

Foster Parent Survey

Foster Parent Survey

Please complete the following survey to indicate the quality of services provided by the Department of Family Services, as well as other agencies, in your home during the past year.

* Foster Family Name

Date:

Name:

Is your Family with a private agency?

Yes

No

If YES, what is the name of the agency?

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Policies and Procedures

	Excellent	Adequate	Needs Improvement	N/A
DFS policies and procedures were explained to you a clear manner at the time of licensure (licensing requirements, medical coverage, reimbursement, emergency care, etc).	jn	jn	jn	jn
New DFS policies and procedures are communicated to you in a clear and timely manner.	jn	jn	jn	jn
If you are with a private agency, were policies and procedures of the private agency explained to you a clear manner at the time of licensure.	jn	jn	jn	jn

Services to Foster Parents

	Excellent	Adequate	Needs Improvement	N/A
Provided information on the child prior to placement by the Placement Team.	jn	jn	jn	jn
Provided additional information by the caseworker after the placement.	jn	jn	jn	jn
Were you given Full Disclosure and Agreement information at the time of placement.	jn	jn	jn	jn
Reimbursement payments timely and in correct amounts.	jn	jn	jn	jn
Handling of claims for reimbursement.	jn	jn	jn	jn
Adequate notice when child is to leave your home.	jn	jn	jn	jn
If a child was removed from your home by the caseworker, an adequate explanation given (explaining why the child was being removed).	jn	jn	jn	jn
Monthly contact from your child's caseworker – (face-to-face contact between your child and the caseworker).	jn	jn	jn	jn
Visit in your home every other month by your child's caseworker.	jn	jn	jn	jn
Quality of visitation by your child's caseworker.	jn	jn	jn	jn
Support from your caseworker – for the child.	jn	jn	jn	jn
Support from your caseworker – for you as the caregiver.	jn	jn	jn	jn
Response to request for help and information from the agency.	jn	jn	jn	jn
Arrangements for child to visit with his/her natural family.	jn	jn	jn	jn
Efforts to achieve / identify permanent home for the child.	jn	jn	jn	jn

Training

	Excellent	Adequate	Needs Improvement	N/A
Scheduling of pre-service training.	jn	jn	jn	jn
Content and presentation of pre-service training.	jn	jn	jn	jn
Advanced training opportunities for foster parents.	jn	jn	jn	jn

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Advanced training topic you would most like to see initiated by DFS

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Teamwork

	Excellent	Adequate	Needs Improvement	N/A
Involvement in the case planning process.	jñ	jñ	jñ	jñ
Involvement in the court process (voice at hearings, ability to add voice at court proceedings, etc).	jñ	jñ	jñ	jñ
Kept informed of processes, changes, etc.	jñ	jñ	jñ	jñ
Services provided by local foster parent association.	jñ	jñ	jñ	jñ
Services provided by DFS licensing unit / worker.	jñ	jñ	jñ	jñ
Services provided by DFS retention unit.	jñ	jñ	jñ	jñ

Community Service Array

	Excellent	Adequate	Needs Improvement	N/A
Medical / dental services (ease of access/availability).	jñ	jñ	jñ	jñ
Educational services and support (ease of access/availability).	jñ	jñ	jñ	jñ
Mental health services (ease of access/availability).	jñ	jñ	jñ	jñ

Private Agency Foster Parents Only

	Excellent	Adequate	Needs Improvement	N/A
Regular contact by private agency caseworker / staff.	jñ	jñ	jñ	jñ
Overall support by private agency.	jñ	jñ	jñ	jñ
Regular reimbursement for services.	jñ	jñ	jñ	jñ
24/7 on call support and emergency assistance provided by private agency.	jñ	jñ	jñ	jñ
Communication between DFS and private agency regarding the child and his/her case plan.	jñ	jñ	jñ	jñ

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Please add any additional comments. Completion of this survey will assist DFS in making appropriate changes to its service delivery, as well as improve overall customer service to foster parents.

Would you like to receive a call from the Retention Unit to further discuss your concerns?

Yes

No

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Disclaimer:

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