



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Social Services

North Carolina Department of Health and Human Services Foster Home Licensing Track Training

Participant's Workbook Day Two

October 2024



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Instructions

This course was designed to guide child welfare professionals through the knowledge, skills, and behaviors needed to engage with families in need of child protection services. The workbook is structured to help you engage in the lesson through reflection and analysis throughout each week of training. Have this workbook readily available as you go through each session to create a long-lasting resource you can reference in the future.

If you are using this workbook electronically: Workbook pages have text boxes for you to add notes and reflections. Due to formatting, if you are typing in these boxes, blank lines will be “pushed” forward onto the next page. To correct this when you are done typing in the text box, you may use delete to remove extra lines.

Course Themes

The central themes of the Foster Home Licensing Track Training are divided across several course topics.

- The Practice Model and Family-Centered Practice
- Diversity, Equity, Inclusion, and Belonging
- Licensing Worker Roles and Responsibilities
- Foster Parent Roles, Responsibilities, and Skills
- Assessing Foster Homes
- Foster Parent Qualifications and Background Checks
- Assessing 12 Skills for Successful Fostering
- Physical and Environmental Safety Requirements
- Issuing a License
- Mutual Home Assessment
- Permanency
- Shared Parenting
- Supporting Foster Parents
- Working with Relatives
- Supporting Placement
- Licensing Visits with Family
- Quality Licensing Visits
- Other Licensing Topics
- Foster Home Recruitment and Retention
- Worker Safety

Training Overview

Training begins at 9:00 a.m. and ends at 4:00 p.m. If a holiday falls on the Monday of training, the training will begin on Tuesday at 9:00 a.m. This schedule is subject to change if a holiday falls during the training week or other circumstances occur. The time for ending training on Fridays may vary and trainees need to be prepared to stay the entire day.

Attendance is mandatory. If there is an emergency, the trainee must contact the classroom trainer and their supervisor as soon as they realize they will not be able to attend training or if they will be late to training. If a trainee must miss training time in the classroom, it is the trainee's responsibility to develop a plan to make up missed material.

Pre-Work Online e-Learning Modules

There is required pre-work for the Foster Home Licensing Track Training in the form of online e-Learning modules. Completion of the e-Learnings is required prior to attendance at the classroom-based training. The following are the online e-Learning modules:

1. North Carolina Worker Practice Standards
2. Safety Organized Practice
3. Introduction to Foster Home Licensing
4. Understanding and Assessing Safety and Risk
5. Understanding and Screening for Trauma

Transfer of Learning

The Foster Home Licensing Track Training Transfer of Learning (ToL) tool is a comprehensive and collaborative activity for workers and supervisors to work together in identifying worker goals, knowledge gain, and priorities for further development throughout the training process. In four distinct steps, the worker and supervisor will highlight their goals and action plan related to participating in training, reflect on lessons and outstanding questions, and create an action plan to support worker growth. The tool should be started prior to beginning the Foster Home Licensing Track Training and re-visited on an ongoing basis to assess growth and re-prioritize actions for development.

- Part A: Training Preparation: Prior to completing any eLearning and in-person Track Training sessions, the worker and supervisor should meet to complete Part A: Training Preparation. In this step, the worker and supervisor will discuss their goals for participation in training and develop a plan to meet those goals through pre-work, other opportunities for learning, and support for addressing anticipated barriers.
- Part B: Worker Reflections During Training: The worker will document their thoughts, top takeaways, and outstanding questions regarding each section. This

level of reflection serves two purposes. First, the practice of distilling down a full section of training into three takeaways and three remaining questions requires the worker to actively engage with the material, subsequently forming cognitive cues related to the information for future use in case practice. Second, prioritizing takeaways and questions by section allows workers to continually review information to determine if questions are answered in future sessions and supports the development of an action plan by requiring workers to highlight the questions they find most important.

- Part C: Planning for Post-Training Debrief with Supervisor: The worker considers the takeaways and questions they identified in each section and creates a framework to transfer those takeaways and questions into an action plan.
- Part D: Post-Training Debrief with Supervisor: Provides an opportunity for the supervisor and worker to determine a specific plan of action to answer outstanding questions and to further support worker training.

While this ToL is specific to the Track Training in North Carolina, workers and supervisors can review the takeaways and questions highlighted by the worker in each section of training on an ongoing basis, revising action steps when prior actions are completed, and celebrating worker growth and success along the way.

Training Evaluations

At the conclusion of each training, learners will complete a training evaluation tool to measure satisfaction with training content and methods. The training evaluation tool is required to complete the training course. Training evaluations will be evaluated and assessed to determine the need for revisions to the training curriculum.

All matters as stated above are subject to change due to unforeseen circumstances and with approval.

Learning Objectives

Day 2

Licensing Worker’s Roles and Responsibilities, Continued
<ul style="list-style-type: none"> • Learners will be able to discuss how state and federal laws impact foster home licensing.
<ul style="list-style-type: none"> • Learners will be able to explain the importance of clear, concise, and accurate documentation.
<ul style="list-style-type: none"> • Learners will be able to identify the components of the required licensing materials.
<ul style="list-style-type: none"> • Learners will be able to identify the importance of objectivity and the use of facts in documentation.
Foster Parent Roles, Responsibilities, and Skills
<ul style="list-style-type: none"> • Learners will be able to discuss the roles and responsibilities of foster parents and can identify behaviors and skills that meet the needs of children in their care.
<ul style="list-style-type: none"> • Learners will be able to describe all 12 Skills to Successful Fostering.
<ul style="list-style-type: none"> • Learners will be able to identify how each of the 12 Skills permits foster parents to undertake and perform the responsibility of meeting the needs of children in their care.
<ul style="list-style-type: none"> • Learners will be able to identify activities that promote well-being in out-of-home placement.
<ul style="list-style-type: none"> • Learners will be able to explain the licensing worker’s role in supporting placement providers to promote well-being in out-of-home placement.
<ul style="list-style-type: none"> • Learners will be able to describe the training requirements for foster parents, prior to placement and for relicensure.
<ul style="list-style-type: none"> • Learners will be able to identify a curriculum that meets the required training content and topics.
<ul style="list-style-type: none"> • Learners will be able to apply the RPPS when supporting placement providers and ongoing normalcy for the child(ren) in those providers’ homes.
<ul style="list-style-type: none"> • Learners will be able to distinguish between decisions a placement provider makes for a child that are considered reasonable and prudent, and those that must be made by the child’s parent.
<ul style="list-style-type: none"> • Learners will be able to support partnerships between placement providers and the child’s parent(s) to promote normalcy.
Assessing Foster Homes
<ul style="list-style-type: none"> • Learners will be able to explain the Licensing Worker’s responsibility to fully assess the foster home.

<ul style="list-style-type: none"> • Learners will describe the opportunity to assess while performing foster home licensure requirements.
<ul style="list-style-type: none"> • Learners will explain how to use information gathered through assessment to arrive at licensing decisions.
<ul style="list-style-type: none"> • Learners will be able to employ various interviewing techniques to access information and assess options.
<ul style="list-style-type: none"> • Learners will be able to employ various interviewing techniques to access information and assess options.
<ul style="list-style-type: none"> • Learners will be able to demonstrate empathetic listening.
<ul style="list-style-type: none"> • Learners will be able to demonstrate strength-based and solution-focused strategies to interview children and families.
<p>Foster Parent Qualifications and Background Checks</p>
<ul style="list-style-type: none"> • Learners will be able to describe the required qualifications of foster parents.
<ul style="list-style-type: none"> • Learners will be able to recognize actual and potential conflicts of interest and act in accordance with Administrative Rules and policy.
<ul style="list-style-type: none"> • Learners will be able to identify all required and applicable background check sources, including local, state, and federal.
<ul style="list-style-type: none"> • Learners will be able to explain how to conduct a check of the RIL.
<ul style="list-style-type: none"> • Learners will be able to distinguish between barrable and non-barrable offenses.
<ul style="list-style-type: none"> • Learners will be able to describe how to effectively mitigate an applicant’s past criminal offenses.

Day Two Agenda

Foster Home Licensing Track Training

- I. Welcome

Licensing Worker Roles and Responsibilities Continued

- II. Legal Definitions and Aspects of Foster Care Home Licensing
- III. Foster Home: Family File and Documentation

Foster Parent Roles, Responsibilities, and Skills

- IV. Roles and Responsibilities
- V. 12 Skills for Successful Fostering
- VI. Completion of Training Requirements
- VII. Reasonable and Prudent Parenting (RPPS)

Assessing Foster Homes

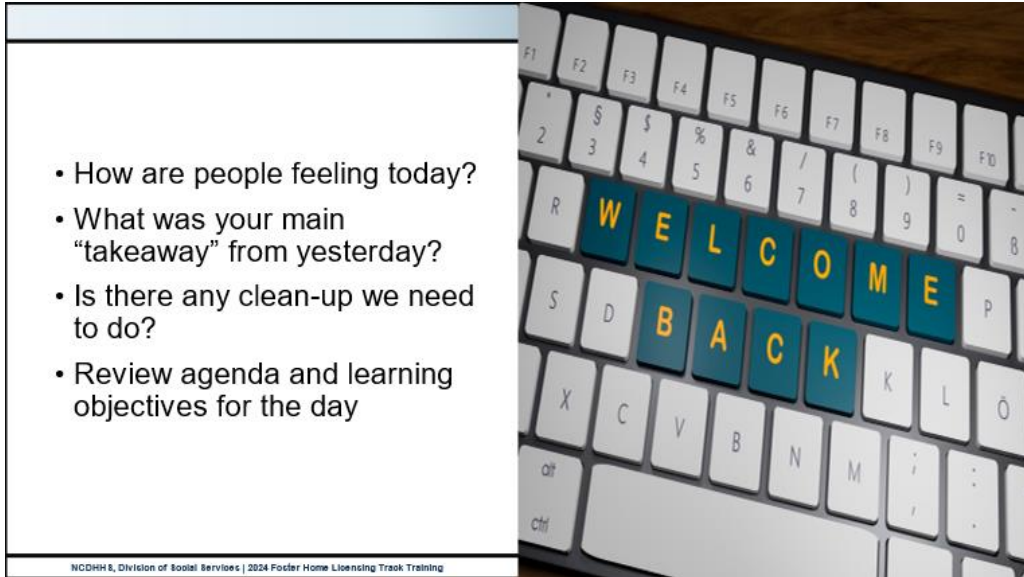
- VIII. Assessing in Foster Home Licensure
- IX. Interviewing

Foster Parent Qualifications and Background Checks

- X. Foster Parent Qualifications
- XI. Background Checks

Self-Reflection Activity

Welcome & Introductions



The slide features a white background with a light blue header bar. On the right side, there is a close-up photograph of a computer keyboard. The keys for 'WELCOME BACK' are highlighted in a teal color with yellow lettering. The text on the slide is as follows:

- How are people feeling today?
- What was your main “takeaway” from yesterday?
- Is there any clean-up we need to do?
- Review agenda and learning objectives for the day

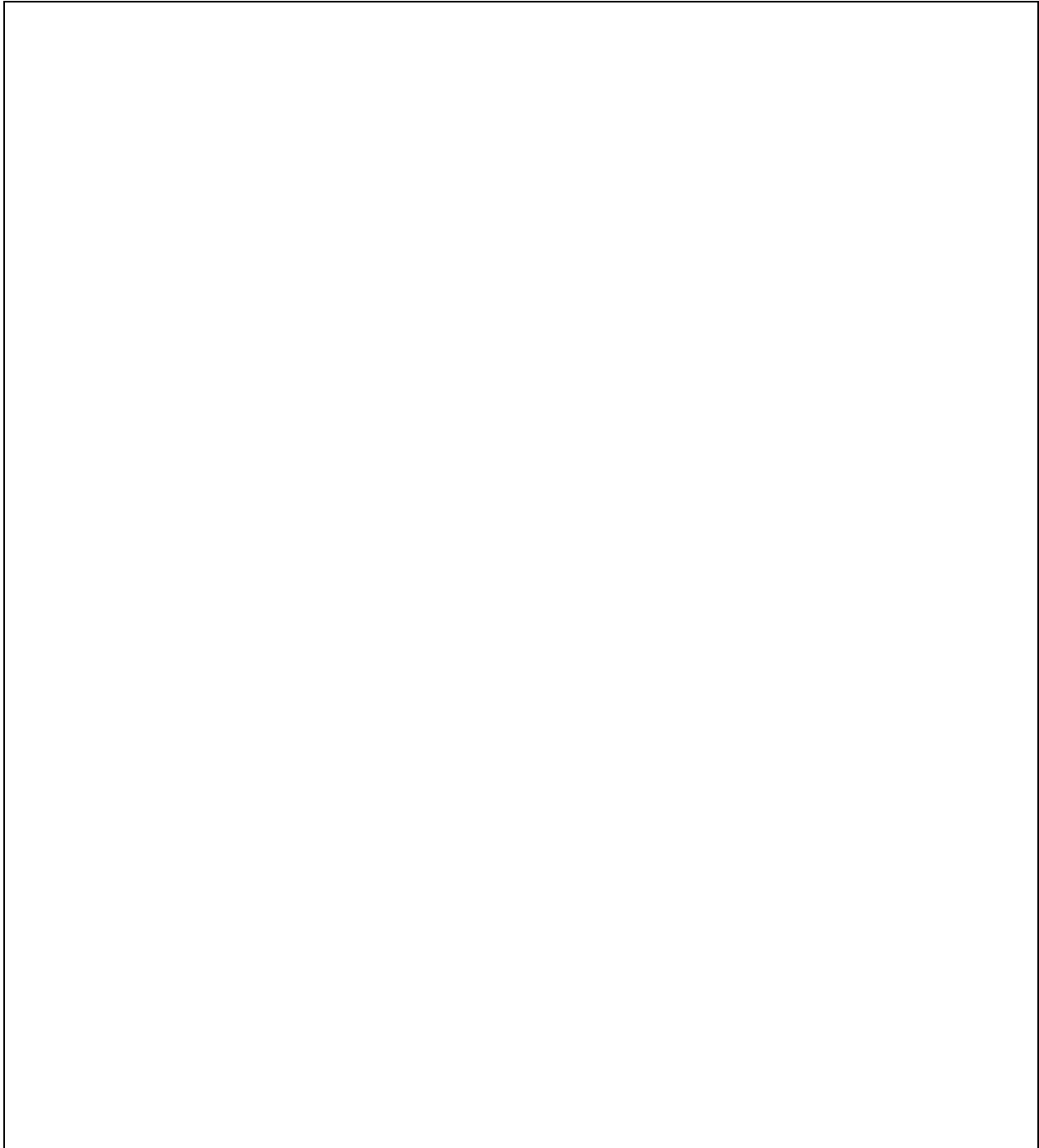
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Licensing Worker's Roles and Responsibilities Continued

Legal Definitions and Aspects of Foster Home Licensing

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Overview of Foster Home Licensing Manual

- Mission, Vision, and Values
- General Provisions
- Licensing Regulations and Procedures
- Mutual Home Assessment
- Forms
- Capacity
- Standards for Licensing

https://policies.ncdhhs.gov/wp-content/uploads/fhlicensing_october-2023.pdf

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Questions and Reflections

Use this space to record questions and reflections about what you have learned.

Foster Home: Family File and Documentation

Required Forms

DSS-5015 Foster Care Facility Action Request	DSS-5016 Foster Home License Application	DSS-1515 Foster Home Fire Inspection Report	DSS-5150 Foster Home Environmental Conditions Report
DSS-5017 Medical History Form	DSS-5156 Medical Evaluation (with completed TB test results included)	DSS-5268 Responsible Individual List (RIL) Information Request	Child Abuse/Neglect Clearance Letters if any household members have resided in states other than North Carolina for the past five years
	Fingerprint Clearance Letters household members 18 years of age and older	DSS-5199 Foster Home Request for Waiver, if applicable	

[Foster Home Licensing December 2023 \(ncdhhs.gov\)](https://www.ncdhhs.gov)

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Activity: Required Forms

Assign each member of your group two required forms from the Appendix.

Write a short 4-5 sentence description of your assigned forms that you can teach back to your large group.

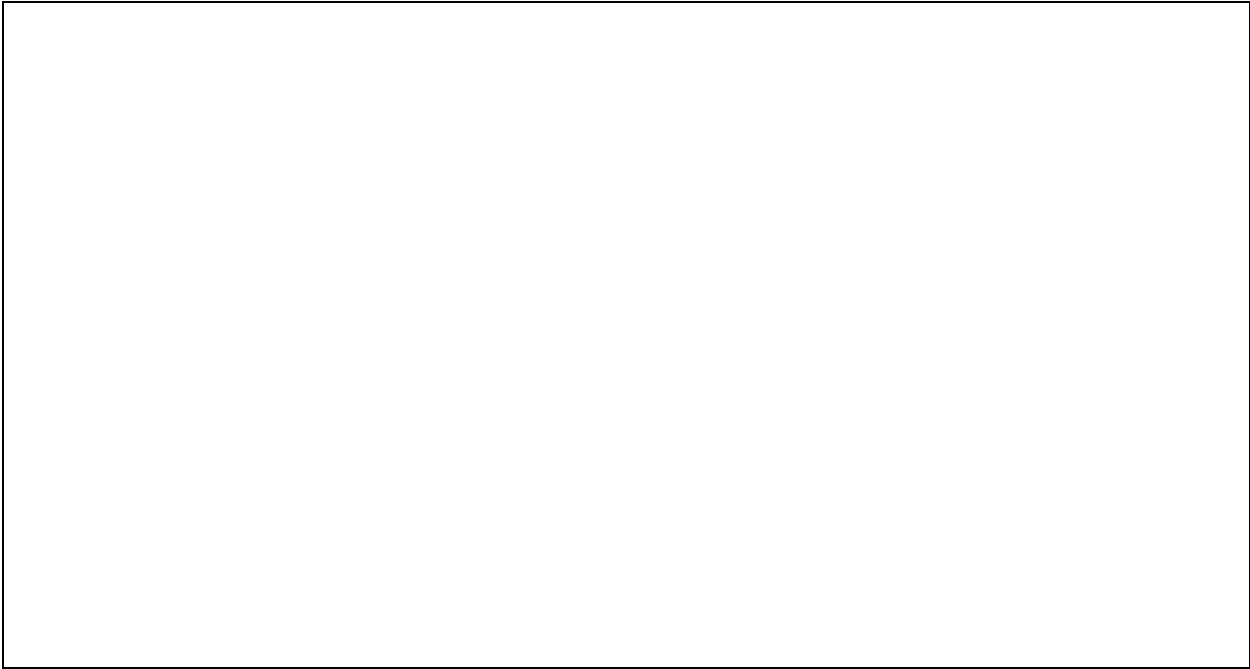
DSS-5015 Foster Care Facility Action Request

DSS-5016 Foster Home License Application

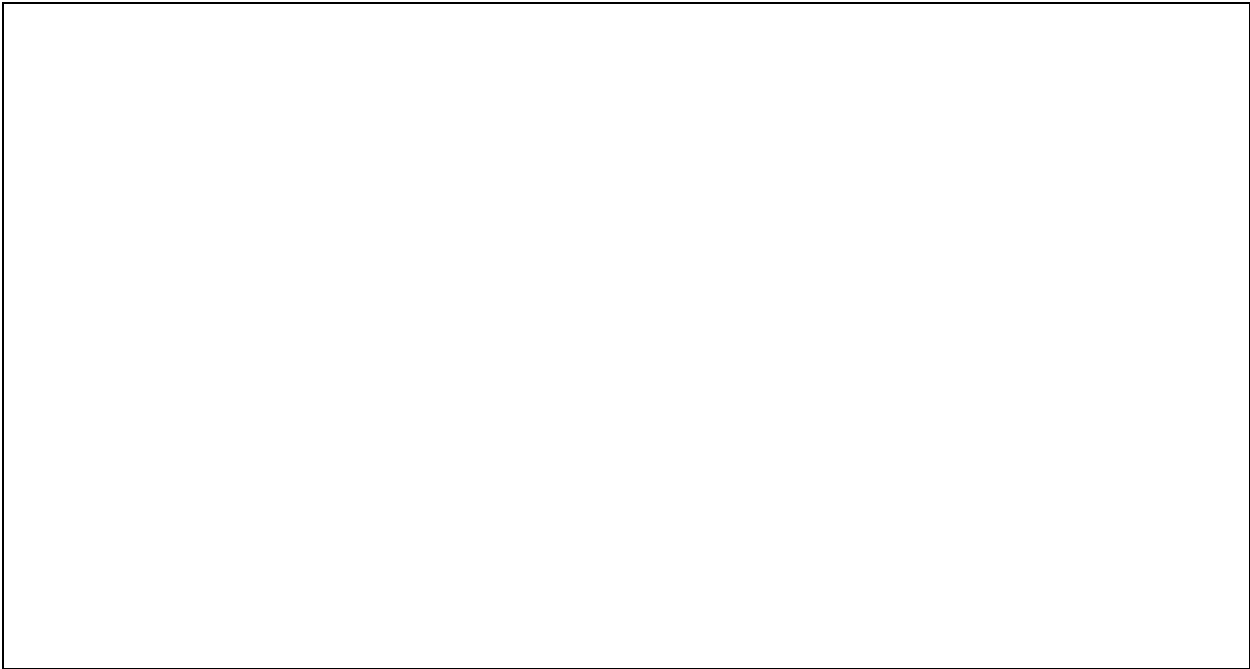
DSS-1515 Foster Home Fire Inspection Report

DSS-5150 Foster Home Environmental Conditions Report

DSS-5017 Medical History Form



DSS-5156 Medical Evaluation



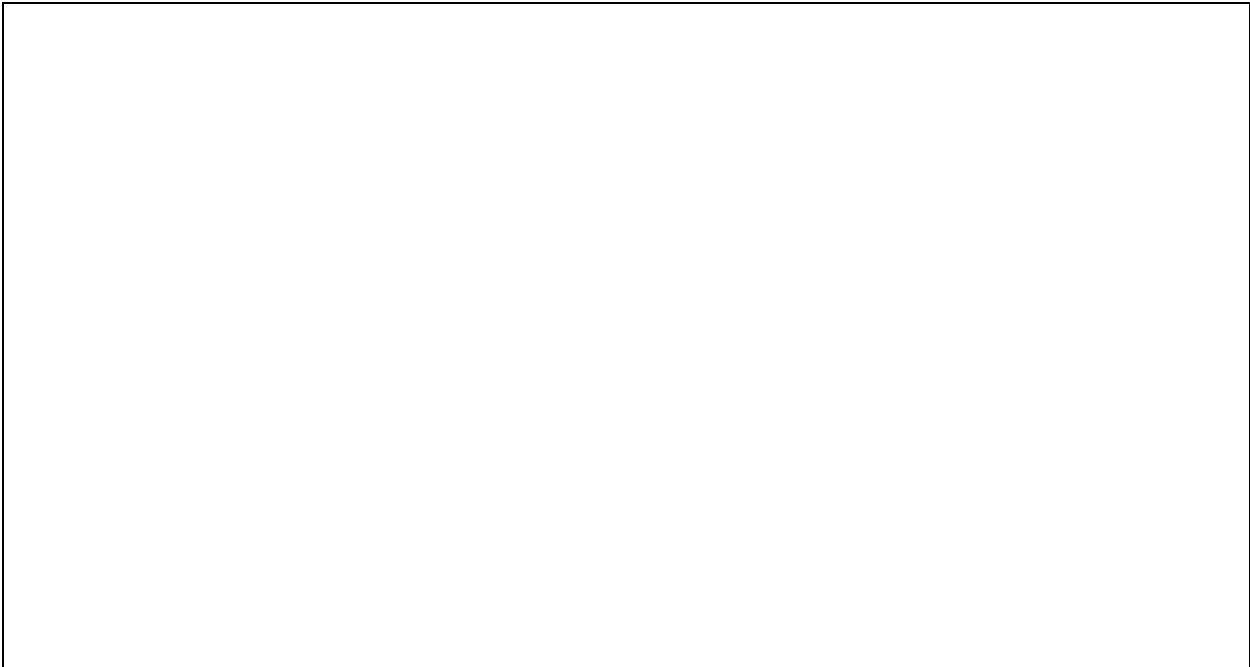
DSS-5268 Responsible Individual List (RIL) Information Request

CAN Clearance Letters

Fingerprint Clearance Letters



DSS-5199 Foster Home Request for Waiver



Activity: Objectivity in Case Documentation

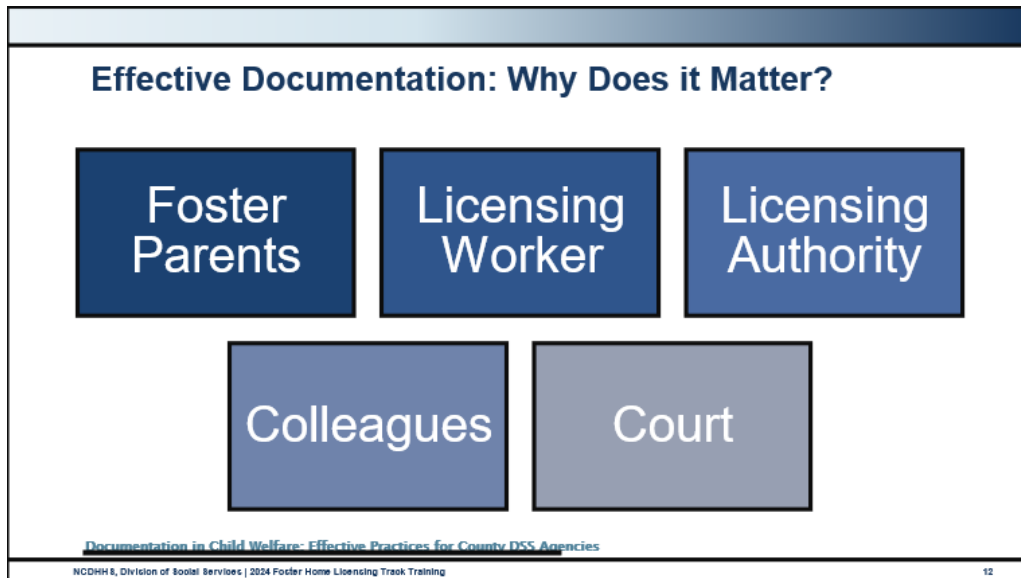
Scenario

This worker approached the home of the Jones family to conduct interviews with the family members. The neighborhood surrounding the Jones family home was a bad neighborhood that is known for a lot of criminal activity. This worker noticed that the porch that wrapped around the front of the home lacked any type of handrail or barrier to prevent a fall from the porch area to the ground. The height of the porch from the ground below was 5 feet. The landscaping was poorly maintained and not visually pleasing to this worker. The home is a 3-bedroom, 2-bathroom ranch home on .5 acres of land with a pond directly behind the home. Upon entering the home, this worker immediately noticed a bad smell, but it was not immediately clear where the smell was coming from. This worker conducted introductions with the family members, and this worker began to tour the home. The home appeared to be clear of clutter and no noticeable dirt, hazards, or other contaminants throughout all the rooms. The appliances in the home were outdated and old, but it was determined that all appliances were in working condition. This worker opened a small coat closet located near the front door and observed a cat litter station that was filled with cat feces. This worker does not like cats and finds the use of litterboxes unsanitary.

How many observations did you rectangle?

How many judgments did you circle?

Were there any statements that were tricky to identify as one or the other?



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Questions and Reflections

Use this space to record questions and reflection from what you have learned.

Foster Parent Roles, Responsibilities, and Skills

Roles and Responsibilities

Supervising Children

Foster parents must provide supervision in accordance with the child's:

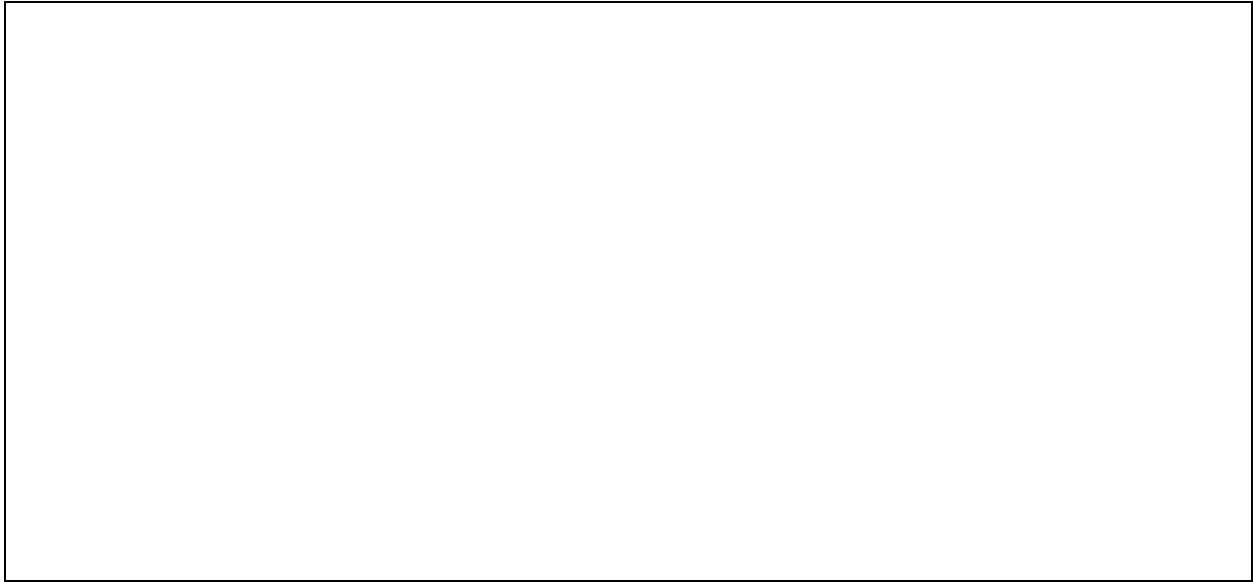
Age	Developmental Needs
Behavioral Needs	Trauma Experience

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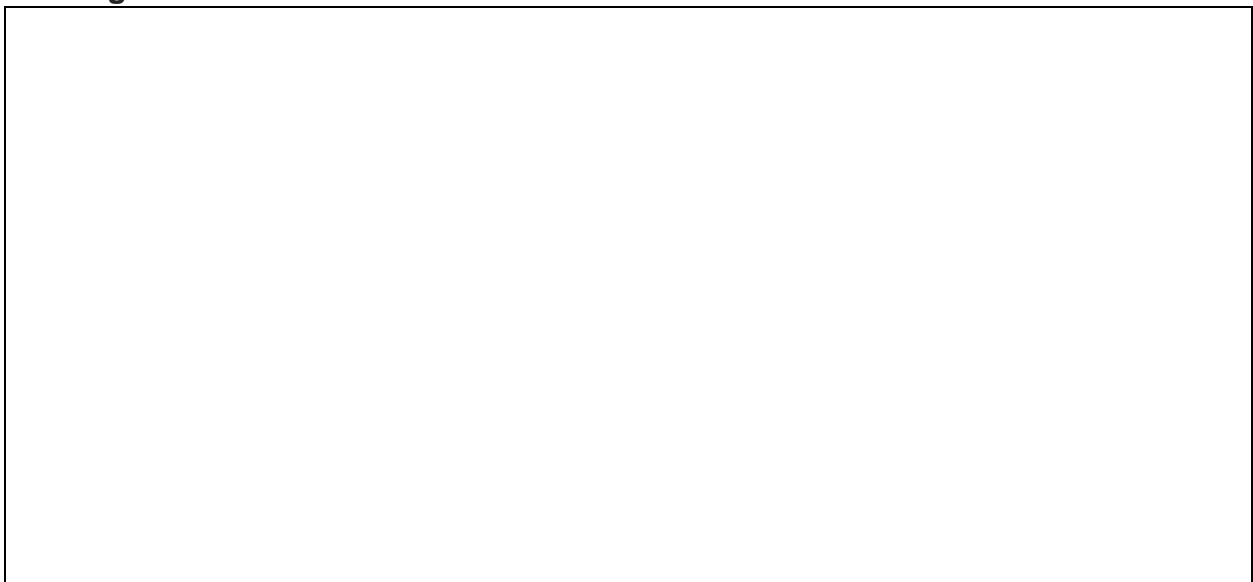
Use this space to record your group discussion of the considerations or questions you would ask when determining the appropriate level of supervision for each activity listed.

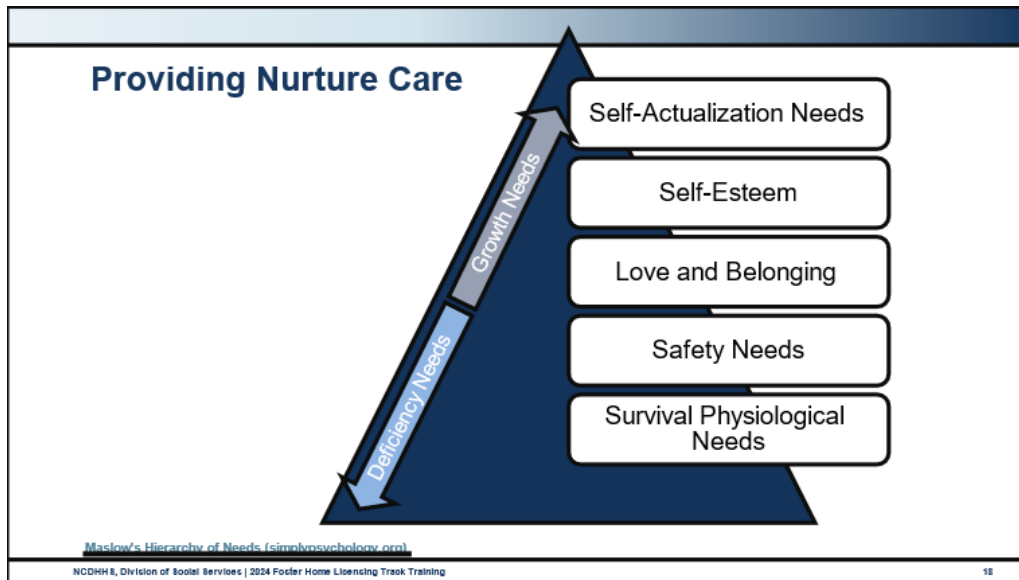
Playing in the front yard.

Going to the swimming pool.



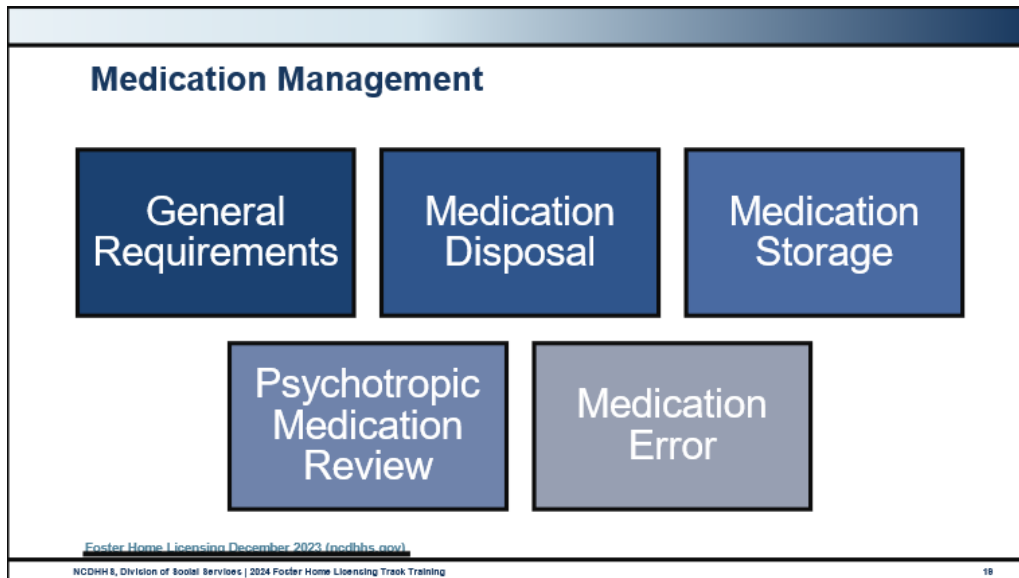
Walking to school.





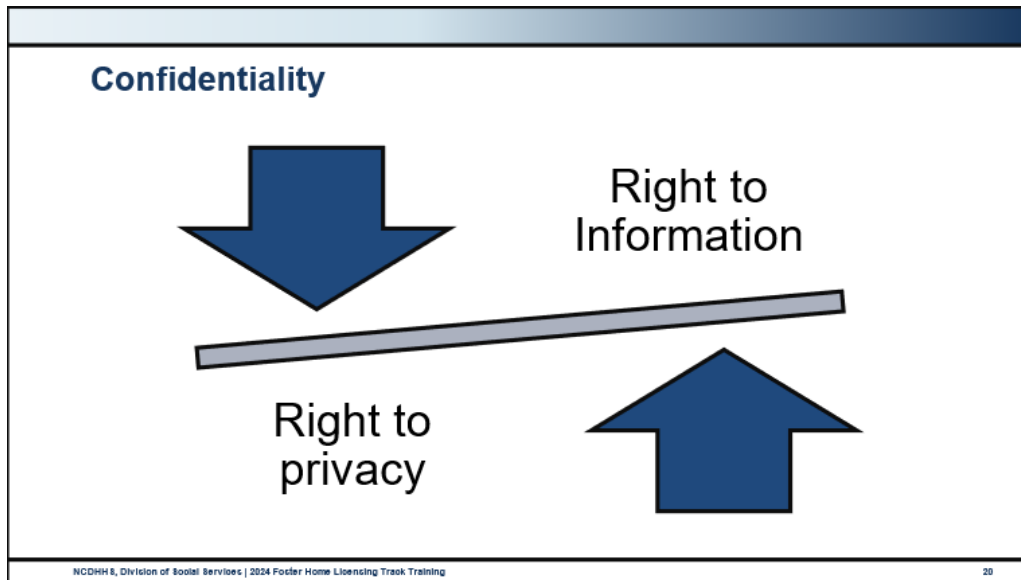
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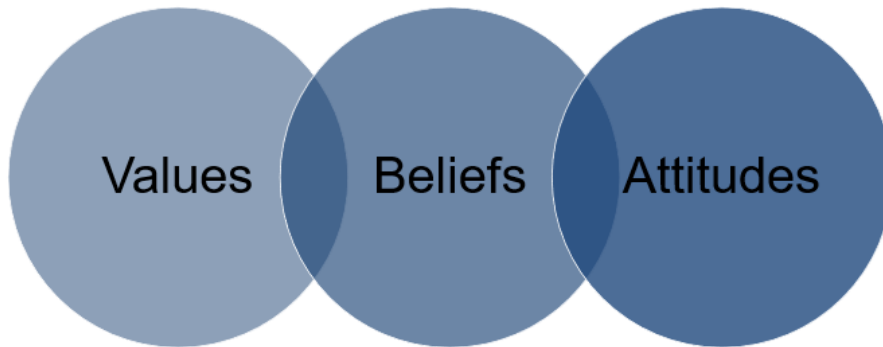
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Cultural Considerations

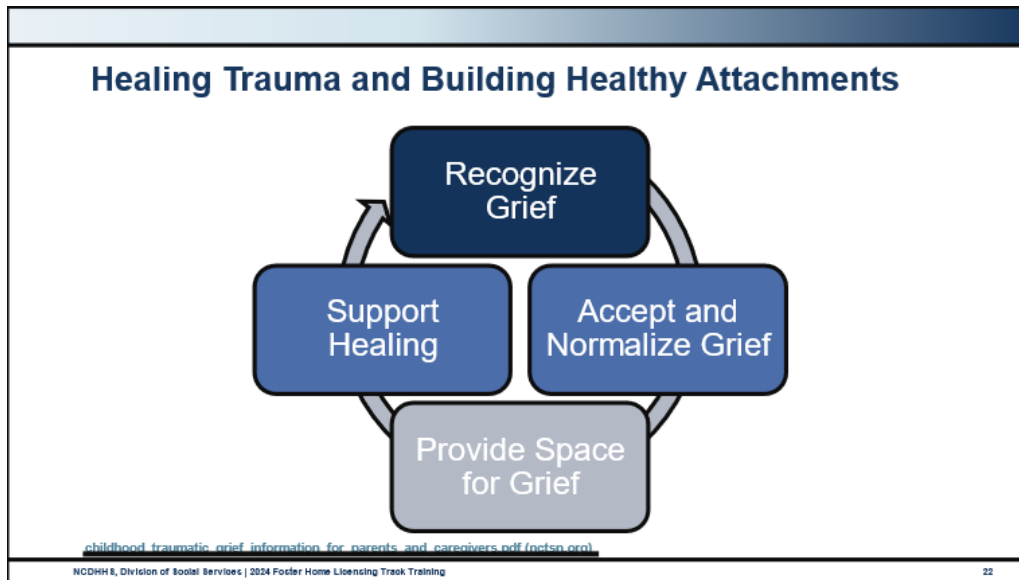


[Foster Home Licensing December 2023 \(ncdhhs.gov\)](https://ncdhhs.gov)

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Activity: Supporting Child Well-Being

Education - Child educational/developmental/cognitive needs include:

- Special education classes;
- Normal grade placement, if the child is school age;
- Services to meet the identified educational needs, unless no unusual educational needs are identified;
- Early intervention services;
- Advocacy efforts with the school, unless the child is not school age or there have been no identified needs that are unmet by the school; and
- How the educational needs of the child have been included in the case planning.

Medical/Dental - Child physical/medical health needs include:

- Whether the child has received preventive health care and if not, the efforts the agency will take to ensure that this care is obtained;
- Whether the child has received preventive dental care and if not, the efforts the agency will take to ensure that this care is obtained;
- Whether the child has up-to-date immunizations and if not, what efforts the agency will take to obtain them;
- Whether the child/family is receiving treatment for identified health needs and if not, what efforts the agency will take to obtain the treatment; and
- Whether the child is receiving treatment for identified dental needs and if not, what efforts the agency will take to obtain the treatment.

Mental Health - Child behavioral/mental health/emotional needs include:

- Whether the child is receiving appropriate treatment for any identified mental health/behavior/emotional needs/substance abuse needs and if not, what efforts the agency will take to obtain such treatment; and
- Assessment of trauma and the impact on a child's well-being.

Social - Child social/cultural/community relationship needs include:

- Whether the child has social/community connections and if not, what social/community connections could support the child;
- Whether the child is engaged in community (school, church, social groups) activities and if not, identify community activities that the child may benefit from; and
- Whether the child has a network for emotional, social, cultural, and/or other needs and if not, how one could be developed.

With your group, brainstorm how you might support a foster parent in meeting a child's well-being needs for each are listed. Consider the following questions in your discussion:

- What services might the child need?
- Who should they be in communication with?
- How can the foster parents involve the child's parents?

Education

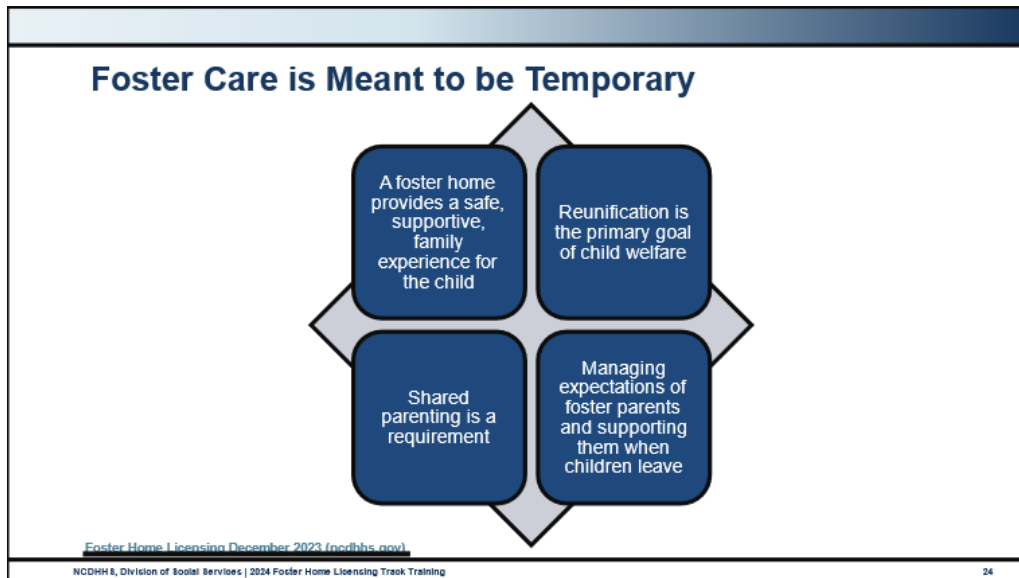
Medical/Dental

Mental Health



Social Connections





Family Foster Care is a planned, goal-directed service in which the temporary protection and care of children take place in a family foster home. Family foster care is a child welfare service for children and their parents who must live apart from each other for a period of time due to abuse, neglect, dependency, or other circumstances necessitating out-of-home care.

Have you had conversations around this topic with families?

Have you encountered challenges with this?

How did you handle that?

Questions and Reflections

Use this space to record questions and reflections about what you have learned.

Worksheet: 12 Skills for Successful Fostering

Skill 1: Assessing individual and family strengths and needs and building on strengths and meeting needs. Ask yourself:

- Do they know where they excel?
- Do they understand the areas where there are opportunities for growth?
- If they have that deep awareness, are they also able to communicate what those strengths and needs are to others, especially you as their licensing worker?

How might you assess this skill?

Skill 2: Using and developing effective communication.

- Interact positively
- Open communication with birth families
- Collateral communication
- Hear diverse perspectives
- Active listening skills
- Clear, concise language

How might you assess this skill?

Skill 3: Identifying the strengths and needs of the children placed in the home. Foster parents need to know how to:

- Observe child development
- Compare abilities with stages of normal development
- Gather information

How might you assess this skill?

Skill 4: Building on children’s strengths and meeting the needs of children placed in their homes.

How might you assess this skill?

Skill 5: Developing partnerships with children and youth, birth families, other foster and adoptive families, the agency, and the community to develop and carry out plans for the child’s continued growth and development.

How might you assess this skill?

Skill 6: Helping children placed in the home develop skills to manage loss and skills to form attachment.

How might you assess this skill?

Skill 7: Helping children placed in the home manage their behaviors.

How might you assess this skill?

Skill 8: Helping children placed in the home maintain and develop relationships that will keep them connected to their past.

How might you assess this skill?

Skill 9: Helping children placed in the home build a positive self-concept and positive familial, cultural, and racial identity.

How might you assess this skill?

Skill 10: Providing a safe and healthy environment for children placed in the home which keeps them free from harm.

How might you assess this skill?

Skill 11: Assessing the ways in which providing family foster care or therapeutic foster care affects the family.

How might you assess this skill?

Skill 12: Making an informed decision regarding providing family foster care or therapeutic foster care.

How might you assess this skill?

Questions and Reflections

Use this space to record questions and reflections about what you have learned.

Completion of Training Requirements

Handout: Foster Parent Pre-Service Training Overview

30 hours of pre-service training is required prior to licensure. Must include:

- General orientation to foster care adoption process
- Communication skills
- Understanding the dynamics of foster care
- Separation and loss
- Attachment and trust
- Child and adolescent development
- Behavior management
- Working with birth families and maintaining connections
- Lifebook preparation
- Planned moves and the impact of disruption
- The impact of placement on foster and adoptive families
- Teamwork to achieve permanence
- Cultural sensitivity
- Confidentiality
- Health and safety
- Trauma-informed care
- Reasonable and Prudent Parent Standard

Use this space to record notes.

Handout: Foster Parent In-Service Training Overview

20 Hours In-Service during 2 year Licensing period

- General
- Child-Specific
- 12 Skills
- Special Populations
- Child Specific Training
- Sexual Abuse
- Substance Use
- AIV / AIDS
- Appropriate Discipline
- Pre-Placement Training
- First Aide
- CPR
- Universal Precautions

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Questions and Reflections

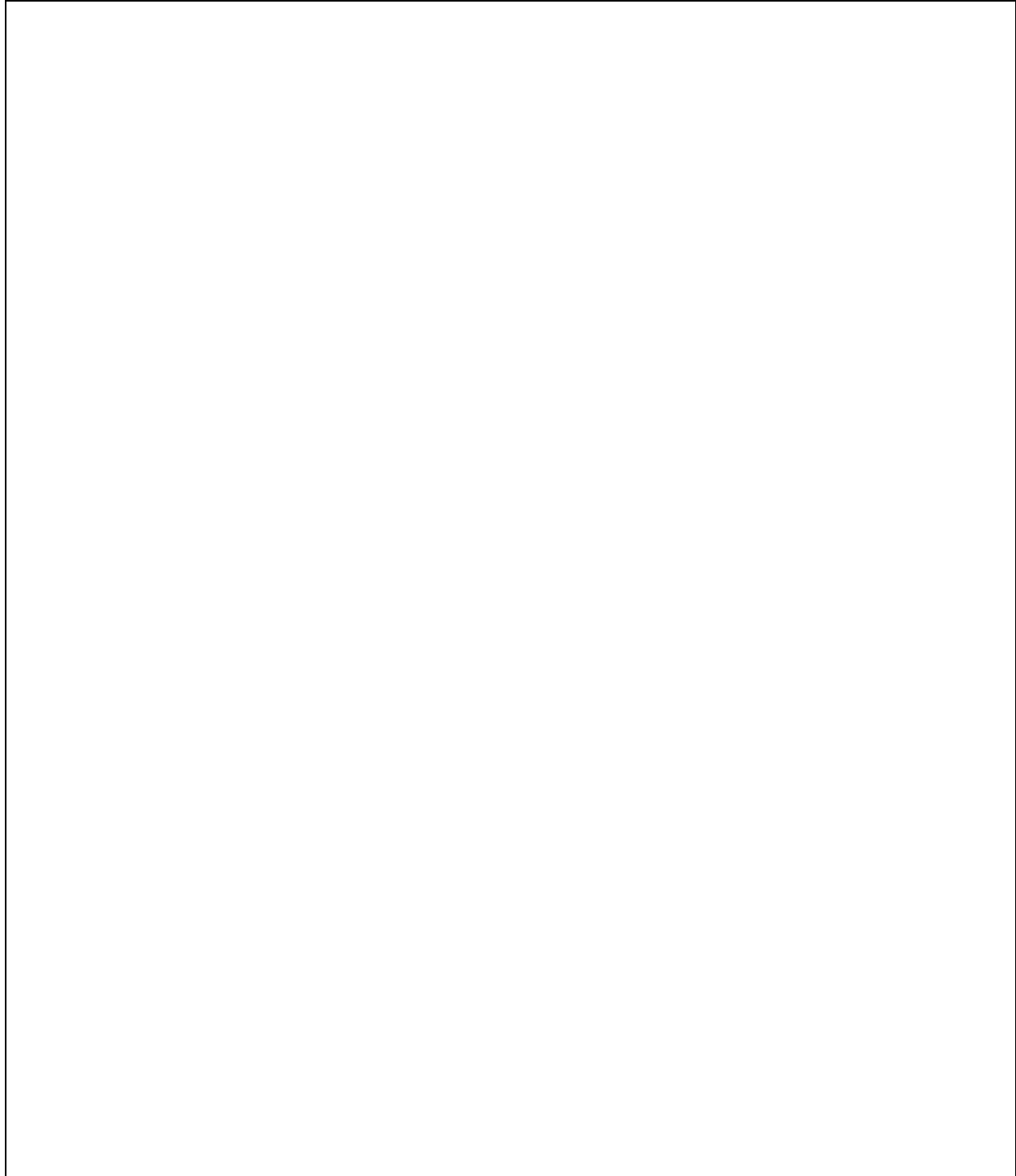
Use this space to record questions and reflections about what you have learned.

Reasonable and Prudent Parenting (RPPS)

Video: Adoptive Family: Negotiating “Normal”

<https://youtu.be/DPQ-M-IU6IE>

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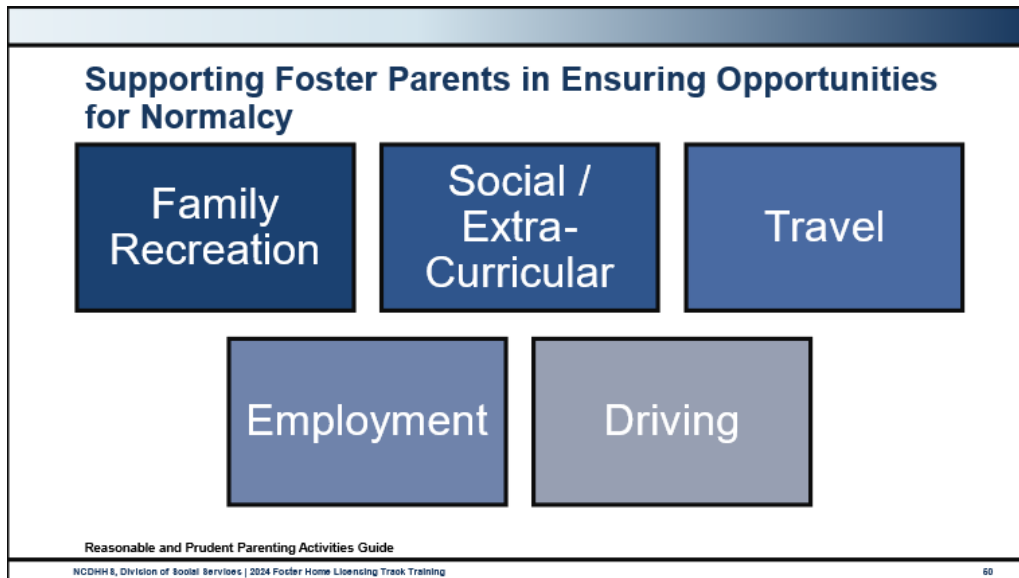
Reasonable and Prudent Parent Standard (RPPS) Policy

- Age or level of maturity
- Developmentally-appropriate
- Activities include:
 - Extracurricular
 - Enrichment
 - Social

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graph TD; A[Creating and Promoting Normalcy] --- B[Promoting Personal Growth and Improving Well-Being]; B --- C[Building Relationships]; C --- A;
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Handout: Applying the Reasonable and Prudent Parent Standard Tool

Applying the Reasonable and Prudent Parent Standard

1. Is this activity reasonable and age-appropriate?
2. Are there any foreseeable hazards?
3. How does this activity promote social development?
4. How does this activity normalize the experience of foster care?
5. Will this activity violate a court order, juvenile justice order, a safety plan, a case plan, or a treatment plan or person-centered plan (PCP)?
6. Will this activity violate any policy or agreement of my licensing agency or the child's custodial agency?
7. If appropriate, have I received consultation from my case worker and/or the child's caseworker?
8. If able and appropriate, have I consulted with this child's birth parents about their thoughts and feelings about their child participating in this particular activity?
9. Will the timing of this activity interfere with a sibling or parental visitation, counseling appointment, or doctor's appointment?
10. Who will be attending the activity?
11. Would I allow my birth or adopted child to participate in this activity?
12. How well do I know this child?
13. Is there anything from this child's history (e.g. running away, truancy) that would indicate he may be triggered by this activity?
14. Does this child have any concerns about participating in this activity?
15. Has this child shown maturity in decision making that is appropriate for his age and ability?
16. Does this child understand parental expectations regarding curfew, approval for last minutes changes to the plan and the consequences for not complying with the expectations?
17. Does this child know who to call in case of an emergency?
18. Does this child understand his medical needs and is he able to tell others how to help him if necessary?
19. Can this child protect himself?
20. When in doubt, refer to number 7.

Adapted from Florida's *Caregiver Guide to Normalcy*

<http://www.kidscentralinc.org/caregiver-guide-to-normalcy/>

NC DIVISION OF SOCIAL SERVICES
September 2015

Activity: Whose Decision is it Anyway?

The trainer will present various situations for the large group to determine who has decision-making discretion, the foster parent (s) or the parent.

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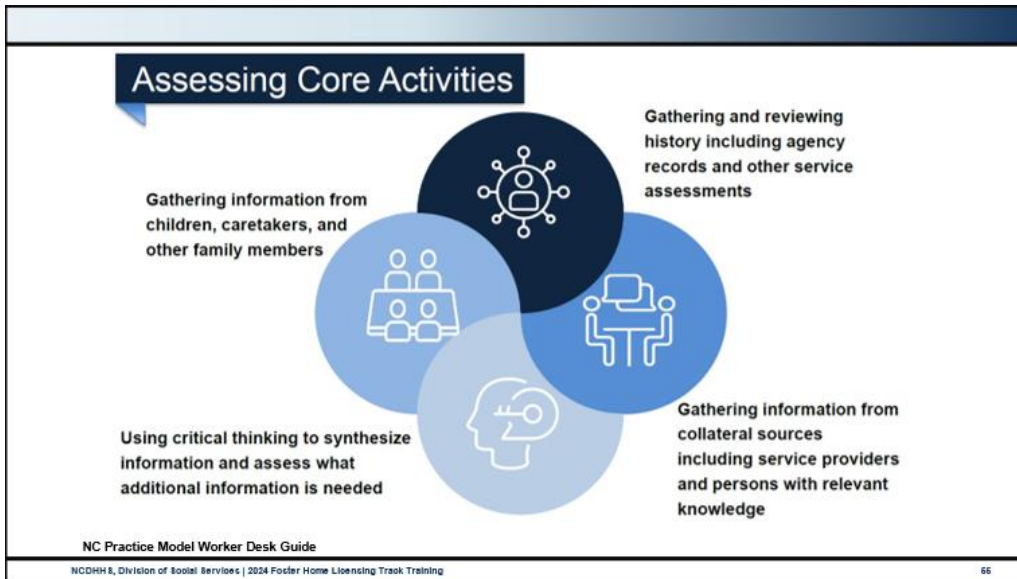
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Questions and Reflections

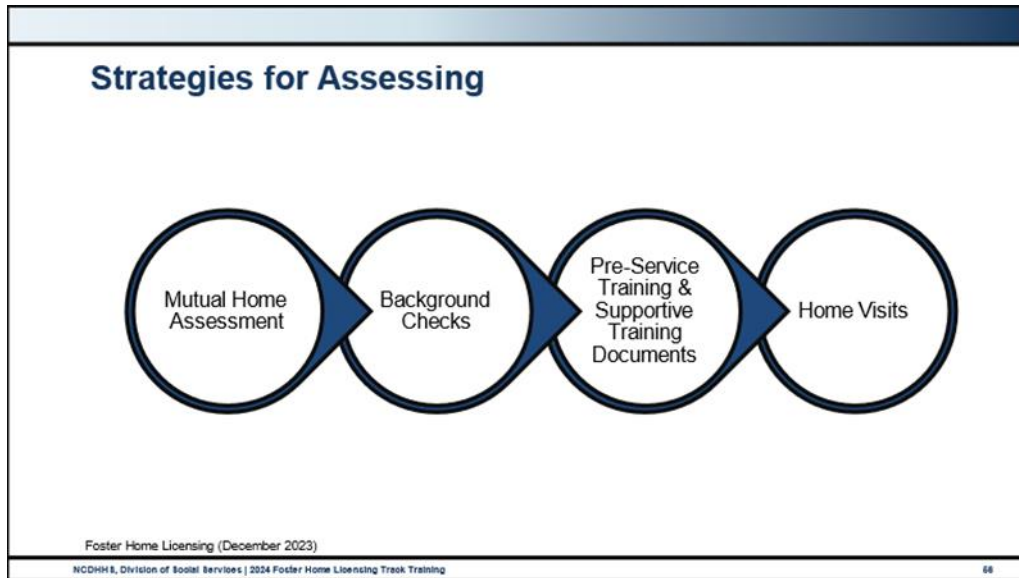
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Assessing Foster Homes

Assessing in Foster Home Licensure



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Opportunities for Assessment

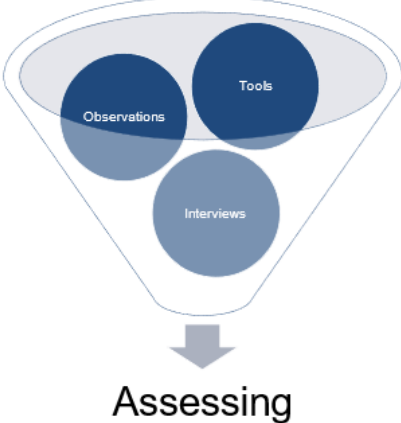
“
Every contact is an opportunity for
assessment.”

Home Finding Practice Guide-Office of Children and Family Services (March 2020)
NCDHHS, Division of Social Services | 2024 Foster Home Licensing Track Training 67

What are some strategies that can be used to effectively engage applicants or foster parents during contacts for the purposes of assessment?

Synthesizing Information

- What do I know?
- How do I know what I know?
- What more do I need to know?
- How will I get the information?



NC Practice Standards
Home Finding Practice Guide -Office of Children and Family Services (March 2020)

NCDHHS, Division of Social Services | 2024 Foster Home Licensing Track Training

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Assessing Safety and Risk

Safety: The absence of an imminent or immediate threat of moderate-to-serious harm to a child.

Risk: The likelihood that a child will be maltreated in the future.

[The Use of Safety and Risk Assessment in Child Protection Cases \(childwelfare.gov\)](#)
NCDHHS, Division of Social Services | 2024 Foster Home Licensing Track Training 68

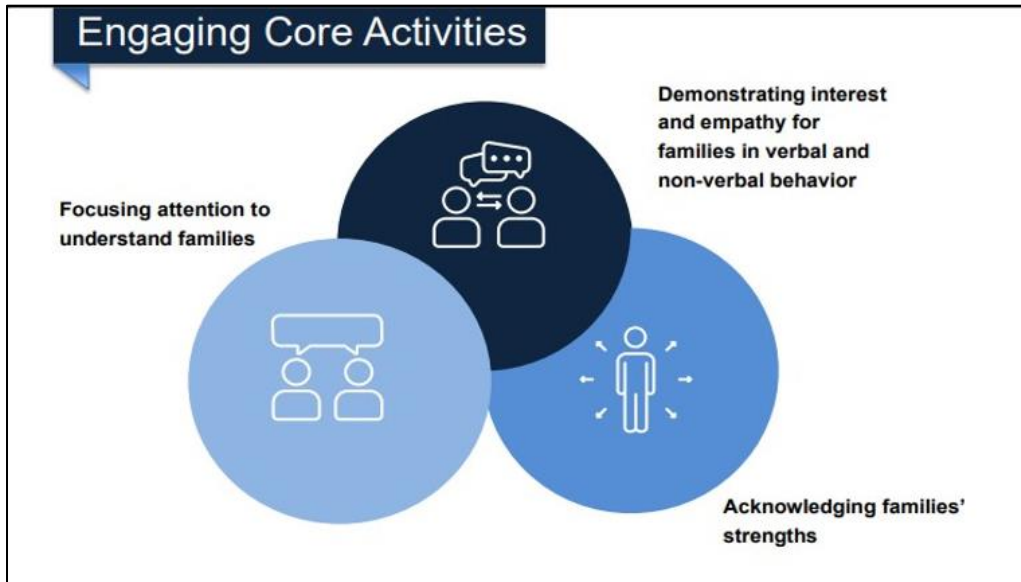
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Questions and Reflections

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Interviewing



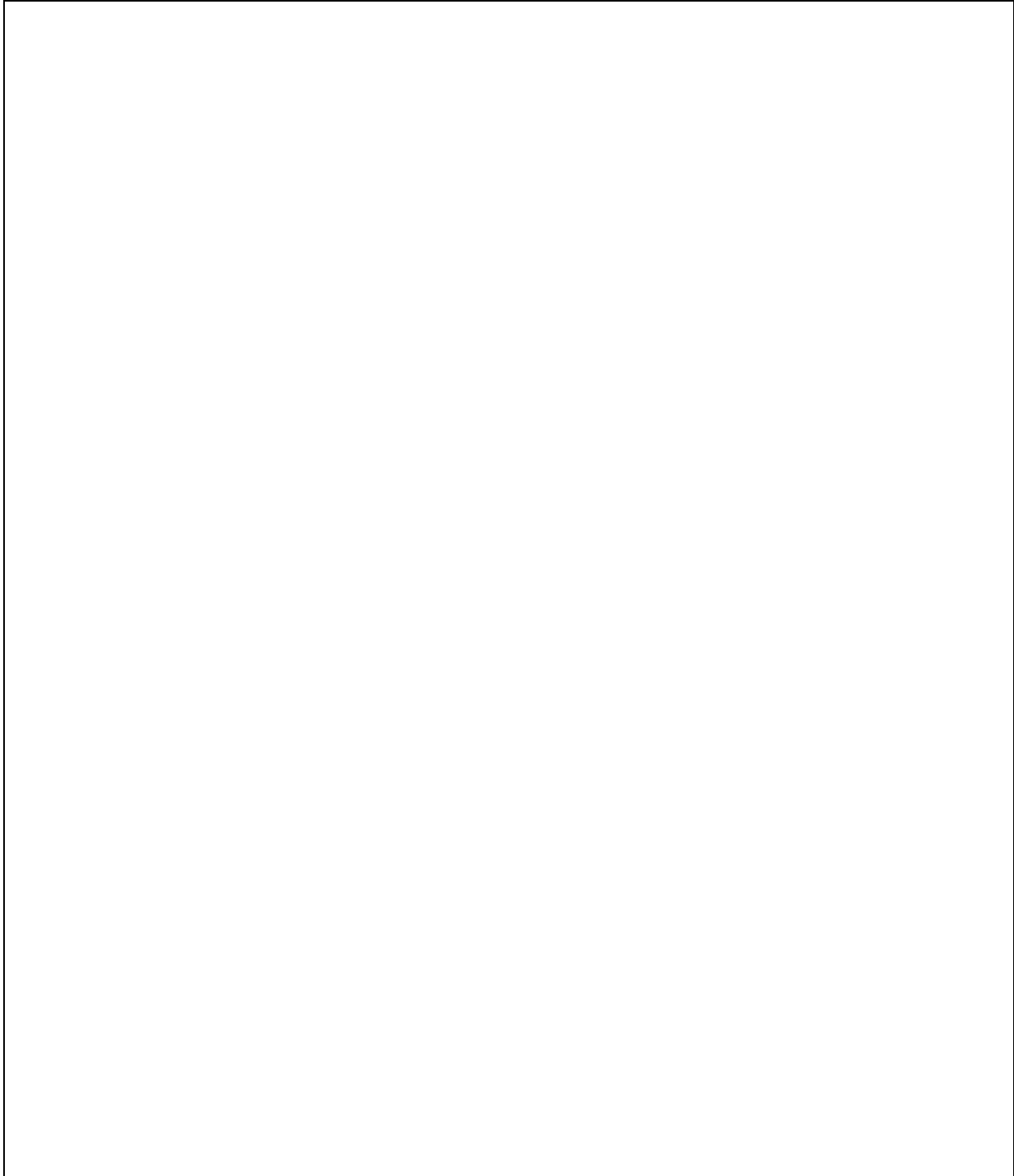
After completing the matching game with your team, refer to the engagement section of the North Carolina Practice Standards Worker Desk Guide located in the Appendix to check your work.

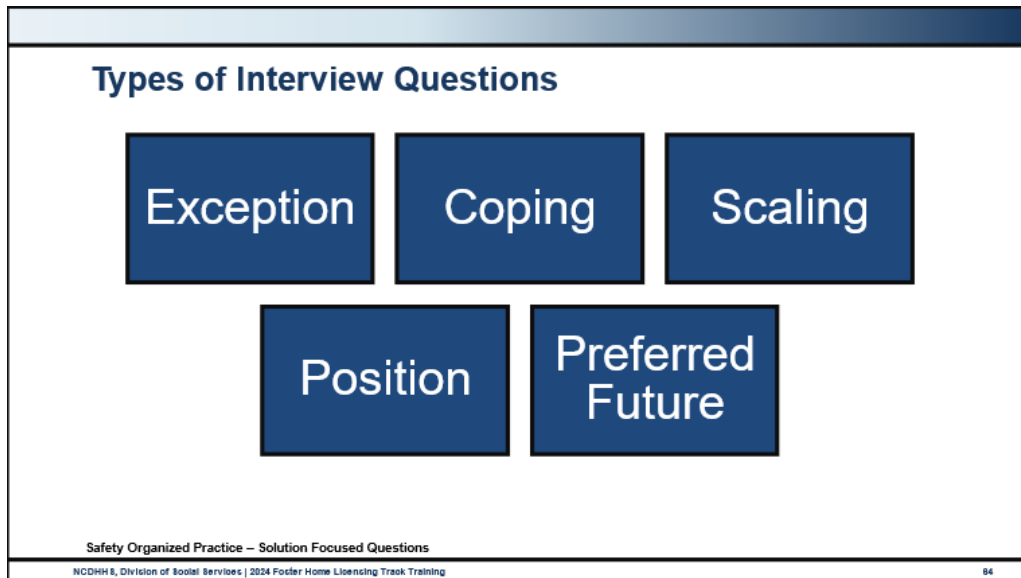
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Video: Empathetic Listening

<https://youtu.be/SnCJlQxbeY?si=sXK8LKREr4mQ3td>

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Strength-Based and Solution-Focused Approach

- Identifying strengths in problem situations
- Exploring the past
- Finding and using expectations to the problem
- Facilitating a positive vision of the future
- Scaling questions
- Encouraging commitment
- Developing action steps

https://www.pacwrc.pitt.edu/Curriculum/301EngggClntsFrmAnSBSFPrspctv/Hndts/HO_9_Solution_focused_skills_and_questions.pdf

NCDHHS, Division of Social Services | 2024 Foster Home Licensing Track Training 66

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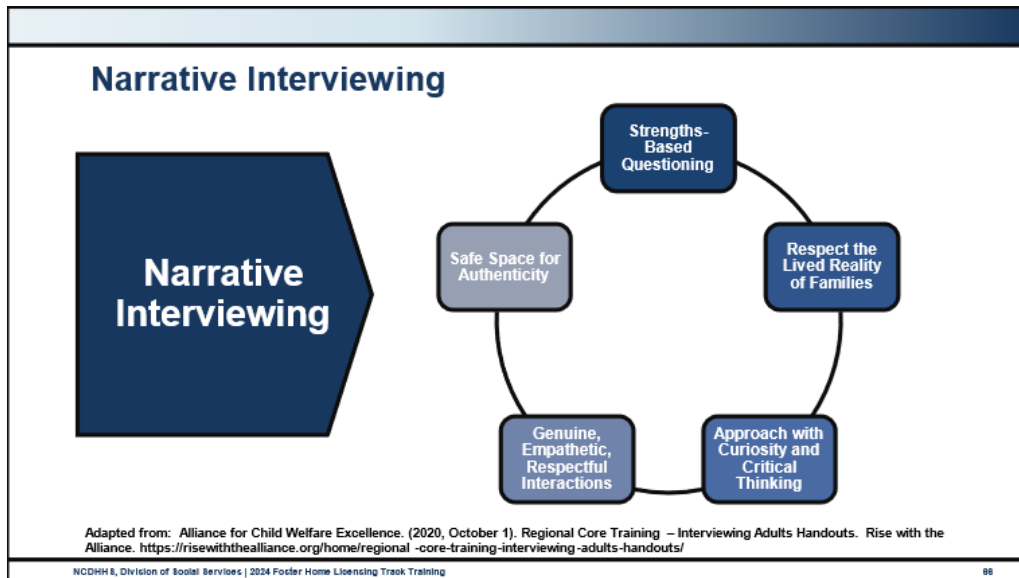
Handout: Solution-Focused Interviewing Skills and Questions

Open Ended Questions	
Questions that encourage the client to use their own words and to elaborate on a topic.	Can you tell me about your relationship with your parents? Tell me about your parenting experience. Who are your supports and how do they help you? Note: identify and reflect to clients any strengths or positive qualities clients may reveal in their responses to the open-ended questions.
Summarizing	
Periodically state back to the client his/her thoughts, actions, and feelings.	So, what I hear you say is... If I understand you correctly, you are saying that... So, what you are saying is... Right?
Tolerating/Using Silence	
Allow 10, 15, 20 seconds or so to allow clients to come up with their own responses. Avoid the temptation to fill in silence with advice.	
Complimenting	
Acknowledging client strengths and past success.	As you were talking, I noticed that you have many strengths. You have..., In the past, you have had successes evident by your ability to....
Affirming Client's Perception	
Perception is some aspect of a person's self-awareness or awareness of their life. They include a person's thoughts, feelings, behaviors, and experiences. Affirmation of the client's perceptions is similar to reflective listening in form but does not isolate and focus on the feeling component per se, but on the client's larger awareness.	That is very smart of you, let us explore this further... You have a high-level of self-awareness, how would you like to use this information to move forward...

Working with Client’s Negative or Inaccurate Perceptions	
<p>Perceptions, even negative ones like suicide or assaultive behaviors should be explored to understand the full context. Some perceptions may be obviously inaccurate and reflect a person’s denial of a problem. Avoid an immediate educative or dissuading response to negative or inaccurate perceptions. Listening and understanding are the social worker’s first obligations.</p>	<p>What’s happening in your life that tells you that hitting or suicide might be helpful in this situation? How does it feel to say, “I don’t want to do this anymore?” How might your life be different if you did hit him? What are the pros and cons of your reaction?</p>
Returning the Focus to the Client	
<p>Clients tend to focus on the problem and/or what they would like others to do differently. In the Solution-Focused approach, the client is encouraged to return the focus to themselves and to possible solutions.</p>	<p>“My kids are lazy. They don’t realize that I need help sometimes.” Response: “What gives you hope that this problem can be solved?” “I wish my parents would get with it. A 10:00 pm curfew on weekends is ridiculous.” Response: “When things are going better, what will your parents notice you doing differently?” “My teachers are too hard. If they would back off all the homework and give more help my grades would improve.” Response “What is it going to take to make things even a little bit better?” “If my boss would stop criticizing me and treating me like a child, I could be more productive.” Response “If your boss was here and I asked him what you could do differently to make it just a little easier for him not to be so critical, what do you think he would say?”</p>
Exception Questions	
<p>Exception questions help clients think about times when their problems could have occurred but did not – or at least were less severe. Exception questions focus on who, what, when, and where (the conditions that helped the exception to occur) - NOT WHY; should be related to client goals.</p>	<p>Are there times when the problem does not happen or is less serious? When? How does this happen? Have there been times in the last couple of weeks when the problem did not happen or was less severe? How was it that you were able to make this exception happen? What was different about that day? If your friend (teacher, relative, spouse, partner, etc.) were here and I were to ask</p>

	<p>him what he noticed you doing differently on that day, what would he say? What else?</p>
<p>Coping Questions</p>	
<p>Coping questions attempt to help the client shift his/her focus away from the problem elements and toward what the client is doing to survive the painful or stressful circumstances. They are related in a way to exploring for exceptions.</p>	<p>What have you found that is helpful in managing this situation? Considering how depressed and overwhelmed you feel, how is it that you were able to get out of bed this morning and make it to our appointment (or make it to work)? You say that you're not sure that you want to continue working on your goals. What is it that has helped you to work on them up to now?</p>
<p>Scaling Questions</p>	
<p>Scaling questions invite clients to put their observations, impressions, and predictions on a scale from 0 to 10, with 0 being no chance, and 10 being every chance. Questions need to be specific, citing specific times and circumstances.</p>	<p>On a scale of 0 to 10, with 0 being not serious at all and 10 being the most serious, how serious do you think the problem is now? On a scale of 0 to 10, what number would it take for you to consider the problem to be sufficiently solved? On a scale of 0 to 10, with 0 being no confidence and 10 being very confident, how confident are you that this problem can be solved? On a scale of 0 to 10, with 0 being no chance and 10 being every chance, how likely is it that you will be able to say "No" to your boyfriend when he offers you drugs? What would it take for you to increase, by just one point, your likelihood of saying "No"? What's the most important thing you have to do to keep things at a 7 or 8?</p>
<p>Indirect Relationship Questions</p>	
<p>Indirect questions invite the client to consider how others might feel or respond to some aspect of the client's life, behavior, or future changes. Indirect questions can be useful in asking the client to reflect on narrow or faulty perceptions without the worker directly challenging those perceptions or behaviors.</p>	<p>How is it that someone might think that you are neglecting or mistreating your children? Has anyone ever told you that they think you have a drinking problem? If your children were here (and could talk, if the children are infants or toddlers) what might they say about how they feel when you and your wife have one of those serious arguments? At the upcoming court hearing, what changes do you think the judge will expect</p>

	<p>from you to consider returning your children? How do you think your children (spouse, relative, caseworker, employer) will react when you make the changes we talked about?</p>
<p>Miracle Questions</p>	
<p>The Miracle Question is a special type of preferred future question that can help people get clarity on how the problem impacts their daily life and what life would look like without the problem happening.</p>	<p>Imagine you woke up tomorrow and a miracle had happened overnight, and all the trouble was gone. How would you know it was over? What would be different that would tell you the problem was no longer happening? What is the first thing you would be doing to start the day? What would the rest of your day look like? What would things look like for your children? If you could wave a magic wand and things, be different, what would that new state of being look like? What would it take to get there without the magic wand?</p>



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Handout: Guiding Principles of Interviewing

Parents

- Strengths-based: Actively look for and acknowledge strengths, protective capacities, the presence of protective factors, and competence.
- Centrality of parent's role and perspective: By virtue of being a parent, the adult has information and ideas that are critical to the family. Parents, regardless of their level of involvement, actions, or inactions, deserve a seat at the table.
- Rooted in the parent's lived reality: Get curious about the parent's reality. Honor their assessment of who they are and how things work within their family. Engage across all elements of family life, asking for their perspective about barriers and challenges as well as what is working well. Acknowledge the difficulty of their situation when it is expressed.
- Use curiosity and critical thinking to explore discrepancy: Judgements can wait. Sometimes, parents tell us things that we can demonstrate are not true. Often, this behavior is grounded in protecting themselves and their family from system involvement and impact. This could be a lifelong strategy. It is crucial to identify when a parent's words or statements do not match other information gathered and should always be done in a respectful and curious manner. Acknowledge out loud the feelings that could compel a person to represent things differently than they are and the feelings of being approached with this dynamic.
- Authenticity is important: Be "real" during interviews to the extent that it is respectful, culturally humble, and professional. Assume that the parent would like to parent safely and well and that it's the barriers the parent faces that prevent this, not the parent's character. Parents are more than their actions and worst moments.

Children

- Do No Harm: Interviews should not be traumatic or coercive. Minimize the amount of times children and youth share details of traumatic events to avoid re-victimization. Respect a child or youth's right to opt out of an interview.
- Always tell the truth and don't make promises you can't keep: Child welfare processes are dynamic and unpredictable. Share what you know, what steps you will take, and overview processes from a position of "what usually happens."
- Attend to the child or youth's development age and stage: Children and youth who do not understand what is being asked of them may try to guess. This has terrible implications. Engage children and youth at their level and provide information to give context and direction.
- Support the child or youth to do most of the talking: Use open-ended questions, non-verbal affirmations, active listening, and elicit the child to talk about their life. Utilize prompts that encourage the child to keep talking.
- Avoid leading questions: Use the child or youth's words whenever possible. Use open-ended questions.

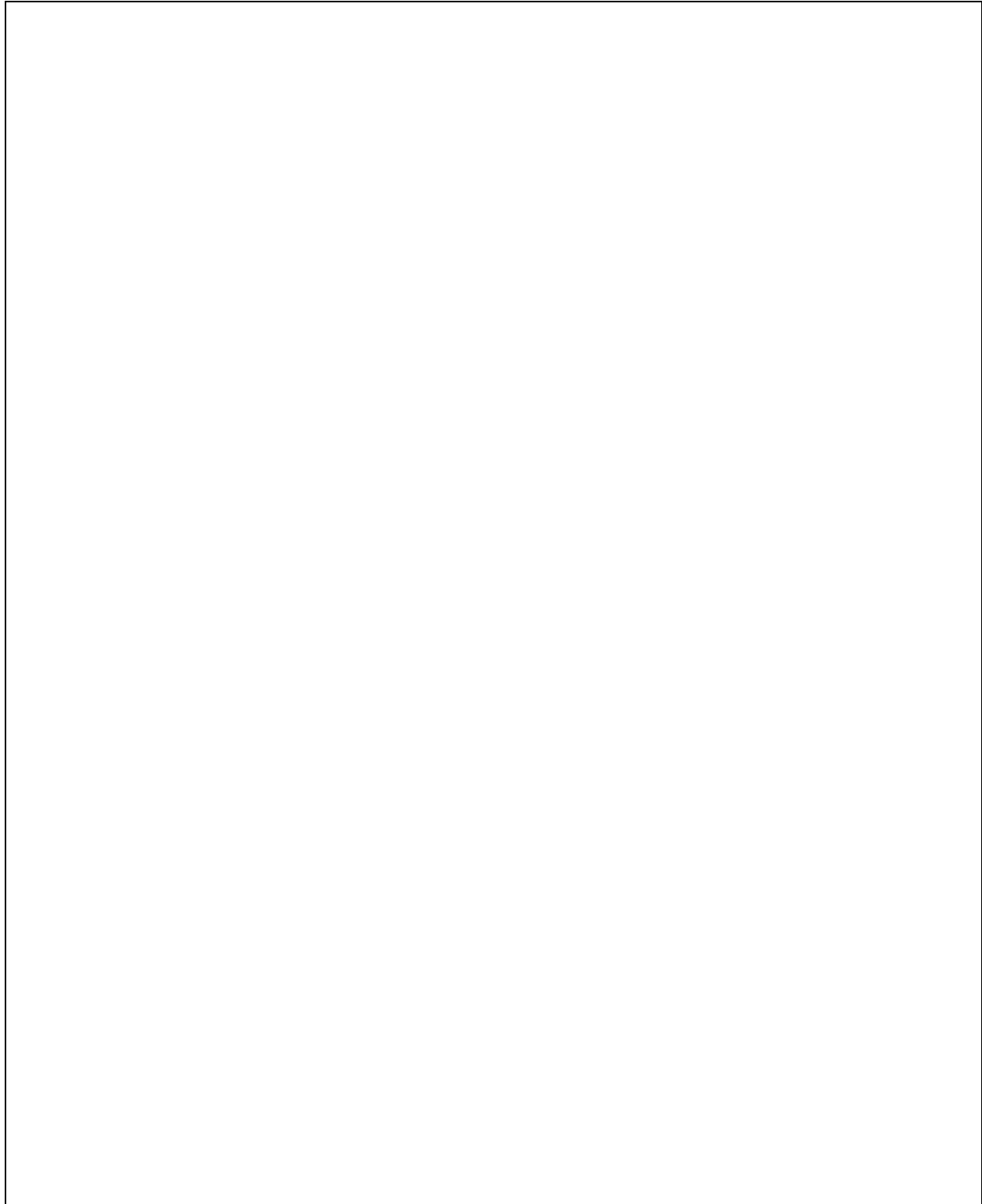
- Don't argue with the child or youth about their experience: Get curious about the child or youth's reality. Honor their thoughts and feelings about who they are and how things work within their family. Engage across all elements of family life, asking for their perspective about barriers and challenges and what is working well. Remember that siblings within the same home can have very different experiences.
- Remember you are not the expert in their lives and do not know what happened: Engage to understand or discover, not to confirm or deny. Your desire for a child to make a disclosure or deny something can have a powerful effect on your interview, even when you don't intend for this to happen.

Adapted from: Alliance for Child Welfare Excellence. Regional Core Training – Interviewing Adults Handouts. <https://risewiththealliance.org/home/regional-core-training-interviewing-adults-handouts/>

And Alliance for Child Welfare Excellence. Regional Core Training – Webinar Handouts: Guiding Principles of Child Interviewing. Rise with the Alliance. <https://risewiththealliance.org/home/regional-core-training-interviewing-children-handouts/>

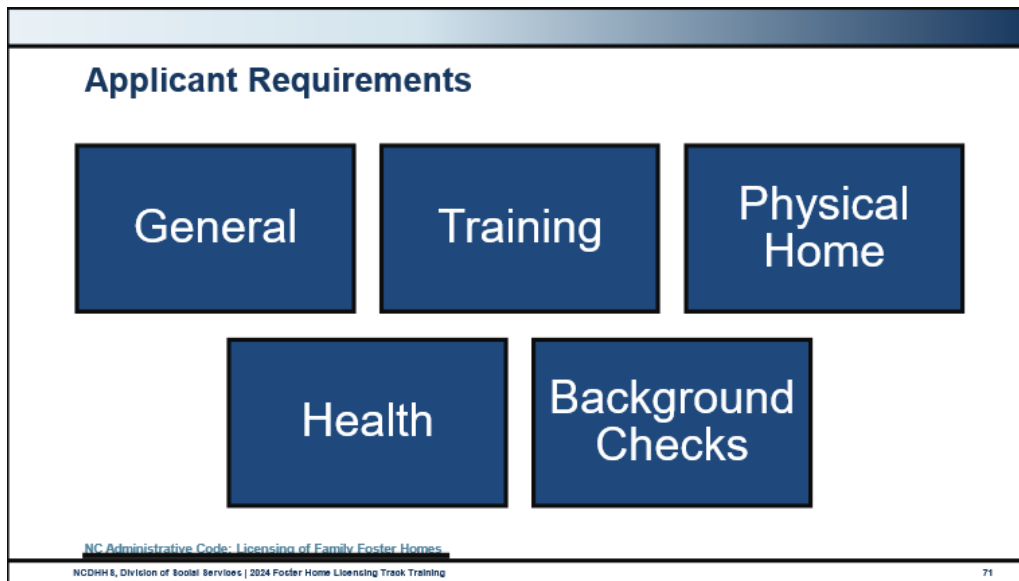
Questions and Reflections

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Foster Parent Qualifications and Background Checks

Foster Parent Qualifications



Group 1: General

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Group 2: Training

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Group 3: Physical Home

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Group 4: Health

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Group 5: Background Checks

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Background Checks

Background Check Requirements

- Federal**
- Fingerprints
- State**
- North Carolina Department of Public Safety Offenders
- North Carolina Sex Offender and Public Registry
- North Carolina Health Care Personnel Registry
- Local Courts**
- Responsible Individual List**
- Adam Walsh Checks – if resided outside NC in last 5 years**

Foster Home Licensing December 2023 (ncdhhs.gov)

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Federal

- FBI Fingerprints for each person who is 18 years of age or older in the applicant family must be fingerprinted and the fingerprints must be processed through the North Carolina Division of Child Development and Early Education. These are completed through the State Bureau of Investigation (SBI).

State

- State-level criminal background checks are done by checking internet databases for any criminal conviction or substantiated report of harming persons in care. These checks must be performed prior to initial licensing and at every relicensure, as well as any time there is a new adult household member. To conduct this check, the supervising agency checks the following sites and records the results on the Foster Home License Application (DSS-5016):
 - North Carolina Department of Public Safety Offenders
 - North Carolina Sex Offender and Public Registry
 - North Carolina Health Care Personnel Registry

Local Courts

- Local criminal background checks are done using records of the Superior Court with the jurisdiction of the foster home. Typically, these records are kept at the county courthouse.

Responsible Individual List

- Prior to initial licensure, supervising agencies must check the RIL to ensure that the applicants and adult household members are not on the RIL due to an incident that occurred within the past five years (60 or fewer months). People on the RIL for less than five years are prohibited by law from caring for children in

foster care; they cannot be recommended for licensure. If a person's name is on the RIL but the incident occurred five or more years ago (61+ months), the supervising agency may submit a written request to the Licensing Authority to include the individual in a household licensed to care for children in foster care.

- Adam Walsh Checks – if resided outside NC in last 5 years

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Required Forms and Documentation

- DSS-5280 Notice Foster Home Mandatory Criminal History Check
- DSS-5016 Foster Home License Application
 - Local Court Records
 - North Carolina Department of Corrections Offender Information
 - North Carolina Sex Offender and Public Protection Registry
 - Health Care Personnel
- DSS-5268 Responsible Individuals List (RIL)
- Fingerprints
- If resided outside of NC within last 5 years, Adam Walsh Check

[Foster Home Licensing December 2023 \(ncdhhs.gov\)](#)
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Criminal History and Bars to Licensure

- Any household member 18 years of age or older **MUST** consent to a criminal history check

Permanent Bar – Conviction of the following:

- Child abuse and neglect
- Spousal abuse
- Crime against a child or children (including child pornography)
- Crime involving violence, including rape, sexual assault, or homicide but not including other physical assault or battery

5 Year Bar – Conviction of the following within last 5 years:

- Felony physical assault
- Felony battery
- Felony drug-related crime

[NC Administrative Code: Licensing of Family Foster Homes](#)
NCDHHS, Division of Social Services | 2024 Foster Home Licensing Track Training 75

Any household member 18 years of age or older **MUST** consent to a criminal history check.

Permanent Bar – Conviction of the following:

- Child abuse and neglect
- Spousal abuse
- Crime against a child or children (including child pornography)
- Crime involving violence, including rape, sexual assault, or homicide but not including other physical assault or battery

5-Year Bar – Conviction of the following within the last 5 years:

- Felony physical assault
- Felony battery
- Felony drug-related crime

Considerations for non-barrable offenses:

- Nature of crime
- Length of time since conviction
- Circumstances around commission
- Number and types of prior offenses
- Evidence of rehabilitation
- Age at the time of commission
- Letter of support for licensure from the executive director of the agency

Mitigating Non-Barrable Offenses

Considerations for non-barrable offenses

- Nature of crime
- Length of time since conviction
- Circumstances around commission
- Number and types of prior offenses
- Evidence of rehabilitation
- Age at time of commission
- Letter of support for licensure from agency

NC Administrative Code: Licensing of Family Foster Homes
NCDHHS, Division of Social Services | 2024 Foster Home Licensing Track Training 78

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Worksheet: Mitigating Non-Barrable Offenses

Scenario 1: A couple has applied to be potential foster parents. The husband has three disorderly conduct convictions that occurred between 3 and 4 years ago, and through interviews with the family, you learn that each incident stemmed from an argument with the wife. According to local court records, the couple filed for divorce 2 years ago, but it appears that they mutually agreed to dismiss the case. When you interview the family, they admit that their marriage “went through a rough patch” a few years ago. They indicate that they went through couple’s counseling and “things are much better now”.

Eligible, non-eligible, or need/want more information?

Scenario 2: A grandmother is seeking licensure to foster her grandchild. She discloses that 15 years ago, she was involved in child welfare after she was arrested for driving under the influence with her children in the vehicle. Her children were placed in foster care while she received treatment and was reunified after 7 months. She has had no additional criminal convictions, and she continues to remain involved in AA, serving as a sponsor for others who struggle with addiction. She has been sober for the past 15 years.

Eligible, non-eligible, or need/want more information?

Scenario 3: A potential foster parent previously indicated that they have never been convicted of a criminal offense, but during the background check process, you find that she was convicted of embezzling money from a former employer 5 years ago. Additionally, you found several judgments against her for unpaid debt that have not been satisfied. When you discuss the findings, she was apologetic and indicated that she did not think to disclose that because she did not feel that it impacted her ability to provide care to foster children.

Eligible, non-eligible, or need/want more information?

Worksheet: Excerpt from a Fostering Perspectives Article

One Foster Parent's Story

In many ways, foster parent Carol Nixon's experience of being investigated for child abuse is classic. It began with misinformation: when a brother and sister were placed in her home she asked that agency if the children had a history of sexual abuse, and she was told they did not. She later learned they had been severely sexually abused.

After the boy moved from her home to a pre-adoptive placement he claimed, possibly as an attempt to sabotage the adoption, that he had raped Nixon's 3-year-old foster son while staying at her home. When the boy's therapist called to tell her about this allegation, Nixon knew it was impossible based on the details in the boy's story. Despite this, she had the 3-year-old examined by a doctor, who found no evidence of abuse. To keep them fully informed, Nixon told DSS about the allegations.

Soon after, she received a letter informing her that because she and her husband may have allowed this sexual assault to happen they would be investigated for child neglect. When she called her DSS to find out what was going on, her licensing worker, the person she was closest to at the agency, told her she could not speak with her about the case. The worker explained later that, based on its interpretation of NC policy, her county DSS prohibited licensing workers from having contact with foster parents undergoing CPS investigation.

Nixon and her husband felt powerless, confused, and uninformed about the investigative process. "Worst of all," she says, "the people at my county DSS didn't tell me they were going to abandon me. I was left with no support."

In keeping with NC policy, the CPS unit from another county DSS conducted the investigation. "It was pure hell, what we went through," Nixon says. "I was crying all the time for months. We knew we had done nothing wrong, but we felt like bad parents."

It was some comfort, Nixon says, that the CPS worker was gracious and kind. When the investigator left she told Nixon, "You have nothing to worry about." It also seemed a positive sign that, during the investigation, her agency did not remove the foster children from her home.

Though the investigation, which took months to complete, cleared Nixon and her husband of child neglect, she was still very angry with her county DSS. "I was so angry I couldn't even look at them--it was eating me alive. I seriously considered not fostering anymore." She was upset that she was denied access to the final report that cleared her name. The thing she was most angry about, though, "was the fact that I was completely abandoned by the agency when I needed support the most, and that I had not been told this would happen if an investigation occurred."

In the end, Nixon decided to continue fostering on the condition that all future pre-service training in her county strongly emphasized the risks of false allegations foster parents face and the procedure agencies must follow when a report against a foster home is accepted. Her agency continued to place children in her home.

What are your reactions to the story?

If you were in Carol's shoes, how would it feel?

What kind of support would you have offered Carol?

Questions and Reflections

Use this space to record questions and reflections about what you have learned.

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Licensing Required Forms
DSS-5015 Foster Care Facility Action Request

**NORTH CAROLINA DIVISION OF SOCIAL SERVICES
FOSTER CARE FACILITY ACTION REQUEST**

1 AGENCY CASE NO. _____

2 CO. NO. _____

3 AGENCY TYPE

1	COUNTY DSS
2	PUBLIC AGENCY
3	PRIVATE AGENCY

4 NAME OF SUPERVISING AGENCY _____

5 FACILITY ADDRESS _____

6 AREA CODE _____ HOME PHONE NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

7 FOSTER PARENT NAME OR FACILITY NAME _____

8 SOC. SEC. NUMBER _____

9 DATE OF BIRTH _____

10 RACE _____

11 SEX

1	MALE
2	FEMALE

12 EDUCATION

GRADE COMPLETED OR POST SECONDARY YEARS

13 TRAINING

HOURS	TYPE
_____	1 ORIENTATION
_____	2 SKILLS DEVELOPMENT
_____	3 SPECIFIC CHILD

14 FOSTER PARENT NAME _____

15 SOC. SEC. NUMBER _____

16 DATE OF BIRTH _____

17 RACE _____

18 SEX

1	MALE
2	FEMALE

19 EDUCATION

GRADE COMPLETED OR POST SECONDARY YEARS

20 TRAINING

HOURS	TYPE
_____	1 ORIENTATION
_____	2 SKILLS DEVELOPMENT
_____	3 SPECIFIC CHILD

21 CAPACITY _____

22 SEX

1	MALE
2	FEMALE
3	BOTH

AGE _____

23 RATE _____

24 FROM _____ TO _____

25 FAMILY INCOME

1	UNDER 10,000
2	10-19,999
3	20-29,999
4	30-39,999
5	40-49,999
6	50,000

26 TYPE CARE PROVIDED

1	FOSTER CARE
2	KINSHIP/RELATIVE FOSTER CARE
3	SPECIALIZED FOSTER CARE
4	EMERGENCY SHELTER CARE
5	THERAPEUTIC FOSTER CARE
6	SPECIAL PROGRAM

27 OTHER HH MEMBERS 18 OR OLDER

LASTNAME	FIRST	MI
_____	_____	_____

28 TYPE OF FACILITY

1	FAMILY FOSTER HOME
2	GROUP HOME
3	INSTITUTION
4	MATERNITY HOME
5	RES. TREATMENT
6	THER. CAMP

29 MEDICAID ID # _____

30 NPI NUMBER _____

31 PROFIT INDICATOR

<input type="checkbox"/>	PROFIT
<input type="checkbox"/>	NON-PROFIT

32 FACILITY I.D. _____

33 SUPERVISING AGENCY _____

34 LICENSE ISSUED _____

35 FROM _____

36 LICENSE ACTION _____

37 TO _____

38 OTHER LICENSING ACTIONS

1	CHANGE
2	TERMINATION
3	RELICENSE
4	NEW

39 EFFECTIVE DATE _____

40 OTHER _____

41 PROCESSING INFORMATION _____

42 LICENSE TYPE

1	FULL
2	PROVISIONAL

43 REASONS FOR PROVISIONAL

1	SANITATION STANDARD
2	OTHER-EXPLAIN IN #38

44 WAIVER GRANTED _____

DSS-5015 (Rev. 11/07)
FSCW

DSS-5016 Foster Home License Application

**FOSTER HOME LICENSE APPLICATION
NORTH CAROLINA DIVISION OF SOCIAL SERVICES**

Required Applicants (10A NCAC 70E .1104 (d)). Foster parent applicants who are married are presumed to be co-parents in the same household and both shall complete all licensing requirements. Adults 21 years of age or older, living in currently licensed or newly licensed foster homes who have responsibility for the care, supervision, or discipline of the foster child shall complete all licensing requirements. The supervising agency shall assess each adult's responsibility for the care, supervision, or discipline of the foster child.

I. NAME, CRIMINAL HISTORY & BACKGROUND CHECK INFORMATION (10A NCAC 70E .1114 & .1116)

A. Name & Education Level

Applicant's Full Name (First, Middle., Last)	Nicknames/Preferred Name	Maiden Name	Previous Married Name	*Education Level

*Education Level (Indicate HS, GED, BA, BS, MS, PhD)

Applicants without a High School Diploma or GED have the ability to read and write as evidenced by their ability to administer medications as prescribed by a licensed medical provider, maintain medication administration logs and maintain progress notes. YES NO

Mailing address, if different than home address:

B. Others in Household (Do Not Include Applicants' Children or Foster Children)

Name-include relatives, non-related boarders, day care, babysitting children, etc. (First, Middle, Last)	DOB	Sex	Relationship to Family

C. North Carolina Criminal History & Background Check Information

Type of Background Check (Applicants & Adult Household Members) Check	Date Conducted
Conducted	
Local Court Record Checked by Agency Staff	<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____
Findings and Dates: _____ Explanation of Findings: _____	
NC Dept. of Public Safety Offender Information	<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____
Findings and Dates: _____ Explanation of Findings: _____	

NC Sex Offender and Public Protection Registry	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Findings and Dates: _____		
Explanation of Findings: _____		
Health Care Personnel Registry	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Findings and Dates: _____		
Explanation of Findings: _____		

D. North Carolina Child Abuse Neglect History

Child Abuse or Neglect Reported (Applicants & Adult Household Members)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Substantiation: <input type="checkbox"/> YES, Date of Substantiation: _____ <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Explanation of Findings: _____		

E. Complete Section E if applicants/adult household members have NOT resided in NC for the past five years.

Previous Address(es) (Applicants & Adult Household Members)	Dates of Residency
Child Central Registry Check(s) from above State(s) of residence regarding applicant as a perpetrator of abuse or neglect if he/she DID NOT reside in NC for the past five years.	Date Conducted:
Place child abuse/neglect clearance letters from other state(s) after the signature page. Any findings of child abuse/neglect, criminal history or background check offenses will require a letter of explanation and support from the agency director.	

F. Have any of the applicants been previously licensed as foster parents? YES NO

If Yes, Document information provided by the previous agency regarding the foster parenting experiences of the applicant. _____

G. Do Applicants have an In-Home Day Care? YES NO If 'YES' attach copy of Day Care License (Place this document after the signature page).

II. FOSTER HOME QUALIFICATIONS (10A NCAC 70E .1001)

A. Applicants' Own Children in Home

Name (First, Middle., Last)	DOB	Sex	Education Level

B. Foster Children Presently in Home Indicate if court ordered placement of relative, non-relative or child in custody of an out-of state agency. Indicate with an asterisk (*) children placed for therapeutic services.

Name (First, Middle., Last)	DOB	Sex	Education Level	Date of Placement

C. Applicants' Own Children Not in Home including children applicant has parented in the past (step, relative, non-related, etc.) (This does NOT include foster children.)

Name (First, Middle, Last Name prior to marriage)	DOB	Sex	Address (City/State)

III. STANDARDS FOR LICENSURE (10A NCAC 70E .1100)

A. Clients Rights and Care of Children (10A NCAC 70E .1101)

Applicants agree to ensure that each foster child:

YES

NO

- (1) has clothing to wear that is appropriate to the weather;
- (2) is allowed to have personal property;
- (3) is encouraged to express opinions on issues concerning care;
- (4) is provided care in a manner that recognizes the child's cultural values and traditions;
- (5) is provided the opportunity for spiritual development and is not denied the right to practice his or her religious beliefs;
- (6) is not identified as a foster child in any way;
- (7) is not forced to acknowledge dependency on or gratitude to the foster parents;
- (8) is encouraged to contact and have telephone conversations with family members unless contraindicated in the child's visitation and contact plan;
- (9) is provided training and discipline that is appropriate for the child's age, intelligence, emotional makeup, and past experience;
- (10) is not subjected to cruel or abusive punishment, as established in G.S. 7B 101(1) and (15);
- (11) is not subjected to corporal punishment;
- (12) is not deprived of a meal or contacts with family for punishment or placed in isolation time-out except when isolation time-out means the removal of a child to an unlocked room or area from which the child is not physically prevented from leaving. The foster parent may use isolation time-out as a behavioral control measure when the foster parent provides it within hearing distance of a foster parent. The length of the isolation time-out shall be appropriate for the child's age, intelligence, emotional makeup, and past experiences;
- (13) is not subjected to verbal abuse, threats, or humiliating remarks about himself or herself or his or her family;
- (14) is provided a daily routine in the home that promotes a positive mental health environment and provides an opportunity for normal activities with time for rest and play;
- (15) is provided training in nutrition and personal hygiene. Each child shall be provided food with nutritional content for normal growth and health. Diets prescribed by a licensed medical provider shall be provided;
- (16) is provided medical care in accordance with the treatment prescribed for the child;
- (17) of mandatory school age, as established in G.S. 115C-378(a), maintains regular school attendance unless the child has been excused by the authorities;
- (18) is encouraged to participate in neighborhood and group activities, to have friends visit the home, and to visit in the homes of friends;
- (19) assumes responsibility for himself or herself and for household duties that are appropriate for the child's age intelligence, emotional makeup, and past experiences. Household tasks shall not interfere with school, sleep, or study periods;

- (20) is not permitted to do any task that violates child labor laws, as established in G.S. 95-25.5 and Fair Labor Standards Act (FLSA), incorporated by reference including subsequent amendments and editions, or not appropriate for the child's age, intelligence, emotional makeup, and past experiences;
- (21) is provided supervision that is appropriate for the child's age, intelligence, emotional makeup, and experience;
- (22) if less than eight years of age or weighs less than 80 pounds, is properly secured in a child passenger restraint system in accordance with the manufacturer's instructions;
- (23) is protected from disclosure of confidential information about the child or the child's family. Such confidential information shall not be shared unless lawfully authorized; and
- (24) is encouraged to participate in extracurricular, recreational, enrichment, cultural, and social activities in accordance with G.S. 131D-10.2A.

B. Medication (10A NCAC 70E .1102)

Foster parents agree to be responsible for the following regarding medication: YES NO

- (1) General requirements:
- (a) Retain the manufacturer's label with expiration dates visible on non-prescription drug containers not dispensed by a pharmacist;
 - (b) Administer prescription drugs to a child only on the written order of a person authorized by law to prescribe drugs;
 - (c) Allow prescription medications to be self-administered by children only when authorized in writing by the child's licensed medical provider;
 - (d) Allow non-prescription medications to be administered to a child taking prescription medications only when authorized by the child's licensed medical provider; allow non-prescription medications to be administered to a child not taking prescription medication, with the authorization of the parents, guardian, legal custodian, or licensed medical provider;
 - (e) Allow injections to be administered by unlicensed persons who have been trained by a registered nurse, pharmacist, or other person allowed by law to train unlicensed persons to administer injections;
 - (f) Immediately record in a Medication Administration Record (MAR) provided by the supervising agency all drugs administered to each child. The MAR shall include the following: child's name; name, strength, and quantity of the drug; instructions for administering the drug; date and time the drug is administered, discontinued, or returned to the supervising agency or the person legally authorized to remove the child from foster care; name or initials of person administering or returning the drug; child requests for changes or clarifications concerning medications; and child's refusal of any drug; and
 - (g) Follow-up for child requests for changes or clarifications concerning medications with an appointment or consultation with a licensed medical provider.
- (2) Medication disposal:
- (a) Return prescription medications to the supervising agency or person legally authorized to remove the child from foster care; and
 - (b) Return discontinued prescription medications to a pharmacy or the supervising agency for disposal, in accordance with 10A NCAC 70G .0510(c).
- (3) Medication storage:
- (a) Store prescription and over-the-counter medications in a locked cabinet in a clean, well-lighted, well-ventilated room other than bathrooms, kitchen, or utility room between 59° F (15 ° C) and 86° F (30° C);
 - (b) Store medications in a refrigerator, if required, between 36° F (2° C) and 46° F (8° C). If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container within the refrigerator; and
 - (c) Store prescription medications separately for each child.
- (4) Psychotropic medication review:
- (a) Arrange for any child receiving psychotropic medications to have their drug regimen reviewed by the child's licensed medical provider at least every six months;
 - (b) Report the findings of the drug regimen review to the supervising agency; and
 - (c) Document the drug review in the MAR along with any prescribed changes.
- (5) Medication errors:
- (a) Report drug administration errors or adverse drug reactions to a licensed medical provider or pharmacist; and
 - (b) Document the drug administered and the drug reaction in the MAR.

C. Physical Restraints (10A NCAC 70E .1103)

- (1) Foster parents who utilize physical restraint holds agree to not engage in discipline or behavior management, which includes: YES NO N/A
- (a) protective or mechanical restraints;
 - (b) a drug used as a restraint, except as outlined in Paragraph (b) of this Rule;
 - (c) the seclusion of a child in a locked room; or
 - (d) physical restraint holds except for a child who is at imminent risk of harm to himself, herself, or others until there is no longer any risk of imminent harm to any party.
- (2) Foster Parents agree to meet the following regarding training requirements and the use to physical restraints: YES NO N/A
- (a) Before a foster parent administers physical restraint holds, each foster parent shall complete training that includes 16 hours of initial training in behavior management, including techniques for de-escalating problem behavior, the use of physical restraint holds, monitoring of vital indicators, and debriefing children and foster parents involved in physical restraint holds.
 - (b) Foster parents authorized to use physical restraint holds shall annually complete eight hours of behavior management training, including techniques for de-escalating problem behavior.
 - (c) This training shall count toward the training requirements as set forth in 10A NCAC 70E .1117(f)(6).
 - (d) Only foster parents trained in the use of physical restraint holds may administer physical restraint holds.
- (3) Foster parents agree to the following regarding the administration of physical restraints: YES NO N/A
- (a) foster parents shall use only those physical restraint holds approved by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, pursuant to 10A NCAC 27E .0108. Approved physical restraint holds can be found at the following web site:
<https://www2.ncdhhs.gov/mhddsas/providers/trainingandconferences/restraints.htm>;
 - (b) a foster parent shall not use physical restraints that will cause a child harm, given their medical condition or any medications that they are taking;
 - (c) no child shall be restrained using a physical object;
 - (d) no child or group of children shall be allowed to participate in the physical restraint of another child;
 - (e) physical restraint holds shall:
 - (i) not be used for purposes of discipline or convenience;
 - (ii) be used only when there is imminent risk of harm to the child or others and less restrictive approaches have failed;
 - (iii) be administered in the least restrictive manner possible to protect the child or others from imminent risk of harm; and
 - (iv) end when there is no longer any risk of imminent harm to any party;
 - (f) The foster parent shall:
 - (i) ensure that any physical restraint hold used on a child is administered by a trained foster parent with a second trained adult in attendance. Concurrent with the administration of a physical restraint hold and for a minimum of 15 minutes subsequent to the termination of the hold, a foster parent shall monitor the child's breathing, ascertain the child is verbally responsive and has motor control and ensure the child remains conscious without any complaints of pain. The supervising agency may seek a waiver from the licensing authority for a foster parent to administer a physical restraint hold without a second trained adult in attendance. The licensing authority shall grant the waiver if it receives a written waiver request; written approval from the child's parent, guardian, or custodian that the administering of a physical restraint hold without a second trained person present is acceptable; written approval from the supervising agency that the foster parent is authorized to administer a physical restraint hold without a second trained person present; documentation that there is approval by the child and family team; and documentation in the person-centered plan or out-of-home family services agreement that it is acceptable for the foster parent to administer a physical restraint hold without a second trained person present;
 - (ii) terminate the physical restraint hold or adjust the position to ensure that the child's breathing and motor control are not restricted if at any time during the administration of a physical restraint hold the child complains of being unable to breathe or loses motor control;
 - (iii) immediately seek medical attention for the child if at any time it appears to be necessary;
 - (iv) conduct an interview with the foster child about the incident following the use of a physical restraint hold;

- (g) The foster parent shall cooperate with and provide information to the supervising agency who shall:
 - (i) interview the foster parent administering the physical restraint about the incident following the use of a physical restraint;
 - (ii) document each incident of a child being subjected to a physical restraint in a report. The incident report shall include
 - (1) the child's name, age, height, and weight;
 - (2) the type of hold utilized;
 - (3) the duration of the hold;
 - (4) the trained foster parent administering the hold;
 - (5) the trained adult witnessing the hold;
 - (6) the less restrictive alternatives that were attempted prior to utilizing physical restraint;
 - (7) the child's behavior that necessitated the use of physical restraint; and
 - (8) whether the child's condition required medical attention; and
- (h) Physical restraints where a person ends up in a prone or face down position shall be prohibited.
- (4) Foster parents shall annually receive written approval from the executive director of the supervising agency or his or her designee before administering physical restraint holds. This written approval shall be based upon the executive director's evaluation of the foster parent's historical use of physical restraints. The foster parent shall retain a copy of the written approval and a copy shall be placed in the foster home record.

YES NO NA

D. Physical Restraints (10A NCAC 70E .1103)

Foster parents agree to the following regarding physical restraints and the use of drugs:

YES NO

- (a) Foster parents shall not administer drugs to a foster child for the purpose of punishment, foster parent convenience, substitution for supervision, or for the purpose of restraining the child.
- (b) A drug used as a restraint means a medication used only to control behavior or to restrict a child's freedom of movement and is not a standard medication to treat a psychiatric condition.

IV. CONFLICT OF INTEREST (10A NCAC 70E .1105)

A. Applicant supervised by a Public or Private child-placing agency is a member of agency board of directors, governance structure, social services board, county commission or is an agency employee or relative of an agency employee?

YES NO

B. Applicant to be supervised by a Private child-placing agency and is an owner of that Private child-placing agency?

YES NO

V. DAY CARE CENTER OPERATION (10A NCAC 70E .1106)

A. Do the applicants operate or plan to operate a day care center?

YES NO

B. If the applicants operate or plan to operate a day care center do they meet the following criteria?

- (1) the foster home living quarters shall not be part of the day care operation YES NO NA
- (2) there shall be a separate entrance to the day care operation YES NO NA
- (3) staff specified in day care center rules shall be available to provide care for the day care children YES NO NA

VI. RELATIONSHIP TO SUPERVISING AGENCY & COMPLIANCE VISITS (10A NCAC 70E .1107 & .1113)

A. Applicants agree to work with the supervising agency in the following ways:

YES NO

- (1) Work with the child and the child's parent or guardian in the placement process, reunification process, adoption process, and any change of placement process;
- (2) Consult with social workers, mental health personnel, licensed medical providers, and other persons authorized by the child's parent, guardian, or custodian who are involved with the child;
- (3) Maintain confidentiality regarding children and their parent or guardian;
- (4) Keep records regarding the child's illnesses, behaviors, social needs, educational needs, and family visits and contacts; and
- (5) Report to the supervising agency any changes as required by 10A NCAC 70E .0902
- (6) Complete in-service training as required in 10A NCAC 70E .1117 and obtain required documentation for relicensure **180 days prior** to expiration of license biennially

B. Quarterly Visits: Applicants agree to allow licensing social workers from the supervising agency to visit the home or meet with the licensing social worker outside of the home on at least a quarterly basis for the

specific purpose of assessing licensing requirements. Minimally, two of the quarterly visits each year shall take place in the foster home. Visits outside of the home may occur at a location of the licensing social workers preference. YES NO

C. Foster parents who provide therapeutic foster care services agree to allow weekly supervision and support from a qualified professional as defined in 10A NCAC 27G .0104(19) and outlined in 10A NCAC 70G .0503(r). YES NO N/A

VII. PHYSICAL & ENVIRONMENTAL SAFETY (10A NCAC 70E .1108, .1109, .1110, .1112)

A. Fire & Building Safety

(1) Fire and Building Safety regulations met as evidenced by DSS-1515 Foster Home Fire Inspection Report attached. YES NO

B. Health Regulations

(1) Discussion was held regarding water quality and sanitation. Family is not aware of any health hazards caused by the family’s water supply and sanitation facilities and has informed the supervising agency about any water testing that has been done and any immediate or past problems concerning water quality and sanitation. There is no reason to believe the water supply is not safe or the toilet and bathing facilities are not sanitary. YES NO

C. Environmental Regulations

(1) Environmental regulations met as evidenced by DSS-5150 Environmental Conditions Report attached? YES NO

D. Pets

(1) Do the applicants have household pets? YES NO
If yes, answer the following questions:

How many pets? _____

What type of pets? _____

What are the breeds of the pets? _____

What are the sizes of the pets? _____

Do the pets live inside or outside of the home? _____

Have the pets been vaccinated for rabies? _____

Are all pet vaccinations up-to-date? _____

How long have the pets been part of the household? _____

Have the pets been spayed or neutered? _____

Have the pets displayed any incidents of aggression or violence? _____

How do the pets react to strangers? _____

Have the pets been evaluated by a trainer? _____

Are there any concerns about how the pets will interact with foster children? _____

E. Exterior Setting & Safety

(1) Exterior spaces around the foster home, including any yard spaces are clear of any dangerous objects or hazardous items? YES NO

(2) Exterior spaces around the foster home are clear of swimming pools? YES NO

If you answered NO check one of the following:

There is a fence around the swimming pool that is at least 48 inches high with a locked gate around it.

The ladder of an above ground pool is locked, and the ladder is secured in place or secured in a place inaccessible to children.

(3) Exterior spaces around the foster home are clear of bodies of water such as beaches, rivers, lakes, streams, ponds, culverts, ditches? YES NO

If you answered NO, answer the following questions:

What is the body of water? _____

How far is the body of water from the applicant’s home? _____

Is the body of water visible from the applicant’s home? YES NO

Is there is a fence at least 48 inches high with a locked gate around the yard and exterior space of the home while still providing play space for children? YES NO

Are there other barriers between the applicant’s home and the body of water? YES NO

If YES, describe the barriers: _____

Describe the supervision and safety plan to protect children from having access to the body of water:

Has the director (or designee) of the supervising agency reviewed and approved the supervision and safety plan? YES NO

F. Room Arrangements and Environment

(1) Briefly describe house, kitchen and dining areas, family or living areas and bathing facilities, and the setting in which the house is located. _____

(2) Home’s design allows children privacy while bathing, dressing, and using toilet facilities? YES NO

(3) Indicate sleeping arrangements in **Table Below** for all members of the household including prospective and current foster children. Bedrooms shall be identified as such and not serve dual purposes. Each child must have his/ her own bed. Identify types of beds in each bedroom and who occupies each bed. Only describe beds that are available or in use as of the date of application.

Bed Type: Twin, Full, Queen, King, Bunk-Twin/Twin, Bunk – Full/Twin, Crib.

Occupant(s):

To signify occupant list name of Applicant(s), Applicant’s Minor Child, Applicant’s Child, any Non-relative child, or Adult household member occupying each bed. Enter

Relative

“FC”(Foster Child) as the occupant where applicable to signify beds available for foster children.

SLEEPING ARRANGEMENTS CHART	Bed Type / Occupant(s)	Bed Type / Occupant(s)	Bed Type / Occupant(s)	Bed Type / Occupant(s)
<i>Example Bedroom 0.</i>	<i>Queen / Mr. & Mrs. Applicant</i>	<i>Crib/FC</i>		
Bedroom 1.				
Bedroom 2.				
Bedroom 3.				
Bedroom 4.				
Bedroom 5.				

(4) Each bed is provided with comfortable, supported mattress, two sheets, blanket and bedspread? YES NO

(5) Separate and accessible drawer space and closet space for personal belongings and clothing available for each child? YES NO

VIII. TRAINING REQUIREMENTS

- A. Each applicant has successfully completed 30 hours of pre-service training covering the components listed in 10A NCAC 70E .1117 (1). YES NO **Date Completed:** _____
- B. Each applicant agrees to receive certification in medication administration and; first-aid, cardiopulmonary resuscitation (CPR) and universal precautions such as those provided by the American Red Cross, the American Heart Association or equivalent organizations before a foster child is placed with the foster family. YES NO
- C. Each applicant agrees and understands they must successfully complete at least 10 hours annually of in-service training to be re-licensed. YES NO
- D. Each applicant agrees to receive six hours of advanced medical training consisting of issues relevant to human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS) annually if they care for a child with HIV or AIDS. YES NO
- E. Each family foster parent applicant agrees to receive child specific training as outlined in the out-of-home family services agreement. *This training will count towards the 20 hours of in-service training requirement.* YES NO
- F. Each therapeutic foster parent applicant has successfully completed 10 hours of additional pre-service training covering the components listed in 10A NCAC 70E .1117 (2). YES NO N/A **Date Completed:** _____
- G. Each therapeutic foster parent applicant understands and agrees to receive additional training as specified in 10A NCAC 70E .1117 (3). This training will count towards the 20 hours of in-service training requirement. YES NO N/A
- H. Each therapeutic foster parent applicant understands and agrees to receive additional child-specific training and supervision as required in 10A NCAC 70E .1117 (5). This training will count towards the 20 hours of in-service training requirement. YES NO N/A

IX. OTHER (10A NACA 70E subsections .0806, .0902, .1101, .1116, .0804)

- A. Foster Parent Agreement signed and copy given to applicant(s) YES NO
- B. Discipline Agreement signed and copy given to applicant(s) YES NO
- C. Written notice regarding criminal history checks as required by G.S. 131D-10.3A(e) given to applicant(s) and adult household member(s) YES NO
- D. At least 3 References obtained on all adult members of the foster home, copies in agency file YES NO
- E. Agency Foster Parent Handbook with information on services, policies, standards, and expectations has been discussed with and reviewed by applicant(s) YES NO
- F. Waiver of licensing rule requested, and DSS-5199 Waiver Request form attached. YES NO

X. CRITERIA FOR THE FOSTER FAMILY & MUTUAL HOME ASSESSMENT (MHA) (10A NCAC 70E .0800, .0802, .0803 & .1104) Applicants and household members are persons whose behaviors, circumstances and health are conducive to the safety and well-being of children.

A. Physical and Mental Health of Applicants: The foster family shall be in good physical and mental health as evidenced by: the **DSS-5017** and **DSS-5156**.

(1) Did applicants, household members, MD or agency identify any **Physical Health** issues on the DSS-5017 or DSS-5156? YES NO

If YES, answer the following questions.

What is the condition?

What is the duration of the condition?

How does it manifest?

What are the symptoms?

Does the condition affect activities of daily living?

What is the treatment for the condition?

Will the condition affect their ability to provide foster care?

Attach MD notes as needed.

- (2) Did applicants, household members, MD or agency identify any **Mental Health** issues on the DSS-5017 or DSS-5156? YES NO

If **YES**, answer the following questions.

What is the condition?

What is the duration of the condition?

How does it manifest?

What are the symptoms?

Does the condition affect activities of daily living?

What is the treatment for the condition?

Will the condition affect their ability to provide foster care?

Attach MD, psychologist, counselor, therapist notes as needed.

- (3) Is there an indication of alcohol abuse, drug abuse or illegal drug use by a member of the foster family? YES NO

- (4) Is there an indication that a member of the foster family is a perpetrator of domestic violence? YES NO

- (5) Is there an indication that a member of the foster family has abused, neglected, or exploited a disabled adult? YES NO

- (6) Is there an indication that a member of the foster family has been found to have abused or neglected a child or has been a respondent in a juvenile court proceeding that resulted in the removal of a child or has had child protective services involvement that resulted in the removal of a child? YES NO

If the answer to any of the above questions (3,4,5,6) is **YES** provide an explanation. _____

- B. Mutual Home Assessment:** The mutual home assessment shall be carried out in a series of planned discussions between the supervising agency staff, the prospective foster parent applicants and other members of the household. The family shall be seen by the social worker in the family's home and in the supervising agency's office. For two or more applicants, separate as well as joint discussions with all applicants shall be arranged. The mutual home assessment is completed by the licensing professional or social worker.

There are Five Parts (I – V) to the Mutual Home Assessment.

Part I. Documentation of Family History – A preplacement assessment (adoption study) or a Comprehensive Kinship Assessment can be substituted for the Family History. MAPP profiles, agency questionnaires/applications are unacceptable. Are you substituting a preplacement assessment or a Comprehensive Kinship Assessment for the Family History? **YES** **NO** (If **YES**, attach after the signature page). A preplacement assessment (adoption study) **CANNOT** be substituted for the assessment of the 12 Skills in Part II.

	Foster Parent Applicant	Foster Parent Applicant
Name:		
Race:		
Ethnicity:		
Birth Date:		
Place of Birth:		
Marital Status:		
Date of Marriage:		
Place of Marriage:		
County of Residence:		
Present Employment:		
Phone Number:		

Information about parents and siblings (Provide information about parents from their first marriage to their present situation, including names, age, education, employment, etc. If parents were married more than once, describe these marriages and how they affected the applicant. Describe parents’ relationship with each other. Describe applicants’ relationship with parents while growing up and currently. List siblings; include gender, age, where they reside, education, current employment, marital status, and children. Describe applicants’ relationship with siblings growing up and currently.):

Family support systems (Describe the applicant family’s current sources of social support, including where they seek help for both large and small needs and who they turn to for advice and guidance. These people may or may not be relatives.):

Disciplinary methods used by the applicants’ parents (Describe each applicant’s recollections of how they were disciplined as a child, how they were affected by this discipline, and which methods they wish to reject. Describe how the applicants discipline, or plan to discipline, their own children. Describe the applicant’s understanding and willingness to abide by state standards regarding corporal punishment.):

Personal experiences of abuse, neglect and domestic violence in family of origin and currently (For each applicant, describe any experiences of abuse, neglect or domestic violence and how these experiences impacted the applicant. Include how the applicant addressed or overcame these experiences. If the applicants have no experiences of abuse, neglect, or domestic violence, state that in the narrative.):

Significant experiences of loss and ability to cope with crisis, loss, grief, problems, stress, frustrations (Provide a specific example of how the applicant responded to a significant loss or crisis. Describe several problems, both large and small, that the applicant solved successfully; identify the skills the applicant used. Describe the stresses and frustrations that the applicant experiences in daily life and the methods used to cope with them.):

Drug or alcohol abuse in family of origin and currently (For each applicant, describe any experiences with drug or alcohol abuse in their family of origin and how those experience have impacted the applicant. If any family members currently abuse alcohol or drugs, describe that person's potential contact with foster children. Describe the applicant's current use of alcohol and prescription medications, such as tranquilizers, antidepressants or pain medication; describe how that use does not interfere with the care of children. If the applicant has had issues with drugs or alcohol in the past, carefully document that usage. Also, document why you are convinced these issues no longer present safety concerns for potential foster children. If the applicant does not use alcohol or drugs, state that in the narrative.):

Education and employment history (Provide a detailed timeline of education and employment history for each applicant, starting with high school graduation and continuing to the present. Include dates for all educational experiences, and list each of the diplomas, degrees, and certifications earned by the applicant. If the applicant started a level of study and did not finish, note this in the narrative. Provide dates for military service, a description of that service, and type of discharge. Provide names of all employers, dates and length of employment, position held, significant accomplishments, and reasons for leaving. If the applicant was dismissed from a job, note the reason and the applicant's reactions. Account for any gaps in the timeline.)

Religious orientation, if any, in family of origin and currently (Describe the role of religion in each applicant's family of origin. Describe the applicants' current religious beliefs and affiliations, including how they express their faith and their involvement in church or other religious activities. Describe how they will react to a child who has a different faith, a child that has no religious training, or a child who does not want to participate in religious services or activities.):

Marriages and other significant relationships (Provide a relationship history for each applicant that includes the dates of each of the applicant's marriages and significant relationships. If any ended in divorce or termination, describe the applicant's current relationship with the ex-spouse or partner and any unresolved issues that may affect the present family. If there are no unresolved issues, state this in the narrative. If there is a current marriage or intimate relationship, describe how they met, how long they dated, the strengths of the relationship, challenges they have faced and how they overcome them, what they value about one another, how each partner contributes to the relationship, etc. If the applicant is single, describe the applicant's plans or goals for future relationships and understanding of policies concerning boyfriends, girlfriends, and frequent visitors to the home.):

Parenting experiences (For applicants who are parents: describe their parenting style or philosophy, the challenges and rewards of parenting, lessons learned, what they would do differently in retrospect, etc. If applicable, describe applicants' experience as single or step-parents. Describe relationships with children in the home. If applicants have children from a previous relationship, describe how they are currently working or worked in partnership with the other parent to raise their child. Provide information about adult children, such as location, education, marital status, and number of children. For applicants who are not parents: describe their parenting philosophy and attitudes toward parenting and toward children in general. Describe any experience with relative children or children in youth groups, scouts, Big Brothers/Big Sisters, etc., or through their work.):

Emotional stability and maturity (Document how you know that the applicant is emotionally stable and mature. Some indicators of emotional stability and maturity are the longevity of a marriage, long-term employment, promotions or career advancements, homeownership, ability to manage personal finances, volunteer activities, the opinions of references, etc. In addition, address issues that may be perceived as indicators of instability, such as unemployment, frequent job changes, frequent moves, criminal history, mental health issues, or past substance abuse.):

Ability to give and receive affection (Describe the style of interactions among family members. Provide specific examples of how each applicant verbally and physically demonstrates affection. Provide specific examples of how each applicant responds to verbal and physical displays of affection):

Child care plans (Describe how each applicant has sufficient time to provide primary care for foster children, considering regularity of schedule, work hours, and involvement in activities outside the home. Describe plans for suitable child care for the time that applicants are not available to provide care.):

Part II. Documentation of Assessment of 12 Skills – Foster parents have demonstrated strengths in the skill areas of 10A NCAC 70E .1004 (a), (1) through (12) which permit them to undertake and perform the responsibilities of meeting the needs of children, in providing continuity of care, and in working with the supervising agency. Checking the boxes below indicates that the supervising agency has assessed the family in these 12 areas.

- Skill 1:** Assessing individual and family strengths and needs and building on strengths and meeting needs.
- Skill 2:** Using and developing effective communication.
- Skill 3:** Identifying the strengths and needs of children placed in the home.
- Skill 4:** Building on children's strengths and meeting the needs of children placed in the home.
- Skill 5:** Developing partnerships with children placed in the home, parents or the guardians of the children placed in the home, the supervising agency and the community to develop and carry out plans for permanency.
- Skill 6:** Helping children placed in the home develop skills to manage loss and skills to form attachments.
- Skill 7:** Helping children placed in the home manage their behaviors.
- Skill 8:** Helping children placed in the home maintain and develop relationships that will keep them connected to their pasts.
- Skill 9:** Helping children placed in the home build on positive self-concept and positive family, cultural, and racial identity.
- Skill 10:** Providing a safe and healthy environment for children placed in the home which keeps them free from harm.
- Skill 11:** Assessing the ways in which providing family foster care or therapeutic foster care affects the family.
- Skill 12:** Making an informed decision regarding providing family foster care or therapeutic foster care.

Part III. Assessment of applicant’s willingness to participate in Shared Parenting requirements.

Part IV. Assessment of applicant’s Financial Ability to provide foster care.

The licensing social worker has documented the monthly income and monthly expenses of the applicants. YES NO
 This documentation is maintained in the supervising agency’s file for the applicants. YES NO
 The licensing social worker has advised applicants that foster care reimbursement cannot be counted as monthly income. YES NO

Monthly Net Income, Give Total:
 Monthly Expenses, Give Total:

Part V. Dates and Locations (Home Visit, Office Visit, Etc.) of Contacts with each applicant and family members. (Do Not include the dates applicants attended training.)

Dates of Visits	Locations of Visits	Individuals Present

XI. Recommendation for Licensure.
 Agency Recommends Licensure: YES NO
 Document agency’s plan for supporting the family when placements occur:

Submit the following documents with application:

- (1) DSS 5015 – Foster Care Facility License Action Request
- (2) DSS 1515 – Fire Inspection Report
- (3) DSS 5150 – Environmental Conditions Report
- (4) DSS 5017 – Medical History Form(s) for each applicant, household member and child
- (5) DSS 5156 – Medical Evaluation for each applicant, household member and child
- (6) DSS 5268 – Results of the Responsible Individuals List (RIL) for each applicant and household member 18 years old and up (Private Agencies)
- (7) RIL050FM and RIL060FM (County Departments of Social Services)
- (8) Child abuse/neglect clearance letter(s) if any adult household member has resided in a state(s) other than North Carolina for the past five years
- (9) Fingerprint Clearance Letters for each applicant and household member 18 years old and up
- (10) Letter of support from Agency Director if any adult household members have criminal convictions
- (11) Letter of support from Agency Director if any adult household members have child protective service history as a perpetrator
- (12) Copy of in-home day care license if applicants operate an in-home day care
- (13) DSS-5199 – Waiver Request Form if applicable

SIGNATURES

I have reviewed and am in agreement with the above information, declare that it is true and accurate, and understand that according to G. S. 132-1 this information may be furnished to others upon proper request. Application must be signed by all applicants, social worker, and agency head for licensure to be considered by the licensing authority.

Type Name of Applicant	Type Name of Applicant
✓	✓
Applicant Signature / Date	Applicant Signature / Date

Type Name of Applicant	Type Name of Applicant
✓	✓
Applicant Signature / Date	Applicant Signature / Date

Type Name of Social Worker	
✓	
Social Worker Signature / Date	
Social Worker Phone Number:	
Social Worker E-Mail Address:	
Type Name of Agency Director or Designee*	
*I certify that the Agency Director has appointed me as Designee for the purpose of signing documents for Regulatory and Licensing Services.	
✓	
Signature of Agency Director or Designee / Date	
Director/Designee Phone Number:	
Director/Designee E-Mail Address:	

DSS-1515 Foster Home Fire Inspection Report

**FOSTER HOME FIRE INSPECTION REPORT
NORTH CAROLINA DIVISION OF SOCIAL SERVICES**

NAME OF FOSTER HOME _____ PERSON IN CHARGE _____
STREET ADDRESS _____ PHONE # _____

Foster Parent's signature on this form indicates that he/she understands that any item marked **NO** on this form will result in non-approval of the home until the items in question are brought into compliance with licensing regulations.

DOCUMENT THE APPROPRIATE ANSWERS AS TO THE CONDITIONS IN THE HOME RELATING TO THE INSPECTION		YES	NO	N/A
1	Are Underwriters Laboratory (UL) extension cords used only for portable appliances and not substituted for permanent wiring? (Check N/A if the occupant does not use extension cords for permanent wiring.)			
2	Is a Carbon Monoxide (CO) detector installed in homes that use fuel oil products, coal, wood or gas to heat, cool, cook, operate a hot water heater or gas logs?			
3	Is a working, mounted "ABC" fire extinguisher(s), with a rating not less than 1-A installed and readily available in the residence?			
4	Do emergency telephone numbers and a fire evacuation plan remain posted continually in a prominent location, and are they visible to all residents and guests?			
5	Does the home have a working telephone?			
6	Are there working smoke alarms in the residence that comply with the appropriate rule? CHECK ONE OF THE FOLLOWING			
	• Houses built prior to 1976: must have a battery or electric smoke alarm installed outside every sleeping area.			
	• Houses built 1976 – June 30, 1999: electric smoke alarms shall be placed outside sleeping areas as required by the code in effect at construction time.			
	• Houses built after June 30, 1999: must have smoke alarms in every sleeping room, outside bedrooms and other areas, interconnected as required in the N.C. Building code.			
	• Manufactured homes are in compliance with HUD requirements Subpart C – 3280.208 at the time the foster home was initially licensed. HUD requirements can be found at: (http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title24/24cfr3280_main_02.tpl) or by contacting the NC Office of State Fire Marshal at (919) 661-5880 and requesting to speak to someone in the Manufactured Building Section.			
7	Are all hallways, doorways, entrances, ramps, steps, and corridors unobstructed, free of storage, and readily accessible?			
8	Do doors and windows in rooms used for sleeping open properly with little effort?			
9	Are all designated egress (exit) doors free of double key dead bolt locks?			
10	Designate Primary heat source: _____ Designate Secondary heat source (if applicable): _____			
11	List any substandard components or hazards found which are not addressed above or which require additional inspections. _____ _____ _____			

INSPECTOR'S SIGNATURE / TITLE _____ DATE OF INSPECTION _____

PRINT NAME OF INSPECTOR _____ INSPECTOR'S PHONE# _____

FOSTER PARENT'S SIGNATURE _____ DATE _____

DSS-1515 (Rev. 04/14)
Child Welfare Section

DSS-5150 Foster Home Environmental Conditions Report

**FOSTER HOME ENVIRONMENTAL CONDITIONS REPORT
NORTH CAROLINA DIVISION OF SOCIAL SERVICES**

NAME OF FOSTER HOME _____

ADDRESS _____

PERSON IN CHARGE _____ PHONE # _____

DOCUMENT THE APPROPRIATE ANSWERS AS TO THE CONDITIONS IN THE HOME		YES	NO	N/A
1	Explosive materials, ammunition and firearms are stored in separate locked places.			
2	Home and yard are maintained, repaired, and are not hazardous to children.			
3	The house is free of rodents and insects.			
4	Windows and doors used for ventilation are screened.			
5	The kitchen is equipped with an operable stove, refrigerator, and running water.			
6	There are sufficient eating, cooking and drinking utensils to accommodate all household members.			
7	Household equipment and furniture are in good repair.			
8	Flammable and poisonous substances, medications, and cleaning materials are stored out of reach of children.			
9	Home has heating, air cooling or ventilating capability to maintain comfort range between 65° and 85° Fahrenheit.			
10	Rooms including toilets, baths, and kitchens without operable windows have mechanical ventilation to outside.			
11	Discussion of water quality, and sanitary toilet and bathing facilities held.			
12	Discussion of Building Code held.			

Remarks and recommendations:

Foster Parent Signature: _____ Date: _____

Social Worker Signature: _____

Social Worker Title: _____ Date: _____

DSS-5150 (Rev. 04/11)
Child Welfare Services

DSS-5017 Medical History Form

**MEDICAL HISTORY FORM
NORTH CAROLINA DIVISION OF SOCIAL SERVICES**

Name: _____

Home Address: _____

Phone: _____ Date of Birth: _____

HEALTH HISTORY

Any history, past, or present of:		YES	NO
1	Head or back injuries		
2	Neurological disorders, convulsions, etc.		
3	Heart disease, high blood pressure, or rheumatic fever		
4	Lung disorders, asthma, tuberculosis		
5	Stomach, gall bladder, or other gastro-intestinal disorders		
6	Allergies to food, drugs, plants, etc.		
7	Blood disorders, anemia, leukemia, etc.		
8	Kidney trouble		
9	Venereal disease		
10	Diabetes or other glandular disorders		
11	Surgery		
12	Physical disabilities		
13	Psychological disorders, mental health diagnosis, drug/substance abuse		
14	Other chronic illnesses, diseases, or disorders		

If any of the above questions were answered yes, provide explanation:

What do you consider your state of health: Excellent Good Fair Poor

To the best of my knowledge, the above information is correct.

_____ Signature _____ Date

DSS-5017 (Rev. 04/11)
Child Welfare Services

DSS-5156 Medical Evaluation

**MEDICAL EVALUATION
NORTH CAROLINA DIVISION OF SOCIAL SERVICES**

(Name of Agency Requesting Information)

This individual has come to you in response to a request from this agency for a report on his/her medical condition. It is important for us to know of any medical factors that may interfere with this individual's care for or interaction with a foster child. The individual named below understands that this information will be provided to the NC Division of Social Services.

Name (Last)	(First)	(Middle)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Weight:	Height:	Blood Pressure:		

MEDICAL CONDITIONS

Chronic/Ongoing Medical Conditions Yes No If yes, explain:

A tuberculin skin test should be administered if any of the following conditions exist:
 Yes No Born in or lived for more than a month in Africa, Asia, Central America, S. America, E. Europe.
 Yes No Immunocompromised due to a medical condition or from taking an immunosuppressive drug.
 Yes No High risk behavior, such as, using crack cocaine or IV drugs, or living or working in a high risk area, such as, jail or prison, homeless shelter, or a health care worker with direct contact with patients.
 Yes No Exposed to a person with infectious tuberculosis.
 Yes No Currently having symptoms of tuberculosis, such as, unexplained productive cough or a fever lasting more than 3 weeks, night sweats, shortness of breath, chest pain, unexplained weight loss or fatigue.
 Yes No Based on above assessment a TB Skin Test/Chest X-Ray is needed.
 If Yes, date of TB Skin Test/Chest X-Ray: _____ Results: _____

Communicable Diseases Yes No If yes, explain:

Limitations to Physical Activity Yes No If yes, explain:

Behavioral Health Issues/Mental Health Diagnosis Yes No If yes, explain:

I have examined the above named individual and reviewed his/her medical history. It is my opinion that he/she is medically cleared to serve as a foster parent or reside as a household member in a home where foster children are present. Yes No

Physician's, Physician Assistant's, Nurse Practitioner's Signature: _____
 Print Name of Physician, PA or NP (circle applicable title): _____
 Address: _____
 Phone #: _____ Date: _____

DSS-5156 (Rev. 3/14)
Child Welfare Services

DSS-5268 Responsible Individual List (RIL) Information Request

North Carolina Division of Social Services
Responsible Individuals List (RIL) Information Request

<p>Instructions (please read carefully):</p> <p><u>G.S. § 7B-311</u> authorizes the NC Department of Health and Human Services to provide information from the Responsible Individuals List (RIL) to child caring institutions, child placing agencies, group home facilities, and other providers of foster care, child care, or adoption services that need to determine the fitness of individuals to care for or adopt children. This does not include teachers or employees otherwise not covered below.</p> <p>All sections of this form must be completed and signed by the agency and the prospective employee / applicant / volunteer. Please print legibly or type all information. Incomplete or illegible forms will be returned without the RIL check being completed.</p> <p>Requests for information may be submitted by:</p> <p>Fax: 919-715-6714, Attn: RIL OR Mail: Including a self-addressed stamped envelope:</p> <p style="margin-left: 40px;">NC Division of Social Services Attn: RIL 820 S. Boylan Ave. Mail Service Center 2408 Raleigh, North Carolina 27699-2408</p> <p>Requesting Agency Information:</p> <p>Agency Name: _____</p> <p>Mailing Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____</p> <p>FAX: _____</p> <p>Type of Agency (Check One):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Child Care Provider</td> <td><input type="checkbox"/> Child Caring Institution</td> </tr> <tr> <td><input type="checkbox"/> Child Placing Agency (Foster)</td> <td><input type="checkbox"/> County Child Welfare Agency</td> </tr> <tr> <td><input type="checkbox"/> Child Placing Agency (Adopt)</td> <td><input type="checkbox"/> NC Guardian ad Litem Program</td> </tr> <tr> <td><input type="checkbox"/> Group Home Facility</td> <td><input type="checkbox"/> Foster Parent Applicant</td> </tr> </table> <p>Agency License Number (if available) _____</p> <p>Agency Certification: I hereby request information from North Carolina's Responsible Individuals List. I certify that I am a person representing a child caring institution, child placing agency, group home facility, or a provider of foster care, child care or adoption services that needs to determine the fitness of individuals to care for or adopt children. I either currently employ the individual listed below or am strongly considering the individual as an adoptive or foster parent or as an employee/volunteer/contractor who has the responsibility for the care of minor children. I will only use the information requested to approve the applicant or hire/use the services of the individual.</p> <p>Name and Title: (PRINT) _____</p> <p>Signature: _____</p>	<input type="checkbox"/> Child Care Provider	<input type="checkbox"/> Child Caring Institution	<input type="checkbox"/> Child Placing Agency (Foster)	<input type="checkbox"/> County Child Welfare Agency	<input type="checkbox"/> Child Placing Agency (Adopt)	<input type="checkbox"/> NC Guardian ad Litem Program	<input type="checkbox"/> Group Home Facility	<input type="checkbox"/> Foster Parent Applicant	<p>Employee (E), Applicant (A) or Volunteer (V)</p> <p>Print E, A, or V's Full Name (including MI): _____</p> <p>First Name _____ MI _____ Last Name _____</p> <p>E, A, or V's Date of Birth (MM/DD/YYYY): ____/____/____</p> <p>E, A, or V's Social Security Number (last four digits) ____-____-____-____</p> <p>E, A, or V's Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Other names used (maiden, nickname, former married name etc.): _____ _____</p> <p>Employee (E), Applicant (A), or Volunteer (V) Acknowledgement:</p> <p>I acknowledge that I have been informed that the North Carolina Division of Social Services will disclose to the above named agency whether my name appears on the Responsible Individuals List, indicating that I am identified as being responsible for the abuse or serious neglect of a juvenile.</p> <p>Signature: _____</p> <p>Date: _____</p> <hr/> <p>NCDSS Office Use Only</p> <p><input type="checkbox"/> Form submitted incomplete</p> <p><input type="checkbox"/> Ineligible to request information</p> <p><input type="checkbox"/> As of _____ E, A, V's name is <u>NOT</u> on the RIL</p> <p><input type="checkbox"/> As of _____ E, A, V's name is on the RIL</p> <p>Finding: _____ _____</p> <p>Completed by: Staff Name (Print): _____</p> <p>Signature: _____</p>
<input type="checkbox"/> Child Care Provider	<input type="checkbox"/> Child Caring Institution								
<input type="checkbox"/> Child Placing Agency (Foster)	<input type="checkbox"/> County Child Welfare Agency								
<input type="checkbox"/> Child Placing Agency (Adopt)	<input type="checkbox"/> NC Guardian ad Litem Program								
<input type="checkbox"/> Group Home Facility	<input type="checkbox"/> Foster Parent Applicant								

DSS-5199 Foster Home Request for Waiver

NORTH CAROLINA DIVISION OF SOCIAL SERVICES
Foster Home Request for Waiver

Agency Name: _____

Name of Foster Parent: _____

Name of Foster Parent: _____

Name of Foster Parent: _____

Name of Foster Parent: _____

Facility ID #: _____

Rule to be waived *(Be Specific)*:

Rationale for supporting this waiver request: *(Provide sufficient details to support your waiver request.)*

Type name of Individual Requesting Waiver: _____

Signature of Individual Requesting Waiver: _____

Title of Individual Requesting Waiver: _____

Date: _____

*Remember to indicate in your cover letter that you are requesting a waiver.

12 Skills for Successful Fostering

Skill 1: Assessing individual and family strengths and needs and building on strengths and meeting needs. Ask yourself:

- Do they know where they excel?
- Do they understand the areas where there are opportunities for growth?
- If they have that deep awareness, are they also able to communicate what those strengths and needs are to others, especially you as their licensing worker?

Skill 2: Using and developing effective communication.

- Interact positively
- Open communication with birth families
- Collateral communication
- Hear diverse perspectives
- Active listening skills
- Clear, concise language

Skill 3: Identifying the strengths and needs of the children placed in the home. Foster parents need to know how to:

- Observe child development
- Compare abilities with stages of normal development
- Gather information

Skill 4: Building on children's strengths and meeting the needs of children placed in their homes.

Skill 5: Developing partnerships with children and youth, birth families, other foster and adoptive families, the agency, and the community to develop and carry out plans for the child's continued growth and development.

Skill 6: Helping children placed in the home develop skills to manage loss and skills to form attachment.

Skill 7: Helping children placed in the home manage their behaviors.

Skill 8: Helping children placed in the home maintain and develop relationships that will keep them connected to their past.

Skill 9: Helping children placed in the home build a positive self-concept and positive familial, cultural, and racial identity.

Skill 10: Providing a safe and healthy environment for children placed in the home which keeps them free from harm.

Skill 11: Assessing the ways in which providing family foster care or therapeutic foster care affects the family.

Skill 12: Making an informed decision regarding providing family foster care or therapeutic foster care.

Supporting Child Well-Being

Education - Child educational/developmental/cognitive needs include:

- Special education classes;
- Normal grade placement, if the child is school age;
- Services to meet the identified educational needs, unless no unusual educational needs are identified;
- Early intervention services;
- Advocacy efforts with the school, unless the child is not school age or there have been no identified needs that are unmet by the school; and
- How the educational needs of the child have been included in the case planning.

Medical/Dental - Child physical/medical health needs include:

- Whether the child has received preventive health care and if not, the efforts the agency will take to ensure that this care is obtained;
- Whether the child has received preventive dental care and if not, the efforts the agency will take to ensure that this care is obtained;
- Whether the child has up-to-date immunizations and if not, what efforts the agency will take to obtain them;
- Whether the child/family is receiving treatment for identified health needs and if not, what efforts the agency will take to obtain the treatment; and
- Whether the child is receiving treatment for identified dental needs and if not, what efforts the agency will take to obtain the treatment.

Mental Health - Child behavioral/mental health/emotional needs include:

- Whether the child is receiving appropriate treatment for any identified mental health/behavior/emotional needs/substance abuse needs and if not, what efforts the agency will take to obtain such treatment; and
- Assessment of trauma and the impact on a child's well-being.

Social - Child social/cultural/community relationship needs include:

- Whether the child has social/community connections and if not, what social/community connections could support the child;
- Whether the child is engaged in community (school, church, social groups) activities and if not, identify community activities that the child may benefit from; and

Whether the child has a network for emotional, social, cultural, and/or other needs and if not, how one could be developed.

Foster Parent Pre-Service Training Overview

- 30 hours of approved pre-service training is required prior to licensure
- Meet developmental needs
- Meet safety needs
- Shared parenting
- Support concurrent planning
- Meet family needs
- 20 Hours In-Service during 2yr Licensing period
- General
- Child-Specific
- 12 Skills
- Special Populations
- Child Specific Training
- Sexual Abuse
- Substance Use
- AIV / AIDS
- Appropriate Discipline
- Medication Management
- First Aide
- CPR
- Universal Precautions

Applying the Reasonable and Prudent Parent Standard Tool

Applying the Reasonable and Prudent Parent Standard

1. Is this activity reasonable and age-appropriate?
2. Are there any foreseeable hazards?
3. How does this activity promote social development?
4. How does this activity normalize the experience of foster care?
5. Will this activity violate a court order, juvenile justice order, a safety plan, a case plan, or a treatment plan or person-centered plan (PCP)?
6. Will this activity violate any policy or agreement of my licensing agency or the child's custodial agency?
7. If appropriate, have I received consultation from my case worker and/or the child's caseworker?
8. If able and appropriate, have I consulted with this child's birth parents about their thoughts and feelings about their child participating in this particular activity?
9. Will the timing of this activity interfere with a sibling or parental visitation, counseling appointment, or doctor's appointment?
10. Who will be attending the activity?
11. Would I allow my birth or adopted child to participate in this activity?
12. How well do I know this child?
13. Is there anything from this child's history (e.g. running away, truancy) that would indicate he may be triggered by this activity?
14. Does this child have any concerns about participating in this activity?
15. Has this child shown maturity in decision making that is appropriate for his age and ability?
16. Does this child understand parental expectations regarding curfew, approval for last minutes changes to the plan and the consequences for not complying with the expectations?
17. Does this child know who to call in case of an emergency?
18. Does this child understand his medical needs and is he able to tell others how to help him if necessary?
19. Can this child protect himself?
20. When in doubt, refer to number 7.

Adapted from Florida's *Caregiver Guide to Normalcy*

<http://www.kidscentralinc.org/caregiver-guide-to-normalcy/>

NC DIVISION OF SOCIAL SERVICES
September 2015

Personal Prospective Parent Profile

General Family Profile

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PS-MAPP Family Profile
Part 1 - General Information

	Prospective Parent 1	Prospective Parent 2
Full Legal Name (first, middle, last)		
Social Security #		
Date of Birth		
Place of Birth		
Race/Ethnicity		
Gender		
Occupation		
Employer		
Hours of work		
Highest Grade Completed		
Marital/Committed Status		
Date and place of marriage ceremony		
Religious Affiliation		
Email Address		

Home Address:

Home Telephone:

Cell Phone 1:

Cell Phone 2:

PS-MAPP Leader's Guide
Revised 1/2018 BCCHHS

My Family Now -- Others in the Home

(Use additional paper if necessary.)

Name First, middle and last	Date of Birth	Gender	Race/ Ethnicity	Occupation / School	Relationship to Parent 1	Relationship to Parent 2

My Family Now -- Our Adult Children Living Away From Home

(Please list first, middle and last names (and last names prior to marriage if applicable), DOB and address(city/state) for each adult child who does not live with you. Use additional paper if necessary. If other than biological, specify relationship.)

Name First, middle and last	Date of Birth	Gender	Address	Occupation / Grade

About My Home and Community

1. How would you describe your home and community? Be sure to include details such as number of bedrooms, bathrooms and the setting in which your home is located.
2. Type of home (check one):
 - Apartment Duplex Single-Family House
 - Mobile Home Other
3. How long have you lived in your present home?
4. On a separate piece of paper, draw a floor plan of your home and identify the room where a new child would sleep. (This floor plan may be used by a child welfare worker to help the child get ready to move into your home.)
5. Is your house free of lead paint? Yes No

Comments:

6. Are the exterior spaces around your home, including any yard spaces, clear of any dangerous objects or hazardous items? Yes No
7. Do you have a swimming pool? Yes No

If you answered **Yes**, check one of the following:

- There is a fence around the swimming pool that is at least 48 inches high with a locked gate around it.
 - The ladder of an above ground pool is locked and the ladder is secured in place or secured in a place inaccessible to children.
8. Exterior spaces around the foster home contain a body of water such as a river, lake, stream, pond, culverts, ditches? Yes NO

If you answered **Yes**, answer the following questions:

- A. What is the body of water?
 - B. How far is the body of water from your home?
 - C. Is the body of water visible from your home? Yes No
- A. Is there is a fence at least 48 inches high with a locked gate around the yard and exterior space of your home while still providing play space for children?
 - Yes No
 - B. Are there other barriers between your home and the body of water? Yes No

If YES, describe the barriers:

9. Do you have pets? Yes No

If yes, answer the following questions:

- A. How many pets?
- B. What type of pets?
- C. What are the breed of the pets?
- D. What are the size of the pets?
- E. Do the pets live inside or outside the home?
- F. Have the pets been vaccinated for rabies?
- G. Are all pet vaccinations up-to-date?
- H. Have the pets been spayed or neutered?
- I. How long have the pets been part of the household?
- J. Have the pets displayed any incidents of aggression or violence?
- K. How do the pets react to strangers?
- L. Are there any concerns about how the pets will interact with foster children?
- M. If a child placed with you were afraid of your pet(s), or became allergic to the pet, what would you do?

Past Experiences

- 1.) Have you ever applied for foster care or adoption previously? Have you ever had an adoption home study completed? Yes N
- 2.) If yes, what agency did you work with and what was the outcome?

Agency Location	Outcome of Contact

Criminal Background

1. Has anyone in your family ever been convicted of a felony or crime other than a minor traffic violation?
 Yes No

If "yes," please explain:

PS-MAPP Leader's Guide
 1/2022 BCHHS Edit

Household Financial Information

1. Is your family experiencing heavy debt or financial stress due to creditors or lawsuits? Yes No
2. Have you ever filed for bankruptcy? Yes No
If "yes," please describe when and why it occurred.
3. Will you be able to financially provide for your family as well as for one or more additional children for six to eight weeks until the first foster care maintenance payment arrives? Yes No

Comments:

4. List all sources of family income in the table:

Source of income	Earned by	Income amount (before taxes)
Total Monthly Income		\$
Total Monthly Expenses		\$
Total Disposable Income		\$

- 6.) Does your family have medical and vehicle insurance coverage? Yes No
Please list the type of coverage and insurance company:

Home:
Auto:

Medical and Personal Information on Household Members:

1. Is any family member currently under the regular care of a doctor? Yes No
If "yes," please explain:
2. Is anyone in your family taking medicine prescribed by a doctor? Yes No

Name of Person Taking Medication	Name and dosage of medication	Reason for medication

3. Does any family member have any serious or chronic medical condition? Yes No

If yes:

What is the condition?

What is the duration of the condition?

How does it manifest?

What are the symptoms?

Does the condition affect activities of daily living? YES NO

What is the treatment for the condition?

Will the condition affect their ability to provide foster care? YES NO

4. Does any family member now have, or previously had, a mental health diagnosis? Yes No

If yes:

What is the condition?

What is the duration of the condition?

How does it manifest?

What are the symptoms?

Does the condition affect activities of daily living? YES NO

What is the treatment for the condition?

Will the condition affect their ability to provide foster care? YES NO

****Please note that additional information may need to be provided by your physician regarding any diagnosed condition for the purposes of licensure.****

I. Child Care Plans Describe how you have sufficient time to provide primary care for foster children, considering regularity of schedule, work hours and involvement in activities outside of the home?

II. Shared Parenting

Are you open and willing to the concept of shared parenting?

If not, what are your reservations?

III. Other Information

This is an area for you share any other information you think is important not covered in the before mentioned areas we should know about you or your family.

Special Projects

There are several things we need you to attach to the back of your Profile.

- 1. Please give us a picture of you and all members of your household (pets, too, if possible). We would like a picture of your house too, so you may want your picture to be in front of your house, or give us a second photo of the house itself. These photos may be used to prepare a child who would come to your family.

- 2. Please submit a copy of your driver’s license or photo identification card.

All information in this Profile is true and complete to the best of my knowledge.

Date

Signature

Signature

North Carolina Practice Standards Worker Desk Guide



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Worker Practice Standards Desk Guide

Practice Standards are essential behaviors in working with agencies, staff, and families that apply to all members of the child welfare system, including leaders, supervisors, and workers. For workers, Practice Standards describe how they should interact with children, youth, and families from the beginning to the end of child welfare services. Each essential function has accompanying core activities, which embody that function, and practice standards, or desired behaviors that staff at all levels should be saying and doing to practice in accordance with the Practice Model and to help achieve positive outcomes for children, youth, and families.



North Carolina's Practice Model Pyramid



What is a Practice Model?

Practice Models provide a framework or organizing principles to guide the agency to achieve their mission and values. (Child Welfare Policy and Practice Group, Adopting a Child Welfare Practice Framework)

What is a Practice Standard?

Practice Standards provide guidance to workers on the concrete actions and behaviors they should be demonstrating to carry out the agency's Practice Model. (Metz, A., Bartley, L., Blase, K., & Fixsen, D. (2011). A guide for creating practice profiles. Chapel Hill, NC: National Implementation Research Network, FPG, Child Development Institute, UNC.)



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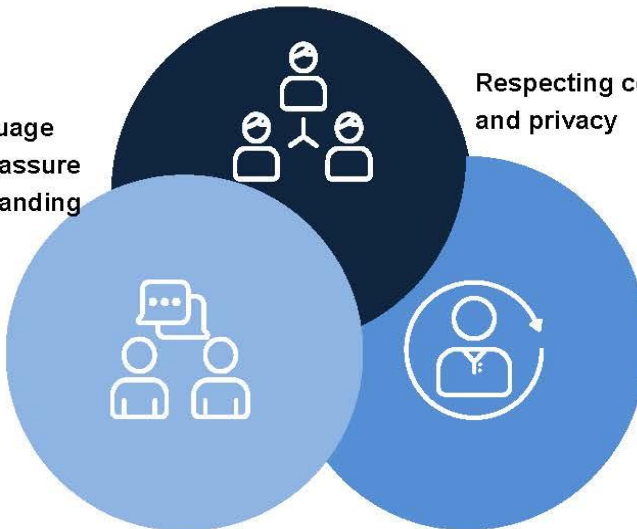
Key Behaviors and Core Activities

Communicating: *Timely and consistent sharing of spoken and written information so that meaning, and intent are understood in the same way by all parties involved. Open and honest communication underpins successful performance of all essential functions in child welfare.5j*

#1	Ensure clarity when communicating.
#2	Adapt communication to family needs and preferences and provide consistent information to all family members who need it.
#3	Allow time to enhance two-way communication with the family through questions and checks for understanding.
#4	Speak with the family and youth in a non-judgmental, respectful manner.
#5	Clearly and openly express to youth and the family what is expected from them and what they can expect from child welfare.
#6	Always tell the truth, including during difficult conversations, in a manner that promotes dialogue.
#7	Diligently respect confidentiality while sharing information when necessary and appropriate.

Communicating Core Activities

Using clear language and checking to assure two-way understanding



Respecting confidentiality and privacy

Operating with transparency and honesty



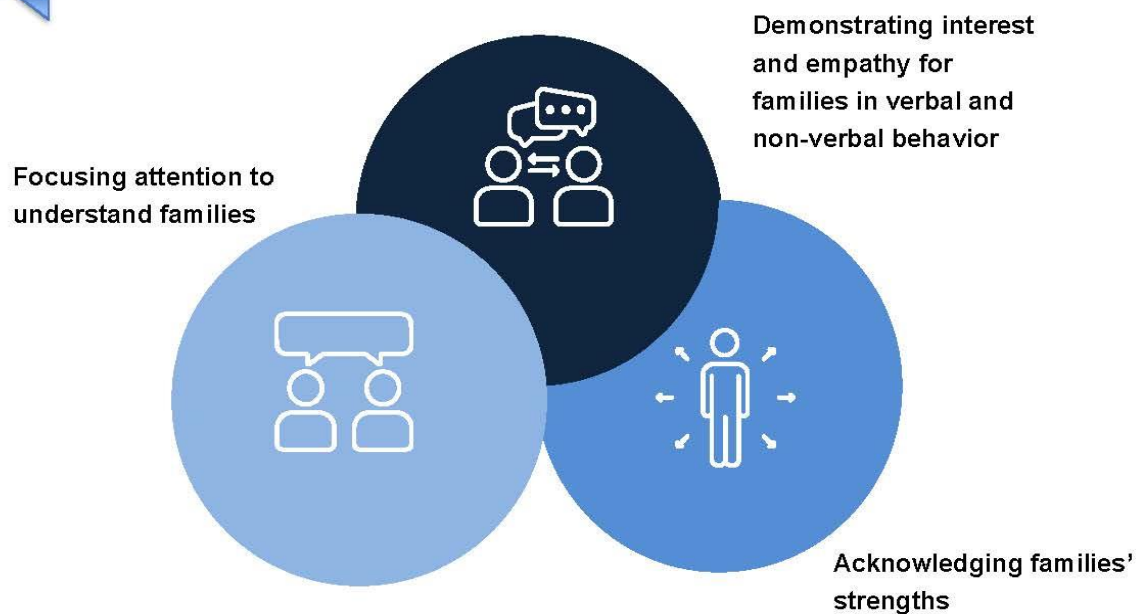
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Engaging: *Empowering and motivating families to actively participate with child welfare in the functions of assessing, planning, and implementing by communicating openly and honestly with the family, demonstrating respect, and valuing the family's input and preferences. Engagement begins upon first meeting and continues throughout child welfare services.*

#1	Be fully present when meeting with the family.
#2	Prepare in advance to be able to connect with the family.
#3	Consider the family's perspective in all exchanges and actions.
#4	Recognize the family's perspectives and desires.
#5	Use body language to convey interest in the family.
#6	Acknowledge and celebrate strengths and successes.

Engaging Core Activities





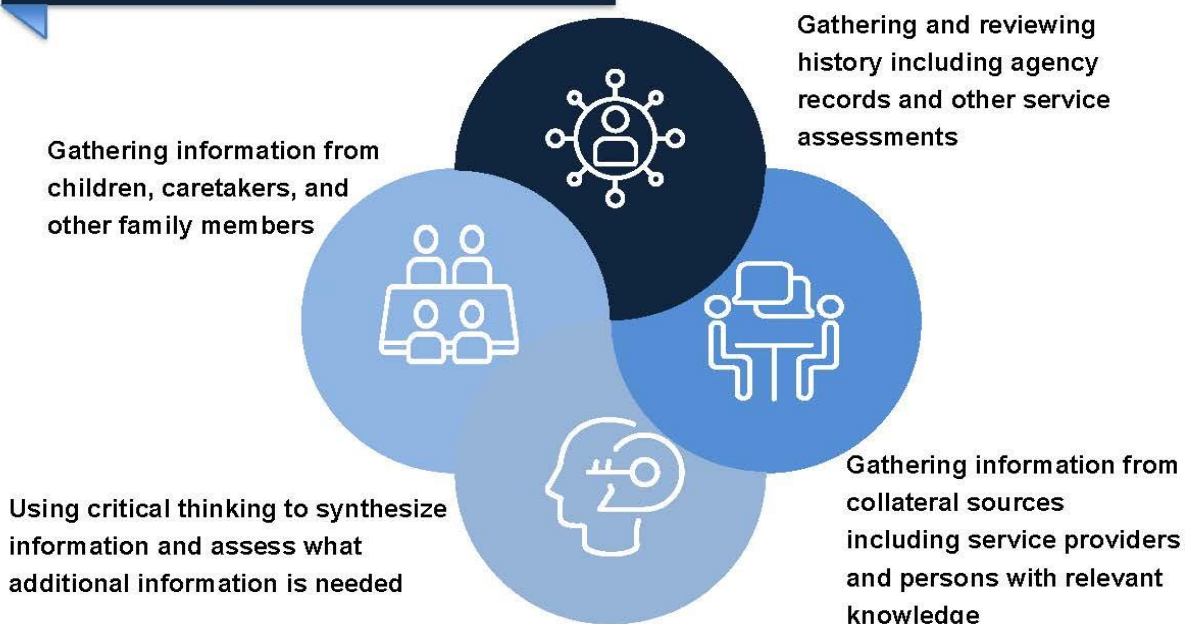
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Assessing: *Gathering and synthesizing information from children, families, support systems, agency records, and persons with knowledge to determine the need for child protective services and to inform planning for safety, permanency, and well-being. Assessing occurs throughout child welfare services and includes learning from families about their strengths and preferences.*

#1	Differentiate between information and positions.
#2	Take time to get to know the family and explain the assessment process.
#3	Ask questions based on information needed and at ease asking uncomfortable questions.
#4	Stay open to different explanations of events in the record, keeping biases in check.
#5	Balance what is read in the record and what the family shares.
#6	Obtain all sides if there are differing positions among collaterals, engaging the family in the process.
#7	Synthesize information and consider sources, relevance, and timelines.
#8	Remain non-judgmental when processing information.

Assessing Core Activities





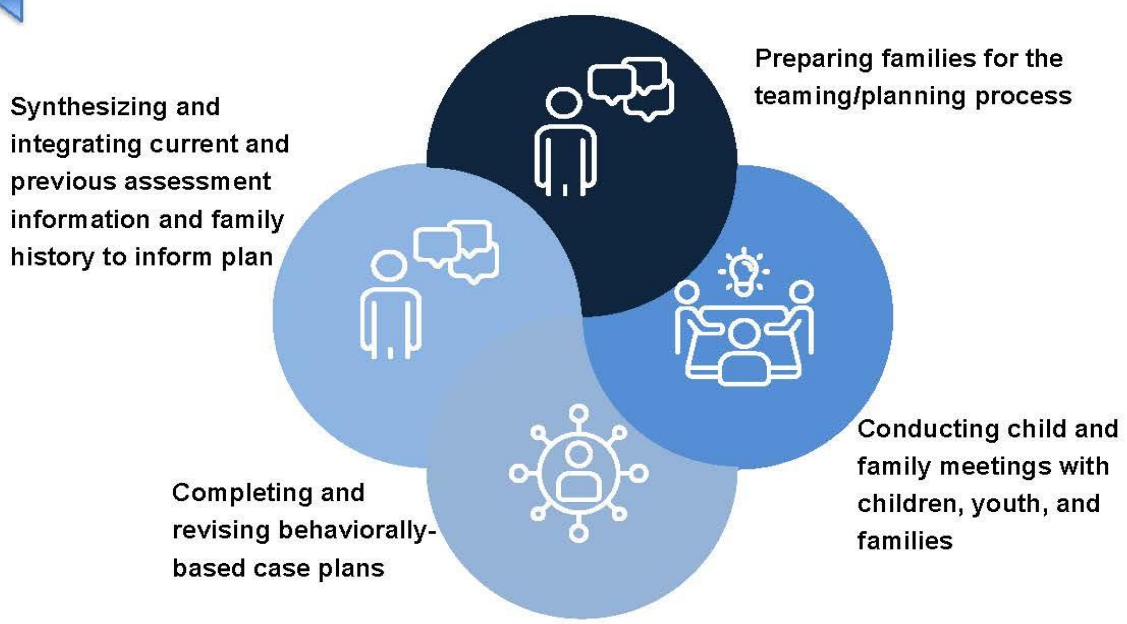
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Planning: *Respectfully and meaningfully collaborating with families, communities, tribes, and other identified team members to set goals and develop strategies based on the continuous assessment of safety, risk, family strengths, and needs through a child and family team process. Plans should be revisited regularly by the team to determine progress towards meeting goals and changes made when needed.*

#1	Engage the family in understanding assessment and history, focusing on strengths to customize the plan.
#2	Discover root causes and underlying reasons for the family's involvement.
#3	Believe and practice the importance of preparation both for self and for the family for teaming and planning.
#4	Actively engage the family in identifying their team.
#5	Promote the family's voice as the cornerstone of the meeting.
#6	Facilitate and engage participants throughout, acknowledging and managing conflict.
#7	Revisit case plan regularly, willing to modify or update as needed, but at a minimum per policy.

Planning Core Activities





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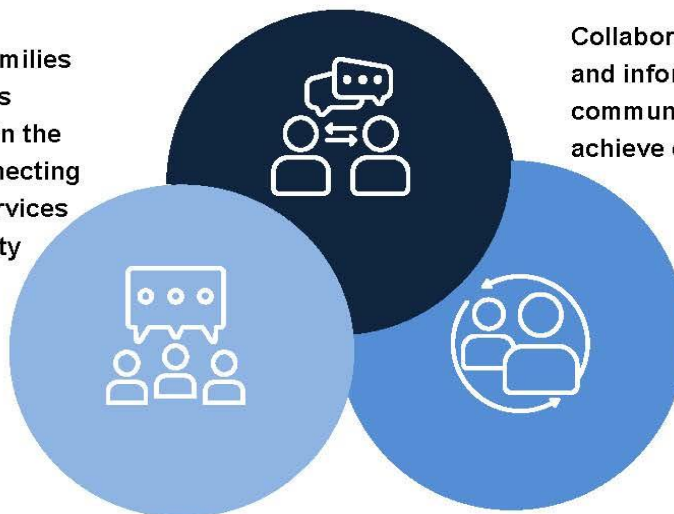
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Implementing: *Carrying out plans that have been developed. Implementing includes linking families to services and community supports, supporting families to take actions agreed upon in plans and monitoring to assure plans are being implemented by both families and providers, monitoring progress on behavioral goals, and identifying when plans need to be adapted.*

#1	Support the family to take action.
#2	Work with the family to find solutions to problems.
#3	Explain to the family what services are and what they could do for the family to provide information and informed decisions.
#4	Offer an array of service providers to choose from if there are choices to be had.
#5	Advocate with and for the family with providers regarding what behavioral change is expected to ensure quality service delivery.
#6	Access natural supports in the community to assist the family to achieve their goals.
#7	Check in on an ongoing basis with the family on progress with the Family Services Agreement.
#8	Assess progress in implementing actions of the plan, making adjustments as needed.
#9	Track service delivery for the achievement of safety, permanency, and well-being outcomes for the family.

Implementing Core Activities

Supporting families to take actions agreed upon in the plan and connecting families to services and community support



Collaborating with providers and informal supports in the community to help families achieve desired outcomes

Coaching with families and partnering with providers to assure plans are being implemented, progress is made, and outcomes achieved



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Strategies for Applying Practice Standards in Your Everyday Work

Communicating

- Use clear understandable language, both when speaking and writing, avoiding acronyms and jargon.
- Understand the unique communication needs of the family, including communication preferences or language barriers. If barriers exist, ensure that appropriate language services are provided.
- Continually practice active listening, which means asking questions to both understand and show you are listening.
- Through your words and actions, show the family interest, respect, and empathy. Examples include leaning in when they speak, head nodding to show understanding, and being transparent with note taking.
- Make sure you understand and can explain the “why” behind certain requirements and decisions with the family.
- Always respect the family’s right to privacy and be cognizant of who you are sharing information with, what you are sharing, where you are sharing, and why you are sharing.
- Have honest discussions with the family regarding expectations, both yours and theirs. Be sure to follow up and follow through on your conversations.
- Model transparency and honesty, including when information is not known, difficult, or incorrect.

Engaging

- Be fully present by eliminating any potential distractions.
- Review previous notes from meetings with the family and prepare follow-up questions and items to discuss. Demonstrating your preparedness shows the family that you respect your time together.
- Treat the family as the “expert” of their own situation. They know their strengths and struggles best.
- Put the family first in conversations and consider the perspective of the child and family. For example, engaging relatives for placement is important from an agency perspective, but can be extremely meaningful from the family’s perspective.
- Show empathy and acknowledge any struggle experienced by the family when talking through courageous conversations.
- Empower the family to feel confident, encouraging their active involvement in problem solving and planning, and help the family identify their own strengths and successes.
- Engage the family through body language and demonstrate interest, empathy, and understanding when they speak.



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Assessing

- Ask open-ended, strengths-based questions.
- Be transparent and share the purpose of gathering and assessing information, and who may be contacted as part of the process.
- Understand that assessing is an ongoing skill and never ends during the life of a case.
- Provide space for reflection on opinions and biases and how they could impact your work. Brainstorm strategies to mitigate bias with your supervisor.
- Prepare ahead and review what is in the record to understand what has worked for the family in the past, while also being cognizant of what the family is communicating with you in the present.
- Know what questions to ask that will elicit the most comprehensive answers and share along the way what is being learned by those questions.
- Gather information and observations from a wide variety of collateral sources, while understanding they may also contain opinions and biases as well.
- Be inquisitive, not judgmental through the assessing process.
- Before contacting collaterals, engage the family in what information is being obtained and when you intend to make contact, when it is possible to do so.

Planning

- Create buy-in for the family by involving them from the beginning, ensuring that their voice is used throughout the plan.
- Fully process information gathered to best inform case planning.
- Dig deep to understand and address the root cause for child welfare involvement, using creative ideas and solutions that are congruent with the needs of the family.
- Check for plan alignment with the root cause of involvement. The family should not be asked to complete tasks that are not directly tied to concerns.
- Prepare yourself for Child and Family Team Meetings (CFTs) by thoroughly reviewing the case history, documenting questions, and consulting with your supervisor.
- Prepare the family for CFTs by explaining the purpose, letting them know what to expect, and engaging them in setting the agenda.
- Help the family identify relatives, friends, and others to be involved in the planning process as an advocate and source of support.
- Thoroughly review plans to ensure that the plan's goals and objectives continue to tie back to the family's assessment and reason for involvement.
- Update the plan accordingly when tasks are completed so the family can see and feel progress.



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Implementing

- Partner with the family on determining services and service delivery and what will work best for their family.
- Offer to make initial phone calls to assist in navigating a complex service array system.
- Bust barriers to accessing services, such as lack of transportation, lack of a communication device, or lack of funds.
- Help the family fully understand the purpose of each service so that they understand what progress will look like.
- Use a three-step process of: "What is going well?"; "What needs to happen?"; and "What are our next steps?".
- Continuously assess services with the family and adjust as needed. Reassess barriers once services begin to ensure the family can continue to be successful or if changes are needed.
- Always remember the power differential that exists and that the family may be unsure of how to advocate for themselves with providers, therefore you must advocate both for and with them.
- Consider the family's interests, culture, and faith when exploring natural supports that may help them feel confident and supported during the process.
- Celebrate along with the family when progress is made, and goals are achieved.

Resources

North Carolina Worker Practice Standards

Practice Standards Worker Self-Assessment

Transfer of Learning Tools: Self-Assessment, Peer Review, and 360-Degree Evaluation

Handout: North Carolina Practice Standards Worker Assessment



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North Carolina Practice Standards Worker Assessment

North Carolina Worker Assessment

The North Carolina Practice Standards builds skills and behaviors in the workforce that provide the groundwork for learning, and they are the foundation of North Carolina's Practice Model. The Practice Standards are anchored by our core values: safety-focused, trauma-informed, family-centered, and cultural humility. They are described in observable, behaviorally specific terms to illustrate how social workers will conduct the essential functions of child welfare and how supervisors and leaders will support them. The Practice Standards are divided into five essential functions: communicating, engaging, assessing, planning, and implementing.

The North Carolina Worker Assessment tool is a companion document to the Practice Standards. This assessment is a useful tool to evaluate ways in which you incorporate the Practice Standards into your own practice and areas to improve upon. Assessments are used as a quality improvement measure and will support your learning to enhance your skills and behaviors. This assessment tool can be used in a variety of ways, such as a self-assessment, peer review, or a 360-degree evaluation. Following the assessment tool is an Action Plan you will complete where you will identify the specific actions you plan to take to implement the behaviors of the Practice Standards into your work paying particular attention to the areas noted as occurring 'sometimes' or 'never.'

Self-Assessment

A self-assessment is your evaluation of your own practice, behaviors, and attitudes, in particular your implementation of the Practice Standards within your work. When completing the assessment tool as a self-assessment, you will complete the tool on your own following the below instructions. Reflective, thoughtful, and honest responses to each item will provide you with the information necessary to improve your practice to the benefit of the children and families you work with.

Peer Review

A peer review is an evaluation of your practice and professional work by others in similar positions who you work with. A peer review provides a structured framework for other workers to assess and provide feedback to you on your work and implementation of the Practice Standards. When completing the assessment tool as a peer review, you will ask other workers to complete the tool as an evaluation of your work following the below instructions. You can use the information gathered through the peer review as you complete your action plan.

360-Degree Evaluation

A 360-degree evaluation is a process where you receive confidential and anonymous feedback on your practice and work from others who work around you, including leaders in your organization, your supervisor, and other workers. It's important that a 360-degree evaluation be completed by a variety of your colleagues in different positions. A 360-degree evaluation is a helpful assessment that will provide you with greater insight and understanding of your practice and behaviors, particularly those that relate to the Practice Standards. When completing the assessment tool as a 360-degree evaluation, you will ask leaders, supervisors, workers, and other staff within your organization to complete the tool as an evaluation of your work following the below instructions. You can use the information gathered through the 360-degree evaluation as you complete your action plan.

Instructions

The North Carolina Worker Assessment tool is divided into several sections; there is one section for each corresponding Practice Standard. Each section may be completed in one sitting or completed over time. The assessment should be completed individually, and keep in mind the assessment will be looking at your practice as a whole. Each core activity within the Practice Standards is broken down into three stages: optimal, developmental, and insufficient. These stages should be used to anchor the ratings in the assessment. Each stage is a steppingstone to the

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next allowing you to gradually improve your skill set as a child welfare professional. This assessment will help you, as a learner, identify goals and objectives to begin integrating the Practice Standards into your work.

The assessment is completed by determining which number on the rating scale corresponds best to your own practice behaviors. There is also space to take notes where a rationale for the rating can be added. Each behavior will be rated on a three-point scale: (1) always, (2) sometimes, (3) never.

1. Always: I implement this standard consistently in my own child welfare practice
2. Sometimes: I inconsistently implement this standard in my own child welfare practice
3. Never: I never implement this standard in my own child welfare practice

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North Carolina Worker Assessment: Communicating

Introduction

Communicating is defined as timely and consistent sharing of spoken and written information so that meaning, and intent are understood in the same way by all parties involved. Open and honest communication underpins successful performance of all essential functions in child welfare.

There are four Communicating core activities: (1) use clear language and checking to assure two-way understanding, (2) using respectful, non-judgmental, and empowering language, (3) operating with transparency, and (4) respecting confidentiality and privacy.

Table 1. Core Activity: Using clear language and checking to assure two-way understanding

Practice Standard 1: Ensure clarity when communicating				
	A	S	N	Notes
I use clear, specific, understandable oral and written communication	(1)	(2)	(3)	
I share important information with families verbally and in writing	(1)	(2)	(3)	
Practice Standard 2: Adapt communication to family needs and preferences, and provide consistent information to all family members who need it				
	A	S	N	Notes
I consider language barriers, preferences, literacy, and tailor communication	(1)	(2)	(3)	
I use preferred gender pronouns	(1)	(2)	(3)	
I attend to the child and family's language and use their words	(1)	(2)	(3)	
I ask families for their communication preferences	(1)	(2)	(3)	
I share appropriate information, provide consistent information	(1)	(2)	(3)	
Practice Standard 3: Allow time to enhance two-way communication with families through questions and checks for understanding				
	A	S	N	Notes

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I seek to allow enough time for two-way communication	(1)	(2)	(3)
I inform families of time limits, fully present, schedule follow-up meeting	(1)	(2)	(3)
I actively listen to families, reflect back	(1)	(2)	(3)
I ask questions for deeper understanding	(1)	(2)	(3)
I encourage and respond to questions from families, confirm understanding	(1)	(2)	(3)

Table 2. Using respectful, non-judgmental, and empowering language

Practice Standard 4: Speak with youth and families in a non-judgement, respectful manner				
	A	S	N	Notes
I convey interest and respect through body language	(1)	(2)	(3)	
I use consistently objective, strengths-based language	(1)	(2)	(3)	
I regularly seek out families' feelings, validate them	(1)	(2)	(3)	

Table 3. Operating with transparency and honesty

Practice Standard 5: Clearly and openly express to youth and families what is expected from them and what they can expect from child welfare				
	A	S	N	Notes
I explain the role of child welfare, what to expect, decision points, timeframes	(1)	(2)	(3)	
I fully inform families of options and opportunities, seek options from families	(1)	(2)	(3)	

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I follow through with commitments, explain changing circumstances	(1)	(2)	(3)	
I set timeframes for responses to questions, follow through	(1)	(2)	(3)	
I answer questions honestly	(1)	(2)	(3)	
Practice Standard 6: Always tell the truth, including during difficult conversations, in a manner that promotes dialogue				
	A	S	N	Notes
I acknowledge mistakes and misunderstandings	(1)	(2)	(3)	
I acknowledge when information is not known, cannot be shared	(1)	(2)	(3)	
I consistently model transparency and honesty	(1)	(2)	(3)	
I share important information without threatening or attacking, promotes dialogue	(1)	(2)	(3)	

Table 4. Core Activity: Respecting confidentiality and privacy

Practice Standard 7: Diligently respect confidentiality while sharing information when necessary and appropriate				
	A	S	N	Notes
I clarify and follow legal expectations for confidentiality, explain what can be shared	(1)	(2)	(3)	
I follow-up with my supervisor on what can be shared	(1)	(2)	(3)	
I take the release of information process seriously	(1)	(2)	(3)	
I ensure families know their right to revoke release of information	(1)	(2)	(3)	
I anticipate and minimize breaches of confidentiality	(1)	(2)	(3)	

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I understand that families perceive confidentiality as isolating, discuss confidentiality, obtain releases

(1) (2) (3)

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North Carolina Worker Self-Assessment: Engaging

Introduction

Engaging is defined as empowering and motivating families to actively participate with child welfare by communicating openly and honestly with the family, demonstrating respect, and valuing the family's input and preferences. Engagement begins upon first meeting a family and continues throughout child welfare services.

There are three Engaging core activities: (1) Focused attention to understand families, (2) demonstrating interest and empathy for families in verbal and non-verbal behavior, and (3) acknowledging family strengths.

Table 1. Core Activity: Focused attention to understand families

Practice Standard 1: Fully present when meeting with families				
	A	S	N	Notes
I attend to families, ignore other distractions	(1)	(2)	(3)	
I explain notetaking, present and paying attention	(1)	(2)	(3)	
I acknowledge the statements of families	(1)	(2)	(3)	
I am aware of cultural norms and family preferences	(1)	(2)	(3)	
I allow families to finish speaking	(1)	(2)	(3)	
I establish rapport	(1)	(2)	(3)	
Practice Standard 2: Prepares in advance to be able to connect with families				
	A	S	N	Notes
I develop clarifying and follow-up questions	(1)	(2)	(3)	
I prepare questions, is flexible based on meeting dynamics	(1)	(2)	(3)	
I prepare for interactions based on individual needs	(1)	(2)	(3)	

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I remember action items for future discussions	(1)	(2)	(3)	
I collaborate with families, brings understanding to all interactions	(1)	(2)	(3)	
I understand, adjust to cultural considerations and preferences	(1)	(2)	(3)	
Practice Standard 3: Considers the family's perspective in all exchanges and actions				
	A	S	N	Notes
I operate with belief that families are experts of their own situation	(1)	(2)	(3)	
I listen and acknowledge families' perspective	(1)	(2)	(3)	
I ask questions to understand	(1)	(2)	(3)	
I treat families as essential partners	(1)	(2)	(3)	
I show respect by including families in planning	(1)	(2)	(3)	
I include families in decision making	(1)	(2)	(3)	
I appropriately build relationships with families from other cultural groups	(1)	(2)	(3)	

Table 2. Core Activity: Demonstrating interest and empathy for families in verbal and non-verbal behavior

Practice Standard 4: Recognizes the family's perspectives and desires				
	A	S	N	Notes
I empower families to feel confident and comfortable	(1)	(2)	(3)	
I provide opportunity for families to co-lead conversation	(1)	(2)	(3)	

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I engage with families to check-in after tough situations	(1)	(2)	(3)	
I recognize the power dynamics in uncomfortable situations	(1)	(2)	(3)	
I am open minded	(1)	(2)	(3)	
I engage families in problem solving, encourage ownership	(1)	(2)	(3)	
Practice Standard 5: Use body language to convey interest to families				
	A	S	N	Notes
I maintain eye contact	(1)	(2)	(3)	
I lean in when speaking	(1)	(2)	(3)	
I am mindful of facial expressions and nod my head affirmatively	(1)	(2)	(3)	
I understand culture may play a role in body language	(1)	(2)	(3)	

Table 3. Core Activity: Acknowledging family strengths

Practice Standard 6: Acknowledge and celebrate strengths and successes				
	A	S	N	Notes
I build on small successes and verbally recognize progress	(1)	(2)	(3)	
I am consistently strengths-based and objective	(1)	(2)	(3)	
I identify positives	(1)	(2)	(3)	
I take a holistic approach, focusing on strengths	(1)	(2)	(3)	

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I encourage families to identify their strengths	(1) (2) (3)
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North Carolina Worker Assessment: Assessing

Introduction

Assessing is defined as gathering and synthesizing information from children, families, support systems, agency records, and persons with knowledge to determine the need for child protective services and to inform planning for safety, permanency, and well-being. Assessing occurs throughout child welfare services and includes learning from families about their strengths and preferences.

There are four Assessing core activities: (1) gathering information from children, caretakers, and other family members, (2) gathering and reviewing history, including agency records and other service assessments, (3) gathering information from collateral sources including service providers and persons with relevant knowledge, and (4) using critical thinking to synthesize information, assess what additional information is needed, and inform decision making.

Table 1. Core Activity: Gathering information from children, caretakers, and other family members

Practice Standard 1: Differentiates between information and positions				
	A	S	N	Notes
I moderate information gathering sessions	(1)	(2)	(3)	
I gather information that supports all positions	(1)	(2)	(3)	
I understand my own biases that may cloud positions	(1)	(2)	(3)	
Practice Standard 2: Takes time to get to know families and explain the assessment process				
	A	S	N	Notes
I take time to conversationally gather the family's story	(1)	(2)	(3)	
I use engagement to build family participation in assessment process	(1)	(2)	(3)	
I get a picture of the family's hopes, aspirations, challenges, and worries	(1)	(2)	(3)	
I explain the assessment process, reiterating purpose	(1)	(2)	(3)	
I authentically share with the family about the process	(1)	(2)	(3)	

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I keep in mind the culture of the family when gathering information	(1)	(2)	(3)	
Practice Standard 3: Asks questions based on information needed and at ease asking uncomfortable questions				
	A	S	N	Notes
I ask open-ended, strengths-based questions	(1)	(2)	(3)	
I understand what type of questions elicit the best type of answers	(1)	(2)	(3)	
I have the ability to hear difficult information without reaction	(1)	(2)	(3)	
I engage in crucial conversations	(1)	(2)	(3)	
I utilize a narrative approach to gather perspectives on historical information	(1)	(2)	(3)	

Table 2. Core Activity: Gathering and reviewing history, including agency records and other service assessments

Practice Standard 4: Stays open to different explanations of events in the record, keeping biases in check				
	A	S	N	Notes
I continuously gather information	(1)	(2)	(3)	
I am diligent in pursuing information	(1)	(2)	(3)	
I understand how to factor historical information into current situation	(1)	(2)	(3)	
I keep an open mind	(1)	(2)	(3)	
Practice Standard 5: Balances what is read in the record and what families share				
	A	S	N	Notes
I review information ahead of meeting the family, but ask them to share their perspective	(1)	(2)	(3)	

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I identify in the record what has historically worked well for the family	(1)	(2)	(3)
I have an understanding of what biases I hold when reviewing history	(1)	(2)	(3)

Table 3. Core Activity: Gathering information from collateral sources including service providers and persons with relevant knowledge

Practice Standard 6: Obtains all sides if there are differing positions among collaterals, engaging families in the process				
	A	S	N	Notes
I seek out wide number of collaterals and balance collateral sources	(1)	(2)	(3)	
I obtain information from as many collaterals as time permits	(1)	(2)	(3)	
I consider all relevant collateral sources	(1)	(2)	(3)	
I am honest with families when I must reach out to collaterals the family is unhappy with and explain why	(1)	(2)	(3)	
I let the family help identify collaterals and ask their permission before contacting	(1)	(2)	(3)	

Table 4. Core Activity: Using critical thinking to synthesize information, assess what additional information is needed, and inform decision making

Practice Standard 7: Synthesizes information and considers sources, prioritization, and timelines				
	A	S	N	Notes
I continually gather information	(1)	(2)	(3)	
I understand assessment is ongoing process in determining needs	(1)	(2)	(3)	
I rank information received based on relevance and priority	(1)	(2)	(3)	

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I prioritize information that negatively impacts children to address first	(1)	(2)	(3)	
Practice Standard 8: Remains non-judgmental when processing information				
	A	S	N	Notes
I am inquisitive from the beginning of assessment process	(1)	(2)	(3)	
I understand the family's community as they define it	(1)	(2)	(3)	
I operate with cultural humility	(1)	(2)	(3)	
I persevere in gathering information, follow the information	(1)	(2)	(3)	
I understand not all information is relevant	(1)	(2)	(3)	
I normalize reactions family has to information and assessment results	(1)	(2)	(3)	
I understand fight, flight, or freeze response	(1)	(2)	(3)	

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North Carolina Worker Assessment: Planning

Introduction

Planning is defined as respectfully and meaningfully collaborating with families, communities, tribes, and other identified team members to set goals and develop strategies based on the continuous assessment of safety, risk, family strengths, and needs through a child and family team process. Plans should be revisited regularly by the team to determine progress towards meeting goals and make changes when needed.

There are Four Planning core activities: (1) synthesizing and integrating current and previous assessment information and family history to inform plans, (2) preparing families for the teaming/planning process, (3) conducting child and family team meetings with children, youth, and families, and (4) completing and revising behaviorally based case plans.

Table 1. Core Activity: Synthesizing and integrating current and previous assessment information and family history to inform plans

Practice Standard 1: Engages family in understanding assessment and history, focusing on strengths to customize plans				
	A	S	N	Notes
I transparently share assessments with families	(1)	(2)	(3)	
I see family input into what has and hasn't worked in the past, apply information	(1)	(2)	(3)	
I partner with families owning their plan, creating buy-in	(1)	(2)	(3)	
Practice Standard 2: Discovers root causes and underlying reasons for family involvement				
	A	S	N	Notes
I seek input from others with knowledge of family history, keep an open mind	(1)	(2)	(3)	
I focus plan on identified needs, tied to assessment	(1)	(2)	(3)	
I ask questions and seek information to help families understand root cause	(1)	(2)	(3)	
I discuss DSS concerns with family, get feedback	(1)	(2)	(3)	

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Table 2. Core Activity: Preparing families for the teaming/planning process

Practice Standard 3: Believes and practices the importance of preparation, both for self and for the family, for teaming and planning				
	A	S	N	Notes
I come to meeting prepared based on review of information	(1)	(2)	(3)	
I prepare families for meetings ahead of time, providing copies of documents	(1)	(2)	(3)	
I consider adjustments to better accommodate families	(1)	(2)	(3)	
I ensure families understand CFTs are their meetings, explains rights	(1)	(2)	(3)	
I ask families who they would like to invite to meetings	(1)	(2)	(3)	
I ask families what they want to accomplish during meetings	(1)	(2)	(3)	
Practice Standard 4: Actively engages family in identifying their team				
	A	S	N	Notes
I explain to families the purpose of teams, role they play	(1)	(2)	(3)	
I explore ways to involve children in CFT	(1)	(2)	(3)	
I work with families to identify supports, encourage families to invite to meetings	(1)	(2)	(3)	
I explain why having support is important	(1)	(2)	(3)	
I creatively explore and troubleshoot with families past supports	(1)	(2)	(3)	

Table 3. Core Activity: Conducting child and family team meetings with children, youth, and families

Practice Standard 5: Promotes family voice as the cornerstone of the meeting

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	A	S	N	Notes
I encourage families to start meetings sharing strengths or concerns	(1)	(2)	(3)	
I encourage children and youth to participate	(1)	(2)	(3)	
I reinforce strengths of families through meeting, share protective capacity examples	(1)	(2)	(3)	
I provide families options about aspects of meetings to engage families	(1)	(2)	(3)	
Practice Standard 6: Facilitates and engages participants throughout, acknowledging and managing conflict				
	A	S	N	Notes
I set and reinforce boundaries and expectations throughout meetings	(1)	(2)	(3)	
I make sure all voices are heard and expressed during meetings	(1)	(2)	(3)	
I show empathy and acknowledge how distressing situation may be, provide support	(1)	(2)	(3)	
I am clear on concerns, ask families to identify solutions	(1)	(2)	(3)	
I diffuse situations when conversations escalate	(1)	(2)	(3)	
I manage emotions in the room well	(1)	(2)	(3)	

Table 4. Core Activity: Completing and revising behaviorally based case plans.

Practice Standard 7: Actively involves families in developing behavioral based case plans				
	A	S	N	Notes
I co-create plans that are flexible and individualized	(1)	(2)	(3)	

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I invite families to identify issues they want to change, include in plan	(1)	(2)	(3)	
I utilize harm and danger statements to identify safety issues	(1)	(2)	(3)	
I plan with families not for or about families	(1)	(2)	(3)	
I structure plan around behaviors desired to change, not completion of programs	(1)	(2)	(3)	
I prioritize tasks in plans and break down tasks into manageable steps	(1)	(2)	(3)	
Practice Standard 8: Revisits the case plan regularly, willing to modify or update as needed, but at a minimum per policy				
	A	S	N	Notes
I bring subject of case plan into every conversation	(1)	(2)	(3)	
I ensure families have a copy of their case plan	(1)	(2)	(3)	
I update plans with every success to show progress, keep families motivated	(1)	(2)	(3)	

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North Carolina Worker Assessment: Implementing

Introduction

Implementing is defined as carrying out plans that have been developed. Implementing includes linking families to services and community supports, supporting families to take actions agreed upon in plans and monitoring to assure plans are being implemented by both families and providers, monitoring progress on behavioral goals, and identifying when plans need to be adapted.

There are three Implementing core activities: (1) supporting families to take actions agreed upon in the plan and connecting families to services and community support, (2) collaborating with providers and informal supports in the community to help families achieve desired outcomes, and (3) coaching with families and partnering with providers to assure plans are being implemented, progress is made, and outcomes achieved.

Table 1. Core Activity: Supporting families to take actions agreed upon in the plan and connecting families to services and community support

Practice Standard 1: Supports families to take actions				
	A	S	N	Notes
I prioritize the family's availability and convenience when providing support	(1)	(2)	(3)	
I offer to call or link families to providers as a first step	(1)	(2)	(3)	
I show families through actions and words that I am interested in their success	(1)	(2)	(3)	
Practice Standard 2: Works with families to find solutions to challenges				
	A	S	N	Notes
I ask questions tailored to individual family needs to identify challenges to engaging in services	(1)	(2)	(3)	
I ask families what their concerns about services and service delivery	(1)	(2)	(3)	
I advocate for families and help them navigate the system	(1)	(2)	(3)	
I ensure families are participating in the amount of services they can handle	(1)	(2)	(3)	
I support families in their service prioritization	(1)	(2)	(3)	

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Practice Standard 3: Explains to families what services are and what they could do for the family to provide information and informed decisions				
	A	S	N	Notes
I engage families in conversation about purpose of recommended service	(1)	(2)	(3)	
I check-in for families' understanding of services purpose on ongoing basis	(1)	(2)	(3)	
I provide families with contact information for service providers	(1)	(2)	(3)	
I make suggestions on the frequency families should follow-up with providers	(1)	(2)	(3)	
I ensure recommended services are behaviorally specific, not duplicative	(1)	(2)	(3)	
I seek to understand and empathize families' concerns related to services	(1)	(2)	(3)	
Practice Standard 4: Offers an array of service providers to choose from if there are choices to be had				
	A	S	N	Notes
I identify resources available and provide information to families	(1)	(2)	(3)	
I offer to think with the families as they decide on service providers	(1)	(2)	(3)	
I point out service providers based on knowledge of families' history	(1)	(2)	(3)	

Table 2. Core Activity: Collaborating with providers and informal supports in the community to help families achieve desired outcomes

Practice Standard 5: Advocates with and for families with providers on what behavioral change is expected to ensure quality service delivery				
	A	S	N	Notes
I communicate with providers and families about agreed upon behavioral changes being sought	(1)	(2)	(3)	

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I share with providers relevant assessment and case plan information	(1)	(2)	(3)	
I provide feedback to providers, ask questions about services	(1)	(2)	(3)	
I regularly check-in, monitor service delivery	(1)	(2)	(3)	
I escalate problems to my supervisor	(1)	(2)	(3)	
I understand what treatment being provided, what is expected, and evidence of results	(1)	(2)	(3)	
I ensure services delivered are tailored to meet families' needs	(1)	(2)	(3)	
Practice Standard 6: Accesses natural supports in the community to assist families to achieve their goals				
	A	S	N	Notes
I engage families to identify community supports	(1)	(2)	(3)	
I educate families regarding how to access community resources	(1)	(2)	(3)	
I encourage families to reach out to other systems	(1)	(2)	(3)	
I facilitate meetings between families and support systems	(1)	(2)	(3)	

Table 3. Core Activity: Coaching with families and partnering with providers to assure plans are being implemented, progress is made, and outcomes achieved

Practice Standard 7: Checks-in on an ongoing basis with families on progress with the Family Service Agreement				
	A	S	N	Notes
I routinely ask families if services are good match	(1)	(2)	(3)	
I provide families feedback if they are or are not making efforts	(1)	(2)	(3)	

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I follow-up with families when appointments missed to identify challenges	(1)	(2)	(3)	
I problem solve with families to find solutions to challenges	(1)	(2)	(3)	
I reassess barriers once services begun	(1)	(2)	(3)	
Practice Standard 8: Assesses progress in implementing actions of plan, making adjustments as needed				
	A	S	N	Notes
I work with families to identify when changes needed in service delivery	(1)	(2)	(3)	
I troubleshoot when goals not achieved to determine root cause	(1)	(2)	(3)	
I engage collaterals about progress made and additional service needs	(1)	(2)	(3)	
I make changes in actions in plan when necessary, not when convenient	(1)	(2)	(3)	
I celebrate wins when goals achieved	(1)	(2)	(3)	
Practice Standard 9: Tracks service delivery for achievement of safety, permanency, and well-being outcomes for the family				
	A	S	N	Notes
I routinely check-in with service providers on progress	(1)	(2)	(3)	
I assess successful completion of service in connection with desired behavior change	(1)	(2)	(3)	
I consider the long-term outcomes when determining achievement of outcomes	(1)	(2)	(3)	

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North Carolina Worker Action Plan

Action Planning

This Action Plan will help you identify the specific actions you plan to take to implement the behaviors of the Practice Standards into your work. While you complete the Action Plan, pay particular attention to the behaviors noted as happening 'sometimes' or 'never' and identify specific actions to address these areas.

	Practice Standard Behavior	As a result of what I learned through this assessment, I am going to...	I will know I am succeeding with this objective when...
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Solution-Focused Interviewing Skills and Questions

Open Ended Questions	
Questions that encourage the client to use their own words and to elaborate on a topic.	Can you tell me about your relationship with your parents? Tell me about your parenting experience. Who are your supports and how do they help you? Note: identify and reflect to clients any strengths or positive qualities clients may reveal in their responses to the open-ended questions.
Summarizing	
Periodically state back to the client his/her thoughts, actions, and feelings.	So, what I hear you say is... If I understand you correctly, you are saying that... So, what you are saying is... Right?
Tolerating/Using Silence	
Allow 10, 15, 20 seconds or so to allow clients to come up with their own responses. Avoid the temptation to fill in silence with advice.	
Complimenting	
Acknowledging client strengths and past success.	As you were talking, I noticed that you have many strengths. You have..., In the past, you have had successes evident by your ability to....
Affirming Client's Perception	
Perception is some aspect of a person's self-awareness or awareness of their life. They include a person's thoughts, feelings, behaviors, and experiences. Affirmation of the client's perceptions is similar to reflective listening in form but does not isolate and focus on the feeling component per se, but on the client's larger awareness.	That is very smart of you, let us explore this further... You have a high-level of self-awareness, how would you like to use this information to move forward...

Working with Client’s Negative or Inaccurate Perceptions	
<p>Perceptions, even negative ones like suicide or assaultive behaviors should be explored to understand the full context. Some perceptions may be obviously inaccurate and reflect a person’s denial of a problem. Avoid an immediate educative or dissuading response to negative or inaccurate perceptions. Listening and understanding are the social worker’s first obligations.</p>	<p>What’s happening in your life that tells you that hitting or suicide might be helpful in this situation? How does it feel to say, “I don’t want to do this anymore?” How might your life be different if you did hit him? What are the pros and cons of your reaction?</p>
Returning the Focus to the Client	
<p>Clients tend to focus on the problem and/or what they would like others to do differently. In the Solution-Focused approach, the client is encouraged to return the focus to themselves and to possible solutions.</p>	<p>“My kids are lazy. They don’t realize that I need help sometimes.” Response: “What gives you hope that this problem can be solved?” “I wish my parents would get with it. A 10:00 pm curfew on weekends is ridiculous.” Response: “When things are going better, what will your parents notice you doing differently?” “My teachers are too hard. If they would back off all the homework and give more help my grades would improve.” Response “What is it going to take to make things even a little bit better?” “If my boss would stop criticizing me and treating me like a child, I could be more productive.” Response “If your boss was here and I asked him what you could do differently to make it just a little easier for him not to be so critical, what do you think he would say?”</p>
Exception Questions	
<p>Exception questions help clients think about times when their problems could have occurred but did not – or at least were less severe. Exception questions focus on who, what, when, and where (the conditions that helped the exception to occur) - NOT WHY; should be related to client goals.</p>	<p>Are there times when the problem does not happen or is less serious? When? How does this happen? Have there been times in the last couple of weeks when the problem did not happen or was less severe? How was it that you were able to make this exception happen? What was different about that day? If your friend (teacher, relative, spouse, partner, etc.) were here and I were to ask</p>

	<p>him what he noticed you doing differently on that day, what would he say? What else?</p>
<p>Coping Questions</p>	
<p>Coping questions attempt to help the client shift his/her focus away from the problem elements and toward what the client is doing to survive the painful or stressful circumstances. They are related in a way to exploring for exceptions.</p>	<p>What have you found that is helpful in managing this situation? Considering how depressed and overwhelmed you feel, how is it that you were able to get out of bed this morning and make it to our appointment (or make it to work)? You say that you're not sure that you want to continue working on your goals. What is it that has helped you to work on them up to now?</p>
<p>Scaling Questions</p>	
<p>Scaling questions invite clients to put their observations, impressions, and predictions on a scale from 0 to 10, with 0 being no chance, and 10 being every chance. Questions need to be specific, citing specific times and circumstances.</p>	<p>On a scale of 0 to 10, with 0 being not serious at all and 10 being the most serious, how serious do you think the problem is now? On a scale of 0 to 10, what number would it take for you to consider the problem to be sufficiently solved? On a scale of 0 to 10, with 0 being no confidence and 10 being very confident, how confident are you that this problem can be solved? On a scale of 0 to 10, with 0 being no chance and 10 being every chance, how likely is it that you will be able to say "No" to your boyfriend when he offers you drugs? What would it take for you to increase, by just one point, your likelihood of saying "No"? What's the most important thing you have to do to keep things at a 7 or 8?</p>
<p>Indirect Relationship Questions</p>	
<p>Indirect questions invite the client to consider how others might feel or respond to some aspect of the client's life, behavior, or future changes. Indirect questions can be useful in asking the client to reflect on narrow or faulty perceptions without the worker directly challenging those perceptions or behaviors.</p>	<p>How is it that someone might think that you are neglecting or mistreating your children? Has anyone ever told you that they think you have a drinking problem? If your children were here (and could talk, if the children are infants or toddlers) what might they say about how they feel when you and your wife have one of those serious arguments? At the upcoming court hearing, what changes do you think the judge will expect</p>

	<p>from you to consider returning your children? How do you think your children (spouse, relative, caseworker, employer) will react when you make the changes we talked about?</p>
<p>Miracle Questions</p>	
<p>The Miracle Question is a special type of preferred future question that can help people get clarity on how the problem impacts their daily life and what life would look like without the problem happening.</p>	<p>Imagine you woke up tomorrow and a miracle had happened overnight, and all the trouble was gone. How would you know it was over? What would be different that would tell you the problem was no longer happening? What is the first thing you would be doing to start the day? What would the rest of your day look like? What would things look like for your children? If you could wave a magic wand and things, be different, what would that new state of being look like? What would it take to get there without the magic wand?</p>

Guiding Principles of Interviewing

Parents

- Strengths-based: Actively look for and acknowledge strengths, protective capacities, the presence of protective factors, and competence.
- Centrality of parent's role and perspective: By virtue of being a parent, the adult has information and ideas that are critical to the family. Parents, regardless of their level of involvement, actions, or inactions, deserve a seat at the table.
- Rooted in the parent's lived reality: Get curious about the parent's reality. Honor their assessment of who they are and how things work within their family. Engage across all elements of family life, asking for their perspective about barriers and challenges as well as what is working well. Acknowledge the difficulty of their situation when it is expressed.
- Use curiosity and critical thinking to explore discrepancy: Judgements can wait. Sometimes, parents tell us things that we can demonstrate are not true. Often, this behavior is grounded in protecting themselves and their family from system involvement and impact. This could be a lifelong strategy. It is crucial to identify when a parent's words or statements do not match other information gathered and should always be done in a respectful and curious manner. Acknowledge out loud the feelings that could compel a person to represent things differently than they are and the feelings of being approached with this dynamic.
- Authenticity is important: Be "real" during interviews to the extent that it is respectful, culturally humble, and professional. Assume that the parent would like to parent safely and well, and that it's the barriers the parent faces which prevent this, not the parent's character. Parents are more than their actions and worst moments.

Children

- Do No Harm: Interviews should not be traumatic or coercive. Minimize the amount of times children and youth share details of traumatic events to avoid re-victimization. Respect a child or youth's right to opt out of an interview.
- Always tell the truth and don't make promises you can't keep: Child welfare processes are dynamic and unpredictable. Share what you know, what steps you will take, and overview processes from a position of "what usually happens."
- Attend to the child or youth's development age and stage: Children and youth who do not understand what is being asked of them may try to guess. This has terrible implications. Engage children and youth at their level and provide information to give context and direction.
- Support the child or youth to do most of the talking: Use open-ended questions, non-verbal affirmations, active listening, and elicit the child to talk about their life. Utilize prompts that encourage the child to keep talking.
- Avoid leading questions: Use the child or youth's words whenever possible. Use open-ended questions.
- Don't argue with the child or youth about their experience: Get curious about the child or youth's reality. Honor their thoughts and feelings about who they are and how things work within their family. Engage across all elements of family life, asking for their perspective about barriers and challenges and what is working well. Remember that siblings within the same home can have very different experiences.

- Remember you are not the expert in their lives and do not know what happened: Engage to understand or discover, not to confirm or deny. Your desire for a child to make a disclosure or deny something can have a powerful effect on your interview, even when you don't intend for this to happen.

Adapted from: Alliance for Child Welfare Excellence. Regional Core Training – Interviewing Adults Handouts. <https://risewiththealliance.org/home/regional-core-training-interviewing-adults-handouts/>

And Alliance for Child Welfare Excellence. Regional Core Training – Webinar Handouts: Guiding Principles of Child Interviewing. Rise with the Alliance. <https://risewiththealliance.org/home/regional-core-training-interviewing-children-handouts/>