



SOCIAL SERVICES ADMINISTRATION

MARYLAND
RESOURCE PARENT HANDBOOK



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The Department of Human Resources (DHR) wishes to express sincere thanks to the colleagues and partners who were instrumental in bringing this document to fruition. The growing need for more resource parents and continuous education for current and in-coming resource parents regarding the needs of foster children, and changes in policies make this Resource Parent Manual an important tool.

Chapter 1: Being a Resource Parent

Resource parents are dually approved for both foster care and adoption. Being a resource parent can be wonderfully rewarding, yet at times challenging. The following chapter will cover various topics that will be helpful in understanding your role, your rights, team work, etc. The information contained in this chapter will be helpful to both new and current resource families.

The topics include:

1. The Responsibilities of a Resource Parent
2. Pre-service and In-service Training Requirements
3. Resource Parent Agency Record
4. Payment Rates and Reimbursements

The Responsibilities of a Resource Parent

As a resource parent, you are responsible for providing a foster child with safe, supportive, short term care, in a nurturing family setting. Below is a list of important things resource parents are responsible for:

Resource parents provide their foster child with support, guidance, structure, safety and set clear limits to redirect inappropriate behavior.

Resource parents assist their foster child with separation anxiety which results from the removal of the child from his/her home.

As directed by the local department, resource parents, meet the needs of their foster child by scheduling medical, dental and/or psychological/psychiatric appointments and providing transportation to those appointments.

Resource parents immediately contact the caseworker regarding any problems, changes, and/or concerns.



Pre-service and In-service Training Requirements

All resource parents are required to participate in pre-service and in-service training. During the resource parent approval process, twenty-seven hours (27) of pre-service training is required. Pre-service training is offered free of charge.

The required twenty-seven (27) hours of pre-service training is usually offered in nine (9) sessions. Currently, approved public resource parents are required to complete ten (10) hours of in-service continuing education training per year. In-service continuing education training is offered free of charge by the Child Welfare Training Academy (CWA). There is a wide array of training topics offered by the CWA. Resource parents should consult with their resource home worker when deciding what training to take.

For registration information, contact www.family.umaryland.edu, or call 410-706-0721, or 410-767-4509. Please email Amy Bouldin at: abouldin@ssw.umaryland.edu at the University of Maryland at Baltimore, School of Social Work, 525 W. Redwood Street, Baltimore, Maryland, 21201.

Reasonable and Prudent Parent Standard

Resource parents are also required to be trained and able to apply the Reasonable and Prudent Parent Standard. This standard is characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interests while at the same time encouraging the child's emotional and developmental growth. The reasonable and prudent standard allows caregivers to give their foster children permission to do daily, age appropriate, activities that promote cognitive, emotional, physical and behavioral growth. In addition to providing more normalcy for the youth, the standard helps foster children make the transition to adulthood by providing necessary life skills and developmental growth. A resource parent is expected to use the standard when determining whether to allow a child in foster care under the responsibility of the state to participate in extracurricular, enrichment, cultural and social activities. The standard applies to all children in out of home care. The reasonable and prudent parent standard applies to activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity, or that are determined to be developmentally-appropriate for a child, based on the development of cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group. In the case of a specific child,

With the caseworkers assistance, resource parents should make periodic assessments of the foster child's clothing needs and if old enough the foster child can give input to determine an adequate basic wardrobe that is appropriate and fits well. Clothes must be replenished and maintained on a regular basis.

*Spending Money/Allowances/Savings – See Policy Directive SSA #11-19
Day Care, Summer Camp and Before & After Care Services*

Maryland's public resource families and formal kinship providers may request day care, summer camp and after care services from their local department of social services. Formal kinship providers must first request day care services through the current MSDE Purchase of Care process. These services are limited to Five (5) days per week for foster children ages birth thru age twelve (12). See Policy Directive SSA # 16-21 Child Care Services for Forster Children. More information can be obtained through your local department of social services or at the Maryland State Department of Education website listed below: (www.marylandpublicschools.org/MSDE/divisions/child_care/subsidies/rates.htm)



Transportation

The board rate includes the cost of normal transportation. Transportation provided by resource parents beyond normal everyday travel is reimbursable. Transportation reimbursement will be provided for visits with birth parents. Check with the child's caseworker for more information regarding reimbursements.

School-related Expenses

It is expected that school expenses, such as books, activity fees, costs of field trips, school club dues, and art supplies, be deducted from the monthly board rate. The monthly clothing allowance should be used to purchase special attire for senior proms, graduation, school jewelry or pictures, and/or religious ceremonies. *However, based upon their own discretion, the local department of social services may provide reimbursement.*

Camp Fees

Details regarding assistance with camp fees are included in the Day Care section of this manual.

Resource Parent Agency Record

The local department of social services maintains a case file for each approved resource family. The case file is electronically maintained in Maryland Child Electronic System Information Exchange (MD CHESSIE) and information is confidential. Resource families can request access to their own resource home case record.

Chapter 2: When a Child Comes Into Foster Care

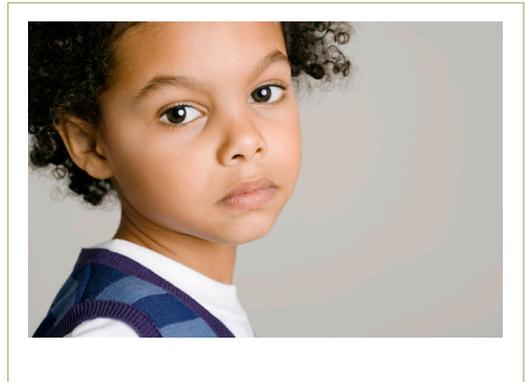
The information in this chapter should help you better understand why children are placed in foster care and how you can be ready to have a foster child in your home. If you are a new resource parent, you will learn how to handle some of the tasks that need to be accomplished immediately. Also, you will know more about the effect of placement on children.

Topics include:

1. Why Are Children Placed in Foster Care?
2. Matching the Child and the Resource Home
3. Being Prepared When a Child is Placed in your Home
4. How Placement can affect Children (Separation, Loss, and Grief)
5. Welcoming a Child into Your Home
6. Creating and Maintaining a Life Book

Why Are Children Placed in Foster Care?

Children are placed in foster care either by order of a court (involuntary) or because their parents are requesting to have them cared for temporarily outside the home (voluntary). An involuntary placement occurs when a child has been abused or neglected (or may be at risk of abuse or neglect) by his or her parent or someone else in the household, or because a court has determined that the child is a child in need of assistance (CINA). The court orders that the child be removed from the home and determines the length of the placement while the agency works on permanency goals with the family in the best interest of the child or children in need of assistance.



Voluntary Placement occurs when the parent/legal guardian of a child under age 18 asks the local department of social services for placement of their child into foster care. There are two types of voluntary placements: (1) Time-Limited Voluntary Placement - for parents or legal guardians in need of temporary care for children because of short-term hospitalization, or incarceration of the parent/legal guardian and is valid up to 180 days, at which time the child must either be returned to the custody of the parent/legal guardian or the local department must file a Child in Need of Assistance petition with the juvenile court for the child to remain in foster care. (2) Children with Disabilities Voluntary Placement for a child who has a developmental disability or a mental illness and out-of-home placement is needed to obtain treatment or care that the parent/legal guardian is unable to provide and does not involve departmental custody of the child. Both types of voluntary placements are an entrance for the child into foster care services at which time the State becomes responsible for planning for the child with input from the parent.

Matching the Child and the Resource Home

In placing a child in a resource home, agency staff members try to find a home that best suits the child's needs. A successful match between the child and the resource home will make all the difference in a child's life during an extremely difficult period. It may be helpful to you as a resource parent to know what factors are considered when a child is placed in your home:

- **Relatives:** Are relatives available who would be willing to provide a safe and suitable placement for the child? This should be the first consideration before placing a child in a resource home (A Family Involvement Meeting (FIM) should be held).
- **Previous Resource Home:** If the child was previously placed in foster care, is it appropriate to return to the same resource home? This question must be considered before looking for another resource home.
- **Placing Siblings Together:** If the child already has sisters or brothers in foster care, can the child be placed in the same home, if appropriate? If several children need placement, can a home be found where they can live together? Maryland Family Law Article 5-525.2 requires that when more than one sibling is in out-of-home-placement (OHP), the local department shall place siblings together as long as such placement is in the child's best interest and does not conflict with a specific health or safety regulation.
- **Religious, Cultural, and Ethnic Background:** If religion is a factor in the child's life, can a home of the same religion be found? If this is not possible, attention and consideration should be given to the child's cultural, ethnic and religious background.

