely that issues with this regulation could be addressed with a clarification of language.

R9-5-603.G. *Rooms in the center used for child care shall be decorated with coverings for windows, mirrors, bulletin boards and age-appropriate pictures or posters at the eye level of occupant children.*

Some areas of schools, such as cafeterias, may not meet this regulation as currently stated. This is most likely to be true of areas used for multi-age groups at different times of the day. It is likely that a clarification and/or an indicator of compliance which takes this into account could address this problem.

There were 105 regulations in this category. DHS has stated that they have proposed clarifications in their draft regulations for many of the standards which were unclear to the participants.

**Group C: Regulations that are not reasonable for children of certain ages or for selected program types.**

**Age.** There are a number of regulations which the public and private center study group participants felt were not reasonable for certain age children, particularly school age children. The concern was that some regulations written for the well-being of younger children were too restrictive for school age children who are capable of greater autonomy and are learning self-responsibility.

Examples include:

R9-5-401.A. *The center director shall be at least 21 years of age and appropriately qualified as specified in the table of qualification standards following this rule.*

Some participants felt that a person 18 years of age or older would be appropriately qualified to direct programs if all children were school age.

R9-5-306.B. *The center shall maintain a dated class roster in each child care room on a daily basis which lists the names of all children assigned to that room for that day, and maintain the rosters on file for three months.*

Some study group participants felt that school age children should be free to change rooms and that this would not present a safety hazard to them, whether enrolled in a public school operated program or a private center.

**Programs.** There are at least two public school operated programs which involve child care and which present unique issues. These are: (a) the teen parent programs in which care is provided during the day for a parent who is enrolled in school and (b) the child development class in which students are being prepared for child care responsibilities. Examples of regulations which present problems for these program types include:

*R9-5-502.A.10. Infants shall be separated from older children...*

*R9-5-402.E. No one under the age of 16 shall be employed or serve as a volunteer in a child care center.*

This could preclude the teen parent or a child development student from being with the children.

There are also a number of regulations (e.g., TB tests) which apply to all personnel and volunteers. There were questions raised whether the teen parent or student would be subject to these requirements.

There were 58 regulations in Group C. In addition, there were standards in Group D which presented specific problems for selected age groups and program types.

**Group D: Regulations for which there are significant barriers to public school compliance, including funds, governance, and organizational structure.**

**Governance.** Governance was an overarching concern raised by the study group. School boards currently establish policies for all programs in their districts. Furthermore, some ADE statutes apply to all school operated programs. Child care regulations impose separate and, in some cases, different requirements for dealing with the same subject. The study group members expressed concern about the potential for overlapping and conflicting regulations. Examples include:

*R9-5-210.C. The Department shall refuse to register a person to work in a child day care center who is awaiting trial, has been convicted of or has admitted committing a felony or misdemeanor if the Department determines there is a reasonable basis to conclude that the potential registrant's presence in the center may have a detrimental effect on the children.*

This regulation appears reasonable. The difficulty, however, lies in the source of authority. Who makes the decisions? The school district, following the personnel policies established by the board and the ADE fingerprinting statute? Or the child care regulatory agency?

*R9-5-302 Each center shall secure and maintain general liability insurance with minimum limits of \$300,000, including coverage for any vehicle used for transporting children.*

*R9-5-306 The center shall maintain...*

*Documentation that the child's parents or guardian was notified immediately of accidents or injuries to the child which required professional medical attention, and that an accident report was sent to the Department within 3 working days.*

**Organizational Structure.** During the study group meetings, it was frequently noted that units other than those charged with administration of the child care program had responsibility for areas addressed in the regulations. This was particularly true with respect to nursing services, food services, and transportation. Examples include:

*R9-5-511.B. The center shall maintain a one day supply of perishables and a three day supply of staples to meet emergency situations.*

This is an example of a regulation which may be met, but those responsible for the child care operation have no direct control over these areas. In addition, the school may have additional or different requirements from other sources related to this same subject.

R9-5-522.

All of the standards in the transportation section were assigned to Group D. Characteristics of vehicles and qualifications of drivers are typically outside the jurisdiction of the child care program manager.

In sum, there were 197 regulations in Group D. This is the "most restrictive" grouping because clarification and modification of language alone will not remove the barrier. Based on the input received from the study group, if current regulations in this category were to be applied to public school operated programs at this time, at least some schools would not be able to comply.

Based on the findings of the study group and in consideration of the issues regarding the current DHS statutes and regulations, it would not be feasible to simply remove the public school exemption and apply DHS child care licensing regulations to public school operated programs.

**Funds.** DHS child care regulations were not written with public school operated programs in mind. Particularly in the area of physical plant, schools are not currently configured to meet child care regulations. Modifications would be costly and, according to some study group participants, infeasible in many cases. Examples of regulations for which funds would present a major barrier include:

*R9-5-611.A.11. All stairways leading to rooms used by children shall be equipped with railings suitable for use by children.*

*R9-5-512.M. Perishable foods in sack lunches shall be stored at proper temperature (45° maximum) in a refrigerator until mealtime.*

#### Summary of Major Findings

1. State statutes regulating child care do not clearly define which programs would have to be licensed if the public school exemption were removed.
2. DHS regulations were not designed for application to public school operated programs.
3. It would not be feasible to simply remove the public school exemption and apply existing DHS child care licensing regulations to public school operated programs at this time. A revision of regulations would be required.

4. DHS recognizes the need to reorganize, clarify, add, and delete child care center regulations and has begun the revision process.
5. There is no mandate at this time for regulation of public school operated child care in Arizona.
6. While some public school child care programs do meet some local school district requirements, these requirements may not be unique to child care and are not consistent across the state.
7. Some of the current DHS child care center regulations would not present a significant problem if applied to public school operated child care programs; however, these regulations do not constitute a "core" set of standards which would be sufficient if adopted in their present form.
8. There are significant barriers to public school child care program compliance with some of the current DHS child care center regulations.
9. Local school board governance over all school district programs, including child care, is a major issue influencing discussion of statewide child care center regulations.

#### Recommendations

1. Statutory and regulatory language needs to be modified to clarify whether or not certain programs are considered "child care" for purposes of licensure.
2. The revision of current child care center regulations needs to be completed and modifications made to ensure that the regulations are appropriate for specific age groups.
3. The current child care center regulations should not be more broadly applied to any setting currently exempted, given the current statutory and regulatory issues.
4. All child care programs should have standards that address the health, safety, and well being of children, including, but not limited to: physical facilities; staffing; activities, toys and equipment; nutritious food; encouragement of parental participation; and exclusion from the center of persons whose presence may be detrimental to the welfare of children.
5. All child care programs should be reviewed against a set of standards, and the results should be available to the general public.
6. Standards for all child care programs should be established within one year after passage of legislation requiring standards.
7. All child care programs should be in compliance with child care standards within two years after passage of legislation requiring standards.

8. If public schools are required to meet standards in the future, the State legislature should make a decision regarding the development of standards. Two options are: (a) a State agency could take the lead and work with community representatives to develop a single set of statewide standards, or (b) local school boards could be required to develop their own child care standards or adopt statewide standards.
9. If all child care programs are required to comply with standards, the State legislature should decide which organization or agency should review for compliance and be charged with enforcement. Options include: (a) a State agency or (b) a local entity (e.g., the school board). DHS should propose options for statutory and regulatory language to clarify whether or not certain programs are considered "child care" for purposes of licensure.

#### Child Care Advisory Committee Response

The DES Child Care Advisory Committee reviewed findings and recommendations. Members pointed out the difficulty in drawing a distinction between education and child care. The goal is to provide child care which is developmentally appropriate and enriching to the child; as such, all care should be educational. However, it may be helpful to distinguish between a program which is primarily for educational purposes (i.e., a school) and a program which is primarily providing care for children in the absence of the parent.

There was considerable discussion about the requirements which programs operated by the public schools must meet. Some emanate from ADE and others are promulgated by the individual school district. More information about these requirements could potentially be gathered when the extent and nature of public school operated child care programs is better catalogued. There is agreement, however, that a single set of statewide standards do not exist for public school operated child care programs.

With respect to Recommendation #4, it was pointed out that this recommendation was the major conclusion of the study. Some members felt that the recommendation should go farther and require that standards address positive development of the child, as well as health, safety, and well being.

With respect to Recommendation #5, it was noted that: (a) the frequency of review should be specified, and (b) the method of review should be specified. Some members expressed concern that monitoring of all child care programs should be required. It was further noted that results of any monitoring currently done by school districts are available for review; it is public information. However, there may be a need to make the information more accessible or to make its availability known. The need for a standardized complaint procedure, whereby parents or others can voice concerns about program operations, was raised.

Concern was voiced that noncompliance with child care standards, other than health and safety, might result in the discontinuation of some school operated programs which could not be in compliance with child care standards within two years (Recommendation #7). It was noted that rules could make provision for grandfathering or other modes of accommodation.

With respect to #8, the comment was made that local school boards might be given the option to adopt a set of statewide child care standards or to develop a more stringent set of local standards. In the latter case, the State could establish the minimum level of requirements. At one Advisory

Committee meeting, members present indicated a preference for statewide minimum standards, but further conversation suggested that agreement on the actual standards to be applied would be a more difficult process.

The Advisory Committee members approved the above recommendations. They were concerned that there be a State agency with designated leadership responsibility for moving forward toward the implementation of the recommendations. They did not reach agreement on which agency should have the lead. They did, however, recommend that the State legislature in the 1994 session create a broad based task force to develop standards for application to all child care centers, including those operated by public schools, and to establish a mechanism for the enforcement of these standards, based on and consistent with the recommendations embodied in this report. It was further recommended that the State legislature make resources available to support the work of the task force.

## REGULATION OF FAMILY CHILD CARE HOMES

### Current Roles and Responsibilities of State Agencies

**Current Situation.** Care provided to children by a provider in the provider's home is referred to as family child care (or family day care). In Arizona, three separate State agencies are involved with family child care. Providers caring for 5 to 10 children for compensation, up to a total of 15 children, must be certified by DHS to operate lawfully. These are called day care group homes. Persons who provide care in their homes for four or fewer children for compensation are not required to be regulated in order to operate lawfully. However, providers who receive DES funds for the care of eligible children must be certified by DES as family child care homes. (Relatives are exempt from DES certification for certain federally-funded programs.) Providers who choose to participate in the Child and Adult Care Food Program (CACFP) must be certified by DHS, DES, or have alternate approval through ADE. In addition, any lawfully operated home may be listed with child care resource and referral agencies, funded by DES.

Each agency has its own regulations and attempts to coordinate efforts with the other State agencies involved in family child care. For example, ADE uses the DES provider-to-child ratios for its alternate approval homes. But efforts at coordination are challenging. To illustrate this point, DES recently revised its certification rules to coincide with DHS certification rules. Amending rules is a long and complex process, often taking many months. DHS has initiated a process of revising the day care group home regulations in response to valid concerns about the complexity of the standards. The possibility exists that changes made by DHS may render the DES rules incompatible with DHS once again. Despite increasing efforts, it remains most difficult to operate a coordinated system when multiple agencies are involved.

Furthermore, providers and parents who use family child care find the family child care regulatory systems confusing. For example, a single home may be certified by DHS as a day care group home, receive funds from DES and meet its requirements, participate in the CACFP, and be listed with a child care resource and referral agency. Providers who have concerns are often unsure which agency to contact. Parents who have complaints are often uncertain which agency to call. Once the initial call is made, there is no clear delineation of which agency takes action. Each agency has its own complaint procedure. Each procedure is different from the other. It is unclear what and how much complaint information can be shared among agencies. Furthermore, there is no assurance that enforcement actions are coordinated. Because of the multiplicity of agencies involved, there is the potential for duplication of effort or for problems to "fall between the cracks."

Prior to the adoption of day care group home regulations, providers caring for five or more children in their homes were required to be licensed as a center. The center regulations were judged to be prohibitive to family child care. When day care group home regulations were adopted, it was anticipated that thousands of providers would become certified, but this never occurred. It is believed that the low number of certified day care group homes can be attributed to the statutory limit on the number of children in care, the stringent regulations which are modeled after center standards and are still prohibitive to many family home settings, and restrictive local zoning ordinances.

Furthermore, the DHS regulations are difficult to enforce. In Fiscal Year 1992-93, DHS received 228 complaints that a family child care home was operating unlawfully. On a first complaint, DHS sends

a letter to individuals allegedly operating unlawfully, informing them of the child care licensing requirements. Only if a second complaint is received is a home visit made. During Fiscal Year 1992-93, 91 visits were made. The number of homes which continued to operate unlawfully or which were never reported is unknown.

Enforcement is complicated by the use of the term "for compensation" in the definition of day care group home. A provider is required to be certified by DHS only if care is provided to 5 to 10 children "for compensation." The provider may care for an additional five children with no compensation. Therefore, DHS must determine whether or not there is some form of payment for each child in care. It is not easy to determine whether or not a provider is receiving compensation.

This complex and confusing environment is not limited to those currently in "the system." There are no good estimates of the number of persons providing child care on a regular basis in their homes; that is, persons in the business of providing family child care. Based on the experience of other states and national surveys, however, it is almost unquestionable that the number is large and growing. We know that as of November 1993, there were 139 DHS certified day care group homes, of which all but eight were certified for 10 children for compensation. There were approximately 1,550 DES certified family child care homes and an additional 1,250 non-certified relative providers receiving public child care subsidy payments. The CACFP had 3,311 participating homes. The CACFP homes fell into the following categories: (a) alternate approval - 1,940; (b) DES certified - 1,121; (c) DHS certified - 125; and (d) homes on military installations - 125. In addition, child care resource and referral agencies list over 1,100 lawful, unregulated homes, and the number has been growing since the child care resource and referral network became operational statewide in October 1993.

**DHS.** DHS is responsible for the certification of day care group homes, in accordance with A.R.S. §36-897 *et seq.* and Arizona Administrative Code, Title 9, Chapter 7. A day care group home is defined as "a residential facility in which day care is regularly provided for compensation for periods of less than twenty-four hours per day for not less than five children but not more than ten children through the age of twelve years." The total number of children present in a day care group home at any time, including those not for compensation, may not exceed 15.

DHS inspects day care group homes prior to licensure and annually thereafter. On-site monitoring visits to the homes are required at least two times per year, of which at least one must be unannounced. Current DHS policy is to make two unannounced on-site monitoring visits each year. A fire inspection conducted by a state or local fire official is required initially. If a provider prepares and serves meals, a health/sanitation inspection is required. This "inspection" takes the form of an annual self-evaluation.

**DES.** DES receives funding from several federal programs to provide subsidized child care for certain parents in need. The DES child care program is funded through the Family Support Act of 1988, the federal At-Risk Child Care Program, the federal Child Care and Development Block Grant, and the State-funded Child Day Care Subsidy Program.

The federal fund sources allow eligible families to make child care arrangements with several types of child care providers, including DHS licensed child care centers, license exempt child care centers, DHS certified day care group homes, DES certified family child care homes and in-home providers, and non-certified relative providers.

All providers are required to sign a registration agreement in order to be reimbursed for caring for DES eligible children. DES provides technical assistance regarding contractual obligations and conducts periodic on-site monitoring to ensure that contractual obligations are being met.

DES has the following additional responsibilities for homes providing DES-subsidized child care to four or fewer children for compensation in a residential setting: (a) recruiting and monitoring DES family child care home providers, (b) certifying DES family child care home providers and the dwellings in which care is provided, (c) monitoring DES family child care homes, (d) recertifying DES family child care homes, and (e) investigating complaints regarding DES family child care homes.

DES inspects family child care homes prior to certification, conducts quarterly on-site monitoring visits, and recertifies homes annually, in accordance with Arizona Administrative Code, Title 6, Chapter 5, Article 52. Fire and health/sanitation inspections are conducted by DES staff. Homes which are certified by DHS and which accept DES subsidized children are not monitored for health, safety, and child well-being by DES because DHS already does so, but, as stated above, providers are trained by DES staff regarding their DES contractual obligations. DHS homes, like DES certified homes, are subject to periodic on-site contract compliance reviews.

In addition to certified family child care homes, DES has agreements with non-certified relative providers. Non-certified relative providers are required only to be operating lawfully, to be registered with DES, and to be fingerprinted.

**ADE CACFP.** Child care homes that wish to participate in the federally funded CACFP must be certified by DHS or DES or must have alternate approval through one of ADE's 17 sponsor agencies. CACFP alternate approval homes are subject to the same rules with regard to provider-child ratios as DES certified family child care homes.

The CACFP alternate approval process is carried out by sponsoring agencies with which ADE contracts throughout the state. ADE is required to review one-third of participating sponsoring agencies annually. The sponsoring agencies conduct annual alternate approval reviews of homes not certified by DHS or DES. If homes are not DHS or DES certified, they are required to have an inspection by a county health inspector. A fire safety inspection may be conducted by the sponsoring agency whose personnel have been trained by fire officials or by the local fire department. Sponsoring agencies are required by federal regulation to visit all participating homes three times per year.

**Child Care Resource and Referral Agencies.** Any lawful regulated or unregulated family child care provider may choose to be listed with a resource and referral agency in Arizona. Child care resource and referral is a free service for child care providers, parents, and the community. The agencies are funded by DES through the federal Child Care and Development Block Grant. Child care resource and referral was established statewide in order to: (a) assist parents in identifying all lawful types of child care that are responsive to family needs; (b) expand the supply and accessibility of child care programs; (c) document information about parent demand, provider supply, and services provided; and (d) provide training and information to parents and providers relating to quality child care. Specific services to providers include: (a) referrals, (b) access to training, and (c) technical assistance. Services to parents include: (a) information on choosing quality child care, (b) referrals to child care providers, and (c) information on resources for families. DES contracts with community based

agencies for resource and referral services. A coalition of the Association for Supportive Child Care, the Arizona Child Care Association--Northern and Southern Chapters, Family Service Agency, and Flagstaff Catholic Social Service provides services in the following counties: Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai. The Tucson Association for Child Care (dba Arizona Child Care Resources) provides services in the remaining counties: Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz, and Yuma.

Child care resource and referral agencies do not recommend or endorse any particular child care setting. To be listed with a child care resource and referral agency, a provider only needs to declare that the home is operating lawfully in Arizona. Child care resource and referral agencies are not regulatory agencies and DES does not contract with them to make inspections to determine if providers are operating lawfully.

#### Study Process

DES established a Family Child Care Subcommittee of its standing Child Care Advisory Committee to study family child care. The Subcommittee is composed of providers (DHS and DES certified and CACFP "alternate approval" homes), consumers, members of the Advisory Committee, advocates, and State agency representatives. (See Appendix 9 for a list of Subcommittee members.)

The Subcommittee met six times from August through November 1993 to clarify issues, identify problems, and make recommendations about the regulation of family child care in Arizona. The primary focus was on State agency roles in regulation and the impact of regulation on quality, affordability, and availability of family child care.

#### Findings

The Subcommittee enumerated many issues related to family child care in Arizona, based on the diverse experiences and backgrounds of members. Needs for additional information were identified and information was shared among Subcommittee members. The initial, lengthy list of issues was distilled into seven major problems which are as follows:

1. **The multiple-agency family child care regulatory system is too complex, inconsistent, confusing, and costly for families, providers, and others working in the field.** There are three State agencies involved in family child care and each has its own set of regulations. DHS has nearly 400 regulations which day care group homes must meet. DES has a separate set of regulations for DES certified family child care homes. ADE utilizes DES ratios, federal CACFP requirements, as well as State statutes, to review its alternate approval homes. (Duplication and conflicting requirements among the State agencies were identified in the 1993 regulatory review.) The Subcommittee reviewed the current regulations and regulatory processes. They agreed that more reasonable and straightforward regulations and more "user-friendly" processes would stimulate growth in the number of family child care settings and retention of qualified providers. Providers currently operating "underground" would be encouraged to come forward, be regulated, and share in the benefits of providing lawful care.

2. **Current family child care limits and child/staff ratios contained in statute and rules do not allow family child care providers to earn a living wage.** One of the major concerns voiced by respondents to the DES Call for Issues, conducted as part of the 1993 regulatory review, was the requirement for DHS day care group home certification for providers caring for 5 to 10 children for compensation. Most states do not require regulation as a group (or large) family child care home unless a provider is caring for seven children. The prevailing sentiment was that providers caring for six or fewer children should not be required to meet the many, complex day care group home standards for a small group of children. (Of the 139 DHS certified day care group homes in Arizona, only eight are certified for fewer than the maximum of 10 children for compensation, or 15 total children. Of these eight, only three which are certified for five children would be affected by this change.) The costs, they reported, were prohibitive and discouraged potential providers, especially providers who wished to make this their career. It has been estimated that a DHS certified provider with six children in care earns only \$5,600 per year, because a second caregiver is required. Whereas, an unregulated home with six children (four children for compensation and two of the provider's own children) can earn approximately \$10,400 per year. This has had an adverse impact on availability of care.

3. **There are not enough identifiable family child care providers in Arizona.** The number of children, particularly younger children, in family child care settings is large and growing. Nationally there is a shortage of family child care, especially for infants and toddlers. Because there is no requirement in Arizona for registration or regulation of family child care homes caring for four or fewer children, it is unknown how many family child care homes there are in the state, but parents and referral agencies agree--there are not enough to meet the demand. In fact, child care resource and referral agencies have recently reported shortages, most notably in infant care, throughout Arizona.

The Subcommittee identified barriers which keep potential providers away from child care, particularly regulated care. Barriers include: low wages, complex regulations, lack of incentives, and lack of information. These factors also contribute to the high turnover rate of providers.

4. **Adequate systems are not in place to support improvement of quality in family child care. The services that are available are not comprehensive, well-coordinated, and consistent.** Quality care requires well-trained, caring providers and systems which reward and support quality improvement. Unregulated child care providers have limited access to training. Unless their presence is known to a regulatory agency or a resource and referral agency, there is no easy way to make them aware of training opportunities and to encourage participation in career development activities. Support is also an important aspect of quality child care. The work of the child care provider is often stressful and demanding. There are few systems in place now which provide professional and peer support to providers who most typically work alone--they do not have someone to turn to for "moral support" or for help with problem-solving.

5. **DES requires child care resource and referral agencies to refer to lawful, unregulated homes, and there is no system in place to substantiate that a home is operating lawfully.** A.R.S. §41-1967 requires that child care resource and referral agencies make referrals to all types of lawful child care settings, including those which are unregulated. As of October 1993, there were 1,107 lawful, unregulated providers listed with the child care resource and referral agencies. Lawful, unregulated homes represent 42 percent of the 2,659 family child care homes listed with these agencies. Although parents who call for a referral are told that there is no inspection or monitoring of homes on the referral network, the agencies report that parents often have the expectation that a home has met some requirements. That is not true of those homes which are lawful but unregulated. Furthermore, because the agencies have no resources or authority to check homes, they have to assume that an unregulated provider is operating lawfully based on information given by the provider. There is currently no mechanism in place for child care resource and referral agencies to ensure the accuracy of information provided.
6. **The DES family child care regulatory and reimbursement systems are not implemented in a manner which is responsive, user-friendly, consistent, coordinated, or timely, nor is reimbursement to providers adequate.** Concerns were expressed that the current DES subsidy rates for child care are too low. In addition, a need was expressed for provider support systems which are consistent throughout the state. For example, providers commented on the length of time it takes to get information regarding the eligibility of families. It was also noted that staff should better reflect the cultural make-up of the communities they serve and should be better trained.
7. **Zoning ordinances in many localities throughout Arizona serve as a barrier to the development of family child care.** Many zoning ordinances in Arizona were written before the proliferation of family child care and the regulation of day care group homes. As a result, family child care homes are viewed and treated variously from community to community. How family child care homes are categorized has a significant impact on the restrictions which apply. Some localities forbid day care group homes; some require a use fee of as much as \$1,500, which is prohibitive for family child care providers. As a result, it has been estimated that over 60 percent of DHS certified homes are out of compliance with local zoning ordinances. Efforts have been underway on a city-by-city basis to allow small family child care homes "by right" and day care group homes either "by right" or through a non-discretionary use permit, with affordable permit and business license fees, if imposed.

### Recommendations

After reaching agreement on the problem statements, the Family Child Care Subcommittee identified options to address the problems described above and prioritized the options for discussion. While all options were eventually evaluated, the Subcommittee ranked the following as the primary issues for discussion: (a) the number of children lawfully allowed in family child care settings, (b) the need for a coherent family child care certification process under the auspices of one State agency, and (c) some degree of regulation for a greater number of family child care settings.

The Subcommittee struggled with the issue of counting children living with or related to the provider in the total--whether some or all should be counted and whether children should be counted only if they are under a certain age. The issue requires consideration of many complex questions about

quality, affordability, and availability of child care, as well as family choice. The recommendations in this report represent the agreement of the Subcommittee as of its last meeting. But there is not consensus that this issue has been fully resolved. As a result, the Subcommittee recommended and the DES Child Care Advisory Committee agreed that this issue needs further discussion, in accordance with Recommendation #2.B. below.

Following are the recommendations which emanated from the Subcommittee's deliberations.

1. **Large Family Child Care Homes**

State statute should be changed during the 1994 legislative session to require certification as a large family child care home for any person providing care and supervision for seven or more non-residential children from two or more families unrelated to the provider in the provider's home on a regular basis.

**Definitions**

- Non-residential children are those who do not normally live with the provider.
- Children are defined as ages birth up to the 13th birthday.
- Relatives include persons in any of the following relationships to the child whether by marriage, blood, or adoption: parent, grandparent, great grandparent, brother, sister, stepparent, stepbrother, stepsister, uncle, aunt, first cousin, niece, nephew, or legal guardian.
- Regular means more than one day per week for five or more consecutive weeks.

**Requirements**

- 1.1. The provider could care for a maximum of 14 total children in the home. The provider's own or residential children younger than nine years of age would be counted in the total.
- 1.2. Two providers would have to be present when there are seven or more children in the home. The provider's own or residential children younger than nine years of age would be counted for purposes of ratios.
- 1.3. A third provider would have to be present when there are 9-12 infants in the home. The maximum number of infants allowed would be 12. Infant is defined as any child who is 12 months of age or younger, or who is under 18 months of age and not yet walking.
- 1.4. All providers and household members would have to be checked with Child Protective Services, at no cost to the provider, prior to and periodically during the period of certification to ensure that there had been no substantiated child abuse incidents. (There is no system currently in place to implement this recommendation.)

1.5. A provider would have to meet all additional DHS day care group home regulations.

2. **Small Family Child Care Homes**

2.A. If State statutes were changed to require large family child care certification as described above in Recommendation #1, this would create a regulatory gap. That is, homes for five or six children would not be addressed by any statute or rule. This would present a problem for both DES and ADE. It is, therefore, recommended that State statute be changed in the 1994 legislative session to allow DES to certify homes caring for six or fewer children and receiving public funds. The legislation should permit DES to amend administrative rules to immediately conform with the change in statute. ADE requirements should then be modified to allow alternate approval of CACFP participating homes for six or fewer children. A longer term alternative was strongly supported. That recommendation is described below in 2.B.

2.B. State statutes should be developed to require small family child care home certification for any person providing care and supervision for two to six non-residential children from two or more families unrelated to the provider in the provider's home on a regular basis. By 12/31/94, State agencies involved in child care should ensure that a specific proposal is developed for the certification of a greater number of small family child care homes. The proposal should address the issue of how children living with or related to the provider should be counted in determining the maximum number of children allowed in a certified home. The proposal should also include provision for the development of rules and should define responsibility for enforcement. DES and ADE should address how homes exempt from either large or small family child care certification could be certified to receive public funds for children in child care.

**Definitions**

- Non-residential children are those who do not normally live with the provider.
- Children are defined as ages birth up to the 13th birthday.
- Relatives include persons in any of the following relationships to the child whether by marriage, blood, or adoption: parent, grandparent, great grandparent, brother, sister, stepparent, stepbrother, stepsister, uncle, aunt, first cousin, niece, nephew, or legal guardian.
- Regular means more than one day per week for five or more consecutive weeks.

**Requirements**

2.1. The provider's own or residential children younger than nine years of age would be counted for purposes of ratios. (Some Subcommittee members preferred exempting some or all of the provider's own or residential children younger than nine years of age.)

- 2.2. All providers would have to be fingerprinted. (Some members supported fingerprinting for all adult household members.)
- 2.3. All providers and household members would have to be checked with Child Protective Services, at no cost to the provider, prior to and periodically during the period of certification to ensure that there had been no substantiated child abuse incidents. (There is no system currently in place to implement this recommendation.)
- 2.4. All providers would have to have current first aid and health and safety training; CPR training would have to be completed within the first year of certification. (There was not complete agreement on the CPR training requirement.)
- 2.5. The provider would have to complete a health and safety self-assessment checklist.
- 2.6. All providers would be required to be 18 years of age or older.
- 2.7. An orientation provided by the regulating agency in a convenient location would be required prior to initial certification; three hours of additional training would be required per year thereafter.
- 2.8. The provider could care for a maximum of four infants, excluding sibling groups. Infant is defined as any child who is 12 months of age or younger, or who is under 18 months of age and not yet walking.
- 2.9. There would be a periodic on-site monitoring visit.
- 2.10. Recertification would be required every three years. (Some Subcommittee members preferred every year.)

### 3. **Other Recommendations**

The following recommendations address one or more of the problems identified by the Subcommittee and enumerated in the Findings section of this report. Some are proposed solutions to specific problems; others are broader approaches to systems improvement. The Subcommittee supported immediate implementation of as many of these recommendations as possible and further study of those for which immediate implementation is not feasible due to the need for additional information.

- 3.1. Designate one State agency responsible for certifying small and large family child care home settings.
- 3.2. Require that the State agency responsible for certifying family child care settings advise the applicant within 15 days if the application is incomplete and within 30 days of approval or nonapproval of certification.
- 3.3. Engage a broad and diverse group of providers and advocates in a further review of DHS day care group home regulations to improve clarity and reasonableness of the standards for family child care settings.

- 3.4. Allow small family child care homes to operate without local zoning restrictions, and encourage cities to change ordinances to permit large family child care homes. If permit charges are imposed, ensure that they are not prohibitively expensive for providers.
- 3.5. Share regulatory information among agencies involved in child care regulation to avoid duplication and identify problems, until such time as there is a single responsible State agency.
- 3.6. Develop a system for sharing training and other resource information among State agencies in order to enhance the quality of family child care.
- 3.7. Standardize the currently conflicting fingerprinting statutes across agencies involved in child care regulation. Explore a review mechanism for extenuating circumstances that might warrant a waiver of the criminal record prohibition. Make fingerprinting affordable or provide at no-cost to family child care providers.
- 3.8. Increase training and education requirements for DES monitoring staff; cross train; involve staff in quality improvements; promote professionalism and a customer service orientation. Utilize staff who reflect the cultural and ethnic composition of the community where they work. Appropriately compensate staff.
- 3.9. In order to better protect the well-being of children and better serve their families, devise a mechanism for removing providers from the child care resource and referral agency listings and for verifying that homes are lawful.
- 3.10. Provide immediate information on DES family eligibility and changes in eligibility status to DES contracted family child care providers.
- 3.11. Provide a toll-free number or other mechanism whereby providers can report payment processing problems to DES.
- 3.12. Increase DES subsidy for low income families in order to pay a greater share of the actual costs of family child care.
- 3.13. Allow DES to provide State subsidy payments for non-certified relative child care.
- 3.14. Assist providers with start-up and ongoing costs; assist with liability insurance.
- 3.15. Provide consumer education.
- 3.16. Improve access to provider training.
- 3.17. Encourage and reward providers for accreditation.
- 3.18. Explore linking limits on the number of children allowed in a home to the education and experience of the provider.

- 3.19. Ensure that State family child care regulations are consistent with the Americans with Disabilities Act (ADA) and provide related training for providers.

Child Care Advisory Committee Response

The Child Care Advisory Committee approved the above recommendations. They commended the Family Child Care Subcommittee and staff for reaching consensus on many difficult issues related to the improvement of family child care in Arizona.

Concern was expressed that attention be given, during the period of further study called for in the recommendations, to any potential unintended effects of small family child care regulation. The study should also estimate the potential impact of small family child care regulation on the availability of child care in the state. Furthermore, there was concern that there be sufficient enforcement features to ensure that providers comply with any family child care regulatory statutes enacted consistent with these recommendations.

It was further recommended that a broad and diverse group of interested parties be brought together to develop standards for family child care homes, both small and large, consistent with Recommendation #3.3. A concern was expressed that standards for the health, safety, and well being of Arizona's children not be decreased in this process and that further study be given to the issue of how to determine total children in care for purposes of regulation.

In order to make the regulation of family child care homes a success, it was recommended that an extensive public awareness campaign be undertaken and that incentives for participation be explored.

APPENDIX 1  
EXECUTIVE ORDER 92-14

EXECUTIVE ORDER 92-14  
(Replaces Executive Order 92-13)

STATE OF ARIZONA CHILD CARE REGULATORY REVIEW

Designating the Department of Economic Security as the State Agency responsible for conducting the Child Care Regulatory Review.

WHEREAS, the availability of affordable quality child care is essential for Arizona's families and the development of young children; and

WHEREAS, the federal Child Care and Development Block Grant Act of 1990 was enacted to increase the availability, affordability, and quality of child care; and

WHEREAS, the Department of Economic Security has been designated as the lead state agency to administer the Child Care and Development Block Grant; and

WHEREAS, the Child Care and Development Block Grant requires the State to "complete a full review of the law applicable to, and the licensing and regulatory requirements and policies of, each licensing agency that regulates child care services and programs in the State."

NOW, THEREFORE, I, Fife Symington, Governor of the State of Arizona, do hereby designate the following responsibilities:

1. The Department of Economic Security shall convene and chair a Child Care Executive Committee to ensure interagency coordination and implementation of the Child Care and Development Block Grant requirements, oversee the Child Care Regulatory Review process and, make recommendations for regulatory changes if necessary.
2. The Child Care Executive Committee shall include representatives from the Governor's Office For Children, the Department of Economic Security and the Department of Health Services. The Department of Economic Security shall invite a representative from the Arizona Department of Education to participate in the Child Care Executive Committee.
3. The Department of Economic Security shall conduct a Child Care Regulatory Review to examine regulations affecting all forms of lawful child care and determine the effect of regulations, or lack thereof, on the quality, affordability, and availability of child care in Arizona.
4. The Department of Economic Security shall convene and chair an Interagency Working Committee to identify regulatory issues, options, and impacts. The Interagency Working Committee shall develop a formal process for identifying issues from all affected parties, including but not limited to providers, advocates, and consumers.
5. The Interagency Working Committee shall include representatives from Department of Economic Security, Department of Health Services and Governor's Office for Children. The Department of Economic Security shall invite representatives from Arizona Department of Education and Arizona Attorney General's Office to participate in the Interagency Working Committee.

6. The Department of Economic Security shall review regulatory issues, options, impacts and recommendations with an Advisory Committee comprised of a representative group of providers, advocates and consumers.
7. The Department of Economic Security shall complete the Child Care Regulatory Review by January 31, 1993 and submit a report with recommendations, including proposed statutory changes, to the Governor, Superintendent of Public Instruction, President of Senate, and Speaker of the House.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed on the Great Seal of the State of Arizona.



GOVERNOR

DONE at the Capitol in Phoenix this eighteenth day of May in the Year of Our Lord One Thousand Nine Hundred and Ninety-two and of the Independence of the United States of America the Two Hundred and Sixteenth.

ATTEST:



Secretary of State



APPENDIX 2  
H.B. 2068

**FILED**  
ARIZONA  
SECRETARY OF STATE

State of Arizona  
House of Representatives  
Forty-first Legislature  
First Regular Session  
1993

CHAPTER 158

HOUSE BILL 2068

AN ACT

ESTABLISHING A DES CHILD CARE STUDY.

1 Be it enacted by the Legislature of the State of Arizona:

2 Section 1. Study of child care regulations

3 A. The department of economic security shall conduct a follow-up  
4 study of rules and regulations applying to all forms of lawful child care  
5 in this state utilizing the committee structure presently in place  
6 pursuant to executive order 92-14 to perform this study, except that the  
7 membership may be changed so that the providers of public and private care  
8 in urban and rural communities are adequately represented, and additional  
9 subcommittees may be created as needed.

10 B. The study shall identify the appropriate regulations, standards,  
11 and policies that should apply to the differing forms of child care  
12 offered in the private sector and in the public schools as well as the  
13 extent and the nature of the programs offered in the public schools.

14 C. The study shall identify the current roles of state agencies in  
15 regulating day care group homes and certified day care homes that receive  
16 public funds.

17 D. On or before January 1, 1994, the department shall issue a  
18 report based on the findings of this study, including such draft  
19 legislation as may be necessary to implement the findings, to the  
20 governor, the president of the senate, and the speaker of the house of  
21 representatives.

22 Sec. 2. Delayed repeal

23 This act expires from and after July 1, 1994.

APPROVED BY THE GOVERNOR APRIL 20, 1993.

FILED IN THE OFFICE OF THE SECRETARY OF STATE APRIL 21, 1993.

APPENDIX 3  
CHILD CARE ADVISORY COMMITTEE MEMBERS

## CHILD CARE ADVISORY COMMITTEE

### NAME AND ADDRESS

1. Gary Clarke, *Committee Chair*  
President and C.E.O., YMCA  
350 N. 1st Avenue  
Phoenix, AZ 85003
2. Deborah Brewer  
6908 W. Cherryhill Dr.  
Peoria, AZ 85345
3. Jean Donaldson  
Executive Board & Governing Board  
Washington School District  
716 W. Moon Valley Drive  
Phoenix, AZ 85023
4. Anna Marie Grana-Miller  
Motorola, Inc.  
Government Electronics Group  
8201 E. McDowell Rd., Mail Drop H1102  
Scottsdale, AZ 85252
5. Mary Hartley  
AZ School Board Assoc.  
4118 W. San Juan  
Phoenix, AZ 85019
6. Carol Kamin, Ph.D.  
Executive Director  
Children's Action Alliance  
4001 N. 3rd St., Suite 160  
Phoenix, AZ 85012
7. John Lewis, Executive Director  
Intertribal Council of Arizona, Inc.  
4205 N. 7th Ave., Suite 200  
Phoenix, AZ 85013
8. Nadine Mathis  
SUMMA Associates, Inc.  
735 E. Guadalupe  
Tempe, AZ 85283
9. Barbara Nelson  
Arizona Child Care Association  
4945 Via Entrada, Suite 104  
Tucson, AZ 85718

10. Janet Regner  
Executive Director  
Arizona Community Action Association  
1818 So. 16th St.  
Phoenix, AZ 85034-5304
11. Jesse Rodriguez  
NACOG - Flagstaff  
Headstart Division Chief  
119 E. Aspen Ave.  
Flagstaff, AZ 86001
12. Martha Rothman  
Executive Director  
Tucson Association for Child Care, Inc.  
1030 North Alvernon Way  
Tucson, AZ 85711
13. Anita Scarpati  
1523 W. Colter, #15  
Phoenix, AZ 85015
14. Chuck Shipley  
AZ Chamber of Commerce  
1221 E. Osborn  
Phoenix, AZ 85012
15. Judy Walruff, ACSW  
Coordinator, Adolescent Pregnancy Program  
Flinn Foundation  
3300 N. Central  
Phoenix, AZ 85012
16. Ginger Ward  
Executive Director  
Southwest Human Development  
202 E. Earl, Suite 140  
Phoenix, AZ 85012
17. Susan Wilkins  
Executive Director  
Association for Supportive Child Care  
4701 S. Lakeshore Dr., #1  
Tempe, AZ 85282

APPENDIX 4  
ADE SURVEY  
MAY 1993



Arizona  
Department of Education

C. DIANE BISHOP  
Superintendent

May 14, 1993

Dear Principal:

House Bill 2068, recently enacted by the Arizona Legislature, requires the Department of Economic Security to conduct a follow-up study of rules and regulations applying to all forms of lawful child care currently in operation. As part of this study, the Arizona Department of Education (ADE) must assess the extent and the nature of the child care programs offered in the public schools.

In order to fulfill this requirement, the ADE Research and Development Division has been asked to collect information about all the child care programs operated by public schools across the state. The resulting *School-Based Child Care Study* requests specific information about all types of child care programs currently in operation in your school.

The *School-Based Child Care Study* is divided into two surveys. The *Principal Survey*, which asks about child care programs being implemented in your school, should be completed by you. The *Program Administrator Survey* asks for specific information about these programs, so it should be completed by the administrator of each of these programs. A separate *Program Administrator Survey* should be completed for each child care program administered.

Your assistance in completing and returning this questionnaire is requested. The completed survey forms should be returned in the attached self-addressed, stamped envelope no later than June 4, 1993, to:

Research and Development  
Arizona Department of Education  
1535 W. Jefferson, Phoenix, AZ 85007  
Phone (602) 542-5031 or Fax (602) 542-3077

If you have any questions regarding this survey or child care programs in general, please contact Gary Fortney in the ADE Support Services Unit at 542-3052. Thank you for your continued cooperation and support.

Sincerely,

C. Diane Bishop  
Superintendent of Public Instruction

SCHOOL-BASED CHILD CARE STUDY  
Principal Survey

House Bill 2068 requires the Department of Economic Security to conduct a follow-up study of rules and regulations applying to all forms of lawful child care in operation in Arizona. As part of this study, the Arizona Department of Education (ADE) must assess the extent and the nature of the child care programs offered in public schools. In an effort to provide the most accurate and correct information to the Legislature, your cooperation is requested in responding to the following questionnaire.

The *School-Based Child Care Study* is divided into two surveys. The *Principal Survey* asks about child care programs currently implemented in your school, and should be completed by the school principal. The *Program Administrator Survey* asks for specific information about these programs and should be completed by the program administrator for each program. A separate *Program Administrator Survey* should be completed for each child care program administered.

Please answer the following questions

School \_\_\_\_\_  
District \_\_\_\_\_  
Principal's Name \_\_\_\_\_  
Contact Phone Number \_\_\_\_\_

Does your school provide any of the following child care programs? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Full-Day Kindergarten        | <input type="checkbox"/> Before/After School Child Care                   |
| <input type="checkbox"/> Half-Day Kindergarten        | <input type="checkbox"/> Special Education Preschool                      |
| <input type="checkbox"/> Head Start                   | <input type="checkbox"/> Preschool (other than the above)                 |
| <input type="checkbox"/> At-Risk Preschool            | <input type="checkbox"/> Other Child Care Programs (please specify) _____ |
| <input type="checkbox"/> Chapter One                  | <input type="checkbox"/> No Child Care Programs are provided              |
| <input type="checkbox"/> Teenage Parenting Child Care |   |
| <input type="checkbox"/> Hero Program Child Care      |   |

If you have checked any of the child care programs above, please duplicate the *Program Administrators Survey* and distribute one copy to the administrator of each of the programs checked. Please collect and return all copies of the questionnaires in the stamped, self-addressed envelopes provided, no later than June 4, 1993, to:

Research and Development  
Arizona Department of Education  
1535 W. Jefferson, Phoenix, AZ 85007  
Phone (602) 542-5031 or Fax (602) 542-3077

If your school does not provide any of these or similar types of child care services, please return your questionnaire in the self-addressed envelope by June 4, 1993.

Thank you for your assistance.

**SCHOOL-BASED CHILD CARE STUDY**  
**Program Administrator Survey**

House Bill 2068 requires the Department of Economic Security to conduct a follow-up study of rules and regulations applying to all forms of lawful child care in operation in Arizona. As part of this study, the Arizona Department of Education (ADE) must assess the extent and the nature of the child care programs offered in the public schools. In an effort to provide the most accurate and correct information to the Legislature, your cooperation is requested in responding to the following questionnaire.

The *Program Administrator Survey* asks for specific information about each of the child care programs operated by your school. *A separate survey form should be completed for each child care program and returned no later than June 4, 1993, to:*

Research and Development  
Arizona Department of Education  
1535 W. Jefferson, Phoenix, AZ 85007  
Phone (602) 542-5031 or Fax (602) 542-5031

If you have any further questions, please contact Gary Fortney of the ADE School Support Unit at 542-3052. Thank you for your assistance.

Please answer the following questions

Program Administrator's Name \_\_\_\_\_  
School \_\_\_\_\_  
District \_\_\_\_\_  
Contact Phone Number \_\_\_\_\_

1. What type of child care programs do you administer? (choose only one)

- |   |   |
|---|---|
| <input type="checkbox"/> Full-Day Kindergarten        | <input type="checkbox"/> Hero Program Child Care                    |
| <input type="checkbox"/> Half-Day Kindergarten        | <input type="checkbox"/> Before/After School Child Care             |
| <input type="checkbox"/> Head Start                   | <input type="checkbox"/> Special Education Preschool                |
| <input type="checkbox"/> At-Risk Preschool            | <input type="checkbox"/> Preschool (other than the above)           |
| <input type="checkbox"/> Chapter One                  | <input type="checkbox"/> Other Child Care Programs (please specify) |
| <input type="checkbox"/> Teenage Parenting Child Care | _____   |

2. How many years has this program been in operation? \_\_\_\_\_

3. How is this program operated?

- School employs program personnel during the hours that the program is in operation
- School contracts with other public or private agencies to operate this program (please specify)
- \_\_\_\_\_
- Employer-sponsored (please specify) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

4. Is the program licensed/certified?

- Yes                       No

If yes, by whom? \_\_\_\_\_

5. Is your program accredited?

- Yes                       No

If yes, by whom? \_\_\_\_\_

6. How is this program funded? (check all that apply)

- Parents pay a fee per child enrolled.
- School district provides all funds.
- District provides facilities and parents pay a fee.
- DES subsidizes children.
- DES contract
- United Way
- Other (please specify) \_\_\_\_\_

7. What is the approximate weekly fee for this program? \_\_\_\_\_

8. What was the approximate number of children in each age group enrolled in this program on May 1, 1993?

Infants (under one year of age)		Kindergarten	
One-year-olds		Grades 1-3	
Two-year-olds		Grades 4-6	
Three-year-olds		Grades 7-8	
Four-year-olds		Other	
Five-year-olds (not in school)		(describe) _____	

9. What days of the week is this program in operation? (check all that apply)

- Monday                       Friday
- Tuesday                       Saturday
- Wednesday                       Sunday
- Thursday

10. What are the hours of operation for this program? \_\_\_\_\_

11. Does this program provide child care for any of the following special circumstances? (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Holidays        | <input type="checkbox"/> Special Needs                   |
| <input type="checkbox"/> Drop-in         | <input type="checkbox"/> School Vacation                 |
| <input type="checkbox"/> Summer Vacation | <input type="checkbox"/> Evening/Night (after 6:00 p.m.) |
| <input type="checkbox"/> Sick Child Care |  |

12. What meals are provided as part of this program? (check all that apply)

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Dinner        |
| <input type="checkbox"/> AM Snack  | <input type="checkbox"/> Evening Snack |
| <input type="checkbox"/> Lunch     | <input type="checkbox"/> None          |
| <input type="checkbox"/> PM Snack  |  |

13. If meals are provided as part of this program, who provides them? (check all that apply)

- Child and Adult Care Food Program
- Parents
- National School Lunch Program
- Other (please specify) \_\_\_\_\_

14. Is transportation provided free of charge to children as part of this program?

- Yes                       No

If yes, by whom? \_\_\_\_\_

15. Is transportation provided to students in this program, but not as a part of this program?

- Yes                       No

If yes, by whom? \_\_\_\_\_

Please return the completed survey forms no later than June 4, 1993, to:

Research and Development  
Arizona Department of Education  
1535 W. Jefferson, Phoenix, Arizona 85007  
Phone (602) 542-5031 or Fax to (602) 542-3077

**SCHOOL BASED CHILD CARE STUDY  
Preliminary Results**

Arizona Department of Education  
Research and Development Division  
September 3, 1993

**PRINCIPALS SURVEY**

Number of Principals Responding	591
Number of Districts Responding	183
Elementary School Principals Responding	427
Middle School Principals Responding	87
High School Principals Responding	80
Unknown	2

**Schools Reporting the Existence of Programs  
by Type**

	Number	Percentage of Respondents
Full-Day Kindergarten	123	20.8%
Half-Day Kindergarten	213	36.0%
Head Start	46	7.8%
At-Risk Preschool	52	8.8%
Chapter One	168	28.4%
Teenage Parenting Child Care	17	2.9%
Hero Program Child Care	11	1.9%
Before/After School Child Care	190	32.2%
Special Education Preschool	112	19.0%
Preschool (other than the above)	70	11.8%
Other Child Care Programs*	54	9.1%
None	170	28.8%

\* Other Child Care Programs include:

After School by Golden Gate Community, After School Clubs, After School tutoring (3), Child Development classes, City operates before/after school, Employee Child Care, Enrichment classes, Extended Day Program (11), Kidco - through Parks and Recreation, Licensed Child Care by ADHS, National School Lunch, One hour after school for K-3, Other licensed after school program, Parenting classes offered at times, Parks and Recreation (2), Play school lab with child development classes, Pre 1st grade multiage, YMCA (7), Special Education through Pima County, Sunnyside Up Program, Touchstone After School, Even Start, Wrap Around Head Start

Note: Numbers in ( ) are the number of times mentioned.

SCHOOL BASED CHILD CARE STUDY  
Preliminary Results

Arizona Department of Education  
Research and Development Division  
September 3, 1993

PROGRAM ADMINISTRATOR SURVEY RESPONSES

Number of Administrators Responding 300

	Number of Programs by Type
Head Start	5
At-Risk Preschool	21
Chapter One	25
Teenage Parenting Child Care	20
Hero Program Child Care	11
Before/After School Child Care	79
Special Education Preschool	84
Preschool (other than the above)	46
Other Child Care Programs*	33
Blank	1

\* Other Child Care Programs include:

- 7 Extended Day Kindergarten
- 1 Pay School Lab with child development class
- 1 Fall Day Care
- 2 Life Management/Child Care
- 2 Even Start
- 1 Preschool Child Care
- 1 Early Release for children of working parents
- 1 Jump Start
- 1 Community School
- 1 Infant through 5 years
- 1 Preschool Special Education Head Start
- 1 Chapter 1 Extended Kindergarten Day
- 2 Child Development Class
- 1 After School Recreation
- 1 Child Care to support Adult Education
- 1 Licensed Facility
- 1 Private Grant
- 1 Child Development Preschool

	Students Served by Age	Students Served by Age (Excluding Chapter 1)
Infants (under one year of age)	401	397
One-year-olds	102	90
Two-year-olds	96	82
Three-year-olds	1,124	1,057
Four-year-olds	2,793	2,538
Five-year-olds (not in school)	1,460	1,325
Kindergarten	1,908	1,792
Grades 1-3	4,269	3,852
Grades 4-6	2,357	1,987
Grades 7-8	1,027	946
Other	526	526
Total	16,063	14,592

Is the program licensed/certified?

	Number	Percent
Yes	103	37.7 %
No	170	62.3 %
No Response	27	

The program is licensed/certified by...

14	Arizona Department of Economic Security
32	Arizona Department of Education
16	Arizona Department of Health Services
13	"State of Arizona"
1	Chapter 1
1	Developmental Preschool Idea
4	District
3	Public School
6	Certified Teachers
3	North Central Association
1	Head Start
1	NAEYC
1	Tucson Community Schools
1	City of Phoenix

Is the program accredited?

	Number	Percent
Yes	44	17.3 %
No	211	82.8 %
No Response	45	

The program is accredited by...

2	Arizona Department of Economic Security
15	Arizona Department of Education
11	NAEYC
14	North Central Association
1	CDA/Mohave Community College
4	"State of Arizona"
2	District
2	Arizona Center for Vocational Education Cooperatives
1	Chapter 1
1	Preschool Grant

How is the program operated?

231	School employs personnel during the hours that the program is in operation
28	School contracts with other public or private agencies to operate this program*
8	Employer-sponsored
50	Other
11	No Response

\* Private agencies include:

1	Rim Guidance
1	Non profit program for district
1	City of Phoenix Head Start
1	In conjunction with a local preschool for handicapped preschool program
4	Sunrise Preschool
1	New Horizons of Lake Havasu City
1	Federal Government - Chapter 1
2	Head Start
1	County
1	Southwest Human Development
13	Unspecified

How many years has this program been in operation?

Average	4.5 years
Minimum	1 month
Maximum	30 years

Average years in operation by type of program

Head Start	5.0
At-Risk Preschool	4.0
Chapter One	5.0
Teenage Parenting Child Care	6.0
HERO Program Child Care	7.0
Before/After School Child Care	4.6
Special Education Preschool	3.9
Preschool (other than the above)	8.8
Other Child Care Programs	4.6

How in the program funded?

97	Parents pay a fee per child enrolled
105	The school district provides all funds
95	District provided facilities and parents pay a fee
72	DES subsidizes children
25	DES contract
3	United Way
106	Other

Note: Programs could be funded from more than one source. Therefore, the total number of programs funded exceeds the number of programs reported by respondents.

What is the approximate hourly fee for this program?

District reporting a fee	139
Average	\$1.45 per hour
Minimum	\$0.06 per hour
Maximum	\$6.25 per hour

Does this program provide child care for any of the following special circumstances?

	Number	Percent* of Respondents
Holidays	31	10.3%
Drop-in	36	12.0%
Summer Vacation	72	24.0%
Sick Child Care	11	3.7%
Special Needs	65	21.7%
School Vacation	37	12.3%
Evening/Night (after 6:00 p.m.)	8	2.7%

\* Respondents were allowed to select more than one response. As a result the percentages may total more than 100 percent.

What meals are provided as part of this program?

	Number	Percent* of Respondents
Breakfast	102	34.0%
AM Snack	129	43.0%
Lunch	116	38.7%
PM Snack	155	51.7%
Dinner	2	0.7%
Evening Snack	4	1.3%
None	38	12.7%
No Response	21	

\* Respondents were allowed to select more than one response. As a result the percentages may total more than 100 percent.

If meals are provided as part of this program, who provides them?

	Number	Percent* of Respondents
Child and Adult Care Food Program	26	8.7%
Parents	66	22.0%
National School Lunch Program	111	37.0%
Other	76	25.3%

\* Respondents were allowed to select more than one response. As a result the percentages may total more than 100 percent.

Is transportation provided free of charge to children as part of this program?

	Number	Percent
Yes	150	53.2%
No	132	46.8%
No Response	18	

Is transportation provided to students in this programs, but not as a part of this program?

	Number	Percent
Yes	67	28.9%
No	165	71.1%
No Response	69	

SCHOOL BASED CHILD CARE STUDY  
Preliminary Results

Arizona Department of Education  
Research and Development Division  
September 20, 1993

SELECTED PROGRAMS

Number of Programs

Teenage Parenting Child Care	20
Hero Program Child Care	11
Before/After School Child Care	79
Preschool (other than above)	46

Number of Students Served by Age

	Teenage Parenting Child Care	Hero Program Child Care	Before/After School Child Care	Preschool (other than above)
Infants (under one year of age)	191	32	0	0
One-year-olds	71	21	0	0
Two-year-olds	39	8	15	21
Three-year-olds	20	33	124	282
Four-year-olds	66	24	229	796
Five-year-olds (not in school)	1	15	189	560
Kindergarten	0	6	1,508	29
Grades 1-3	0	9	3,310	80
Grades 4-6	0	0	1,555	59
Grades 7-8	0	0	798	6
Other	0	25	285	0
Total	388	173	8,103	1,833

Is the program licensed/certified?

	Teenage Parenting Child Care	Hero Program Child Care	Before/After School Child Care	Preschool (other than above)
Yes	11	4	19	2
No	8	6	55	30
No Response	1	1	4	4

The program is licensed/certified by...

	Teenage Parenting Child Care	Hero Program Child Care	Before/After School Child Care	Preschool (other than above)
Arizona Department of Economic Security	9	1	3	3
Arizona Department of Education	0	1	5	3
Arizona Department of Health Services	5	1	3	1
North Central Association	2	0	0	0
Head Start	0	0	1	0
Tucson Community Schools	0	0	1	0
"State of Arizona" District	0	0	2	2
Certified Teachers	0	0	0	1
NAEYC	0	0	0	1

How is the program operated?

	Teenage Parenting Child Care	Hero Program Child Care	Before/After School Child Care	Preschool (other than above)
School employs personnel during the hours that the program is in operation	15	8	60	37
School contracts with other public or private agencies to operate this program	4	0	7	1
Employer-sponsored	0	1	2	1
Other	3	3	12	8
No Response	0	0	3	1

How is the program funded?

	Teenage Parenting Child Care	Hero Program Child Care	Before/After School Child Care	Preschool (other than above)
Parents pay a fee per child enrolled	7	3	47	25
The school district provides all funds	1	0	12	13
District provided facilities and parents pay a fee	9	7	46	23
DES subsidizes children	16	5	36	12
DES Contract	6	0	13	5
United Way	0	0	2	0
Other	10	4	15	16
No Response	0	1	4	0

What is the approximate hourly fee for this program?

	Teenage Parenting Child Care	Hero Program Child Care	Before/After School Child Care	Preschool (other than above)
District reporting a fee	14	9	54	29
Average	\$1.60	\$1.12	\$1.57	\$1.51
Minimum	\$0.28	\$0.67	\$0.25	\$0.40
Maximum	\$2.48	\$1.55	\$6.67	\$3.08

APPENDIX 5  
ADE SURVEY  
NOVEMBER 1993

## School Based Child Care Phone Survey Results

Arizona's 216 operating school districts were contacted by phone between November 8 and November 24. Survey forms were completed for 211 districts. The five districts which did not respond account for three percent of the states total enrollment in grades K-12. The following information represents the results obtained from the 211 responding school districts.

The following results represent the best effort to obtain complete information about school based child care programs operated by Arizona public school districts. Since public schools are not obligated to report this information to the Arizona Department of Education, ADE recognizes that the accuracy of the information is heavily dependent on the respondent. The findings of this study can not be used as a complete and thorough census of programs. At best, they can be used to get a general idea of the number and type of child care programs offered in the public schools, above and beyond those mandated or licensed by the state.

Programs which are funded by some form of special grants or part of the mandated instructional program have been excluded from the results reported below. These specially-funded or mandated instructional programs include: 27 school districts operating At-Risk Preschool programs, 12 districts operating Teenage Parenting Programs, 9 districts operating Hero programs and 147 districts operating Special Education Preschool programs.

### Survey Results

Does your district have any child care programs operated by school district personnel which are not part of your regular instructional program, either on campus or at facilities leased or loaned to the district?

Yes	48	22.75%
No	163	77.25%

For those districts indicating that they operate a child care program, the following information was collected. Six districts indicated that they operate more than one type of school based child care program.

Type of Program	Does your district operate any of the following child care programs?		How many children are served in the following age groups?			
	Yes	No	0-2 Years	3-5 Years	School Age	Total
At-Risk Preschool	3 1.42%	208 98.58%	0	45	0	45
Child Care for Teenage Parenting Programs	9 4.27%	202 95.73%	138	13	0	151
Child Care for Hero Programs	2 0.95%	209 99.05%	0	25	0	25
Before/After School Child Care*	31 14.69%	180 85.31%	2	946	4,501	5,449
Special Education Preschool	4 1.90%	207 98.10%	0	108	0	108
Other Child Care Programs	7 3.32%	204 96.68%	0	351	78	429

APPENDIX 6  
LETTER OF CONCERN

# Arizona Parks & Recreation Association, Inc.

3124 E. Roosevelt  
Phoenix, AZ 85008  
(602) 267-7246



RECEIVED  
OCT 1 1993  
CHILD CARE

September 29, 1993

Mr. Bruce Liggett  
Program Administrator  
Child Care Administration  
P.O. Box 6123, Site Code 801-A  
Phoenix, AZ 85075

Dear Mr. Liggett:

I am writing you representing the 45 municipal park and recreation departments that are members of the Arizona Parks and Recreation Association. These agencies, from across the state, offer a variety of recreational services to Arizona's residents and visitors.

As indicated in our previous conversation, it is my feeling that the licensure of recreational programs as child care services needs to be addressed by the study committee(s) created by executive order 92-14 and House Bill 2068. It is the position of the Association that such licensure is a misinterpretation of the regulations; this misunderstanding has caused the termination of some recreational services. It is our belief that public recreational programs should be included in the exemption clause of the current standards (36-884).

While the safety of the child is of utmost concern to all recreation departments, the child care regulations which now govern some services are inappropriate for a municipal recreation department. Our concerns are as follows:

- the regulations create yet another layer of bureaucracy which slows the efficient delivery of services. Currently, a recreational program is governed by the regulations of its local community. Several layers of elected/ appointed officials and the general public review recreational services;
- the "adequate physical facilities" clause (36-883) is often times inappropriate for a public community center. To physically retrofit a public building, where these recreational programs are offered, would be cost prohibitive! These are not unsafe buildings merely buildings constructed for a wider public use;
- the "child care personnel registration" clause (36-883.02) most times is irrelevant because it is not timely. By the time the results of the fingerprinting are received, a recreational program has already concluded. This provision adds nothing to a child's safety only an additional cost and administrative hurdle. Departments already conduct extensive character checks on potential employees;

# Arizona Parks & Recreation Association, Inc.



Bruce Liggett  
September 29, 1993  
Page Two

3124 E. Roosevelt  
Phoenix, AZ 85008  
(602) 267-7246

- the definition of "day care" (36-881.2) is so broad that any child service would be included. It is inconceivable that the original intent was the inclusion of public recreation services;
- branches of public government ( i.e. recreation departments) are conspicuously absent in the definition of "person" operating day care centers (36-881.6). This causes me to believe that they were not intended for inclusion;
- the mandate to license recreational programs has been inconsistently applied. It appears that the need for licensure is an arbitrary decision based upon the interpretation of the local licensing staff person. What must be licensed in one part of the state is ignored in another;
- the definition of "compensation"( R9-5-101, paragraph 13) is unclear. Does the receipt of tax revenues, foundation support, and/or corporate support really constitute " compensation" to a local recreation department? It is upon this questionable interpretation that a recreation department's program then becomes subjected to the licensure process (36-881, paragraph 3);
- the regulations, while seemingly written to protect pre-school children, when applied to a recreation department most heavily impacts services to school age children.

Thank you for your time and consideration. I look forward to working with the Department of Health Services and the State Legislature to resolve these concerns.

Sincerely,

A handwritten signature in cursive script, appearing to read "Roger Hacker".

Roger Hacker  
Executive Director

RH/aa

cc: file  
Governor Symington  
Senator Greene  
Representative Killian

APPENDIX 7  
A.A.C., TITLE 9, CHAPTER 5

CHAPTER 5  
CHILD DAY CARE CENTERS

(Certified by the Attorney General and filed with the Secretary of State on July 7, 1988)

ARTICLE 1. GENERAL

Sec.

R9-5-101. Definitions.

ARTICLE 2. CENTER LICENSURE

R9-5-201. Classification of child day care center services.

R9-5-202. License application.

R9-5-203. License exemption.

R9-5-204. Issuance of license.

R9-5-205. Center orientation.

R9-5-206. Changes in license status.

R9-5-207. Provisional license.

R9-5-208. Denial, revocation or suspension of license.

R9-5-209. Renewal of license.

R9-5-210. Registration of child day care center personnel.

R9-5-211. Assessment of civil penalty.

ARTICLE 3. CENTER ADMINISTRATION

R9-5-301. Center responsibility.

R9-5-302. Insurance.

R9-5-303. Fire, safety and sanitation reports.

R9-5-304. Personnel records and reports.

R9-5-305. Records and reports pertaining to children.

R9-5-306. Attendance records.

R9-5-307. Records and reports of suspected child abuse.

R9-5-308. Enrollment, admission and release of children.

ARTICLE 4. CENTER PERSONNEL

R9-5-401. General personnel standards.

R9-5-402. Personnel qualifications.

R9-5-403. Personnel responsibilities and duties.

R9-5-404. Center staffing.

## ARTICLE 5. CENTER PROGRAM AND EQUIPMENT

- R9-5-501. General program standards.
- R9-5-502. Supplemental program standards for infants.
- R9-5-503. Supplemental program standards for one and two year old children.
- R9-5-504. Supplemental program standards for school-age children.
- R9-5-505. Field trips.
- R9-5-506. General equipment standards.
- R9-5-507. Supplemental equipment standards for infants.
- R9-5-508. Supplemental equipment standards for one and two year old children.
- R9-5-509. Supplemental equipment standards for 3, 4 and 5 year old children.
- R9-5-510. Supplemental equipment standards for school-age children.
- R9-5-511. General nutrition standards.
- R9-5-512. General food service and food handling standards.
- R9-5-513. Supplemental food service and food handling standards for infants.
- R9-5-514. Supplemental food service and food handling standards for 1 and 2 year old children.
- R9-5-515. Supplemental care standards for special children.
- R9-5-516. Supplemental evening and nighttime care standards.
- R9-5-517. Pets.
- R9-5-518. Discipline and guidance.
- R9-5-519. Illness and infestation care.
- R9-5-520. Emergency medical care.
- R9-5-521. Medications.
- R9-5-522. Transportation.

## ARTICLE 6. CENTER ACTIVITY AREAS AND PHYSICAL PLANT STANDARDS

- R9-5-601. Outside play areas.
- R9-5-602. Swimming pools.
- R9-5-603. General standards for indoor activity areas.
- R9-5-604. Supplemental indoor activity area standards for infants.
- R9-5-605. Diaper changing area standards.
- R9-5-606. Sleeping rooms.
- R9-5-607. Food preparation areas.
- R9-5-608. Laundry facilities.
- R9-5-609. Storage areas.
- R9-5-610. Cleaning and sanitation.
- R9-5-611. Fire and safety.
- R9-5-612. Physical plant standards for new centers and new construction.
- R9-5-613. Physical plant standards for existing centers.
- R9-5-614. General physical plant standards.

CHAPTER 5  
CHILD DAY CARE CENTERS  
ARTICLE 1. GENERAL

R9-5-101. Definitions

In this Chapter, unless the context otherwise requires:

1. "Abuse" means inflicting physical or mental pain or injury, causing deterioration of another person, or failing to maintain reasonable care and treatment of any dependent person to such an extent that the person's health or emotional well-being is endangered.
2. "Accompanied by a parent, guardian or custodian" means the parent, guardian or custodian is physically available to supervise and care for the child in the event of an emergency.
3. "Activity area" means the space in, or rooms of, the day care group home used for child care activities.
4. "Annex" means any supplementary structure on contiguous grounds, under the same ownership and intended to be used in conjunction with an existing child care facility.
5. "Applicant" means any individual, partnership or corporation who applies to the Department to operate a day care group home.
6. "Assistant" means any person who aids the provider in the care and supervision of children.
7. "Assistant teacher-caregiver" means a person who assists the teacher-caregiver in planning, developing and conducting the activities of a child or group of children and who may receive on-the-job training and supervision to become a teacher-caregiver.
8. "Center director" means the licensee, or a person designated in writing by the licensee, who is responsible for the daily on-premises supervision, operation and maintenance of the center.
9. "Certificate" means the written authorization issued by the Department to operate a day care group home.
10. "Certified capacity" means the maximum number of children as designated on the certificate that the day care group home may care for at any one time.
11. "Child care facility" or "facility" means a child day care center or a day care group home.
12. "Child Development Associate Credential (C.D.A.)" means a credential awarded by the Child Development Associate National Credentialing Program to individuals successfully completing an assessment of their ability to work effectively with children.
13. "Compensation" means any payment of money or other valuable consideration, including goods, services, time or employee/customer benefit, for child care by any person, business entity or government agency.
14. "Corporal punishment" means shaking, spanking, punching, hitting, hitting with instruments, pinching, biting, pushing, slapping, twisting, jerking, kicking, pulling hair, strangling a child or other acts which causes bodily pain and may result in bruises, welts, abrasions, contusions, lacerations, burns, fractures, wounds, cuts, punctures, subdural hemorrhage or hematomas, internal injuries, sprains, dislocation, or other forms of physical damage.
15. "Day Care Act" means the Child Day Care Programs Act, A.R.S. § 36-881, et seq.
16. "Early childhood education degree" means a bachelor or associate degree from an accredited college with a major in child development or kindergarten, primary, preschool or elementary education.
17. "Field trip" means a planned excursion or program activity with a specific destination away from the facility.
18. "Hazard" means any condition that subjects children to physical danger or risk.
19. "Home Economics Related Occupations" (H.E.R.O.) program means a home economics child care related vocational cooperative education program approved by the Arizona Department of Education.
20. "Household member" means a person who does not provide child care, but who is present in a day care group home for 30 consecutive days or longer; is listed as a member of the household on official documents; or who resides at the location of the day care group home.
21. "Immediate inspection" means available for review within two hours or less.
22. "Infant" means any child who is 12 months of age or younger, or who is under 18 months of age and not yet walking.
23. "Licensed capacity" means the maximum number of children, as designated on the license, that the facility may care for at any one time.

24. "Licensee" means the person, partnership, corporation or agency licensed by the Department to provide child day care services and having responsibility for the operation and maintenance of the child care facility in accordance with these rules.

25. "Medication" means all prescription and over-the-counter drugs and medicines.

26. "Menu" means a written description of foods to be served at each meal and all snacks prepared at the facility or catered, but excluding individual sack lunches brought from home.

27. "Mobile home" means a manufactured structure designed without a permanent foundation which was manufactured prior to 1976.

28. "Multiple use building" means a structure being used as a child care facility in addition to other activities.

29. "Naptime" means a designated time during a full child care program when provisions are made for children to rest or sleep.

30. "Night home care" means child care provided between 7:00 p.m. and 6:00 a.m. at a day care group home.

31. "Personnel" means all staff, including full or part-time employees, and volunteers, who perform services for the child care facility and have direct or indirect contact with children at that facility.

32. "Provider" means an individual who is the certificate holder or an individual designated in writing by the certificate holder, who is responsible for the daily, on-premises supervision, operation and maintenance of the day care group home.

33. "Qualifying experience" means verifiable experience working directly with a group of children during a specified time period in any licensed child care facility, elementary education program, or in fields of nursing, social work, psychology or other fields related to child growth or development.

34. "Residential facility" means a home in which an individual lives that is designed on a permanent foundation and is not a mobile home manufactured prior to 1976.

35. "Sanitary" means having been treated by a process that provides the appropriate accumulation of heat or concentration of chemicals for the time required to reduce the bacterial count, including pathogens, to a safe level.

36. "School-age children" means children who are at least five years old by January 1 of the current school year and who attend public school or the equivalent.

37. "Special needs children" means children enrolled in the child care facility who, due to any physical, mental, sensory or emotional delay, disability or limiting condition, need increased supervision, modified equipment or modifications to the physical plant.

38. "Staff members" mean the provider or paid personnel who perform services for the child care facility and who have direct or indirect contact with the children.

39. "Supervision" means direct and immediate observation and direction of personnel, a group of children, an activity or function.

