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| http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/graphics/DCYF-Logo-BW.jpg | LICENSING DIVISION (LD)**File Checklist (Certified Respite)** |
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| APPLICANT / PROVIDER NAME | PROVIDER NUMBER |
| **I have verified the following requirements:** |
| [ ]  Applicant is at least 18 years of age. |
| [ ]  Government-issued photo identification (driver’s license, if transporting children). |
| [ ]  TB screening (including negative TB test or documentation from a licensed medical provider where indicated). |
| Vehicle insurance, if transporting children. | [ ]  Yes[ ]  N/A  |
| Training related to unique needs (e.g. “Caregiving for Children With Physically Aggressive Behavior Concerns,” and “Caregiving for Children With Sexual Behavior Concerns”). | [ ]  Yes[ ]  N/A[ ]  Other  |
| Vaccine Exemption (DCYF 15-455) if indicated per DCYF 15-822A Vaccination Agreements. | [ ]  Yes[ ]  N/A[ ]  Other  |
| Open investigations. | [ ]  None[ ]  Other  |
| **Additional Comments** |

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| **Signatures** |
| LD/CPA STAFF NAME | LD/CPA SUPERVISOR NAME |
| LD/CPA STAFF SIGNATURE | DATE | LD/CPA SUPERVISOR SIGNATURE  | DATE |