



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 _____