

Licensing Division (LD)
File Checklist (Certified Respite)

Applicant/Provider Name _____ Provider Number _____

All Applicants: I have verified the following requirements:

Applicant is at least 18 years of age. Yes

Government-issued photo identification (valid driver's license if transporting children in private vehicle). Yes

Training related to unique needs (e.g. "Caregiving for Children with Physically Aggressive Behavior Concerns," and "Caregiving for Children with Sexual Behavior Concerns"). N/A Other _____

Open investigations. None Other _____

Kinship in Own Home Applicants: I have verified the following requirements for certified respite in applicant's home (kinship only):

Home Inspection Checklist (Kinship) DCYF 10-453. Yes

All background checked adults understand Infant Safety. Yes N/A

Background checks completed for all household members ages 16 & 17. Yes N/A

Background checks completed on all 16 & 17 year-olds on the property having unsupervised access. Yes N/A

FamLink checks completed for all household members under the age of 18. Yes N/A

FamLink checks completed for all people on the property under the age of 18 having unsupervised access. Yes N/A

Foster Applicants: I have verified the following requirements for certified respite (foster care only):

TB screening (including negative TB test or documentation from a licensed medical provider where indicated) Yes N/A

Vehicle insurance, if transporting children in a private vehicle. Yes N/A

Vaccine Exemption (DCYF 15-455) if indicated per DCYF 15-822A Vaccination Agreements. Yes N/A

First Aid/CPR/BBP training. Yes

Additional Comments

Signatures

LD/CPA Staff Name _____

LD/CPA Staff Signature _____

Date _____

LD/CPA Supervisor Name _____

LD/CPA Supervisor Signature _____

Date _____