**Foster Parent Questionnaire**

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| **Interview Details** |  |
| Program name: | Interviewer: |
| Name of foster parent(s): | Date/time of interview: |
| Date foster parent(s) began working with UAC program: | Licensed bed capacity: |

\*Note: Before beginning the interview and/or providing this questionnaire to foster parents, provide a brief introduction, including monitor role and purpose of monitoring visit, confidentiality of interview, and clarify any questions. See *Introduction Prompt for Staff* for additional guidance as needed.

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|  | NOTES |
| **Tell me about your role and main responsibilities as a foster parent.** |  |
| **Why did you choose to become a foster parent through this agency?** |  |
| **Do you like being a foster parent? What it is the best part about being a foster parent? What is the most challenging part about being a foster parent?** |  |
| **What information did you receive about UAC and the UAC program when you became a foster parent?**   * Do you think the information you received adequately prepared you to work with this population? |  |
| **Has the training you have received adequately prepared you for your role as a foster parent? If not, please explain.**  **Are there additional trainings you think would be beneficial for foster parents to receive?** |  |
| **Tell me about the foster parent meetings.**   * How often are meetings held? * Whom do you meet with? * How can foster parents provide feedback to the program? * Are program staff helpful when you request support/assistance? |  |
| **Does the program provide opportunities to participate in foster parent support groups? If so, what topics are covered during the meetings?** |  |
| **Tell me about how you typically handle behavior problems in the home.**   * **Do you have established foster home rules that have been provided to the children in your home?** * **What kind of discipline do you use with the children?** * Are you allowed to use restraints? Please elaborate. * **How does the program help you handle behavior problems?** |  |
| **What does *trauma-informed care* mean to you?** |  |
| **How many kids do you care for on a regular basis? Do you care for any non-UAC children (ex. URM, home daycare, domestic foster care)?** |  |
| **What information did you receive on the UAC prior to his/her placement in your home? Were you provided with a pre-placement call?** |  |
| **How has the child (or children) in your home adapted to foster care life?** |  |
| **Tell me about the home visits from case managers or other program staff.**   * How often do staff make home visits? * What happens during these visits? |  |
| **Are you involved and/or provided updates on UAC service plans (education, recreation, independent living/post-18, mental health, etc.)? If so, please explain.** |  |
| **What types of activities do UAC participate in (i.e. recreational, leisure, religious etc.)?**   * Tell me about activities you have done with the UAC this week. |  |
| **Do you receive a stipend for each child? Is the stipend sufficient to cover all necessary costs?**   * Do you receive the stipend on time? |  |
| **How would you handle medical/mental health issues with UAC in the home?**   * With whom would you talk to and how would you respond to the concern? * How would you address a mental health emergency or crisis situation in home (ask for examples)? |  |
| **If a child in your home needed to report abuse or maltreatment, how would they report it (i.e. access to landline/cell phone etc.)?** |  |
| **What do you see as the strengths of the foster care program? What do you see as an area of improvement?** |  |
| **What recommendations do you have for ORR that I can take back to share with our headquarter teams?** |  |

## Additional Notes

Enter Additional Notes.