40. "Teacher-caregiver" means the person responsible for planning, developing and conducting the activities of a child or group of children and who may supervise assistant teacher-caregivers.

41. "Volunteer" means an individual who supplements the services of paid staff by providing child care services under staff supervision in a child care facility without compensation.

## ARTICLE 2. CENTER LICENSURE

### R9-5-201. Classification of child day care center services

A child day care center shall be licensed to provide one or more of the following classifications of service:

- A 1. Full day care: care provided to children for more than four hours per day, between the hours of 6:00 a.m. and 6:30 p.m.
- B 2. Part-day care: care provided to children for no more than four hours per day, between the hours of 6:00 a.m. and 6:30 p.m.
- A 3. Evening care: care provided to children between the hours of 6:30 p.m. and 12:00 midnight.
- A 4. Nighttime care: care provided to children between the hours of 12:00 midnight and 6:00 a.m.
- A 5. Infant care: care provided to infants as defined in these rules.
- A 6. One year old child care: care provided to one year old children as defined in these

rules.

- A 7. School-age child care: care provided to school-age children during periods of a day  
when public, private or parochial schools are not in session.
- A 8. Special children care: care provided to special children as defined in these rules.

**R9-5-202. License application**

- A A. A license application shall be submitted on forms provided by the Department, and  
shall be fully completed, signed and notarized.
- A B. The applicant, or the representative authorized by the applicant to apply for  
licensure, shall be at least 18 years of age.
- B C. A separate license application is required for each location when more than one  
center is owned by the same person, and for each center operated at a single location by  
different persons.
- B D. A separate license application is not required for annexes on the same grounds used  
by the center.

**R9-5-203. License exemption**

- A To be exempted from Department licensure as a child day care center, a kindergarten shall  
not enroll children younger than "school-age children" as defined in A.A.C. R9-5-101, during the  
current school year.

**R9-5-204. Issuance of license**

- A A. In addition to the requirements in A.R.S. §36-882.F, the license shall specify:
- A 1. The name of the child day care center; and
- A 2. The expiration date of the license.
- A B. The license form shall include the address and telephone number of the Arizona  
Department of Health Services, Office of Child Day Care Licensure. The license shall be  
prominently posted in the center for viewing.

**R9-5-205. Center orientation**

B The initial applicant shall complete the Department's orientation for new owners and  
directors of child day care centers within four months from the submission date of a licensure  
application.

**R9-5-206. Changes in license status**

- A A. The licensee shall notify the Department in writing at least 30 days prior to the  
effective date of any intended change in the center's name or in service classifications, hours of  
operation, space utilization or licensed capacity and, if in compliance with applicable statutes  
and these rules, the Department shall issue an amended license which indicates the change but  
maintains the same expiration date as the previous license.
- D 1. The center shall not implement such change until the amended license is issued.
- D 2. Upon receiving the amended license the center shall surrender the previous license to  
the Department.
- D B. The licensee shall notify the Department in writing at least 30 days prior to the  
effective date of any change of ownership or location of the center and, if in compliance with  
applicable statutes and these Rules, the Department shall issue a new license.

**R9-5-207. Provisional license**

- A A. The Department may issue a provisional license pursuant to A.R.S. §36-882.C if a  
center is found to be not in total compliance with these rules. The center shall submit a written  
plan to the Department for approval which describes the licensee's plan for correcting  
deficiencies and the proposed date by which corrective action shall be completed.

B. In order for the center to satisfactorily complete the provisional period, surveys conducted by the Department must show:

- 1. That all deficiencies cited in previous Departmental surveys of the center have been corrected; and
- 2. That the center is in complete compliance with applicable statutes and these rules.

**R9-5-208. Denial, revocation or suspension of license**

A. A license may be denied, revoked or suspended for any of the following reasons:

- 1. The Department has determined that the center has used fraud or deceit in applying for or obtaining a license.
- 2. The Department has refused to register the applicant or center personnel pursuant to A.A.C. R9-5-210.
- 3. The Department has determined that the center has personnel:
  - a. Who are addicted to drugs or alcohol or whose performance is affected by the use of drugs or alcohol; or
  - b. Who have engaged in physical, emotional or sexual abuse; or
  - c. Who use unacceptable disciplinary methods, as defined in A.A.C. R9-5-518.B.
- 4. Failure to comply with the provisions of the Day Care Act or these rules.
- 5. Significant deficiencies noted in nighttime or weekend care shall result in Department revocation of licensure for these services.

B. Each license is the property of the State of Arizona and said certificate shall be returned to the Department immediately upon suspension, revocation or termination of the license.

**R9-5-209. Renewal of license**

Each application for license renewal shall be submitted on Department forms at least 60 days prior to the expiration of the current license.

**R9-5-210. Registration of child day care center personnel**

A. Documentation shall be maintained at the center which verifies center compliance with A.R.S. § 13-3716 and personnel requirements in A.R.S. §36-883.02.

B. The Department shall not register any person to work in a child day care center who is awaiting trial on, has been convicted of, or admitted committing any criminal offenses listed in A.R.S. §36-883.02.

C. The Department shall refuse to register a person to work in a child day care center who is awaiting trial, has been convicted of or has admitted committing a felony or misdemeanor if the Department determines there is a reasonable basis to conclude that the potential registrant's presence in the center may have a detrimental effect on the children.

D. Persons who otherwise meet the personnel qualifications but who have been convicted of driving under the influence of alcohol or drugs within the past three years, shall be issued a limited registration which restricts the person from driving any vehicle used to transport a child to or from the center at any time. Such a person may apply for full registration after a period of three years from the last conviction.

**R9-5-211. Assessment of civil penalty**

The Department may impose a civil penalty pursuant to A.R.S. §36-891, not to exceed \$50.00 for the first offense and \$100.00 for subsequent offenses for any of the following:

- 1. Failure to provide required staffing or supervision for children.
- 2. Releasing a child from the center without authorization.
- 3. Placing a child in a life threatening situation.
- 4. Failure to comply with cleaning, sanitation and safety requirements of these rules.
- 5. Failure to comply with nutritional requirements of these rules.
- 6. Use of inappropriate disciplinary methods included in A.A.C. R9-5-518.B.
- 7. Failure to correct deficiencies noted by the Department within established timelines determined by the Department in conjunction with the child day care center.

ARTICLE 3. CENTER ADMINISTRATION

R9-5-301. Center responsibility

A. In addition to requirements of A.R.S. §36-883.01, the center shall provide parents with a written statement of services upon the child's admission to the center or upon change in services which includes at least the following:

- 1. Services offered to children;
- 2. Hours of operation;
- 3. Admission requirements and enrollment procedures;
- 4. Policies regarding payment of fees;
- 5. Discipline policies;
- 6. Provisions for individual needs of special children;
- 7. Transportation services;
- 8. Procedure for field trips;
- 9. Responsibilities and expected involvement of parents in center activities;
- 10. Description of routine activities and a description of the educational programs offered;
- 11. A statement that liability insurance is carried by the center pursuant to A.A.C. R9-5-302. If liability insurance is not carried by the center, such shall be stated; and
- 12. Policy on medications and emergency medical procedures.

B. All visitors shall be supervised and accompanied by center personnel while touring the center.

C. Center personnel shall not release a child to anyone other than the custodial parent, guardian or a person designated by written authorization from the custodial parent or guardian except in the case of an emergency when phone authorization by that parent or guardian is provided.

D. The center shall have procedures to verify phone authorizations initiated by the custodial parent or guardian.

E. Center personnel shall inform parents about observations of their child's physical and emotional well-being, participation in center activities and programs, or unanticipated changes in the child's personality, behavior or habits.

F. The center shall notify parents and guardians that they have access to all areas of the center at any time during hours of operation and that they are allowed to interact with their children in the center's programs and activities.

G. The center shall have a written plan and instructions for center personnel to use in cases of emergency. Each of the center's personnel shall have read and be able to demonstrate that they can implement the plan in emergency situations.

R9-5-302. Insurance

A. Each center shall secure and maintain general liability insurance with minimum limits of \$300,000, including coverage for any vehicle used for transporting children.

B. In the event that the Director determines that insurance is unavailable or that coverage in the required amounts cannot be obtained by the majority of the licensed child day care centers, the Director may issue an order modifying the requirements of subsection A for a period not to exceed one year. Such order may be revised or renewed following review by the Director of the then current insurance availability.

R9-5-303. Fire, safety and sanitation reports

The center shall maintain in one central area within the center, a current copy of fire, safety and sanitation inspection reports, documentation that all requested corrections have been completed and a copy of monthly fire drill reports. These reports shall be made available to the Department for immediate inspection until the license expires.

**R9-5-304. Personnel records and reports**

A. The center shall maintain a current, individual file for each of the center's full-time and part-time personnel which includes:

- D 1. Individual's name, birthdate, address and phone number;
- D 2. A record of work experience, education and training including where and when it was obtained;
- D 3. Name and telephone number of the person, physician or health facility to be notified in case of an emergency;
- D 4. Evidence of a tuberculin test pursuant to A.A.C. R9-5-401.B.
- D 5. A written statement, provided by the individual on a Department approved form, testifying to immunity to measles, rubella, diphtheria, tetanus and polio;
- D 6. Required licenses and certifications;
- D 7. Verification of compliance with A.A.C. R9-5-210.;
- D 8. Date of employment or volunteer assignment; and
- D 9. Written performance evaluations.

B B. Personnel files shall be maintained in one central location within the center or, for multi-center organizations, the records may be kept at a central administrative office. If kept at a central administrative office, that office shall be located within the same city or town as the child day care center.

B C. The records shall be available for immediate inspection by the Department for a period of 1 year following termination of employment or volunteer work.

**R9-5-305. Records and reports pertaining to children**

The center shall maintain in one central location within the center, an individual file for each enrolled child. The file shall be made available for immediate inspection to the Department and contain the following:

- A 1. Child's name, address, sex and date of birth.
- A 2. Names of the child's parents or guardian, home and work addresses and telephone numbers.
- B 3. Name, address and telephone number of additional persons to be notified in the event that the parents or guardian cannot be located.
- A 4. Name and telephone number of the child's primary source of medical care.
- A 5. Authorization and instructions for emergency medical care of the child when parents or guardian cannot be contacted.
- A 6. Written instructions of the parent, guardian, or attending physician for any special dietary needs.
- A 7. A record completed by the parent, guardian, or physician noting the child's susceptibility to illness and special requirements for health and maintenance.
- B 8. Immunization record or exemption affidavit which includes:
  - B a. A verifiable record provided by the child's health-care provider, parent or guardian which states that the child has received current, Department recommended, age-appropriate immunizations for Haemophilus Influenza, Type B (Hib), measles, mumps, rubella, diphtheria, pertussis, tetanus and polio. The parent or guardian of an unimmunized or partially immunized child shall verify that the child will receive these immunizations in accordance with the Department recommended schedule and provide a documented record from the health-care provider of such immunizations, as they are completed; or
  - B b. An affidavit signed by the child's health-care provider that the child has a medical condition such that required immunizations would seriously endanger the child's health; or
  - B c. An affidavit signed by the child's parent or guardian that the child is being raised in a religion, the teachings of which are in opposition to immunization.
- B 9. Documentation that the center has notified the parent or guardian of each child who is 24 months of age or younger, at least quarterly and in writing, of all immunizations for that child which will become due during the upcoming quarter.
- B 10. Documentation that the center has notified the parents or guardian of each child who is 25 months or older, at least annually and in writing of all immunizations for that child which

will become due during the coming year.

D 11. Documentation that the child's parent or guardian was notified immediately of accidents or injuries to the child which required professional medical attention, and that an accident report was sent to the Department within 3 working days.

C 12. Legal documentation of sole legal guardianship, if the custodial parent or guardian requests that the center not allow the non-custodial parent to interact with the child at the center.

A 13. Written permission allowing phone authorizations for release of the child signed by the parent or legal guardian.

**R9-5-306. Attendance records**

D A. The center shall keep attendance records of staff on duty and enrolled children which indicate the time of arrival and departure of each staff member and each child.

The records shall be retained for two years in one central location within the center or, for multi-center organizations, these records may be kept at a central administrative office. If kept at a central administrative office, that office shall be located within the same city or town as the child day care center. The records shall be available for immediate inspection by the Department.

C B. The center shall maintain a dated class roster in each child care room on a daily basis which lists the names of all children assigned to that room for that day, and maintain the rosters on file for three months.

**R9-5-307. Records and reports of suspected child abuse**

D The center shall maintain documentation that all suspected cases of child abuse or neglect were reported to the appropriate authorities immediately upon detection in accordance with A.R.S. §13-3620, reported to the Department within 24 hours and followed by a written report to appropriate authorities and the Department. Documentation shall be available for immediate review by the Department.

**R9-5-308. Enrollment, admission and release of children**

B A. The child shall be enrolled by the parent or guardian. A plan for the child's care and any special requirements shall be clearly defined in writing upon enrollment.

A B. Information required for the child's file pursuant to A.A.C. R9-5-305 shall be recorded and signed by the parent or guardian when the child is enrolled.

D C. A child shall not be admitted if the admission will cause the center to exceed its licensed capacity.

A D. If children are to be released to persons other than the custodial parent or guardian, authorization for such release shall be obtained when the child is enrolled and updated as changes occur.

A E. Children shall not be allowed to admit or release themselves from a child day care center unless they are of school-age and authorization in writing is provided by the child's parent or guardian when the child is enrolled. If written authorization is brought to the center by the child, the authorization shall be verified with the parent or guardian upon receipt.

B F. Centers shall require the signature of the parent, guardian, or a person authorized by the parent or guardian, each time the child enters the center or is released from the center. Centers shall require all persons other than the parent or guardian to present picture identification for verification in addition to the signature prior to releasing a child from the center.

A G. No child shall continue enrollment in the child day care center for more than fifteen days, after receiving notification of needed immunizations, unless the parent/guardian has provided either evidence of age-appropriate immunization, an exemption affidavit.

A H. Children without evidence of immunity or an affidavit exempting immunization on file at the center are subject to exclusion from the center.

## ARTICLE 4. CENTER PERSONNEL

### R9-5-401. General personnel standards

- D A. Center personnel shall have the physical and emotional health necessary to perform the duties and responsibilities required by these rules.
- C B. Tuberculin tests shall be required of all center personnel as follows:
- C 1. A tuberculin skin test shall be obtained prior to employment and for volunteers who will be in contact with children at the center on a weekly basis. If a prospective employee is known to be tuberculin skin test positive, that individual shall submit verification of current freedom from communicable tuberculosis based on examination by a physician or public health clinic.
- C 2. Personnel who have previously tested positive on skin tests must obtain a chest x-ray and sputum examination at any time they manifest symptoms compatible with tuberculosis.
- C 3. If the center is located in a private home, every member of the household shall be subject to the tuberculosis screening required for personnel.
- A C. Personnel shall not be allowed in the center who knowingly have, or present symptoms of, a contagious disease.
- A D. Individuals without evidence of immunity on file are subject to exclusion from the center by order of state or local health officials. Individuals who were born before January 1, 1957 shall be considered immune to measles and therefore exempt from the measles immunization.
- B E. There shall be at least one staff member with current certification in first aid training from a Department approved program and one staff member with current cardio-pulmonary resuscitation certification from a program approved by the American Heart Association on the center premises at all times when the center is open, and on field trips.
- D F. The center shall document good faith efforts to obtain three personal and three past employer references for potential center personnel. This documentation shall include at least one written personal reference and one written reference from the most recent employer.
- A G. Personnel shall not smoke or use tobacco on the center premises during the hours of operation except in designated areas separated from the children.

### R9-5-402. Personnel qualifications

- C A. The center director shall be at least 21 years of age and appropriately qualified as specified in the table of qualification standards following this rule.
- B B. Teacher-caregivers shall be at least 18 years of age and appropriately qualified as specified in the table of qualification standards following this rule.
- C C. Assistant teacher-caregivers shall be at least 16 years old and appropriately qualified as specified in the table of qualification standards following this rule.
- B D. Center directors and teacher-caregivers hired prior to the adoption of these rules shall have 2 years from the date of adoption to meet the minimum qualifications required for employment. A teacher-caregiver regularly employed at a center for five or more years prior to the adoption of these rules shall be exempt from the requirements in subsection B. of this rule.
- C E. No one under the age of 16 shall be employed or serve as a volunteer in a child day care center.
- D F. Personnel under the age of 18 must be directly supervised at all times.

**TABLE OF QUALIFICATION STANDARDS**

**CHILD DAY CARE CENTER DIRECTOR**

Each center director shall meet one of the following sets of minimum academic and qualifying experience.

<u>ACADEMIC COURSE WORK</u>	<u>CHILD CARE QUALIFYING EXPERIENCE</u>
A high school diploma or its equivalent with at least six hours of academic course work or 90 hours of documented workshop experience in early childhood education or child development.	Two years
A Child Development Associate credential or its equivalent with at least six hours of academic course work or 90 hours of documented workshop experience in early childhood education or child development.	Eighteen months
One year of college with at least six hours of academic course work in early childhood education, child development or closely related field.	Eighteen months
An associate degree in early childhood education, child development or closely related field.	Six months
A bachelors degree in early childhood education, child development or closely related field.	Three months

**CHILD DAY CARE CENTER TEACHER-CAREGIVER**

Each teacher-caregiver shall meet one of the following sets of minimum academic and qualifying experience.

<u>ACADEMIC COURSE WORK</u>	<u>CHILD CARE QUALIFYING EXPERIENCE</u>
High school diploma or its equivalent.	Six months
Child Development Associate credential or equivalent.	N/A
Associate or bachelors degree in early childhood education, child development or closely related field.	N/A

**CHILD DAY CARE CENTER ASSISTANT TEACHER-CAREGIVER**

Each assistant teacher-caregiver shall meet one of the following sets of minimum academic and qualifying experience.

<u>ACADEMIC COURSE WORK</u>	<u>CHILD CARE QUALIFYING EXPERIENCE</u>
High school diploma or its equivalent and an interest in working with children.	N/A
Enrolled in high school H.E.R.O. program or similar educational program approved by the school governing board.	N/A
Enrolled in high school classes or equivalent and an interest in working with children in summer camps.	N/A

**R9-5-403. Personnel responsibilities and duties**

**A. The center director shall:**

- A 1. Be responsible for the supervision of personnel and children.
- C 2. Designate in writing a teacher-caregiver who is at least 21 years old to act in the center director's behalf and have access to all records necessary to the performance of the director's duties during an absence from the center.
- B 3. Provide for continuous supervision, during hours of operation, of all non-center persons who are not registered with the Department pursuant to A.A.C. R9-5-210. but are furnishing repair, maintenance supplemental education or other essential services for compensation in an area of the center where children are present.
4. Provide, or make available, a minimum of 12 hours of in-service training each year for all teacher-caregivers, assistant teacher-caregivers and other personnel as appropriate, depending upon the needs of the program and the qualifications of staff and volunteers. The training shall include at least the following:
- D a. Orientation of all new employees to the center and its policies and procedures;
- D b. On-the-job training for all new personnel who need training in specific areas of job responsibilities;
- D c. Personnel responsibilities in complying with these rules;
- D d. Health and safety procedures including recognition of illness and disease and training in basic disease control techniques;
- D e. Child growth and development;
- D f. Child abuse prevention, detection and reporting;
- D g. Positive guidance and discipline;
- D h. Nutrition and good eating habits;
- D i. Availability of community services;
- D j. Family involvement and communication with families;
- D k. Program planning and development; and
- D l. Creating a classroom environment.
- A 5. Provide, or assign a teacher-caregiver to provide, supervision for each assistant teacher-caregiver.
- C B. Center personnel may perform duties other than child care if the duties are not undertaken simultaneously with the supervision of the children in their charge. Personnel with diaper changing responsibilities shall not be assigned food preparation duties.
- A C. Center personnel having responsibility for the care of children shall report any case of suspected child abuse or neglect in accordance with A.A.C. R9-5-307.
- A D. Center personnel shall not be regularly scheduled to perform child care duties for more than 8 hours within any 24 hour period.

**R9-5-404. Center staffing?**

**A.** Children shall be grouped for supervision according to age and maturity and center personnel shall supervise all children at all times. There shall be at least the following ratios of personnel directly engaged in the care and supervision of children in the center's care:

- D 1. Infants: 1:5 or 2:11
- D 2. One year old children 1:6 or 2:13
- D 3. Two year old children 1:10  
After July 1, 1988 1:8
- D 4. Three year old children 1:15  
After July 1, 1989 1:13
- D 5. Four year old children 1:20  
After July 1, 1989 1:15
- D 6. Five year old children 1:25  
who are not yet school-age 1:20  
After January 1, 1990 1:20
- D 7. School-age children 1:25  
After January 1, 1990 1:20

B B. For center swimming and water activities conducted at a public swimming pool which provides appropriately certified advanced lifesaving staff on the premises, the center shall provide ratios of center personnel to children as defined in subsection A. of this rule to be present in the pool or observing poolside.

A C. For center swimming and water activities conducted in a private swimming pool, or public swimming pool which does not provide appropriately certified advanced lifesaving staff on the premises, the center shall provide ratios of center personnel to children as defined in subsection A. of this rule plus one additional person currently certified in advanced lifesaving and cardiopulmonary resuscitation (CPR) to be present in the pool or observing poolside.

D D. When transporting children who are not yet school-age, the center shall provide ratios of center personnel to children defined in subsection A. of this rule in addition to the vehicle driver unless four or fewer children are being transported. When transporting school-age children, ratios of center personnel to children defined in subsection A. of this rule shall be maintained but the vehicle driver may be included in the required ratio.

B E. If otherwise qualified, the center director, office, domestic and maintenance personnel may be included in the count for required personnel/child ratios at times when their sole responsibility is child supervision. This shall be verified by a clearly stated outline of time commitments.

B F. Center personnel under 18 years of age may be included in the required personnel/child ratios if working under the supervision of adult personnel.

C G. In groups of children of mixed ages, the number of personnel required shall be based upon the staffing ratio required for the youngest child in the group.

C H. The center shall have a minimum of 2 personnel, one of whom shall be a teacher-caregiver, on the center's premises at all times whenever 6 or more children of any age group are present. In a center where 5 or fewer children are in attendance, at least 1 of the center's personnel shall be on the premises with at least 1 of the center's other personnel readily available to relieve or assist in cases of emergency.

C L. No infants shall be mixed with older children for supervision if 6 or more children are present in the center.

B J. Each center shall have sufficient personnel to prepare and serve food, and maintain the center in a clean and safe manner. Maintenance of the child day care center shall not be dependent upon the work of the children under supervision.

**ARTICLE 5. CENTER PROGRAM AND EQUIPMENT**

**R9-5-501. General program standards**

A A. The center shall maintain a safe and healthful environment, free from disease and illness.

B. Within each daily program, teacher-caregivers shall select activities in which children can become individually involved and which meet the children's developmental age and needs for:

- A 1. Indoor/outdoor activities;
- A 2. Quiet/active activities;
- A 3. Supervised free choice/teacher-directed activities;
- A 4. Individual, small group and large group activities;
- A 5. Small/large muscle development activities; and
- A 6. Meals and snacks.

C. Teacher-caregivers shall develop, post and implement activity or lesson plans which provide an opportunity for each child to:

- C 1. Gain a positive self-concept;
- C 2. Develop and practice social skills;
- C 3. Think, reason, question, and experiment;
- C 4. Acquire language skills;
- C 5. Develop physical coordination skills;
- C 6. Develop good health, safety, and nutritional habits;

- C 7. Express creativity;
- C 8. Learn to respect cultural diversity of staff and children; and
- C 9. Learn self-help skills, and develop a sense of responsibility and independence.
- C D. Center personnel shall not at any time endanger the health or safety of the children under their care and shall assure that each child is clean and groomed as necessary after meals and activities.
- B E. Daily activity or lesson plans for each group of children at the center shall be maintained in a file at the center and available for review for one year.
- F. Center personnel shall consider the age and needs of the children and the length of time spent in the center when scheduling naptimes. During naptimes:
  - D 1. Television shall not be in operation in designated sleeping rooms; and
  - C 2. Children shall not be allowed to lie in direct contact with the floor.
- B G. When scheduling outdoor playtime, personnel shall group children by age and developmental needs to avoid conflicts, overcrowding, and undue competition for materials.
- C H. Teacher-caregivers shall be knowledgeable of, and able to provide, verbal or written information upon reasonable request about each child's progress in the acquisition of skills, emotional development and new or unusual behavior during daily activities.
- L. Activity restrictions include the following:
  - C 1. Children shall not be allowed in the kitchen or laundry room except as part of a planned program;
  - C 2. Children shall be protected from over-exposure to the sun. Shoes must be immediately available if at a swimming pool which is not surrounded by a cool surface/decking; and
  - A 3. Written permission shall be obtained from the parent or guardian and filed in the child's record before involving any child in a swimming program.

**R9-5-502. Supplemental program standards for infants**

In addition to requirements specified in A.A.C. R9-5-501, centers providing infant care shall comply with the following:

- C 1. The center shall provide a list showing each infant's name and the assigned teacher-caregiver. The list shall be posted in the infant room.
- 2. The teacher-caregiver shall provide consistent, individualized care to each infant, as evidenced by:
  - A a. Responding promptly to the infant's distress signals and need for comfort;
  - A b. Playing with and talking to the infant;
  - A c. Holding and rocking the infant and conducting the other everyday infant care activities;
  - C d. Providing adequate, appropriate, and nutritious foods conducive to the infant's optimum growth and development;
  - A e. Establishing a consistent daily routine;
  - A f. Providing a variety of age-appropriate activities and learning materials; and
  - A g. Allowing the infant a balance of quiet and active periods.
- A 3. Each infant shall have time and space both indoors and outdoors to play and explore in a safe and unobstructed area.
- A 4. An infant who is awake shall not spend more than one hour of consecutive time confined in a crib, playpen, swing, highchair, or other restricting equipment.
- 5. Teacher-caregivers shall provide infants with a variety of age-appropriate toys, sights, sounds and textures suitable to their level of development.
  - A a. The variety shall include at least the following: toys for stacking, pulling and grasping, soft toys, books, mobiles and unbreakable mirrors.
  - A b. The quantity of toys to be provided shall be at least three times as great as the number of infants in attendance.
- A 6. Each infant shall be allowed to maintain his own pattern of sleeping and waking.
- A 7. Teacher-caregivers shall never place a child directly on a waterproof mattress cover.

- A 8. Each child's diaper shall be changed as soon as soiled.
- A a. When changing diapers, the child shall be washed and dried using the child's individual toilet accessories.
- A b. If cloth diapers are used, they shall be emptied but not rinsed in a toilet fixture as soon as possible, placed in individual plastic bags and stored in a covered container out of reach of children.
- A c. Personnel shall wash their hands immediately before and after each diaper change.
- A 9. The teacher-caregiver assigned to infant care shall keep a daily written log of significant information about each infant. The log shall be kept in the infant care room and the information shall be relayed to the children's parents.
- C 10. Infants shall be separated from older children except as defined in A.A.C. R9-5-404.I.

**R9-5-503. Supplemental program standards for one and two year old children**

In addition to requirements specified in A.A.C. R9-5-501, centers providing care to one and two year old children shall comply with the following:

- A 1. Center personnel shall provide personal attention to, and contact with, each child by holding and talking to the child and taking the child for walks inside the center premises.
- A 2. A one or two year old child who is awake shall not spend more than one hour of consecutive time confined in a crib, highchair, playpen, or other confining equipment.
- A 3. One and two year old children shall have outdoor playtime in an area that safely separates them from older children. Developmentally appropriate outdoor play equipment shall be available.
- A 4. Each child shall be allowed to maintain his own pattern of sleep and waking periods. Special provision shall be made so that children who require naptime have a separate sleeping area which is apart from space used for play.
- D 5. The center shall consult with each child's parent or guardian to develop a mutual plan regarding individual toilet training of the child and shall not force toilet training on any child.

**R9-5-504. Supplemental program standards for school-age children**

In addition to requirements specified in A.A.C. R9-5-501, centers providing care for school-age children shall comply with the following:

- D 1. When school-age children are present, their indoor activity area space shall be separated from space provided for infants and one year old children.
- 2. The center shall provide program activities which offer school-age children an opportunity to meet their individual developmental, educational, social and privacy needs. Program activities shall include:
  - A a. Recreation;
  - A b. Individual and group participation activities;
  - A c. Activities to develop leadership skills and assume responsibility; and
  - A d. Relaxation.
- B 3. The program shall allow children to participate in activities on a free choice basis.
- A 4. The center shall provide outdoor play activities appropriate for school-age children. Developmentally appropriate outdoor play equipment and open spaces for running and games shall also be provided.
- B 5. The center shall assure that children attending school-age care programs are accompanied by center personnel to and from school, and at bus stops unless requirements of A.A.C. R9-5-308.E. are met.

**R9-5-505. Field trips**

- B A. The center shall obtain written permission from the parent or guardian in advance of the child's participation in a field trip. The field trip permission notice shall provide details of the trip including the purpose of the field trip, time of departure and arrival at the center, and the address of the trip destination.

B. A written trip plan shall remain at the center which includes the following:

- 1. List of children and adults on the trip;
- 2. Departure and return times;
- 3. Vehicle license plate numbers;
- 4. Name, address and, when possible, phone number of destination; and
- 5. Information about any requirements for children to participate in the planned activity at the trip destination.

C. Records of emergency information for children participating in the field trip shall be taken on all field trips.

D. A list of children participating in the field trip shall be taken on the trip and also left at the center. Personnel on the field trip shall compare the list to children at the following times:

1. Boarding the vehicle at the beginning of the trip;

2. Each hour at the trip's destination; and

3. Boarding the vehicle to return to the center.

E. Sufficient water or appropriate drinks shall be available for the entire trip.

F. Each child shall have on his person, in plain view, the center's name, address and telephone number. The child's first and last name shall be placed inconspicuously on his person.

G. If volunteer vehicles are used for field trips, the center shall determine that each volunteer vehicle and driver comply with A.A.C. R9-5-522.1. and 2. before the trip begins.

#### R9-5-506. General equipment standards

A. Educational materials and equipment:

1. Educational materials shall be available for all children. Such materials shall stimulate curiosity, offer social experiences, encourage cooperative play and develop physical coordination.

2. Equipment, toys and materials of a variety in size and design appropriate to the children's developmental needs shall be provided for both indoor and outdoor activities and play.

3. Each center shall have sufficient play materials and equipment so that at any one time, each child for which the center is licensed can be individually involved in the activities outlined in the lesson plan.

4. All equipment, toys and materials shall be washable, maintained in a clean, safe and usable condition, and disinfected as necessary.

B. Sleeping materials and equipment:

1. There shall be a separate cot, floor mat, or crib for each child who needs to nap or rest. Bunk beds are not permitted.

2. Cots and cribs shall be of sound construction, shall be of sufficient size to comfortably accommodate the size and weight of the child, and shall be kept clean and in good repair.

3. Mats shall be covered with waterproof material and used only in rooms where close contact with the floor will not present a draft or dust problem.

4. Rugs, carpets, blankets and towels shall not be used as mats.

5. Each cot or floor mat shall be completely covered with a clean sheet or similar covering which shall be laundered weekly, or more frequently as needed. Coverings shall always be freshly laundered before use by another child.

6. A clean blanket shall be provided for each child.

7. Where a private home is used as a center, beds used by family members shall not be used by a child in attendance at the center.

C. Other equipment:

1. Highchairs shall be equipped with a safety strap and constructed so that the chair will not topple. The Department may waive the safety strap requirement if the design and construction of the chair is such that a safety strap is not needed. The tray or feeding surface shall be smooth, free of cracks, and shall be sanitized prior to each use.

2. When a center is located in a multiple-use building, the center shall use and store cookware and serving tableware separately from all other building cooking supplies and food service equipment.

**R9-5-507. Supplemental equipment standards for infants**

In addition to requirements specified in A.A.C. R9-5-506, centers providing infant care shall comply with the following:

- A 1. A sturdy adult size chair, preferably a rocking chair, shall be provided in the infant room for personnel to use when holding and feeding infants.
- D 2. A crib of sturdy construction with bars spaced no more than 2 3/8 inches apart shall be available for each infant. Stacked cribs are not permitted.
- A 3. Crib mattresses shall be completely and tightly covered with waterproof material. If plastic materials are used, they shall be durable and safe for children.
- A 4. There shall be no restraining devices of any type used in cribs.
- A 5. Each crib shall have clean, individual crib-size bedding, including sheets and a blanket which are in good repair.
- D 6. Each crib and mattress shall be cleaned and bedding changed daily, or more often if necessary, and always upon a change of occupant.

**R9-5-508. Supplemental equipment standards for one and two year old children**

In addition to requirements specified in A.A.C. R9-5-506, centers providing care for one and two year old children shall comply with the following:

- B 1. Age-appropriate materials and equipment shall include:
  - B a. Books, including some cloth books;
  - B b. Medium size rubber or soft plastic balls;
  - B c. Manipulative toys;
  - B d. Blocks and block accessories;
  - B e. Washable soft toys, stuffed animals and dolls;
  - B f. Large muscle equipment; and
  - B g. Musical instruments.
- A 2. Toys to be used by one and two year old children, shall be durable, easily cleaned, movable, non-toxic, too large to swallow and have no sharp pieces, edges or points. Toys shall be inspected frequently and regularly to ensure they are not hazardous.
- A 3. If cribs are used they shall comply with the requirements as listed in A.A.C. R9-5-507.

**R9-5-509. Supplemental equipment standards for 3, 4 and 5 year old children**

In addition to requirements specified in A.A.C. R9-5-506, centers providing care for 3, 4 and 5 year old children shall provide age-appropriate play materials and equipment including:

- B 1. Art supplies;
- B 2. Blocks and block accessories;
- B 3. Books and posters;
- B 4. Dramatic play areas with toys and dress-up clothes;
- B 5. Large muscle equipment;
- B 6. Manipulative toys;
- B 7. Science materials; and
- B 8. Musical instruments.

**R9-5-510. Supplemental equipment standards for school-age children**

In addition to requirements specified in A.A.C. R9-5-506, centers providing care for school-age children shall provide age-appropriate play materials and equipment including:

- B 1. Arts and crafts;
- B 2. Games;
- B 3. Sports equipment;
- B 4. Books;
- B 5. Science materials; and
- B 6. Manipulative toys.

**R9-5-511. General nutrition standards**

**A.** The center shall serve foods which meet the following standards:

1. Age-appropriate nutrition requirements;
2. Provide a variety of foods served within each food group;
3. Adhere to current dietary recommendations for sugar, salt and fat intake.

**B.** The center shall maintain a one day supply of perishables and a three day supply of staples to meet emergency situations.

**C.** The center shall be able to verify that quantities of food purchased, prepared, and served meet minimum nutritional requirements. The Federal Child Care Food Program production sheets or standardized recipes, menus, food receipts and purchasing logs, as well as on-site observation shall be used for verification.

**D.** Second servings of nutritious foods shall be made available to children over and above the required daily minimums if not contraindicated.

**E.** Minimum meal components and serving sizes to meet calorie and nutrient requirements for various ages of children, as established by the National Research Council Recommended Daily Allowances (RDA), shall be as prescribed in the following table.

TABLE OF MEAL PATTERN REQUIREMENTS  
FOR CHILDREN

Food Component	Ages 1-3	Ages 3-6	Ages 6-15
Breakfast			
1. Milk (fluid)	1/2 cup (4 oz)	3/4 cup (6 oz)	1 cup (8 oz)
2. Vegetables/fruits or juice (full-strength)	1/4 cup (2 oz)	1/2 cup (4 oz)	1/2 cup (4oz)
3. Bread or biscuits, rolls, muffins, etc. or cold dry cereal or cooked cereal or grains or cooked pasta or noodle products	1/2 slice 1/4 cup 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/3 cup 1/4 cup 1/4 cup	1 slice 1 serving 3/4 cup 1/2 cup 1/2 cup
Lunch/Supper			
1. Milk (fluid)	1/2 cup (4 oz)	3/4 cup (6 oz)	1 cup (8 oz)
2. and 3. Vegetable(s) and/or fruit(s) (from 2 sources)	1/4 cup	1/2 cup	3/4 cup
4. Bread or biscuits, rolls, muffins, etc. or cooked pasta or noodle products or cooked cereal or grains	1/2 slice 1/2 serving 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/4 cup 1/4 cup	1 slice 1 serving 1/2 cup 1/2 cup
5. Meat (lean) or poultry or fish or eggs or cooked dry beans, peas	1 oz 1 oz 1	1 1/2 oz 1 1/2 oz 1	2 oz 2 oz 1
lentils or peanut butter or cheese	1/4 cup 2 T 1 oz	3/8 cup 3 T 1 1/2 oz	1/2 cup 4 T 2 oz
Snacks			
Select 2 of the following 4 components			
1. Milk (fluid)	1/2 cup (4 oz)	1/2 cup (4 oz)	1 cup (8 oz)
2. Vegetables/fruits or juice (full-strength) (except with milk)	1/2 cup (4 oz)	1/2 cup (4 oz)	3/4 cup (6 oz)
3. Bread or biscuits, rolls, muffins, etc. or cold dry cereal or cooked cereal or grains or cooked pasta or noodle products	1/2 slice 1/2 serving 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/3 cup 1/4 cup	1 slice 1 serving 3/4 cup 1/2 cup
4. Meat (lean) or poultry or fish or cheese or eggs or cooked dry beans, peas	1/2 oz 1/2 oz 1/2 oz 1/2 egg	1/2 oz 1/2 oz 1/2 oz 1/2 egg	1 oz 1 oz 1 oz 1 egg
lentils or peanut butter or peanuts	1/8 cup 1T 1/3 cup	1/8 cup 1T 1/3 cup	1/4 cup 2T 2/3 cup

**R9-5-512. General food service and food handling standards**

- A A. Food service and handling shall be conducted pursuant to all applicable state and local statutes, rules and ordinances.
- A B. Children and staff shall wash hands with soap and running water before handling or eating food. Washcloth handwashing shall be restricted to infants and children with special needs to reduce the transfer of bacteria.
- B C. Children shall not be allowed to eat directly off floor or ground.
- B D. Children shall be encouraged but not forced to eat.
- A E. Children shall be given necessary assistance in feeding, and taught self-feeding skills and good nutrition habits.
- A F. The child's parents or guardian shall be notified when a child consistently refuses to eat or exhibits unusual eating behavior.
- C G. Meals provided by the center or individual sack lunches provided by the parents or guardian shall be given to the child at customary meal times.
- D H. The center shall not serve the same menu twice in the same day.
- B L. Fresh milk may be served directly from the original commercially filled container. Unused portions of individual servings shall not be returned to the original container or stored for future consumption.
- A J. Reconstituted dry milk does not meet the fluid milk meal pattern requirement and shall not be substituted for fresh milk.
- D K. Foods shall be prepared as close to serving time as possible to protect children and personnel from food-borne illnesses.
- D L. Foods shall be prepared in a manner to maintain nutrients, proper temperature, flavor, texture and appearance.
- D M. Perishable foods in sack lunches shall be stored at proper temperatures (45° maximum) in a refrigerator until mealtime.
- D N. If not provided when a sack lunch is brought from home, the center shall serve milk, or full-strength vegetable or fruit juice to children at scheduled meal times.
- D O. Juices served to children for meals and snacks shall be full-strength vegetable or fruit juices from a can, carton or concentrate. Imitation powdered, syrup, or concentrated drinks, ades or punches shall not be used in place of full-strength juices.
- D P. Menus shall specify foods to be served and shall be planned at least one week in advance, dated and posted in the center's entrance area on the last working day prior to the menu week.
- D Q. Menu substitutions shall be written on the posted menu no later than the morning of the meal service.
- A R. When a child requires a modified diet prescribed by the parent, guardian or physician, the center shall inform personnel of the diet restrictions and serve food that complies with the prescribed dietary regimen.
- S. Children shall receive the following meals or snacks when at the center for the time periods specified below:
- D 1. Two to four hours: one or more snacks, unless the child is at the center during a regular meal time, in which case the child shall be served the appropriate meal outlined in these rules.
- D 2. Four to eight hours: a meal and one or more snacks.
- D 3. Nine or more hours: two snacks and one or two appropriate meals.
- D 4. A snack shall be made available before bedtime.
- D 5. Breakfast shall be available to children who are scheduled to be in attendance at the center before 8:00 am.
- D 6. Lunch shall be available to children who are at the center between 11:00 am and 1:00 pm.
- D 7. Dinner shall be available to children in centers licensed for evening care who are at the center between 5:00 pm and 7:00 p.n.

**R9-5-513. Supplemental food service and food handling standards for infants**

In addition to requirements specified in A.A.C. R9-5-512, centers providing infant care shall comply with the following:

A 1. Formulas may be provided by the infant's parents or guardian, or by the center. If prepared by the center, formulas shall be prepared and stored in accordance with written instructions provided by the infant's parents, guardian or physician and according to state statutes and state and local rules or ordinances governing the preparation of all foods.

C 2. Each infant's parents or guardian shall supply written instructions to the center on the types of foods to be fed to the infant which shall be updated regularly as new foods are added or other dietary changes are made. Instructions shall be posted for staff reference.

3. The center shall meet the following requirements for feeding infants:

A a. Center personnel shall hold and feed infants under six months of age or older children who cannot hold their own bottle.

A b. Bottles shall never be propped.

A c. Bottles shall be removed from cribs and beds after the child has fallen asleep.

A d. Children shall not have bottles while on the floor.

A e. Each child's bottle shall be individually labeled.

C f. Bottles, nipples and bottle covers shall be sterilized prior to reuse. Used bottles shall be removed, emptied, and rinsed promptly.

C g. Cereal shall not be mixed with formula and fed to an infant from a bottle.

B 4. As soon as infants are of sufficient age, they shall be spoon fed from individual spoons and containers and shall be encouraged to feed themselves as soon as this desire is exhibited.

**R9-5-514. Supplemental food service and food handling standards for 1 and 2 year old children**

In addition to requirements specified in A.A.C. R9-5-512, centers providing care for 1 and 2 year old children shall comply with the following:

A 1. Centers shall meet requirements as specified in A.A.C. R9-5-513 for children who require formula or bottle feeding.

C 2. The child shall sit in a chair at a table of appropriate size during feeding as soon as the child is able to do so.

C 3. Foods which can be eaten with the fingers shall be included in the daily menus to encourage children to feed themselves.

**R9-5-515. Supplemental care standards for special children**

In addition to the general program and equipment requirements specified in Article 5 and the general activity space requirements in Article 6, centers providing care for special children shall comply with the following:

1. Centers may enroll special children when the following conditions are met prior to the child's attendance:

D a. In-service training or consultation is provided to enhance the ability of center personnel to meet the individual needs of enrolled special children.

D b. Appropriate activities are developed and equipment substitutions are available or necessary activity and equipment adaptations are made.

D c. Appropriate physical plant modifications are made to accommodate the individual needs of special children.

D d. Personnel/child ratios are established which allow each special child to receive specialized services and care required for their needs and which are approved by the Department.

2. At the parent conference, upon enrollment of the child, specialized support needs shall be documented.

D a. Parents and staff shall jointly determine any special personnel/child ratios, personnel training or consultation, and equipment that will be necessary.

D b. Personnel shall be familiar with appropriate community resource referral services and refer parents to them, if appropriate.

D c. When determining the placement of a special child within a group of children, center personnel and the child's parents shall consider the developmental, physical, emotional, and chronological age of the child. Any assessments of the child's individual needs that have been used to determine placement and the rationale for placement shall be documented in the child's file.

D 3. Special children shall be integrated into the daily activities of the center whenever possible within the least restrictive environment that meets the individual needs of special children in attendance.

D 4. A diaper changing area shall be provided in centers that regularly care for special children who require diapering.

#### **R9-5-516. Supplemental evening and nighttime care standards**

A. In addition to the general program and equipment requirements specified in Article 5 and the general activity space requirements in Article 6, centers providing evening and nighttime care shall comply with the following:

B 1. The center shall provide a variety of activities after dinner and before bedtime which meet each child's recreational, rest or sleep needs.

B 2. The center shall provide each infant with a crib which meets the requirements of A.A.C. R9-5-507 and each child with a comfortable bed, consisting, at a minimum, of a sturdy cot and clean bedding.

A B. The center shall obtain and follow written instructions from the parent or guardian for the child's bathing, toileting and personal grooming.

A C. If children are bathed at the center, the bathtub shall be sanitized between uses.

C D. Staff members on evening or night duty shall remain awake at all times and shall be in the immediate vicinity of sleeping children.

#### **R9-5-517. Pets**

The center director shall be responsible for the behavior and cleanliness of pets or animals allowed on the premises.

A 1. All dogs and cats on the premises shall be immunized against rabies.

A 2. Pets shall be controlled to assure that proper sanitation of the premises is maintained, and to assure that the animals are not a hazard to children, staff or visitors at the center.

#### **R9-5-518. Discipline and guidance**

A. Acceptable discipline and guidance techniques:

A 1. Center personnel shall use discipline to teach children acceptable behavior and inner controls, not as punishment or retribution.

A 2. Center personnel shall consider the child's age, intellectual development, emotional makeup and past experience when disciplining the child.

D 3. Center personnel shall define and maintain consistent, reasonable rules and limits for children and shall model and encourage appropriate behavior.

A 4. Center personnel, whenever possible, shall explain to a child why the particular behavior is not allowed, suggest an alternative, and then assist the child to become engaged in activities in an acceptable way.

D 5. If a child's behavior may result in self-harm or harm to others, center personnel shall hold the child firmly until the child regains control or composure.

D 6. When a child is isolated from other children for unacceptable behavior, the isolation period shall not be longer than three minutes after the child regains control or composure but under no circumstances longer than ten minutes without personnel/child interaction using methods described in this subsection.

B. Unacceptable discipline and guidance techniques:

C 1. Disciplinary methods shall not be detrimental to the health or emotional needs of the child. Personnel shall not humiliate or frighten a child, or use corporal punishment and shall not permit other personnel to do so.

- B 2. Discipline shall not be associated with eating, napping or toileting.
- A 3. Medications or mechanical restraints and devices shall not be used to discipline children.
- C 4. Children shall not be allowed to discipline other children.

**R9-5-519. Illness and infestation care**

D A. Each child shall be observed by center personnel for signs of illness or infestation upon entering a center transport vehicle or the center.

D B. The center shall not accept or allow a child to remain at the center if the child shows symptoms of inflammation, fever, rash, diarrhea, vomiting, pinworms, lice or is suspected of having a contagious or infectious disease or infestation.

A C. If the child develops symptoms of illness or infestation while at the center, personnel shall isolate the child from others and notify the child's parent or guardian immediately to arrange for prompt removal of the child.

B D. The center shall notify parents in writing if their child has been exposed to a contagious disease or infestation immediately upon discovery of exposure. In addition, the center shall notify the local health department of all reportable diseases.

D E. Each center shall provide every parent with written instructions of how to inform the center of a child's absence due to potentially infectious illnesses.

D F. A log of absences due to reportable communicable illness and infestation pursuant to A.A.C. R9-6-114.A. shall be maintained by the center and retained for two years in order to determine consistent patterns of illness or infestation at the center.

**R9-5-520. Emergency medical care**

B A. The center shall immediately notify the child's parents, guardian or the person specified by the parent to be notified in case of an emergency, in the event of any serious injury to the child that requires medical attention.

B B. A first-aid kit, approved by the Department, shall be kept in the center and accessible to all personnel but out of the reach of children. The first-aid kit shall contain at a minimum:

- B 1. Band-aids;
- B 2. Antiseptic solution;
- B 3. Sterile bandages;
- B 4. Scissors;
- B 5. Medical tape;
- B 6. Cotton swabs; and
- B 7. Syrup of Ipecac within expiration limits.

**R9-5-521. Medications**

A A. Centers shall develop a medication policy and notify parents or guardians of the policy.

B B. If medications are administered, the center shall develop procedures which, at a minimum, adhere to the following:

C 1. The center director, or a staff member designated in writing by the center director, shall be responsible for administration of medication including the storage, recordkeeping, handling and overseeing the child's ingestion of medication. Only one staff member in the center at any given time shall be responsible for administration of medications.

2. Staff shall not administer medications to a child without specific written authorization from the child's physician, parent or guardian which contains at least the following information:

- B a. The name of the child;
- B b. The name and, if any, the prescription number of the medication to be given;
- B c. Specific instructions for administering the medication including the dosage, the dates and time of day medication is to be given;
- B d. Reason the medication is being given;

- B e. Signature of physician, parent or guardian; and
- B f. Date of authorization.
- D 3. Injections shall only be dispensed by appropriately licensed persons.
- 4. The center shall maintain a record of all medications administered to children by the center staff. The record shall contain the following information:
  - B a. The name of the child;
  - B b. The name and, if any, the prescription number of the medication;
  - B c. The date and time of day the medication is administered; and
  - B d. The signature of the designated staff member who administered the medication.
- D 5. Center staff shall only administer medications that are provided by the parent or guardian in the original, labeled container and labeled with the child's full name.
- B 6. Medicines which are no longer to be administered shall be returned to the child's parent or guardian immediately.
- D 7. All prescription and non-prescription medications shall be kept in a locked storage cabinet or container which is located out of the reach of children.
- D 8. Medications requiring refrigeration shall be kept in a locked, leakproof container in the refrigerator.
- D 9. The center shall not keep stock supplies of any prescription or non-prescription medication for internal use, including aspirin.
- D C. Medication records shall be maintained for 3 years and available for immediate inspection by the Department. Current records shall be kept on the center premises for 1 year.

**R9-5-522. Transportation**

If the center provides vehicular transportation directly or through a contract, the following requirements shall be met:

- 1. Vehicle and driver requirements:
  - D a. The vehicle shall be maintained in a mechanically safe condition.
  - D b. The vehicle driver shall be 18 years of age or older, hold a current Arizona chauffeur's license and a current first aid certificate, or if not paid for services, a valid driver's license.
  - D c. Children shall not be transported in vehicles which are not constructed for the purpose of transporting people such as truck beds, campers or any trailered attachment to a motor vehicle.
  - D d. All children shall be seated on seats which are securely fastened to the body of the vehicle and which provide sufficient space for the child's body.
  - D e. Seat belts or child restraint devices shall be required for all children who are 25 months old or older when they are transported in a vehicle which weighs under 10,000 pounds Gross Volume Weight (GVW). All children 24 months of age or younger shall be transported in Department approved child restraint devices which are anchored to the vehicle.
  - D f. No adult or child shall stand or sit on the floor while vehicle is in motion.
  - D g. Vehicles used to transport children shall have adequate heating and air conditioning.
  - D h. A first aid kit which meets requirements specified in A.A.C. R9-5-520.B, and two large, clean towels or blankets shall be maintained in each vehicle.
  - D i. Centers shall maintain on file records of all services and repairs for center owned or leased vehicles for as long as the vehicle is used by the center.
- 2. Transport insurance requirements:
  - D a. The center or its contractor, shall obtain and maintain motor vehicle insurance coverage in accordance with A.R.S. §28-1102 et seq. Uniform Motor Vehicle Safety Responsibility Act and A.A.C. R9-5-302.
  - D b. Proof of insurance shall be kept in the center and in each insured vehicle.
- 3. Transport safety requirements:
  - D a. A copy of each child's emergency medical care authorization shall be present in the vehicle transporting that child.
  - D b. The center shall notify the Department within one working day of any traffic accident involving children being transported by the center and submit a written accident report to the Department within 5 working days on Department approved report forms.

- D c. Children shall not be allowed to open or close doors of vehicles.
- D d. Head phones or ear phones shall not be worn by the driver of a vehicle transporting children.
- D e. The center shall provide a safe vehicle loading and unloading area for children which is located in an area away from moving traffic and hazardous obstructions.
- D f. When away from the center, the vehicle shall be parked at curbside whenever possible to load and unload children. When not possible, an adult shall find or make a safe path for children to enter or exit the vehicle prior to loading and unloading.
- D g. The vehicle driver shall remove the keys from the vehicle and set the emergency brake before exiting the vehicle.
- D h. Vehicle doors shall remain locked at all times when the vehicle is in motion.
- D i. A child shall not be left unattended in a vehicle.
- D j. An accurate list of all children in transport shall be available in the vehicle.

**ARTICLE 6. CENTER ACTIVITY AREAS  
AND  
PHYSICAL PLANT STANDARDS**

**R9-5-601. Outside play areas**

- C A. At least 75 square feet shall be available for each child occupying the outside play area at any time. To allow all children scheduled access, the outside play area shall contain the minimum of 75 square feet per child for at least 50 percent of the center's licensed capacity.
- D B. The area shall be contiguous with the center or easily accessible without the need to cross streets or highways.
- D C. The outside play area shall be free of hazards and shall be totally fenced with a minimum 4 foot high secure fence.
- D D. Gates to the play area shall be kept closed at all times.
- A E. The outside play area shall have a non-hazardous play surface. Asphalt, unpadded indoor/outdoor carpeting and astro-turf over asphalt shall not be used under swings and play equipment where children may fall. A hard surfaced area may be provided for wheeled play vehicles.
- D F. Shaded areas shall be provided to accommodate the children who are occupying the outside play area at any time.
- A G. Outside structures and play equipment shall be well maintained and shall be arranged to minimize hazard from conflicting activities.
- B H. After school programs which are operated in an elementary or secondary public, private or parochial school, and serve only school-age children shall be required to meet fencing requirements of the school where the program is located. If the outdoor play area fencing does not ensure the safety of children, the requirements of R9-5-601.C. shall be imposed.
- D I. Any construction or equipment which constitutes a potential safety hazard shall be adequately fenced off or enclosed.
- D J. An outside play area shall not be required if no child attends the center more than four hours per day and at least 50 square feet of indoor activity space is available for each child.

