



**ANNUAL LICENSING REPORT-FOSTER CARE FOR CHILDREN**  
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
FOSTER CARE  
SFN 1941 (12-2016)

**INSTRUCTIONS:** Licensing worker will complete this form with relevant information since date of last licensure study to the present. This information is part of a licensing file - please do not include names of children in foster care. Family must complete "Annual Application to Provide Family Foster Care", SFN 400, annually. Send completed SFN 400, this completed report, and other required documentation to regional supervisor.

Licensing Agent		Provider Number	
Foster Parent's Name			
Physical Address		City	State    ZIP Code
Home Telephone Number	Work Telephone Number	Cell Phone Number	Cell Phone Number
Date of On-site Visit(s)			
1. Describe <b>children (no names) in foster care</b> with this family during past year (age, type of child, behavioral problems, medical needs, etc.)			
2. Describe and illustrate the demonstrated ability foster parents have to work as part of the <b>"team"</b> .			
3. Describe significant <b>skills</b> foster parents have demonstrated in working with the foster children in their home. (Do they work well with certain child personalities? Have they demonstrated specific skills in working with certain behaviors?)			
4. Describe <b>concerns</b> 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?			
5. Describe the demonstrated ability of the foster parents in <b>working with the child's natural parents</b> .			

6. Have foster parents completed necessary training hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is training verification attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes": Describe training completed. (Verification must be in agency file.)	
If "No": How and when will required training be accomplished? (Written plan must be in agency file.)	
7. Describe any significant changes in the <b>physical environment</b> of the home noticed during the on-site annual visit. a. Any pets joined the family? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Describe <b>effects</b> of foster care on foster parents and their family: a. Positive effects provision of foster care has had on foster parents and family:  b. Negative effects provision of foster care has had on foster parents and family:	
9. 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:	
10. 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)	
11. <b>Other</b> significant information: In the past 12 months, have there been any: a. Reports of suspected child abuse/neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date, outcomes, recommendations, negative indicators or circumstances surrounding report.  b. Licensure violations? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, briefly describe violation and action taken:  c. Criminal Charges? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, provide date and outcome:	

**12. AGENCY RECOMMENDATION**

**A. RECOMMENDATION TO 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 meet or exceed 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	Ages From: _____ To: _____
The family is willing to accept short-term shelter care/emergency placements? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, the family must also sign the regional shelter care agreement and W-9 for NDDHS-CFS file.		

**OR**

Licensure Specifically for: (Name of Child Only)	
Age	For the Period From: _____ To: _____
Foster Care Case Manager Name	Telephone Number
Email Address	
Custodial Agency for Child	

Complete study and submit to the Regional Supervisor, with the following attachments:

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|---|--|--|
| <input type="checkbox"/> Application Form (SFN 400)                 | <input type="checkbox"/> Lab Reports             | <input type="checkbox"/> Family Evacuation Disaster Plan (SFN 445)   |
| <input type="checkbox"/> Medical Reports/Self Declaration (SFN 972) | <input type="checkbox"/> Water (Well water only) | <input type="checkbox"/> Proof of Vehicle Insurance                  |
| <input type="checkbox"/> Fire Safety Report (SFN 800)               | <input type="checkbox"/> Milk                    | <input type="checkbox"/> Discussion of Homeowners Insurance Coverage |
| <input type="checkbox"/> CA/N Check Completed                       | <input type="checkbox"/> Other: _____            | <input type="checkbox"/> Discussion of Direct Deposit                |
|   | <input type="checkbox"/> Other: _____            | <input type="checkbox"/> Pet vaccination records, if applicable      |

**B. 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 recommend that this application be denied based on: (Attach supplemental documentation as necessary)

**C. AGENCY SIGNATURE**

Licensing Agent Worker Signature	Date
Licensing Agent/Agency	

**13. REGIONAL OFFICE USE ONLY**

**A. RECEIPT AND REVIEW OF STUDY**

Date Study Received	Date Study Review Completed
Date Child Abuse/Neglect Register Check Completed	Date Criminal Background Check Completed
Missing/Incomplete Information	
Date Contacted Agency for Additional Information	

**B. RECEIPT AND REVIEW OF STUDY**

Number of Children	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ages From:                      To:	Expiration Date
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**OR**

Licensure Specifically for: (Name of Child Only)			
Age	For the Period From:    To:		
Custodian/Agency			Date
Foster Care Case Manager			
Application Denied Based On			

(Denial process must be implemented.)

Comments
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Regional Supervisor	
Region	Date