



**INITIAL HOME STUDY FOSTER CARE FOR CHILDREN**  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 FOSTER CARE  
 SFN 889 (4-2025)

The authorized licensing agent worker must thoroughly discuss all information with applicants and complete ALL blanks. Attach supplemental information as necessary and complete Initial Licensing Checklist (SFN 850).

**A. LEVEL OF LICENSURE**

<input type="checkbox"/> Full Licensure	<input type="checkbox"/> Certification (30 days or less)	<input type="checkbox"/> Identified Relative License
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**B. IDENTIFYING INFORMATION**

**APPLICANT A**

Name (First, Last)	Age
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**APPLICANT B**

Name (First, Last)	Age
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**C. INTRODUCTION AND INTEREST IN FOSTER CARE**

**First Visit- Combination Introduction**

- Meet and Greet - Good opportunity to engage before interviewing the applicants separately
- Licensing overview - Why we come onsite, purpose of licensing, levels of care (unlicensed relatives, certification, relative waiver, shelter/emergency care, respite care, long-term)
- Meeting schedule - Onsite visits, interview schedule to include household members, etc
- House Tour - Not the deep safety checklist, just a quick understanding of the home landscape in preparations for future meetings and open discussion/questions from applicant.

How did you learn about foster care? Tell me why providing foster care interests you?

In review of the application, let's talk about household members living in your home. Do you have others (children, relatives, friends) who visit or stay here frequently that will be interacting in the life of a child? Have you ever parented another person's child? Tell me more about how that experience was for you, the child and their family:

What does your weekly routine look like?  
 (Ex: Monday - Friday vs. weekends. Any challenges with your household schedule? What do you like best about your family routine?)

Describe your family hobbies, interests and special activities. (EX: What do you like to do together? Do you travel, camp, etc.)

**D. CONTACTS WITH AUTHORIZED LICENSING AGENT**

**Home Study Interview Visits**

	DATE	VISIT TYPE	DATE	VISIT TYPE	DATE	VISIT TYPE
Applicant A		<input type="checkbox"/> In the Home <input type="checkbox"/> Phone Call <input type="checkbox"/> Virtual Meeting		<input type="checkbox"/> In the Home <input type="checkbox"/> Phone Call <input type="checkbox"/> Virtual Meeting		<input type="checkbox"/> In the Home <input type="checkbox"/> Phone Call <input type="checkbox"/> Virtual Meeting
Applicant B		<input type="checkbox"/> In the Home <input type="checkbox"/> Phone Call <input type="checkbox"/> Virtual Meeting		<input type="checkbox"/> In the Home <input type="checkbox"/> Phone Call <input type="checkbox"/> Virtual Meeting		<input type="checkbox"/> In the Home <input type="checkbox"/> Phone Call <input type="checkbox"/> Virtual Meeting
Children		<input type="checkbox"/> In the Home <input type="checkbox"/> Phone Call <input type="checkbox"/> Virtual Meeting		<input type="checkbox"/> In the Home <input type="checkbox"/> Phone Call <input type="checkbox"/> Virtual Meeting		<input type="checkbox"/> In the Home <input type="checkbox"/> Phone Call <input type="checkbox"/> Virtual Meeting
Other Household Member (Name)		<input type="checkbox"/> In the Home <input type="checkbox"/> Phone Call <input type="checkbox"/> Virtual Meeting		<input type="checkbox"/> In the Home <input type="checkbox"/> Phone Call <input type="checkbox"/> Virtual Meeting		<input type="checkbox"/> In the Home <input type="checkbox"/> Phone Call <input type="checkbox"/> Virtual Meeting
Other Household Member (Name)		<input type="checkbox"/> In the Home <input type="checkbox"/> Phone Call <input type="checkbox"/> Virtual Meeting		<input type="checkbox"/> In the Home <input type="checkbox"/> Phone Call <input type="checkbox"/> Virtual Meeting		<input type="checkbox"/> In the Home <input type="checkbox"/> Phone Call <input type="checkbox"/> Virtual Meeting
Comments						

**E. CRIMINAL HISTORY**

The initial criminal background check was cleared, which is why licensing has initiated the home study with your family. CFS Licensing Unit does not see the criminal history previously disclosed in the background check reports, nor do we see charges pending.

