# ARIZONA DEPARTMENT OF ECONOMIC SECURITY Office of Licensing Certification and Regulation

# LICENSING INVESTIGATION TEMPLATE

| Name of Licensee(s):  |              |               |                                    |  |
|---|--------------|---------------|------------------------------------|--|
| QCID#:  | Setting:     | ADH           | CDH                                |  |
| Agency:   |              |               |                                    |  |
| Date of Incident/Allegation:                                      |              | Date of No    | tification from OLCR:              |  |
| Investigator's Name:  |              |               |                                    |  |
| SECTION I: ALLEGATIONS/CONCERNS                                   |              |               |                                    |  |
| Restate Allegation Cut and paste for efficiency.                  |              |               |                                    |  |
|   |              |               |                                    |  |
|   |              |               |                                    |  |
|   |              |               |                                    |  |
|   |              |               |                                    |  |
| SECTION II: INTERVIEWS  |              |               |                                    |  |
| A. Source Summarize interview with reporting source. If           | unable to ir | nterview, doc | cument attempts to contact source. |  |
|   |              |               |                                    |  |
|   |              |               |                                    |  |
|   |              |               |                                    |  |
|   |              |               |                                    |  |
|   |              |               |                                    |  |
| B. Alleged Victim If there is more than one alleged victim, docum | ment each i  | nterview sep  | parately.                          |  |
|   |              |               |                                    |  |
|   |              |               |                                    |  |
|   |              |               |                                    |  |
|   |              |               |                                    |  |
|   |              |               |                                    |  |
| C. Licensee For co-licensed applicants, interview both licen      | nsees.       |               |                                    |  |
|   |              |               |                                    |  |
|   |              |               |                                    |  |
|   |              |               |                                    |  |
|   |              |               |                                    |  |
|   |              |               |                                    |  |

| LCR-1080A FORENG (4-18)   | Page 2 of 3 |
|---|-------------|
| D. Collateral Contacts  Collateral contacts may include: support coordinators, DTA staff, case managers, household members, law enforcement, and protective service investigators or any other person who may have knowledge of the | e issue.    |

# SECTION III: ANALYSIS/CONCLUSIONS

# A. Cooperation and Participation of the Licensee

Document the cooperation of the licensee during the investigative process. If applicable, assess the licensee's willingness to complete any corrective actions.

#### **B.** Documents Reviewed

List documents reviewed as a part of the investigation. Include copies of critical documents with the report.

## C. Additional Information

Provide any additional information relevant to the inquiry.

# D. Licensing Violations

Cite the licensing rule and the specific act or omission that constituted the violation.

LCR-1080A FORENG (4-18) Page 3 of 3

### **SECTION IV: CORRECTIVE ACTIONS**

| ~ | orrective | Action | _ |
|---|-----------|--------|---|
| u | HILECTIVE | ACHOR  |   |

Describe any corrective actions that have been taken, or will be taken, to ensure compliance and minimize the risk of future violations. Include due dates if applicable.

| Signature of Agency Investigator  | Date |  |
|---|------|--|
| Date the findings of the licensing inquiry were presented to the licensee(s): |      |  |

This is a PRIVILEGED AND CONFIDENTIAL REPORT and the information held within is legally privileged. You are hereby notified that any alteration, disclosure, copying, distribution, dissemination, sharing or use of information contained in or attached to this report is STRICTLY PROHIBITED to any party other than the Division of Developmental Disabilities (DDD) or the DDD Office of Licensing Certification and Regulation (OLCR) without the written permission of the Office of Licensing Certification and Regulation.

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. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-542-0419; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.