

Department of Children and Families  
**VERIFICATION OF REQUIREMENTS FOR LICENSURE REQUEST**

DCF-0043  
 12/15 (Rev.)



<b>PARENT 1</b>	Name (last, first):	Home Telephone:	Work Telephone:		
<b>PARENT 2</b>	Name (last, first):	Home Telephone:	Work Telephone:		
Address	No. and Street:	City/Town:	State:	Zip:	
Mailing Address (if different)	No. and Street:	City/Town:	State:	Zip:	
Application (DCF-354 or DCF-806) dated:		<b>LICENSE TYPE</b>			
Primary method of study:		<input type="checkbox"/> Adoption	<input type="checkbox"/> Relative		
<input type="checkbox"/> Group Series	Begin Date: _____ End Date: _____	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Special Study		
Licensed Bed Capacity:		<input type="checkbox"/> Independent			
<input type="checkbox"/> Individual - <i>If "individual" give reason(s):</i>					
Race	Region:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
		<input type="checkbox"/> 5	<input type="checkbox"/> 6		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	LINK #:	Waiver <input type="checkbox"/> Yes <input type="checkbox"/> No			

**For a Relative, Special Study or Independent license, please list the names of children in placement and their dates of birth.**

Name:	Date of Birth:

**I/WE ARE AWARE THAT THE FOLLOWING REQUIRED DOCUMENTS FOR LICENSING ARE IN MY RECORD:**

• Application	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Protective Service Checks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Local Police Name and Address Search	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• State Police Name Search	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• State Police Fingerprint Results	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• FBI Fingerprint Results	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Department of Motor Vehicles Check	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Pet Vaccination Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
• Physician's Statement for Applicant(s) and your children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Completed Family Assessment and Certificate of Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Family Registration - Adoption	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

I/WE AGREE TO BE IN COMPLIANCE WITH THE STATE OF CONNECTICUT FOSTER CARE REGULATIONS			
<b>§17a-145-132</b>			
1. We have participated with an assessment completed by DCF for each applicant/licensee and all members of the household to determine the ability of the applicant/licensee to comply with the Regulations of Connecticut State Agencies §§17a-145-130 through 17a-145-160.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. We were given a copy of DCF regulations §§17a-145-130 through 17a-145-160	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>§17a-145-137</b>			
3. My/our dwellings and furnishings are clean, comfortable and in good repair.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. My/our home is reasonably safe from fire.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. My/our home and grounds are reasonably free from anything that constitutes a hazard to children.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Any peeling indoor or outdoor paint accessible to children is non-toxic.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Any equipment used by the children is free from any paint or other covering material which is poisonous.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. Swimming pools and hot tubs comply with local and state regulations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9. All medicines and toxic and flammable materials are kept out of the reach of children..	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10. There is sufficient indoor and outdoor space, ventilation, toilet facilities, light and heat to ensure the health and comfort of all members of the household.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11. All heating systems comply with state and local building and fire codes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12. There are adequate sewage and garbage facilities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
13. All power driven machinery or other hazardous equipment is properly safeguarded and if used by any foster or adoptive child, the child will be properly supervised by an adult.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14. Emergency evacuation plans are established and will be practiced at least quarterly with the children.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
15. If a furnace is located on the same floor as a living space, it is enclosed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
16. Smoke detectors are in operating condition and located so as to protect sleep areas, play areas and the basement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>§17a-145-138</b>			
17. There is a working telephone accessible to the children with emergency numbers posted in an easily visible location.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
18. I/We will notify the Department within one (1) business day of any change in the telephone number or telephone status.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>§17a-145-139</b>			
19. Each bedroom is enclosed on all sides, with a window and a door that leads into a hallway or other common area.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
20. Each bedroom has at least two (2) approved means of exit capable of providing for escape in the event of fire or disaster.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
21. Bedrooms for children are used for sleeping purposes and customary children's activities only, and are not used for general purposes of other members of the family.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
22. Foster and adoptive children under five (5) years of age sleep on the same floor and in close proximity to foster or adoptive parents or a responsible adult.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
23. There is a separate bed provided for each child. If siblings of the same sex sleep together in a double sized or larger bed, it will occur only with the approval of the commissioner or designee.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
24. no child three (3) years of age or older shall be permitted to share a bedroom with another child of the opposite sex or a same sex child of disparate age	<input type="checkbox"/> Yes	<input type="checkbox"/> N	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> <li>no child over one (1) year of age shall share a room with an adult without the permission of the commissioner or designee</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> <li>no more than four (4) children including the applicant/licensee's own children shall sleep in the same room without the permission of the commissioner or designee.</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

25. Children's clothing will be kept clean and in good condition in keeping with the standards of the community.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
26. There is safe storage for children's clothing and personal possessions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
27. Each child is afforded privacy appropriate to his/her growth and development.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>§17a-145-140</b>			
28. All food for human consumption, food storage and preparation, personal cleanliness and general care of the home meet generally accepted health standards.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
29. Non-pasteurized milk products will not be provided to any child in care by, or with the approval or knowledge of, the foster or adoptive family.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
30. The water supply is safe and adequate to meet the needs of the household.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>§17a-145-141</b>			
31. Answer if you or any resident in the home possesses a firearm or other type of dangerous weapon:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• firearms and ammunition are locked in separate places inaccessible to all children	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• whenever practicable, firearms are equipped with a trigger guard lock	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• other types of dangerous weapons are unstrung or unloaded and stored in locked containers out of the reach of children	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Keys to the locked storage area of firearms, other types of dangerous weapons, trigger guards, and ammunition are kept in the secure possession of an adult or reasonably secure from children	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>§17a-145-142</b>			
32. All animals are kept in a safe and sanitary manner in compliance with all statutes and regulations regarding vaccination and generally accepted veterinary care.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>§17a-145-143</b>			
33. Each person living in the home is in good health, or is receiving all necessary continuing medical care and are free of communicable disease.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
34. I/We are physically and mentally able to provide care to children.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
35. I/We will notify the department whenever I/we or a member of the family contract a communicable disease or develop a physical or mental infirmity which interferes with child-caring ability.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>§17a-145-144</b>			
36. I/We and other members of the household are of good character, habits and reputation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>§17a-145-145</b>			
37. I/We will notify the department, in writing, prior to, or not later than, one (1) business day following, any change in circumstance or member of the household which would alter the statement of fact made in the application for licensure or which would affect the ability of the applicant or licensee to provide ongoing care of the child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>§17a-145-146</b>			
38. I/We will notify the department, by telephone, within six (6) hours of any serious injury, serious illness or death of a child, any fire in the home or any unauthorized absence of a child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>§17a-145-147</b>			
39. I/we have an income sufficient to meet the needs of my/our family.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
40. The money received on behalf of the child shall be expended for the care of the child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>§17a-145-148</b>			
41. If all adults in the home are employed or otherwise occupied which requires them to spend a substantial amount of time away from the home, the care and supervision of the child is provided by a competent individual and the plans for such care need to be approved in advance by the commissioner or designee.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>§17a-145-149</b>			
42. I/We will comply with the service plan for the child and work cooperatively with the department in all matters pertaining to the child's welfare.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
43. I/We will accept, cooperate with and support arrangements made for the child to have contact, including visits and correspondence, with the child's biological family in keeping with the frequency indicated by the service plan; and agree that visits will take place at the foster home or other location if deemed to be in the best interest of the child and foster family.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<b>§17a-145-150</b>		
44. I/We will possess only one (1) license or approval for adoption or other form of out-of-home care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• I/We will not hold dual licensure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• I/We will not accept another child for placement on a private basis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>§17a-145-151</b>		
45. I/We are physically, intellectually and emotionally capable of providing care, guidance and supervision of the child, including:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• ensuring routine medical care, scheduling and transportation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• obtaining and following instructions from the child's medical provider for administering medication or treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• keeping all medications clearly labeled and out of the reach of children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• establishing plans to respond to illness and emergencies, including serious injuries and the ingestion of poison, with appropriate first aid supplies available in the home out of the reach of children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• maintaining all documentation as required by the department	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• providing for the child's physical needs, including adequate hygiene, nutritional meals and snacks prepared in a safe and sanitary manner, readily available drinking water, a balanced schedule of rest, active play, and indoor and outdoor activity appropriate to the age of the child in care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• promoting the social, intellectual, emotional, and physical development of each child by providing activities that meet these needs or any special needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• assuring adequate opportunity for cultural and educational activities in the family and in the community	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• providing children who do not share the same language as the caretaker with opportunities to practice their native language as they become bi-lingual or multi-lingual	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• providing adequate opportunity for religious training and participation appropriate to the child's religious denomination	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• not requiring any child to participate in religious practices contrary to the child's beliefs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• providing emotional support and an environment that meets the child's ethnic and cultural needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• assuring the child's participation in an approved education program, including regular school attendance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• cooperating with proper authorities regarding the child's educational needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• guiding the child in the acquisition of daily living skills, including the assigning of daily chores to the child on the basis of the child's abilities and developmental level	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• providing infants and toddlers with ample opportunity for freedom of movement each day outside of a crib or playpen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• holding infants for all bottle feedings, as well as at other times, for attention and verbal communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46. I/We, along with members of the household, substitute care providers and other persons having regular access to children in the home shall	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• give the child humane and affectionate care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• be a positive role model to the child and instruct the child in appropriate behavior	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• establish limits and assist the child to develop self-control and judgment skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• encourage children to assume age-appropriate responsibility for their decisions and actions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47. I/We will		
• use disciplinary methods appropriate to the child's age and level of development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• not use physically or verbally abusive, neglectful, humiliating, frightening or corporal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• punishment, including but not limited to spanking, cursing or threats	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• obtain prior written approval from the commissioner or designee when unusual circumstances require continued or frequent use of physical or mechanical restraints	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• complete all assessment and training requirements as prescribed by the Department.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>§17a-145-152</b>		
48. I/We have not been and if we have been, we have informed DCF. I/We will inform DCF in the future if this occurs after licensure:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• convicted of injury or risk of injury to a minor or other similar offenses against a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• .convicted of impairing the morals of a minor or other similar offenses against a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• convicted of violent crime against a person or other similar offenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• convicted of the possession, use, or sale of controlled substances within the past five (5) years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• convicted of illegal use of a firearm or other similar offenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• an allegation of child abuse or neglect substantiated	<input type="checkbox"/> Yes	<input type="checkbox"/> No

