



# Stepping Stones Preschool

3951 W. Happy Valley Rd., Glendale, AZ 85310

623-606-4266

[www.steppingstonesaz.com](http://www.steppingstonesaz.com)

[communications@steppingstonesaz.com](mailto:communications@steppingstonesaz.com)

## Parent Participation (Aide) Information and "Staff" File Requirements

Thank you for agreeing to become a participating parent! Being a participating or aiding parent for your preschooler is a lot of fun and means you are a part of what makes our school successful. Our teachers and directors depend on our parent aides daily to help facilitate your child's educational experience.

The Arizona Department of Health Services (ADHS) and Arizona Department of Licensing view our parent aides as "teacher assistants". This requires that we establish and maintain a "staff file" for all parent aides.

The following is required in the staff file:

- Signed Parent Information/Immunization Verification Form
- A copy of your high school (or higher) diploma, GED, or transcripts
- Two reference letters
- A copy of a negative Mantoux Tuberculosis (TB) test
  - If you have had a negative TB test within the past year, you may submit a copy.
  - TB tests can be done at your doctor's office, pharmacy clinics, or urgent care.
- Fingerprint Clearance Card by the Arizona Department of Public Safety (DPS)
  - If you have a current fingerprint clearance card, we are able to accept a copy and will ensure that it is valid.
  - Before aiding, you must acquire a fingerprint clearance card and background check through DPS (Department of Public Safety). Instructions are on our website at [Steppingstonesaz.com](http://Steppingstonesaz.com) under the Parent Participation section.
  - When you receive your card, just bring it in so we can copy it.
- Signed Criminal History Affidavit
  - This form is included with this packet.
- DCS Form
  - This form is included with this packet.
- Attend the Parent Participation Workshop in **August** – this is a **Mandatory Workshop**
  - The workshop will cover our curriculum, safety guidelines, and your role as an aide in the classroom as well as general information about the school. Childcare is not provided nor is the workshop designed for children. We strongly recommend finding childcare for that evening. We will be contacting you with details for the workshop as the date gets closer.

Everything on the above list must be completed and submitted in its entirety to the office by the first day of school. Single documents will not be accepted. **If we do not have your complete file by the first day of school, you will not be able to aide until your packet is complete. This is necessary for the safety of our students, staff, and parents. You will also be billed the non-participating tuition rate until your completed parent aide packet is turned into the office.**

We sincerely thank you for your cooperation! Please do not hesitate to contact the office should you have any questions about completing any part of your paperwork.



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## Parent Information and Immunization Verification Form

### Parent Information:

Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent's Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

In case of emergency, please notify (in case something happens to YOU, not your child):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Your Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Immunization Verification:

In compliance with Arizona State Law, the undersigned hereby testifies that, to the best of his/her knowledge, immunization against measles, rubella, diphtheria, mumps, and pertussis are current.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_



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## Reference Form

\_\_\_\_\_ has given your name as a reference on his/her application for employment as a teacher or volunteer at Stepping Stones Preschool. He/She will be working with 3, 4, or 5 year old children. With this in mind, please answer the following questions and return the questionnaire to the address listed above.

	Excellent		Average		Below Average
	1	2	3	4	5
Ability to work with others					
Patient					
Reliable					
Ability to relate to children					
Promptness					

Additional Comments:

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Personal Reference: \_\_\_\_\_

Professional Reference: \_\_\_\_\_

We thank you for your time and interest you have shown in answering our questions. If there is anything further you would like to discuss, please call the preschool office at 623-606-4266.

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_



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**Arizona Department of Health Services  
Bureau of Child Care Licensing  
CRIMINAL HISTORY AFFIDAVIT**

**Complete this form immediately upon beginning employment, and at the time of reapplication for a Fingerprint Clearance Card. (All requested information is required.)**

Applicant's Name (First, Middle, Last)		Social Security Number	
Applicant's Address (#, Street, City, State, Zip)		Birth date	
Facility Name <b>Stepping Stones Preschool</b>			
Facility Address (#, Street, City, State, Zip) <b>3951 W. Happy Valley Rd., Glendale AZ 85310</b>		OR	CDC/SGH # <b>10025</b>

Pursuant to A.R.S. § 36-883.02(H), for purposes of this section, "child care personnel" means any employee or volunteer working at a child care facility.  
Pursuant to A.R.S. § 36-897.03(I), for purposes of this section, "child care personnel" means all employees of and persons who are eighteen years of age or older and who reside in a child care group home that is certified by the department.

Pursuant to A.R.S. § 36-883.02(C) and 36-897.03(B), child care personnel shall certify on forms that are provided by the department that:

**I have read and am willing to attest to the following in regards to the offences listed in A.R.S. § 41-1758.07(B) for centers, (B) and (C) for Group Homes, which can be found at <http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=41>:**

1. Are you awaiting trial on or have you ever been convicted of or admitted in open court or pursuant to a plea agreement committing any of the offenses listed in A.R.S. § 41-1758.07(B) for centers, (B) or (C) for Group Homes, in this state or similar offenses in another state or jurisdiction?     YES    NO
2. Are you a parent or guardian of a child adjudicated to be a dependent child as defined in A.R.S. § 8-201?     YES    NO
3. Have you been denied or had a certificate revoked to operate a child care group home or a license to operate a child care facility in this or any other state, or have you been denied or had a certificate revoked to work in a child care facility or a child care group home?     YES    NO
4. Have you been denied a certificate to operate a child care group home or a license to operate a child care facility for the care of children in this state or another state, or had a license to operate a child care facility or a certificate to operate a child care group home revoked for reasons that relate to the endangerment of the health and safety of children?     YES    NO

ALL QUESTIONS MUST BE COMPLETED. Pursuant to A.R.S. § 36-883.02(E), and A.R.S. § 36-897.03(E), the forms are confidential.

**Pursuant to A.R.S. § 36-883.02(F), a child care facility shall not allow a person to be employed or volunteer in the facility in any capacity if the person has been denied a fingerprint clearance card pursuant to section 41-1758.07 or has not received an interim approval from the Board of Fingerprinting pursuant to A.R.S. § 41-619.55(I).**

**Good cause exceptions; revocation**

I. Pending the outcome of a good cause exception determination, the board or its hearing officer may issue interim approval in accordance with board rule to continue working to a good cause exception applicant.

**Pursuant to A.R.S. § 36-897.03(F), a person who is awaiting trial on or who has been convicted of or who has admitted in open court or pursuant to a plea agreement to committing a criminal offense listed in Section 41-1758.07, subsection B, paragraph 2 or 3 of this section is prohibited from being employed in any capacity in a child care group home.**

**Pursuant to A.R.S. § 36-897.03(G), a person who is awaiting trial on or who has been convicted of or who has admitted in open court or pursuant to a plea agreement to committing a criminal offense listed in Section 41-1758.07, subsection C shall not work in a child care group home without direct visual supervision unless the person has applied for and received the required fingerprint clearance card pursuant to §41-1758 and is registered as child care personnel. A person who is subject to this subsection shall not be employed in any capacity in a child care group home if that person is denied the required fingerprint clearance card.**

Pursuant to A.R.S. § 36-883.02(G) and A.R.S. § 36-897.03(H), the employer shall notify the Department of Public Safety if the employer receives credible evidence that any child care personnel either:

1. Is arrested for or charged with an offense listed in A.R.S. § 41-1758.07(B).
2. Falsified information on the form required by subsection C for Centers, B for Group Homes, of this section.

**I hereby certify under penalty of perjury that the answers given above are true and correct to the best of my knowledge and belief.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Fingerprint clearance cards: issuance: immunity

B. A person who is subject to registration as a sex offender in this state or any other jurisdiction or who is awaiting trial on or who has been convicted of committing or attempting, soliciting, facilitating or conspiring to commit one or more of the following offenses in this state or the same or similar offenses in another state or jurisdiction is precluded from receiving a level I fingerprint clearance card:

1. Sexual abuse of a vulnerable adult.
2. Incest
3. Homicide, including first or second degree murder, manslaughter and negligent homicide.
4. Sexual assault.
5. Sexual exploitation of a minor.
6. Sexual exploitation of a vulnerable adult.
7. Commercial sexual exploitation of a minor.
8. Commercial sexual exploitation of a vulnerable adult.
9. Child prostitution as prescribed in section 13-3212.
10. Child abuse.
11. Felony child neglect.
12. Abuse of a vulnerable adult.
13. Sexual conduct with a minor.
14. Molestation of a child.
15. Molestation of a vulnerable adult.
16. Dangerous crimes against children as defined in section 13-705.
17. Exploitation of minors involving drug offenses.
18. Taking a child for the purpose of prostitution as prescribed in section 13-3206.
19. Neglect or abuse of a vulnerable adult.
20. Sex trafficking.
21. Sexual abuse.
22. Production, publication, sale, possession and presentation of obscene items as prescribed in section 13-3502.
23. Furnishing harmful items to minors as prescribed in section 13-3506.
24. Furnishing harmful items to minors by internet activity as prescribed in section 13-3506.01.
25. Obscene or indecent telephone communications to minors for commercial purposes as prescribed in section 13- 3512.
26. Luring a minor for sexual exploitation.
27. Enticement of persons for purposes of prostitution.
28. Procurement by false pretenses of person for purposes of prostitution.
29. Procuring or placing persons in a house of prostitution.
30. Receiving earnings of a prostitute.
31. Causing one's spouse to become a prostitute.
32. Detention of persons in a house of prostitution for debt.
33. Keeping or residing in a house of prostitution or employment in prostitution.
34. Pandering.
35. Transporting persons for the purpose of prostitution, polygamy and concubinage.
36. Portraying adult as a minor as prescribed in section 13- 3555.
37. Admitting minors to public displays of sexual conduct as prescribed in section 13-3558.
38. Any felony offense involving contributing to the delinquency of a minor.
39. Unlawful sale or purchase of children.
40. Child bigamy.
41. Any felony offense involving domestic violence as defined in section 13-3601 except for a felony offense only involving criminal damage in an amount of more than two hundred fifty dollars but less than one thousand dollars if the offense was committed before the effective date of this section.
42. Any felony offense in violation of Title 13, Chapter 12 if committed within five years before the date of applying for a level I fingerprint clearance card.
43. Felony drug or alcohol related offenses if committed within five years before the date of applying for a level I fingerprint clearance card.
44. Felony indecent exposure.
45. Felony public sexual indecency.
46. Terrorism.
47. Any offense involving a violent crime as defined in section 13-901.03.

C. A person who is awaiting trial on or who has been convicted of committing or attempting, soliciting, facilitating or conspiring to commit one or more of the following offenses in this state or the same or similar offenses in another state or jurisdiction is precluded from receiving a level I fingerprint clearance card, except that the person may petition the board of fingerprinting for a good cause exception pursuant to section 41-619.55:

1. Any misdemeanor offense in violation of Title 13, chapter 12.
2. Misdemeanor indecent exposure.
3. Misdemeanor public sexual indecency.
4. Aggravated criminal damage.
5. Theft.
6. Theft by extortion.
7. Shoplifting.
8. Forgery.
9. Criminal possession of a forgery device.
10. Obtaining a signature by deception.
11. Criminal impersonation.
12. Theft of a credit card or obtaining a credit card by fraudulent means.
13. Receipt of anything of value obtained by fraudulent use of a credit card.
14. Forgery of a credit card.
15. Fraudulent use of a credit card.
16. Possession of any machinery, plate or other contrivance or incomplete credit card.
17. False statement as to financial condition or identity to obtain a credit card.
18. Fraud by persons authorized to provide goods or services.
19. Credit card transaction record theft.
20. Misconduct involving weapons.
21. Misconduct involving explosives.
22. Depositing explosives.
23. Misconduct involving simulated explosive devices.
24. Concealed weapon violation.
25. Misdemeanor possession and misdemeanor sale of peyote.
26. Felony possession and felony sale of peyote if committed more than five years before the date of applying for a level I fingerprint clearance card.
27. Misdemeanor possession and misdemeanor sale of a vapor-releasing substance containing a toxic substance.
28. Felony possession and felony sale of a vapor-releasing substance containing a toxic substance if committed more than five years before the date of applying for a level I fingerprint clearance card.
29. Misdemeanor sale of precursor chemicals.
30. Felony sale of precursor chemicals if committed more than five years before the date of applying for a level I fingerprint clearance card.
31. Misdemeanor possession, misdemeanor use or misdemeanor sale of marijuana, dangerous drugs or narcotic drugs.
32. Felony possession, felony use or felony sale of marijuana, dangerous drugs or narcotic drugs if committed more than five years before the date of applying for a level I fingerprint clearance card.
33. Misdemeanor manufacture or misdemeanor distribution of an imitation controlled substance.
34. Felony manufacture or felony distribution of an imitation controlled substance if committed more than five years before the date of applying for a level I fingerprint clearance card.
35. Misdemeanor manufacture of misdemeanor distribution of an imitation prescription-only drug.
36. Felony manufacture or felony distribution of an imitation prescription-only drug if committed more than five years before the date of applying for a level I fingerprint clearance card.
37. Misdemeanor manufacture or misdemeanor distribution of an imitation over-the-counter drug.
38. Felony manufacture or felony distribution of an imitation over-the-counter drug if committed more than five years before the date of applying for a level I fingerprint clearance card.
39. Misdemeanor possession or misdemeanor possession with intent to use an imitation controlled substance.
40. Felony possession or felony possession with intent to use an imitation controlled substance if committed more than five years before the date of applying for a level I fingerprint clearance card.
41. Misdemeanor possession or misdemeanor possession with intent to use an imitation prescription-only drug.
42. Felony possession or felony possession with intent to use an imitation prescription-only drug if committed more than five years before the date of applying for a level I fingerprint clearance card.
43. Misdemeanor possession or misdemeanor possession with intent to use an imitation over-the-counter drug.
44. Felony possession or felony possession with intent to use an imitation over-the-counter drug if committed more than five years before the date of applying for a level I fingerprint clearance card.
45. Misdemeanor manufacture of certain substances and drugs by certain means.
46. Felony manufacture of certain substances and drugs by certain means if committed more than five years before the date of applying for a level I fingerprint clearance card.
47. Adding poison or other harmful substance to food, drink or medicine.
48. A criminal offense involving criminal trespass and burglary under Title 13, Chapter 15.
49. A criminal offense under Title 13, Chapter 23, except terrorism.
50. Misdemeanor offenses involving child neglect.
51. Misdemeanor offenses involving contributing to the delinquency of a minor.
52. Misdemeanor offenses involving domestic violence as defined in section 13-3601.
53. Felony offenses involving domestic violence if the offense only involved criminal damage in an amount of more than two hundred fifty dollars but less than one thousand dollars and the offense was committed before the effective date of the section.
54. Arson.
55. Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous drugs or narcotic drugs if committed more than five years before the date of applying for a level I fingerprint clearance card.
56. Criminal damage.
57. Misappropriation of charter school monies as prescribed in section 13-1818.
58. Taking identity of another person or entity.
59. Aggravated taking identity of another person or entity.
60. Trafficking in the identity of another person or entity.
61. Cruelty to animals.
62. Prostitution, as prescribed in section 13-3214.
63. Sale or distribution of material harmful to minors through vending machines as prescribed in section 13-3513.
64. Welfare fraud.
65. Any felony offense in violation of Title 13, Chapter 12 if committed more than five years before the date of applying for a level I fingerprint clearance card.
66. Kidnapping.
67. Robbery, aggravated robbery or armed robbery.

ARIZONA DEPARTMENT OF CHILD SAFETY  
**DIRECT SERVICE CENTRAL REGISTRY CLEARANCE FORM**

**Applicant/Employee:** You are being provided this form because you have applied for a position that requires a search of the Arizona Department of Child Safety's (DCS) Child Abuse and Neglect Records (CPS/CR) and a Level 1 Fingerprint Clearance Card issued by the Department of Public Safety (DPS). Both are required by Arizona state law. Your information, upon submission by your employer, will be searched through the DCS Central Registry for Employment, and the DCS and DPS Fingerprint Clearance Card databases.

All information on the form must be **typed or printed**. Any form missing information or containing information which is not legible will be **returned to the requesting agency**.

**Employers:** Return the completed form via secured email to [dcscentralregistry@azdcs.gov](mailto:dcscentralregistry@azdcs.gov) within five (5) business days of hire and upon license renewal. This form must be retained as confidential in the employee's file, and it is subject to audit.

NAME OF REQUESTING AGENCY Stepping Stones Preschool	REQUESTING AGENCY EMAIL ADDRESS matt.newhard@steppingstonesaz.com	
MAILING ADDRESS (No., Street, City, State, ZIP Code) (For return of results) 3951 W. Happy Valley Rd, Glendale, AZ, 85310		
APPLICANT/EMPLOYEE'S NAME (Last, First, M.I.)	SOC. SEC. NO.	DATE OF BIRTH (mm/dd/yy)
OTHER NAMES USED (Including nicknames and maiden names)	FINGERPRINT CLEARANCE CARD OR APPLICATION NO.	
APPLICANT/EMPLOYEE'S ADDRESS (No., Street, Apt No., City, State, ZIP Code)		

New Hire    Rehire    Volunteer    Renewal

POSITION Parent Volunteer	DATE EMPLOYED
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Solicitation No. \_\_\_\_\_    Contract/Extension No. \_\_\_\_\_    Tracking No. \_\_\_\_\_

EDUCATION -----	EXPERIENCE -----
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Are you currently the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction?    Yes    No

Have you ever been the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction that resulted in a substantiated (determined to have occurred) finding?    Yes    No

If Yes:   • **What** was the allegation(s)? \_\_\_\_\_  
                   • **When** was the investigation(s) conducted? \_\_\_\_\_  
                   • **Where** was the investigation(s) conducted? \_\_\_\_\_

*If you wish to provide additional information please use reverse side.*

**STATEMENT OF CERTIFICATION BY APPLICANT/EMPLOYEE**

By signing this form, I allow the Department of Child Safety to report final findings of any DCS child abuse investigation and the status of my Level 1 Fingerprint Clearance Card to the agency listed above. I attest under penalty of perjury, that the information provided is true, correct, and complete to the best of my knowledge and belief. I further understand the provision of false information or intentional misrepresentation of information on this form may result in disciplinary action.

APPLICANT/EMPLOYEE'S SIGNATURE	DATE
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**FOR DCS USE ONLY**

DATE RECEIVED	<b>CPS/CR Substantiated Reports</b>	<b>Fingerprint Clearance Card Status</b>
	Date Checked _____ <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Disqualifying <input type="checkbox"/> Non-Disqualifying	Date Checked _____ <input type="checkbox"/> Valid Level 1 <input type="checkbox"/> Suspended <input type="checkbox"/> Expired <input type="checkbox"/> Denied <input type="checkbox"/> Driving Restricted
	Report No. _____ Code _____	Card No. _____ Expiration _____

NAME/SIGNATURE OF PERSON COMPLETING SEARCH

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-255-2801; TTY/TDD Services: 7-1-1. • Disponible en español en línea o en la oficina local.