



COMMENTS / CONCERNS FROM CHILD'S SOCIAL WORKER

DCF Office:

Name of Social Worker:

Date(s) of Contact:

Protects and nurtures children:

Meets development needs and addresses delays:

Has ability to care for child, *e.g.*, physical care, educational needs, medical needs, emotional needs:

Supports relationships with birth families, encourages visitation, knows how to deal with separations:

Encourages connections to safe and nurturing relationships intended to last a lifetime:

Works well as a member of a professional team:

Please state your general feelings about the home, including positives and concerns or weaknesses:



RECORD REVIEW				
The following documents are contained in the licensing record:		*Must be updated at time of renewal.	**May be updated at time of renewal, if indicated.	
	Application for Foster Care License (DCF-047)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
*	Application to Renew a License for Foster Care (DCF-425)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
*	Child protective service check		<input type="checkbox"/> Yes	<input type="checkbox"/> No
*	Authorization for Local Police Records Search (DCF-2125)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
*	Request for Criminal History Records Information (DCF-2113)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	State Police Fingerprint Results (DPS-125C)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	FBI Standard Fingerprint Form (FD-258)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
*	Department of Motor Vehicles check		<input type="checkbox"/> Yes	<input type="checkbox"/> No
*	Marriage, legal separation or divorce decree(for adoption, if changed)	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
**	Physician's Statement for Foster Care Application (DCF-020)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Confidentiality Agreement (DCF-2112)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Disciplinary Agreement (DCF-2111)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
*	Prospective Foster Family Budget Worksheet (DCF-0091) and verifying documentation		<input type="checkbox"/> Yes	<input type="checkbox"/> No
*	Updated and signed Request for Waiver of Foster Home Licensing Regulation(s) (DCF-001)	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
**	Lead paint test results	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
**	Request for Inspection of Well Water (DCF-048) (if prior failure or medically complex)**	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
**	Inspection of Auxiliary Heating Source (DCF-446)	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
**	Pool Inspection (DCF-030)	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*	Veterinary Statement (DCF-011)	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Family Registration (DCF-334, for adoption)	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*	Family assessment update (for adoption relicensure for families with no child in placement)	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Backup caregiver assessments (background checks, Disciplinary Agreement, Confidentiality Agreement and Physician's Statement)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:				

**REGULATIONS REVIEW**

Was the applicant / Licensee					
• given a copy of DCF Regulations §§17a-145-130 through 17a-145-160?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
• informed of his or her and DCF's rights and responsibilities as indicated in the Regulations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
<b>§17a-145-132 Assessment of Foster or Prospective Adoptive Parents and Members of the Household</b>					
1. Was 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?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
<b>§17a-145-137 Physical Requirements of Foster and Prospective Adoptive Homes</b>					
1. Are dwellings and furnishings clean, comfortable and in good repair?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
2. Is the home reasonably safe from fire?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
3. Are the home and grounds reasonably free from anything that constitutes a hazard to children?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
4. Any peeling indoor or outdoor paint accessible to children to be determined to be non-toxic?	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Any equipment used by the children is free from any paint or other covering material that is poisonous?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
6. Swimming pools and hot tubs comply with local and state regulations.	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. All medicines and toxic and flammable materials are kept out of the reach of children	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
8. There are 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	
9. All heating systems comply with state and local building and fire codes.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
10. There are adequate sewage and garbage facilities.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
11. All power driven machinery or other hazardous equipment is properly safeguarded and, if used by a foster child, the child will be properly supervised by an adult.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
12. If a furnace is located on the same floor as a living space, it is enclosed..	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. 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	
14. Are emergency evacuation plans established and will they be practiced at least quarterly with the children?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
<b>§17a-145-138 Telephone</b>					
1. There is a working telephone accessible to the children at all times with emergency numbers posted in an easily-visible location.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
2. Applicant/licensee agrees to notify DCF within one business day of any change in the telephone number or telephone status?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
<b>§17a-145-139 Children's Bedroom, Clothing and Privacy</b>					
1. Each bedroom is enclosed on all sides, with a window and a door that lead into a hallway or other common area..	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
2. Each bedroom has at least two approved means of exit capable of providing for escape in the event of fire or disaster.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
3. Bedrooms for children are used for sleeping purposes and customary children's activities only, and are not used for the general purposes of other members of the family.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
4. Foster children under five years of age sleep on the same floor and in close proximity to foster parents or another responsible adult.	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. 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	
6. No child three 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"/>	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. No child over one year of age shall share a room with an adult without the permission of the Commissioner or designee.	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. No more than four children including the applicant/licensee's own children shall sleep in the same room without the permission of the Commissioner or designee	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. 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	
10. There is safe storage for children's clothing and personal possessions.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
11. Each child is afforded privacy appropriate to his or her growth and development.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
<b>§17a-145-140 Food and Water</b>					
1. 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	
2. Non-pasteurized milk products will not be provided to any foster child by or with the approval or knowledge of the applicant/licensee.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
3. 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 Firearms and Weapons</b>					
Answer if you or any resident in the home possess a firearm or other type of dangerous weapon:	<input type="checkbox"/>	N/A			
• firearms and ammunition are locked in separate places inaccessible to all children	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
• firearms are equipped with trigger guard locks	<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 areas of firearms, other types of dangerous weapons, trigger guards and ammunition are kept in the secure possession of an adult or are otherwise reasonably secure from children.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
<b>§17a-145-142 Animals</b>					
All animals are kept in a safe and sanitary manner in compliance with all statutes and regulations regarding vaccinations and generally-accepted veterinary care.	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>§17a-145-143 Health Standards for Foster Parents and Members of the Household</b>					
1. Each person living in the home is in good health, is receiving all necessary continuing medical care & free of communicable disease.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
2. Applicant / Licensee has been determined to be physically and mentally able to provide care to children.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
3. Does the applicant / Licensee agree to notify DCF whenever a member of the family contract a communicable disease or develop a physical or mental infirmity which interferes with their child caring ability.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

<b>§17a-145-144 Character Standards for Foster Parents and Members of the Household</b>		
Is the Applicant / Licensee and other members of the household of good character, habits and reputation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>§17a-145-145 Change in Licensed Conditions</b>		
Does the applicant / Licensee agree to notify DCF in writing prior to, or not later than one business day, following any change circumstance or member of the household which may alter the statement of facts made in the foster care licensing application or which may affect the ability of the applicant/licensee to provide ongoing care for the child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>§17a-145-146 Reporting of a Fire or the Injury, Illness, Death or Absence of a Child From Placement</b>		
Does the applicant / Licensee agree to notify DCF by telephone within six hours of any fire in the home, any serious injury or serious illness of a foster child, the death of any child in the home or any unauthorized absence of a foster child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>§17a-145-147 Financial Condition of the Foster Parent</b>		
1. Does the applicant / Licensee have an income sufficient to meet the needs of the family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the applicant / Licensee agree that 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 Substitute Childcare</b>		
If all adults in the home are employed or otherwise occupied such that they spend a substantial amount of time away from the home, the care and supervision of the child will be provided by a competent individual and the plans for such care must be approved in advance by the Commissioner or designee (except consistent with the reasonable and prudent parent standard.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>§17a-145-149 Cooperation with the DCF Case Plan</b>		
1. Will the applicant / Licensee comply with the case plan for the child and work cooperatively with DCF in all matters pertaining to the child's welfare.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Will the applicant / Licensee accept, cooperate with and support arrangements made for the child to have contact with, including visits and correspondence, the child's biological family at the frequency indicated by the Case Plan, and agree that visits may take place at our 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 Limitation on the Number of Licenses or Approvals Allowed</b>		
Does the applicant / Licensee agree:		
• to possess only one license or approval for adoption or other form of out-of-home care.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• not hold dual licensure.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• accept another child for placement on a private basis.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>§17a-145-151 General Requirements of Foster Parents</b>		
1. Is the applicant / Licensee physically, intellectually and emotionally capable of providing care, guidance and supervision to a child, including:		
• 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 but out of the reach of children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• maintaining all documentation as required by DCF	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• promoting the social, intellectual, emotional and physical development of the 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 a child who does not share the same language as the caregiver with opportunities to practice his or her native language as he or she becomes bilingual or multilingual	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• providing adequate opportunity for religious training and participation appropriate to the child's religious denomination, if wanted	<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 assignment 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
2. Does the applicant / Licensee agree, along with members of the household, substitute care providers and other persons having regular access to the children the home shall:		
• 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 with developing self-control and judgment skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• encourage the child to assume age-appropriate responsibility for his or her decisions and actions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the applicant / Licensee agree to:		
• 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 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 required by DCF.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**§17a-145-152 Criminal History; Pending Criminal Actions; Child Protection History**

Is /Has/Does the applicant / Licensee or any member of my/our household has/have:

1.	been convicted of injury or risk of injury to a minor or other similar offense against a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	been convicted of impairing the morals of a minor or other similar offense against a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	been convicted of a violent crime or similar offense against a person	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	been convicted of the possession, use or sale of a controlled substance within the past five years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	been convicted of illegal use of a firearm or other similar offense	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	had an allegation of child abuse or neglect substantiated	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	had a minor removed from my/our care because of an allegation of child abuse or neglect	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	been awaiting trial or is on trial for any offense listed above	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	a criminal history that makes the home unsuitable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	a current child abuse or neglect allegation pending.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**§17a-145-160 Limitations to Number of Placements in One Foster Home**

Does the applicant / Licensee agree to accept placements of children in accordance with my/our license and as specified by regulations.

a.	More than three (3) foster or prospective adoptive children in the home	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	A total of six (6) children, including the foster or prospective adoptive family's natural and adopted children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.	More than two (2) children under two (2) years of age	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.	More than three (3) children under six (6) years of age, except in the cases of siblings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.	More than two (2) non-ambulatory children who are incapable of self-preservation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**HOME STUDY UPDATE**

Family Members Present:

Dates(s):

If no home visit was made, explain the special circumstances:

**Demographics:**

Any Concern(s)?

**Condition of the Home:** descriptions of health and safety concerns, child proofing of home, peeling paint, pools and other bodies of water, storage of weapons, pets (vaccinations), etc. **Family Demographics:** family composition, employment, income, health issues. **Significant Changes:** employment, education, marital status, etc. **Comments:**

Family Functioning (*parent, bio and foster children, how foster care is impacting family, style, discipline, expectations:* Any Concern(s)?

**Child(ren) Functioning:** school performance, activities, vulnerability, adjustment of foster child to the home, etc. **Family Functioning:** structure, roles, boundaries, decision making, communication, expressions of affection and disapproval, marital issues, family violence issues, climate of family, how family interacts. **Foster Children:** experience and attitude toward foster children, sensitivity to the child's unique experience, dealing with the child's sense of separation from family and friends, dealing with racial and cultural issues. **Parenting Style:** bonding, sensitivity, concern, difficulties, expectations, values, provision of basics, supervision, parenting style (structured, easy going, democratic, strict), takes time to explain things. **Discipline:** no corporal discipline, adherence to DCF policy, use of time out, loss of privileges, assigning extra chores, behavioral modification, etc. **Comments:**

Stressors:

Any Concern(s)?

