

ARIZONA DEPARTMENT OF CHILD SAFETY
Office of Licensing and Regulation (OLR)

NOTICE OF INSPECTION RIGHTS

NAME		LOCATION
MAILING ADDRESS (if different)		PHONE NO.
DATE OF INSPECTION	TIME OF INSPECTION <input type="checkbox"/> am / <input type="checkbox"/> pm	
NAME OF INSPECTOR(S) (The inspector must provide photo identification)		

This inspection is conducted under the authority of Arizona Revised Statutes and the Arizona Administrative Code (see back of this form).

The purpose of this inspection is:

- To verify compliance with licensing requirements for a:
 - Child Welfare Agency Family Foster Home
- To verify compliance with OLR Life-Safety requirements.
- To conduct an inquiry or follow-up on a complaint related to a service that is licensed or regulated by OLR.
- Other: _____

You have the right to:

- Have an on-site representative of this service, home or facility accompany the inspector on the premises, except during confidential interviews.
- Make copies of any original documents, if originals are to be taken during the inspection.
- Be informed that all statements made during the inspection may be included in the inspection report.
- Be informed if and when a conversation during the inspection is to be tape-recorded.
- Due process relating to an appeal of a final decision based on the results of the inspection.
- Contact the Office of the Ombudsman if you believe you were treated unfairly during the inspection, administrative review or appeal process (see back of this form).

If you have any **questions** regarding this inspection, you may ask the inspector directly, or you may contact:

Immediate Supervisor: _____ Phone No.: _____

To request an **administrative review** of the decisions based on the results of the inspection, you may contact:

Second Level Supervisor: _____ Phone No.: _____

To appeal a licensing decision, notify your licensing worker who will, in turn, file the request for an appeal.

I have been informed of my inspection and due process rights, as listed above. I understand that while I have the right to decline to sign this form, the inspector may proceed with the inspection.

Provider/On-Site Representative's Signature _____
Date:

- The provider/on-site representative was not present.
- The provider/onsite representative refused to sign this form.

Inspector's Signature _____
Date

LEGAL AUTHORITY

The requirement to inform a regulated person or organization of inspection and due process rights is established in Arizona Revised Statute (A.R.S.) § 41-1009 Inspections; applicability.

Inspections by OLR are conducted under the legal authority of the following statutes and rules:

Regulatory Unit and Regulated Service	Arizona Revised Statutes	Arizona Administrative Code
Child Welfare Licensing (CWL) <i>Group Home, Shelter Home, Outdoor Experience Program</i>	A.R.S. §8-503 A.R.S. §8-505 Appeal: A.R.S. §8-506.1	Title 6, Chapter 5, Article 74 Appeal Process: Article 24
Child Welfare Licensing (CWL) <i>Child Placing Agency</i>	A.R.S. §8-503 A.R.S. §8-505 Appeal: A.R.S. §8-506.1	Title 6, Chapter 5, Article 69 Appeal Process: Article 24
Child Welfare Licensing (CWL) <i>Adoption Agency</i>	A.R.S. §8-126	Title 21, Chapter 9, Article 2 Appeal Process: Chapter 1, Article 3
Family Foster Licensing (FHL) <i>Family Foster Home</i>	A.R.S. §8-509	Title 21, Chapter 6 Appeal Process: Chapter 1, Article 3
Life-Safety Inspection by OLR	A.R.S. §8-504	Title 21, Chapter 8

INTERNET LINKS

Internet links for Arizona Revised Statutes (A.R.S.) and the Arizona Administrative Codes (A.A.C.) are:

www.azleg.gov/ArizonaRevisedStatutes.asp

www.azsos.gov/rules/Arizona-administrative-code

ARIZONA OMBUDSMAN INFORMATION

The **Arizona Ombudsman Citizens' Aide** is an office that citizens can turn to when they feel they have been treated unfairly by a state administrator, agency, department, board or commission. If you have made a reasonable effort to resolve a problem with an agency and still have not been successful, contact the Ombudsman.

For more information about the Arizona Ombudsman Citizens' Aide, or to file a complaint:

Arizona Ombudsman Citizens' Aide
3737 N. 7th Street, Suite 209
Phoenix, AZ 85014

Voice: 602-277-7292 or 1-800-872-2879
Fax: 602 277-7312

Internet: www.azoca.gov

E-mail: ombuds@azoca.gov

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 your local office; TTY/TDD Services: 7-1-1. • Free language assistance for Department services is available upon request. • Disponible en español en la oficina local.