



DIVISION OF LICENSED RESOURCES (DLR)
COMPREHENSIVE REVIEW

Foster Parent Interview

INTERVIEWER'S NAME	DATE
PLACE OF INTERVIEW	
AGENCY'S NAME	

FOSTER PARENT'S NAME	FOSTER CHILD(REN)'S NAME
<p>1. How long have you been a foster parent?</p>	
<p>2. What types of training have you received? Please list the required training you've taken as well as the ongoing training to meet the specific needs of the children you care for (pre-service, Right Response, CPI, etc.). Are there other trainings that would be helpful?</p>	
<p>3. Do you feel prepared to deal with the behaviors of the children placed in your home (i.e. behavior management, de-escalation)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>	
<p>4. Have you ever had to use restraints for the children in your care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What training have you had and do you feel adequately trained and prepared to do so? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>	
<p>5. Who do you contact for emergencies on the weekends and evenings?</p>	
<p>6. How often do the CA Worker and Private Agency Case Manager come to your home and assist with ongoing case management?</p>	
<p>7. What services do you get from the private agency or department (respite, additional supervision, etc.)? If you don't receive any additional services, what would be helpful?</p>	
<p>8. Were you given sufficient information about a new child's behavioral, emotional and cultural identity needs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were you provided the Child Information and Placement Referral form, (DSHS 15-300)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>	
<p>9. Were you given a Supervision Plan in writing at the time of placement from either the CA Worker or the Private Agency staff?</p>	
<p>10. Have you had any difficulties accessing medical or educational services for the children in your care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>	

11. Do you feel part of the case management team for the children in your care? Yes No

Comments:

12. What is the cultural identity for each child in your care? How do you support and enhance the child's cultural identity?

13. Have you asked that a child be removed from your home? Yes No

What happened?

14. What is your understanding of the mandatory reporting requirements? Have you ever made a CPS referral?

15. Have you ever had a compliant/CPS referral made against you? Yes No

What happened?

16. Do you like being a foster parent? Yes No

17. Do you think that the Child Placing Agency provides good services for foster parents? Yes No

Comments:

18. Do you have any other issues you want to talk about? Yes No

Comments:

19. If you could make any changes to this program, what would you change?

Reviewer's impressions: