



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 Three

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 revisited 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 support 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 3

Assessing 12 Skills Learning Lab
<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 document the assessment of 12 skills in Mutual Home Assessment.
Physical and Environmental Safety Requirements
<ul style="list-style-type: none"> • Learners will be able to explain the requirements of fire and building safety in accordance with the administrative code.
<ul style="list-style-type: none"> • Learners will be able to explain the purpose of foster parent orientation meetings and the benefits to both applicants and licensing workers.
Issuing a License
<ul style="list-style-type: none"> • Learners will be able to explain the purpose of foster parent orientation meetings and the benefits to both applicants and licensing workers.
<ul style="list-style-type: none"> • Learners will be able to conduct orientation meetings that inform applicants of all the requirements that will be expected of them in the licensing process.
<ul style="list-style-type: none"> • Learners will be able to explain their responsibility in ensuring complete licensing materials and providing a licensing recommendation to the State licensing authority.
<ul style="list-style-type: none"> • Learners will be able to describe the requirements and how to complete the Mutual Home Assessment.
<ul style="list-style-type: none"> • Learners will be able to demonstrate interviewing techniques to gather the required information contained in the Mutual Home Assessment.
<ul style="list-style-type: none"> • Learners will be able to decide whether applicants can meet the needs of children and care for children in accordance with licensing requirements.
<ul style="list-style-type: none"> • Learners will be able to describe the required material needed to make a complete recommendation for licensure.
<ul style="list-style-type: none"> • Learners will be able to describe the different licensing decisions available to the licensing authority and how to effectively communicate decisions to applicants

Day 3, continued

Mutual Home Assessment Learning Lab
<ul style="list-style-type: none"> • Learners will be able to describe the required materials needed to make a complete recommendation for licensure.
<ul style="list-style-type: none"> • Learners will be able to describe the different licensing decisions available to the licensing authority and how to effectively communicate decisions to applicants.
Permanency
<ul style="list-style-type: none"> • Learners will be able to describe the requirements to achieve each permanency option.
<ul style="list-style-type: none"> • Learners will be able to discuss their role in decision-making with children, parents, the case planning team, and the court regarding each permanency plan.
<ul style="list-style-type: none"> • Learners will be able to describe and provide examples of ways to prepare the foster parent for permanency.
<ul style="list-style-type: none"> • Learners will be able to explain the requirements and purpose of permanency hearings and Permanency Planning Review meetings.
Shared Parenting
<ul style="list-style-type: none"> • Learners will be able to explain the purpose and benefits of shared parenting.
<ul style="list-style-type: none"> • Learners will be able to provide examples of shared parenting and different ways that families can participate in shared parenting.
<ul style="list-style-type: none"> • Learners will be able to explain the benefits of fully engaging the out-of-home care provider and the child’s family in partnership.

Day Three Agenda

Foster Home Licensing Track Training

- I. Welcome

Assessing 12 Skills Learning Lab

- II. 12 Skills for Successful Fostering

Physical and Environmental Safety Requirements

- III. Foster Home Physical and Environmental Safety Requirements

Issuing a License

- IV. Prospective Foster Parent Orientation
- V. Mutual Home Assessment Form
- VI. Licensing Decision

Mutual Home Assessment Learning Lab

Permanency

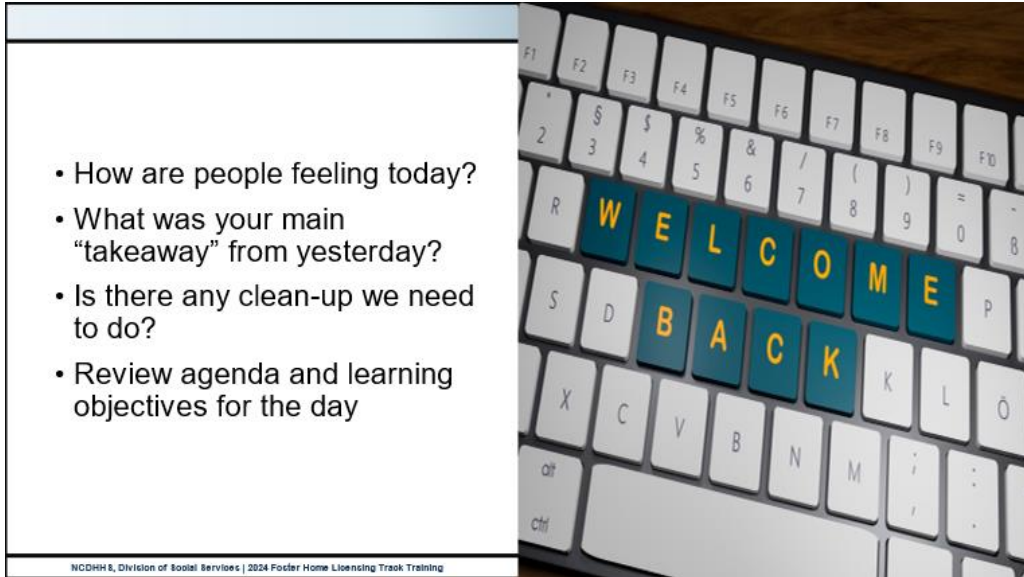
- VII. Permanency and Permanency Planning
- VIII. Permanency Planning Hearings

Shared Parenting

- IX. Impact of Shared Parenting

Self-Reflection Activity

Welcome & Introductions



• 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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Assessing 12 Skills Learning Lab

12 Skills for Successful Fostering

Revisiting 12 Skills

- Know their family
- Communicate effectively
- Know the children
- Build strengths and meet needs
- Work in partnerships
- Be loss and attachment experts
- Mange behaviors
- Build connections
- Build self-esteem
- Ensure health and safety
- Assess impact on own family
- Make an informed decision

[NC DSS Foster Home Licensing Policy](#)
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Activity: Assessing 12 Skills

Worksheet: Michelle Lewis Strengths and Needs

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

Describe an individual strength you have.

- I am independent and have a strong work ethic

Describe how you use this strength.

- I use this strength to support my family despite being a single mother and experiencing struggles early in my life.

Describe a family strength your family has.

- My children and I are all very close to my mother (Linda) and we have a good natural support network.

Describe how your family uses this strength.

- I have leaned on my mother (Linda) while raising my children

Describe an area in your own life where you needed help.

- I have needed help over the years with juggling parenthood and my career.

Explain how you met this need.

- I have a strong network of friends and family and they have always stepped in when I needed them most.

Describe a family problem or issue where your family needed help.

- I struggled as a young mom when the father of my oldest child, Mariah, was killed in a car accident. I lost his financial support and had trouble making ends meet. I was afraid to ask for help initially and child welfare became involved.

Explain how your family met this need.

- My mother became more involved and supported me through receiving in-home services. She started to come weekly to provide child care while I was applying for jobs and beginning my IT career. She would also support me in providing times of respite so I could have “me time” and get some self-care.

Skill #2: Using and developing effective communication.

Describe how you communicate with your spouse, partner, or another adult.

- I have not been in a relationship in some time, but I have strong communication within my tight-knit family and friends. I check in with my mother every day to share my highs and lows of the day. We enjoy supporting each other and using each other as a “sounding board” for daily challenges. We are always clear when we are only looking to vent about a situation versus looking for actual feedback or advice from each other.

Describe a child with whom you have a relationship.

- My son Anthony is my youngest child who is diagnosed with Autism.

Describe a communication method that works well for this child.

- Anthony is very literal with his communication, so I am very careful to speak clearly and directly, avoiding any metaphors or sayings that could be confusing for him.

Describe a communication method that does not work well for this child.

- Anthony does not handle non-verbal communication well. He does not read social cues very well and can get frustrated quickly when he feels confused or not understood by someone.

Describe a communication trait you need to develop and how you plan to do this.

- Anthony has been working weekly with a therapist to improve social skill building.

Skill #3: Identifying the strengths and needs of children placed in the home.

Describe a child with whom you have a relationship.

- Van is the 14-year-old non-binary child of my sister Monica.

Describe two strengths of this child.

- Van is a creative person
- Van is very bonded to their family

Describe two needs of this child.

- Van has experienced bullying at school
- Van is part of the LGBTQ+ community and requires gender-affirming support and care from the adults in their lives.

Explain how you determined the child has these strengths and needs.

- I have a strong relationship with Van and make sure that I provide opportunities for them to share their successes and challenges when we have family events and outings.
- I have reached out to the school as an additional support person for Van when Monica became incarcerated. I have attended school events where I have seen some interactions between Van and their peers.

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

Describe a child with whom you have a relationship.

- Raymond is the 10-year-old child of my sister Monica.

Describe something the child does well.

- Raymond is a sensitive child who empathizes with others

Explain how you have encouraged this.

- I have pointed out times Raymond has been empathetic to others. I have shared my thoughts about how empathy is important to strong relationships and wellbeing.

Describe something the child has needed help with.

- Raymond is diagnosed with ADHD.

Explain how you helped the child with this need.

- I have helped Raymond build his coping skills, such as recognizing when he is becoming deregulated and using a sensory object to help support him.

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.

Give an example of an agency/organization or a group of people you have worked with in partnership.

- I am involved in a mentorship program with my employer, ABC Tech, and I lead monthly meetings with program participants.

Describe how you will work in partnership with birth parents, treatment providers, supervising agency, etc.

- I will work well with parents, treatment providers, and supervising agency staff through open communication and regular checkpoints to ensure that expectations and roles are clear. I am skilled in making sure that all voices are heard in conversations through my mentorship work.

Skill #6: Be Loss and Attachment Experts: Helping children placed in the home develop skills to manage loss and skills to form attachments.

Explain how you have helped someone close to you (preferably a child) deal with a loss.

- I helped my oldest child Mariah cope with the loss of her father at a young age. We celebrate him every year on his birthday, and I created a scrapbook with pictures and memories that I had of him.

Describe what worked in helping this individual with the loss.

- I think it was helpful that we both had endured the same loss. We bonded in our grief, and I always provided her with space to grieve in the way that she needed.

Describe what didn't work in helping this individual with the loss.

- I know that when Mariah was young, people would sometimes avoid talking about her father. I think they thought it was helpful to avoid the subject and not "upset her". I recognized that Mariah needed to be able to talk about him and remember him.

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

Describe how you discipline your own children or children you care for.

- I feel as though the parenting styles I used between Mariah and now Anthony are very different. I struggled as a single parent raising Mariah. I spanked her from time to time because I didn't really know how else to discipline Mariah. I have a different approach with Anthony. Anthony was diagnosed with autism when he was 3. I think his diagnosis led me to do more research on different parenting strategies. Anthony responds well to having a solid schedule every day and consistency has helped tremendously with his behaviors.

Describe two positive and two negative consequences you will use with foster children.

- Positive: I use a "fun activity bowl" with my son Anthony. When he has a good day, he can pick from the bowl and select a fun game or adventure for us to do together.
- Positive: I reward positive behavior by letting children pick a movie for our weekly Friday Movie Night.
- Negative: Use time-outs that are age-appropriate.
- Negative: Deny screen time for the day.

Describe why you think corporal punishment should not be used to discipline foster children.

- Children in foster care have experienced trauma and physical punishment has never been found to be an effective parenting strategy.

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

Describe how you keep in contact with family members or friends who live in other places.

- I have always had a strong relationship with my mother and father and remain in close contact even though we live in different towns.

Describe how you will help foster children maintain connections and relationships with their pasts.

- I plan to have Monica, George, and George's husband, William, over on Sunday nights to have a large family dinner. I feel it is important for Anthony to become closer with his aunt and uncles.

If you have experience with primary custody or step-parenting, describe how you have helped your children maintain relationships with the non-custodial parent.

- I admit that I don't have a lot of experience with this. Mariah's father died at a young age, and Anthony's father has not been involved in his life at all.

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

Describe special family or cultural traditions that you have in your own family.

- We always celebrate Juneteenth every summer. As a black woman, I wanted to make sure my children understood history and its significance in the world they experience today.

Describe your experiences with individuals of different races or cultures.

- Mariah's father was part Native American and I was able to experience some of his tribal traditions when we were dating.

Describe how you will help foster children maintain connections with their culture.

- With Raymond and Van being my family, I will make sure that they continue to be connected with their own family traditions. I will reach out to their dad, George, and learn about any traditions that they had that I could support in my home.

