

# **Notice of Inspection Rights**

Contact Information				
Name   Pho	Phone		Date of Inspection	Time of Inspection
Location Address			Name of Inspector(s)	A.M. P.M.
			(The inspector must provid	e photo identification)
City	State	Zip Code + 4		
Mailing Address if different				
City	State	Zip Code + 4		
This inspection is conducted under the authori	ty of Arizona R	evised Statutes and t	he Arizona Administrative	Code
The purpose of this inspection is:				
To verify compliance with licensing requirements for Child Welfare Agency Family Foster To verify compliance with OLR Life-Safety requireme	r Home			
To conduct an inquiry or follow-up on a complaint r	elated to a service	that is licensed or regula	ted by OLR.	
Other:				
You have a right to:				
a Have an on-site representative of this service, home or	r facility accompan	y the inspector on the pre	mises, except during confidential	interviews.
Make copies of any original documents, if originals are	_	•		
Be informed that all statements made during the inspiral statements and during the inspiral statements.	•		port.	
Be informed if and when a conversation during the inspection is to be tape-recorded.				
e Due process relating to an appeal of a final decision back.  Contact the DCS Office of the Ombudsman to file a co			ctions or treatment by the DCS s	aff
The Office of the Ombudsman to file a co The Office of the Ombudsman will review your comp Ombudsman@azdcs.gov or by telephone is 1-877-527	laint and determin	e the type of response ne		
If you have any questions regarding this inspection, you	ou may ask the ins	spector directly, or you r	nay contact:	
Immediate Supervisor  To request an administrative review of the decisions b.	ased on the result	ts of the inspectiton you	ı may contact:	Phone
To request an administrative review of the decisions of	uscu on the resur	is of the hispectiton, you	a may contact.	
Second Level Supervisor				Phone
To appeal a licensing decision, notify your licensing we	orker who will, in	turn, file the request for	an appeal.	
I have been informed of my inspection and due process rights, as inspection.	s listed above. I unde	erstand that while I have the r	ight to decline to sign this form, the i	nspector may proceed with the
Provider/On-Site Representative's Signature				Date
Inspector's Signature				
The provider/on-site representative was not present				
The provider/onsite representative refused to sign the	nis form.	Inspector's Signature		Date

# **Notice of Inspection Rights**

## **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 Administrative Code	
Child Welfare Licensing (CWL) Group Home Shelter Home, Child Placing Agency	Title 21, Chapter 7	
Child Welfare Licensing (CWL) Adoption Agency	Title 21, Chapter 9	
Family Foster Licensing (FHL) Family Foster Home	Title 21, Chapter 6	
Life-Safety Inspection by OLR	Title 21, Chapter 8	

### **Internet Links**

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

https://www.azleg.gov/arstitle/

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

2020 N. Central Avenue, Suite 570

Phoenix, AZ 85004

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

Internet: <a href="www.azoca.gov">www.azoca.gov</a>
E-mail: <a href="mailto:ombuds@azoca.gov">ombuds@azoca.gov</a>

Equal Opportunity Employer/Program. The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. 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 DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente.