



CHILDREN'S ADMINISTRATION
DIVISION OF LICENSED RESOURCES

Home Study File Checklist

PROVIDER(S)		FAMLINK PROVIDER NUMBER		LICENSOR					
WAC	Required of Applicant	Applicant #1	Applicant #2	Required of Applicant	Applicant #1	Applicant #2			
1315	Signed Application received (DSHS 10-354)			Medical Report Form					
1375	Attended Orientation			Financial Worksheet					
	Attended Pre-Service			Marital History Form					
1320	Background Authorization (DSHS 09-653)			Marriage and/or Divorce Decree: <input type="checkbox"/> Date received from applicant OR <input type="checkbox"/> Date verified on DOH website with certificate number					
	Background Check Summary (DSHS 27-131)								
	FamLink Check			Investigations Open?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
1320	CA/N Check other states if applicable Applicant Number 1 Applicant Number 2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Previous Compliance Actions Resolved	<input type="checkbox"/> Yes <input type="checkbox"/> No				
				Providers Taking Placement of a Child Under the Age of One Year					
				Safe Sleep Assessment					
1365	Personal Information			PURPLE Crying video					
1510	Valid Driver's License expires			Providers Taking Placement of a Child Under the Age of Two Years					
1510	Vehicle insurance expires			Tdap: dates for all household members age 7 years and above					
1320	TB Test			DTap: dates for all household members 0 - 6 years					
1320	HIV / AIDS / BBP Training			Influenza: dates for all household members					
1320	CPR Adult / Infant Expires			Disposition					
1320	First Aid Expires			<input type="checkbox"/> Licensed	Effective:				
1370	Employed Child Care Plan			<input type="checkbox"/> Re-Licensed	Effective:				
1460	Evacuation Plan			<input type="checkbox"/> Capacity/Age Change	Effective:				
	Policy Agreement			No: Age: Gender: FamLink Provider SSPS Payment # <input type="checkbox"/> Name Change of Licensed Provider Effective: to					
1440	Foster Home Inspection Completed (DSHS 10-183)								
	LEP Form (DSHS 15-245)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA							
1445	Well Test (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Closed Licenses					
1380	In-Service Training Plan								
1380	Required Training Met (Renewal)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Effective Date:					
	If not, Current Compliance Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Withdrawn <input type="checkbox"/> Changed agency or license type <input type="checkbox"/> Moved <input type="checkbox"/> Could not meet MLRs <input type="checkbox"/> Suspended <input type="checkbox"/> Request by CPA <input type="checkbox"/> Denied <input type="checkbox"/> Revoked <input type="checkbox"/> Other:					
1320	Immunizations for family's own children	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Family goals / personal issues <input type="checkbox"/> Expired, no reapplication <input type="checkbox"/> Adoption complete <input type="checkbox"/> Placement for specific child no longer needed <input type="checkbox"/> Family's dissatisfaction, explain:					
1480	Pet vaccines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA							
1365	References	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3							
1365	All adult children contacted. If not, diligent efforts documented: <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA							
COMMENTS									
COMPLETED BY:			DATE	REVIEWED BY:		DATE			