

## Caregiver Survey

Thank you for taking the time to complete this survey by the Quality Parenting Initiative (QPI) in partnership with Caregivers, Community Partners, and the Clark County Department of Family Services (DFS). QPI Nevada was developed to ensure that every child removed from their home due to abandonment, abuse, or neglect is cared for by a caregiver (foster, relative, fictive, or adoptive parent) who provides skilled, nurturing parenting while helping the child to maintain appropriate connections with their family.

The feedback you provide in this survey will guide QPI Nevada in the redesign and implementation of new programs and services to meet the needs of children and families in Clark County. Your participation is voluntary; you do not have to complete this survey, and if you do choose to complete it, you may skip any question you do not wish to answer. It has been estimated that this survey will take about 20 minutes to complete. A high-level and non-identifying summary of the survey results will be published in the Caregiver Courier, the Clark County Foster Parent and Caregiver newsletter.

If you choose to provide your contact information when you complete the survey, you will receive a gift card valued at \$10, redeemable at a local establishment. Please know that your contact information will not be stored with your survey results, ensuring that your survey remains anonymous. If you have any questions about the survey, please contact DFS by emailing [dfs.ccfp.support@clarkcountynv.gov](mailto:dfs.ccfp.support@clarkcountynv.gov) or calling (702) 455-1149.

INSTRUCTIONS: Please answer the following questions to the best of your ability by selecting the most appropriate choice from the drop-down menu. Comment boxes are provided throughout the survey if you would like to provide additional information.

### \*1. Are you a licensed foster parent?

- Yes
- No

## Experiences with the Caregiver Development and Retention Services

Please select the response that reflects to what extent you agree or disagree with the following statements about your experience with the Recruitment Services you received. If these questions do not apply to you, please skip to the next section.

### 2. What was your primary reason for becoming a foster parent?

- To give back
- Spiritual calling
- To adopt
- Other (please explain)

**3. How were you recruited to become a foster or adoptive parent?**

- At an event
- From a current foster/adoptive parent
- Internet
- Newspaper
- Place of worship
- Other (please explain)

**4. Did you attend an information session or orientation prior to becoming a licensed foster parent?**

- Yes
- No

**5. How did you make the initial inquiry to become a foster parent?**

- By phone
- By email
- In person
- At a community event
- Other (please explain)

**6. I was satisfied with my experience during the initial inquiry process.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Does not apply

**7. The information/orientation session was able to answer my questions about the licensing process.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Does not apply

**8. Recruitment staff were able to answer my questions.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Does not apply

**9. Recruitment staff responded to my questions in a timely manner.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Does not apply

**10. I was satisfied with the availability of the recruiter by phone and/or email.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Does not apply

**11. I was satisfied with the prescreening/fingerprinting and background check process for myself.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Does not apply

**12. I was satisfied with the prescreening/fingerprinting and background check process for others in my household.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Does not apply

**13. I was satisfied with the training registration process.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Does not apply

**14. Overall, I was satisfied with the Recruitment experience, including the information/orientation sessions, prescreening/fingerprinting and background check process, and training registration.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Does not apply

**15. Please use this section if you wish to clarify your responses or provide any additional information regarding your experience with Recruitment Services.**

**16. What are your suggestions or recommendations for improving Recruitment Services?**

## Experiences with the Pre-Service Training Services

Please select the response that reflects to what extent you agree or disagree with the following statements about your experience with the Pre-Service Training you received.

**17. What training did you receive prior to becoming a licensed foster parent?**

- Kinship
- PS-MAPP
- PRIDE
- Other (please specify)

**18. How many hours of training did you receive prior to becoming a licensed foster parent?**

- 0-15 hours
- 16-30 hours
- 31-40 hours
- 40+ hours

**19. After the training, I felt better prepared to care for a child placed in my home.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**20. The training increased my knowledge of how to protect children from harm.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**21. The training increased my knowledge of how to meet the developmental needs of children.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**22. The training increased my knowledge of how to deal with common emotions that children experience when separated from their families.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**23. The training increased my knowledge of how to seek out agency and community support to meet the needs of children.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**24. Overall, how would you rate the quality of the foster parent training you received?**

- Excellent
- Good
- Fair
- Poor

**25. Overall, I was satisfied the Pre-Service Training experience including the application/profile, training, and home consultation.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**26. Please use this section if you wish to clarify your responses or provide any additional information regarding your experience with Pre-Service Training Services.**

**27. What are your suggestions or recommendations for improving the Pre-Service Training Services?**

## Experiences With Initial Licensing Services

Please select the response that reflects to what extent you agree or disagree with the following statements about your experiences with the Resource Development and Retention Unit—Initial Licensing Services

**28. How long did it take to become a licensed foster parent from the time of your initial contact with DFS?**

- 0-2 months
- 3-4 months
- 5-6 months
- 7-8 months
- 9+ months

**29. The foster care licensing PROCESS was clearly explained to me.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**30. The licensing REQUIREMENTS were clearly explained to me.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**31. I understand the importance of following the licensing regulations.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**32. I was satisfied with the availability of the initial licensing representative by phone and/or email.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**33. Overall, I was satisfied with the initial licensing process including the home inspection (s) and consultations.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**34. Please use this section if you wish to clarify your responses or provide any additional information regarding your experience with Initial Licensing Services.**

**35. What are your suggestions or recommendations for improving Initial Licensing Services?**

## Experiences with Renewal Licensing Services

Please select the response that reflects to what extent you agree or disagree with the following statements about your experiences with the Renewal Licensing Services

**\*36. Have you experienced an annual home inspection by a renewal licensing representative?**

- Yes
- No

## Experiences with Renewal Licensing Services (continued)

**37. The renewal licensing process was clearly explained to me.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree



**38. I was satisfied with the availability of the renewal licensing representative by phone and/or email.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**39. Overall, I was satisfied with the renewal licensing process including the home inspection(s) and consultations.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**40. Please use this section if you wish to clarify your responses or provide any additional information regarding your experience with Renewal Licensing Services.**

**41. What are your suggestions or recommendations for improving Renewal Licensing Services?**

## Experiences with Placement Services (Receiving and Planned Placement)

**\*42. How many children have been placed in your home in the past 12 months?**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10+
- I have not had any children placed in my home in the past 12 months (please explain)

**Experiences with Placement Services (continued)**

**43. Upon a new child being placed in your home, which of the following documents have you consistently received? Check all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Medical Passport | <input type="checkbox"/> Childcare Referral                  |
| <input type="checkbox"/> Medicaid Number  | <input type="checkbox"/> Out of Home Pre-Placement Checklist |
| <input type="checkbox"/> Custody Letter   | <input type="checkbox"/> Placement Request and Disclosure    |

**44. Upon a new child being placed in your home, which of the following information and resources were you given? Check all that apply**

- School registration information
- Child and Family Team meeting notifications
- Court hearing information
- Medical information and medications
- Visitation schedules and locations
- Contact information for DFS case manager (case worker)
- List of persons that may be in contact with the child
- Resource list
- Other (please specify)

**45. I received adequate information from the Receiving/Planned Placement Team to understand the emotional and behavioral needs of the child that I was asked to have placed in my home.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**46. I was satisfied with the availability of the Receiving/Planned Placement Team by phone and/or email.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**47. Within the past 12 months, how would you rate the quality of the Receiving/Planned Placement Team Services you received when a child has been newly placed in your home?**

- Excellent
- Good
- Fair
- Poor

**48. Overall, I was satisfied with the Placement Services I have received within the last 12 months including information provided, communication, and feeling like a valued member of the team.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**49. Please use this section if you wish to clarify your responses or provide any additional information regarding your experience with the Placement Services.**

**50. What are your suggestions or recommendations for improving Placement services?**

**Experiences with Case Management Services**

Please select the response that reflects to what extent you agree or disagree with the following statements about your experiences with the Case Management Services you have received for children who have resided in your home during the past 12 months.

**\*51. Within in the past 12 months, have the children who reside in your home received Case Management Services (Case Management Services may include Out of Home Permanency Services, visits from a case manager, etc.)?**

- Yes
- No

**Experiences with Case Management Services (continued)**

**52. After a new placement, how long does it typically take for the first home visit from the DFS case manager (case worker)?**

- 0-72 Hours
- 4-7 Days
- 8-14 Days
- 15-22 Days
- 22+ Days

**53. Overall, when contacting your DFS case manager, how long does it typically take for return contact?**

- 1 business day
- 2 business days
- 3-5 business days
- 6+ business days

**54. Overall, I have received the following information from the DFS case managers regarding children placed in my home. Check all that apply:**

- Meeting notification (TDM, CFT, Court)       List of the persons that may be in contact with the child       Resource lists
- Phone numbers and email for DFS case manager       Medical information and medication management
- Other (please list)

**55. I am satisfied with the availability of DFS case managers by phone and/or email.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**56. Overall, a DFS case manager has contacted and/or visited children placed in my home at least once every 30 days.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**57. Overall, a DFS case manager has contacted me at least once every 30 days for children placed in my home.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**58. I receive adequate support from DFS case managers when there is a crisis situation with a child placed in my home.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**59. I know who to contact after hours if there is a crisis situation with a child placed in my home.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**60. I know who to contact if I am unsatisfied with the case management services for a child placed in my home.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**61. I feel comfortable contacting DFS Management when I am unsatisfied with the case management services for a child placed in my home.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**62. When appropriate, I have been given alternative ways to participate in meetings including conference calls.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Does not apply

**63. I have been given information on visitation schedules including location and time changes.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Does not apply

**64. When appropriate, I have been given the opportunity to work with the biological parent in shared parenting activities.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- I prefer not to work with biological parents.
- Does not apply

**65. I have been given the opportunity to participate in transition planning for children placed in my home.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Does not apply

**66. When appropriate, I have been given the opportunity to remain in contact with the child after they were moved from my home.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- I choose not to maintain contact with children
- Does not apply

**67. I have been given information about how to access respite care.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Does not apply

**68. Overall, I feel like a valued member of the child's team.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**69. Overall, I was satisfied with the Case Management Services, including contact with the case manager, information provided, communication and feeling like a valued member of the team.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**70. Please use this section if you wish to clarify your responses or provide any additional information regarding your experiences with Case Management Services.**

**71. What are your suggestions or recommendations for improving Case Management Services?**

## Development of Partnership with Community Partners

The QPI Community Partnership Workgroup is working on developing partnerships with community providers to provide support services and resources to caregivers. Below is a list of services that may be available to children and caregivers. While all of these services are important and valuable, please select the top five that you believe are most important at this time. You may check up to five boxes of the choices below.



## 72. Support Services and Resources for Caregivers to be Provided with Assistance from Community Providers

- Transportation (bus passes, transportation assistance)
- After-school activities (recreation classes, art, dance, football)
- Tutoring/educational support (educational advocacy services, school supplies, gym clothes, uniforms, school fees)
- Hygiene/personal care items or services (haircuts, clothing, toiletries)
- Short-term care (daycare)
- Long-term care (respite care)
- Jobs/volunteering opportunities for youths (mentoring, career assessments, job placements, job training)
- Fun events for kids/youth (movie nights)
- Seasonal camps (summer camp, sports camp)
- Opportunities for foster parents (support groups, mixers, associations)
- Donations for special occasions and holidays (graduation, birthday)
- Other (please specify)

## Development of Foster Parent Champions Program

DFS is developing a program to provide support services to caregivers. The following lists are information or resources that the program may provide in order to assist caregivers in understanding and navigating the child welfare system.

For questions 74 – 75: Please select the 3 most important services, in each section, that you believe should be offered.

### 73. Information on Providing Care:

- Support phone call within 72 hours of initial placement
- How to register for programs such as WIC, CCSD School Lunch Program
- Child development and behavioral issues
- Dealing with issues of trauma, attachment and loss
- Visitation procedures
- Creating a nurturing, supportive environment for children
- Working collaboratively with the child's team members
- Mentorship
- Other (please explain)

#### 74. Information on Collaborating with DFS

- Child and Family Team meetings
- Court attendance and support
- Licensing services
- Medical/Dental/Mental Health services
- Out of Home Permanency services
- Working with the biological parent for shared parenting
- Other (please explain)

#### 75. What additional services would assist caregivers and should be considered in the development of Foster Parent Champion Program?

#### 76. Which of the following foster parent events would you be interested in attending?

**Check all that apply**

- Classes/Trainings
- Social Events
- Family Events
- Meals

#### 77. How often would you like to be invited to attend foster parent events?

- Monthly
- Quarterly
- Annually
- No thanks!

**78. Which are your preferred days and times to attend foster parent events, classes, and meetings? Check all that apply.**

- Weekday
- Weeknight
- Weekend
- Early Morning
- Late Morning
- Lunchtime
- Afternoon
- Evening

**79. What is your preferred method of contact regarding DFS events, newsletters, updates, and foster parent events ? Check all that apply.**

- Email
- Facebook
- Twitter
- Phone
- Text
- Mail

Other (please specify)

**80. How often would you prefer to receive information about DFS events and updates?**

- Daily
- Weekly
- Monthly
- Annually

**81. What are your suggestions or recommendations for improving communication with DFS and the foster parent experience?**

**82. If you have any other comments or suggestions, please provide them here.**

Please fill out the following questions relating to your demographics.

**83. Gender**

- Female
- Male

**84. Age**

- 21-25 years
- 26-35 years
- 36-45 years
- 46-55 years
- 55+

**85. Race/Ethnicity. Check all that apply.**

- American Indian / Alaska Native
- Asian
- Black or African American
- Caucasian
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- Other (please specify)

**86. Primary Language**

- English
- Spanish
- Other (please specify)

**87. Secondary Language**

- English
- Spanish
- Other (please specify)

## 88. Religious preference or affiliation

- Christian-Non-Catholic
- Christian-Catholic
- Jewish
- LDS/Mormon
- Muslim
- Non-religious
- No affiliation
- Prefer not to answer
- Other (please explain)

## 89. Education

- Less than grade 8
- Some High School
- GED
- High School Graduate
- Some College
- College Graduate
- Post Graduate Work
- Technical, Business, or Trade school

## 90. Employment status

- Employed Full-Time
- Employed Part-Time
- Unemployed
- Homemaker
- Student
- Retired
- Disability

**91. If you work outside of the home, how many hours do you work per week?**

- 0- 20 hours
- 21-39 hours
- 40+ hours
- Does not apply

**92. If you work outside the home, what shift do you typically work? Check all that apply**

- Day shift
- Swing shift
- Night shift
- Varying shifts
- Weekdays
- Weekends
- Varying Days
- Does not apply

**\*93. Is there another caregiver in the home?**

- Yes
- No

**Caregiver #2**

Please enter the following information about the other caregiver in your home.

**94. Gender**

- Female
- Male

**95. Age**

- 21-25 years
- 26-35 years
- 36-45 years
- 46-55 years
- 55+

**96. Race/Ethnicity. Check all that apply.**

- American Indian/Alaska Native
- Asian
- Black or African American
- Caucasian
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- Other (please specify)

**97. Primary Language**

- English
- Spanish
- Other (please specify)

**98. Secondary Language**

- English
- Spanish
- Other (please specify)

**99. Religious preference or affiliation**

- Christian-Non-Catholic
- Christian-Catholic
- Jewish
- LDS/Mormon
- Muslim
- Non-religious
- No affiliation
- Prefer not to answer
- Other (please explain)

## 100. Education

- Less than grade 8
- Some High School
- GED
- High School Graduate
- Some College
- College Graduate
- Post Graduate Work
- Technical, Business, or Trade school

## 101. Employment status

- Employed Full-Time
- Employed Part-Time
- Unemployed
- Homemaker
- Student
- Retired
- Disability

## 102. If you work outside of the home, how many hours do you work per week?

- 0-20 hours
- 21-39 hours
- 40 or more hours
- Does not apply

## 103. What shift do you typically work? Check all that apply.

- Day shift
- Swing shift
- Night shift
- Varying shifts
- Weekdays
- Weekend
- Varying days
- Does not apply

## F. Your Household



Please fill out the following information relating to your household.

**104. What is your 5 digit zip code?**

**105. What is the annual income of your family, not including foster care reimbursements?**

- Under \$10,000
- \$10,000 - \$19,999
- \$20,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 or higher
- Prefer not to answer

**106. If you are currently receiving foster care reimbursements, what is the average reimbursement per month you receive?**

- Under \$600
- \$600 - \$799
- \$800 - \$1,499
- \$1,500 - \$3,000
- Over \$3,000

**107. What is your type of Foster Home? Check all that apply.**

- DFS Regular Foster Care
- DFS Kinship Foster Home
- Agency Foster Home
- Other (please specify)

**108. In what year did you become a licensed foster care provider?**

**109. Number of beds on your current license?**

- 1
- 2
- 3
- 4
- 5
- 6
- 7+

**110. Ages you are licensed for? Check all that apply.**

- 0 (newborns)
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18

**111. What is your preferred age range?**

- 0 (newborns)
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- Independent Living

**112. How many children are currently placed in your home?**

- 1
- 2
- 3
- 4
- 5
- 6
- 7+

**113. What are the ages and genders of the children curently PLACED in your home? (Ex: 4 yrs female; 6 yrs male)**

**114. What are the ages and genders of the BIOLOGICAL children in your home? (Ex: 4 yrs female; 6 yrs male)**

**115. What are the ages and genders of the ADOPTED children in your home? (Ex: 4 yrs female; 6 yrs male)**

**116. Were your adopted children adopted through DFS?**

- Yes
- No, adopted from another public welfare system
- No, it was a private adoption
- Does not apply
- Other (please explain)

Thank you for participating in this survey.

**Thank you for completing the survey- Get your gift card!!**

DFS would like to thank you for participating in the Caregiver Survey. Your responses and comments will be completely anonymous and your contact information, should you choose to provide it below will remain confidential. Your time and efforts are appreciated in completing this important survey regarding foster parent services.

\*\*\*In order to receive your gift card, please click the following link, fill in your information, and submit the survey\*\*\*

<https://www.surveymonkey.com/s/MQ9ZSR8>