

State of Connecticut
Department of Children and Families
Emergency Home Assessment for Child-Specific Placement

Note: For use when a relative or fictive kin caregiver is not yet licensed or approved pursuant to Conn. Gen. Stat. §17a-114(c).

Child(ren) to be placed	DOB	LINK Case Number	First Time Placed Yes/No

Prospective Foster Parent 1 BIRTH NAME, PREVIOUS MARRIED NAMES, AKAS (IF APPLICABLE)		Prospective Foster Parent 2 BIRTH NAME, PREVIOUS MARRIED NAMES, AKAS (IF APPLICABLE)	
DOB		DOB	
HOME PHONE:		HOME PHONE:	
WORK		WORK	
CELL		CELL	
E-MAIL		E-MAIL	
Address			
<u>Protective Service Search:</u> Case Person Perpetrator Provider CMS <u>Criminal History Search</u> State Local (if applicable) DMV Sex Offender Fingerprints		<u>Protective Service Search:</u> Case Person Perpetrator Provider CMS <u>Criminal History Search</u> State Local (if applicable) DMV Sex Offender Fingerprints	

HOUSEHOLD MEMBERS (e.g., children, other relatives, significant others, babysitters)	DOB	SOCIAL SECURITY #	RELATIONSHIP TO APPLICANT

FREQUENT VISITORS TO THE HOME (e.g., children, other relatives, significant others, babysitters, other providers)	DOB	SOCIAL SECURITY #	RELATIONSHIP TO APPLICANT

Home will require **immediate** daycare if child(ren) is(are) placed ☐ Yes ☐ No

BASIC ASSESSMENT OF HOME

(See Regulations for further explanation of each category)

1. Dwelling and furnishings are reasonably clean, comfortable and in good repair. ☐ YES ☐ NO
2. Dwelling is reasonably determined to be safe from fire and has working smoke detectors. ☐ YES ☐ NO
3. The home and grounds are reasonably free from anything that would constitute a hazard to children. ☐ YES ☐ NO
4. There is sufficient indoor and outdoor space, ventilation, toilet facilities, light and heat to ensure the health and comfort of all members of the household. ☐ YES ☐ NO
5. Sleeping arrangements:
 - a. The bedroom for the child(ren) is enclosed on all sides, has a window that opens and a door that leads into a hallway or other common living area. ☐ YES ☐ NO
 - b. Each child will have his or her own bed. ☐ YES ☐ NO
 - c. If sharing a bedroom, each child will share a room with children of the same sex. ☐ YES ☐ NO
 - d. If sharing a bedroom, each child will share a room with children of the same age. ☐ YES ☐ NO
 - e. If child is under five years old, he or she will sleep on same floor as foster parent. ☐ YES ☐ NO
6. The home has a pool. ☐ YES ☐ NO
7. The home has a working telephone. ☐ YES ☐ NO
8. The home has well water. ☐ YES ☐ NO
9. Sewage and garbage facilities are adequately maintained. ☐ YES ☐ NO
10. Firearms or other types of dangerous weapons are secured. ☐ YES ☐ N/A
11. Pets are safely supervised; vaccinations for cats and dogs are current. ☐ YES ☐ N/A
12. Finances are sufficient to meet the needs of the family. ☐ YES ☐ NO
13. There is peeling paint inside or outside. ☐ YES ☐ N/A

Comments or any other concerns noted with the family including mental health concerns, medications, hospitalizations, therapy or medical restrictions for a household member and the condition of home. Please explain:

Date of proposed or actual placement: _____

Based on the information submitted and the results of a home inspection, this home ☐ meets ☐ does not meet minimum licensing requirements. This DOES NOT constitute approval of licensing.

☐ A WAIVER is necessary for the following regulatory concerns in order to authorize placement.

[NOTE: A DCF-001, "Request for Waiver of Foster Home Licensing Regulation(s)," MUST be completed and attached.]

Type of Waiver Needed	DCF Approval	Check Applicable
Physical requirements of the home (egress, pools, lead paint for children less than six years old)	CPS and FASU Program Manager	
Telephone	CPS and FASU Program Manager	
Children's bedroom, clothing and privacy	CPS and FASU Program Manager	
In-home daycare	CPS and FASU Program Manager	
Financial condition	CPS and FASU Program Manager	
Food and water	CPS and FASU Program Manager	
Animals	CPS and FASU Program Manager	
Health standards	CPS and FASU Program Manager	
Simultaneous licensing by the Department of Developmental Services or another child placing agency	OChYP Director	
Criminal history and pending criminal cases	Commissioner	
Substantiated child protective services history or pending CPS cases	Commissioner	
Over-capacity	Regional Administrator	
More than one therapeutic foster care placement	Regional Administrator with notification to Director of OChYP	

Authorization for waiver is hereby ☐ GRANTED ☐ DENIED

Name of Social Worker conducting walk through Date

Name of FASU Program Manager or designee Signature Date