**How did or how are they handling the identified stressor?** illness of foster parent, member of the immediate family, relative or significant other; loss or pending loss of job; financial loss; unusual bills; multiple responsibilities; etc. **Adult Functioning:** flexibility, ability to handle stress, history or evidence of emotional problems or addictions, problem solving methods, personality traits (*e.g.*, warm, nurturing, outgoing, reserved). **Ability of family to deal with stress or change.**  
Comments:

<b>Supports:</b>	Any Concern(s)? <input type="checkbox"/>
<p><b>Family Social Life, Activities:</b> church attendance, civic groups, organized sports, etc. <b>Family Supports:</b> extended family, close friends, houses of worship; the attitude of family support persons regarding foster parenting and their availability when needed. <b>Backup Caregiver Assessment.</b> <b>Working with Community Resources:</b> availability of resources; ability and willingness of foster parents to find and utilize resources such as schools, foster parent support group, counseling services, etc. <b>Comments:</b></p>	



Synopsis of Quarterly Reviews:

Any Concern(s)?

Comments:

**Collaboration and Partnerships:** Any Concern(s)?

**Working with DCF:** ability to form collaborative relationships with the Social Worker and other DCF personnel; experience. **Foster Children:** preparing the child for separation from the foster family, understanding of educational and special needs. **Foster Children's Families:** experience and attitude regarding foster children's families of origin; handling of visitation; working with the family of origin towards reunification; dealing with children's issues and concerns about their families of origin; understanding of abuse, neglect and trauma. **Comments:**

**Motivation and Commitment:** Reason for being foster parents, willingness to stick with difficult child

Any Concern(s)?

**Comments:**

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Foster Family's Perspective: their views and opinions on working with DCF; identified areas of need, support or skill building.

Any Concern(s)?

Comments:

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TRAINING		
Foster Parent Training: <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed this year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Training Completed::
Additional Training Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", What Kind?	
Additional criteria for applicants/licensees who care for children with medically complex needs:		

**ADDITIONAL CRITERIA FOR APPLICANTS/LICENSEES WHO CARE FOR CHILDREN WITH MEDICALLY COMPLEX NEEDS:**

Has the applicant/licensee taken additional training as required to meet the medical needs of the specific child for whom care is provided?  Yes  No  
**Explain:**

Has the RRG Nurse been consulted regarding the applicant/licensee's demonstrated competency in caring for the specific child in the home?  Yes  No

Comments:

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ASSESSMENT SUMMARY

Special concerns, issues or changes and any need for follow up:



General evaluation and conclusions:

RECOMMENDATION FOR LICENSE RENEWAL		
<b>LICENSE STATUS:</b>	Number of Children:	
<input type="checkbox"/> Regular	<input type="checkbox"/> Waiver (see below)	<input type="checkbox"/> Over capacity <input type="checkbox"/> Yes <input type="checkbox"/> No
If overcapacity, attach signed DCF-001 "Request for Waiver of Foster Home Living Regulation(s)": <input type="checkbox"/> N/A <input type="checkbox"/> DCF-001 Attached		
Recommended Race/Ethnicity: <input type="checkbox"/> African American / Black <input type="checkbox"/> African American / Caucasian <input type="checkbox"/> African American / Latino		
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic		
<input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other:		

LICENSE TYPE:	
Type of Placement: <input type="checkbox"/> Adoption <input type="checkbox"/> Foster Care <input type="checkbox"/> Fictive Kin <input type="checkbox"/> Independent Interstate Compact <input type="checkbox"/> Relative <input type="checkbox"/> Respite Caregiver	
Emergency Placement Home: <input type="checkbox"/> Yes <input type="checkbox"/> No	Respite Provider: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender(s): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Either <input type="checkbox"/> Any gender, Identity/expression-it doesn't matter	
For no more than _____ Children	Age Range: <input type="checkbox"/> Birth-to-5 years <input type="checkbox"/> 6 10 12 <input type="checkbox"/> 13 to 18

Reviewed and Approved by:		
Submitted by Name of Social Worker	Signature of Social Worker	Date:
Approved by Name of Social Work Supervisor	Signature of Social Work Supervisor	Date:
Approved by Name of Program Supervisor or Designee	Signature of Program Supervisor or Designee:	Date: