



Is the following documentation contained in the Applicant's Approved Parent's Record?			
NOTE: "*" indicates items that are to be obtained again at re-approval. "***" are items for re-approval (if appropriate)			
Application		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Protective Service Check *		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Local Police Name And Address Search *		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Criminal History Record (DPS-846-C) *		<input type="checkbox"/> Yes	<input type="checkbox"/> No
State Police Fingerprint Results		<input type="checkbox"/> Yes	<input type="checkbox"/> No
FBI Fingerprint Results		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Department of Motor Vehicles Check		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Marriage / Legal Separation / Divorce (Adoption)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Physician's Statement for Foster Care or Adoption Applicant **		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confidentiality Agreement		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disciplinary Agreement		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Financial Statement and Verifying Documentation		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorization for a Placement which exceeds population limitations		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lead Paint Test Results **	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Well Water Test Results **	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Pool Inspection **	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Auxiliary Heating Systems **	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Pet Vaccinations Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
References Received (At Least 3)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Completed Family Assessment		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adoption Update	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Family Registration – Adoption (DCF-334)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was the Applicant or Approved Parent(s):			
• Given a copy of regulations 17a-145-130 through 17a-145-160?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Informed of his/her/their responsibilities indicated in the regulations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Informed of his/her/their responsibilities to remain in compliance with these regulations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>§17a-145-160</b>			
Has it been explained to the applicant/approved parent by the child placing agency that State Regulation 17a-145-160 requires that, except with authorization by the Commissioner, children shall not be placed in a foster or prospective adoptive family if that placement shall result in:			
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
<b>§17a-150-90</b>			
Was an assessment completed for each applicant/approved parent and all members of the household to determine the ability of the applicant/approved parent to comply with the regulations of Connecticut state agencies §§17a-150-90 through 17a-150-114		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>§17a-150-95 physical requirements of applicants' / approved parent(s) 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. Was peeling indoor or outdoor paint accessible to children determined to be non-toxic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Is equipment used by the children free from paint or other covering material which is poisonous?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do all swimming pools comply with local and state regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Are medicines and toxic and flammable materials kept out of the reach of children?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Is there 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. Do all heating systems comply with state and local building and fire codes?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are there adequate sewage and garbage facilities?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Is all power driven machinery or other hazardous equipment properly safeguarded and is/will their use by any foster or adoptive child (be) properly supervised by an adult?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Are emergency evacuation plans established?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Is a furnace enclosed if it is located on the same floor as a living space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
14. Are smoke detectors in operating condition and located so as to protect sleep areas, play areas and the basement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>§17a-150-96: Telephone</b>			
1. Is there a working telephone with emergency numbers posted in an easily visible location?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the applicant/approved parent agree to notify the agency within one (1) business day of any change in the telephone number or telephone status?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>§17a-150-97: children's bedroom, clothing and privacy</b>			
1.	Is each bedroom enclosed on all sides, with a window and a door that leads into a hallway or other common area?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
2.	Does each bedroom have at least two (2) 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.	Will/are bedrooms for children be used for sleeping purposes and customary children's activities only, and NOT used for general purposes of other members of the family?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
4.	Will/do foster and adoptive children under three (3) years of age sleep on the same floor and in close proximity to foster or adoptive parents or a responsible adult?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
5.	Will/is a separate bed be provided for each child except that siblings of the same sex may sleep together in a double-sized or larger bed with the approval of the chief administrative officer of the child placing agency?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6.	Does the applicant/approved parent agree that:		
a.	No child three (3) 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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b.	No child over one (1) year of age shall share a room with an adult without the permission of the chief administrative officer of the child placing agency.	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c.	No more than four (4) children including the applicant/approved family's own children shall sleep in the same room without the permission of the Chief Administrative Officer of the child placing agency:	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7.	Will/is children's clothing be kept clean and in good condition in keeping with the standards of the community?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
8.	Will/is there be safe storage for children's clothing and personal possessions?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
9.	Will/is each child be afforded privacy appropriate to his/her growth and development?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
<b>§17a-150-98: food and water</b>			
1.	Does 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.	Does the applicant/approved parent agree that non-pasteurized milk products will NOT be provided to any child in care, or without the approval or knowledge of the foster or adoptive family	<input type="checkbox"/>	Yes <input type="checkbox"/> No
3.	Is the water supply safe and adequate to meet the needs of the household?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
<b>§17a-150-99: firearms and weapons</b>			
Does the applicant/approved parent or any resident in the home possess a firearm or other type of dangerous weapon?		<input type="checkbox"/>	Yes <input type="checkbox"/> No
If Yes, does the applicant/approved parent ensure that:			
a.	Firearms and ammunition are locked in separate places inaccessible to all children	<input type="checkbox"/>	Yes <input type="checkbox"/> No
b.	Whenever practicable, firearms are equipped with a trigger guard lock	<input type="checkbox"/>	Yes <input type="checkbox"/> No
c.	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
d.	Keys to the locked storage area of firearms, other types of dangerous weapons, trigger guards, and ammunition are kept in the secure possession of an adult or reasonably secure from children	<input type="checkbox"/>	Yes <input type="checkbox"/> No
<b>§17a-150-100: animals</b>			
Are all animals kept in a safe and sanitary manner in compliance with all statutes and regulations regarding vaccination and generally accepted veterinary care?		<input type="checkbox"/>	Yes <input type="checkbox"/> No
<b>17a-150-101: health standards for applicants/approved parents and members of the household</b>			
1.	Has each person living in the home, as evidenced by a written statement by a physician based upon a physical examination within the previous 12 months:	<input type="checkbox"/>	Yes <input type="checkbox"/> No
a.	Been determined to be in good health or are specified members of the family receiving all necessary continuing medical care?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
b.	Been determined to be free of communicable disease	<input type="checkbox"/>	Yes <input type="checkbox"/> No
c.	Been determined to be physically and mentally able to provide care to children?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
2.	Does the applicant/approved parent(s) agree to Notify the child placing agency whenever they or a member of the family contract a communicable disease or if they develop a physical or mental infirmity which interferes with their child-caring ability?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
3.	Has the applicant suffered the death of a biological, adoptable or adopted child within one year of the application?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
<b>§17a-150-102: character standards of applicants/approved parents and other members of the household</b>			
Is the applicant/approved parent and other members of the household of good character, habits and reputation?		<input type="checkbox"/>	Yes <input type="checkbox"/> No
<b>§17a-150-103: change in family conditions</b>			
Does the applicant/approved parent agree to notify the child placing agency, in writing, prior to, or not later than, one (1) business day following, any change in circumstance or member of the household which would alter the statement of fact made in the application for approval or which would effect the ability of the applicant or approved parent to provide ongoing care of the child?		<input type="checkbox"/>	Yes <input type="checkbox"/> No
<b>§17a-150-104: reporting of the injury, illness, death, fire or absence of a child from placement</b>			
Does the applicant/approved parent agree to Notify the child placing agency, by telephone, within six (6) hours of any serious injury, serious illness or death of a child, any fire in the home or any unauthorized absence of a child?		<input type="checkbox"/>	Yes <input type="checkbox"/> No
<b>§17a-150-105: financial condition of the applicant/approved parent</b>			
1.	Does the applicant/approved parent have an income sufficient to meet the needs of their family?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
2.	Does the applicant/approved parent agree that 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-150-106: substitute child care</b>			
Does the applicant/approved parent agree that if all adults in the home are employed or otherwise occupied for a substantial amount of time away from the home, the care and supervision of the child must be provided by a competent individual and that the plans for such care must be approved in advance by the chief administrative officer of the child placing agency?		<input type="checkbox"/>	Yes <input type="checkbox"/> No

<b>§17a-150-107: cooperation with the child's treatment plan\</b>		
1. Will/does the applicant/approved parent comply with the treatment plan for the child and work cooperatively with the department in all matters pertaining to the child's welfare?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Will/does the applicant/approved parent accept, cooperate with and support arrangements made for the child to have contact, including visits & correspondence, with the child's biological family in keeping with the frequency indicated by the treatment plan; and agree that visits will take place at the foster 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
3. Will/does the applicant/approved parent agree to be an active participant in reunification of the child with the child's biological family if so directed by DCF and the child placing agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>§17a-150-108: limitation on the number of approvals or licenses allowed</b>		
Does the applicant/approved parent agree		
a. To possess only one (1) approval or license for any form of out-of-home care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Not to hold dual approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Not to accept another child for placement on a private basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>17a-150-109: general requirements of foster and prospective adoptive parents</b>		
1. Is the applicant/approved parent physically, intellectually and emotionally capable of providing care, guidance and supervision of the child, including:		
a. Ensuring routine medical care, scheduling and transportation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Obtaining and following instructions from the child's medical provider for administering medication or treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Keeping all medications clearly labeled and out of the reach of children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. 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, out of reach of the children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Maintaining all documentation as required by the department	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. 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 in care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Promoting the social, intellectual, emotional, and physical development of each child by providing activities that meet these needs or any special needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Assuring adequate opportunity for cultural and educational activities in the family and in the community	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Providing children who do Not share the same language as the caretaker with opportunities to practice their native language as they become bi-lingual or multi-lingual	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Providing adequate opportunity for religious training and participation appropriate to the child's religious denomination and wishes, NOT the provider or caregiver's preferred religion or faith	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k. Not requiring any child to participate in religious practices contrary to the child's beliefs and faith, and not forcing any child to attend religious services, ceremonies or faith-based events if they don't wish to	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l. Providing emotional support and an environment that meets the child's ethnic and cultural needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
