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| CSO-1132A (4-18) | ARIZONA DEPARTMENT OF CHILD SAFETY | | | | R:\DCS_round_logo_K.jpg |
|  | Office of Licensing and Regulation | | | |
|  | **FACILITY/HOME VISIT REPORT SUPPLEMENT TO NOTICE OF INSPECTION AND DUE PROCESS RIGHTS** | | | |
| LICENSEE OR APPLICANT NAME | | **PAGE 1 OF** | | | |
| HOME ADDRESS *(No., Street, City, State, ZIP)* | | | | DATE | |
| PURPOSE OF FACILITY/HOME VISIT  New facility/home visit  Visit to investigate complaint or unusual incident  General monitoring visit to verify licensing compliance  Visit to follow up on corrective action plan  Renewal license facility/home visit  Other *(specify)***:** | | | | | |
| RECORDS AND ITEMS REVIEWED OR INSPECTED AND PERSONS INTERVIEWED | | | | | |
| NOTED DEFICIENCIES | | | | | |
| CONCERNS | | | | | |
| REQUIRED FOLLOW-UP  1.  None.  2.  Corrected at time of inspection.  3.  Report to follow within 30 days.  4.  Comments: | | | | | |
| INSPECTOR'S SIGNATURE | | | DATE | | |
| PROVIDER/ON-SITE REPRESENTATIVE'S SIGNATURE | | | DATE | | |

Routing: Original- Inspector; Copy- Licensee/Applicant Instructions on Reverse

**A copy of this form shall be given to the Licensee/Applicant at the conclusion of the inspection   
in accordance with A.R.S. § 41 1009.D**

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 Deparment services is available upon request. • Disponible en español en la oficina local.

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| CSO-1132A (4-18) |  |

**FACILITY/HOME VISIT REPORT**

**SUPPLEMENT TO NOTICE OF INSPECTION AND DUE PROCESS RIGHTS**

1. Purpose. To provide the applicant or licensee with a written record of the inspection, a description of licensing violations or concerns, and any response required of the licensee or applicant.
2. Completion.
   1. Write clearly and press firmly so that all copies are legible.
   2. Complete all applicable parts of the form—most importantly—record dates, times, names, addresses and details.
   3. Under **PURPOSE OF FACILITY/HOME VISIT**, specify one or more of the following:
      1. New facility/home visit
      2. General monitoring visit to verify licensing compliance
      3. Renewal license facility/home visit
      4. Visit to investigate complaint or unusual incident
      5. Visit to follow up on corrective action plan
      6. Other *(specify purpose)*
   4. Under **RECORDS AND ITEMS REVIEWED OR INSPECTED AND PERSONS INTERVIEWED**, specify what you looked at. (Examples: Client File Review‑Clara Client, Completed a health/safety inspection; Reviewed training records; Observed the daily routine; Observed training program on eating for Clara Client; Interviewed licensee or household member.
   5. Under **NOTED DEFICIENCIES**, list the specific rules which were found to be out of compliance and a brief description of the finding.
   6. Under **CONCERNS**, list items of concern of a general nature that may or may not be directly related to Licensing Rules but do impact on client care, and/or quality of life issues. *(Examples:*
      1. *Noted that Clara has not attended her day program for 4 days—van lift is broken;*
      2. *John complained that he was bored and never gets to go anywhere; Recreation logs indicate no outings in the last 45 days;*
      3. *Licensee drank a Coke in front of clients, when two clients asked for a Coke also, licensee said, "Get a drink of water, it's better for you," etc.)*
   7. Under **REQUIRED FOLLOW‑UP**, specify what the licensee should do in response to the facility/home visit report and/or whether further action will be taken. If no deficiencies or major concerns are indicated, the **REQUIRED FOLLOW‑UP** would be **item #1**, "None." If the deficiencies were corrected at the time of inspection, check **item #2**. If the deficiencies or concerns are serious and require evidence of correction check **item #3**. Then return to the office, discuss the problems with your supervisor and the licensing manager to draft a formal letter to the licensee clearly citing the deficiencies and concerns and the required corrections or response. Set timelines for when a response should be received. If there are one or more deficiencies or concerns which merit a response, check **item #4** and specify the actions required of the licensee to correct the deficiency.

The licensing manager must approve all corrective action plans. If the concerns are serious, OLR should contact DCS program personnel and a meeting should be scheduled with the licensee to verbally discuss the serious problems. This meeting must be held as soon as possible and the results of the meeting clearly documented and provided to the agency.

* 1. The licensing worker should sign and date this form and request the licensee sign and date this form.

1. Routing. As specified at the bottom on the front.

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| ADDITIONAL CONCERNS AND/OR DEFICIENCIES (FACILITY/HOME VISIT REPORT)  LICENSE OR APPLICANT NAME: | |
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| INSPECTOR'S SIGNATURE | DATE |
| PROVIDER/ON-SITE REPRESENTATIVE'S SIGNATURE | DATE |