Describe how you will help foster children deal with being separated from birth parents, other family members, friends, etc.

- I plan to support Van and Raymond in their relationship with their mom and dad while they are in care. Family is incredibly important to me and that is why I decided to become licensed. I know that my sister Monica has the potential to be a great mom, and once she is released, I am committed to supporting her in whatever she needs to successfully reunify with her children.

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

Describe the ways in which you will provide a child with a safe and healthy environment.

- I have stable housing and a good job that provides me with the flexibility to be available to support them in any services they require. I have learned different parenting strategies and promoting healthy development ever since Anthony was diagnosed with Autism.

Describe any issues or concerns you may have in providing a safe environment (such as pets, water hazards, play area, or neighborhood).

- I have been more concerned lately with the increased crime in my neighborhood.

Now that you have described your concerns, what are some ways you can ensure safety around these same issues/concerns?

- I will establish a curfew and safety plan with the children. I will make sure that they always have safe transportation to and from appointments and events so that they do not have to walk anywhere alone.

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

Have you discussed your decision to become a foster parent with other family members and neighbors? **Yes** No

What was the reaction of other family members and neighbors?

- My mother is very supportive of this, but some of my friends are worried that having two more children in my household with high needs will be too stressful for me.

Describe the challenges your family will face by providing foster care.

- It will be challenging to manage the different needs of the children, but I trust that I can reach out to my support network to help me when needed.

Describe how being a foster parent will impact your lifestyle.

- I believe that fostering Van and Raymond will strengthen my relationship with them, but I know that Anthony might struggle at first with the change. I have planned to increase his therapy appointments in the first few months so he can process having foster siblings in the home with him.

Describe the rewards your family will receive by providing foster care.

- The thought of supporting my family in a time of need is incredibly rewarding.

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

Tell us the steps you have taken to make an informed decision about moving forward with your foster home license.

- I have spoken with my own therapist about this, considering that I have previous experience within the CPS system. I have engaged my support system and know that I have strong people around me that I can depend on. Despite the challenges that I know will occur, this is what is best for keeping my extended family safe and together.

Worksheet: Assessing 12 Skills

Scenario

Michelle Lewis is a 39-year-old woman who is the maternal aunt of two children by the names of Van and Raymond Jackson. They are in foster care, currently placed with a non-relative. At a recent CFT meeting, it was determined that the children would be a good fit to be placed with Michelle. She stated that she would like to be licensed.

Instructions

Michelle recently completed the pre-service training, and you are working through the strengths and needs self-assessments listed that were completed by Michelle.

Using the strengths and needs statements, connect the responses to the 12 Skills. Practice making a clear and supporting example of how Michelle meets that skill.

The first skill is completed for you as an example.

Skill # 1

Michelle identifies her independence and strong work ethic as personal strengths that help her support her family as a single mother. She recognizes the close relationship with her own mother, Linda, as a critical family strength. Michelle acknowledges the challenges of balancing parenthood and her career, as well as adjusting to the loss of financial support following the crisis of losing Mariah’s father. Although Michelle experienced some hesitancy in reaching out for support initially, she did lean into her relationship with her mother for childcare and emotional support. Michelle was able to navigate a very challenging time by coordinating regular childcare from her mother while she applied for jobs and begin her IT career.

Skill # 2

Skill # 3

Skill # 4

Skill # 5

Skill # 6

Skill # 7

Skill # 8

Skill # 9

Skill # 10

Skill # 11

Skill # 12

Skills Practice: Interviewing Techniques

Each member of your group will be assigned a role:

- Licensing Worker
- Applicant (Michelle)
- Observer

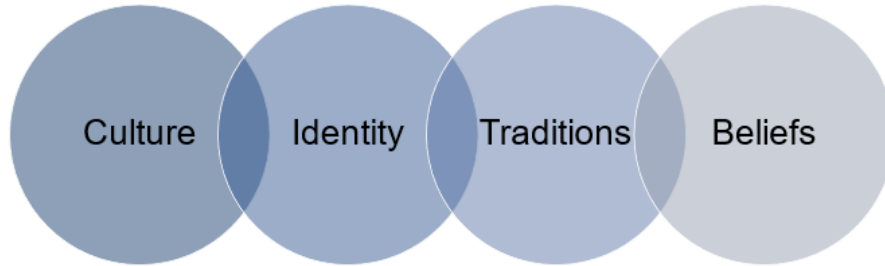
Using what we know about Michelle, the worker will practice asking questions of Michelle that will help assess her. You'll notice that some of the skills build off one another. Have your 12 Skills of Successful Fostering handout handy while you do this activity. You'll notice that Skills 1, 3, 4, and 7 are connected.

Rotate so every person has a chance to play the role of Licensing Worker and ask questions.

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Cultural Considerations



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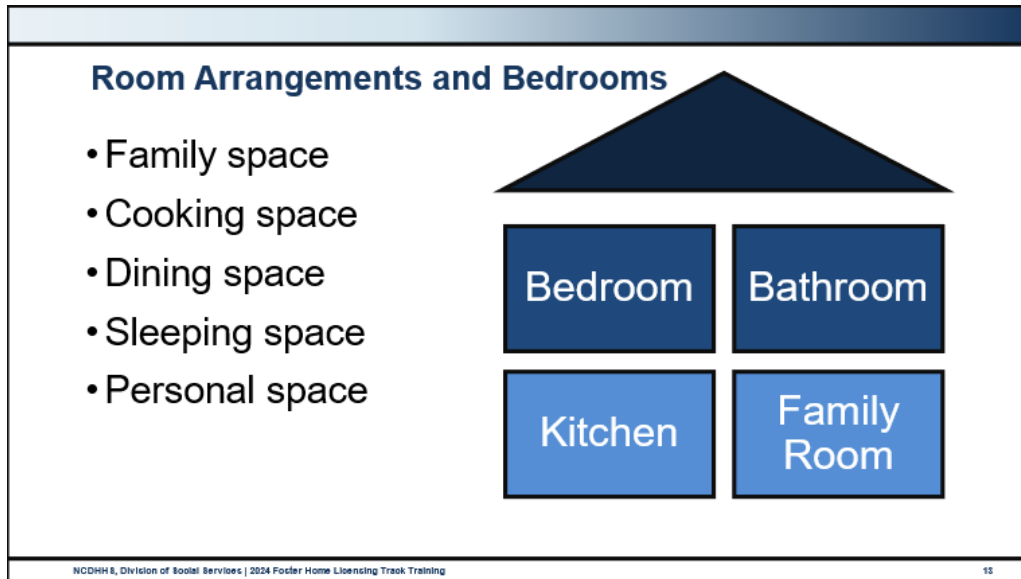
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Questions and Reflections

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

Physical and Environmental Safety Requirements

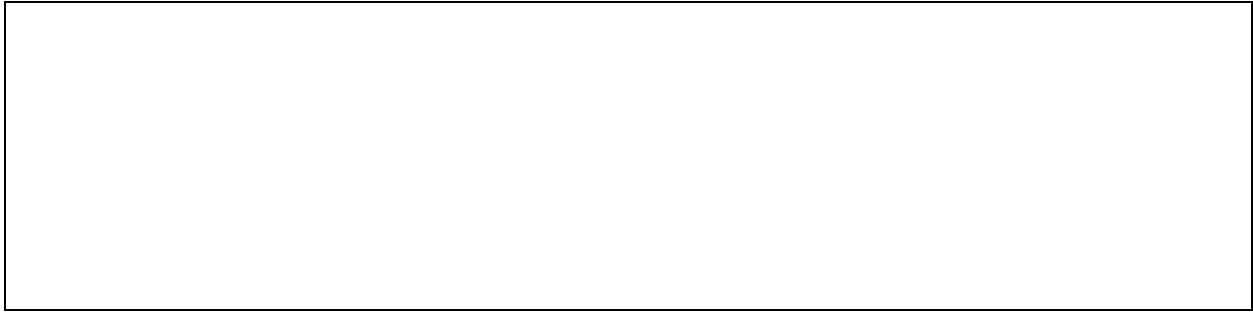
Foster Home Physical and Environmental Safety Requirements



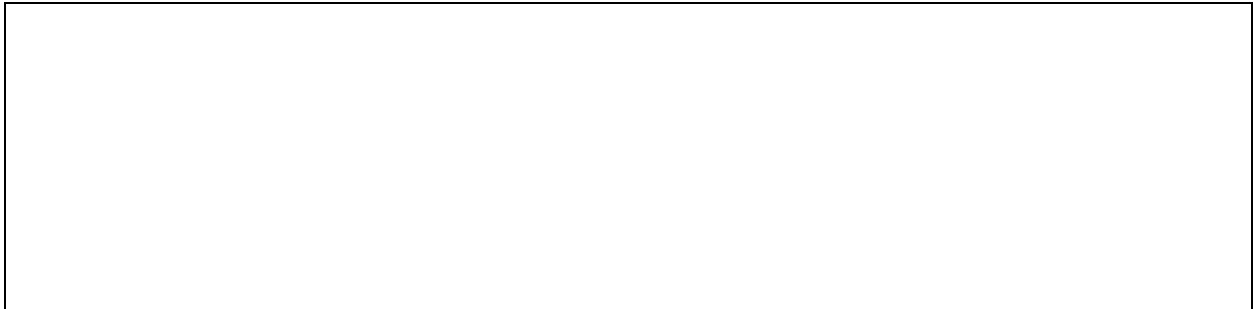
Family Space

Cooking Space

Dining Space



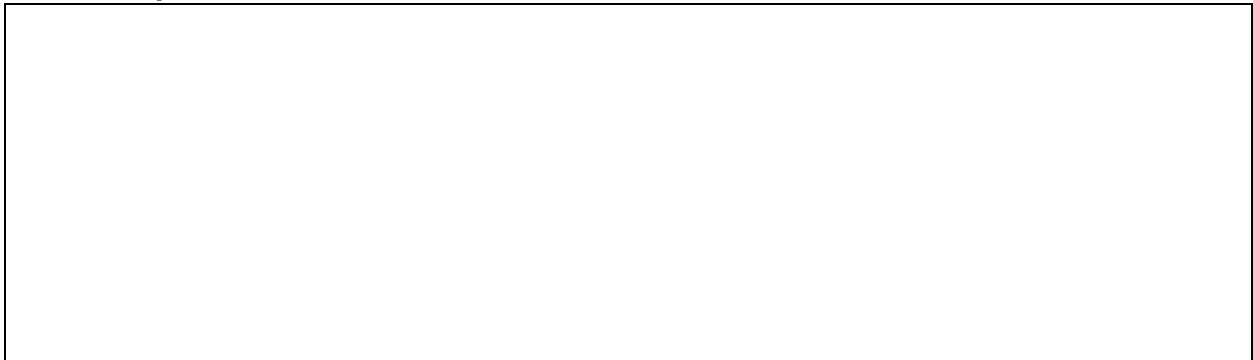
Sleeping Space



Personal Space




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Health Regulations

- Running water
- Functioning toilets
- Drainage of sinks and tubs
- Basic sanitation
- Water testing
- Previous history of sanitation issues




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Use this space to record notes.

Building and Fire Safety

- Evacuation plan
- Safe and clear pathways
- Fire extinguisher
- Egress doors and windows
- Telephone service
- Smoke and carbon monoxide detector
- Extension cord use



[Foster Home Licensing December 2023 \(ncdhs.gov\)](https://www.ncdhs.gov/)
NCDHHS, Division of Social Services | 2024 Foster Home Licensing Track Training 16

Use this space to record notes.

