

PROVIDER REGISTRATION AGREEMENT ELECTRONIC APPLICATION

As a child care provider contracted with the Arizona Department of Economic Security (DES), you have taken the steps to meet a high level of standard in order to provide the best possible service for the children in your care. To maintain your contract, you are required to complete a mandatory child care provider registration agreement and keep your information on file with DES up-to-date.

This feature of the Arizona Provider Registration Agreement is an electronic application to input and upload the program's information to allow DES to receive, review, and maintain an electronic record of your file.

1. A program administrator can review the DES provider registration agreement by clicking the following [link](#).



Arizona DES Child Care Provider Registration Agreement

Arizona Department of Economic Security- Child Care Administration



Contract Term 2021-2026

[Child Care Provider Registration Agreement](#)

[\(Acuerdo de Registro del Proveedor de Cuidado Infantil\)](#)

[Quick Reference Guide for Contract Term 2021-2026](#)

2. A program administrator will now see various attachments. This tutorial will discuss each attachment.
 - [DES Child Care Provider Registration Agreement \(PRA\)](#)
 - [Arizona Child Care Quick Reference Guide for Contract Term 2021-2026](#)
 - [Highlights and Key Updates](#)
 - [Provider Documents](#) When searching the DES Website Hub
 - Scroll down to "Provider Documents"
 - Provider Registration Agreement documents are all available by PDF to download
 - Other Provider Forms: These are forms that you are required to use when becoming DES contracted
 - [Contact your Contract Specialist](#)

Collecting the required documents prior to accessing the DES electronic application:

1. **DES Billing Training: (DE5417)** All program administrators are required to enroll, complete the training with an 80% score or higher, and submit a transcript/activity report with the training completion **DATE AFTER August 16th, 2021**, to the DES Electronic Application.

Instructions: DES Billing Training (DE5417) Non-State Employees, such as volunteers, vendors, and contractors, will need to create an account (*If you haven't done so in the past*) in TraCorp to access the training by this [link](#).

Log In

[Forgot Password?](#)

If you are having trouble: you will need to contact **DES Training Solutions at 602-542-3782 or by email at DESTrainingSolutions@azdes.gov**. The DES Training Solutions Team will give you instructions and provide you with an **access code** to create your new account.

Downloading Your Student Transcript:

- Log into [TraCorp \(link is external\)](#).
- Go to the Profile menu at the top and then select My Transcript. This will generate and display your transcript.

[Home](#)
[Help](#)
[News](#)
[Library](#)
[Profile](#)

My Transcript

Start Date

End Date



Required Documents needed for the Arizona DES Child Care Provider Registration Agreement. These documents can be found using the following [link](#).

1. Request for Search of Background Check (Central Registry) - Email confirmation that was received after the request was submitted. This will include the full entry of each employee as well as the tracking number.
2. Provider Rate Agreement - this is an internal entry within the electronic application
3. Provider's Child Care Operational Information (ADES form CCA-0100A)
4. Sign in/out records - this is an internal entry within the electronic application
5. Direct Deposit Form - must include a voided check.
6. W-9 Form
7. Statement of Services of Brochure or Parent Contract
8. Liability Insurance (ACCORD form) is required indicating DES as the Certificate Holder
9. Disaster Preparedness Plan
10. ADHS. D.E.E.P and Empower Acknowledgement Form
11. Department of Health Services License
12. DES Billing Training transcript/activity report - training must have been completed after the date August 16th, 2021
13. National Accreditation Certificate (if applicable)
14. First Things First Star Rating Certificate (if applicable)

Arizona DES Child Care Provider Registration Agreement - Electronic Application

Within this application, program administrators can verify their program's information, licensing information, update providers daily rates, ages being served, and operational information. The program administrator can also enter National Accreditation Certificates and Quality Star Rating Certificates.

Page 1: Arizona DES Child Care Provider Registration Agreement

1. Click on the following [link](#) to access the electronic application.
2. Important information PRIOR to hitting "Start" - the following items are needed prior to completed the electronic application:
 - a. DES Billing Training (DE5417)
 - b. Central Registry Background Check
 - c. All required documents (10 required and 2 optional)

IF all steps above have been completed, let's start the electronic application process by selecting the "Start" button on the bottom left hand corner of the screen

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Child Care Administration

Arizona DES Child Care Provider Registration Agreement

Arizona Department of Economic Security- Child Care Administration



Contract Term 2021-2026

[Child Care Provider Registration Agreement](#)

[\(Acuerdo de Registro del Proveedor de Cuidado Infantil\)](#)

[Quick Reference Guide for Contract Term 2021-2026](#)

Important Information PRIOR to hitting "Start"

DES Billing Training (DE5417) should be completed prior to completing the AZ DES Provider Registration Agreement - Click [here](#)

New DES Non-State Employees, such as volunteers, vendors and contractors, will need to create an account in TraCorp to access this training.

You will need to contact DES Training Solutions at 602-542-3782 or by email at DES.TrainingSolutions@azdes.gov. The DES Training Solutions Team will give you instructions and provide you with an access code to create your new account.

All existing contractor accounts in TraCorp have been converted to their new account number in TraCorp and users should have received an email notification confirming the account transition to the new account number and a new password for the account.

(DES will not accept any TraCorp activity reports or transcripts prior to August 16th, 2021)

Start

Save

1. The program administrator will review the checklist to ensure all required documents are ready to be uploaded. On page 2 of the electronic application, after reading the above language, the program administrator will be instructed to print their name along with providing the title of the authorized representative. (Owner, Director, Asst. Director, etc.)

I, _____ certify that I have read over the full [ADES Child Care Provider Registration Agreement](#) carefully and I understand all of its provisions.

Printed Name *

Authorized Representative for Program

Title of Authorized Representative *

Next

Save

2. The program administrator will be directed to answer yes or no questions on Page 3
 - a. Are you currently a DES Contracted Provider
 - b. Type of Child Care
 - c. Are you a Tribal Provider
 - d. Are you a Military Provider
 - e. Do you currently hold a DHS License

Arizona DES Child Care Provider Registration Agreement

Provider Information

Are you currently a DES Contracted Provider? *

Yes No

Type of Child Care *

Licensed Center

Group Home

Are you a Tribal Provider? *

Yes

No

Are you a Military Provider? *

Yes

No

Do you currently hold a DHS License?

Yes No

3. If selected yes, you currently are a DES Contracted Provider, the following fields will open, and you will select the following field: Child Care Business Name (Find your DES contracted site in the drop-down box and select it)
 - a. The image below (Blue Arrows) once you select the Child Care Business Name the other “blue arrow” fields will populate your site's information. Click the down arrow and select the information that is populated.
 - b. The question with the (Red Star) needs to be answered. Are you a PDQ Provider? PDQ stands for Provider Disbursed Quickly. If you manually enter in your DES Billing documents through the DES System, please select yes. If you scan in your DES billing documents to ccapaymentprocessing@azdes.gov you will select no as that indicates that you are requesting DES to “key in” your units being claimed.
 - c. The (Red Arrows) are fields that the program administrator will need to manually enter in the provider’s phone number/alternate number.
 - d. Does the ADES Child Care Business Name, ADHS License Number, etc match the above information? If yes, click yes and move onto the next step.

The screenshot shows a registration form with the following fields and annotations:

- Child Care Business Name ***: A dropdown menu with a blue arrow pointing to it.
- ADES Assigned Contract Number ***: A dropdown menu with a blue arrow pointing to it.
- Corporation Name**: A text input field with a blue arrow pointing to it.
- Are you a PDQ provider? ***: A radio button question with a red star next to it.
- Address ***: A text input field with a blue arrow pointing to it.
- ADHS License Number (SGH-*** or CDC-***, if applicable) ***: A text input field with a blue arrow pointing to it.
- Provider ID ***: A text input field with a blue arrow pointing to it.
- Provider Phone Number ***: A text input field with a red arrow pointing to it.
- Alternative Phone Number ***: A text input field with a red arrow pointing to it.
- Does the ADES Child Care Business Name, ADHS License Number, and Provider ID match your records? ***: A radio button question with a red arrow pointing to it.

4. If the DES Child Care Business Name, ADHS License Number, and Provider ID does not match your current records, please select “no” and fill in the following information manually.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Child Care Administration

Does the ADES Child Care Business Name, ADHS License Number, and Provider ID match your records? *

Yes No

If the information above is not accurate, please complete the fields below with the correct information:

Child Care Business Name *

ADHS License Number (SGH-*** or CDC-***, if applicable) Provider ID *

Address *

Address Line 1

Address Line 2

City State Zip Code

- 5. Print name and title of alternate person(s) authorized to sign this agreement and any amendments for the signer listed above if the signer is not available.

Print name and title of alternate person(s) authorized to sign this Agreement and any amendments for the signer listed above, if the signer is not available.

Name/Title of Alternate Person * Name/Title of Alternate Person

- 6. Do you have additional authorized signers (this could be beneficial to school districts, multiple sites, etc.)? If yes, four (4) additional fields populate that you may type in the name and title of the signer. If not, please see the next section.

Do you have additional authorized signer? *

Yes No

Name/Title of Alternate Person * Name/Title of Alternate Person

Name/Title of Alternate Person Name/Title of Alternate Person

- 7. Who is currently responsible for conducting the DES Billing documents? This person must have taken the DES Billing CBT DE5417 Basic Billing for CCA Providers. The program administrator will enter the first and last name of the person who is responsible for this.

Who is currently conducting the DES Billing monthly documents? *

First Last

This person has to have taken the DES Billing CBT DE-5417- Basic Billing for CCA Providers

Title of person conducting the DES Monthly Documents: select the appropriate title

Title of person conducting the DES Billing Monthly Documents *

- Owner
- Director
- Assistant Director
- Other

Back Next

IMPORTANT NOTE: AT ANY GIVEN TIME THROUGHOUT THIS ELECTRONIC APPLICATION, IF YOU NEED TO STOP WHAT YOU ARE DOING AND ATTEND TO CHILDREN, STAFF, OR A PHONE CALL, YOU MAY SELECT "SAVE" ON THE BOTTOM RIGHT HAND CORNER OF THE APPLICATION.



This application will be saved by entering in your valid email address on the pop-up screen that is displayed below. By entering in your valid email address and clicking "send" this will send the current application back to you for future processing.

Your progress has been saved.

Copy or email the link below and return to your form within the next 28 days to complete your submission.

Copy your form link:

<https://www.cognitofrms.com/AZCCA1/ArizonaDESChildCareProviderRegistrationAgreem>

Email me my link:

Type in valid email address 

Email is required.

Please check your email, (Junk and Spam) folders to ensure you have received your link to continue your DES application. The email will display like the image below. The program administrator will simply click on "Resume Now" which will take you directly back to your application.

AZ_CCA

Arizona DES Child Care Provider Registration Agreement

Your progress has been saved.
Use the link below to return to your form within the next 28 days to complete your submission.



UPLOAD VERIFICATION of CURRENT DOCUMENTS- Provider Updated Documents are required for the DES Contract Renewal. These documents will be required to be uploaded from your computer's file. It is best practice to save all files as PDFs.

Once all documents have been downloaded, filled out, and saved on your computer as PDF's the following section of the application is required.

1. **Background Checks** - Did you submit a Central Registry Background request for all current staff? *Please note, even if you submitted in the past on staff, prior to August 16th, 2021, the program administrator is required to submit again for all current staff.*
 - a. **IMPORTANT:** This is to be completed on **all current staff** listed under the provider in the AZ Workforce Registry by accessing this [link](#)

- b. The email confirmation that your request has been made to the Central Registry is the following document that needs to be uploaded. Within that email you will notice a "tracking number" that is displayed in bold.

