

Connecticut Department of Children and Families
VERIFICATION OF REQUIREMENTS FOR LICENSURE

DCF-043
 6/17 (Rev.)



Parent #1		Parent #2			
LAST Name:	FIRST Name:	LAST Name:	FIRST Name:		
DOB:	Home Phone:	DOB:	Home Phone:		
Work Phone:	Cell Phone:	Work Phone:	Cell Phone:		
E-mail:		E-mail:			
Address: (No. and Street):		City:	State:	Zip:	
MAILING Address (If different):		City:	State:	Zip:	
LICENSING RECOMMENDATIONS					
Application Dated:	LINK#:	Select 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			
Pre-Service Training:	Begin Date:	End Date:			
<input type="checkbox"/> Adoption	<input type="checkbox"/> Core Foster Care	<input type="checkbox"/> Fictive Kin	<input type="checkbox"/> Independent	<input type="checkbox"/> Relative	<input type="checkbox"/> Respite Caregiver
Waiver: <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please attach the waiver form.			Licensed Bed Capacity:		
Race:		Gender:		Age Range:	
For a Kinship, Fictive Kin or Independent Interstate license, names of children in placement and their dates of birth.					
Name:		DOB:		Name:	
Name:		DOB:		Name:	
Name:		DOB:		Name:	
Name:		DOB:		Name:	
Name:		DOB:		Name:	

I/WE AGREE TO REMAIN IN COMPLIANCE WITH THE STATE OF CONNECTICUT FOSTER CARE REGULATIONS			
§17a-145-132 Assessment of Foster or Prospective Adoptive Parents and Members of the Household			
1. We have participated in 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	
2. We were given a copy of, read and understand DCF Regulations §§17a-145-130 through 17a-145-160.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
§17a-145-137 Physical Requirements of Foster and Prospective Adoptive Homes			
1. My/our dwellings and furnishings are clean, comfortable and in good repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. My/our home is reasonably safe from fire.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. My/our home and grounds are 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 is non-toxic.	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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
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
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	

§17a-145-138 Telephone			
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.	I/We will notify DCF within one business day of any change in the telephone number or telephone status.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
§17a-145-139 Children's Bedroom, Clothing and Privacy			
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
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
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
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
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
§17a-145-140 Food and Water			
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
§17a-145-141 Firearms and Weapons			
	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
§17a-145-142 Animals			
	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
§17a-145-143 Health Standards for Foster Parents and Members of the Household			
1.	Each person living in the home is in good health, or is receiving all necessary continuing medical care and is free of communicable disease.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	I/We are physically and mentally able to provide care to children.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	I/We will notify DCF whenever I/we or a member of the family contract a communicable disease or develop a physical or mental infirmity which interferes with my/our child caring ability.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
§17a-145-144 Character Standards for Foster Parents and Members of the Household			
	I/We and other members of the household are of good character, habits and reputation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
§17a-145-145 Change in Licensed Conditions			
	I/We will notify DCF in writing prior to, or not later than one business day, following any change in 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
§17a-145-146 Reporting of a Fire or the Injury, Illness, Death or Absence of a Child From Placement			
	I/We will 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
§17a-145-147 Financial Condition of the Foster Parent			
1.	I/We have an income sufficient to meet the needs of my/our family.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	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
§17a-145-148 Substitute Childcare			
	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
§17a-145-149 Cooperation with the DCF Case Plan			
1.	I/We will 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.	I/We will 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

§17a-145-150 Limitation on the Number of Licenses or Approvals Allowed			
• I/We will possess only one license or approval for adoption or other form of out-of-home care.	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I/We will not hold dual licensure.	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I/We will not accept another child for placement on a private basis.	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
§17a-145-151 General Requirements of Foster Parents			
1., I/We are physically, intellectually and emotionally capable of providing care, guidance and supervision to a child, including:	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• ensuring routine medical care, scheduling and transportation	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• obtaining and following instructions from the child's medical provider for administering medication or treatment	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• keeping all medications clearly labeled and out of the reach of children	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• 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 <input type="checkbox"/>
• maintaining all documentation as required by DCF	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• 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 <input type="checkbox"/>
• 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 <input type="checkbox"/>
• assuring adequate opportunity for cultural and educational activities in the family and in the community	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• 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 <input type="checkbox"/>
• 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 <input type="checkbox"/>
• not requiring any child to participate in religious practices contrary to the child's beliefs	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• providing emotional support and an environment that meets the child's ethnic and cultural needs	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• assuring the child's participation in an approved education program, including regular school attendance	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• cooperating with proper authorities regarding the child's educational needs	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• 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 <input type="checkbox"/>
• 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 <input type="checkbox"/>
• 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 <input type="checkbox"/>
2 I/We, 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 <input type="checkbox"/>
• be a positive role model to the child and instruct the child in appropriate behavior	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• establish limits and assist the child with developing self-control and judgment skills	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• encourage the child to assume age-appropriate responsibility for his or her decisions and actions.	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3 I/We will:			
• use disciplinary methods appropriate to the child's age and level of development	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• 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 <input type="checkbox"/>
• 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 <input type="checkbox"/>
• complete all assessment and training requirements as required by DCF.	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
§17a-145-152 Criminal History; Pending Criminal Actions; Child Protection History			
I/We 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 <input type="checkbox"/>
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 <input type="checkbox"/>
3. been convicted of a violent crime or similar offense against a person	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>
5. been convicted of illegal use of a firearm or other similar offense	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. had an allegation of child abuse or neglect substantiated	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>
8. been awaiting trial or is on trial for any offense listed above	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. a criminal history that makes the home unsuitable	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. a current child abuse or neglect allegation pending.	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
§17a-145-160 Limitations to Number of Placements in One Foster Home			
I/We will accept placements of children in my/our home 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 <input type="checkbox"/>
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 <input type="checkbox"/>
c. More than two (2) children under two (2) years of age	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>
e. More than two (2) non-ambulatory children who are incapable of self-preservation	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Conn. Gen. Stat. §17a-28 and §17a-101k Confidentiality

...“Records maintained by [DCF] shall be confidential and shall not be disclosed... Any unauthorized disclosure shall be punishable by a fine of not more than one thousand dollars or imprisonment for not more than one year, or both.”

“...The information contained in the Central Registry and any other information relative to child abuse, wherever located, shall be confidential...”

“...Any violation of this section or the regulations adopted by the commissioner under this section shall be punishable by a fine of not more than one thousand dollars or imprisonment for not more than one year.”

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-91 requires in part:

“HIPAA seeks to safeguard the privacy and security of health information (oral, written, or recorded in any form) that relates to either the physical or mental health or condition of an individual; the provision of health care to an individual, or the payment for health care provided to an individual...”

“As a business associate, the licensed family resource must comply with all terms and conditions of the HIPAA provisions.”

In accordance with the above statutes, I/we agree that I/we will not disclose confidential information, including health information, about children under the care of DCF or their families which may come to my/our attention with anyone other than DCF staff unless authorized to do so. Yes No

I/We also acknowledge that I/we have received a copy of the HIPAA provisions. Yes No

By signing below, I/we agree that I have been informed of my/our rights and responsibilities and DCF’s responsibilities pursuant to the state and federal foster care statutes regulations and agree to abide by them.

Name of Parent 1	Signature of Parent 1	Date
Name of Parent 2	Signature of Parent 2	Date
Reviewed and Approved by:		
Name of Social Worker	Signature of Social Worker	Date:
Name of Social Work Supervisor	Signature of of Social Work Supervisor	Date:
Name of Program Manager or Designee (if required):	Signature of Program Manager or Designee:	Date: