

Drug Testing Notification for Child Welfare Agencies

Confidential Information ~ To be completed by Human Resources

_____ <i>Agency Name</i>			_____ <i>Date Completed</i>	
_____ <i>Address</i>			_____ <i>Human Resource Contact</i>	_____ <i>Phone</i>
_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip Code</i>	_____ <i>Email</i>	

Notification

For questions, reporting requirements, and submittal of this Notification refer to the following:

- Contact assigned Licensing Specialist, Office of Licensing and Regulation (OLR) and/or reporting requirements
- Send a copy of this Drug Testing Notification to OLR (email to: CWADrugTesting@azdcs.gov)
- Drug Testing Results must be attached for positive samples.

_____ <i>Staff Name</i>	Positive Test	Refused Test
	Missed Test	_____ <i>Date Missed</i>

Explanation of Test Results

Comprehensive explanation of the reason for this notification, the actions that have been implemented accordingly, and staff responses to testing outcomes, including positive results, missed, or refusals.

Response to Test Results

Describes the actions taken by the agency in response to positive test results, missed testing, or refusal to test, including measures implemented to prevent recurrence and ensure future compliance.

Child Abuse Hotline Notification

If the Incident Involved Allegations of Child Abuse/Neglect, was the Child Abuse Hotline Notified?..... Yes No N/A

_____ <i>Date</i>	_____ <i>Time</i>	_____ <i>Name of Hotline Intake DCS Specialist</i>
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Signature/Title of Person who Prepared Notification

_____ <i>Name (Last, First, M.I.)</i>	_____ <i>Title</i>	_____ <i>Phone</i>	_____ <i>Email</i>
_____ <i>Signature</i>	_____ <i>Date</i>		