

CHILD FOSTER CARE LICENSING CHECKLIST

Use of form: This form fulfills the requirements of DCF 56.02 and verifies that all persons proposing to provide or who are providing foster care meets all requirements in Ch. DCF 56 Admin Code. Completion of this form is the responsibility of the foster home license applicant. Refer to Ch. DCF 56 Admin Code "Foster Home Care for Children" as you answer each question. Check "EX" to denote that you are requesting an exception. Check "WR*" to denote that are requesting a non-safety-related waiver for relatives. Further explanation can be found on page 21 of the "Request for Exceptions and Waivers" document. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Name – Applicant (Last, First, MI):	Today's Date (mm/dd/yyyy):
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Address – Applicant (Street, City, State, Zip Code):

Licensing Type
 Original License Relicensing

Yes No Are you currently licensed by or applying for a license with any other agency? If "Yes", provide agency name and indicate type of license.

56.01 AUTHORITY AND PURPOSE

WR*	EX	Yes	No	56.01 (2)	Placements
		<input type="checkbox"/>	<input type="checkbox"/>		I understand that being licensed does not entitle me to placements

56.01 – COMMENTS / NOTES:

56.02 APPLICABILITY

WR*	EX	Yes	No	56.02 (2)	Exceptions and Waivers
		<input type="checkbox"/>	<input type="checkbox"/>		I understand I may submit a written request to the licensing agency for an exception or waiver to any non-statutory requirement under s. DCF 56.02(2).

56.02 – COMMENTS / NOTES:

56.04 APPLYING FOR A LICENSE

WR*	EX	Yes	No	56.04 (2)	License Prohibition
		<input type="checkbox"/>	<input type="checkbox"/>		I am not employed by the licensing agency or the relative of an employee in the child welfare or juvenile justice program area.

WR*	EX	Yes	No	56.04 (3)	Reapplication Following Denial or Revocation
		<input type="checkbox"/>	<input type="checkbox"/>		I have not had a foster home license denied, revoked, or not renewed by any agency within the last two years.

WR*	EX	Yes	No	56.04 (4)	Documents Required Prior to Licensing
		<input type="checkbox"/>	<input type="checkbox"/>		I have completed and signed an application for foster home licensing or relicensing. (4)(a)1., (b)1.

<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have homeowner's or renter's liability insurance coverage. *[A waiver can be requested in accordance with s. DCF 56.05(5).] (4)(a)2., (b)2.
				Company:
				Liability amount: \$
		Verified by licensor (initialed):	Date verified (mm/dd/yyyy):	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have vehicle liability insurance coverage. (4)(a)2., (b)2.
				Company:
				Liability amount: \$
		Verified by licensor (initialed):	Date verified (mm/dd/yyyy):	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I agree that I will notify the licensing agency of any changes in my coverage in the above policies. (4)(a)2., (b)2.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have provided or will provide health examination documentation for all household members in accordance with s. DCF 56.05(1)(e) and as required by the licensing agency. (4)(a)3., (b)5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A member of the household is a relative of the foster child and is not covered by health insurance or a medical examination would be a significant financial burden. The household member will submit a personally signed statement that indicates any physical or mental conditions they have. (4)(a)4., (b)5m
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have provided or will provide documentation of fire safety inspection if required by the licensing agency. (4)(a)5., (b)3.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have provided or will provide a drawing of the layout of the foster home. (4)(a)5m.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have provided or will provide a private water supply test report if required by the licensing agency. (4)(a)6., (b)4.
<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have provided or will provide my employment history, including all employment over the past five years or as requested by the licensing agency and the length of time for each employment. (4)(a)7.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have notified or will notify the agency of any previous licensure as a foster parent or any other type of caregiver for children, the name of the agency, and the time period during which the license was held. (4)(a)8.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have received the following information from the agency as indicated by my signature on this form: (4)(a)9 a.-c.
				a. Foster care rate structure, reimbursement and clothing allowance brochure.
				b. Foster parent insurance brochure including information on how to file a claim.
				c. Notice that the licensing agency will contact the Wisconsin Department of Justice, similar agencies in another state, federal or local law enforcement, social service agencies, or any public or private agency to determine if there is any reason specified under s. 48.685, Stats., Ch. DCF 12, s. DCF 56.055(2), or any other part of Ch. DCF 56 for me not to be granted a license.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I agree to notify the licensing agency and submit a completed and signed application form / other required materials regarding: (4)(c)2.
				a. Plans to change residence.
				b. Changing condition(s) of the license.
				c. A change in marital status (30 days prior notice).
				d. The departure of a household member (within ten days after departure).
				e. Someone entering household (at least 30 days prior if known, or otherwise as soon as possible).

WR*	EX	Yes	No	56.04 (7) Effective Period of a License
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I understand that a foster home license shall be effective for a period not to exceed two years and may be renewed upon successful completion of relicensing requirements.
WR*	EX	Yes	No	56.04 (8) Notification of Application for or Issuance of Additional Licenses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will notify the agency if I apply for or receive any other license.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I understand I may not hold any other license to operate a foster home or group home under ch. DCF 57.

56.04 – COMMENTS / NOTES:

56.05 LICENSEE QUALIFICATIONS

WR*	EX	Yes	No	56.05 (1) Personal Requirements and Background
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I have read and understand the general qualification requirements listed in 56.05 (1)(a) 1.-3. And (b)1.a.-p. and do not believe that any of these requirements disqualify me from licensure.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I do not abuse alcohol or other drugs. (1)(a)1.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I do not have a history of law violations which substantially relate to caring for children or operating a foster home. (1)(a)1.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will give truthful information to the licensing agency to verify if I meet licensing qualifications. (1)(a)2.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I am or will become familiar with the content of this rule and will comply with those requirements. (1)(c)1.a.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will accept foster children only in conformity with conditions specified on the license and with agency approval. (1)(c)1.b.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will cooperate fully with the agency and keep the agency informed of each child's progress and problems. (1)(c)1.c.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will immediately notify the licensing agency of any change in my work schedule outside of the home and of any impact this will have on my ability to provide foster care. (1)(c)1.d.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will cooperate with the supervising agency to maintain relationships between foster children and their families and with the agency's efforts to implement plans for care, treatment, and permanent living arrangements. (1)(c)1.e.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Except for an emergency situation, I will allow the agency up to 30 days to find an alternative placement for a child in my home that I ask to be removed. (1)(c)1.f.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will maintain all personal information about foster children and their families in confidence. (1)(c)1.g.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will comply with serious incident reporting requirements in s. DCF 56.06. (1)(c)1.h.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will attend training sessions, permanency plan reviews, and other meetings. (1)(c)1.i.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will provide respite care providers with information regarding the specific care needs of a child. (1)(c)1.j.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will provide or arrange for a child's necessary transportation. (1)(c)1.k.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will advocate for the child with the child's school and I will be responsible for communication with the school. (1)(c)1.L.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will implement the child's case plan and treatment plan cooperatively and consistently. (1)(c)1.m.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will assess a child's progress. (1)(c)1.n.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will apply the reasonable and prudent parent standard when making decisions concerning a foster child's participation in age or developmentally appropriate extracurricular, enrichment, cultural, and social activities. (1)(c)1.o.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am licensed with a Level 3 to 5 certification, I will do all of the following in addition to Ch. DCF 56.05(1)(c)1.a.-n.:
			a. I will participate as an active team member in the development, implementation, and evaluation of a child's treatment plan goals and objectives
			b. I will be responsible for implementing in-home care and treatment strategies outlined in the treatment plan.
			c. I will participate in developing a child's treatment plan
			d. I will notify the treatment team members of any problems or concerns related to operating a Level 3 to 5 foster home. (1)(c)2.a.-e.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am at least 21 years of age (except that a person aged 18-20 may be licensed to care for a relative). (1)(d).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am free of any physical or mental conditions that would interfere with my ability to provide care. (1)(d)1.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have read, understand, and agree to s. DCF 56.05(1)(f) background record requirements.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have read, understand, and agree to s. DCF 56.05(1)(g) reporting background changes requirements.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will immediately notify the licensing agency of any arrests or convictions, any allegations or determinations or investigations of maltreatment of a child under s. 48.981, Stats., relating to me or any member of my household. (1)(f)4.

WR*	EX	Yes	No	56.05 (2) Finances
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have a stable income sufficient to meet family obligations and have provided or will provide verification as requested.

WR*	EX	Yes	No	56.05 (3) Vehicle Liability Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will provide the licensing agency with documentation of current vehicle liability insurance, if I plan to transport foster children. (3)(a)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If a foster child will drive my vehicle, they are or will be covered by my insurance policy. (3)(b)

WR*	EX	Yes	No	56.05 (4) Homeowner's or Renter's Liability Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will provide the licensing agency with proof of my homeowner's or renter's liability insurance. * *[A waiver can be requested in accordance with s. DCF 56.05(5).]

56.05 – COMMENTS / NOTES:

56.055 BACKGROUND CHECKS

WR*	EX	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have read, understand and agree to s. DCF 56.055, and will provide the agency with information to conduct background checks, including a signed authorization form.

56.055 – COMMENTS / NOTES:

56.06 SERIOUS INCIDENT REPORTING

WR*	EX	Yes	No	56.06 (1) Serious Incident Reporting Affecting a Foster Child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will immediately notify the supervising and licensing agencies of the following: (1)a.-j.
				a. The death of a foster child.
				b. Any life threatening or serious illness or injury requiring medical treatment for the foster child.
				1. A broken bone.
				2. A burn.
				3. A concussion.

- 4. A wound requiring stitches.
- 5. The ingestion of poison or drug overdose.
- 6. A reportable communicable disease under ch. DHS 145, Appendix A.

- c. I will immediately notify the supervising agency if I have reasonable cause to believe a foster child, whether or not placed in my home, has been abused or neglected, has been threatened with abuse or neglect, or is likely to be abused or neglected.
- d. An error in administering medication to a foster child.
- e. A suicide attempt by a foster child.
- f. The unauthorized absence of the foster child from the home for more than eight hours or any period of time that cannot be reasonably justified by the child's age, maturity or mental and emotional capacity
- g. An incident requiring contact with law enforcement at the foster home or that involves a foster child.
- h. A condition that requires the removal of a child from a foster home.
- i. The use of physical restraint as required under s. DCF 56.09(1g)(e).
- j. Any other serious incident related to a foster child.

WR* EX Yes No 56.06 (2) Serious Incident Reporting Affecting the Foster Home

- I will immediately notify the supervising and licensing agencies of the following: (1)(c)5.
- a. Any physical damage to the foster home or premises that would affect the compliance of this chapter.
 - 1. Structural damage that may affect the safe shelter of a child.
 - 2. Failure in the heating, cooling, electrical, plumbing, or smoke detection system that is not repaired or that cannot be repaired within 24 hours after the failure becomes known.
 - b. A fire on the premises of the foster home that requires the fire department to respond.
 - c. The displacement of a child or adverse effects due to implementation of the disaster plan required under s. DCF 56.08 (10m). (2)a.-c.
 - d. Any similar crisis related to a foster child.

56.06 – COMMENTS / NOTES:

56.07 PHYSICAL ENVIRONMENT

WR* EX Yes No 56.07 (1) General Requirements

My home and any other building on the property are safe and in good repair. I agree to comply with any inspections of the home that the agency may request (e.g., fire, health, safety).

WR* EX Yes No 56.07 (1m) Exterior Access

If necessary for a foster child placed in my home, at least one entrance to my home will be leveled or ramped in accordance with ch. Comm 62 to provide safe access for the child.

WR* EX Yes No 56.07 (2) Interior Living Area

*

My home has a minimum of 200 sq. ft. of living area per household member, including foster children (for all applicants initially licensed after 9-1-90). (2)(a).

*

- Doorways and passageways to the common rooms of my home, a complete bathroom, and the child's bedroom will meet accessibility standards in ch. Comm 62 if either of the following apply:
- a. The child uses a wheelchair.
 - b. The child has significant mobility limitations and is too big to be safely carried. (2)(b).

WR* EX Yes No 56.07 (3) Bath and Toilet Facilities

My home has one complete bathroom for every eight household members, including foster children, and meets all other conditions as outlined in 56.07(3) (for all applicants initially licensed after 9-1-90). (3)(a).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The door of each bathroom has a lock that may be opened from the outside. (3)(b).	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The bathrooms are located within my home. (3)(c).	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At least one bathroom will be constructed in conformity with ch. Comm 62 if a foster child has physical disabilities that require special equipment or clear floor space. (3)(d).	
WR*	EX	Yes	No	56.07 (4) Sleeping Arrangements
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	Each foster child will be provided with a separate bed, except that two related children of the same sex under age 12 may share a double bed or larger bed. (4)(a)1.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each infant child, birth to 12 months of age, shall sleep alone in a crib, bassinet, or playpen. (4)(a)1m.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crib slats are secure and spaced no more than 2-3/8 inches apart, the mattress and crib sheets fit snugly. Blankets used to cover the child are tucked tightly under the mattress and are kept away from the child's mouth and nose. (4)(a)2.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The beds are large enough for a child to be comfortable, provide adequate support, have a clean and comfortable mattress and have adequate blankets. (4)(a)3.
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	There is a minimum of two feet between beds (or five feet between bunk beds). (4)(a)4.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For a bunk bed, there is a minimum of three feet between the top of the mattress and the ceiling, light fixture, or other protruding fixture. (4)(a)5.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will not allow a foster child under four years of age or with a disability to sleep on the top bunk of a bunk bed. (4)(a)6.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will provide a safety rail for the top bunk if occupied by a child under eight years of age. (4)(a)7.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will not use triple-decked beds. (4)(a)8.
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	A child, age one or older, will not regularly share a bedroom with an adult. (4)(b).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A child, age six or older, will not regularly share a bedroom with another child of opposite sex. (4)(c).
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	Bedrooms have a minimum of 40 sq. ft. of floor space per child. (4)(d).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each foster child and household member will sleep in a finished bedroom according to s. DCF 56.07(4)(e).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any foster child under the age of seven or with limited mobility will not sleep in a bedroom in a basement or above the second floor, (4)(f); child age seven or older may, but only in compliance with 56.07(4)(g).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A foster parent or responsible care provider will sleep within call of the foster children. (4)(h).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each bedroom for a foster child has a door for privacy, a window for natural light, and is adequately ventilated. (4)(i).
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	A sleeping room which someone must pass through to get to another part of the building will not be used for a foster child. (4)(j).
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	A foster child will not sleep in a room to which access can be gained only through another occupied sleeping room. (4)(k).
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	No more than four children will occupy one bedroom. (4)(L).
WR*	EX	Yes	No	56.07 (5) Telephone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have an operating telephone, emergency numbers are posted near it, the child has access to the phone at all times and I agree to notify the agency of changed number by end of next working day (5)(a)-(c).
WR*	EX	Yes	No	56.07 (6) Heating
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	I have a heating system in the home that is in compliance with s. DCF 56.07(6).
WR*	EX	Yes	No	56.07 (7) Storage
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	I have sufficient drawer and closet space for foster child's belongings.
WR*	EX	Yes	No	56.07 (8) Outdoor Recreation and Play Space
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	There is access to outdoor recreation and play space. (8)(a).
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	There is no need for a fence around a play area on my property. (8)(b).
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	Any outdoor porch on a first floor higher than four feet or on the second floor has a railing. (8)(c).

WR*	EX	Yes	No	56.07 (9)	Maintenance and Repair
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My home and property are maintained in a safe manner.	
WR*	EX	Yes	No	56.07 (10)	Sanitation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The foster home and environments will be maintained in a clean and sanitary condition. (10)(a).	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows used for ventilation are screened. (10)(b).	

56.07 – COMMENTS / NOTES:

56.08 SAFETY

WR*	EX	Yes	No	56.08 (1)	General Requirements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have the following items out of children's reach or locked up: (1)(a)	
				<input type="checkbox"/>	Flammable or combustible materials
				<input type="checkbox"/>	Plastic bags
				<input type="checkbox"/>	Cleaning supplies, detergents, poisons and insecticides
				<input type="checkbox"/>	Medications / drugs / alcohol
				<input type="checkbox"/>	Matches, cigarette lighters, tobacco products
				<input type="checkbox"/>	Power tools
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will make every reasonable effort to identify and immediately correct any hazards to the safety of the foster children on my premises or being transported. (1)(b).	
WR*	EX	Yes	No	56.08 (2)	Electricity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My electrical systems and appliances are in good repair and maintained in a manner designed to protect the safety of foster children. (2)(a).	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will maintain protective covers on all electrical outlets not in use (when licensed for children under seven years of age). (2)(b).	
WR*	EX	Yes	No	56.08 (3)	Household Pets
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All household pets will be vaccinated for rabies and other diseases as required by local ordinances. (3)(a).	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will not keep a vicious or infected animal on the premises. (3)(b).	
WR*	EX	Yes	No	56.08 (4)	Transportation
		<input type="checkbox"/>	<input type="checkbox"/>	Any person transporting foster children on my behalf for any purpose will have a valid driver's license. (4)(a).	
		<input type="checkbox"/>	<input type="checkbox"/>	All children under eight years of age will be transported in an approved child safety restraint (car seat or booster seat) as required in s. 347.48(4), (4)(b), Stats.	
		<input type="checkbox"/>	<input type="checkbox"/>	All children will be properly restrained either by an approved safety restraint or seat belt. (4)(c).	
WR*	EX	Yes	No	56.08 (5)	Firearms and Other Weapons
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I agree to keep all firearms or other dangerous weapons in the home unloaded and locked in an area inaccessible to foster children, except as provided in 56.08(5)(d) regarding law enforcement officers. (5)(a), (b) and (c).	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have read, understand and will comply with 56.08(5)(c) regarding a foster child's use of firearms or bows.	
WR*	EX	Yes	No	56.08 (6)	Hazardous Machinery and Equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I agree that no child under 12 years of age will operate any hazardous machine. (6)(a).	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will comply with the safety guidelines regarding the use of hazardous machines / equipment by a foster child as outlined in s. DCF 56.08(6)(c) 1.-4.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand that the agency may require training specific to my home environment; e.g., farm. (6)(c)4.b.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The foster children will wear clothing and safety gear appropriate to the operation of hazardous machinery or equipment. (6)(c)5.	

WR*	EX	Yes	No	56.08 (7)	Fire Protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		My home has one or more single station battery-operated, electrically interconnected or radio signal emitting smoke detectors at the head of every stairway, on each floor, and in each sleeping room. (7)(a).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will check the operating condition of each smoke detector at least once a month and immediately repair or replace it if not operative. I will replace the battery of any single-station battery-operated smoke detector at least once yearly. (7)(b).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I have and know how to operate a fire extinguisher. (7)(c).
WR*	EX	Yes	No	56.08 (8)	Fire Safety Evaluation Plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I have developed a written fire safety evacuation plan which includes:
				<input type="checkbox"/>	The means for emergency exit from all levels of the home.
				<input type="checkbox"/>	The place away from the home where we will meet to determine that members of the home are out of danger.
				<input type="checkbox"/>	The means by which foster children who non ambulatory will be assisted in evacuating the home. (8)(a).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will review the plan with all members of the home at least once every three months and immediately following placement of a new child. (8)(b)1.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		The fire safety evacuation plan will be posted in the home and made known to all household members. (8)(b)2.
					Location(s):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		The plan shall be reviewed with the licensing agency at least once every two years and revised if necessary. (8)(c).
					Licensors initials: _____ Last review date (mm/dd/yyyy): _____
WR*	EX	Yes	No	56.08 (9)	Fire Safety Inspections
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will arrange for a fire safety inspection, if required by the agency, in accordance with s. DCF 56.06(9).
WR*	EX	Yes	No	56.08 (9m)	Carbon Monoxide Detector
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will have a functional carbon monoxide detector in the basement and on each level of the home, except the attic, garage, or storage area of each unit in accordance with s. 101.647, Stats. (9m)(a). If my home is in a building with at least 3 units, it will have one or more carbon monoxide detectors installed in accordance with s. 101.149, Stats. (9m)(b).
WR*	EX	Yes	No	56.08 (10)	Reporting Fires
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will report any fire in the home or on the premises which requires the assistance of a fire department to the licensing agency no later than the end of the next working day.
WR*	EX	Yes	No	56.08 (10m)	Disaster Plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I have filed a disaster plan with the agency, which includes: (10m)(a)-(e)
				a.	The location the family, provider, or child will go to in an evacuation, including one location nearby and one location out of the area.
				b.	My phone numbers, electronic mail addresses, and other contact information.
				c.	Contact information for a relative or friend out of the area who will know where our family is located.
				d.	A list of the items that we will take if evacuated, including any medication and medical equipment for the child(ren).
				e.	A phone number we will call to check in with the licensing agency or caseworker.

WR*	EX	Yes	No	56.08 (11) Safety of Infants and Children with Disabilities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have taken into consideration the safety of infants and children with disabilities (when applicable).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am aware that additional conditions may be imposed in accordance with 56.08(11).
WR*	EX	Yes	No	56.08 (12) Stairways
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each stairway in the home has a handrail.

56.08 – COMMENTS / NOTES:

56.09 CARE OF FOSTER CHILDREN

WR*	EX	Yes	No	56.09 (1) Principles for Nurturing Care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will provide humane and nurturing care to each child placed in the home. I have read, understand and agree with s. DCF 56.09(1)(a)-(n), describing such care.
WR*	EX	Yes	No	56.09 (1g) Physical Restraint
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will not use any type of physical restraint on a foster child unless the foster child's behavior presents an imminent danger of harm to self or others. (1g)(a).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will attempt other alternatives to de-escalate a child and situation before using physical restraint. (1g)(b).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will not use physical restraint as disciplinary action or for therapeutic purposes. (1g)(c).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If physical restraint is necessary, I will only use physical restraint in compliance with s. 56.09(1g)(d)1.-4. Adm. Code.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will report the use of any physical restraint to the licensing agency as soon as possible but no later than 24 hours after the use of physical restraint. Information will include a description of the situation, the nature of the restraint that was used, any follow-up actions that were taken, any injuries that resulted from use of the restraint, and any additional information required by the licensing agency. (1g)(e).
WR*	EX	Yes	No	56.09 (1m) Number of Children for Whom Care May be Provided
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will not provide care for more than four foster children, unless if necessary to keep siblings together, minor parent / minor child placements, or for the purpose of maintaining previous existing connections up to 8 children if an exception is granted to me. (1m)(a)-(cm). (Note: In order to exceed the limit of four children in a foster home, any additional child must be related to one of the initial four children placed in the home.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The combined total of foster children, my own children and other children and nonrelated adults receiving care in my home does not or will not exceed 8 in a Level 1 to 2 certified home. In a Level 3 to 5 certified home that number will not exceed 6. (1m)(f).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will not regularly provide care for more than 2 years children under 2 years of age, including the combined total of foster children, my own children, and any other children. (1m)(g).
WR*	EX	Yes	No	56.09 (2) Supervision of Children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will not combine the care of foster children with regular part-time care of nonrelated children or adults, conduct other business or provide services in the home without the written approval of the licensing agency. Approval may be granted in accordance with 56.09(2)(a).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There will be one parent home full-time, year-round. [An exception to this must be granted in writing by the licensing agency in accordance with 56.09(2)(b).] (Note: Foster parents would be expected to notify the licensing agency of any plans to change employment that would require written approval as discussed above.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I agree that any person who will provide child care for a foster child for compensation on a regular basis in a location other than my home will be certified under ch. DCF 202 or licensed under ch. DCF 250, 251, or 252. (2)(c).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children under 10 years of age will not be left without supervision by a responsible care provider. (2)(d).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children 10 years of age and older shall receive supervision appropriate to their age, maturity level, and abilities. (2)(e).	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I agree to secure approval of the supervising agency before taking a foster child out of the state or before making plans for the care of a foster child by any other person in or away from the home for more than 48 hours. (2)(f) and (g). Note: An agency may require a foster parent to secure authorization from the agency for periods less than 48 hours.	
WR*	EX	Yes	No	56.09 (2m) Promoting Normalcy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will promote normalcy and the healthy development of a foster child that supports the child's right to participate in extracurricular, enrichment, cultural, and social activities as required under the reasonable and prudent parent standard per s. DCF 56.09(2m). (2m)(a)-(f).
WR*	EX	Yes	No	56.09 (3) Household Chores
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I agree that any assignments of household chores will be in accordance with s. DCF56.09(3)(a) and (b).
WR*	EX	Yes	No	56.09 (4) Health of Foster Children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Within 30 days after placement of a foster child, I will arrange for a dental exam, medical exam and reproductive health needs and confidential family planning assessment in accordance with the schedule of the Health Check Program. (4)(a).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand that all foster children shall receive medical and dental care under the Health Check Program unless they have private insurance that covers services. (4)(b).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will notify the supervising agency as soon as possible of any serious illness or injury requiring medical treatment of a foster child. (4)(c).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will ensure that each foster child will promptly receive appropriate and adequate medical care. (4)(d).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will ensure that each foster child who needs mental health services receive appropriate services promptly. (4)(dm).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will ensure that any foster child will receive 2 dental exams and cleanings per year. (4)(e).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand that I may not purchase tobacco products for a foster child or use them as part of a treatment or behavior modification program. (4)(f).
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	I will not smoke or allow another person to smoke in a foster home or in a vehicle when a foster child is present. (4)(g).
WR*	EX	Yes	No	56.09 (5) Discipline
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand that any disciplinary action that I, or any other person serving as a substitute caregiver, take shall be aimed at encouraging foster children to understand what is appropriate social behavior and shall be appropriate to the child's age and understanding. (5)(a) and (b).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand the following rules and restrictions regarding discipline: <ul style="list-style-type: none"> a. Physical punishment (physical discipline, spanking, hitting, pinching, shaking, etc.) is prohibited. (5)(c). b. A foster child shall not be subjected to verbal abuse, profanity, derogatory remarks about him / herself, his / her family or threats to expel the child from the home. (5)(d). c. No other child or any other person not responsible for providing care shall be permitted to discipline a foster child. (5)(e). d. No foster child may be deprived of meals, mail or family visits as a form of punishment. (5)(f). e. No foster child may be punished or ridiculed for bedwetting or other lapses in toilet training. (5)(g). f. No foster child may be mechanically restrained or locked in any enclosure, room, closet, or other part of the house or elsewhere on the premises for any reason. (5)(h). g. No foster child may be restricted to an unlocked room or area of the home except as provided in s. DCF 56.09(5)(i) 1.-3.

WR*	EX	Yes	No	56.09 (6) Clothing
<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I agree to appropriately use the funds for clothing for foster children, provide comfortable and appropriate clothing within the limits of the funds and maintain all clothing in a state of good repair and cleanliness. (6)(a).
<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand that clothing purchased for a foster child, or otherwise given to the child, belongs to the child and shall be given to him or her upon leaving the foster home. (6)(b).
WR*	EX	Yes	No	56.09 (7) Personal Belongings
<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have read and understand the provisions regarding personal belongings under s. DCF 56.09(7).
WR*	EX	Yes	No	56.09 (8) Spending Money
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I agree to provide each foster child with spending money each week in accordance with the child's age and maturity, and in accordance with the child's case plan established by the supervising agency.
WR*	EX	Yes	No	56.09 (9) Nutrition
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I agree to follow the nutritional guidelines established under s. DCF 56.09(9)(a) and (b).
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I agree that no foster child will be forced to eat against his or her wishes except by order of and under the supervision of a physician. (9)(c).
WR*	EX	Yes	No	56.09 (10) Education of Foster Children
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will make every reasonable effort to ensure that foster children of school age attend school unless excused by school officials. (10)(a)
<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will make every reasonable effort to participate in school activities, as appropriate. (10)(b)
<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will not provide a home-based private education program to foster children. (10)(c) Note: This does not apply to homebound study under s.118.15(1), Stats., or as defined in the child's Individualized Education Program.
<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will provide an opportunity for foster children to develop appropriate friendships with schoolmates and to visit friends. (10)(d)
<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will provide suitable reading material and facilities for undisturbed reading and study for all foster children who wish to read or who have homework assignments. (10)(e)
<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will assist the agency and any contracted agency with the transfer of independent living skills and the preparation for independent living of a foster child whose permanency plan indicates the needs for these skills and preparation. (10)(f)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will assist a foster child in planning for achievement of their educational or vocational goals. (10)(g).
WR*	EX	Yes	No	56.09 (11) Case Records
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I agree to maintain appropriate records for each foster child, including the items listed in s. DCF 56.09(11)(a) 1.-10.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will give the foster child's record to the child's supervising agency when the child leaves the home. (11)(b).
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will, at the request of the licensing, supervising agency or the Department, make the foster child's record available for inspection by that agency. (11)(c).
WR*	EX	Yes	No	56.09 (12) Confidentiality
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand and agree that I and other persons in the household having access to confidential information about the foster child and his / her family may not discuss or otherwise disclose that information to anyone while the child is in the foster home or after the child leaves the home, except: <ul style="list-style-type: none"> a. to the licensing agency or agency placing the child in the care of the licensee; b. to another foster parent or respite care provider with agency authorization (such as when another foster parent is being considered as a placement for the child or providing respite for the child); c. by order of the court; or d. as otherwise provided by law.

56.09 – COMMENTS / NOTES:

56.10 HEARING

WR*	EX	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have read and am aware of my rights regarding (1) Appeal; (2) Request for hearing; and (3) Arrangements for a hearing. (1)-(3)

56.10 – COMMENTS / NOTES:

56.12 FOSTER PARENT HANDBOOK

WR*	EX	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have been provided a copy of the Foster Parent Handbook by my licensing agency, which includes. (1)-(4) a. general foster care information; b. agency-specific information; c. information about caring for children; and d. information about resources for foster families.

56.12 – COMMENTS / NOTES:

56.13 FOSTER HOME LEVEL OF CARE CERTIFICATION

WR*	EX	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have been assigned a certification level and understand the definition and expectations of my certification level, established in DCF 56.13. The certification level I have been approved for is:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand a child-specific license may remain valid for the duration of the licensing period or up to 6 months after the child returns home or is placed elsewhere, whichever occurs first. (1)(b)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand a child-specific license may be certified at any level of care. (1)(c) (Note: Please complete the checklist that corresponds with the Level of Care Certification which applies to your home.)

WR*	EX	Yes	No	56.13 (3) Level 1 Child-Specific Foster Home
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand that Level 1 certification may only be granted to a foster home with a child specific license. (3)(a)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand that I must complete 6 hours of pre-placement training under s. DCF 56.14(6) no later than 6 months after the date of initial licensure to operate a Level 1 foster home. (3)(b)

WR*	EX	Yes	No	56.13 (4) Level 2 Basic Foster Home
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have read and understand the training requirements under s. DCF 56.13(4)(a) that are required to operate a Level 2 foster home. I understand the training requirements as follows:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will complete 6 hours of pre-placement training under s. DCF 56.14(6) prior to the placement of any child in my home.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will complete a minimum of 30 hours of initial licensing training under s. DCF 56.14(7) during my initial licensing period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will complete 10 hours of ongoing training under s. DCF 56.14(8) in each 12-month period of licensure subsequent to my initial licensing period. (4)(a)1-3.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand that I must provide favorable references from at least three non-relatives indicating how long they have known me, under what circumstances, and their knowledge of my characteristics under s. DCF 56.05 (1)(b) to operate a Level 2 foster home. (4)(b).	
WR*	EX	Yes	No	56.13 (5) Level 3 Moderate Treatment Foster Home
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have read and understand that I must meet at least three licensee experience requirements under s. DCF 56.13(5)(a) to operate a Level 3 foster home. I understand the licensee experience requirements as follows:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A minimum one year of experience as a foster parent or kinship care provider with a child placed in my home for a least one year.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A minimum 5 years of experience working with or parenting children.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A minimum of 500 hours of experience as a respite care provider for children under the supervision of a human services agency.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A high school diploma or the equivalent.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A college, vocational, technical, or advanced degree in the area of a child's treatment needs, such as nursing, medicine, social work, or psychology.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A substantial relationship with the child to be placed through previous professional or personal experience.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work or personal experience where I have demonstrated knowledge, skill, ability, and motivation to meet the needs of a child with a level of need of 3. (5)(a)1-2.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have read and understand the training requirements under s. DCF 56.13(5)(b) that are required to operate a Level 3 foster home. I understand the training requirements as follows:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will complete 36 hours of pre-placement training under s. DCF 56.14(6d) prior to the placement of any child in my home.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will complete a minimum of 24 hours of initial licensing training under s. DCF 56.14(7e) during my initial licensing period.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will complete 18 hours of ongoing training under s. DCF 56.14(8) in each 12-month period of licensure subsequent to my initial licensing period. (5)(b)1-3.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand that I must provide favorable references from at least three non-relatives and one relative indicating my qualifications, how long they have known me, under what circumstances, and their knowledge of my characteristics under s. DCF 56.05 (1)(b) to operate a Level 3 foster home. (5)(c)1-2.	
WR*	EX	Yes	No	56.13 (6) Level 4 Specialized Treatment Foster Home
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have read and understand that I must meet at least four licensee experience requirements under s. DCF 56.13(6)(a) to operate a Level 4 foster home.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A minimum one year of experience with children with a level of need of 3 as a foster parent or kinship care provider with a child placed in my home for a least one year.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A minimum 5 years of experience working with or parenting children.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A minimum of 500 hours of experience as a respite care provider for children under the supervision of a human services agency.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A high school diploma or the equivalent.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A college, vocational, technical, or advanced degree in the area of a child's treatment needs, such as nursing, medicine, social work, or psychology.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A substantial relationship with the child to be placed through previous professional or personal experience.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work or personal experience where I have demonstrated knowledge, skill, ability, and motivation to meet the needs of a child with a level of need of 4. (6)(a)1-2.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have read and understand the training requirements under s. DCF 56.13(6)(b) that are required to operate a Level 4 foster home. I understand the training requirements as follows:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will complete a minimum of 40 hours of pre-placement training under s. DCF 56.14(6h) prior to the placement of any child in my home.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will complete a minimum of 30 hours of initial licensing training under s. DCF 56.14(7e) during my initial licensing period.	

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will complete 24 hours of ongoing training under s. DCF 56.14(8) in each 12-month period of licensure subsequent to my initial licensing period. (6)(b)1-3.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand that I must provide favorable references from at least three non-relatives and one relative indicating my qualifications, how long they have known me, under what circumstances, and their knowledge of my characteristics under s. DCF 56.05 (1)(b) to operate a Level 4 foster home. (6)(c)1-2.

WR*	EX	Yes	No	56.13 (7) Level 5 Exceptional Treatment Foster Home
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have read and understand that I must apply to the DCF Exceptions Panel in conjunction with my licensing agency, and am aware of the requirements, to operate a Level 5 foster home under s. DCF 56.13(7).

WR*	EX	Yes	No	56.13 (8) Level 3 to 5 Foster Care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand that the foster care provided for a child with a level of need of 3 or higher in a foster home with a certification of Level 3 to 5 must do all of the following: (8)(a)-(c)
				a. Use a family-based and community-based approach;
				b. Make efforts to change the behavior or ameliorate the condition that resulted in the child's separation from his or her family;
				c. Use specially selected and specifically trained foster parents who are the primary agents in the treatment process and who share responsibility for implementing the child's treatment plan.

56.13 – COMMENTS / NOTES:

56.14 FOSTER PARENT TRAINING

WR*	EX	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have read and am aware of the requirements regarding foster parent training including:
				a. the purposes;
				b. Advisory Committee;
				c. Qualifications of Trainers;
				d. Training Expenses;
				e. Training Requirements;
				f. Pre-Placement Training;
				g. Initial Licensing Training; and
				h. Ongoing Training.

56.14 – COMMENTS / NOTES:

56.18 AGENCY CONTACT WITH FOSTER PARENT

WR*	EX	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have read and am aware of the requirements for (1)-(3).
				a. Contact with Foster Parents;
				b. Multiple Agencies; and
				c. Purposes of Contact.

56.18 – COMMENTS / NOTES:

56.21 RESPITE CARE FOR FOSTER PARENTS**WR* EX Yes No**

I have read and am aware of the requirements for respite care including: (1)-(4).

- a. Applicability of respite care;
 - b. Licensing agency responsibilities;
 - c. Respite care provider qualifications; and
 - d. Eligibility for subsidized respite care.
-

56.21 – COMMENTS / NOTES:

56.23 SUPPLEMENTAL PAYMENTS, EXCEPTIONAL PAYMENTS, INITIAL CLOTHING ALLOWANCE, AND RETAINER FEE**WR* EX Yes No**

I have read and am aware of this section regarding:

- a. Coverage;
 - b. Supplemental payments;
 - c. Exceptional payments;
 - d. Initial clothing allowance; and
 - e. Retainer fee.
-

56.23 – COMMENTS / NOTES:

ATTESTATION

I verify that I have answered these questions truthfully and to the best of my knowledge. I am aware that other documentation may be requested to assess my compliance with Ch. DCF 56, Foster Home Care for Children. Furthermore, I understand that giving false information or withholding information shall constitute grounds for denial or revocation of the license pursuant to

s. DCF 56.05(1)(a)2.

My signature on this form may be construed to mean that all conditions have been met and that exceptions have been appropriately requested.

SIGNATURE – Applicant

Date Signed

SIGNATURE – Applicant

Date Signed

If someone other than the applicant has assisted in completing this form, sign below.

Relationship to Applicant

SIGNATURE – Applicant

Date Signed

Reviewed and approved by the licensing agency in the person of:

Name (Print)

Title

SIGNATURE

Date Signed

REQUEST FOR EXCEPTIONS AND WAIVERS

A licensing agency may grant an exception to any requirements in Ch. DCF 56 except those listed in s. DCF 56.02(2). The licensing agency may impose conditions to be met within a specific period of time by the licensee as an alternative to compliance with any requirement for which an exception has been granted. A licensing agency or department may grant a non-safety-related waiver to relative providers for those requirements in Ch. DCF 56 listed in s. DCF 56.02(2)(c) without requiring an alternative provision to meet the intent of the requirement.

The agency must determine that the exception or waiver will not jeopardize the health, safety or welfare of the foster children. Any exception or waiver granted shall be specifically cited on the license and remain in effect no longer than two years from the date on which it was granted, or the end of the Foster Care License whichever is shorter. At that time the licensing agency or department shall determine if there is continued justification for the exception or waiver.

An applicant or licensee wishing to request the licensing agency to grant an exception or a waiver to a requirement in this chapter shall complete the following in order to comply with s. DCF 56.02(2)(a-c). (This section does not cover the request for a waiver of the homeowner's or renter's liability insurance requirement.)

1. **Section A** – List the citation (number) and brief description of the rule.
Example: 56.08(12) No handrail on stairs

2. **Section B** – State the justification for the requested exception or waiver, and if granting an exception, an explanation of any alternative provisions planned to meet the intent of the requirement.

3. **Section C** – The licensing agency will indicate whether the exception or waiver is granted and will include any accompanying conditions.

A.	56.	Rule:	<input type="checkbox"/> Exception <input type="checkbox"/> Waiver
B. Explanation			

	SIGNATURE
	Date Signed
C. <input type="checkbox"/> Yes <input type="checkbox"/> No Approved by Licensing Agency	
Conditions	
	SIGNATURE
	Date Signed

A.	56.	Rule:	<input type="checkbox"/> Exception <input type="checkbox"/> Waiver
B. Explanation			
	SIGNATURE		
	Date Signed		

C. Yes No Approved by Licensing Agency
 Conditions

SIGNATURE Date Signed

A. 56. Rule: Exception
 Waiver

B. Explanation

SIGNATURE Date Signed

C. Yes No Approved by Licensing Agency
 Conditions

SIGNATURE Date Signed

A. 56. Rule: Exception
 Waiver

B. Explanation

SIGNATURE Date Signed

C. Yes No Approved by Licensing Agency
 Conditions

SIGNATURE Date Signed

Use additional sheets if necessary for requests for exceptions or waivers. Be sure to include all of the required information.