



LICENSING HOME STUDY RENEWAL-FOSTER CARE FOR CHILDREN
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 FOSTER CARE
 SFN 1941 (6-2022)

INSTRUCTIONS: The assigned licensing worker will complete this home study review detailing relevant information collected during the renewal licensing on-site visit/s. This home study review is part of the licensing file. Children in foster care should not be listed or referenced in this document. The licensing worker must also complete the Renewal Licensing Checklist (SFN 851).

Authorized Licensing Agency <input type="checkbox"/> NDDHS <input type="checkbox"/> Nexus PATH <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Youthworks <input type="checkbox"/> Other (specify):			
Foster Parent(s) Name			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)			
1. Discuss the children (no names) in foster care placed with the family during the past year (age, type of child, behavioral needs, medical needs, etc.).			
2. Describe strengths the foster parents have demonstrated in working with the foster children in their home. (Do they work well with certain child personalities or behavioral needs? Have they demonstrated specific skills in working with certain behaviors?)			
3. Describe challenges which have interfered with foster parents providing care for foster children or the functioning of their own family. Are certain behaviors difficult for them to handle, or not handled appropriately?			
4. Have foster parents completed necessary training hours? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "No": How and when will required annual training be accomplished? (Written MOU plan must be in agency file.)			
5. Describe any significant changes in the physical environment of the home discussed during the on-site annual visit.			
a. Any family members join the family? <input type="checkbox"/> Yes <input type="checkbox"/> No			
b. Any pets join the family? <input type="checkbox"/> Yes <input type="checkbox"/> No			
c. Any home remodel, change in bedroom spaces, swimming pool, hot tub, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			

6. Describe **impacts** foster care has had on foster parents and their family:

a. Positive impacts identified and discussed where providing foster care has had on foster parents and family:

b. Negative impacts identified and discussed where providing foster care has had on foster parents and family:

7. Describe the family's knowledge and compliance with the pre-service training competencies:

a. Protecting and nurturing children:

b. Meeting children's developmental needs and addressing developmental delays:

c. Supporting relationships between children and their families:

d. Connecting children to safe, nurturing relationships intended to last a lifetime:

e. Working as a member of a professional team:

8. Describe the family's knowledge and compliance with the reasonable and prudent parent standard which offers normalcy to foster children (622-05-30-05-10 and 50-11-03.4)

9. **Other significant information:**
In the past 12 months, have there been any:

a. Reports of suspected child abuse/neglect on the foster parents? Yes No
If yes, provide date, outcomes, recommendations, negative indicators or circumstances surrounding report.

b. Licensure violations? Yes No If yes, briefly describe violation and action taken:

c. Criminal Charges? Yes No If yes, provide date and outcome:

10. AGENCY RECOMMENDATION

A. RECOMMENDATION TO LICENSE Yes No

I have compiled the information in this study and have toured the home of the current foster care provider/s. I believe this information to be accurate. The home meets or exceeds the minimal requirements for licensure as a family foster home for children (NDAC 75-03-14). I recommend licensure for 24 hour foster care for children for:

Number of Children	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both	Ages
		From: _____ To: _____

The family is willing to accept short-term shelter care/emergency placements?
 Yes No If yes, the family must also sign the shelter care agreement (SFN 928) and W-9 for NDDHS-CFS file.

Provider Preference
 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)

OR

If applicable, licensure specific for: (Name of child only)

Age	For the Period
	From: _____ To: _____
Case Manager Name	Telephone Number
Email Address	
Custodial Agency for Child	

Complete study and submit Annual Licensing Checklist (SFN 851) to the Department of Human Services

B. RECOMMENDATION TO DENY LICENSE

I have compiled the information in this study and have toured the home of the current foster care provider/s. I believe this information to be accurate. The home does not meet the minimal requirements for licensure as a family foster home for children (NDAC 75-03-14). I will write a letter to the current foster care provider/s detailing the decision to deny continued licensure.

C. AUTHORIZED LICENSING AGENCY SIGNATURE

Licensing Agent/Agency	
Licensing Worker Signature	Date

11. DHS OFFICE USE ONLY

RECEIPT AND REVIEW OF STUDY

Date Study Received	Date Study Review Completed
Date Child Abuse/Neglect Register Check Completed (SFN 433)	Date State Public Search Annual Background Check Completed
Missing/Incomplete Information	
Date DHS Contacted Authorized Agent for Additional Information	

DHS Signature

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