Answer the following questions and upload the document for our review

1: Background Checks - Did you submit a Central Registry Background request? *

Yes 

No

Tracking Number for Background Checks *

2,595 

This is the tracking number that was indicated on your confirmation email from Central Registry

Background Check Confirmation Letter *

or drag files here. 

Please upload the confirmation email that was provided on the submittal of the Central Registry Background Checks

- 2. **Child Care Provider Rate Agreement-** The program administrator will select the ages the provider currently serves based on the Department of Health Service (DHS) Certificate? Please select yes or no (example - Yes, I currently am authorized by DHS to accept Infants)

What ages do you currently serve? (Must match DHS license)

Infants: (Under one (1) year old) Toddlers: (One (1) and Two (2) years-old)

Yes No Yes No

Preschool: Three (3), Four (4), Five (5) years-old School Age: Six (6) through Twelve (12) years-old

Yes No Yes No

- a. Effective Month - please select the effective month (October 2021) that your rate agreement will be effective by using the dropdown box.

Effective Month

October 2021

Enter the month and year your proposed rate revision will begin

- b. Child Care Provider Rate Agreement (DAILY RATES ONLY) the program administrator will enter the DAILY rates for the ages that were identified above. Use the +Add Item button and select the age appropriate field. Enter in the DAILY rate for both full time and part time days.

Child Care Provider Rate Agreement (DAILY RATES ONLY)

Please select the "Age Group Served" to enter in current DAILY rate per age

Age Group Served	*Full Day (6 hrs or more)	**Part Day (Less than 6 hrs)
 Infants (Under one (1) year o	\$50.00	\$25.00
 Toddlers: One (1) and Two (2	\$45.00	\$23.00
 Preschool: Three (3), Fou	\$40.00	\$20.00



- c. The program administrator will then sign using your mouse of the computer
3. **Provider’s Child Care Operational Information.** This document is located on the DES Website Hub under Provider Documents by clicking on the following [link](#).

CCA-0100A FORFF (3-21) ARIZONA DEPARTMENT OF ECONOMIC SECURITY Page 1 of 2
Division of Child Care Administration

PROVIDER’S CHILD CARE OPERATIONAL INFORMATION
See the reverse for completion instructions - Routing: Original – Contract File; Canary – Provider

1. Facility’s Name: _____

2. Facility’s Phone Number (Include area code): _____
Facility’s Fax Number (Include area code): _____

3. Facility’s Address: _____
City: _____ State: _____ ZIP Code: _____

4. Mailing Address (If different from Facility Address): _____
City: _____ State: _____ ZIP Code: _____

5. County: _____

6. Owner’s Full Name: _____

7. Department of Health Services (DHS) License
DHS CDC or SGH No.: _____ DHS Licence End Date: _____

3: Provider’s Child Care Operational Information *



4. Please select the **type of current attendance tracking**. The program administrator will have three (3) options that best fits the current process for sign-in/out sheets that are currently being used at the facility.
- a. DES Form CC-218 Sign in/out record - This is the normal DES sign in/out record
 - b. DES-Approved Alternative Tracking System - If you created your own form it **MUST** be uploaded and approved prior to use. *If selected, it is required that you upload the alternative tracking system (Provider Form) for review*

Alternative Tracking System (Provider Form) *



- c. DES- Approved Alternative Computerized Tracking System

Which DES Approved Alternative Computerized Tracking System is being used?

- ProCare Solutions
- Eleyo
- Maggie (Grandfathered Only)
- Construct E-Sign
- Lily Pad

5. **Direct Deposit and voided check-** This document is located on the DES Website Hub under Provider Documents by clicking on the following [link](#).

DIRECT DEPOSIT ENROLLMENT CENTERS AND GROUP HOMES

Initial Request Change Request

Name Title

Provider ID Number Name of Facility

Provider ID Number Name of Facility

5: Direct Deposit Form and Voided Check *

or drag files here. 

Please include a Voided Check

- 6. **W-9 Form** - This document is located on the DES Website Hub under Provider Documents by clicking on the following [link](#). *The Tax Identification Number provided MUST be filed with the IRS under the same name as recorded on the ADHS License and/or the Arizona Corporate Commission (if applicable)*



State of Arizona Substitute W-9: Request for Taxpayer Identification Number and Certification

Submit completed form to the State of Arizona Agency with whom you are doing business with for review and authorization.

1	Type of Request (Must select at least ONE)							
	<input type="checkbox"/> New Request	<input type="checkbox"/> New Location (Additional Address ID)	<input type="checkbox"/> Change - Select the type(s) of change from the following:	<input type="checkbox"/> Tax ID	<input type="checkbox"/> Legal Name	<input type="checkbox"/> Entity Type	<input type="checkbox"/> Minority Business Indicator	
2	Taxpayer Identification Number (TIN) (Provide ONE Only)							
	TIN <input type="text"/>	-	<input type="text"/>	OR	SSN <input type="text"/>	-	<input type="text"/>	-
3	Entity Name (As it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C or Social Security Administration Records, Social Security Card. If Individual, Sole Proprietor, Single Member LLC, enter First, Middle, Last Name.)							
	Legal Name <input type="text"/>							
	DBA Name <input type="text"/>							

6: W-9 Form *

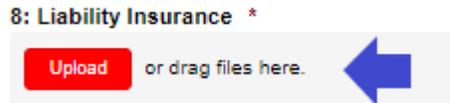
or drag files here. 

- 7. **Facility's Statement of Services, Brochure, or Parent Contract** - This document MUST match the information you provided on the Child Care Operational Information form and on the Rate Agreement referenced above as well as your ADHS license.

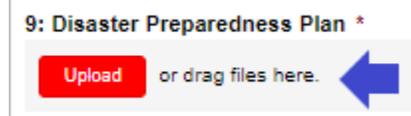
7: Facility's Statement of Services, Brochure, or Parent Contract *

or drag files here. 

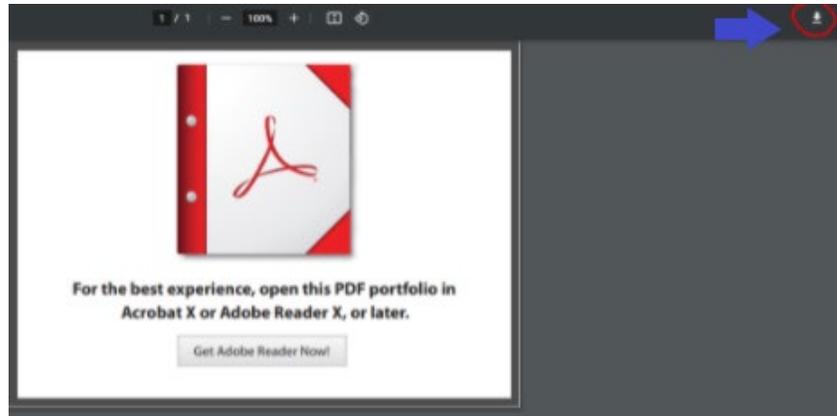
8. **Liability Insurance** - Commercial General Liability (CGL) insurance document, minimum scope, and limits. If identified from the Child Care Operational Informational document that the provider transports, there is a NEW Requirement of \$1,000,000.00 Automobile Insurance Coverage is required. (ACCORD form is required)



9. **Disaster Preparedness Plan** - A copy of your current written Disaster Preparedness Plan including the following four (4) components.
- Evacuation** A plan for evacuating children in care: Developing and maintaining a written emergency plan, specifically policies & procedures which prepare, train, and require practice ensuring the health, safety, and welfare (shelter-in-place, lockdown and shelter out), including maintain (specific) information which will protect children and staff during emergencies.
 - Reunification** A plan unifying children and their families throughout a disaster: Developing and implementing plans, procedures, and backup plans that include ways to globally communicate with children and staff's family and community agencies before, during and after an emergency.
 - Special Needs** A plan with a focus on children and staff that may have special needs or chronic medical issues and requirements (such as transportation, food, etc.) before, during, and after an emergency.
 - Recovery** A plan of action for the recovery that includes the protection information and assets to allow for a continuum of care for children and families.



10. **Arizona Department of Health Services (DHS) D.E.E.P and Empower Program Acknowledgement form** - This document is located on the DES Website Hub under Provider Documents by clicking on the following [link](#). If you are NEW to DES and have not taken the ADHS D.E.E.P training, please see the following instructions.
- Click on the following [link](#)
 - Download the document and save it to your computer (see image below)



- c. Open up the file where the document was saved on your computer (for example, in your downloads folder).
- d. Complete the training - there are a total of three modules.



- e. Sign the acknowledgement form - the form includes acknowledgement for both D.E.E.P. and the Empower program.

EMPOWER PROGRAM
OVERVIEW & ACKNOWLEDGEMENTS:

EMPOWER
The owner or individual listed below has registered and is a participant with the EMPOWER Program accessible on the ADHS website at:
<https://azdhs.gov/prevention/nutrition-physical-activity/empower/index.php>

D.E.E.P
The owner or individual listed below is responsible for writing and updating the Emergency Preparedness Plan and has completed/passed the Disaster Emergency Evacuation Preparedness (D.E.E.P) online training accessible on the ADHS website at:
<https://www.azdhs.gov/documents/licensing/child-care-facilities/training/deep-online-training.pdf>

Provider ID: _____ Facility Name: _____

I certify that I have taken the D.E.E.P online training and that I am a member of the EMPOWER program accessible on the ADHS website

Date: _____ Signed: _____
Name: _____

10: ADHS D.E.E.P and Empower Program Acknowledgement Form:

Upload or drag files here.

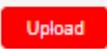
11. **Are you a National Accreditation Provider?** To receive an ADES enhanced rate a provider must provide a current copy of their DES Approved National Accreditation Certificate.

11: Are you a National Accreditation Provider?

Yes

No

National Accreditation Certificate *

 or drag files here. 

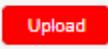
12. **Are you a First Things First Star Rated Provider?** To receive a DES enhanced rate a provider must provide a current copy of their most current Star Rating Certificate.

12: Are you First Things First Star Rated? *

Yes

No

Star Rating Certificate *

 or drag files here. 

13. **DHS License Certificate (CDC or SGH)** - If not yet licensed by DHS, please provide the inspection report.

DHS Certificate. *

 or drag files here. 

14. **Did you complete the DES Required Billing Training?**

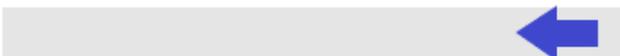
- a. The program administrator must answer yes or no
- b. Type in the first and last name of the person who completed the DES Billing Training
- c. Upload the Transcript/Activity Report

14. Did you complete ADES required Billing Training? *

- Yes
- No



Name of person who completed the Basic Billing for CCA Providers

DE5417 Basic Billing for CCA Providers is required for this agreement. Please visit the following link (ENTER LINK)

ADES Basic Billing for CCA Providers Transcript

 or drag files here. 

After you have completed the Upload Documentation Section please click “Next” at the bottom left hand corner of the page

Attachment 1: Certification Regarding Lobbying - The program administrator will read the following attached document. Acknowledge the attached document by indicating the following items

- a. First and last name
- b. Title
- c. Address
- d. Signature
- e. Date

Authorized Representative *

First MI Last

Title of Authorized Representative *

Signature *

Signature of Authorized Representative

Date *

Date

Back Next Save

Attachment 2: Participation in Boycott of Israel -The program administrator will read the following attached document. Acknowledge the attached document by indicating the following items - Please select the following statement that applies to this contract

In compliance with A.R.S. §§35-393 et seq., all offerors must select one of the following: *

- The Company submitting this Offer does not participate in, and agrees not to participate in during the term of the contract, a boycott of Israel in accordance with A.R.S. §§35-393 et seq. I understand that my entire response will become public record in accordance with A.A.C. R2-7-C317.
- The Company submitting this Offer does participate in a boycott of Israel as described in A.R.S. §§35-393 et seq.
- Exempt Contract or Contractor.(Indicate which of the following statements applies to this Contract)

Please select the following statement that applies to this contract:

If Exempt Contract or Contractor is selected *

- Contract has an estimated value of less than \$100,000;
- Contractor is a sole proprietorship;
- Contractor has fewer than ten (10) employees; and/or
- Contractor is a non-profit organization

Please select the following statement that applies to this contract:

- a. First and last name
- b. Title
- c. Address
- d. Signature
- e. Date

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Child Care Administration

Authorized Representative *

First MI Last

Title of Authorized Representative *

Address *

Address Line 1

Address Line 2

City State Zip Code

Signature *

Signature of Authorized Representative

Date *

Date

Attachment 3: Certification Regarding: Debarment, Suspension, Ineligibility and Voluntary Exclusion. The program administrator will read the following attached document. Acknowledge the attached document by indicating the following items

Authorized Representative *

First MI Last

Title of Authorized Representative *

Signature *

Signature of Authorized Representative

Date *

Date

FINAL Step: Arizona DES Child Care Provider Registration Agreement: Signature of the signer/owner or the individual listed on the Arizona Corporation Commission (Signer of the Entity)

Signature *

Signature of Authorized Representative

Owners Printed Name *

First Last

Title *

Title

Date *

Date

Email Address *

Email address needed to send completed Registration Agreement

When the program administrator has successfully uploaded all the required documents it is time to hit “submit”



Arizona DES Child Care Provider Registration Agreement



Thank you for completing the Arizona DES Provider Registration Agreement and your dedication to serving Arizona's children and families.

This is to confirm that your Agreement has been received.

Tracking Number is: 421

Next Steps:

After all documentation has been received and is complete, a member of our Contracts Team will review your Agreement and supporting documentation. Once approved, DES will complete the signature page with the effective dates of this Agreement. You will receive a final copy of the completely executed agreement, along with your ADES Provider ID number and New Contract Number.

Please make sure to review the [Maximum Reimbursement Rates for Child Care](#) to review the daily rates you will be eligible to receive.

Timeframe: After the receipt of a **complete** and **accurate** Agreement, we are anticipating that a completed Agreement should be returned to you within **seven (7) business days** if all of the required documentation is submitted with the Agreement. If the Compliance Specialist has any follow up questions or needs additional information, they will reach out to you and/or the contact person listed in this Agreement directly.

If you have any questions, please email a Contracts Specialist at CCAContracts@azdes.gov.

The program administrator will receive an email notification of the full entry of the application.

Next Steps:

After all documentation has been received and is complete, a member of our Contracts Team will review your Agreement and supporting documentation.

If the DES application is missing any required information, the Contracts team will deny your application by sending an email back to the program administrator, to the email address that was identified, on the items that are needing to be completed/uploaded. The program administrator will receive a denial letter along with instructions on how to update the application. Within the email notification you will receive an “view entry” link.

Douglas A. Ducey
GovernorMichael Wisehart
Director

9/2/2021

RE: Arizona DES Provider Registration Agreement P001

Dear

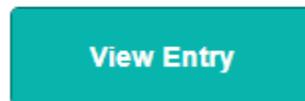
Thank you for your interest in becoming contracted as a Child Care Provider with the Arizona Department of Economic Security (ADES), Child Care Administration. The Department is denying the application due to insufficient documentation submitted. Within this email, you are provided an editable link to your submitted application to update and upload the missing documents. Please complete the application as soon as possible.

If you have further questions regarding your denial you can contact CCAContracts@azdes.gov

Sincerely,

Within the email notification you will receive an “view entry” link. Please click on this link when updating documents/information within your application (*PLEASE DO NOT CREATE A NEW APPLICATION*)

Use the link below to edit the shared entry.



Once approved, DES will complete the signature page with the effective dates of this Agreement. You will receive a final copy of the completely executed agreement, along with your ADES Provider ID number and New Contract Number via email. Print and save for your ADES records.

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact 602-542-4248; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local