m. Assuring the child's participation in an approved education program, including regular school attendance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
n. Cooperating with proper authorities regarding the child's educational needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o. Guiding the child in the acquisition of daily living skills, including the assigning 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
p. 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
q. 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/approved parent agree that they and members of the household, substitute care providers and other persons having regular access to children in the home shall		
a. Give the child humane and affectionate care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Be a positive role model to the child and instruct the child in appropriate behavior	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Establish limits and assist the child to develop self-control and judgment skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Encourage the children to assume age-appropriate responsibility for their decisions and actions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the applicant/approved parent agree to:		
a. Use disciplinary methods appropriate to the child's age and level of development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. 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
c. 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
d. Complete all assessment and training requirements as prescribed by the DCF and the child placing agency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>§17a-150-110: foster family or prospective adoptive family criminal history; pending criminal actions; history of child abuse or neglect</b>		
1. Has the applicant or any member of the household: (Note: a "Yes" may disqualify the applicant):		
a. Been convicted of injury or risk of injury to a Minor or other similar offenses against a Minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Been convicted of impairing the morals of a Minor or other similar offenses against a Minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Been convicted of violent crime against a person or other similar offenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Been convicted of the possession, use, or sale of controlled substances within the past five (5) years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Been convicted of illegal use of a firearm or other similar offenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Have a child protection history check that reveals a substantiation of abuse or neglect	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Had a Minor removed from their care because of child abuse or neglect	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Has the approved parent or any member of the household: (Note: a "Yes" may disqualify the applicant):		
a. Been convicted of injury or risk of injury to a Minor or other similar offenses against a Minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Been convicted of impairing the morals of a Minor or other similar offenses against a Minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Been convicted of violent crime against a person or other similar offenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Been convicted of the possession, use, or sale of controlled substances within the past five (5) years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Been convicted of illegal use of a firearm or other similar offenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Have a child protection history check that reveals a substantiation of abuse or neglect	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Had a Minor removed from their care because of child abuse or neglect	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is / Has the applicant/approved parent or any member of the household (Note: a "Yes" may disqualify the applicant):		
a. Awaiting trial, or on trial, for charges as described above in 1. a-e	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. A criminal record that makes the home unsuitable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. A current child abuse or neglect allegation pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>§17a-150-111</b>		
Does the applicant/approved parent agree to accept placements of children in their home in accordance with their approval and as specified by regulations 17a-145-130 through 17a-145-160?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>§17a-150-156</b>		
Has it been explained to the applicant/approved parent by the child placing agency that they may request a review, hearing or other method of appeal as shall be provided by the child placing agency seeking any type of administrative hold, suspension, revocation or refusal to renew an approval?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>§17a-150-160:</b>		
Has it been explained to the applicant/approved parent by the child placing agency that State Regulation 17a-145-160 requires that, except with authorization by the commissioner, children shall Not be placed in a foster or prospective adoptive family if that placement shall result in:		
a. more than three foster or prospective adoptive children in the home	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. total of six (6) children including the foster or prospective adoptive family's natural and adoptive children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. more than two children under two years of age	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. more than three children under six years of age, except in the case 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

RECOMMENDATION FOR APPROVAL		
Approval Status: <input type="checkbox"/> Regular <input type="checkbox"/> Waiver	Approval Type: <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption	Number of Children:
Race:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Either	Age Range:
Submitted by:		Date:
Approved by:		Date:
Approved by:		Date:

REQUEST FOR A WAIVER (Applies to any type of license/approval)	
A waiver may be granted by the Commissioner or designee in accordance with the requirements of the Regulations of Connecticut State Agencies §17a-145-159.	
Specify the area(s) of substantial compliance or Non-compliance and, if required, the alternative plan to achieve compliance:	
Approved by:	Date: