**HENNEPIN COUNTY**

**MAPCY FOSTER PARENT PREP SHEET**

The purpose of this document is to assist foster parents with being prepared for the assessment meeting with the Mapcy Assessor to complete the MAPCY tool. It is important that thorough and complete information regarding the care provided to children, to meet their special needs, is adequately communicated to ensure that an appropriate score is given for the tool.

1. How many siblings of the foster child are placed in your home? \_\_\_\_ (i.e. for sibling group of 3 placed in home, number would be 2)
2. How many other minor children are living in your home that are not related to the foster child? \_\_\_\_
3. Does the child have significant mental health needs? \_\_\_Y \_\_\_N If yes, describe:

What do you do to meet these needs?

1. If the child was hospitalized or placed in residential treatment placement, did you stay engaged with the child during their stay outside of your home (i.e. participate in family therapy, regular visits, discharge planning)? \_\_\_Y \_\_\_N \_\_\_n/a (child not in residential treatment). If yes, describe:
2. Do you monitor and supervise on-going mental health medications? \_\_\_Y \_\_\_N \_\_\_n/a (child not on medication). If yes, describe:
3. Does the child have chronic physical health needs? \_\_\_Y \_\_\_N If yes, describe:

What do you do to meet these needs?

1. Do you monitor and supervise ongoing physical health medications? \_\_\_Y \_\_\_N If yes, describe:
2. Does the child have any developmental needs (include autism spectrum, fine and gross motor skills, cognitive skill level, learning disability)? \_\_\_Y \_\_\_N \_\_\_maybe—child exhibits concerning behaviors or lacking in meeting developmental milestones. If yes, describe:

What do you do to meet these needs?

1. Have you attended training specific to child’s needs or medical equipment (requires additional training beyond standard FC training)? \_\_\_Y \_\_\_N If yes, describe:
2. Do you regularly attend a support group specific to child’s needs that focuses on caregiver’s needs? \_\_\_Y \_\_\_\_N If yes, describe:
3. Assuming that you adjust your parenting to maintain healthy family interactions, describe the child’s interactions, describe the child’s interactions with others in the home (choose best descriptor):

 \_\_\_Age Appropriate, no concerns \_\_\_ Somewhat Difficult \_\_\_ Aggressive\_\_\_\_ Dangerous (requires always being within arm’s length). If yes, describe:

What do you do to meet these needs?

1. Have you had to adjust your parenting to address any of the following? Choose ALL that apply:
* None
* Unsafe for pets
* Fire setting
* Sexual behaviors
* Sexual penetration
* Running away
* Sleeping problems
* Eating issues
* Bed wetting or encopresis that is not age appropriate
* Depression
* Psychosis, not in touch with reality (if actively psychotic, consult psychiatrist/hospital)
* Self-injurious behaviors
* Assaultive behaviors
* Suicidal behaviors

Describe how you adjust your parenting to address issue(s), i.e. “alarms on doors and windows”, etc.

Substitute caregiver for the child in the home? \_\_\_None \_\_\_Respite Care \_\_\_PCA \_\_\_In home nursing \_\_\_ Waivered services How many hours per week? \_\_\_\_\_

1. Child Care? \_\_\_None \_\_\_ Paid for by foster parent \_\_\_Paid for by other

How many hours per week? \_\_\_\_\_

1. Indicate the number of appointments that you SCHEDULE for the child per month.

\_\_\_\_\_\_ Appointments per month

1. Indicate the number of appointments that you TRANSPORT the child TO AND FROM per month.

 \_\_\_\_\_ Appointments per month

1. Indicate the number of appointments that TAKE PLACE IN YOUR HOME for the child per month (therapy, probation officer, or other professionals—DO NOT INCLUDE VISITS FROM COUNTY STAFF) \_\_\_\_\_Appointments per month
2. Do you actively participate in Family Therapy with the child? \_\_\_Yes \_\_\_No \_\_\_n/a (child is not in therapy)
3. Do you monitor and put into action a written continuing care plan provided by a qualified medical, mental health, behavioral, or developmental professional? \_\_\_Yes \_\_\_No
4. Do you SUPERVISE Parent-Child visits in your home? \_\_\_Yes \_\_\_No \_\_\_n/a (court ordered supervision is not required) \_\_\_n/a (parent does not currently visit child)
5. Do you ALLOW Parent-Child visits in your home? \_\_\_ Yes \_\_\_No \_\_\_ n/a (parent does not currently visit child)
6. Do you TRANSPORT the child to Parent-Child visits or Sibling visits outside of your home?\_\_\_ Yes \_\_\_No Indicate number of visits per month \_\_\_\_\_
7. Describe the child’s reactions to Parent-Child, Sibling, or Family visitation (choose one)
* positive interactions and reaction
* Minor, minimal negative reaction
* Difficult—impacts child’s temperament for up to 24 hours after visit, cancellation, or no show
* Seriously distressing—impacts child’s temperament for more than 24 hours after visit, cancellation, or no show
* n/a (parent does not currently have contact with child)
1. Do you have regular contact with the biological parent/s (choose as many as apply)
* Shares important information about the child with bio parent via social worker, but no regular contact with bio parent
* Invites bio parent to medical appointments, school, and community activities
* Welcomes bio parent into the caregiver’s home
* Mentors bio parent, participates with bio parent in therapy
* Contact with bio parent is complex and difficult, but caregiver safely maintains contact with bio parent in order to maintain child’s relationship with bio parent
* n/a (parent does not currently have contact with child)
1. Developing child’s culture and identity
* Helps child establish or maintain significant, ongoing relationships with others who are willing to mentor the child’s developing cultural identity
* Mentors child to develop skills to safely negotiate difficulties in diverse settings at school, in the neighborhood, and community
* Regularly attends cultural community events that support connections in the community and builds the child’s identity
* Drives more than 200 miles AT LEAST ONCE PER MONTH to attend events that support connections in the community and builds the child’s identity
* Has transformed daily life to include the child’s cultural identity and community (eg., join a new faith community, moving to a new home or changing schools)

If yes, describe:

1. Education
* Daily communication with teacher or school staff (more than notes home from school)
* Is responsible for picking up child from school in response to specific behaviors (requires written IEP plan)
* Attends conferences and regular school meetings and the child’s school is OUTSIDE of the caregiver’s local school district
* Regularly must find alternative child care as child has a history of chronic truancy or suspensions
* Provides home school education due to expulsion
* Transports child to and from school daily (bus service is not available)

If yes, driving time is

* less than 30 minutes daily;
* between 30 – 60 minutes daily
* between 60 – 90 minutes daily
* longer than 90 minutes daily
* No, I do not transport the child to and from school (busing or alternative transportation is available

Other:

1. Afterschool activities

\_\_\_ pays for or secures community funding for afterschool activities. If yes, describe:

1. Have you committed to permanency for this child (signed pre-adoptive placement, legal transfer of custody)? \_\_\_Yes \_\_\_No