



LICENSING ON-SITE VISIT REPORT
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 FOSTER CARE
 SFN 1941 (5-2024)

<input type="checkbox"/> Renewal Licensing Visit
<input type="checkbox"/> Annual Onsite Visit
License Expiration Date

INSTRUCTIONS: The assigned licensing specialist will complete this report detailing relevant information collected during the renewal licensing on-site visit/s. This report is part of the licensing file. Children in foster care should not be named in this document. The licensing specialist must also complete the Licensing Specialist Checklist for Family Foster Homes (SFN 851).

A. IDENTIFYING INFORMATION

Authorized Licensing Agency <input type="checkbox"/> HHS - CFS Licensing Unit <input type="checkbox"/> Nexus PATH <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Other (specify):			
Foster Care Provider Name(s)		Provider Number	
Physical Address	City	State	ZIP Code
Preferred Telephone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Telephone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Date of On-site Visit(s)			

B. HOME ASSESSMENT

1. Have there been any changes in your household in the past 12 months, including but not limited to (check all that apply):

<input type="checkbox"/> a. Does your employment present a potential conflict of interest in providing foster care to children? If yes, is your employer in agreement with your roles as a foster care provider?	<input type="checkbox"/> i. Major home remodel or changes to fire escape plan
<input type="checkbox"/> b. Change in employment	<input type="checkbox"/> j. Added or removed a pool, hot tub, or trampoline
<input type="checkbox"/> c. Relationship status	<input type="checkbox"/> k. Legal activity / pending criminal charges
<input type="checkbox"/> d. Birth or adoption of a child	<input type="checkbox"/> l. CPS or other child welfare involvement
<input type="checkbox"/> e. Has anyone moved in or out	<input type="checkbox"/> m. Licensure violations or Memorandums of Understanding
<input type="checkbox"/> f. Have any pets joined or left the family	<input type="checkbox"/> n. Change in your emergency contacts or evacuation location (SFN 1037)
<input type="checkbox"/> g. Bedroom space / bed capacity	
<input type="checkbox"/> h. Other (specify): _____	

If any boxes are checked above, please explain further:

2. Health Conditions

Health conditions, when untreated or severe, can have an impact on the caregiver's day-to-day caretaking abilities. Please include any limitations or adjustments that the provider would need to provide care to children. If they disclose they are on medication, please inquire and document if there are any side-effects.

	What are your current physical / mental health diagnoses or conditions?	What medications are you currently taking? What are they taken for? (Example: Aspirin - 81 mg - daily - heart)
Applicant A:		
Applicant B:		
Other Household Member Name:		
Other Household Member Name:		
Other Household Member Name:		
Other Household Member Name:		

3. Discuss the placements you have had in the past year (volume, ages of children, behavioral needs you have served, medical needs you have cared for, etc.).

4. Are there any services or supports needed to better accommodate your current placements. What steps can you take or have you taken? Do you need any support from me?

5. What impact has providing foster care had on your life and your family?

6. What changes have you had to make in your home and routines to accommodate the needs of children placed in your home?

7. Have your own children had any trouble adapting to the changes within the home?

8. How have your interactions and communications with custodial agency (zone, tribal, DJS, URM) workers been going?

9. How have your interactions and communications with the licensing team been going? Any suggestions for things we could change or improve upon?

10. What do you see as your strengths as a foster care provider?

11. What challenges have you faced as a foster care provider?

12. What has your contact been with biological family members? Have you been able to connect with them? What methods have you implemented that allow the children placed in your home to maintain family connections?

13. How have you processed children transitioning out of your home? Do you have a need for grief and loss services?

14. How have you offered normalcy to youth in foster care and how have you taught them age-appropriate self care and independent living skills?

15. How have you accommodated the religious and cultural needs of the children placed in your home? Do you need additional resources on this topic?
16. If you have cared for youth that identify as LGBTQ+, what have you done to make them feel safe and supported in their identity and community? (Federal regulations are requiring states to address safety and inclusion of diverse populations.)
17. Do you have any support needs to strengthen your ability to provide foster care? Are you interested in being paired with a foster parent mentor or serving as a mentor to other foster parents? Are you interested in being a part of your local recruitment and retention coalition?
18. Optional: If other household members are home during your on-site visit, Licensing Specialists are encouraged to chat with them and inquire what they think about the family providing foster care and what their experience has been. (It is important for the other household members to feel their voice is heard.)

C. TRAINING

1. How many training hours have been completed in the last year?(Requirements per 2-year licensing period: 16 hours for full licensure and 8 for certified / relative waiver)
2. What trainings have been particularly helpful / interesting?
3. Do you have suggestions for future trainings?

