## Agenda

<table>
<thead>
<tr>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>Lynn Wisner</td>
</tr>
<tr>
<td>U.S. Fellowship, Inc.</td>
<td>Courtney Wiggins</td>
</tr>
<tr>
<td>Contracts</td>
<td>Tennille Thomas</td>
</tr>
<tr>
<td>Office of Inspector General</td>
<td>David Walton</td>
</tr>
<tr>
<td>Fire Inspections</td>
<td>Helen Murray-Miller</td>
</tr>
<tr>
<td>COMAR Q&amp;A</td>
<td>Lynn Wisner &amp; Panel</td>
</tr>
</tbody>
</table>

**Questions and Answers**
Law Enforcement Interaction Module

I. Module One

A. Introduction of Subject Matter

   Purpose:

   i. To empower youth by educating them on generally accepted ways to
      optimize safety once engaged by and interacting with law enforcement.

   ii. The training is designed to equip youth with tangible tips to avoid
        common traps that could lead to compounded issues once approached
        by law enforcement in a variety of situations.

   iii. The desired outcome is for both youth and law enforcement to maintain
        respect and conduct interactions that are non-violent and non-offensive
        to either party. Youth, law enforcement and social workers were
        consulted in the development of the models.

B. Pre-Test: Designed to gauge prior knowledge and contrast to post for validity

C. Discussion: View and discuss examples of recent events of police interactions:

D. Personal Reflection: Allow youth to share their own experiences/interactions
   with police officers and/or their observations of police interactions.

E. Emotion Regulation: What is “Emotion Regulation”?

F. Power Differential: What does the term power differential mean?

II. Module Two:

G. Miranda Rights: Review

H. Statistics

J. Application

   Allow youth to practice scenarios in which they are able to exercise
   the skills and knowledge they learned during Module One.

III. Module Three:

H. Post Test & Debriefing

J. 7 Tips for Maintaining Safe Interactions with Law Enforcement
Department of State Police  
Office of the State Fire Marshal

The Western Region includes:
  Allegany County (1)
  Garrett County (11)
  Washington County (21)

Office of the Fire Marshal  
Maryland State Police Western Operations Center  
18345 Colonel Henry K. Douglass Drive, Suite 240  
Hagerstown, MD 21740  
(O) 301-766-3888  
(F) 301-766-3889  
Email: msp.osfmwro@maryland.gov

Foster Homes/Adoptive Homes  
One time (free) Fire inspection  
Fire Inspection request form on website (Foster Care / Adoptive Home Survey Request form)  

Terry Gearhart, Foster Care Inspection Coordinator or Adoption Inspection Coordinator

Group Homes  
Contact the fire marshal associated with the group home location and requests an inspection. Inspections are completed within a week of request.

The Northeast Region includes:
  Carroll County (6)  
  Cecil County (7)  
  Harford County (12)

Office of the Fire Marshal  
Mary E. W. Ristieau Multi Service Center  
2 South Bond Street, Suite 401  
Bel Air, MD 21014  
(O) 410-836-4844  
(F) 410-836-4845

Foster Homes/Adoptive Homes  
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Group Homes  
Contact the fire marshal associated with the group home location and requests an inspection. Inspections are completed within a week of request.
Department of State Police
Office of the State Fire Marshal

The Southern Region includes:
Calvert County (4)
Charles County (8)
St. Mary's County (18)

Office of the Fire Marshal
Louis L. Goldstein Multi-Service Center
200 Duke Street, Suite 1500
Prince Frederick, MD 20678
(O) 443-550-6820
(F) 443-550-6822
Email: msp.osfmsro@maryland.gov

Foster Homes/Adoptive Homes
One time (free) Fire inspection
Fire Inspection request form on website (Foster Care/Adoptive Home Survey Request form)

Group Homes
Contact the fire marshal associated with the group home location and requests an inspection. Inspections are completed within a week of request.

The Upper Eastern Region includes:
Caroline County (5)
Kent County (14)
Queen Anne County (17)
Talbot County (20)

Office of the Fire Marshal
301 Bay Street-Lower Level
Easton, MD 21601
(O) 410-822-7609
(F) 410-819-0485
Email: msp.osfinuero@maryland.gov

Foster Homes/Adoptive Homes
One time (free) Fire inspection
Fire Inspection request form on website (Foster Care/Adoptive Home Survey Request form)

Steve Fowler, Childcare Inspector for Foster/Adoptive homes.

Group Homes
Contact the fire marshal associated with the group home location and requests an inspection. Inspections are completed within a week of request.

Scott Nason, Fire Inspector for Group Homes
The Lower Eastern Region includes:
Dorchester County (9)
Somerset County (19)
Wicomico County (22)
Worcester County (23)

Office of the Fire Marshal
District Court Multi-Service Center
201 Baptist Street
Salisbury, MD 21801
(O) 410-713-3780
(F) 410-713-3790
Email: msp.osflmlero@maryland.gov

Foster Homes/Adoptive Homes
One time (free) Fire inspection
Fire Inspection request form on website (Foster Care /Adoptive Home Survey Request form)

Group Homes
Call the fire marshal associated with the group home location and request an inspection. Inspections are completed within a week of request.

Counties not accounted for in regional State Fire Marshal List:

Anne Arundel County
Fire Marshal Division
Heritage Office Park
2660 Riva Drive #290
Annapolis, MD 21401
(O) 410-222-7884
(F) 410-222-7874
Contact: Cliff Kooser, Fire Inspector
410-222-7884 Ext. 3219
Hours: 8 am. To 4:30 pm.
http://www.aacounty.org/Fire/FireMarshal/Inspections/Index.cfm
All correspondence should be to the Attention of Foster Care Inspection Coordinator or Adoption Inspection Coordinator

The request must be from the government or private agency handling the placement of the child, not from the prospective home. Inspection requests received directly from a foster care applicant will not be accepted. If from a private agency, it must be on the agency's letterhead with their Maryland State license number listed. Names and address of the foster care provider(s) and their home and work numbers must also be listed.

Once the request is received in this office, it will be processed and issued to the closest available County fire station. Personnel from that station will contact the applicant(s) and arrange for a mutually agreeable time for the inspection. This could be a day, evening or weekend appointment, but it is important to remember that the inspection process may be interrupted at any time should the Fire Department unit be dispatched to an emergency call.
Department of State Police
Office of the State Fire Marshal

Program mandates require a quick turn around for these types of inspections, usually about two to three weeks from the time the request is received at the Fire Marshal Division. If deficiencies are found during the inspection, additional time may be needed. The Fire Department inspectors will make one initial inspection and only one re-inspection. It is the provider’s responsibility to contact the personnel at the fire station who performed the inspection to come back for the re-inspection within two weeks.

If there are uncorrected deficiencies or no call back from the provider after the two-week period, the request form is returned to the Fire Marshal Division. From there it is sent back to the requesting agency as “Unapproved”. Likewise, when making initial contact, the fire station personnel will try to call the provider(s) for up to two weeks with the numbers listed. If after that time - and at least three documented attempts - there is no response from the applicants, the request is returned to the Fire Marshal Division as “Unapproved”.

After the inspection and re-inspection process is completed, a completed copy of the inspection form is left with the provider. The original is returned to the Fire Marshal Division, where it is processed and forwarded to the requesting agency.

**Group Homes**
Request a fire inspection by faxing or mailing a written request. The fire Marshal inspector will call to schedule an inspection date.

**Baltimore City**
Office of the Fire Marshal
410 E. Lexington Street or 401 E. Fayette Street
Baltimore, MD 21202
(O) 410-396-5752
Captain Dziwulski
Contact: Shana Haughton, Fire Inspector
Shana’s Cell 410-274-7505
Shana.Haughton@baltimorecity.gov

**Foster Homes/Adoptive Homes & Group Homes**
Baltimore City does complete fire inspections for foster homes and group homes. Shana Haughton is the contact person. Fire inspection request are completed via phone or email to Ms. Haughton.

**Baltimore County**
Office of the Fire Marshal
700 East Joppa Road,
Towson, MD 21204
(O) 410-887-4880
Hours: 8:30 am. To 4:30 pm. Monday through Friday
Contact: Captain Bruce Schultz
Email: bschultz@baltimorecountymd.gov

**Foster Homes/Adoptive Homes & Group Homes**
Call Fire Marshal office to request an inspection. The fire Marshal inspector will call to schedule an inspection date.
Frederick County
Office of the Fire Marshal
5370 Public Safety Place
Frederick, MD 21704
(O) 301-600-1479
(F) 301-600-2592
Hours: 8 am. To 4:30 pm.
Contact person: Carol Wenger

Foster Homes/Adoptive Homes & Group Homes

Email request for fire inspection to Cwenger@fredrickcountymd.gov or fax to the attention of Carol Wenger. (Form attached)

Howard County
Howard County Department of Fire & Rescue
ATTN: Office of the Fire Marshal
6751 Columbia Gateway Drive
Columbia, MD 21046
(O) 410-313-6040
(F) 410-313-6066
rkelley@howardcountymd.gov

Howard County Department of Fire & Rescue website
(Home Inspection Request Form) http://howardcountymd.gov/departments.aspx?id=6442473466

Foster Homes/Adoptive Homes (See Attachment)

HOME INSPECTION REQUEST INSTRUCTIONS

General Notes:
- Use this application for any residential inspection request. DO NOT use this form for commercial building inspection requests.
- This completed form can be mailed, faxed, or emailed to Howard County Department of Fire and Rescue Services, Office of the Fire Marshal.

Proposed Use:
- Indicate the intended occupancy classification and total number of persons if applicable. This will let the inspector know the necessary inspection requirements.

Section A:
- This section must be completed by the agency requesting an inspection for adoption or foster care.

Section B:
- This is information on the home to be inspected. Please note any special instructions or additional information.

Section C:
Department of State Police  
Office of the State Fire Marshal  

- Indicate if this is an initial or renewal inspection for foster care only. Indicate the deadline for the inspection. Please note that a minimum of 14 working days are required to schedule the inspection.
- You will receive an invoice for an inspection fee of $75.00 for all initial inspections and $50.00 for all renewal inspections.
- If any violations are noted, a re-inspection may be necessary.
- The home owner will receive two copies of the inspection report. It will be the homeowner's responsibility to forward a copy to the requesting agency.
- Do not call the Fire Marshal's office, an inspector will call to schedule an appointment for the inspection.

Bottom Section:  
- If applicable, this section will be completed by the case worker for foster care.

Group Homes  
Group home facilities in a residential home will use the application on the website and follow the instructions above. Group homes with a campus setting will complete the pre-inspection questionnaire and submit to the above address. An inspector will call to schedule an inspection.

Montgomery County  
Montgomery County Fire Marshal  
100 Edison Park Drive 2nd Floor  
Gaithersburg, MD 20878  
(O) 240 777-2457  
http://www.montgomerycountymd.gov/mcfrs-code/inspections.html  
Online request form http://www.montgomerycountymd.gov/mcfrs-code/form_inspection_other.html

Foster Homes/Adoptive Homes & Group Homes  
Complete the online fire inspection request form and select the submit button to initiate your inspection request.

Prince Georges County  
Office of the Fire Marshal  
6820 Webster Street, Suite 124  
Landover Hills, MD 20784  
(O) 301-583-1830  
Tip sheet: http://www.princegeorgescountymd.gov/sites/Fire/Resources/FireInspectionFee/Pages/default.aspx

Foster Homes/Adoptive Homes & Group Homes  
The tip sheet gives Prince Georges County fire inspection fee schedule and numbers to call to schedule an appointment.
FOSTER CARE / ADOPTIVE HOME SURVEY REQUEST

<table>
<thead>
<tr>
<th>REQUESTOR NAME</th>
<th>DATE OF REQUEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>REQUESTING AGENCY</td>
<td></td>
</tr>
<tr>
<td>ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>CITY:</td>
<td>STATE:</td>
</tr>
<tr>
<td>PHONE:</td>
<td>EMAIL ADDRESS:</td>
</tr>
</tbody>
</table>

**LICENSING AGENCY (Check one):**

- [ ] Department of Health and Mental Hygiene
- [ ] Department of Juvenile Services
- [ ] Department of Human Resources
- [ ] Other (Specify):

In order to comply with licensing regulations for FOSTER CARE / ADOPTION HOMES, we are requesting a fire safety survey for the residence listed below:

<table>
<thead>
<tr>
<th>NAME:</th>
<th>ADDRESS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY:</td>
<td>STATE:</td>
</tr>
<tr>
<td>HOME PHONE:</td>
<td>CELLULAR PHONE:</td>
</tr>
</tbody>
</table>

SPECIAL INSTRUCTIONS OR DIRECTIONS:

- [ ] INITIAL SURVEY  DUE DATE:  
- [ ] RENEWAL SURVEY

**FOR OFFICE OF THE STATE FIRE MARSHAL USE ONLY:**

- [ ] NO VIOLATIONS NOTED AT TIME OF SURVEY  
- [ ] VIOLATIONS NOTED ON ATTACHED SURVEY SHEET

DATE OF SURVEY:

PRINTED NAME OF INSPECTOR

SIGNATURE OF INSPECTOR

I CERTIFY THAT THE VIOLATIONS NOTED ON THE ATTACHED SURVEY SHEET HAVE BEEN CORRECTED:

DATE:

PRINTED NAME OF CASE WORKER

SIGNATURE OF CASE WORKER:
OFFICE OF THE STATE FIRE MARSHAL  
AREAS OF RESPONSIBILITY

- All areas of the form must be completed in their entirety and legible. Forms not complete or legible will be returned for resubmission.
- Completed forms must be delivered to the appropriate OSFM office as listed below.

<table>
<thead>
<tr>
<th>COUNTIES: ALLEGANY, GARRETT, WASHINGTON</th>
<th>COUNTIES: CARROLL, CECIL, HARFORD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of the State Fire Marshal</td>
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</tr>
<tr>
<td>Maryland State Police, Western Operations Center</td>
<td>Mary E. W. Ristef Multi Service Center</td>
</tr>
<tr>
<td>18345 Colonel Henry K. Douglas Drive, Suite 240</td>
<td>2 South Bond Street, Suite 401</td>
</tr>
<tr>
<td>Hagerstown, MD 21740</td>
<td>Bel Air, MD 21014</td>
</tr>
<tr>
<td><a href="mailto:msp.osfmwro@maryland.gov">msp.osfmwro@maryland.gov</a></td>
<td><a href="mailto:msp.osfmnero@maryland.gov">msp.osfmnero@maryland.gov</a></td>
</tr>
<tr>
<td>Phone: 301-766-3888</td>
<td>Phone: 410-836-4844</td>
</tr>
<tr>
<td>Fax: 301-766-3889</td>
<td>Fax: 410-836-4845</td>
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<table>
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<tr>
<th>COUNTIES: CALVERT, CHARLES, ST. MARY'S</th>
<th>COUNTIES: CAROLINE, KENT, QUEEN ANNE'S, TALBOT</th>
</tr>
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<tbody>
<tr>
<td>Office of the State Fire Marshal</td>
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</tr>
<tr>
<td>Louis L. Goldstein Multi Service Center</td>
<td>301 Bay Street- Lower Level</td>
</tr>
<tr>
<td>200 Duke Street, Suite 1500</td>
<td>Easton, MD 21601</td>
</tr>
<tr>
<td>Prince Frederick, MD 20678</td>
<td><a href="mailto:msp.osfmuero@maryland.gov">msp.osfmuero@maryland.gov</a></td>
</tr>
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<td><a href="mailto:msp.osfmsro@maryland.gov">msp.osfmsro@maryland.gov</a></td>
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<td>Phone: 443-550-6820</td>
<td>Fax: 410-819-0485</td>
</tr>
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<td>Fax: 443-550-6822</td>
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</tr>
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</table>

| COUNTIES: DORCHESTER, SOMERSET, WICOMICO | |
|-----------------------------------------||
| Office of the State Fire Marshal        | |
| 201 Baptist Street                      | |
| Salisbury, MD 21801                     | |
| msp.osfmlero@maryland.gov              | |
| Phone: 410-713-3780                     | |
| Fax: 410-713-3790                       | |
**Baltimore City Office of the Fire Marshal**

**FIRE INSPECTION REQUEST**

Office of the Fire Marshal  
410 E Lexington Street  
Baltimore, MD 21202  
(O) 410-396-5752  
Contact person: Shana Haughton

Shana’s Cell 410-274-7505  
Shana.Haughton@baltimorecity.gov

<table>
<thead>
<tr>
<th>Foster Home</th>
<th>Adoptive Home</th>
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Section A: Requesting Agency for Foster Care or Adoption Inspection

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<thead>
<tr>
<th>Name of Requestor:</th>
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<tbody>
<tr>
<td>Requesting Agency:</td>
<td>E-Mail of Agency:</td>
</tr>
<tr>
<td>Agency Address:</td>
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<tr>
<td>City/Town:</td>
<td>Zip Code:</td>
</tr>
<tr>
<td>Agency Telephone Number:</td>
<td>Agency Fax Number:</td>
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</tbody>
</table>

Section B: Residence

<table>
<thead>
<tr>
<th>Resident(s):</th>
<th></th>
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<tbody>
<tr>
<td>Address:</td>
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<tr>
<td>City/Town:</td>
<td>Zip Code:</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Work Phone:</td>
</tr>
<tr>
<td>Other Phone: (specify, cell, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

Section C: Inspection Type

Initial Inspection ____ Renewal Inspection ____
Baltimore City Office of the Fire Marshal

FIRE INSPECTION REQUEST

Office of the Fire Marshal
410 E Lexington Street
Baltimore, MD 21202
(O) 410-396-5752
Contact person: Shana Haughton

Shana's Cell 410-274-7505
Shana.Haughton@baltimorecity.gov

Section A: Requesting Agency for Residential Child Care Program (Group Home)

<table>
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<tr>
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Section C: Inspection Type

Initial Inspection ____ Renewal Inspection ____
Baltimore County Office of the Fire Marshal

HOME INSPECTION REQUEST

Office of the Fire Marshal
700 East Joppa Road
Towson, MD 21204
(O) 410-887-4880

Hours: 8:30 am. To 4:30 pm. (Mon –Fri)
Contact person: Captain Bruce Schultz
bschultz@baltimorecountymd.gov

Foster Home _______ Adoptive Home _______

Section A: Requesting Agency for Foster Care or Adoption Inspection

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<td>Home Phone:</td>
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Other Phone: (specify, cell, etc.)

Special Instructions:

Section C: Inspection Type

Initial Inspection _____ Renewal Inspection _____
**FIRE INSPECTION REQUEST**

Office of the Fire Marshal  
700 East Joppa Road  
Towson, MD 21204  
(O) 410-887-4880  

Hours: 8:30 am. To 4:30 pm. (Mon –Fri)  
Contact person: Captain Bruce Schultz  
bschultz@baltimorecountymd.gov

### Section A: Requesting Agency for Residential Child Care Program (Group Home)

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### Section C: Inspection Type

Initial Inspection ____ Renewal Inspection ____
Fredrick County Office of the Fire Marshal

FIRE INSPECTION REQUEST

Office of the Fire Marshal
5370 Public Safety Place
Fredrick, MD 21704
(O) 301-600-1479
(F) 301-600-2592
Hours: 8 am. To 4:30 pm.

Contact person: Carol Wenger
Website:

Foster Home ___________ Adoptive Home ___________

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Special Instructions:

Section C: Inspection Type

Initial Inspection ____ Renewal Inspection ____
Fredrick County Office of the Fire Marshal

FIRE INSPECTION REQUEST

Office of the Fire Marshal
5370 Public Safety Place
Fredrick, MD 21704
(O) 301-600-1479
(F) 301-600-2592
Hours: 8 am. To 4:30 pm.

Contact person: Carol Wenger
Website:

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<td>Zip Code: County</td>
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<td>Home Phone:</td>
<td>Work Phone: Other Phone: (specify, cell, etc.)</td>
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Section C: Inspection Type

Initial Inspection ____ Renewal Inspection ____
HOME INSPECTION REQUEST
INSTRUCTIONS

General Notes:

- Use this application for any residential inspection request. DO NOT use this form for commercial building inspection requests.
- This completed form can be mailed, faxed, or emailed to Howard County Department of Fire and Rescue Services, Office of the Fire Marshal. (see page 2).

Proposed Use:

- Indicate the intended occupancy classification and total number of persons if applicable. This will let the inspector know the necessary inspection requirements.

Section A:

- This section must be completed by the agency requesting an inspection for adoption or foster care.

Section B:

- This is information on the home to be inspected. Please note any special instructions or additional information.

Section C:

- Indicate if this is an initial or renewal inspection for foster care only. Indicate the deadline for the inspection. Please note that a minimum of 14 working days are required to schedule the inspection.
- You will receive a invoice for an inspection fee of $75.00 for all initial inspections and $50.00 for all renewal inspections.
- If any violations are noted, a re-inspection may be necessary.
- The homeowner will receive two copies of the inspection report. It will be the homeowner's responsibility to forward a copy to the requesting agency.
- Do not call the Fire Marshal’s office, an inspector will call to schedule an appointment for the inspection.