Home Exterior and Environmental Regulations

- Maintenance
- Pest Control
- Windows and Doors
- Home Utilities and Appliances
- Hazardous Items
- Pets

NC Administrative Code: Licensing of Family Foster Homes

NCDHHS, Division of Social Services | 2024 Foster Home Licensing Track Training 17

Maintenance

Pest Control

Windows and Doors

Home Utilities and Appliances

Hazardous Items

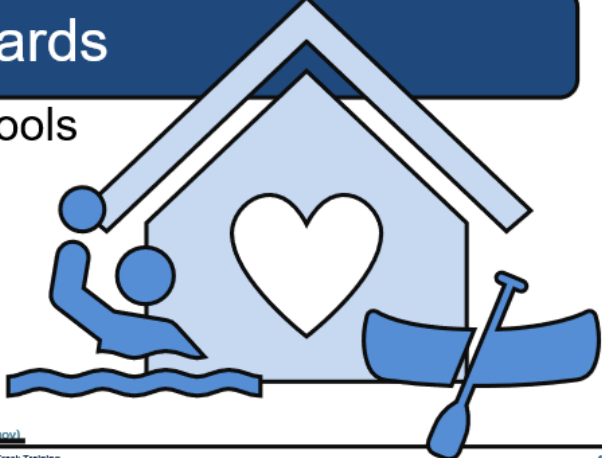
Pets

Use this space to record notes

Assessing Physical and Environmental Safety

Water Hazards


- Swimming pools
- Beaches
- Rivers
- Lakes
- Streams




Foster Home Licensing December 2023 (ncdhs.gov)
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Use this space to record notes.


Required Documentation



Foster Home Fire Inspection Report



Foster Home Environmental Conditions Report



Foster Home Licensing Water Hazard Safety Assessment

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

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Use this space to record notes.

Questions and Reflections

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

Issuing a License

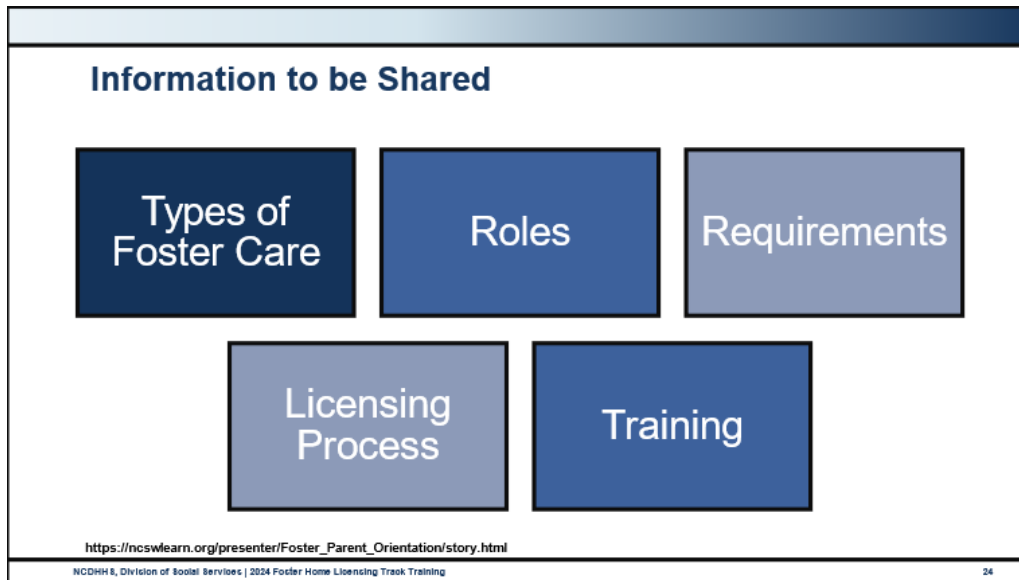
Prospective Foster Parent Orientation

Purpose of Meeting

- General Information
- General and Targeted Recruitment
- Provide Requirements Overview
- Answer Frequently Asked Questions
- Allow Individuals to Self-Select Out

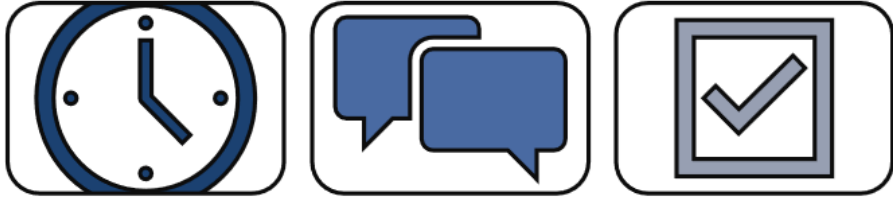
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Use this space to record notes.

Self-Selecting Out of Licensure



Consistent Conversations

Clear, Honest, Transparent

Full Support for Recommendation

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Questions and Reflections

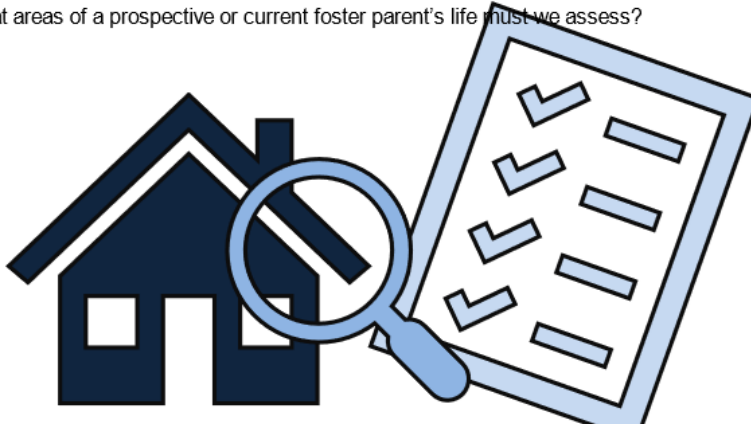
Use this space to record questions and reflections about what you have learned.

Mutual Home Assessment Form

Mutual Home Assessment Form

Areas of Assessment

What areas of a prospective or current foster parent's life must we assess?



The illustration shows a dark blue silhouette of a house with a chimney and two windows. A light blue magnifying glass is positioned over the house, with its handle extending towards a light blue checklist. The checklist is tilted and contains several items, each with a checkmark and a horizontal line next to it.

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Use this space to record notes.

Activity: Mutual Home Assessment: Understanding the 5 Parts

Part 1. Family History of each applicant

Family history covers the following areas: Parentage, siblings, family support systems, parenting methods, experience with child abuse and neglect, ability to cope, stresses and frustrations, crises and loss, criminal history, experience with drugs or alcohol, education, and employment, religious orientation, marriages, parenting experiences, emotional stability, and ability to give and receive affection.

Part 2. Assessment of the twelve skills of foster parenting

The second part of the mutual assessment is a description of how well the applicant(s) uses each of the twelve skills of foster parenting

Part 3. Assessment of the home for space to accommodate each child

The third part of the mutual home assessment is a description of the foster home itself. Make sure there is sleeping and living space to accommodate the capacity (number of children) recommended for the license. Carefully review the exterior and interior, taking note of any dangers or concerns that can harm children.

Part 4. Assessment of the applicant’s ability to participate in shared parenting

The fifth part of the mutual home assessment describes the applicant’s willingness to participate in shared parenting. In Shared Parenting, the applicant will have contact and dealings with parents who have done hurtful things to their children.

Part 5. Assessment regarding the applicant’s financial ability to provide foster care

To be licensed as a foster family, the applicant’s home must be financially stable and secure. Income in a foster home must cover the bills. Foster care payments are not to be used for basic household expenses.

Consider the part of the Mutual Home Assessment your group is assigned:

- Respond to the questions below.
- Utilize your responses to create a short presentation to teach the class about your assigned part.

Why is this important?

How does this access their ability to care for a child in foster care?

What strategies would we use to access and synthesize the information you gather?

Presentation

Notes from Presentations

Part 1. Family History of each applicant

Part 2. Assessment of the twelve skills of foster parenting

Part 3. Assessment of the home for space to accommodate each child

Part 4. Assessment of the applicant's ability to participate in shared parenting





Part 5. Assessment regarding the applicant's financial ability to provide foster care

Skills Practice: Mutual Home Assessment Decision-Making Tool

Work with your partner to re-word every statement, so it is clear, descriptive, and provides evidence.

Original Statement	Re-Phrase
Applicant understands that shared parenting is important to foster care.	
Applicant is successful in parenting biological children and understands their needs.	
Applicant appreciates the importance of educational stability for foster children.	
Applicants support each other with co-parenting and responsibilities.	

Periodic Reassessment of the Home

-  Foster home should be reassessed biannually for relicensure
-  Updates to Mutual Home Assessment
-  Changes to physical space
-  Quarterly Licensing Visits

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Use this space to record notes.

Questions and Reflections

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

Licensing Decision






Recommendation for Licensure

- License is issued by the state
- It is the licensing worker's responsibility to ensure a complete and accurate licensing packet
- Incomplete packets will be sent back to the agency, delaying the process
- Carefully document the rationale

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Use this space to record notes.

Changing a License

Reason for Change	Required Forms				
 Adding / Removing	<table border="1"><tr><td>Cover Letter</td><td>DSS-5015 Foster Care Facility Licensing Action Request</td></tr><tr><td>DSS-5159 Foster Home Change Request Application</td><td>Other relevant documentation</td></tr></table>	Cover Letter	DSS-5015 Foster Care Facility Licensing Action Request	DSS-5159 Foster Home Change Request Application	Other relevant documentation
Cover Letter		DSS-5015 Foster Care Facility Licensing Action Request			
DSS-5159 Foster Home Change Request Application		Other relevant documentation			
 Residence					
 Type of Care					
 Preferences					
 Capacity					

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Use this space to record notes.

Handout: DSS-5159 The Foster Home Change Request Application

**FOSTER HOME CHANGE REQUEST APPLICATION
NORTH CAROLINA DIVISION OF SOCIAL SERVICES**

Attach Cover Letter and a copy of DSS-5015 License Action Request form for all requests

Foster Parent(s) Name(s): _____

Facility ID#: _____

1. Change Capacity to: _____

2. Total number of children in the home. **Complete Each Blank.**

- _____ # foster parent(s) minor children including birth, adoptive, guardian
- _____ # relative children who are not in foster care
- _____ # non-relative children (do not count foster children or daycare children)
- _____ # In-Home Daycare License Capacity, attach copy of license
- _____ # Community Alternative Program (CAP) clients in the home
- _____ # foster care license capacity as printed on most current DSS-5015
- _____ Total of numbers above

3. Document Sleeping Arrangements

SLEEPING ARRANGEMENTS CHART	Bed Type / Occupant(s)	Bed Type / Occupant(s)	Bed Type / Occupant(s)	Bed Type / Occupant(s)
Example Bedroom 1.	Queen / Mr. & Mrs. Applicant	Crib / foster child		
Bedroom 1.				
Bedroom 2.				
Bedroom 3.				
Bedroom 4.				
Bedroom 5.				

4. Change Age Range from: _____ to _____

5. Change Address to: _____

- (a) Complete Sleeping Arrangements Chart. (Item 3)
- (b) Briefly describe house, kitchen and dining areas, family or living areas, bathing facilities and the setting in which the home is located.

- (c) Home's design allows children privacy while bathing, dressing and using toilet facilities? YES NO
- (d) Exterior spaces around the foster home are clear of bodies of water such as swimming pools, beaches, rivers, lakes, streams, ponds, etc.? YES NO

If you answered 'NO' to (c) or (d) document how access to these objects, hazardous items, and/or bodies of water is avoided:

- (e) DSS-1515 Foster Home Fire Inspection Report attached? YES NO
- (f) DSS-5150 Foster Home Environmental Conditions Report attached? YES NO

6. Add to the household:

Name: _____ SSN: _____ Relationship to foster parent(s) _____

- (a) Complete Sleeping Arrangements Chart (III. 2).
- (b) Attach DSS-5017 Medical History Form.
- (c) Attach DSS-5156 Medical Evaluation and TB tests results.
- (d) New Household member 18 years of age or up? YES NO

If 'YES' **Complete** Background Checks, NC Child Abuse/Neglect History Table and Child Abuse/Neglect Central Registry Checks from other states if new household member has not resided in NC for the past five years.

Attach Fingerprint Clearance Letter and RIL results

Background Checks {Must be completed on each new household member (18 years old and up)}

Name of New Adult Household Member: _____		
Type of Background Check	Check Conducted	Date Conducted
Local Court Record Checked by Agency Staff	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Findings & Dates: _____		
Explanation of Findings: _____		
NC Department of Public Safety Offender Information	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Findings & Dates: _____		
Explanation of Findings: _____		
NC Sex Offender and Public Protection Registry	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Findings & Dates: _____		
Explanation of Findings: _____		
Health Care Personnel Registry	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Findings & Dates: _____		
Explanation of Findings: _____		

North Carolina Child Abuse Neglect History (new adult household members)

Child Abuse or Neglect Reported	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Substantiation: <input type="checkbox"/> YES, Date of Substantiation: _____	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Explanation of Findings: _____		

Complete if new adult household members have **NOT** resided in NC for the past five years.