D. COMPETENCY ASSESSMENT

Analyze how the foster care provider(s) have or have not achieved each pre-service competency in the past year. (As a reminder, abbreviated PRIDE can be utilized as supplemental training for families struggling with achieving the pre-service competencies.)

1. Protecting and Nurturing Children

2. Meeting Children's Developmental Needs and Addressing Developmental Delays.
3. Supporting Relationships Between Children and their Families.
4. Connecting Children to Safe, Nurturing Relationships Intended to Last a Lifetime.
5. Working as a Member of a Professional Team.
6. Understanding of Reasonable and Prudent Parenting Standard – Providing Normalcy to Children in Foster Care.

E. LICENSING SPECIALIST SAFETY VERIFICATION CHECKLIST

Licensing specialist acknowledges they discussed and / or viewed the following:

- Fire Escape Plan is posted in the home.
- Emergency Numbers are posted in the home.
- A walk through of the home was completed and home meets fire safety standards as described in the Fire Safety Self Declaration:
 - Smoke detectors present (minimum of 1 per floor AND in each bedroom).
 - Carbon monoxide detectors present (minimum of 1 per floor).
 - 2A:10BC (or higher rated) fire extinguishers are present (minimum of 1 per floor).
 - Electrical panel and furnace area are accessible and there are no combustibles near them.
 - No extension cords are in permanent use.
 - Electrical equipment and covers are maintained to prevent fire and safety hazards (no exposed wires).
 - Space heaters and electric fireplaces when used, will be maintained in proper operating condition and in accordance with manufacturers instructions.
- Verified that firearms, hunting bows, knives and any other weapons are properly stored out of the reach of children. (Firearms must either be locked in a safe / locking case or have trigger locks. Ammunition needs to be stored separately from firearms).
- Proper storage of: medication, cleaning supplies and alcohol (as applicable)
- First-aid kit is present in the home.

F. AGENCY RECOMMENDATION

RECOMMENDATION TO LICENSE or CERTIFY

- Yes (proceed to licensing / certification) Annual On-site Visit - No changes needed
 No (proceed with denial) Annual On-site Visit - Changes made to preferences, see below.

Licensing / Certification

<input type="checkbox"/> Fully 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: _____
Provider Preference (check all that apply) <input type="checkbox"/> Any Age (0-20) <input type="checkbox"/> Infants (0-2) <input type="checkbox"/> Preschool (3-5) <input type="checkbox"/> Elementary (5-10) <input type="checkbox"/> Middle School (11-13) <input type="checkbox"/> High School (14-18) <input type="checkbox"/> 18+		
Foster Care Provider is also interested in providing (check all that apply) <input type="checkbox"/> Shelter Care as prevention to children not in foster care or for children removed on an emergency basis and placed into foster care. If yes, family must sign SFN 928 and fill out a W9 to allow payment. <input type="checkbox"/> Respite Care. If yes, family must fill out a W9 to allow payment.		
Comments		

FOR RELATIVE LICENSES-INDICATE SPECIFICATION BELOW

Relative Licensure Specifically for: (Name of Child/ren)	Date of Birth
Child's Custodian/Agency	
Foster Care Case Manager(s)	Telephone Number

RECOMMENDATION TO APPROVE LICENSE

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

G. HHS LICENSING UNIT USE ONLY - PUBLIC SEARCH AND REQUIRED CHECKS

PUBLIC SEARCH

Date Completed	
Applicant/s <input type="checkbox"/> No Findings <input type="checkbox"/> Findings Identified (Attach information)	Adult Household Members <input type="checkbox"/> NA <input type="checkbox"/> No Findings <input type="checkbox"/> Findings Identified (Attach information)

FRAME CHECKS

Date Completed	
Applicant/s <input type="checkbox"/> No Findings <input type="checkbox"/> There is an open CPS assessment <input type="checkbox"/> There is an in-home program open today <input type="checkbox"/> There is a foster care program open today	Adult Household Members <input type="checkbox"/> NA <input type="checkbox"/> No Findings <input type="checkbox"/> There is an open CPS assessment <input type="checkbox"/> There is an in-home program open today <input type="checkbox"/> There is a foster care program open today

CPS INDEX CHECK

<input type="checkbox"/> CPS Index Check was completed by CFS Licensing Unit staff based on a signed SFN 433
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Search Comments/Notes

RECEIPT AND REVIEW OF STUDY

Date Study Received	Date Study Review Completed
Missing/Incomplete Information <input type="checkbox"/> NA <input type="checkbox"/> Yes, noted below	
Date HHS Contacted Authorized Agent for Additional Information	Date Missing Information Received

HHS SIGNATURE

Signature	Date
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- Distribution: Authorized Licensing Agency
 Licensing Agency - Department