Bottom Section:

- If applicable, this section will be completed by the case worker for foster care.
HOME INSPECTION REQUEST

To: Howard County Department of Fire & Rescue
ATTN: Office of the Fire Marshal
6751 Columbia Gateway Drive
Columbia, MD 21046-2164

Phone: 410-313-6040
Fax: 410-313-6066
Email: rkelley@howardcountymd.gov

Proposed Use
Child Foster Care for ____ person(s)  Adult Foster Care for ____ person(s)
Adoption ____ person(s)  Home Safety Inspection ______

* NOTE: You will receive an invoice for an inspection fee of $75.00 for all initial inspections and $50.00 for all renewal inspections. The Fire Marshal's office will call to schedule an appointment for the inspection. Please mail your check (made payable to: Director of Finance) once you receive the invoice via US mail. **DO NOT MAIL YOUR CHECK WITH THIS FORM.**

Section A: Requesting Agency for Foster Care or Adoption Inspection

<table>
<thead>
<tr>
<th>Name of Requestor:</th>
<th>Date of Request:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requesting Agency:</td>
<td>E-Mail of Agency:</td>
</tr>
<tr>
<td>Agency Address:</td>
<td></td>
</tr>
<tr>
<td>City/Town:</td>
<td>Zip Code:</td>
</tr>
<tr>
<td>Agency Telephone Number:</td>
<td>Agency Fax Number:</td>
</tr>
</tbody>
</table>

Section B: Residence

| Resident(s): | |
| Address: | |
| City/Town: | Zip Code: | County: |
| Home Phone: | Work Phone: | Other Phone: (specify, cell, etc.) |

Section C: Inspection Type

<table>
<thead>
<tr>
<th>Initial Inspection</th>
<th>Renewal Inspection</th>
<th>Due Date:</th>
</tr>
</thead>
</table>

______ Home approved
______ Violations noted on attached Inspection sheet

Signature of Inspector: _______ ID# _______ Date: _______

I certify the violations as noted on the attached inspection sheet have been corrected.

Signature of Case Worker: _______ Date: _______
PRE-INSPECTION QUESTIONNAIRE

Please answer ALL of the following questions prior to your business inspection by the Howard County Department of Fire & Rescue Services, Office of the Fire Marshal.

1. What is the name of the business?

2. What is the business owner's name?

3. What is the business street address (include city, and zip code)?

4. What is the billing address (if different from physical location) for business correspondences?

5. What services/products do you provide or sell?

6. What is the square footage of the office space or building you are requesting this inspection for?

7. Are there any hazardous chemicals or materials on site?
   ☐ Yes, if yes, please list the names of any hazardous chemicals or materials?
   ☐ No

8. Do you manufacture or store any hazardous chemicals or materials?
   ☐ Yes, if yes, please list the names of any hazardous chemicals or materials?
   ☐ No

9. What was the date of your last inspection?

10. Name of the owner or manager of the building?

11. What are the daily hours of operation for this business?

12. What is your contact telephone number and fax number?

13. What is your email address?

14. What is the maximum number of employees and public your business can accommodate (Occupancy Load Capacity)?

Should you have any questions please contact our office at (410) 313-6040. Please fax this questionnaire to (410) 313-6066. Thank you for your cooperation.
Office of the Fire Marshal
6820 Webster Street, Suite 124
Landover Hills, MD 20784
(301)-583-1830

Type of Inspection Requested

<table>
<thead>
<tr>
<th>Type of Inspection</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
<td>$75.00</td>
</tr>
<tr>
<td>Adoption</td>
<td>$75.00</td>
</tr>
<tr>
<td>Family/Small Group Day Care</td>
<td>$75.00</td>
</tr>
<tr>
<td>Family/Small Group Day Care</td>
<td>$75.00</td>
</tr>
<tr>
<td>Nursery/Day Care Center</td>
<td>$100.00</td>
</tr>
<tr>
<td>Assisted Living (5 beds or less)</td>
<td>$75.00</td>
</tr>
<tr>
<td>Assisted Living (6 beds or more)</td>
<td>$120.00 + $2.50 per bed</td>
</tr>
<tr>
<td>Group Homes</td>
<td>$120.00 + $2.50 per bed</td>
</tr>
<tr>
<td>Assembly: 50-300 Individuals</td>
<td>$120.00</td>
</tr>
<tr>
<td>Assembly: 301-1,000 Individuals</td>
<td>$240.00</td>
</tr>
<tr>
<td>Assembly: 1,001 or more Individuals</td>
<td>$360.00</td>
</tr>
<tr>
<td>Educational: (Private Schools Only) Elementary, Kindergarten and Pre-K</td>
<td>$120.00</td>
</tr>
<tr>
<td>Educational: Middle or Junior High School</td>
<td>$180.00</td>
</tr>
<tr>
<td>Educational: High School</td>
<td>$180.00</td>
</tr>
<tr>
<td>Business: (per 3,000 Sq. Ft.)</td>
<td>$120.00</td>
</tr>
<tr>
<td>Re-Inspection Fee (Only if a 3rd visit is required)</td>
<td>$150.00</td>
</tr>
</tbody>
</table>

Please call the Office of the Fire Marshal (301)-583-1830 or see Prince George’s County, Subtitle 11, section 163, for further explanation of fees.
Department of Human Resources
Office of Licensing and Monitoring
August 14, 2015

COMAR
Questions and Answers
Admission Requirements for Child Placement Agencies (TFC)

07.05.02.15 A.(2)

(2) Acceptance of a Child for Placement.
   (a) The agency may not accept a child for service whose needs exceed the services provided by or available to the agency.
   (b) When the agency refuses acceptance of a child, it shall provide a written statement of the reasons for the refusal to the referral source or individual.
   (c) Before accepting a child for placement, the agency shall secure from the parents, legal custodian, or court, the written authority to:
      (i) Place the child; and
      (ii) Provide routine or emergency medical care.
   (d) Before accepting a child for placement, the agency shall document that the legal rights and obligations retained by the parents and those delegated to the agency were:
      (i) Explained to the parents orally and in writing;
      (ii) In clear and simple language; and
      (iii) Provided in the parent's own language if they do not understand English.
   (e) If the child is in the custody of a local department or DJJ, the agency may not accept the child for placement if the agency does not have on file the following documents for the child:
      (i) Medical passport and medical history or other medical information;
      (ii) Educational history;
      (iii) Psychosocial history; and
      (iv) When appropriate, psychiatric or psychological evaluation.

Admission Requirements for Child Placement Agencies (TFC)

07.05.02.15 E

E. Emergency Placement.

(1) A child may be placed on an emergency basis with a certified foster parent approved in writing by the agency for emergency placements.

(2) Approved emergency certified foster parents shall:
   (a) Be willing to accept foster children on an emergency basis;
   (b) Be aware of the risks and problems of emergency foster care;
   (c) Provide foster care for a child at least until a permanent plan for the foster child's care is developed, within 30 days from the date of the emergency placement; and
   (d) Follow all requirements for foster parent certification contained in Regulations .04-.12 of this chapter.

(3) The agency may not maintain the child in foster care unless the referring agency, within 20 days of an emergency placement, provides the following:
   (a) Medical passport and medical history or other required medical documentation;
   (b) Educational history;
   (c) Psychosocial history;
   (d) Child's permanent plan; and
   (e) When appropriate, psychiatric evaluation.
Admission Requirements for Child Placement Agencies (TFC)

07.02.11.06
.06 Eligibility Requirements.
A. A child is eligible for treatment foster care if the local department determines that the child:
   (1) Qualifies for foster care under COMAR 07.02.11.04; and
   (2) Has one or more of the following conditions:
       (a) A serious medical condition including, but not limited to:
           (i) HIV positive and symptomatic or has AIDS;
           (ii) Multiple handicaps, or
           (iii) A symptomatic drug-exposed newborn; or
       (b) A serious emotional, behavioral, or psychological condition including:
           (i) Psychiatric diagnosis by appropriate qualified professionals, or
           (ii) History of an ongoing substance abuse problem; or
       (c) Developmental disability; or
   (3) Is in need of a high level of treatment in a family setting.

B. Siblings who do not require treatment foster care may be placed in the same home with a sibling who requires treatment foster care.

Admission Requirements for Child Placement Agencies (ILP)

07.05.04.04
.04 Admission.
A. The program administration shall establish written admission requirements which:
   (1) Identify the types of residents to be served;
   (2) Identify the staff person or persons designated to make recommendations and decisions regarding admission to the private independent living program;
   (3) Document the potential resident's legal custody status;
   (4) Document the agency's sharing of policies and rules with the potential resident;
   (5) Require that a potential resident:
       (a) Is between the ages of 16 and 20;
       (b) Understands the private independent living program goals;
       (c) Agrees to the goals of the private independent living program;
       (d) Exhibits a readiness to live in a minimally supervised independent living setting; and
       (e) Has an Intelligence Quotient (IQ) of 65 or above; and
   (6) Require that, if the potential resident is in the custody of a local department of social services, the Department of Juvenile Justice, or another referring organization, the agency may not accept the resident for placement if it does not have on file and available to the resident the following documents:
       (a) Medical passport and history or other current medical information;
       (b) Educational history;
       (c) Psychosocial history;
       (d) If appropriate, psychiatric or psychological evaluations;
       (e) Documentation of birth; and
       (f) Social Security Number.
Admission Requirements for Child Placement Agencies (ILP)

07.05.04.04 (B)

B. The agency child placement worker shall:

(1) Prior to admission:
   (a) Complete a written agency pre-placement assessment based on:
      (i) At least one face-to-face interview with a potential resident;
      (ii) Interviews with representatives from the referring organization;
      (iii) Written documentation provided by the referring organization; and
      (iv) Matching of the potential resident with the agency's provider profile or other referring organization material; and
   (b) Recommend, in writing, admission or rejection based on an evaluation of the potential resident's:
      (i) Social skills,
      (ii) Ability to understand the benefits of living alone,
      (iii) Educational status,
      (iv) Ability to maintain a clean and orderly living environment, and
      (v) Ability to set realistic goals;

(2) At the time of admission, complete and write a placement agreement for signature by the new resident and the agency's chief administrator or designee which describes the:
   (a) Resident's responsibilities to the agency;
   (b) Resident's responsibility to participate in a high school or graduation equivalency diploma program, college, university program, or private career school program, work apprenticeship, or employment;
   (c) Agency's responsibilities to the resident; and
   (d) Specific expectations of the resident to move toward the goal of self-sufficiency;

Admission Requirements for Residential Child Care Programs

14.31.06.178 (S)

(5) Except for emergency placements, the licensee shall admit a child only upon receipt of at least:
   (a) A social history or predisposition report, to include any history of abuse or neglect;
   (b) A health history that is not older than 6 months;
   (c) A mental health screening report that:
      (i) Includes screening for the child's risk of suicide; and
      (ii) Was completed in less than 72 hours before the child's placement;
   (d) An educational history;
   (e) Medical insurance documentation;
   (f) If required by federal or State law, any psychological, psychiatric, or developmental assessment that is not older than 12 months;
   (g) Emergency telephone numbers to contact the child's parent;
   (h) A document that specifies a guardian or custodian of the child other than the natural parent;
   (i) The child's permanency plan;
   (j) Authorizations necessary for providing care, including:
      (i) Medical, dental, and mental health authorizations for routine and emergency care;
      (ii) Any applicable court order or master's recommendation; and
      (iii) Applicable non-court order for shelter care.
CPS Report

- Upon receipt of a report of maltreatment, the local department will immediately assess the safety of all children placed in the foster/group home and determine whether or not removal is warranted.

- COMAR 07.05.02.14
  If the child(ren) is determined to be safe and able to remain in the home, the foster home is placed on hold and no new placements are allowed while the investigation is pending. If the investigation results in a “substantiated” finding for a private Treatment Foster Care (TFC) home (certified foster parent), the TFC home must be closed, and the child must be transitioned to a new placement.

- COMAR 14.31.06.14
  Regarding a RCC, “the licensee shall immediately place the employee on administrative leave and remove the employee from access to the children. This regulation does not prohibit a licensee from suspending without pay or discharging an employee alleged to have subjected a child to abuse or neglect.” If the investigation results in a “substantiated” finding for an employee of a RCC, then the employee is terminated.

Thanks for attending
The Office of Licensing and Monitoring
Quarterly Provider Meeting