Previous Address(es)	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.	

7. Change from: Therapeutic to Family Foster Care. (Complete Item 2).

8. Change from: Family Foster Care to Therapeutic. (Complete Item 2).

Foster parents have received additional 10 hours of required pre-service training, and agree to receive additional training within first two years of licensure as a therapeutic foster parents as required by 10A NCAC 70E .1117 (3) (a-e).

YES NO

Date foster parents received additional 10 hours of required pre-service training: _____

9. Remove Foster Parent from license (signature required below) Name: _____

Remove Adult Household Member Name: _____

Document reason:

10. Other: Change DSS-5015 field _____ from _____ to _____

Document reason:

FOSTER HOME CHANGE REQUEST CERTIFICATION
(Social Worker Signature Required*)

We certify that agency staff has reviewed this document and confirm that the home is in compliance with all rules and policies governing foster home licensure. We understand that according to GS 131D-10.6C this information may be furnished to others upon proper request.

Type Name of Foster Parent	Type Name of Foster Parent
✓	✓
Foster Parent Signature / Date	Foster Parent Signature / Date

Type Name of Foster Parent	Type Name of Foster Parent
✓	✓
Foster Parent Signature / Date	Foster Parent 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:	

*Please note that if you are requesting a waiver the signatures of the foster parent(s), social worker and agency director/designee must be obtained.

Terminating a License

Reasons for Termination	Required Forms
Mutually Agreed Upon Terminations <ul style="list-style-type: none">• Other obligations of foster parents	Cover Letter DSS-5015 Foster Care Facility Licensing Action Request DSS-5160 Foster Home Termination Application
Lapse or Failure to Relicense <ul style="list-style-type: none">• Paperwork not submitted on time	
Agency Reluctance <ul style="list-style-type: none">• Concerns for family's ability to provide care	

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Use this space to record notes.

Handout: DSS-5015 Foster Care Facility Licensing Action Request Form

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

(1) AGENCY CASE NO. _____ (2) CO. NO. _____

NEW LICENSE
 CHANGE
 RELICENSE
 TERMINATE/REVOKE
 WAIVER REQUESTED
 RELICENSE/CHANGE

(3) (4) NAME OF SUPERVISING AGENCY _____

1	COUNTY DSS
2	PUBLIC AGENCY
3	PRIVATE 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 _____ (12) EDUCATION _____ (13) TRAINING _____

COMMENTS	
----------	--

1	MALE
2	FEMALE

_____	GRADE COMPLETED OR POST SECONDARY YEARS
-------	---

_____	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 _____ (19) EDUCATION _____ (20) TRAINING _____

COMMENTS	
----------	--

1	MALE
2	FEMALE

_____	GRADE COMPLETED OR POST SECONDARY YEARS
-------	---

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

(21) CAPACITY _____ (22) SEX _____ (23) FROM _____ TO _____ (24) RATE _____

1	MALE
2	FEMALE
3	BOTH

(26) FAMILY INCOME _____ (27) TYPE CARE PROVIDED _____ (29) OTHER HH MEMBERS 18 OR OLDER _____ LAST NAME _____ FIRST _____ MI _____

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

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

(28) TYPE OF FACILITY _____ (41) MEDICAID ID # _____ (42) PROFIT INDICATOR _____

1	FAMILY FOSTER HOME
2	GROUP HOME
3	INSTITUTION

4	MATERNITY HOME
5	RES TREATMENT
6	THER CAMP

STATE OFFICE USE ONLY

(30) FACILITY ID. _____ (31) SUPERVISING AGENCY _____ (32) FROM _____ (33) TO _____

(34) OTHER LICENSING ACTIONS _____ (35) EFFECTIVE DATE _____ (38) OTHER _____ (39) PROCESSING INFORMATION _____

1	CHANGE
2	TERMINATION
3	RELICENSE
4	NEW

(36) LICENSE TYPE _____ (37) REASONS FOR PROVISIONAL _____ (40) WAIVER GRANTED _____

1	FULL
2	PROVISIONAL

1	SANITATION STANDARD
2	OTHER - EXPLAIN IN # 38

DSS-5015 (REV. 02/02)
CHILDREN'S SERVICES

Handout: DSS-5160 Foster Home Termination Application

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

Attach Cover Letter and a copy of DSS-5015 License Action Request form for all requests

Foster Parent(s) Name(s): _____

Facility ID#: _____

1. Terminate this license effective: _____
2. Reason for Termination: Adopted No longer desires to foster Other obligations
3. If foster parent(s) is NOT available for signature, indicate reason below:
 Moved No reply to agency attempts to contact Other: _____
Document Attempts to Contact (including dates): _____

Please note this form is not used for Revocations. Use DSS-5279 Request for a Revocation of a Foster Home License.

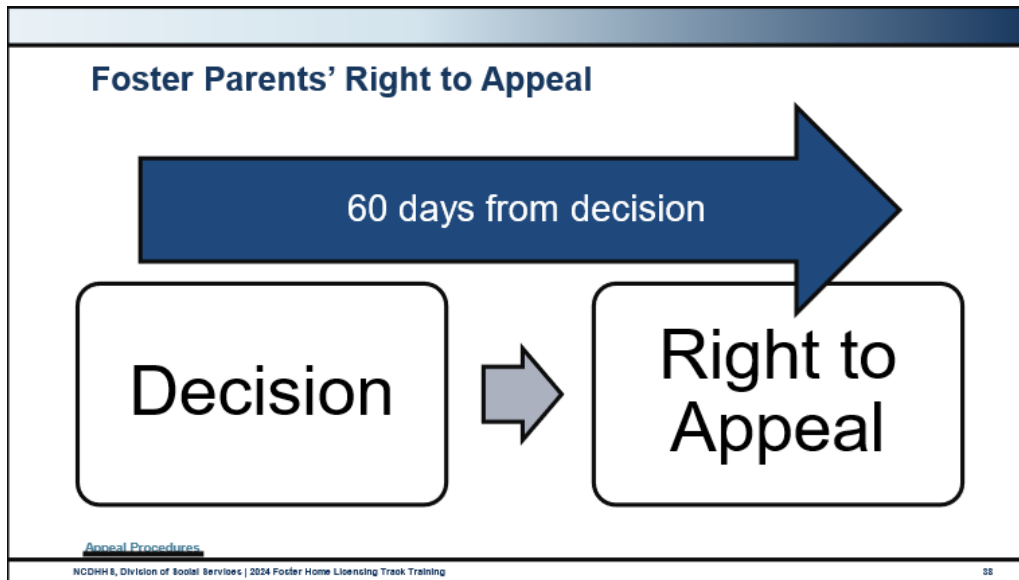
FOSTER HOME TERMINATION CERTIFICATION
(Social Worker and Foster Parent(s) Signature Required)

We certify that agency staff has reviewed this document and confirm that the home is in compliance with all rules and policies governing foster home licensure. We understand that according to GS 131D-10.6C this information may be furnished to others upon proper request.

Type Name of Foster Parent	Type Name of Foster Parent
✓	✓
Foster Parent Signature / Date	Foster Parent Signature / Date

Type Name of Foster Parent	Type Name of Foster Parent
✓	✓
Foster Parent Signature / Date	Foster Parent Signature / Date

Type Name of Social Worker	
✓	
Social Worker Signature / Date	
Social Worker Phone Number:	
Social Worker E-Mail Address:	



Use this space to record notes.

Empty rectangular box for recording notes.

Questions and Reflections

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

Mutual Home Assessment Learning Lab

Activity: Smith Family – Find the Errors and Omissions

Instructions

Independently at your tables, review the Smith Family Foster Home License Application that begins on the next page. You'll notice that there are errors or omissions on this application. Circle those errors when you find them.

You'll have 10 minutes to complete this activity.

Worksheet: Smith Family 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
John Henry Smith				HS
Betty Smith				HS

*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 Conducted	Date Conducted
Local Court Record Checked by Agency Staff Findings and Dates: <u>John Henry Smith/Disorderly Conduct/4/01/2003</u> Explanation of Findings: <u>Disorderly conduct conviction, plead no contest, fine paid on 4/15/2003</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Date: 7/17/2024
NC Dept. of Public Safety Offender Information Findings and Dates: <u>No Findings</u> Explanation of Findings: _____	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Date: 7/17/2024
NC Sex Offender and Public Protection Registry Findings and Dates: <u>No Findings</u> Explanation of Findings: <u>No Findings</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Date: 7/17/2024
Health Care Personnel Registry Findings and Dates: <u>No Findings</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Date: 7/17/2024

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
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
Benjamin Lee Smith	7/15/XXXX (5 years)	M	K
Molly Marie Smith	1/13/XXXX (4 years)	F	Pre-K

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
N/A				

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 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. 3 bedroom, 2 bathroom home. Kitchen, dining, and family areas are appropriately sized. Bathing facilities are appropriately sized and fully maintained and operational. Home is located in suburb neighborhood on an .5 acre plot of land.

(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 Relative Child, any Non-relative child, or Adult household member occupying each bed. Enter “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.	King/John and Betty			
Bedroom 2.	Twin/Benjamin	Twin/FC		
Bedroom 3.	Twin/Benjamin	Twin/FC		
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:	John Henry Smith	Betty Ann Smith
Race:	White	White
Ethnicity:		
Birth Date:	6/5/XXXX (36 years)	8/7/XXXX (36 years)
Place of Birth:	Greensboro, NC	Greensboro, NC
Marital Status:	Married	Married
Date of Marriage:	7/1/XXXX (9 years)	7/1/XXXX (9 years)
Place of Marriage:	Raleigh, NC	Raleigh, NC
County of Residence:	Buncombe	Buncombe
Present Employment:	Smith Auto Shop	Stay at Home Mother
Phone Number:	123-456-7890	123-456-7890

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.):

REDACTED

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.):

REDACTED

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.):

REDACTED

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.):

REDACTED

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.):

REDACTED

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.):

REDACTED

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.)

REDACTED

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.):

REDACTED

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.):

REDACTED

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.):

REDACTED

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.):

REDACTED

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):

REDACTED

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.):

REDACTED

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.

REDACTED

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: REDACTED
 Monthly Expenses, Give Total: REDACTED

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
	Smith Home	John, Betty, Benjamin, Molly
	Smith Home	John, Betty, Benjamin, Molly
	Agency Office	John, Betty

XI. Recommendation for Licensure.
 Agency Recommends Licensure: YES NO

Document agency's plan for supporting the family when placements occur:

REDACTED

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.

John Henry Smith	Betty Ann Smith
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

Jenny Worker	
Type Name of Social Worker	
✓	
Social Worker Signature / Date	
Social Worker Phone Number:	321-654-9870
Social Worker E-Mail Address:	JennyWorker@County.Org
Mike Director	
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:	789-456-1230
Director/Designee E-Mail Address:	MikeWorker@County.Org

Skills Practice: Complete a Mutual Home Assessment

Refer back to the Michelle Lewis Part 1 Mutual Home Assessment worksheet completed earlier today.

Recall that you met with Michelle in her home a few weeks ago and conducted your first in-person interview. You started to fill in the information you gathered through your interview with Michelle into the Mutual Home Assessment. You've also conducted her background checks. While there were no findings in her criminal history, she did appear on the Responsible Individual List. You were expecting this finding, based on conversations that you had with Michelle during your first interview.

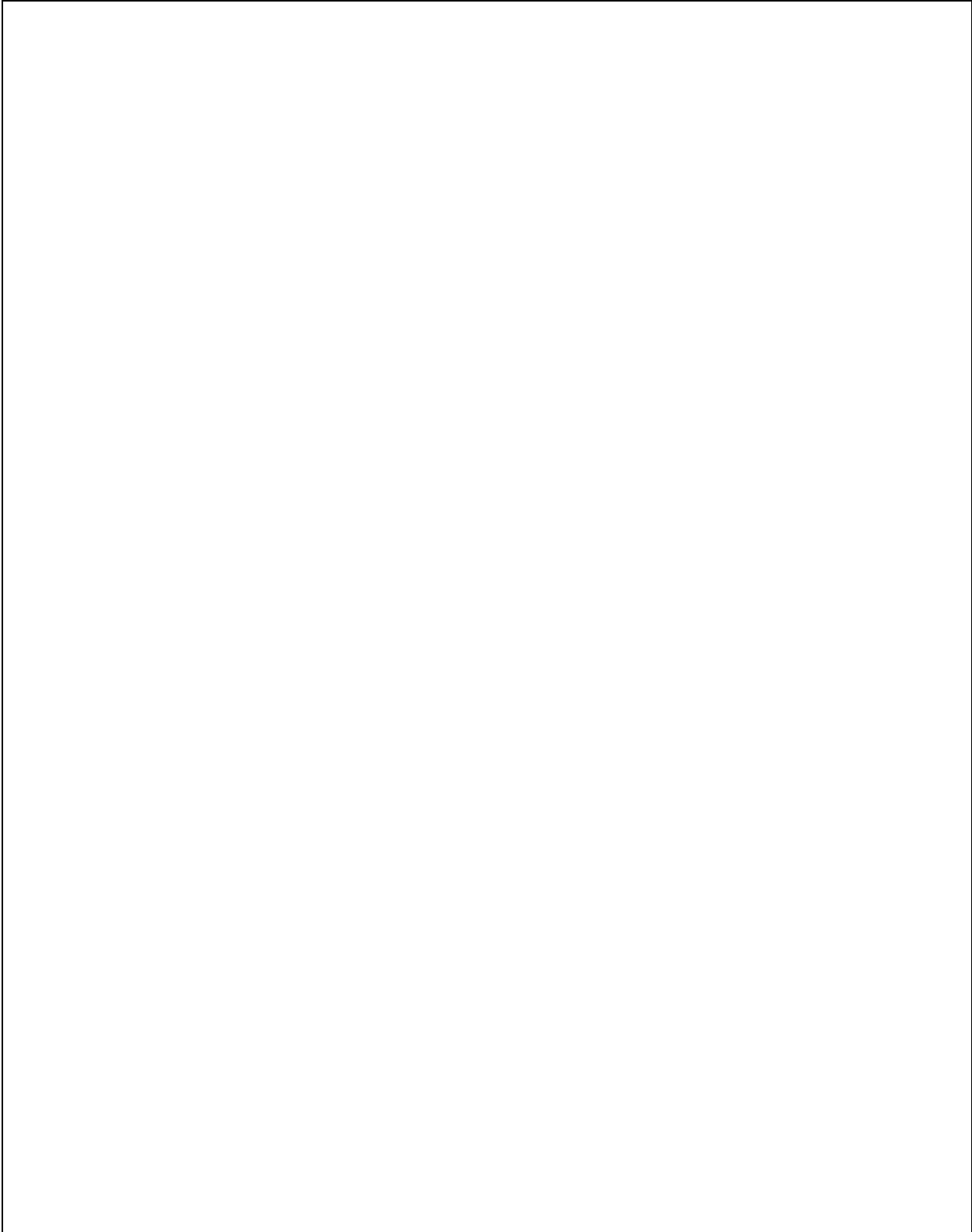
You are planning for your next in-person meeting which will be at your agency's office. Here are your tasks:

1. Review what you have currently completed for Part 1 of the Mutual Home Assessment and re-familiarize yourself with the information you have.
2. Make notes of where you see gaps or missing information.
3. Plan ahead for your meeting – create a list of questions that you want to ask Michelle to complete the Mutual Home Assessment.

You will work in groups of 3 to complete this activity. You'll have 20 minutes to complete all three items on your task list.

Gaps or Missing Information

List questions to ask Michelle to complete the Mutual Home Assessment



Debrief

What are Michelle's strengths?

Where do we see areas of concern or areas where she can grow as a foster parent?

How does this all relate to her ability to care for Van and Raymond?

How did you feel navigating the different areas of the Mutual Home Assessment?

Worksheet: Michelle Lewis Completed 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
Michelle Lewis				

*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
Anthony Lewis	8/1/XXXX (6 years)	M	Son

C. North Carolina Criminal History & Background Check Information

Type of Background Check (Applicants & Adult Household Members)	Check Conducted	Date Conducted
Local Court Record Checked by Agency Staff Findings and Dates: 4/15/2024 Explanation of Findings: 2010 Disorderly Conduct Conviction	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Date: 4/15/2024
NC Dept. of Public Safety Offender Information Findings and Dates: Explanation of Findings: No Findings	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Date: 4/15/2024
NC Sex Offender and Public Protection Registry Findings and Dates: _____ Explanation of Findings: No Findings	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Date: 4/15/2024
Health Care Personnel Registry Findings and Dates: _____	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Date: 4/15/2024

Explanation of Findings: No Findings

D. North Carolina Child Abuse Neglect History

Child Abuse or Neglect Reported (Applicants & Adult Household Members)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Substantiation:	<input checked="" type="checkbox"/> YES, Date of Substantiation: <u>1/15/2004</u>	<input type="checkbox"/> NO <input type="checkbox"/> N/A
Explanation of Findings: <u>Substantiation of neglect; 6 months in-home services; case closed 6/30/2004</u>		

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
N/A	
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
Anthony Lewis	8/1/XXXX (6 years)	M	Kindergarten

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
N/A				

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)
Mariah Lewis	1/2/XXXX (22 years)	F	123 Main Street Raleigh, NC

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 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 Relative Child, any Non-relative child, or Adult household member occupying each bed. Enter “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.	Queen / Michelle & Anthony			
Bedroom 2.	Twin/ FC	Twin/ FC		
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:	Michelle Lewis	
Race:	Black	
Ethnicity:	Non-Hispanic	
Birth Date:	8/27/XXXX (39 years)	
Place of Birth:	Greensboro	
Marital Status:	Single	
Date of Marriage:		
Place of Marriage:		
County of Residence:	Wake County	
Present Employment:	ABC Tech	
Phone Number:	321-456-7890	

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.):

Michelle’s parents: Linda Lewis (Age: 67) and Robert Lewis (Age: 73)
 Linda Lewis is a 67 year old woman that resides in Greensboro, NC. She is married to Robert Lewis. She is retired, but was formerly a school teacher for 45 years.
 Robert Lewis is a 73 year old man that resides in Greensboro, NC. He is married to Linda Lewis. He is retired, but was formerly a mechanic for 50 years.
 Linda and Robert both grew up in Asheboro, NC and had attended the same school when they were young. They had moved to Chapel Hill in 1979 and got married in 1980. Linda received her teaching license in XXXX (49 years ago) after attending Durham Technical Community College. Robert began working at a local mechanic shop in Greensboro right after finishing high school. When they moved to Chapel Hill, Robert bounced around a few different auto body shops before they moved to Greensboro, where he opened up his very own shop. Linda and Robert’s marriage has been strong, withstanding some of the more common challenges of married life, including finances, job changes, and raising children. Linda and Robert have two children: Michelle Lewis, and Monica Lewis.
 Michelle had a close relationship with her mother growing up and continues to have weekly contact with her, whether it be phone calls or visits. Michelle has a decent relationship with her father, but she reports that they had some challenging points in their relationship, particularly when she was

in high school and college. Michelle got pregnant when she was 17, and Robert was not supportive of her decision to go forward with the birth and raise the child. He was worried that her “future was derailed” because Michelle was not pursuing college anymore. They have since improved their relationship, and Robert has always been a supportive grandfather to Michelle’s oldest daughter Mariah, who is currently 22 years old.

Michelle has an older sibling, Monica. Monica is 42 years old female and is currently incarcerated. Monica is not married, but she shares two children with George Jackson-Bailey. Michelle’s relationship with Monica has been full of ups and downs over the years. Michelle reports that she at times felt resentment towards Monica because she desperately wanted a big sister that she could depend on and she felt that Monica’s constant struggles interfered with their relationship. Michelle is very committed to helping Monica, however. She senses that this last period of incarceration really “woke her up”. Monica and George currently have an open child welfare case, and their children have entered foster care. They are placed with a woman named Laverne, but Michelle is looking to become a placement option for the children so that she can help support her sister in reunification.

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.):

Michelle’s mother Linda is a strong support system for her. While they do not live in the same town, Linda regularly visits Michelle to help her with her 5 year old, Anthony, and to also visit Michelle’s adult daughter Mariah, who also lives in Raleigh. Michelle reports that Linda plans to continue making bi-weekly trips to Raleigh if she gets placement of Van and Raymond.

Michelle also reports having a strong network of friends who have supported her in providing childcare here and there when Michelle needs to run errands on the weekends and cannot take Anthony. All her friends have been very supportive when she told them about her sister Monica’s situation and her desire to be a placement option.

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.):

Michelle does not recall receiving any significant physical discipline as a child, only recalling two incidents where her father spanked her, but the details are now fuzzy. Her mother was always very gentle and open with communication. Michelle remembers that when she first found out she was pregnant, her mother was the first person she told. She always felt incredibly comfortable around her mother. Her father was more distant when it came to discipline. Other than the two incidents where she received a spanking, she couldn’t really recall any discipline method that her father used, saying that her dad typically liked to “stay out of it”. She acknowledges that her father’s lack of involvement was not the best approach and has always been more hands on and supportive of her own children, allowing them to explore and make mistakes while being a safe place for their feelings.

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.):

Michelle does not report any past experience of abuse or neglect. She also does not recall witnessing any domestic violence as a child. She remembers her parents arguing at times but recalls nothing significant or any physical violence between them.

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.):

Michelle reports that she was severely impacted by the death of Mariah father. While they did not stay together after she was born in XXXX (22 years ago), they continued to have a good relationship. He was killed in a car accident when Mariah was 1 year old. Michelle struggled with this loss a lot and it began to impact her day-to-day functioning and parenting of Mariah. Mariah's father was contributing financially to Mariah's care, so it was a big shift for Michelle to fill that gap in monthly income. This loss in Michelle's life and the struggle to make ends meet as a young mother led to involvement with child welfare in XXXX (20 years ago). Michelle had to leave Mariah home unsupervised while she went to a job interview. She was afraid to ask her parents because of her rocky relationship with her father around her pregnancy and decision to keep and raise Mariah. Michelle reports that the in-home services she received was tremendously helpful in getting her set up with services that she didn't even know existed. Her mother began to visit her more frequently and was there to support and watch Mariah when needed. She got enrolled in a Work First program that provided some IT training and she was able to get an IT job at a local non-profit.

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.):

Michelle does not report using drug or alcohol currently, but used to drink an alcoholic beverage periodically when she was younger. She said it was 1-2 drinks, 2-3 times a month and did not ever have a problematic relationship with alcohol.

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.)

Education and Employment History

Highschool Diploma – 2003

Work Experience

IT Support Assistant, Lexington Food Bank – 2004 – 2010

Lead IT Supervisor, Madison Solutions – 2010 – 2018

IT Manager, ABC Tech – XXXX – Present (6 years)

Certifications

Certified cloud security professional (CCSP)

Certified data professional (CDP)

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.):

Michelle reports that she is not currently affiliated with a religion. She remembers attending church when she was younger, but that was mainly because her maternal grandmother encouraged it. When her maternal grandmother passed away 30 years ago, her parents did not continue attending church. While she does not currently align herself with or practice any certain religion, she would be supportive of any child's religious orientation and beliefs.

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.):

Michelle is not currently in a relationship. After the death of Mariah's father, Michelle dated here and there, but did not get into a more serious relationship until met Anthony's father. She dated Anthony's father for 3 years. They broke up when Anthony was 3.

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.):

Michelle is the mother to her children Mariah and Anthony. Mariah is 22- years old and does not currently live at home. Anthony is 5 years old and is about to start kindergarten. Michelle feels as though the parenting styles she used between Mariah and Anthony are very different. Michelle admits that she struggled as a single parent raising Mariah. She admits to spanking her from time to time because she didn't really know how else to discipline Mariah, and she felt like her stress always made her react worse to situations where Mariah was misbehaving. She feels like she's completely flipped her approach with Anthony. Anthony was diagnosed with autism when he was 3. She feels like his diagnosis led her to do more research on different parenting strategies. Anthony responds well to having a solid schedule every day and consistency has helped tremendously with his behaviors. Michelle is worried about Anthony starting kindergarten. She fears that other children will not understand him and that he will not get the support he needs in the classroom.

Michelle admits that she is nervous about being able to meet all of Van's needs. Van is 14 years old and non-binary with pronouns they/them. Michelle states that she loves and supports Van, but acknowledges that she is still "getting used to this change", and has slipped in conversations and used the wrong pronouns. She wants to do better, but knows that she has so much to learn about supporting LGBTQ+ youth and is afraid of failing and impacting her relationship with Van.

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.):

Michelle says that she has grown a lot as a person since her struggles earlier on in her life. She is very focused on her career, which she says might be why she has not dated much outside of her past relationships with Mariah's father and Anthony's father. She said that she might be "too old" to get back out into the dating world and is happy throwing all her attention towards her job, Anthony, and being a foster mom to Van and Raymond. Her job and children have been the steady parts of her life that "keep her going".

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):

Michelle is very affectionate with her son Anthony and Anthony is very bonded to Michelle. Michelle reports that she feels like she is more bonded with her children because he does not have a current relationship. This worker observed during our initial visit strong affection between Anthony and Michelle after Anthony fell on the sidewalk in front of their home. Anthony had scrapped his knee and ran to Michelle for comfort as he cried. It was clear to this worker that Anthony sees his mother as a safe place to show his emotions and feelings. Michelle indicates that she is a "big hugger", as she credits her mother for that quality. Michelle joked that her daughter

pretends to not enjoy her hugs anymore since she's all grown up, but she never misses an opportunity to hug Mariah when she occasionally visits.

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.):

With Anthony going to school full time in Kindergarten and Van and Raymond also being in school, Michelle knows that she does not need to find full day childcare. She has been looking into afterschool programs for the children, however. Her schedule will allow her to drive them all to school each day, but she doesn't get off of work until 5pm. She has been struggling to find a program that has space for all three kids.

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.

Michelle understands the requirements and benefits of shared parenting. She is very committed to helping her sister reunify with her children. Michelle does not know George, Van and Raymond's father very well, but did speak with him briefly at the last CFT meeting. She knows that both George and Monica have their own struggles and she wants to support them and keep them as connected as they can be to Van and Raymond while they stay with her. She has plans to have

Monica, George, and George’s husband, William, over on Sunday nights to have a large family dinner. She also feels it is important for Anthony to become closer with his aunt and uncles. She admits that she hasn’t had a lot of experience with shared parenting prior to this. Mariah’s father died when she was so young, and Anthony’s father is not involved in his life at all.

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
3/25/2024	Michelle’s Home	Michelle, Anthony, and this worker

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

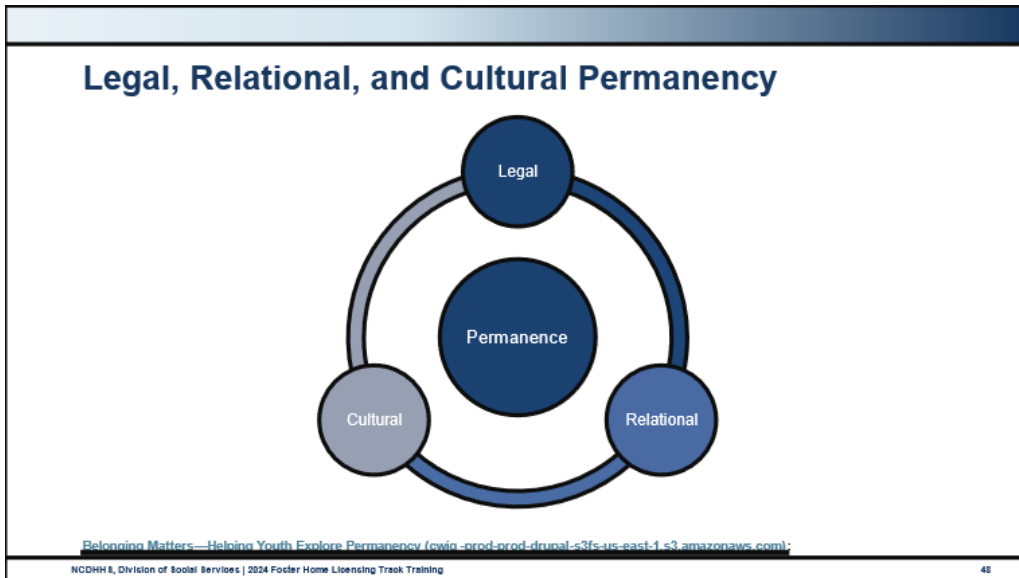
Type Name of Social Worker	
✓	
Social Worker Signature / Date	
Social Worker Phone Number:	
Social Worker E-Mail Address:	
Type Name of Agency Director or Designee*	
*I certify that the Agency Director has appointed me as Designee for the purpose of signing documents for Regulatory and Licensing Services.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

Questions and Reflections

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

Permanency


Permanency and Permanency Planning



Use this space to record notes.

Overview of Legal Permanency Options

- Reunification
- Guardianship
- Custody
- Another Planned Permanent Living Arrangement (APPLA)
- Reinstatement of Parental Rights (RPR)
- Adoption



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Use this space to record notes.

[Handout: Permanency Plans: Definitions](#)**Permanency Plan Definitions****Reunification**

To return the child to their parents or caretaker from whom the child was removed.

Reinstatement of Parental Rights

Reinstatement of Parental Rights, or RPR, is a permanent plan that makes it possible for parents who had their rights terminated to have them reinstated under certain strict conditions. Circumstances that would allow this permanency option are very narrow.

Three conditions must be met to consider filing a motion for RPR:

1. The youth is at least 12 years of age or if under age 12, extraordinary circumstances exist that warrant consideration of reinstatement of parental rights;
2. The youth does not have a legal parent, is not in an adoptive placement, and is not likely to be adopted within a reasonable period; and
3. The order terminating parental rights was entered at least 3 years prior unless the youth's plan is no longer adoption.

Adoption

To take a child into one's own family by a legal process and raise as one's own child. Adoption is the permanency plan offering the most stability to the child who cannot return to their parents.

Legal Guardianship (with relatives or other kin)

To be legally placed in charge of the affairs of a minor:

1. The custodian has the authority to make important decisions (marriage; enlisting in the armed forces; school enrollment; any necessary remedial, psychological, medical, or surgical treatment) concerning the child and is not subject to supervision by the social services agency.
2. The child cannot be removed without court proceedings.
3. If the youth is between 14 and 17 years of age, the youth may be eligible for Kinship Guardianship Assistance Program (KinGAP).
4. The child's parents continue to have visitation rights unless visits or parental rights have been terminated by the court.

Legal Custody

To act in a parental role for a minor as outlined by a court order.

1. Legal Custody is less “legally secure” than adoption or guardianship.
2. Legal Custody may be terminated based on a change in circumstances, regardless of the fitness of the guardian.
3. The specific rights and responsibilities of the legal custodian are spelled out in the court order and may be as extensive as that of a guardian or the rights and responsibilities may be limited.

Another Planned Permanent Living Arrangement (APPLA)

To reside in a family setting that has been maintained for at least the previous 6 concurrent months.

1. Other permanency options have been determined to be inappropriate.
2. DSS retains legal custody.
3. This plan shall only be an appropriate primary permanency plan for youth who are aged 16 or 17.
4. The youth and caregiver have made a mutual commitment of emotional support.
5. The youth and caregiver are requesting that the placement be made permanent.

Handout: What Are the Differences between Adoption, Guardianship and Custody?

VIEWS ON FOSTER CARE AND ADOPTION IN NORTH CAROLINA

fostering perspectives

Sponsored by the NC Division of Social Services and the Family and Children's Resource Program

Vol. 18, No. 2 • May 2014

What's the Difference between Custody, Guardianship, and Adoption?

Custody, guardianship, and adoption are legal arrangements for the care of children. Each is established by the court when for some reason children's parents cannot care for them.

Custody

Custody is when a person or entity (such as a county department of social services) is responsible for the care and well-being of a child and has the legal authority to consent on behalf of the child, but the child's parents maintain their parental rights. Custody can be restored to the parents by the court if the parent proves capable of caring for the child.

Guardianship

Guardianship is when a person is responsible for the care and well-being of a child and has the legal authority to consent on behalf of a child. Under a guardianship arrangement the child's parents maintain their parental rights. However, courts overturn guardianship only if it is determined the guardian is no longer capable of caring for the child or maintaining their safety.

Adoption

Adoption is the process by which an adult becomes the permanent, legal parent of a child. Adoptions can occur through relinquishment, termination of parental rights, or consent to adoption by a birth parent. Adoption severs the previous legal parent-child relationship and creates a new legal parent-child relationship between the adoptee and adoptive parent. Sometimes children who have been adopted also maintain contact with their birth family. This is called an "open adoption."

To learn more about custody, guardianship, adoption, or other terms related to children in foster care, see "Terms You May Want to Know" in the appendix of *A Family's Guide to the Child Welfare System* (<http://www.cwla.org/childwelfare/fg.pdf>), or visit the federal Child Welfare Information Gateway (www.childwelfare.gov).

~ Family and Children's Resource Program, UNC-CH School of Social Work ~

Concurrent Permanency Planning

- Quicker resolution and permanency for children
- Full disclosure and direct communication with all involved regarding permanence planning
- Fewer placements for a child in the event reunification is not possible
- Involvement of family members in identifying potential kinship placement options
- Ongoing relationship between birth parents and child's caregivers that supports child well-being


<https://www.childwelfare.gov/resources/concurrent-planning-timely-permanence/>

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Use this space to record notes.

Determining the Most Important Permanency Option

What do we want for all children?

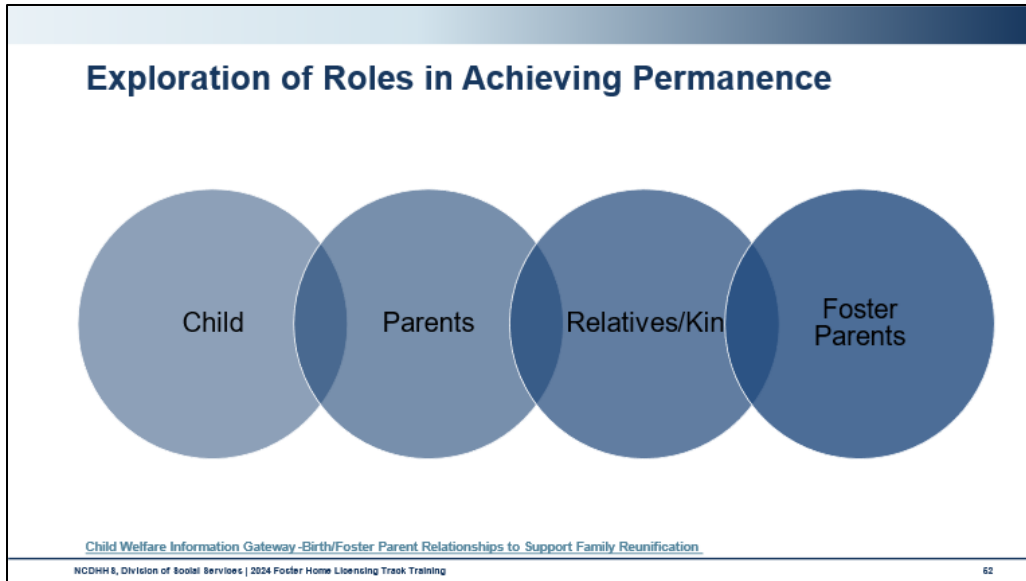


<https://www.acf.hhs.gov/sites/default/files/documents/cb/Recommendations-Improving-Permanency-Well-Being.pdf>

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Use this space to record notes.

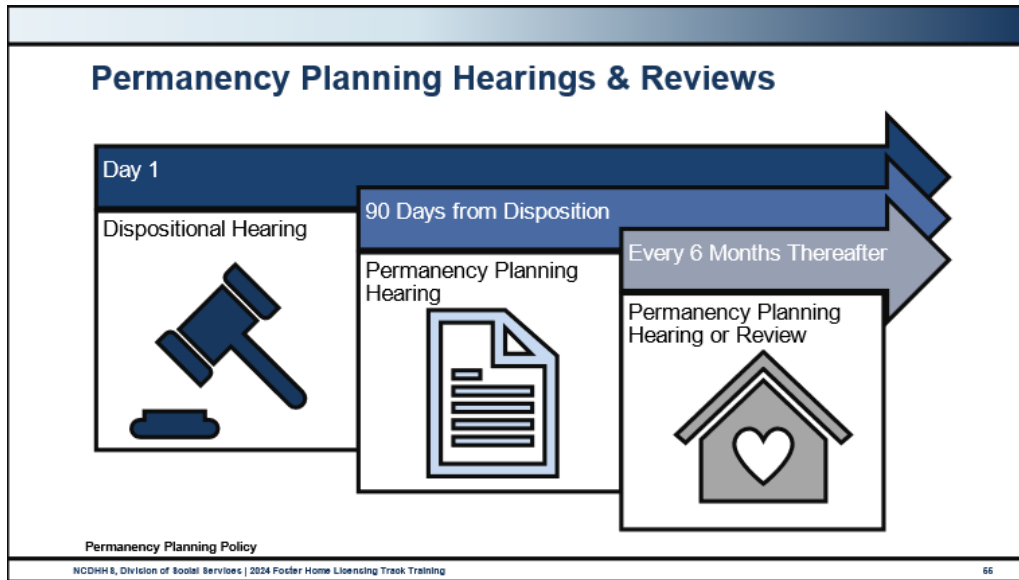


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Questions and Reflections

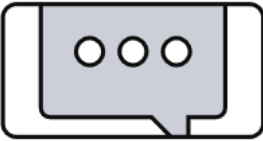


Use this space to record questions and reflections about what you have learned.

Permanency Planning Hearings



Use this space to record notes.

Court Roles and Obligations of Foster Parents




		
Sharing Valuable Information	Attending Court Hearings	Participating in Court

[Court: Roles and Obligations of Foster Parents | A learning site for NC foster and adoptive parents and kinship caregivers \(fosteringnc.org\)](#)

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Use this space to record notes.

Preparing Foster Parents for Hearings

-  **Rights in Hearings**
-  **Role in the Courtroom**
-  **Participation in Process**

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Use this space to record notes.

Questions and Reflections

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

Shared Parenting

Impact of Shared Parenting


Video: What is Shared Parenting?

What is Shared Parenting?

Thinking about your own life and experiences, what are some traditions, relationships, or cultural activities that have helped shape who you are as a person?

How would you feel if you no longer had access to those relationships or the ability to participate in those traditions or activities?

Benefits of Shared Parenting



“Birth parents may be more likely to make improvements in their life situations when they have a positive relationship and sense of support from the foster family. This relationship can be extremely helpful for children and their parents dealing with separation.”

<https://rtfalliance.sharefile.com/share/view/sfbf4965b0cb04dcb3aee4a034aa2042> Sandra Killelt, birth parent

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Use this space to record notes.

Handout: Shared Parenting Benefits Everyone

Shared Parenting Benefits for Everyone

- Feelings of grief and loss that both a child and a birth parent might feel upon separating are minimized. Children can see their birth family is okay and still loves them—this can help a child relax.
- The child's relationship with the birth parent can be maintained.
- Foster parents can form a realistic picture of the birth parent's strengths and needs.
- The birth parents can be reassured that their child is in a nurturing and stable home.
- Foster parents can model effective parenting. By knowing what good parenting looks like, birth parents can practice parenting skills.
- Foster parents can ask birth parents about the child's schedules, fears, allergies, sleep habits, likes, and dislikes. Foster parents can also learn culturally specific child-care strategies from birth family members, which can enhance a child's cultural identity.
- Birth parents can view the foster family as a resource rather than a threat.
- Planning for visitation can be simplified.
- Transitions back into the birth parent's home can be smoother.
- After the child returns home, there can be ongoing support.

Source: Families Rising (Adoptalk 2018, Issue 2)

Handout: Making Shared Parenting Work

Making Shared Parenting Work

A social worker should facilitate a meeting between the birth parents and foster parents within a week of placement to ensure that the partnership has a strong beginning and is supported by the agency. This requires advanced planning by social workers so that both families understand the purpose of the meeting (to discuss the care of the child, not “the case”.)

Every effort must be made to locate any absent/non-custodial parents. Including absent/non-custodial parents early in the shared parenting meetings encourages both parents of the child to become more involved in the child’s life. (Depending on the nature of the relationship between the custodial parent and the absent/non-custodial parent, a separate meeting between each birth parent and foster parent may be necessary).

A meeting site that is a neutral location that allows for privacy is important. Sometimes neighborhood recreation or social centers are good options instead of the agency office.

Tips that social workers can use:

- Ask foster and birth parents at placement how they would like to meet (consider facilitating a conference call or web meeting if distance prevents a parent from attending a face to face meeting)
- Describe shared parenting meetings in positive terms
- Serve as positive role model to foster parents and birth parents
 - Talk positively about birth parent to foster parent
 - Talk positively about foster parent to birth parent
 - Maintain confidentiality
 - Describe foster parent in non-identifying terms at placement
- ❖ Brief foster parents on birth parents’ fears and needs and help foster parents understand these needs.
- Talk openly with all about their concerns
- ❖ Share information essential to shared parental responsibilities with foster parents and birth parents, i.e., medical information, school progress, goals, and the child’s strengths and needs

- Set clear boundaries and ground rules for contact that include input from the birth family, the foster family, and the agency
 - Address personal and emotional safety issues for the child, birth family, and foster family
 - Set ground rules regarding phone calls, visitation, transportation
- Assist foster parent/ birth parent in managing conflict
 - Recognize fears of both parties
 - Focus on strengths
 - Look beyond behaviors to identify needs
 - Develop interventions that meet needs
- Assist foster parent/ birth parent in understanding cultural differences
 - Cultivate a mutual understanding and appreciation of religious beliefs and practices
 - Openly discuss differences in rituals, family experiences, dress and appearance preferences, etc.
- Convey the benefits of aligning around parenting and discipline practices to insure consistency for the child
- Facilitate conversations between birth parent/ foster parent
 - Discuss non-threatening topics
 - Find common areas of interest
 - Recognize both families' strengths
 - Use of self-disclosure
 - Reflect feelings
 - Encourage exchange of information between birth parent and foster parent, i.e. favorite foods, toys, sleep behaviors, pictures, school progress, etc.
- Encourage foster parent and birth parent to attend all school and medical appointments
- ❖ Encourage the two families to work on the child's life book together with the child
- Encourage the two families to attend parenting classes together
- ❖ Initiate discussion with families about strategies that they may use that will support the child's relationship and attachment with both sets of parents to avoid dividing the child's alliance.

Partnership in Parenting

- Everyone desires respect
- Everyone needs to be heard
- Everyone has strengths
- Judgments can wait
- Partners share power
- Partnership is a process

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Use this space to record notes.

Cultural Considerations Including Impact on Relational and Cultural Permanence

Relational Permanency

is the existence of one or more **strong, sustainable and supportive relationships** between a youth and caregivers, siblings and other individuals that a youth considers part of his or her **family**.

Source: NC Permanency Planning Services Policy, Protocol, and Guidance (March 2024)

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Relational permanency is the existence of one or more strong, sustainable, and supportive relationships between a youth and caregivers, siblings, and other individuals that a youth considers part of his or her family. Relationships are important! Participation in shared parenting can assist in continuing and developing those relationships. In the Texas study, thirty youth were interviewed regarding relationships. Some common themes among the youth were:

- Honest communication about and with the birth family is crucial.
- Relationships with foster families are built through caring treatment.
- Positive experiences with caseworkers are built on honesty and accountability.
- Mental health professionals should treat youth as a person, not a file.
- Treat youth like they are part of a family.
- Allow youth access to normal activities.
- Allow youth to have informal relationships.
- Allow youth to make mistakes.
- Treat youth as more than a diagnosis.

How profound are these themes? How can you have a positive impact on these themes as a licensing worker?

Questions and Reflections

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

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Day Three

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Mutual Home Assessment: Understanding the 5 Parts

Part 1. Family History of each applicant

Family history covers the following areas: Parentage, siblings, family support systems, parenting methods, experience with child abuse and neglect, ability to cope, stresses and frustrations, crises and loss, criminal history, experience with drugs or alcohol, education, and employment, religious orientation, marriages, parenting experiences, emotional stability, and ability to give and receive affection.

Part 2. Assessment of the twelve skills of foster parenting

The second part of the mutual assessment is a description of how well the applicant(s) uses each of the twelve skills of foster parenting

Part 3. Assessment of the home for space to accommodate each child

The third part of the mutual home assessment is a description of the foster home itself. Make sure there is sleeping and living space to accommodate the capacity (number of children) recommended for the license. Carefully review the exterior and interior, taking note of any dangers or concerns that can harm children.

Part 4. Assessment of the applicant's ability to participate in shared parenting

The fifth part of the mutual home assessment describes the applicant's willingness to participate in shared parenting. In Shared Parenting, the applicant will have contact and dealings with parents who have done hurtful things to their children.

Part 5. Assessment regarding the applicant's financial ability to provide foster care

To be licensed as a foster family, the applicant's home must be financially stable and secure. Income in a foster home must cover the bills. Foster care payments are not to be used for basic household expenses.

DSS-5159 The Foster Home Change Request Application

**FOSTER HOME CHANGE REQUEST APPLICATION
NORTH CAROLINA DIVISION OF SOCIAL SERVICES**

Attach Cover Letter and a copy of DSS-5015 License Action Request form for all requests

Foster Parent(s) Name(s): _____

Facility ID#: _____

1. Change Capacity to: _____

2. Total number of children in the home. **Complete Each Blank.**

- _____ # foster parent(s) minor children including birth, adoptive, guardian
- _____ # relative children who are not in foster care
- _____ # non-relative children (do not count foster children or daycare children)
- _____ # In-Home Daycare License Capacity, attach copy of license
- _____ # Community Alternative Program (CAP) clients in the home
- _____ # foster care license **capacity** as printed on most current DSS-5015
- _____ Total of numbers above

3. Document Sleeping Arrangements

SLEEPING ARRANGEMENTS CHART	Bed Type / Occupant(s)	Bed Type / Occupant(s)	Bed Type / Occupant(s)	Bed Type / Occupant(s)
Example Bedroom 1.	Queen / Mr. & Mrs. Applicant	Crib / foster child		
Bedroom 1.				
Bedroom 2.				
Bedroom 3.				
Bedroom 4.				
Bedroom 5.				

4. Change Age Range from: _____ to _____

5. Change Address to: _____

(a) Complete Sleeping Arrangements Chart. (Item 3)

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

(c) Home's design allows children privacy while bathing, dressing and using toilet facilities?

YES NO

(d) Exterior spaces around the foster home are clear of bodies of water such as swimming pools, beaches, rivers, lakes, streams, ponds, etc.?

YES NO

If you answered 'NO' to (c) or (d) document how access to these objects, hazardous items, and/or bodies of water is avoided:

- (e) DSS-1515 Foster Home Fire Inspection Report attached? YES NO
- (f) DSS-5150 Foster Home Environmental Conditions Report attached? YES NO

6. Add to the household:

Name: _____ SSN: _____ Relationship to foster parent(s) _____

- (a) Complete Sleeping Arrangements Chart (III. 2).
 - (b) Attach DSS-5017 Medical History Form.
 - (c) Attach DSS-5156 Medical Evaluation and TB tests results.
 - (d) New Household member 18 years of age or up? YES NO
- If 'YES' Complete Background Checks, NC Child Abuse/Neglect History Table and Child Abuse/Neglect Central Registry Checks from other states if new household member has not resided in NC for the past five years.
- Attach Fingerprint Clearance Letter and RIL results

Background Checks {Must be completed on each new household member (18 years old and up)}

Name of New Adult Household Member: _____		
Type of Background Check	Check Conducted	Date Conducted
Local Court Record Checked by Agency Staff	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Findings & Dates: _____		
Explanation of Findings: _____		
NC Department of Public Safety Offender Information	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Findings & Dates: _____		
Explanation of Findings: _____		
NC Sex Offender and Public Protection Registry	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Findings & Dates: _____		
Explanation of Findings: _____		
Health Care Personnel Registry	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Findings & Dates: _____		
Explanation of Findings: _____		

North Carolina Child Abuse Neglect History (new adult household members)

Child Abuse or Neglect Reported	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Substantiation: <input type="checkbox"/> YES, Date of Substantiation: _____	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Explanation of Findings: _____		

Complete if new adult household members have **NOT** resided in NC for the past five years.

Previous Address(es)	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.	

7. Change from: Therapeutic to Family Foster Care. (Complete Item 2).

8. Change from: Family Foster Care to Therapeutic. (Complete Item 2).

Foster parents have received additional 10 hours of required pre-service training, and agree to receive additional training within first two years of licensure as a therapeutic foster parents as required by 10A NCAC 70E .1117 (3) (a-e).

YES NO

Date foster parents received additional 10 hours of required pre-service training: _____

9. Remove Foster Parent from license (*signature required below*) Name: _____

Remove Adult Household Member Name: _____

Document reason:

10. Other: Change DSS-5015 field _____ from _____ to _____

Document reason:

FOSTER HOME CHANGE REQUEST CERTIFICATION

(Social Worker Signature Required*)

We certify that agency staff has reviewed this document and confirm that the home is in compliance with all rules and policies governing foster home licensure. We understand that according to GS 131D-10.6C this information may be furnished to others upon proper request.

Type Name of Foster Parent	Type Name of Foster Parent
✓	✓
Foster Parent Signature / Date	Foster Parent Signature / Date

Type Name of Foster Parent	Type Name of Foster Parent
✓	✓
Foster Parent Signature / Date	Foster Parent 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:	

*Please note that if you are requesting a waiver the signatures of the foster parent(s), social worker and agency director/designee must be obtained.

DSS-5015 Foster Care Facility Licensing Action Request Form

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

(1) AGENCY CASE NO. _____ (2) CO. NO. _____

NEW LICENSE
 CHANGE
 RELICENSE
 TERMINATE/REVOKE
 WAIVER REQUESTED
 RELICENSE/CHANGE

(3) (4) NAME OF SUPERVISING AGENCY _____

1	COUNTY DSS
2	PUBLIC AGENCY
3	PRIVATE 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 _____ (12) EDUCATION _____ (13) TRAINING _____

COMMENTS	
----------	--

1	MALE
2	FEMALE

_____	GRADE COMPLETED OR POST SECONDARY YEARS
-------	---

_____	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 _____ (19) EDUCATION _____ (20) TRAINING _____

COMMENTS	
----------	--

1	MALE
2	FEMALE

_____	GRADE COMPLETED OR POST SECONDARY YEARS
-------	---

_____	HOURS
-------	-------

TYPE	
1	ORIENTATION
2	SKILLS DEVELOPMENT
3	SPECIFIC CHILD

(21) CAPACITY _____ (22) SEX _____ (23) FROM _____ AGE _____ TO _____ (24) RATE _____

1	MALE
2	FEMALE
3	BOTH

(26) FAMILY INCOME _____ (27) TYPE CARE PROVIDED _____ (29) OTHER HH MEMBERS 18 OR OLDER _____ LAST NAME _____ FIRST _____ MI _____

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

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

(28) TYPE OF FACILITY _____ (41) MEDICAID ID # _____ (42) PROFIT INDICATOR _____

1	FAMILY FOSTER HOME
2	GROUP HOME
3	INSTITUTION

4	MATERNITY HOME
5	RES TREATMENT
6	THER CAMP

STATE OFFICE USE ONLY

(30) FACILITY ID. _____ (31) SUPERVISING AGENCY _____ (32) FROM _____ (33) TO _____

(34) OTHER LICENSING ACTIONS _____ (35) EFFECTIVE DATE _____ (36) LICENSE TYPE _____ (37) REASONS FOR PROVISIONAL _____ (38) OTHER _____ (39) PROCESSING INFORMATION _____ (40) WAIVER GRANTED _____

1	CHANGE
2	TERMINATION
3	RELICENSE
4	NEW

1	FULL
2	PROVISIONAL

1	SANITATION STANDARD
2	OTHER - EXPLAIN IN # 38

DSS-5015 (REV. 02/02)
CHILDREN'S SERVICES

DSS-5160 Foster Home Termination Application

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

Attach Cover Letter and a copy of DSS-5015 License Action Request form for all requests

Foster Parent(s) Name(s): _____

Facility ID#: _____

1. Terminate this license effective: _____
2. Reason for Termination: Adopted No longer desires to foster Other obligations
3. If foster parent(s) is NOT available for signature, indicate reason below:
 Moved No reply to agency attempts to contact Other: _____
Document Attempts to Contact (including dates): _____

Please note this form is not used for Revocations. Use DSS-5279 Request for a Revocation of a Foster Home License.

FOSTER HOME TERMINATION CERTIFICATION
(Social Worker and Foster Parent(s) Signature Required)

We certify that agency staff has reviewed this document and confirm that the home is in compliance with all rules and policies governing foster home licensure. We understand that according to GS 131D-10.6C this information may be furnished to others upon proper request.

Type Name of Foster Parent	Type Name of Foster Parent
✓	✓
Foster Parent Signature / Date	Foster Parent Signature / Date

Type Name of Foster Parent	Type Name of Foster Parent
✓	✓
Foster Parent Signature / Date	Foster Parent Signature / Date

Type Name of Social Worker	
✓	
Social Worker Signature / Date	
Social Worker Phone Number:	
Social Worker E-Mail Address:	

Answer Key: Smith Family 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
John Henry Smith				HS
Betty Smith				HS

*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 Conducted	Date Conducted
Local Court Record Checked by Agency Staff Findings and Dates: <u>John Henry Smith/Disorderly Conduct/4/01/2003</u> Explanation of Findings: <u>Disorderly conduct conviction, plead no contest, fine paid on 4/15/2003</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Date: 7/17/2024
NC Dept. of Public Safety Offender Information Findings and Dates: <u>No Findings</u> Explanation of Findings: _____	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Date: 7/17/2024
NC Sex Offender and Public Protection Registry Findings and Dates: <u>No Findings</u> Explanation of Findings: <u>No Findings</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Date: 7/17/2024
Health Care Personnel Registry Findings and Dates: <u>No Findings</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Date: 7/17/2024

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
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
Benjamin Lee Smith	7/15/XXXX (5 years)	M	K
Molly Marie Smith	1/13/XXXX (4 years)	F	Pre-K

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
N/A				

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-lit, 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(f). 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 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. 3 bedroom, 2 bathroom home. Kitchen, dining, and family areas are appropriately sized. Bathing facilities are appropriately sized and fully maintained and operational. Home is located in suburb neighborhood on an .5 acre plot of land.

(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 Relative Child, any Non-relative child, or Adult household member occupying each bed. Enter “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.	King/John and Betty			
Bedroom 2.	Twin/Benjamin	Twin/FC		
Bedroom 3.	Twin/Benjamin	Twin/FC		
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:	John Henry Smith	Betty Ann Smith
Race:	White	White
Ethnicity:		
Birth Date:	6/5/XXXX (36 years)	8/7/XXXX (36 years)
Place of Birth:	Greensboro, NC	Greensboro, NC
Marital Status:	Married	Married
Date of Marriage:	7/1/XXXX (9 years)	7/1/XXXX (9 years)
Place of Marriage:	Raleigh, NC	Raleigh, NC
County of Residence:	Buncombe	Buncombe
Present Employment:	Smith Auto Shop	Stay at Home Mother
Phone Number:	123-456-7890	123-456-7890

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.):

REDACTED

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.):

REDACTED

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.):

REDACTED

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.):

REDACTED

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.):

REDACTED

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.):

REDACTED

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.)

REDACTED

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.):

REDACTED

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.):

REDACTED

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.):

REDACTED

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.):

REDACTED

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):

REDACTED

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.):

REDACTED

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.

REDACTED

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: REDACTED

Monthly Expenses, Give Total: REDACTED

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
	Smith Home	John, Betty, Benjamin, Molly
	Smith Home	John, Betty, Benjamin, Molly
	Agency Office	John, Betty

XI. Recommendation for Licensure.
Agency Recommends Licensure: YES NO

Document agency's plan for supporting the family when placements occur:

REDACTED

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.

John Henry Smith	Betty Ann Smith
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

Jenny Worker	
Type Name of Social Worker	
✓	
Social Worker Signature / Date	
Social Worker Phone Number:	321-654-9870
Social Worker E-Mail Address:	JennyWorker@County.Org
Mike Director	
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:	789-456-1230
Director/Designee E-Mail Address:	MikeWorker@County.Org

Shared Parenting Benefits Everyone

Shared Parenting Benefits for Everyone

- Feelings of grief and loss that both a child and a birth parent might feel upon separating are minimized. Children can see their birth family is okay and still loves them—this can help a child relax.
- The child's relationship with the birth parent can be maintained.
- Foster parents can form a realistic picture of the birth parent's strengths and needs.
- The birth parents can be reassured that their child is in a nurturing and stable home.
- Foster parents can model effective parenting. By knowing what good parenting looks like, birth parents can practice parenting skills.
- Foster parents can ask birth parents about the child's schedules, fears, allergies, sleep habits, likes, and dislikes. Foster parents can also learn culturally specific child-care strategies from birth family members, which can enhance a child's cultural identity.
- Birth parents can view the foster family as a resource rather than a threat.
- Planning for visitation can be simplified.
- Transitions back into the birth parent's home can be smoother.
- After the child returns home, there can be ongoing support.

Source: Families Rising (Adoptalk 2018, Issue 2)

Making Shared Parenting Work

Making Shared Parenting Work

A social worker should facilitate a meeting between the birth parents and foster parents within a week of placement to ensure that the partnership has a strong beginning and is supported by the agency. This requires advanced planning by social workers so that both families understand the purpose of the meeting (to discuss the care of the child, not “the case”.)

Every effort must be made to locate any absent/non-custodial parents. Including absent/non-custodial parents early in the shared parenting meetings encourages both parents of the child to become more involved in the child’s life. (Depending on the nature of the relationship between the custodial parent and the absent/non-custodial parent, a separate meeting between each birth parent and foster parent may be necessary).

A meeting site that is a neutral location that allows for privacy is important. Sometimes neighborhood recreation or social centers are good options instead of the agency office.

Tips that social workers can use:

- Ask foster and birth parents at placement how they would like to meet (consider facilitating a conference call or web meeting if distance prevents a parent from attending a face to face meeting)
- Describe shared parenting meetings in positive terms
- Serve as positive role model to foster parents and birth parents
 - Talk positively about birth parent to foster parent
 - Talk positively about foster parent to birth parent
 - Maintain confidentiality
 - Describe foster parent in non-identifying terms at placement
- ❖ Brief foster parents on birth parents’ fears and needs and help foster parents understand these needs.
- Talk openly with all about their concerns
- ❖ Share information essential to shared parental responsibilities with foster parents and birth parents, i.e., medical information, school progress, goals, and the child’s strengths and needs

- Set clear boundaries and ground rules for contact that include input from the birth family, the foster family, and the agency
 - Address personal and emotional safety issues for the child, birth family, and foster family
 - Set ground rules regarding phone calls, visitation, transportation
- Assist foster parent/ birth parent in managing conflict
 - Recognize fears of both parties
 - Focus on strengths
 - Look beyond behaviors to identify needs
 - Develop interventions that meet needs
- Assist foster parent/ birth parent in understanding cultural differences
 - Cultivate a mutual understanding and appreciation of religious beliefs and practices
 - Openly discuss differences in rituals, family experiences, dress and appearance preferences, etc.
- Convey the benefits of aligning around parenting and discipline practices to insure consistency for the child
- Facilitate conversations between birth parent/ foster parent
 - Discuss non-threatening topics
 - Find common areas of interest
 - Recognize both families' strengths
 - Use of self-disclosure
 - Reflect feelings
 - Encourage exchange of information between birth parent and foster parent, i.e. favorite foods, toys, sleep behaviors, pictures, school progress, etc.
- Encourage foster parent and birth parent to attend all school and medical appointments
- ❖ Encourage the two families to work on the child's life book together with the child
- Encourage the two families to attend parenting classes together
- ❖ Initiate discussion with families about strategies that they may use that will support the child's relationship and attachment with both sets of parents to avoid dividing the child's alliance.