**R9-5-602. Swimming pools**

- A A. All pools and equipment shall conform to manufacturer's specifications for installation and operation and shall be maintained and operated in a safe and sanitary manner at all times.
- A B. Swimming pools over 2 feet deep shall have the following:
  - A 1. A recirculation system, to be run continually during seasonal use, including at least one removable strainer, two pool inlets placed on opposite sides of pool, one drain located at the pool's lowest point and covered by a grating designed to prevent suction of body surfaces.
  - A 2. An automatic disinfectant system.
  - A 3. A vacuum cleaning system.

A 4. When chlorination is used, a range of free chlorine, tested by the orthotolidine method, of 0.4 to 1.0 ppm., a pH range of 7.0-8.0, shall be maintained. Dry or liquid chemical sources may be added directly to pool water only when sufficient time exists for adequate dispersal before use. A daily log of chemistry readings and resultant action taken shall be kept at the center and available for inspection.

A 5. A shepherd's crook and one ring buoy with at least 25 feet of 1/2 inch rope attached.

A C. Pools 2 feet deep or less shall meet the requirements of subsection B except:

A 1. The recirculation system must have at least one pool inlet and a bottom drain is not required.

A 2. No vacuum cleaning system is needed.

A 3. No ring buoy is needed.

A D. Annual inspection by the Department or the local, county or city health department is required for all pools. An initial inspection of all new pools is required prior to use.

B E. Swimming pools must be enclosed by a separate fence with a minimum height of five feet and a self-closing, self-latching, lockable gate. The gate shall be kept locked whenever the pool is not in use.

#### R9-5-603. General standards for indoor activity areas

A A. For licensing purposes, at least 25 square feet of interior activity space shall be available for each child included in the center's licensed capacity, except that at least 35 square feet shall be available for each infant and one year old child. When one year old children are mixed with older children in the same activity area, the requirement of at least 35 square feet of indoor activity space per child shall govern.

D B. There shall be a designated room or area which has a cot or mat, sheet and blanket where a child can be separated from other children in the indoor activity space.

D C. The floor space of kitchens, bathrooms, closets, halls, storage areas or rooms, recreation areas, isolation rooms, offices, and rooms designated for staff use as well as wall thickness shall be excluded in computing indoor activity space to determine licensed capacity.

D D. Room space used for storage, teacher-caregiver desks, file cabinets, storage cabinets or closets, or staff handwashing sinks shall not be included as activity space when determining licensed capacity.

D E. The licensed capacity of each child care room or area shall be posted conspicuously in that room.

D F. The indoor activity area used to calculate licensed capacity shall be occupied only by the children's play materials, and equipment or children's furniture.

B G. Rooms in the center used for child care shall be decorated with coverings for windows, mirrors, bulletin boards and age-appropriate pictures or posters at the eye level of occupant children.

#### R9-5-604. Supplemental indoor activity area standards for infants

In addition to the requirements specified in A.A.C. R9-5-603, centers providing care for infants shall comply with the following:

A 1. The center shall provide care for infants in rooms and outdoor play areas which are separated from older children except when a total of 5 or fewer children are present in the center. Infant rooms shall not be used as passageways for other children in the center.

A 2. The center shall provide an unobstructed free play area with non-abrasive carpeting for infants to safely and comfortably sit, crawl and play.

C 3. The minimum spacing between occupied cribs shall be two feet on any side with bars except the side which is next to the wall.

#### R9-5-605. Diaper changing area standards

C A. A diaper changing area shall be provided in each room where diapered infants, one and two year old children are housed.

A B. A diaper changing area shall be provided for diapered special children of any age but may be located outside the room where the children are housed if approved by the Department.

C. All diaper changing areas shall meet the following requirements:

- D 1. A staff handwashing sink shall be available in each diaper changing area equipped with soap in a dispenser, running water between 86 ° F to 110 ° F and individually dispensed, single use hand towels.
- A 2. Diaper changing procedures shall be posted in each diaper changing area.
- A 3. The diaper changing surface shall have a smooth non-porous surface, be kept clear of items not directly related to diaper changing, and shall be cleaned, sanitized and dried between each change of diapers.
- A 4. No bottles, formulas, food, food utensils or food preparation shall be allowed in the diaper changing area.
- D 5. There shall be at least two covered, easily cleaned, waterproof containers in each diaper changing area, one for storage of soiled diapers and one for storing soiled clothing. Fecally soiled clothing shall be emptied into a toilet fixture, placed in individual plastic bags, and stored in the container provided. The children shall not have access to these containers.

**R9-5-606. Sleeping rooms**

- A A. There shall be, at a minimum, a corridor which is 24 inches wide between each row of cots or floor mats.
- A B. The arrangement of cots or floor mats shall not obstruct access to exit doors and shall provide teacher-caregivers access to each child.
- C C. Lofts, galleries, attics or similar places are prohibited as nap or rest areas.
- A D. Sleeping rooms shall have adequate light to observe each child.
- DUPLICATE E. Television shall not be in operation in a room where children are sleeping.

**R9-5-607. Food preparation areas**

- C A. Food preparation and storage areas shall be separated from rooms used by children and shall not be used as a passageway by children to travel from one area to another.
- A B. All food preparation and storage facilities shall conform with requirements of A.A.C. R9-8-112 through R9-8-137.

**R9-5-608. Laundry facilities**

- A A. Soiled laundry shall be kept in covered containers and separated from clean laundry.
- C B. The kitchen or pantry shall not be used for processing, handling or washing laundry.
- C C. If laundry is done on center premises, the laundry area shall be separated from rooms used by children and shall not be used as a passageway by children to travel from one area to another.

**R9-5-609. Storage areas**

- A A. All centers shall provide designated storage space for:
  - A 1. Indoor and outdoor toys, play equipment and materials, located so that children can freely use and replace items;
  - A 2. Cots and bedding convenient to the nap area, and separate from other storage which would preclude proper sanitation practices; and
  - B 3. Each child's clothing and personal belongings.
- B B. All potentially hazardous equipment, materials or chemicals including the following shall be stored in a locked area out of the reach of children and separated from food storage areas:
  - B 1. Flammable materials;
  - B 2. Corrosive materials;
  - B 3. Maintenance and cleaning equipment and supplies;
  - B 4. Insecticides; and
  - B 5. Garden tools and repair equipment.
- A C. Attic space shall not be used for the storage of readily combustible materials.

**R9-5-610. Cleaning and sanitation**

A. All parts of the center premises and all center furnishings, equipment, materials, and toys shall be kept clean.

1. Centers shall be maintained free of insects and vermin.

2. Insect control shall include, but not be limited to, screening of windows and other direct openings to the outside.

3. Toilet bowls, lavatory fixtures and floors in bathrooms, playrooms, and kitchens shall be scrubbed daily, or more frequently if necessary, with a cleaning solution and disinfectant.

4. All plumbing fixtures shall be maintained in proper operating condition.

5. Toilet areas shall contain, within easy reach of the children, mounted toilet tissue, warm running water, soap, and individually dispensed, single use towels in a mounted dispenser, or air hand dryer.

6. Toilet doors opening to the outside shall not be left open.

B. There shall be sufficient water pressure at all times to meet the cleaning needs of the center.

C. A center licensed for more than 25 children shall have a utility sink which is not located in kitchen or classrooms.

D. Garbage and organic waste, shall be stored in containers with tight fitting covers.

1. Garbage containers shall be washed and sanitized after emptying and lined with paper bags or plastic liners.

2. Garbage shall be removed from the building daily, or more often if necessary, to maintain a clean condition.

E. The use of common drinking and eating utensils is prohibited.

F. Drinking fountains shall:

1. Be kept clean and in working condition;

2. Not be mounted on sinks with the exception of art sinks used for classroom activities; and

3. Have regulated pressure and an angle jet with an orifice guard above the rim.

G. Drinking water shall not be drawn from bathroom or diaper changing handwashing sinks.

H. Drinking water shall be accessible to the children on the playground and in indoor activity rooms.

I. Individual toothbrushes, combs, washcloths or cloth towels used for children shall be kept clean. Each child's toilet articles shall be kept on identified racks or in cubicles and separated from the articles used by other children.

J. Items of clean clothing shall be available for children younger than school-age to use when necessary.

K. There shall be covered, waterproof, easily cleaned containers for the storage of soiled clothing. The children shall not have access to the containers.

L. Permanent floor coverings shall be tight, smooth, washable and free from dampness and odors.

**R9-5-611. Fire and safety**

Each center shall comply with applicable state and local fire and safety codes and regulations, and the following requirements:

1. Furnace rooms, rooms where hot water tanks are located and attics shall not be used for storage of combustibles.

2. Combustible waste material shall be kept in metal containers with tight-fitting covers and shall not be allowed to accumulate in or around the premises.

3. Fire evacuation drills shall be held monthly at various times of the day and written records of each fire evacuation drill shall be kept at the center.

a. One of the drills shall be executed at the time of the state or local fire inspection;

b. Such drills shall be conducted by the center director or director designee; and

c. Written instructions shall be posted which include special staff assignments and general procedures to be followed in case of fire or disasters.

- D 4. Exits shall not be blocked or locked during hours of operation.
- A 5. Exit corridors shall be kept free from obstruction.
- A 6. Portable fire extinguishers shall be installed in the kitchen and throughout the center in compliance with A.A.C. R8-2-41.

7. Smoke detectors in compliance with A.A.C. R8-2-41 shall be installed in the following locations:

- D a. Head of each stairway;
  - D b. Each sleeping room; and
  - D c. All corridors.
8. At least one smoke detector or heat detector in compliance with A.A.C. R8-2-41 shall be installed in each of the following locations:

- D a. Kitchen;
- D b. Furnace or boiler room;
- D c. Attic;
- D d. Utility rooms; and
- D e. Attached garages.

9. Each center building shall have a manually operated fire alarm system when required by, and as specified in, A.A.C. R4-34-1101, the Arizona Fire Code.

10. All stairways to basements shall be separated from the main floor by a full door at the main floor level and have a self-closing device which is kept locked when not in use.

11. All stairways leading to rooms used by children shall be equipped with railings suitable for use by children.

12. All low windows or arcadia doors shall be of safety glass or protected to assure the safety of children.

13. All dry washes, fish ponds, irrigation ditches or bodies of water shall be inaccessible to children except when supervised.

14. Poisonous or hazardous plants and shrubs shall be inaccessible to children.

15. Drugs, other than those prescribed for children or personnel at the center, alcoholic beverages and firearms are prohibited on the center premises during hours of operation.

16. There shall be at least one readily available, operable telephone in the center. Emergency telephone numbers for the local fire department, police department, and ambulance service shall be conspicuously posted near all center telephones.

17. Child day care center buildings, indoor and outdoor play equipment and structures shall be constructed of durable materials for safety, kept in good repair and free from hazards.

#### R9-5-612. Physical plant standards for new centers and new construction

A. The following documents shall be submitted to the Department for review and approval prior to undertaking new construction, additions or alterations to a licensed center, or the conversion of unlicensed buildings or portions thereof to child day care center use:

- D 1. A short narrative indicating the scope of the project;
- D 2. Two copies of final drawings and specifications which provide the information necessary to determine compliance with these rules; and

3. A copy of applicable local building and zoning permits.

B. Construction shall not begin until written approval is issued by the Department.

C. New construction and buildings converted for center use after the effective date of this Chapter shall comply with applicable local building codes, fire codes and zoning requirements and with the following Codes and Standards adopted by reference and on file with the Office of the Secretary of State:

- D 1. R9-1-412.A. Uniform Building Code;
- D 2. R9-1-412.B. Life Safety Code;
- D 3. R9-1-412.C. Uniform Mechanical Code;
- D 4. R9-1-412.D. Uniform Plumbing Code;
- D 5. R9-1-412.E. National Electric Code;
- D 6. R9-1-412.G. National Fire Code;
- D 7. R9-1-412.H. American National Standard specifications for making buildings and facilities accessible to and usable for physically handicapped people; and
- D 8. R8-2-41. Arizona State Fire Code.

- D. Where conflicts occur among standards referenced herein, the following shall apply:
1. Standards specified in the narrative portion of the rules shall govern over the standards adopted by reference.
  2. If a conflict occurs among the codes and standards, or between applicable state or local building/fire codes, the more restrictive standard shall govern.

**R9-5-613. Physical plant standards for existing centers**

A. Existing centers shall have an accurate set of drawings on file with the Department, which reflect current utilization of rooms and spaces within the center.

B. The provisions for new construction contained in the codes and standards referenced A.A.C. R9-5-612.C. shall not apply to centers which were licensed when these rules were adopted. However, existing use or occupancy which was legal at the time of the adoption of this rule shall be discontinued if upon a determination by the Director such use is deemed dangerous to the life or safety of children.

C. Additions to licensed center buildings, conversions of unlicensed buildings or portions thereof for use as centers, and portions of licensed center buildings undergoing alteration other than repair, shall meet the requirements for new center construction in A.A.C. R9-5-612.

D. Buildings which are located on the premises of a public school and used by students when the school is in session shall be exempt from this section when applying for a license to provide school-age child care.

**R9-5-614. General physical plant standards**

**A. Center location.**

1. Centers shall not be located in mobile homes.
2. When a center is located in a multiple-use building, areas to which children have access shall be used only for child care purposes during the center's hours of operation.
3. When a center is located in a multiple-use building, the entire building must conform to all construction requirements for new centers unless the center has the required fire separation as referenced in A.A.C. R9-1-412.A.

**B. Exits.**

1. Rooms exceeding 1,000 square feet shall have at least two exits.
2. Infant rooms licensed for more than 5 infants shall have at least two exits.
3. Combining of two licensed child-occupied rooms for simplification of exiting shall be permitted provided that the opening between the rooms is a minimum of 6 feet in unobstructed width.

**C. Exit doors.**

1. Exit doors shall be at least 36 inches in width and 6 feet 8 inches in height.
2. Centers licensed prior to the adoption of this rule, for a capacity of less than 16 children, may have exit doors of 30 inches minimum width. This exception does not apply where special care children or infants are on the premises.
3. Where a pair of doors which open together are substituted for the door required in paragraph 1. above, each leaf shall be a minimum of 2 feet, 6 inches in width and at least 6 feet, 8 inches in height. Center door mullions are prohibited.
4. Exit doors shall be swing type doors which swing toward the path of egress. An exception to this requirements shall be for indoor activity rooms which have a licensed capacity of 10 or fewer children.

**D. Exit corridors.**

1. Exit corridors shall be at least 44 inches wide if the building's maximum licensed capacity is less than 26 children, and 72 inches wide if the maximum licensed capacity is 26 children or more.
2. Required exit corridors shall not have dead-end pockets exceeding 20 feet in length.
3. Exit doors that swing into an exit access corridor shall be recessed to prevent interference with corridor traffic, or shall open 180 degrees to rest against the corridor wall.

- A 4. Doors in any position shall not reduce the required corridor width by more than one half of the clear corridor width.
- D 5. Transoms, louvers, and transfer grills shall be prohibited in required exit corridor walls and doors.
- D E. Exit stairways.
- D 1. Exit stairways shall be 36 inches in clear width if the maximum licensed capacity of the building is less than 50 children and 44 inches in clear width if the maximum licensed capacity is 50 children or more.
- D 2. Stairway handrails or trim shall not reduce the required exit width by more than 3 1/2 inches.
- D F. Heating and cooling.
- B 1. Rooms used by children shall be maintained at temperatures between 68° F and 82° F.
- D 2. Ventilation shall not subject children to drafts.
- A 3. Heating and cooling equipment shall be protected to prevent children from coming into contact with it. Unvented or open-flame space heaters or portable heaters are prohibited and fans must be mounted out of reach of children.
- A 4. Gas-fired heating devices shall be inspected and serviced as needed but at least annually by a properly qualified person.
- A 5. Unused gas outlets shall have the valves removed and shall be capped at the wall or floor with a standard pipe cap.
- A G. Lighting and electrical.
- C 1. Center buildings shall be well lighted and free of glare. A minimum of thirty foot candles of illumination shall be maintained in all areas used by children.
- A 2. Electrical outlets shall be covered for safety or located out of reach of children.
- A 3. Electrical cords shall not be used in place of permanent wiring.
- A 4. Electrical wires extending over outdoor play areas shall be securely supported, fully insulated and located at least 12 feet above the play area.
- C H. Plumbing.
- C 1. Toilets and handwashing sinks shall each be provided in the following minimum ratio:
- C a. At least one flush toilet and one handwashing sink for ten or fewer children.
- C b. At least two flush toilets and two handwashing sinks for eleven to twenty-five children.
- C c. At least one flush toilet and one handwashing sink for each additional twenty children.
- C d. Infants and children who use diapers shall not be included in this calculation.
- D 2. Toilets and handwashing sinks shall be easily accessible, child-sized or equipped so that children can use them without assistance.
- D 3. Toilets and handwashing sinks shall work properly and allow for thorough cleaning.
- D 4. A toilet room shall not open directly to the kitchen.
- D 5. Toilets shall be ventilated to the outside of the building either by open screened windows or with an exhaust fan and duct system which shall be in operation during all hours in which children are present in the center.

APPENDIX 8  
STUDY GROUP PARTICIPANTS

PARTICIPANTS IN DES CHILD CARE STUDY COMMITTEE  
AUGUST 5, 6 & 11, 1993

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APPENDIX 9  
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FAMILY CHILD CARE  
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