Do you or any adult household member have a criminal history?  
 Yes  No

If Yes, Provide Date and Outcome

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Since your criminal background check was completed; have you or any adult household member had any criminal charges?  
 Yes  No

If Yes, Provide Date and Outcome

***As a reminder, if you ever do receive criminal charges, you need to notify your licensing specialist as soon as possible.***

**F. PRIOR CHILD CARE EXPERIENCE (Foster Care, Facility, Child Care, etc.)**

Have you ever been licensed to provide foster care, or other type of child/adult care?  Yes  No

If yes, did you ever receive a notice of correction, MOU, revocation, or denial of the license?  Yes  No

(Note: If there was a revocation, must wait 5 years. If there was a denial must wait 2 years to license/certify.)

If yes, where were they licensed?	Which Agency	Date Licensed
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Facility Employment: Has applicant been employed in any capacity at a Psychiatric Residential Treatment Facility (PRTF), Qualified Residential Treatment Facility (QRTF), Developmental Disabilities (DD), or child care setting?  Yes  No

If yes, where?	When
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Educational Setting Employment: Have you ever worked in a ND school (aide, teacher, staff, etc.)?  Yes  No

If yes, where?	When
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If yes to facility or educational employment: Were you involved in any capacity in a reported incident of institutional child abuse and neglect (ICPS)? An ICPS report is a child abuse and neglect report filed on the school or facility including employee names, but, not on the employee individually.  Yes  No

If the applicant is currently employed or licensed in another capacity (childcare) or worked in such settings within the last 3 years; obtain a signed Release of Information (SFN 1059). This release will allow licensing to contact a former licensing agency or employer to assess history of working with children and (if currently employed/licensed) identify any current conflicts of interest.

Release Needed?  Yes  No

Discussion & Licensing Specialists Assessment Analysis (Specialists analysis summary of any criminal history, facility employment, childcare experience, conflicts of interest, etc.)

### G. STUDY OF FAMILY

APPLICANT A
Preferred Name
Maiden Name
Present Relationship Started When?
Have there been any separations during this relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, when and for how long?

APPLICANT B
Preferred Name
Maiden Name
Present Relationship Started When?
Have there been any separations during this relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, when and for how long?

PRIOR RELATIONSHIP
Name of Former Spouse/Partner
Length of Relationship (Ex: 2 years or 6 months)
Reason Relationship Ended <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Other (specify below):
How long ago did the relationship end? (Ex: 2 years or 6 months)
Children of this Relationship (Names, Birthdates)
Do you still have contact with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No

PRIOR RELATIONSHIP
Name of Former Spouse/Partner
Length of Relationship (Ex: 2 years or 6 months)
Reason Relationship Ended <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Other (specify below):
How long ago did the relationship end? (Ex: 2 years or 6 months)
Children of this Relationship (Names, Birthdates)
Do you still have contact with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>APPLICANT A</b>
<b>PRIOR RELATIONSHIP</b>
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Length of Relationship (Ex: 2 years or 6 months)
Reason Relationship Ended <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Other (specify below):
How long ago did the relationship end? (Ex: 2 years or 6 months)
Children of this Relationship (Names, Birthdates)
Do you still have contact with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No
What involvement and impacts do any of your previous relationships have on your current relationships? (co-parenting, visitation, remained friends, etc.)

<b>APPLICANT B</b>
<b>PRIOR RELATIONSHIP</b>
Name of Former Spouse/Partner
Length of Relationship (Ex: 2 years or 6 months)
Reason Relationship Ended <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Other (specify below):
How long ago did the relationship end? (Ex: 2 years or 6 months)
Children of this Relationship (Names, Birthdates)
Do you still have contact with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No
What involvement and impacts do any of your previous relationships have on your current relationships? (co-parenting, visitation, remained friends, etc.)

**RELATIONSHIPS WITH FAMILY**

Please share with me what it was like growing up in your home and a reflection of your childhood relationship and current relationship with your own parents and siblings (Raised in city/ farm, by parents/relatives, what were their expectations of you as a child, what methods of discipline were used in your home, etc.)

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<b>APPLICANT A</b>	
Did you feel safe and nurtured as a child or do you wish you would have been nurtured differently?	
Describe your relationship with your own children. What are your strengths as a parent? What do you see as areas you wish you could do better?	
What are your expectations of your children? Ex: Required chores, values and behavior, grades, future goals for career or schooling, what to eat/drink, language use, toilet training, weaning from bottle, etc.) What if they do not meet these expectations?	
What languages (in addition to English) do you know/use? (Spanish, Lakota, French, Sign Language, etc.)	
Can you read/write in English in efforts to understand and communicate regarding the child's case plan, school and medical needs, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Employer	
Position Title	Start Date
Describe your work schedule: FT, PT, week days, weekend, overnights, traveling, etc.	

<b>APPLICANT B</b>	
Did you feel safe and nurtured as a child or do you wish you would have been nurtured differently?	
Describe your relationship with your own children. What are your strengths as a parent? What do you see as areas you wish you could do better?	
What are your expectations of your children? Ex: Required chores, values and behavior, grades, future goals for career or schooling, what to eat/drink, language use, toilet training, weaning from bottle, etc.) What if they do not meet these expectations?	
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**APPLICANT A**

Individual Hobbies, Interests, and Special Activities

Religious Preference

What cultural beliefs/experiences does your family engage in?  
What traditions do you have?

Special training or life and work experiences which would be helpful and supportive when caring for children: (EX: First Responder, Registered Nurse, NICU, Working with Substance Exposed Newborns, Special Education Teacher, Diabetes Management, etc.)

Currently are you taking any medications?

Yes  No If yes, list:

Are you currently or have you previously been prescribed medical marijuana?

Yes  No If yes: Explain (frequency, view card, etc.)

**APPLICANT B**

Individual Hobbies, Interests, and Special Activities

Religious Preference

What cultural beliefs/experiences does your family engage in?  
What traditions do you have?

Special training or life and work experiences which would be helpful and supportive when caring for children: (EX: First Responder, Registered Nurse, NICU, Working with Substance Exposed Newborns, Special Education Teacher, Diabetes Management, etc.)

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Yes  No If yes, list:

Are you currently or have you previously been prescribed medical marijuana?

Yes  No If yes: Explain (frequency, view card, etc.)

### APPLICANT A

#### History of Therapy Services

*In the past:*

Received Therapy/Counseling Services?  Yes  No

If yes, did you find the service helpful?  Yes  No

Provide further detail (where, when, how long, etc.):

*Currently:*

Receiving Therapy/Counseling Services?  Yes  No

If yes, do you find the service helpful?  Yes  No

Provide further detail (where, when, how long, etc.):

#### Substance Use

Do you smoke cigarettes/use tobacco, or vape?

Yes  No

Frequency

Location where you smoke/vape

\* Discuss restrictions including no smoking/vaping in an enclosed area with a child in foster care (house, camper, vehicle).

\* Discuss if it will be difficult to follow restrictions.

Do you drink alcohol?

Yes  No

Frequency

Do you currently or have you previously used illegal or non-prescribed substances?

Yes  No If yes: Explain:

Frequency

Are you currently or have you ever:

Received treatment for chemical dependency?  Yes  No

DUI/Driving Offenses? (Driving offenses related to drugs or alcohol ex: Reckless Driving)?  Yes  No

Has **any current member** of your household had concerns regarding use of alcohol or drugs?

Yes  No

If yes, explain the impacts of the current or historical concerns related to the household:

### APPLICANT B

#### History of Therapy Services

*In the past:*

Received Therapy/Counseling Services?  Yes  No

If yes, did you find the service helpful?  Yes  No

Provide further detail (where, when, how long, etc.):

*Currently:*

Receiving Therapy/Counseling Services?  Yes  No

If yes, do you find the service helpful?  Yes  No

Provide further detail (where, when, how long, etc.):

#### Substance Use

Do you smoke cigarettes/use tobacco, or vape?

Yes  No

Frequency

Location where you smoke/vape

\* Discuss restrictions including no smoking/vaping in an enclosed area with a child in foster care (house, camper, vehicle).

\* Discuss if it will be difficult to follow restrictions.

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Yes  No

Frequency

Do you do currently or have you previously uses illegal or non-prescribed substances?

Yes  No If yes: Explain:

Frequency

Are you currently or have you ever:

Received treatment for chemical dependency?  Yes  No

DUI/Driving Offenses? (Driving offenses related to drugs or alcohol ex: Reckless Driving)?  Yes  No

Has **any current member** of your household had concerns regarding use of alcohol or drugs?

Yes  No

If yes, explain the impacts of the current or historical concerns related to the household:

**APPLICANT A**

What causes you to feel stressed? How do you manage stress?

How do you communicate your feelings with others (talk it out, vent it out, phone calls to debrief, texting, etc.)

How would others describe your personality?

In the past 5 years, how have you achieved personal growth?

Where do you want to be five years from now?

What types of losses or trauma have you experienced and how did you cope? What are or were triggers for you and how do you manage those triggers?

**APPLICANT B**

What causes you to feel stressed? How do you manage stress?

How do you communicate your feelings with others (talk it out, vent it out, phone calls to debrief, texting, etc.)

How would others describe your personality?

In the past 5 years, how have you achieved personal growth?

Where do you want to be five years from now?

What types of losses or trauma have you experienced and how did you cope? What are or were triggers for you and how do you manage those triggers?



**APPLICANT A**

Have you ever been a victim of emotional, physical, or sexual abuse or neglect? (This is something we need to talk about. Are you ready to do that today? What are your triggers, what impacts do you have today?)

Yes  No If yes, explain:

Trauma and Loss impacts everyone. How do you see this impacting your parenting both positively and negatively?

Have any household members ever experienced any type of abuse or neglect? (Any exposure to domestic violence or sexual abuse? Any previous CPS reports or open assessments. If so, how do you reflect on that experience, what was the outcome, etc.)

Discussion & Licensing Specialists Assessment Analysis (Specialists analysis summary of the individual interviews with the applicants.)

**APPLICANT B**

Have you ever been a victim of emotional, physical, or sexual abuse or neglect? (This is something we need to talk about. Are you ready to do that today? What are your triggers, what impacts do you have today?)

Yes  No If yes, explain:

Trauma and Loss impacts everyone. How do you see this impacting your parenting both positively and negatively?

Have any household members ever experienced any type of abuse or neglect? (Any exposure to domestic violence or sexual abuse? Any previous CPS reports or open assessments. If so, how do you reflect on that experience, what was the outcome, etc.)

**COMBINED INTERVIEW**

**(If more than one applicant, Licensing Specialist should ask these questions of both applicants together.)**

How do you feel about accommodating a child's religious or cultural preference, if different than yours?

**COMBINED INTERVIEW (Continued)**

How do you feel about caring for and accommodating the needs of a child who discloses they are lesbian, gay, bisexual, transgender or another member of the LGBTQIA+ population? (How would you ensure safety and comfort of the child even if your personal beliefs are different? How would you manage later disclosure vs. knowing at time of placement? How would you maintain connections to community supports. etc.)

How do you manage parenting responsibilities? If a dual-parent household: How do you co-parent and share parenting responsibilities? Are you able to reverse roles (example: one may be disciplinarian while other is more nurturing) if needed? Children in care may take better to one of you versus the other. It is important you have an ability to demonstrate flexibility if needed.

Describe the discipline methods used in your household. In order to provide foster care, discipline must be constructive and educational in nature. No spanking, shaking, hitting, slapping, rough handling, use of inanimate objects, etc. ( Discuss the impacts your disciplinary measures with your own children have on a child in placement and vice versa.)

Has any member of your household ever been in foster care?  Yes  No If yes, explain:

Has any member of your household been impacted by adoption?  Yes  No If yes, explain who, what, when, where:  
(ex: adopted into a family, adopted a child, placed a child for adoption, etc.)

How do you resolve conflict in your relationships with friends, family, partner, children, employment?

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Who will you turn to for support when you need help with caring for the children? (Family, friends, neighbor, etc.) How do your family and friends feel about you providing foster care (supportive, resistant, etc.)?

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Do you have any children who do not live in the home? (If so, detail names, gender, visitation schedule, any thoughts they have about children being placed in the home, and current relationship with the applicants)

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What do you anticipate children in foster care will need from you? (Safety, love, encouragement, acceptance, nurturing, a routine, etc.)

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Discussion & Licensing Specialists Assessment Analysis (Specialists analysis summary of the joint interviews with the applicants.)

**OTHER ADULT HOUSEHOLD MEMBERS LIVING IN THE HOME**

	(1)	(2)	(3)
Adult Household Member Name			
Birthdate			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Will you be in a caretaker role? (**left alone to supervise the children)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you transport the children)? (**If yes, we need a copy of driver's license).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	(1)	(2)	(3)
Describe your relationship with the applicants, other household members, and children in the home:			
Describe your special activities, hobbies and interests:			
Have you received in the past or are you currently receiving therapy or counseling services:			
Any needs or adjustments required to positively impact engagement with children placed in the home?			
Do you understand what it means for a child to be in "foster care"?			
How do you feel about having a child in foster care temporarily joining the family?			
How do you engage in conversations and/or express feelings?			
Do you think your home would be a good place for a child in foster care to live temporarily? Why or why not?			

**CHILDREN LIVING IN THE HOME**

Are there any children in foster care currently living in the home?  Yes  No

Child interviews are required for the applicant's children living in the household. If a child in foster care is already placed in the home, an interview is encouraged. Feedback may be helpful in assessing the home from a child's perspective in demonstrating that their voice matters, and their opinions are valuable. If interviews occur, only use the child's initials when documenting. The child's name cannot be disclosed in this public document.

- Tell me about your interests, activities, hobbies you enjoy, etc.
- Talk to me about living here: what do you do here, what do you like most, do you think other children in foster care would like to live here, etc.)?

	Household Child 1	Household Child 2	Household Child 3
Child's Name			
Age			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Education level	Current Grade	Current Grade	Current Grade
	Name of School	Name of School	Name of School
Describe your relationship with the applicants, other household members, and children in the home:			
Have you received in the past or are you currently receiving therapy or counseling services:			
Describe your special activities, hobbies, and interests			

	Household Child 1	Household Child 2	Household Child 3
Any needs or adjustments required to positively impact engagement with children placed in the home?			
Do you understand what it means for a child to be in "foster care"?			
How do you feel about having a child in foster care temporarily joining the family?			
How do you engage in conversations and/or express your feelings?			
Do you think your home would be a good place for a child in foster care to live temporarily? Why or why not?			

**Pets**

Does your family have pets?  
 Yes    No

Have your household pets been vaccinated? (Includes animals that interact with the children, where children are petting them, playing with them, etc.)  
 Yes    No    NA (if no pets)   Proof of rabies vaccination must be provided, if applicable.

Are your pets friendly to children/strangers?  
 Yes    No    NA (if no pets)  
 If no, provide further detail and indicate if a safety plan is warranted, etc. :

Discussion & Licensing Specialists Assessment Analysis (Specialists analysis summary of the interviews with the other household members and any important information regarding their pets.)

**PHYSICAL STUDY OF HOME/NEIGHBORHOOD**

<input type="checkbox"/> Single Family Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment	Does applicant own or rent the property? <input type="checkbox"/> Own <input type="checkbox"/> Rent
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Neighborhood Type:     City/Town     Country

Services and Amenities Within Proximity to the Home (check all that apply within 20 miles radius)

<input type="checkbox"/> City Pool	<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Movie Theater	<input type="checkbox"/> Special Education Services
<input type="checkbox"/> Clinic	<input type="checkbox"/> Hospital	<input type="checkbox"/> Parks	<input type="checkbox"/> Therapy/Mental Health Services
<input type="checkbox"/> Emergency Services/Ambulance	<input type="checkbox"/> Mobile Crisis	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Zoo

School/Educational Settings

Closest Elementary School

Closest Middle School

Closest High School

If not in your district, would you be willing to drive the child to their school of origin?  
 Yes     No

How far would you be willing to transport (5 miles, 15 miles, etc.)	School Transportation Consists of (check all that apply) <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Other
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**HOME OBSERVATIONS (Licensing Specialist's Description and Observations)**

Describe the physical aspects/conditions of home and premises (ex: fencing in yard, swimming pool, trampoline, hot tub, number of bedrooms, number of floors, basement sleeping space, attached garage, etc.)

Describe any concerns with the physical aspects/conditions of the home (ex: sanitation, smell, excess garbage, clutter, etc.) and detail how these concerns will be resolved before a North Dakota license can be granted.

**HOME STANDARDS CHECKLIST**

Yes No

Do bathtubs and/or showers have non-skid pads or textured surfaces to reduce slip risk?		
Door locks are not required, however if the bedroom, bathroom, or a closet door locks, can individuals who are inside get out, and individuals who are outside get in?		
Is the house and premises clean, neat and free from hazards, insects, and rodents?		
Is there proper trash disposal?		
Are basement rooms used for playrooms? If so, discuss having more than one exit for a child to escape the basement, in the event of an emergency.		
Are there video cameras inside or outside the home? Provide details where the cameras are located, the type, the rationale for why they are in use, disclosure to children and case managers, etc.		

**SLEEPING ACCOMMODATIONS**

Yes No

Is there adequate space for storage of the child's personal belongings?		
Do bedroom windows provide adequate light and ventilation?		
Can bedroom windows (egress window cannot be less than 24 in high x 20 in wide )be used as a fire exit?		
Do sleeping arrangements require a child in foster care to sleep in a bedroom located on a level away from adults?		
How many beds are available in the home designated for children in foster care? (Children in foster care must have their own bed. In addition, household members/children should not be displaced to a sleeping arrangement that would not meet the safety standards required for children in foster care.)		
Describe the types of beds available for children in foster care (Permanent beds include twin, full, queen, king, bunk beds, crib, bassinet, pack n' play or toddler bed set up and ready for use. Temporary bed space includes an air mattress, trundle bed, hide-a-bed, futon or couch to be used no greater than 14 days.)		
Describe in detail if more than two children (including both household children and children in foster care) reside in one room: Ages, gender, sleeping spaces, behaviors, risks, proximity to adults, etc.:		
Water Safety Discussed <input type="checkbox"/> Yes <input type="checkbox"/> No	Hot tub on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, does the hot tub have a locking mechanism? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where is the hot tub located?
Swimming Pool with a Depth of 4' or Greater on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, does the pool have a barrier equipped with a safety lock? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Household Safety Discussed: (Proper storage of medication, alcohol, poisonous materials, cleaning supplies, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe where are such items stored? Are there any items locked? (Is there a med box, alcohol cellar, supply closet, etc.)		



Do you have firearms/hunting bows/knives? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a conceal and carry permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the firearms locked and hunting bows/knives safety stored? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you have firearms, is the ammunition stored separately? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where are guns, ammunition, bows, or other weapons stored?			
Emergency numbers posted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the child in foster care have access to contacting emergency services, if needed? (landline, cell phone, ipad, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Aid Kit and basic supplies on hand? <input type="checkbox"/> Yes <input type="checkbox"/> No		Family Members Trained in First Aid/CPR <b>(not required-highly recommended)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, who is certified:	
Water supply <input type="checkbox"/> Municipal <input type="checkbox"/> Private Well		** Well water testing required for private supply	
Water Temperature Education Provided <input type="checkbox"/> Yes <input type="checkbox"/> No		** Licensing Specialist must reinforce that water temperature shall be no higher than 120 degrees to reduce the risk of third-degree burns. Applicants are responsible to test their water temp with a thermometer and monitor their temperature settings on their hot water heater, as applicable.	
Is raw milk used? <input type="checkbox"/> Yes <input type="checkbox"/> No		** If yes, discuss that raw milk is not allowed to be consumed by children in foster care.	
Child Restraint Education Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Discussed the use of age appropriate car sets, booster seats and seatbelts required by NDDD 39-21-14.2.			
Who will be providing transportation to children in foster care other than applicants? Discuss reasons for transportation, managing transportation schedules, custodial permissions must be granted on the SFN 1040 (reasonable and prudent parenting/normalcy), etc.			
Discussed safe and reliable transportation. <input type="checkbox"/> Yes <input type="checkbox"/> No		Discussed having automobile insurance for all drivers of children in foster care. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Discussed the importance of homeowners/renters insurance coverage. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the family have renters/homeowners insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			
Discussed foster parent property damage claim process and details regarding maximum reimbursement (622-05). <input type="checkbox"/> Yes <input type="checkbox"/> No			
Discussion & Licensing Specialists Assessment Analysis (Specialists analysis summary of the physical home, sleeping accommodations, proper storage, weapon storage, etc.)			

### CHILD CIRCUMSTANCES AND BEHAVIORS

As the assigned licensing specialist, I reviewed the SFN 1038 "Policy and Standard Review" with the foster care provider. This includes going over child circumstances and behaviors that one might experience when providing foster care. The foster care provider understands these circumstances/needs and is prepared to care for children in placement?

Yes  No

### LICENSING PREFERENCES

Bed Capacity (maximum number of beds licensed)

Gender

Male  Female  Both

Provider Preference (check all that apply)

Any Age (0-20)  Infants (0-2)  Preschool (3-5)  Elementary (5-10)  Middle School (11-13)  High School (14-18)  18+ Only

Foster Care Provider is also interested in providing (check all that apply)

Shelter Care (SFN 928 and SFN 931) as prevention to children not in foster care or for children removed on an emergency and placed into foster care.  
 Respite Care (SFN 929)

Relative licensed families are not eligible to offer shelter/respice to unrelated children. If interested, they must hold a full license to provide foster care to children.

### PRE-SERVICE TRAINING

Pre-Service training is required for all licensed, certified and Tribal affidavit approved foster care providers. Certified and relative care providers are allowed to complete the abbreviated training, however if they choose to complete the full pre-service that is allowable. Competency-based training is a learning model where providers must demonstrate knowledge and skill (competency) on a topic.

### Completion Status

Full pre-service training completed.  Full pre-service training is scheduled or in process.  
 Abbreviated pre-service training completed.  Abbreviated pre-service training is scheduled or in process.

For providers who have not completed pre-service training, we have agreed upon this plan:

Projected Completion Date

### **COMPETENCY #1: PROTECTING AND NURTURING CHILDREN**

**Protecting and nurturing are two fundamental competencies reviewed and required of foster care providers. Licensing Specialist are analyzing and describing if the provider:**

- Can demonstrate compassion, love, support and caring for someone or something.
- Can maintain a home environment that promotes a sense of safety and well-being.
- Understands adapting supervision needs of children based on their development.
- Understands risk factors which contribute to neglect, emotional maltreatment, physical and sexual abuse.
- Has the willingness and ability to adjust routine and lifestyle to meet the child's needs.
- Has the willingness to accept support and input from others.
- Understands the importance of creating a supportive and accepting family environment.

Licensing Specialist Assessment Analysis:

### **COMPETENCY #2: MEETING CHILDREN'S DEVELOPMENTAL NEEDS AND ADDRESSING DEVELOPMENTAL DELAYS**

**Addressing and meeting the developmental needs of a child is critical in providing the appropriate services and care to children in placement. Licensing Specialist are analyzing and describing if the provider:**

- Understands the stages of normal human growth and development.
- Understands the impact of multiple placements on a child's development.
- Understands how physical abuse, sexual abuse, neglect, and emotional maltreatment affect child growth and development.
- Can recognize developmental delays and respond appropriately.
- Understands loss, how to respond to loss, and the factors that influence the experience of separation and loss.
- Understands the relationship between meeting needs and managing behavior.
- Has ability to provide consistent guidance and support for children to develop basic life skills needed for adulthood.

Licensing Specialist Assessment Analysis:

**COMPETENCY #3: SUPPORTING RELATIONSHIPS BETWEEN CHILDREN AND THEIR FAMILIES**

**Supporting relationships between a child and their family is a powerful and necessary step in maintaining family connections. Licensing Specialist are analyzing and describing if the provider:**

- Understands the importance of respecting children's connections to their family (parents, relatives, siblings).
- Supports and is willing to assist with regular visits and contact to strengthen relationships between children and their family.
- Understands the importance of preparing a child for visits with their family and how to help them manage their feelings and behaviors in response to family visitation and contact.
- Understands the importance of promoting a child's positive sense of identity, history, culture, and values to help develop self-esteem.

Licensing Specialist Assessment Analysis:

**COMPETENCY #4: CONNECTING CHILDREN TO SAFE, NURTURING RELATIONSHIPS INTENDED TO LAST A LIFETIME**

**Having the ability to locate, connect and nurture relationships for a child provides a lifelong opportunity to maintain connections and ensure a sense of belonging. Licensing Specialist are analyzing and describing if the provider:**

- Understands what relationships are important in the life of a child.
- Has willingness to maintain important relationships to ensure permanent connections as children in foster care are at risk for not having lifelong relationships.
- Understands that reunification is the goal, but one of the other 4 permanency options (relative, guardianship, adoption, APPLA) may be required to achieve permanency for a child.
- Understands the importance of assisting with placement transitions for the child (reunification, relative home, etc.)
- Understands if a child is free for adoption, they may be considered an adoption option after all relative options have been exhausted.
- Understands the implications for their own family in making a temporary or lifetime commitment to a child.

Licensing Specialist Assessment Analysis:

**COMPETENCY #5: WORKING AS A MEMBER OF A PROFESSIONAL TEAM**

**Providing service and engaging with the team as a professional member is vital and necessary in meeting the needs of children and families. Licensing Specialist are analyzing and describing if the provider:**

- Understands roles and responsibilities of the child welfare custodial agency, service provider, courts, education system, health care, state and federal mandates and overall ND Safety Framework Practice model.
- Understands purpose of planning to meet the child's needs.
- Understands the importance of being non-judgmental when caring for children, working with their families, and collaborating with other members of the team.
- Understands and can actively maintain the confidentiality of children in foster care.
- Recognizes and can demonstrate positive advocacy for children and their families.
- Has the ability to work through differences of opinions and/or conflicts with other team members.
- Demonstrates ability to adapt when schedules change, etc.

Licensing Specialist Assessment Analysis:

**UNDERSTANDING OF REASONABLE AND PRUDENT PARENTING STANDARD-  
OFFERING NORMALCY TO CHILDREN PLACED IN FOSTER CARE**

**Careful and sensible parental decisions that maintain the health, safety, and best interests of a child while encouraging the emotional and developmental growth of the child participating in extracurricular, enrichment, cultural, and social activities, is required. Licensing Specialist are analyzing and describing if the provider:**

- Recognizes value in offering extracurricular activities, camping, vacations, sports, etc.
- Is aware of the SFN 1040 "consent form" indicating permissions for high-risk activities (trampoline, ATV, boating, rodeo, etc.) and other reasonable events such as sleepovers, social media, cell phone use, etc.
- Understands the reasons to learn and practice skills for young adult life (transition to independent living)
- Provide children in foster care with a "normalcy" and life experience.
- Takes into consideration risk factors, developmental growth, child's age, maturity and emotional wellbeing when agreeing to allow for specific activities.

Licensing Specialist Assessment Analysis:

**H. FOR RELATIVE LICENSES ONLY - INDICATE SPECIFICATIONS BELOW**

Relative License Specifically for: (Name of Child/ren)	
Child's Custodian/Agency	
Case Manager(s) Name	Telephone Number

**I. LICENSING DETERMINATION**

**Licensing Specialists Assessment Analysis**  
 Summary of the applicants and their ability to manage a household, invite additional children into their home while offering safety, flexibility, stability, nurture and comfort. Describe family strengths and challenges, while detailing characteristics and behaviors that would match well versus characteristics or behaviors that would not match well with the applicants/household. Describe (if any) plans required to assist the applicants in building upon their strengths or meeting any pre-determined safety plan requirements:

**RECOMMENDATION TO LICENSE OR CERTIFY**

<input type="checkbox"/> Licensed <input type="checkbox"/> Certified <input type="checkbox"/> Identified Relative License		
Number of Children	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both	Ages Listed on the License or Certification From: _____ To: _____
Authorized Licensing Agency <input type="checkbox"/> HHS - CFS Licensing Unit <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Nexus PATH <input type="checkbox"/> Other: (List)		
Licensing Specialist Name		
Licensing Specialist Signature	Date	

**RECOMMENDATION TO DENY LICENSE**

I have compiled the information in this study and have toured the home of the applicants. I believe this information to be accurate. Applicants/home **do not meet** the minimal requirements for licensure as a family foster home for children (NDAC 75-03-14). I have written a letter to the family indicating why I am denying the license.

Authorized Licensing Agency <input type="checkbox"/> HHS - CFS Licensing Unit <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Nexus PATH <input type="checkbox"/> Other: (List)	
Licensing Specialist Name	
Licensing Specialist Signature	Date

**LICENSING AGENCY - DEPARTMENT USE ONLY  
RECEIVED AND REVIEWED STUDY**

Date Study Received	Date Study Review Completed	Date Criminal Background Check Completed Applicant 1
Date Criminal Background Check Completed Other Adults		Date Criminal Background Check Completed Applicant 2
Missing/Incomplete Information		
Date Contacted Agency for Additional Information		
Date Case was Staffed with CFS Licensing Unit Supervisor		
If Applicable/Required, Licensing Unit Supervisor Signature		Date

- Distribution:    Authorized Licensing Agent  
                   Licensing Agency - Department