- ✓ Rubber sheets
- ✓ Feminine Hygiene Items
- ✓ Night light
- ✓ T-shirt (oversized for sleeping)
- ✓ A few toys
- ✓ Contact Information for designated back-up resources
- ✓ Child care plan
- ✓ Simple household rules/routine

Materials and Forms

At the time of placement in the resource home, you should receive the following materials:

- Health Passport
- Child Placement Form
- Visitation Plans

How Placement Can Affect Children (Separation, Loss and Grief)

Children can feel severe personal loss when separated from their families. They have lost the most important people in their lives – their parents, and in some instances, their brothers, and sisters. They have lost their familiar pattern of living. They have lost their homes and the places that are familiar that make up their own worlds.

Children's reactions to separation vary. Their emotional development becomes interrupted. They often feel abandoned, helpless, worthless, and sometimes responsible for the family's break-up. They may even try to punish themselves. In general, the adjustment period for foster children typically follows a pattern that can include:

- Moving toward the foster family (a honeymoon period, during which the child is cooperative and well behaved but feels numb or anxious).
- Moving away from the foster family (a period of withdrawal, during which the child is hesitant, feels depressed and distrustful, and seeks solitude).
- Moving against the foster family (during which the child is rebellious and demanding, expressing anger and hostility).



You can help by being aware of these patterns, and by doing the following:

- Let a child grieve or mourn for his or her parents. At the time of being placed in foster care, a child may feel a great sense of loss regardless of the parents' past behavior or the circumstances that led to placement.
- Be prepared to work closely with the caseworker when children are separated from their parents without being prepared. You can help the agency arrange for the child and parents to see each other.

- Give them opportunities to talk with you, but do not pry into their past or criticize their parents.
- Respect their right to privacy. Never talk about them when they are present, unless it is appropriate to include them in the conversation, for example, “Ms. Wilson, Andrew is doing so well in his new school,” (This includes your conversations with agency workers, friends or other children).
- Contact your caseworker when concerns or problems arise.
- Help children develop a sense of pride and accomplishment by giving them tasks within their abilities. Let them know regularly how much you appreciate their help around the house.
- Praise them by noticing the little things.
- Never threaten a child who misbehaves with removal from your home.
- Depending on the age of children, you may ask them what they think foster care is and what they expect from you as a resource parent.
- Don't make children answer if they choose not to respond. Give them time.

Helping the Child Understand Your Family Routine

The everyday routine of your family may take place without much thought or discussion. All families have a pattern of behaving and living together that works for them. Your home may have a schedule that you regularly follow, or it may vary and be quite flexible.

The kind of routine a child brings to your family will depend on where and with whom the child has been living. Some children may come to your family from shelter care, other foster families, or group homes where there may have been many rules and a planned daily schedule. Other children may come to you from families where there were few rules and no set schedule.

Most children will need some time alone to become comfortable with their space. They will need time to watch the family's routine before they can be active participants. Think about some of your family's routines that might take a child some time to learn. For example, who usually gets up first, and who usually goes to bed last? Is there a daily newspaper? Who reads it first? Is there someone who gets to use the bathroom first? Do people take telephone calls during dinner? Do children get a snack after school? Do they get a snack before going to bed? Can people help themselves to things in the refrigerator or cupboard?

To help bring a child into the routine of their home, many resource parents spend fun time with the foster child. They may engage in activities such as going for walks in the neighborhood or in the park. Other activities may include: going roller skating, going to the mall, going to the movies, going swimming, or playing board games such as Monopoly, checkers, or computer games. Doing activities together help the child to settle into the family's routine.

Going to sleep and waking up can be very scary times for children just placed in foster care. Many resource parents have developed routines to help children go to sleep and wake up. There are good reasons for bedtime stories and night lights. It is also important to give children permission to get up and use the bathroom.

Helping the Child Understand Family Rules

Children who have been mistreated and have experienced out-of-home care need limits and boundaries, just as all children do. All children need to know what is and is not allowed. Your foster child will need to know that the rules in your home are consistent and predictable. Over time, knowing this helps children feel more secure. They will come to trust the home and the other family members. Remember, children new to your

home have very little idea of what you are like or what to expect. You can help ease the adjustment by being consistent.

A family's "rules" are often informal and unspoken. A new person entering your family's world, however, needs to be oriented and helped to learn and practice these rules. Before the child enters your home, your family should sit down together to discuss what you feel is most important in your family. You should discuss the way you live together on a daily basis, and you should ask yourselves what a new person would need to know to become a part of your family.

There is a fine line between routines and rules, especially some of the routines that set the pattern for our informal rules. Informal rules may be things such as who sits where at the dinner table; not wearing shoes in the house; telling mom or dad if you use the last of something (toilet paper, toothpaste). Other rules are important to help maintain health and safety. Be sure to explain the rules to your foster child.

Creating and Maintaining a Life Book

Resource parents are encouraged to work with the caseworker to help the child develop a "Life Book." Ask the caseworker who will begin the process and what will be included. The best time to begin a Life Book is when a child is first placed in foster care.

A Life Book is a combination story, diary, and scrapbook. It can be a tool to help children understand their past experiences and accomplishments so they can feel better about themselves and be better prepared for the future. There is more information on Life Books in the Appendix.

Chapter 3: Communication Ongoing & Emergency

The goal of this chapter is to make it easier to know when and where to call for support and information.

The chapter covers:

1. Ongoing Communication
2. Calling the Caseworker
3. Events in the Child's Life
4. Changes in the Resource Home
5. Calling Other Resource Parents
6. Daily Log or Journal
7. Emergencies
8. Telephone Access
9. The Role of the Child's Worker and the Role of the Resource Worker

- To obtain consent for surgery, medical care, hospitalization, or emergency medical care for the child (you will need permission in advance), unless otherwise granted by court order ie: limited guardianship or guardianship.
- When the child is hospitalized (the caseworker will probably need to obtain the child's family's consent) or if the child needs emergency medical care. Resource parents may not sign for emergency care or hospitalization unless otherwise granted by court order ie: limited guardianship or guardianship.

If you question an agency decision or do not agree with the caseworker's actions, first try to have an open discussion with the caseworker.

When an issue is not resolved through such discussions, you may request a meeting with the caseworker and the caseworker's supervisor. A meeting should be scheduled at a mutually convenient time and held in a place that is private and free from distractions or interruptions. In preparing for the meeting, you may want to draw up a list of concerns and questions. If the problem remains unresolved, you may contact the Director of the local department of social services. Remember, decisions are made in the best interest of the child(ren).

Events in the Child's Life

Resource parents are encouraged to bring up issues around key events in the child's life. Certain events can have a powerful impact, resulting in changes in behavior or conduct, sleeping and eating patterns, and temperament. Dealing with the issues that often arise around these events may require additional contact and support.

Examples of such events are:

- First day of school
- Birthdays, holidays such as Mother's Day and Father's Day
- Changes in visits (parent or siblings) such as the frequency or duration
- Meetings with school staff
- Court hearings
- Service Plan Reviews and other conferences



Ideally, you and your caseworker will have developed a good team relationship. The above list is a reminder to stay on top of these events as they occur.

- Share positive information about the child with the caseworker and birth family, such as report card grades or a child's achievements in sports, school activities, or church. This kind of information sharing keeps the communication positive among all parties of the team.
- Consider the caseworker as a resource. Don't hold back from asking questions about services, community resources, programs for resource parents, training activities, and other ways in which the caseworker can be helpful to you. Don't be afraid that the caseworker will think you can't cope on your own, rather, think of yourself as taking responsibility for the situation by taking advantage of opportunities.

Changes in the Resource Home

If there are changes in your home, call your resource home caseworker and/or the child's caseworker. For example:

Chapter 4: Getting Started; the Basics

As a resource parent, what should you know about the basics of caring for children in your home?

This chapter gives information on:

1. Confidentiality
2. Personal Property
3. Discipline
4. Cultural Factors
5. Respite Care
6. Social Security
7. Safety
8. Emergency Preparedness
9. Resource Parent Liability Insurance

Confidentiality

Resource parents must protect confidential information regarding the foster children in their care as well as that of the biological parents and guardians. Never discuss confidential information with the media, foster family friends, foster family relatives and/or the general public.

Confidential information includes, but is not limited to information about:

- The caseworker
- The child
- The child's birth family
- The resource family



As a resource parent, you have agreed to respect the confidentiality of the foster child and the birth family.

Media/Taking Pictures

A resource parent must not involve a foster child with the media for any purpose without the expressed permission from the local department of social services and/or the child's natural parents or legal guardian. Additionally, the foster child is prohibited from participating in newspaper articles, photographs, television, and radio programs without the expressed permission from the local department of social services and/or the child's natural parents or legal guardian.

Personal Property

Any personal item such as clothing, gifts, personal hygiene supplies, toys, and electronics owned by the foster child is the personal property of the foster child. Any items brought or purchased for the foster child while placed in the resource home is the personal property of the foster child. Their possessions should be respected. When foster children leave the resource home, they should take all of their personal belongings and clothing, including any gifts or personal possessions received while residing in the resource home.

Gifts of money, savings, or earnings belong to the child. Any substantial sum of money that a child receives from any source should be reported to the foster child's caseworker at the local department of social services.

Discipline

Setting clearly defined, age appropriate limits helps foster children develop a trusting relationship with their resource parents. Remember that many children that have been neglected or abused before being placed in your home have issues related to trust. When you need to set limits with a foster child, consider the child's background, social and emotional level of maturity. Also, what works for one child might not work for another. You may find the following suggestions helpful:

- Both the resource parent and the foster child need to have positive open communication with each other.
- It is important to set clearly defined limits, which show the foster child you care. If the foster child's behavior goes beyond the limits set, let them know that there will be consequences. This helps the foster child understand "cause and effect".
- Make sure the child understands the reason for the disciplinary action.

Respite Care

Respite care is a major supportive service needed when caring for children in Out-of-Home placement. Respite care is a short-term service consisting of daily or overnight care to a child in Out-of-Home placement. Respite Care services are meant to give the resource family an opportunity to take a break from their care giving responsibilities for a short period of time and to help avoid disruptions of placements. Every resource parent is entitled to respite care for their foster child. Respite care is available upon request for one week per reconsideration year. Families have the option to use their respite care services in single days or in a block of days.

Under certain circumstances, more respite care time may be available upon request. For additional information, refer to Policy Directive SSA # 08-21, Respite Care for Kinship Care Providers and Resource Families. See your foster child's caseworker for details on how to apply.

Social Security

All children in foster care must have a social security number. The agency is responsible for obtaining this number. If the foster child is receiving social security disability or death benefits, you should report it to your caseworker at the local department of social services.

Safety

Fire Safety

Smoke alarms must be maintained in working order. Fire safety inspections are done for resource homes before approval and yearly by the local department. Resource parents should have a fire evacuation plan, which includes a designated meeting place outside the home. All household members must know the designated meeting place. Review this plan with each child soon after placement, and hold fire drills periodically.



Automobile Safety

Maryland's current law Transportation Article, 22-412.2 (Child Restraints) (effective October 1, 2013) requires that children under eight years old ride in an appropriate child restraint, (car seats, booster seats, or other federally approved devices) unless the child is 4'9" or taller. Every child from eight to sixteen years old who is not secured in a child restraint must be secured in the vehicle's seat belt. It is the driver's responsibility to make sure all children are correctly buckled up. This law is applicable to in-State and out-of-State vehicles.

- All children in care are required to wear seat belts while traveling in a resource parent's vehicle.
- Children under the age of thirteen should ride in the back seat. The back seat is the safest. Most vehicles are equipped with passenger side air bags in the front seat that can be dangerous and harmful to passengers under the age of thirteen in the event of an accident.
- Children under the age of 16 may not ride in the bed of an unenclosed pick-up truck. Some jurisdictions, such as Anne Arundel County, have local Ordinances that prohibit anyone from riding in the bed of an unenclosed pickup truck. If you have questions, contact your county or local police department.

Bicycle Safety

All children age 16 and under are required by law to wear helmets while riding a bicycle. For laws that pertain to bicycles, call 800-252-8776 or 410-545-5658 and request a copy of “*The Maryland Vehicle Law Pertaining to Bicycles.*”

Window Covering Safety

Resource parents are required to examine all shades and blinds in the home. The Consumer Product Safety Commission recommends the use of cordless window coverings in all homes where children live or visit. Make sure there are no accessible cords on the front, side, or back of the product. Please refer to SSA # 11-10 for full information.

Bedding Safety

According to the current Code of Maryland Regulations (COMAR) Chapter 07.02.25.04. Each child shall have an individual bed that may not be stacked in vertical bunk bed formation (**this includes trundle beds and loft beds**). The bed shall have sufficient cover to protect the occupant from cold conditions. A responsible adult shall sleep within call of each foster child in the home.

Except for children younger than 2 years old, boys and girls may not sleep in the same room. A teenaged parent may share a bedroom with their child until the child reaches 2 years old. A child 2 years old or older may not share a bedroom with an adult unless approved by the local department. A child may not share a bed with an adult or another child at any time. A child under 2 years old shall sleep in a crib or other secure bed which will ensure the child’s safety.

Crib Safety

Resource parents are encouraged to replace their current baby cribs used for foster children, purchased prior to December 28, 2012 and not in compliance with the new federal safety standards.

Firearm Safety

If resource parents own any firearms, they must store them safely. They must also maintain and license them in accordance with state and local requirements. Resource parents must keep all firearms and ammunition stored in the home in a locked room or container that is inaccessible to children. Firearms and ammunition should not be kept in the same location in the home.

Swimming Pools, Hot Tubs, and other Bodies of Water Safety

Swimming pools, hot tubs, and other bodies of water on the property of a resource parent must comply with local ordinances. They must be maintained in a safe and sanitary condition.

In ground swimming pools must have a fence which is four feet high, and the gate or door must be locked, unless they are completely covered to prevent access by a child. There should be no climbable objects near the pool which a child could use to get into a pool area when there is no supervising adult present. Movable ladders or stairs should be locked away.

Children should always be supervised by an adult when they are in a pool, hot tub, or other body of water. Please see COMAR 07.02.25.04M for full requirements for pools and other bodies of water.

- Know emergency evacuation routes and plan your evacuation route ahead of time for multiple hazard types. Keep a full tank of gas in your car if an evacuation seems likely. Gather your disaster supplies kit. Make transportation arrangements with friends or local government if you do not own a car. Wear sturdy shoes and clothing such as long pants, long-sleeved shirts, and a cap. Listen to a battery-powered radio and follow evacuation instructions. Secure your home: close and lock doors and windows. Unplug electrical equipment, leave freezers and refrigerators plugged in unless there is a risk of flooding. Gather your family and go if you are instructed to evacuate immediately, let others know where you are going. Leave early enough to avoid being trapped by severe weather. Follow recommended evacuation routes; do not take short cuts as they may be blocked. Be alert for washed-out roads and bridges. Do not drive into flooded areas. Stay away from downed power lines. Once the immediate danger has passed, contact your caseworker or the department of social services where your caseworker is based and inform them of your current status and where you and your family are staying and how to get in contact with you.

In all areas the focus is on determining the SAFEST course of action based on the situation, the availability of resources, and the advice of emergency personnel.

- Establish a contact person for each family member to touch base with in order to confirm the location and status of separated family members (maybe even an out of town contact as it may be easier to reach someone who has not been impacted by the event). Arrange a way to make calls, know the phone numbers and have prepaid phone cards or coins available in order to make calls. Establish a way to obtain emergency information, such as a radio or television broadcast (i.e. make sure there are working batteries in a portable radio that is in an available location in the event of an emergency). Have emergency cash in the likelihood the electricity will be out and ATM machines will not be available.
- Be informed about hazards and emergencies that may affect you and your family.
- Develop an Emergency Plan.
- Collect and assemble a disaster supplies kit.
- Learn where to seek shelter from all types of hazards.
- Identify the community warning system and evacuation routes.
- Include in your plan required information about community and school plans.
- Learn what to do for specific hazards — Practice and maintain your plan.
- Learn First Aid, CPR and how to use a Fire Extinguisher.
- Contact your children's school or day care center to discuss their disaster procedures.

The Emergency plan should include: escape routes, family communication, utility shut-off and safety, insurance and vital records, special needs, caring for animals, safety skills.

Resources: FEMA can be consulted for hazard maps for your area. Go to www.fema.gov, select maps and follow the directions.

Pets: If you have pets, remember to include them in your plan.

- Identify a shelter, gather pet supplies, ensure that your pet has proper ID and up to date veterinarian records.
- Provide a pet carrier and a leash.

*Maintain the kit in a cool, dry place, monitor for expiration dates, and update as needed. In order to manage without power, look for alternate storage space for perishable food. Use dry ice, twenty-five pounds of dry ice will keep a 10-cubic-foot freezer below freezing for 3-4 days.

Resource Parent Liability Insurance

The State of Maryland maintains Liability Insurance for bodily injury and property damage caused by a child, and for actions against the resource parents by the biological parents for any accident to the foster child. Resource parents may be liable for damages caused by a foster child if they did not properly supervise the child or if they directed the child to perform the damaging action.

The policy does not cover accidents involving vehicles which are licensed or intended for road use, and does not cover payment to the resource parent for damages which are otherwise covered by insurance. If a child under your care has caused damage or bodily harm, please notify your worker immediately. You and your worker will be requested to provide this information to the SSA Insurance Coordinator:

- An original Foster Care Liability Insurance Program Report (DHR/SSA 875);
- A written explanation of the circumstances leading to the damages from the caseworker or caseworker statement;
- A statement from the foster child when possible;
- An original estimate for the damages written on a vendor's stationary or invoice;
- All receipts for damaged or stolen goods;
- A police incident report if theft has occurred;
- A fire department report if a fire has occurred;
- The claimant's insurance company's disposition of the claim.

Chapter 5: Medical

1. Health and Medical Care
2. Consent for Medical Treatment
3. Basic Health Care Requirements for Children in Out-of-Home Placement
4. Family Planning Services/Sexual Counseling
5. Immunizations
6. Prescriptions
7. Storing Medication
8. Dental Care and Screening
9. Medical Transportation
10. Developmental and Behavioral Factors

Health and Medical Care

Once a child is placed in foster care, the responsibility for the child's medical care is a shared one. Several people – the caseworker, the supervisor, the resource parents, as well as the birth parents – have a role to play in the child's medical care and treatment. Everyone involved in the placement should be aware of the child's current health, medical problems, and need for medical examination and immunization.

Resource parents should always be alert to any symptoms that indicate an ill child, such as runny nose, sore throat, cough, headache, inflamed eyes, stomach ache, rash, etc. Such signs should not be ignored. Do not hesitate to consult the child's doctor.

Consent for Medical Treatment

Upon placement into foster care, the caseworker asks the child's parents to sign a consent form for routine medical treatment and immunizations. This includes routine vaccinations and well child checkups. Copies of these papers will be kept in the child's health passport. The child's medical card will be provided to the resource parent as soon as it is available if the child is new to foster care. Otherwise, it should be in the Health Passport when you receive it.

If consent for medical treatment cannot be obtained from the birth parents, the local department of social services should request limited guardianship for medical treatment from the court. Make sure you have a copy of the child's health passport with you when the child needs medical attention.

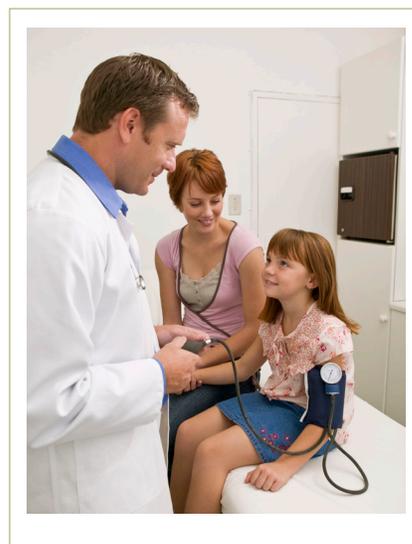
If an emergency medical situation occurs, make sure the child receives medical attention right away. As soon as the child is stabilized, make sure to call the child's worker and parent if possible. If the emergency happens after hours or on weekends or holidays, call the after-hours number to contact the LDSS. A resource parent may not sign for emergency care, unless the resource parent has been granted limited guardianship or guardianship for medical purposes from the courts.

For surgery scheduled in advance (e.g., tonsillectomy), contact the caseworker to obtain the birth parent's and/or the court's written consent. Neither resource parents nor caseworkers may consent for surgery, even routine surgery unless granted legal authorization through court order.

Basic Health Care Requirements for Children in Out-of-Home Placement

Each child under the care and custody of a local department of social services must have a Health Passport (see Guide to the Health Passport) when he or she is placed. The caregiver must receive and sign for the Passport which contains, at initial placement, the Consent to Health Care (631-F) or limited medical guardianship, the Medi-Alert (631-A) and the Child's Health History (631-B). Each form must contain all available information.

Each child under the care of a local department of social services must have an Initial Health Screen within 5 working days of entry. Depending on the policy of the local department, the examination may be arranged by the caseworker or the caregiver may be expected to take the child to the appointment. The child should be unclothed and examined, at minimum, for physical trauma, rashes, breathing difficulties, and vermin. Blood pressure and temperature should be taken. A Health Passport form, (631-E) Health Visit Report, must be completed, and copies placed in the Passport and sent to the caseworker.



Caregivers are expected to schedule medical appointments and escort the child. Only a caregiver will know the daily routine and individual preferences or habits of the child. The caregiver will be able to answer important questions from the health care provider.

Each child under the care of a local department must have a Comprehensive Assessment within 60 calendar days of entry. The Comprehensive Assessment may be arranged by the caregiver or the caseworker, according to the policy of the local department. It is important that the adult accompanying the child be able to answer questions about the child's developmental status and health. The examination must include all elements of the Healthy Kids Schedule of Preventive Health Care as appropriate to the child's age. Special attention should be given to any recommendations for follow-up care or evaluation which the health care provider may make. A Health Visit form is completed and copies are placed in the Passport, in the case record, and also noted in MDCHESSE.

Each child in care must have at least an annual physical examination in addition to any sick or emergency visits which may be necessary. The routine examinations follow the guidelines of the Healthy Kids Schedule of Preventive Health Care. Please also follow the Healthy Kids Schedule of Preventive Health Care for vision care visits and eye exams.

It is the responsibility of the worker to update and/or correct the information in the Health Passport as new information becomes available, even when the child has been in care for many months or years. If the caregiver becomes aware of additional historical or current information, he or she should tell the caseworker so that the information may be added to the record.

Family Planning Services/Sexual Counseling

- Family planning services are available to any adolescent in foster care. Such services include counseling provided by a doctor or qualified person at a family planning center or clinic.
- This enables young people to ask questions and discuss their sexuality in a confidential, professional setting. If you feel that the child placed with you could benefit from these services, contact the caseworker.

Immunizations

- The doctor will keep track of which immunizations the child needs as specified in the recommended childhood immunization schedule. Please refer to the Maryland Schedule of Preventive Health Care in the Appendix. You can also refer to the following Department of Health and Mental Hygiene (DHMH) website: www.dhmh.maryland.gov/epsdt/

Prescriptions

Any prescribed medications used to treat a child must be ordered by a doctor. Talk to the doctor also about any over-the counter medication your child may need.

Consult the child's doctor before giving any of these medications to a child. Also, communicate regularly with the caseworker about what medication(s) the child is taking.

Before you order and pay for any prescription (regular or emergency), check with your caseworker if you do not have the medical assistance card.

Prescriptions can only be paid for through the child's private insurance plan, managed care benefits, or medical assistance. If you have any questions or problems in filling a prescription for a foster child, contact the child's caseworker or emergency on-call worker if after business hours.

Remember that the medication resource parents have received for a child is specifically for the child. It should not be shared with other members of the family or friends who seem to have the same symptoms. Check with the doctor before giving any nonprescription medications to a child.

Medication Awareness

- Be aware of medication side effects
- Be aware of medication combination
- Be aware of changes in medication

Storing Medication

You may be able to get a lock box from the local department, or you may want to find another means of securing medicines. The way in which medications are stored is important. Certain medications require refrigeration; if this is the case, you will want to have a lockable container to secure those medicines.



If there is a **Keep Refrigerated** label on the container it must be kept in the refrigerator. A cool, dry, dark cupboard is the best storage for most medications; remember that a bathroom medicine cupboard often becomes hot and steamy and is not the best place to store medications. Above all, keep medications in a safe place and away from the reach or sight of small children. A locked bedroom is a good place to keep medications and other items which must be kept out of the reach of foster children.

Always keep medication in the container in which it was received from the pharmacist. Do not remove the label until all the medication is finished. The information on the label is necessary to properly identify the patient, the doctor, the medication, the instructions for use, and the date the prescription was dispensed.

Over the years numerous medications may have been prescribed for the child. If these are discontinued by the doctor, destroy the remaining portion. Please check with your local pharmacy about appropriate ways to destroy the medication.

Dental Care and Screening

Children 2- years- old and older must have a dental examination by a dentist every 6 months. The Maryland Healthy Smiles Dental is Maryland's Medicaid Dental Program. The program is managed by DentaQuest of Maryland, LLC. DentaQuest will work with you to make sure that your child gets the needed dental care. DentaQuest will help you find a dentist that participates in the program and is close to your home. If you have questions about the dental program, call 1-888-696-9596 or go to www.DentaQuestgov.com.

Medical Transportation

Resource parents are expected to transport and accompany foster children to their routine medical or other appointments. As the resource parent, you know the child's needs. In addition, you can be a comforting and familiar presence for the child especially during stressful appointments.

Chapter 6: Education

1. Access to Education for Children in Foster Care
2. Post-Secondary Education
3. Special Education
4. Educational Decisions
5. School Enrollment Guide (see Appendix for Link to website)

MD Tuition Waiver

To be eligible for the MD Tuition Waiver foster youth must:

1. Been placed in out-of-home placement by the Maryland Department of Human Resources; and
2.
 - A. Resided in an out-of-home placement on the individual's 18th birthday; or
 - B. Resided in an out-of-home placement on the individual's 13th birthday and was placed into guardianship or adopted out of an out-of-home placement after the individual's 13th birthday; or
 - C. Been the younger sibling of a child who meets the qualifications stated in 2B and was placed into guardianship or adopted concurrently out of an out-of-home placement by the same guardianship or adoptive family; or
 - D. Resided in an out-of-home placement in the state for at least one (1) year on or after the individual's 13th birthday and return to live with the individual's parentes after the out-of-home placement ended.

File for financial aid and completed a FAFSA form each year by or before March 1st, www.fafsa.ed.gov. Tuition assistance is available for 5 years after the initial application.

Federal Education Voucher Program (ETV)

Provides up to \$5,000 a year for college and vocational training for full-time students and \$2,500 a year for part-time students.

1. Eligibility requirements:

- A youth was in foster care on their 18th (eighteenth) birthday and aged out after that time;
- A foster youth was adopted after their 16th (sixteenth) birthday;
- After attaining age 16 (sixteen) the youth entered into a guardianship placement from foster care;
- A youth must be a U.S. citizen or qualified non-citizen;
- Must first apply for ETV assistance at age 18, 19 or 20;

Participation is renewable until the 23rd birthday, as long as the youth receive ETV funds before they turned 21;

- A youth must be accepted into or be enrolled in a degree, certificate or other accredited program at a college, university, technical or vocational school; and
- To remain eligible for ETV funding, a youth must show progress towards a degree or certificate. Must maintain a GPA in good standing.

Special Education

What is IDEA?

IDEA is the Individual with Disabilities Education Act. The Individual with Disabilities and Section 504 of the Rehabilitation Act of 1973 are the primary laws that protect the educational rights of children with disabilities. The IDEA and other local and State law ensures that students with disabilities receive a free appropriate public education (FAPE), which means individualized special education and related services designed to meet the child's unique needs This education must be provided in the "least restrictive environment" in which the child's needs can be met.

What will happen after the child's assessment?

Information gathered from the tests conducted, along with existing data and information from the parents will determine if the student is a student with a disability who requires the provision of special education and related services. If the student is a student with a disability, an Individualized Education Program (IEP) team will develop an IEP for the student.

What is an IEP?

An IEP is an Individualized Education Program which is a written description of the present level of academic achievement and functional performance of a student with a disability. The IEP is used to develop individualized annual goals for the specialized services the student needs to address his or her unique needs. The IEP describes the special education and related services that the child must receive. The IEP is developed or modified at an IEP meeting. The people who will attend the IEP meeting are the student's teachers, service providers, school administrators, and as appropriate, the student's parents/guardians/foster parents. These attendees make up the "IEP Team."

What is the role of the parent/guardian, foster parent or other caregiver in the delivery of a special education for the child?

As a parent/guardian, foster parent or other bona fide caregiver, it is very important to maintain positive communication with the child's school and teachers. Keep the teacher informed and up to date on any changes in day to day activity and lifestyles that may affect learning (changes in medications, specialized medical equipment, etc). Try to maintain similar expectations for the child at home and school.

What does it mean to be appointed as a parent surrogate?

A "parent surrogate" means a person who is appointed by the local school superintendent to act in place of a parent of a child in the educational decision making process. A parent surrogate may represent the child in all matters relating to the identification, evaluation, educational placement, and the provision of a free appropriate public education to the child.

Public agency personnel shall request that the local school superintendent appoint a parent surrogate to represent a child at any point in the educational decision making process if it is suspected that the child may be disabled and if:

- The child is a ward of the State;
- The child is an unaccompanied homeless child; or
- The parents of the child are unknown or unavailable; and
- The child's rights have not been transferred in accordance with §8-412.1 of the Education Article, Annotated Code of Maryland.

A child in foster care requires the appointment of a parent surrogate by the local school system superintendent if the child's foster parent has not been granted limited guardianship for educational decision making purposes by the court that has placed the child in foster care.

Public agencies must ensure that a person selected as a parent surrogate:

- Is not an employee of the Maryland State Department of Education, local school system, public agency, or any other agency involved in the education or care of the child;

Educational Decisions

The child's caseworker is *required* by state regulation to ensure that the child is attending school within five days of an out-of-home placement (unless factors outside the control of the caseworker prevent enrollment).

Once a child is enrolled, the caseworker is also required to identify and provide contact information to the receiving school about who is authorized to make educational decisions for the child. The caseworker must identify a *primary education decision maker for general education decisions as well as a secondary decision maker who can act if the primary is unavailable*. The caseworker is required to provide this information within 10 calendar days of the child's enrollment.

General education decisions are ones that do not involve special education services. Some examples of general education decisions are: field trip authorizations, parent-teacher conferences, signing report cards, guidance office matters, choice of academic programs and courses, career program courses, testing authorization, special programs authorization (such as sex education or armed forces recruiting), choice of magnet or other non-zoned schools, school health-related decisions, school discipline, sports and other extracurricular activities, and parental options under the No Child Left Behind Act. The following people are allowed to make general education decisions for a child in state care:

natural/birth parent (if s/he still has education decision making authority), or caseworker, or the following, *if designated by* the caseworker:

- guardian (or education guardian)
- adoptive parent
- person acting as a parent who the child is living with (such as a
- relative or stepparent)
- foster parent
- formal kinship care provider
- residential child care program representative
- treatment foster care caseworker

Chapter 7: Daily Life

This chapter deals with the day-to-day activities of foster children. It focuses on the daily life of a foster family and includes guidelines for issues that may occur frequently.

The chapter covers:

1. Consent
2. Social and Recreational Activities
3. Transportation
4. Trips and Vacations
5. Spending Money/Allowances/Savings
6. Chores and Employment
7. Savings Accounts
8. Smoking
9. Hair Care

Consent

Consent of the agency or the child's parent may be required for activities a foster child wants to engage in. This chapter includes guidance on the types of activities that may need consent.

Resource parents may give permission for the child to engage in routine types of activities such as joining a school club and dating.

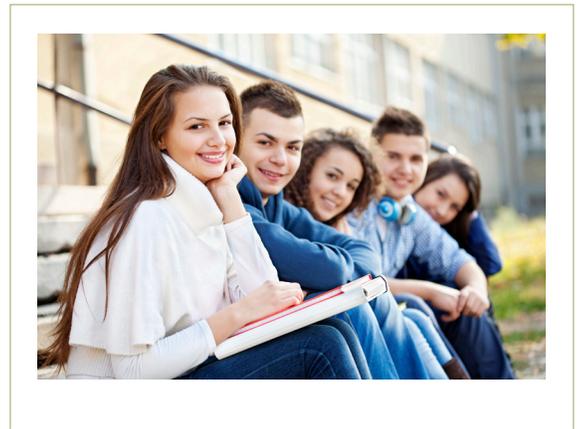
Resource parents should ask the caseworker whether consent of the birth parents is required when any important decision has to be made. As legal guardians, birth parents have the legal right to make most decisions about their children and to be informed about what their children are doing.

The Social Services Administration has policies on approving participation of foster children in certain activities. These include activities like driving, smoking, and babysitting. When you have a question, check with your child's worker.

Social and Recreational Activities

It is important for foster children to be able to participate in recreational, school, religious, and community activities if they choose. Participating in activities can help children and adolescents develop skills, build self-esteem, and gain a sense of achievement.

School and religious activities may not be removed for disciplinary purposes without direct consultation with and approval of the child's caseworker. If you are considering removing other activities for disciplinary purposes, discuss the situation with the caseworker first.



It is essential that a child's activities take place within a safe environment. This requires common sense and good judgment on your part plus a full appreciation of your responsibility, a concern for the protection of children in your care, and commitment to maintaining high standards of safety. Resource parents should be sound adult role models and teach good safety habits by example.

The following guidelines should help you ensure a safe environment for children:

- Get to know your children, who they are, who they are with, and what they are doing;
- Get telephone numbers and addresses of their friends in case of emergencies;
- Know what equipment is being used in your home, if it is safe for use by children and whether it is in safe operating condition; seems out of order
- Know the nature of the activities and the settings where the activities are taking place;
- Know whether a reasonable adult (21 or older) is supervising the activities;
- Be sure that appropriate attire is worn for activities and climate;
- Plan ahead by anticipating situations and behaviors, thereby reducing risks and hazards;

Transportation

Resource parents are expected to provide transportation for the child for the usual daily living situations, school functions, religious activities, medical visits (including mental health appointments), dental visits, treatment conferences, FIM's, and court hearings. Discuss any questions you may have with the child's worker.

- Chores or work should not be associated with discipline or punishment. Rather, they should be seen as part of the child's participation in family life.
- A prolonged amount of time should not be required for any chore. The time that chores are to be performed should not interfere with family activities, school, regular play time, visits to the birth family, or the child's normal contacts. Any morning or noon chores should not affect the child's ability to attend school without stress.

Let the child know that you are interested in working with him or her rather than being an overseer or critic. Be sensitive to the needs of the child for help and support in carrying out chores. Work can provide an ideal situation for you to be in the role of an interested, helpful adult.

- Praise the child for a job well done.
- Praise will help instill a sense of pride in achievement and a feeling of self-confidence.
- Be cheerful, supportive, and understanding when the child's capacity or interest diminishes, and show your willingness to be helpful. The child who is given help when he or she needs it is best prepared to give help to others when they need it.
- Encourage foster children to take care of their own personal belongings, make their bed, and keep their closet, drawers, toys, and other items in order.

After checking first with the caseworker, you might want to encourage teenagers in your care who are ages 14 and over to earn some money, when appropriate and possible. A little self-support helps a youth become mature and independent. Such work could include shoveling snow, raking leaves, or having a paper route. Make sure that teens obtain a work permit before applying for a job if necessary.

As resource parents, you should know and approve of the nature of the work. You should also know who is employing the teenager to make sure that the work is appropriate and that there is no exploitation. Youth should not be engaged in work that is potentially hazardous or use equipment (e.g., power mowers) that may be unsafe. Teens should be adequately paid.

Be absolutely certain that the situation does not violate any child labor laws. Be careful that the part-time employment is appropriate for the teen's level of maturity and that it does not interfere with school work. Encourage the teen to discuss any prospective job – and employment goals in general – with the caseworker. Please refer to the information below from the Department of Labor, Licensing and Regulations – Division of Labor and Industry:

The Maryland Employment of Minors Law applies to school age children (14 - 17 years) and seeks to protect minors so that their employment experience is not a detriment to their education or safety. Minors are limited in the hours they may work during periods when school is in session. There are specific jobs and occupations that children are not allowed to work because they have been determined to be potentially dangerous for minor employment. You can help us protect your child by ensuring that the employer complies with these requirements. If you have any concerns, or feel your child's work experience is detrimental to them, please contact the Division of Labor and Industry at dli@dllr.state.md.us or call (410) 767-2239.

Savings

Children in foster care who are earning money may keep up to \$2,000. They may choose to use their earnings for day-to-day expenses. A savings account is an appropriate way for a young person to gain skill in both banking and responsibility. The account belongs only to the youth. As such, it should always be in the youth's legal name, not the resource parent's name.

Some foster children have guardianship accounts, trust funds, etc., that they are entitled to have at age 18. The caseworker will inform you of any available funds, and arrangements will be made to transfer the funds directly to the youth. If you know of any funds in the child's name, please inform the child's worker.

Smoking

Youth must be 18 years old or older to smoke. Refer to the Department's policy related to 'Second hand smoke and small children. Policy # 10-16

Hair Care

Whenever possible, resource parents are encouraged to consult with the birth parents – and the child, if old enough – about the child's hair style. Resource parents should not change the hairstyle of a child in care (cut long hair short, give perms, color, straighten, etc.) without checking first with the caseworker to see if consent is required. Changing a child's hair style without any discussion could affect his or her self-esteem and could also affect your relationship with the birth parents.

Chapter 8: Teamwork

As a resource parent, you are a member of a team that may be comprised of the caseworker, the natural parents/legal guardian, relatives, and the foster child's attorney, service providers and health care practitioners, etc. This means that you are not alone in caring for a foster child. You have support. As a team member, you will meet with the child's family in visits and case conferences, and keep the caseworker up-to-date on how the child is doing.

This chapter gives information on:

1. Being a Member of a Team
2. Permanency Planning
3. Role in Parent Child Visits
4. Visitation Plans
5. Relationship with the Caseworker
6. Participating In Family Involvement Meetings
7. Participating in Court Hearings

Visitation Plans

Note: A Master in Juvenile court sets the visitation schedule. The child's worker will inform you of the schedule.

Visitation plans are developed on an individual basis. Some factors the caseworker will consider when planning visits:

1. Location (may include the resource home).
2. Length of the visit (amount of time).
3. Responsibility for transportation to home visits.

When There Are Problems with Visits

It is important to keep in mind that for many parents, visiting their children in foster care is an experience that may heighten their sense of personal failure and inadequacy. Their anxiety causes some parents to make unrealistic promises or to agree to plans that have little chance of success. At the time of placement, or shortly after, visiting "ground rules" should be discussed and agreed to by all team members – resource parent, birth parent, relatives, and caseworker. The discussion should prevent problems.

At times, specific problems may arise. Contact the caseworker as soon as possible. This may include any incidents, observations, feelings about something that occurred, or the child's reactions. Because every situation is different, the caseworker is in the best position to advise you on how to handle different issues.

Helping the Foster Child with Visits

- If the child is upset after a visit, allow him/her time to have those feelings. Sometimes visits can be upsetting. Saying goodbye may be difficult.
- It helps the child to know when the next visit is scheduled.
- Don't conclude that it is a mistake for the foster child to visit his or her family. Even if occasionally upsetting, in general there are more advantages than disadvantages to such visits for most children. Visits help children maintain a sense of reality about their family.
- If something unusual happens during a parent-child visit, or if the child always returns upset or unhappy, report this to the caseworker. Always report any physical abuse.
- If children are allowed to talk freely about their parents and their situation, they may feel less anxious. Answer their questions clearly, simply, and sensitively if they are confused about why they are in foster care.
- Children often continue to love their parents no matter how they are treated or what problems the parents have. Be careful about what you say and how you say it. If you are negative about their parents, children may respond defensively, and this could have a negative effect on their self-esteem. It could also force them to take sides.
- It is important to be honest in acknowledging parental behavior that is not in the child's best interest. Putting behavior in terms of "choices the parent made" is more objective and non-blaming.



observe the child before and after parent visits, and you can see progress, or lack of progress, over time. Resource parents have a lot to contribute to the assessment of a case.

You know the child much better than the caseworker does. But to have a good working relationship, you need to keep the caseworker informed about the child's situation and achievements as well as problems. Take the initiative to call the caseworker regularly even when things are going well.

The caseworker is also responsible for meeting with the child at least every 30 days to assess the child's safety and well-being in the resource home and to assess the permanency plan for the child.

Participating in Family Involvement Meetings

The major focus of the Family Centered Practice model is to ensure that our entire system of care engages the family around the goal of helping them to improve their ability to adequately plan for the care and safety of their children. When we focus on the strengths of the entire family the safety, well-being and permanence of children is more successfully achieved.

Five core strategies support the Family Centered Practice model. Those core strategies are: Family Involvement Meetings, Community Partnerships, Recruitment and Retention Support for Placement Resources, Evaluation, and Enhanced Policy & Practice Development. Improved outcomes for children and families will be the result whenever these core strategies drive family interactions.

The purpose of Family Involvement Meeting (FIM) is to establish a team to connect families and their support systems to assess the family's needs and develop service plans that recommend the safest, least restrictive placement for the child. As part of this professional team, the resource parent plays vital role. For more information, please refer to Policy Directive SSA # 10-08, Family Involvement Meetings.

There are five (five) reasons or triggers to schedule the FIM meetings. They are as follows:

1. Removal or Considered Removal
2. Placement Change
3. Reconsideration
4. Youth Transition Plan, and
5. Voluntary Placement

Participating in Court Hearings

Every child in foster care becomes involved in court hearings. Resource parents have a right to be present at their foster child's court hearings and to be heard under certain circumstances. The caseworker should inform you ahead of time that a hearing will be taking place and what kind of hearing it will be. Having this information will help you prepare yourself and the child for the possible outcome. If you choose to participate in the hearing, you should have time to think about what you will say and to discuss this with the caseworker. As members of a team, the caseworker, foster child's attorney and resource parent need to keep one another informed. For more information, check with the caseworker.

The Juvenile Court and Different Types of Hearings

The Juvenile Court and the local department of social services deal with certain kinds of issues involving children and their families in court.

Chapter 9: Concerns for Resource Parents

This chapter covers those times when a resource home experiences change for one reason or another. Sometimes a child is moved from one home to another. Sometimes resource parents decide not to stay in the foster care program. This chapter provides important information regarding some of these situations.

Topics covered include:

1. When a Child Leaves a Resource Home
2. When a Child is Removed from a Resource Home
3. Closing a Resource Home
4. Reopening a Resource Home
5. Deciding Whether to Remain Resource Parents

When the moment comes, try to send the child off with pleasant memories. You can cry later. Also, you can pride yourself in the fact that you have provided the child a safe place to live at a time when needed.

When a Child is removed from a Resource Home

Foster children are removed from a resource home for any one of a number of reasons. A foster child may be removed from a resource home for one of several reasons:

- Family Court may decide to order removal. If it does, the local department must carry out that order.
- Resource parents may request that a child be removed for many reasons. The local department should be given ten days notice in order to make arrangements, and to try to work with the family to resolve the issue which prompts the request. If the issues cannot be resolved, the resource parent and agency should work together on an appropriate plan for the child. Working together will help ease the transition to another resource home and reduce the child's anxiety about moving again.
- The foster child may need a higher level of care. If the services the child needs cannot be provided in a resource home, the local department will move a child to another placement.
- The local department may want to reunite siblings in the same home.
- A resource home may close.
- The local department may decide that there are other factors which make another home a better placement for the foster child. Conflicts between the child or biological family and the resource family may be solved this way. Sometimes it is not possible for the resource parent to follow the case plan, to get a child to appointments or to visitation.
- If there is an allegation of abuse/neglect against the resource parent, a child may be moved during the investigation.
- The local department will sometimes remove children for health and safety issues. For instance, the child may be allergic to pets, smoke or some other element present in the home.

Policy on Removal from Foster Care

If the agency is planning to remove a foster child from a resource home, the agency is required to notify the resource parents of the proposed removal in writing before the proposed date. The only exception is a case where the health or safety of the child requires immediate removal from the resource home.

Closing a Resource Home

A resource home may be closed for one of several reasons:

- At the request of the resource parents.
- When the resource parents who have no children currently placed in their home move out of state.
- By the agency, for health and safety reasons.
- When the home no longer meets the standards set in COMAR.

If resource parents do not agree with the decision, they may appeal. The procedure is outlined in COMAR 07.01.04. 03.

Reopening a Resource Home

To reopen a resource home that has been closed more than three years, the agency must do the following: Obtain a new application from the resource parents, including clearance through Child Protective Services.

- Check Maryland Judiciary Case Search for any criminal involvement.
- Update the home study.
- Obtain a physician's report of a medical exam that was completed within the past year on all resource family members.
- Arrange for the family to complete 27 hours of in-service training.
- Review the evaluation with the resource parent.

If it has been within three years since the home was last open and the resource home was in good standing at closure, the resource parent must complete ten hours of in-service training, including discipline training and meet all the technical requirements for resource home approval.

Deciding Whether to Stay in the Program

It is a good idea to assess on a regular basis whether you want to continue being a resource parent. If you feel you need a break, tell your caseworker. It is better to have your resource home on hold rather than close it and have to reapply later.

Because of "Place Matters", there are fewer children in out of home care, especially young children. If resource parents are waiting for a very young child, they may find that only older children are waiting for homes. Before you decide to stop being a resource parent, please consider if you could offer a home to an older child. Talk to your worker about training available to help with the special needs of teens.

On the other hand, you may decide to stay in the program because being a resource parent:

- Has a positive impact on children in need.
- Has a positive impact on your own family.
- Fulfills a need in the community.

Chapter 10: Resource Parent Support

This chapter provides valuable supportive resource information for resource parents.

This chapter covers:

1. Resource Parent Ombudsman
2. Maryland Resource Parent Association (MRPA)
3. Local Resource Parent Associations
4. Resource Parent Photo Identification Cards
5. Resource Parent Cash Recruitment Incentive
6. Resource Parent News
7. Taxes and Foster Care
8. Direct Deposit/Electronic Funds Transfer (EFT)

Maryland Resource Parent, Teacher, Student Association (PTSA)

The Maryland Resource Parent PTSA is the first such non-traditional PTA in the nation. The purpose of this special PTA is to better facilitate successful educational outcomes for children and youth in foster care, especially since many have multiple school placements. Under the auspices of the State and National PTA, the Maryland Resource Parent PTSA will do the following:

- Help resource parents better advocate for the children placed in their homes.
- Help be a voice for foster children in their schools as well as the halls of Congress.
- Provide access to a wide range of free training opportunities.
- Provide access to programs that develop leadership and advocacy skills.

For more information about the Maryland Parent PTSA, please contact Sam Macer at 410-916-7276.

Local Resource Parent Associations

Many local jurisdictions have local associations, some more active than others. If you are unsure about an association in your jurisdiction, contact your resource home worker. Local associations provide an opportunity to make friends with other resource parents in your own community who understand better than anyone else what being a resource parent is all about.

A resource parent association can provide networking, support, advocacy, projects, and social activities. A resource parent association is not a place to complain, but to constructively address and have addressed issues that can be discussed with the local department. Resource parents are great. Participation in a local association can make you greater.

Resource Parent Photo Identification Cards

Resource parents proposed having their own photo ID Cards to endorse the concept of being a member of the professional child welfare team and assist in certain situations in hospitals, schools, etc. In a collaborative effort, MRPA and DHR provide the opportunity for resource parents to have a photo ID. It is not mandatory. Coordination of this project is through the Resource Parent Ombudsman.

Resource Parent Cash Recruitment Incentive

Resource parents are the best recruiters of other resource parents. Your friends and neighbors can be inspired by what you do. If you refer someone to be a resource parent and they go through the process, you could earn \$500.00 for each referral. When someone you refer is approved and accepts a placement, you receive \$250.00. If they remain approved for one year, regardless if a placement is in their home, you receive another \$250.00. You must notify your resource home worker about the referral and the family you recruited must inform their worker. A tracking form must be kept in both records.

Resource Parent News

Resource Parent News is a quarterly newsletter for public resource parents around the State. It is published by DHR around February, May, August, and November. It is a source of information and human interest stories, and is a means to connect all of the public resource parents around the State. It is distributed to local departments to be disseminated to resource parents in their jurisdictions. The resource parent Ombudsman is responsible for putting the Newsletter together. Copies are also available on line at www.DHR.Maryland.gov (click on Newsroom, then Newsletters). It is also posted at the Maryland Resource Parent Association web site, www.mrpa.org.

Chapter 11: Transitioning Youth (Youth 14-21 Years Old)

With the transition from adolescence to adulthood many youth, particularly those in foster care, need extra assistance in order to successfully navigate this path. To help address some of the unmet needs of foster youth, specific strategies and action steps were developed to assist youth aged fourteen to twenty-one in meeting their goals. For more information, please see the website link for the *Ready By 21 Manual* in the appendix.

This chapter covers:

1. Youth Matter: A Model for Youth Engagement
2. Semi-Independent Living Arrangement (SILA)
3. Dating
4. Joining the Armed Forces
5. Driving and Owning a Car
6. Getting Married
7. Piercing and Tattooing
8. Social Media
9. Human Sex Trafficking

As a resource parent of older youth, you are part of the team of people that will assist youth in learning basic life skills. To thrive and transition into healthy, productive, and self-sufficient adulthood, adolescents need a set of competencies and basic life skills in the following areas: daily living, housing and community resources, money management, self-care, social development and work and study skills. For more information, please refer to the *Ready By 21 Manual*.

Dating

Dating is a normal part of adolescence that is important for individual development and social adjustment. As the resource parent, you can help guide the teen in your care so that dating becomes a source of enjoyment and personal enrichment. Be clear that you are responsible for setting the rules and boundaries for dating.

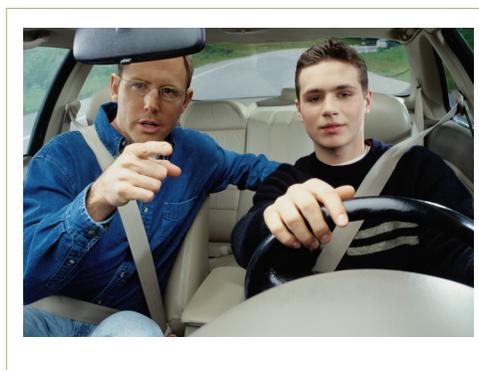
Joining the Armed Forces

Youth in foster care who are under the age of 18, but are eligible for enlistment need the consent of their parents to enlist in the armed forces.

The LDSS needs to give consent when guardianship of the youth has been granted to the local department of Social Services. Youth age 18 or older in foster care may enlist in the armed forces without the need for consent.

Driving

Youth in foster care who want to apply for a learner's permit must notify their caseworker before doing so. Consent will be required from either the parents or the agency. Youth in foster care should enroll in a driver education course if they want to drive. Sometimes a teen who has obtained a learner's permit or license wants to drive the resource parent's car. Resource parents who allow this must have their own insurance policy extended to cover under-25 drivers. The State of Maryland's Foster Care Liability Policy does NOT cover any damage to a motor vehicle caused by a foster child. Resource parents should make clear the expectations and obligations associated with the privilege of using the family's car. Check with your LDSS.



Riding in Cars with Other Youth

Based on the regulations of the Maryland's Motor Vehicle Administration, the following must be adhered to:

- Minors can be present in the car if there is an adult in the car, who is at least twenty-one. The adult must have a driver's license for at least 3 years and be sitting by the driver.
- Under age eighteen passengers who are related to the teen driver (spouse, sibling, or other family members who live in the same house) can ride in the car with the youth.
- If the youth is pulled over for another offense, the police can cite the youth for this offense. The youth's driver's license may be suspended or revoked.

Getting Married

In order to get married, youth ages 16 or 17 must have written consent from their parent or legal guardian. Youth age 18 and over do not need consent. If youth choose to get married, a rescission will be requested from the court. The LDSS will not be responsible for the placement of married youth.

Report any suspicions of sex trafficking to your local department of social services

Prevention

If you are serving a population considered to be at high risk for sex trafficking, the following are ways to protect at risk youth from becoming a trafficking victim:

- Plan activities, therapies and events that build self-esteem, a sense of self worth, respect for one's body and personal control
- Educate youth on the dangers of human sex trafficking
- Educate youth on how to set appropriate sexual boundaries
- Keep youth active, engaged and interested by planning activities, knowing and engaging them around areas of interest to them

Resource information is available on the National Human Trafficking Resource Center at 1-888-373-7888.

Chapter 12: Adopting a Foster Child and other Permanency Options

Sometimes resource parents want to adopt their foster child. The child's permanency goal may already be adoption or it may change to adoption because the parents surrendered their parental rights or because the agency took the case to court to terminate their parental rights. It may also be adoption when both parents have died or one has died and it is not necessary for the other parent to consent to adoption. The child must be legally freed for adoption before an adoption can be finalized.

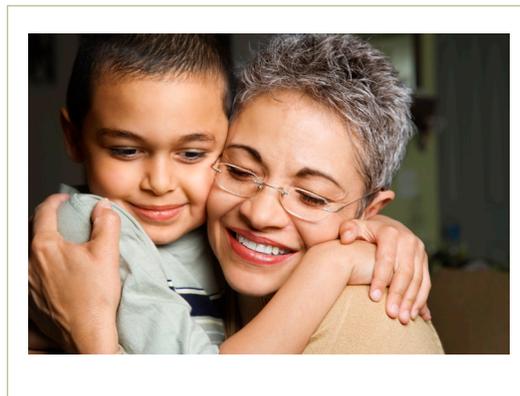
This chapter covers topics related to adoption of a foster child by the resource parents:

1. Deciding to Adopt a Foster Child
2. Starting the Adoption Process
3. Adoption Assistance Payments
4. Finalizing the Adoption
5. Mutual Consent Voluntary Adoption Registry, Adoption Search, and Contact and Reunion Services

Deciding to Adopt a Foster Child

A resource parent who wishes to adopt shall initiate the process by calling their prospective LDSS. Once the resource parent has called, the child's caseworker shall consult with the adoption staff recommending the home and / or citing any concerns or problems. A resource parent wishing to adopt should discuss it with all of their children and spouse or partner.

For an older parent, a backup person will be required. The foster child should be included in that discussion. The caseworker should invite the resource parent workers or other professionals to the FIM to discuss adoption planning.



If you are interested in adopting a child placed in your home, talk to the child's caseworker before the child becomes legally freed for adoption. As the resource parent, you are entitled to participate in FIM where the child's permanency goals are addressed. It may also be helpful to talk to other resource parents who have adopted children in their care.

If you choose not to adopt, the agency will begin looking for an appropriate adoptive family for the child. During this time you can help prepare the child for the transition. Such preparation generally improves the chances that the adoption will be successful.

Some resource parents are certain that they want to adopt the child in their care. Others are not so sure. Such an important decision should be made on a rational basis, not on emotions alone. Even if you feel clear about your decision, answering the following questions may help you find out whether you are ready or not:

- Can I accept the child unconditionally? Can I accept the child's past?
- Can we make a lifetime commitment?
- Have I realistically evaluated the child's needs and problems?
- Do we have the ability, resources, and energy to meet the needs of the child?
- Are other members of the household positive about the idea of adopting?
- What effect will adoption have on our family?
- Should the age and health (of both resource parents and child) be taken into account?
- If so, who will care for the child if we die or become disabled?
- Does the child have siblings who are also legally free for adoption?
- What (if any) will be the child's connection to the birth family?

Starting the Adoption Process

You may begin the adoption process while the child is being legally freed for adoption. Talk to your caseworker to make sure that this is a good idea in your case. This includes applying for an adoption subsidy where applicable.

Your agency will play a vital role in the adoption process. The authorized agency that has legal custody of the child must give consent before a child can be adopted.

The Adoption Packet

Your attorney will have to submit to court an adoption petition and other documents that the judge will need to finalize the adoption. The adoption petition and other documents are often called the “adoption packet.” The adoption packet contains information about the type of family that wants to adopt the foster child. The judge will require information about your home, how you live, who lives with you, and who spends time with the child.

The packet may have the following type of information:

- General information – name and address, age, religion, occupation, income.
- Marital status.
- Medical reports.
- Criminal history records check.
- Information about the birth parents.

When you have made the decision to adopt your foster child, ask your caseworker or attorney what type of documents you will need and how to find them if you don’t already have them. Examples are your marriage certificate or divorce decree. If you are having problems obtaining these documents, contact your caseworker and attorney immediately. They should help you get the documents you need so that your adoption will not be delayed. In addition, the LDSS must also submit its own documents to the court.

Some agencies offer post-adoption services to help adoptive parents make the transition to adoption. The need for support is normal and is not limited to the initial time period. Services can include counseling and/or support groups where adoptive parents can come together and share their feelings, experiences, and ideas. Ask your caseworker whether your agency has post-adoption services.

Keeping Track of the Adoption Case

Remember, you are the petitioner in the case. You begin the court finalization process by having your attorney file the adoption packet in court. You have the right to follow up with your attorney and the agency to make sure everyone is doing his or her part. You can check on the progress of the adoption by contacting your caseworker or your attorney.

Going to Court on Finalization Day

After the judge has decided that you can adopt your foster child, a day will be scheduled for you and your foster child to go to court. To help your finalization go smoothly, you should arrive at court early. It is also helpful to know ahead of time what room you should go to and the name of the judge you will be seeing. Your lawyer should be able to give you this information.

Mutual Consent Voluntary Adoption Registry, Adoption Search, Contact and Reunion Services

Mutual Consent Voluntary Adoption Registry

The registry enrolls adoptees and their birth families who wish to find each other. Registry staff compare information and “match” adoptees with birth family members. They confirm the information with agency and court records before registrants are contacted and given the information.

Who is Eligible to Register?

- Adoptees over the age of 21
- Birth parents of adoptees over the age of 21
- Birth siblings of an adoptee. Siblings, too, must be over the age of 21

The adoption or guardianship proceedings must have been conducted through a Maryland court regardless of the registrant's place of birth or current residence.

Adoption Search, Contact and Reunion Services

This is an exciting, dynamic service that helps reunite families separated by adoption. The program trains, certifies, and monitors Confidential Intermediaries (CIs) who are knowledgeable about adoption. Confidential Intermediaries are authorized to search adoption records in order to locate an adoptee or birth parent.

With the assistance of a Confidential Intermediary, an adult adoptee, 21 years or older and not living with a minor adopted birth sibling, or a birth parent who has had a child adopted and that child is 21 years or older may request to receive contact and reunion services with birth parents or a sibling who is at least 21 years old and who is also adopted. Both parties may request emergency medical information, as well as search, contact and reunion services. The program is voluntary for all participants and fully recognizes the right to privacy and confidentiality for all parties. For further information please call 1-800-39-ADOPT.



Glossary

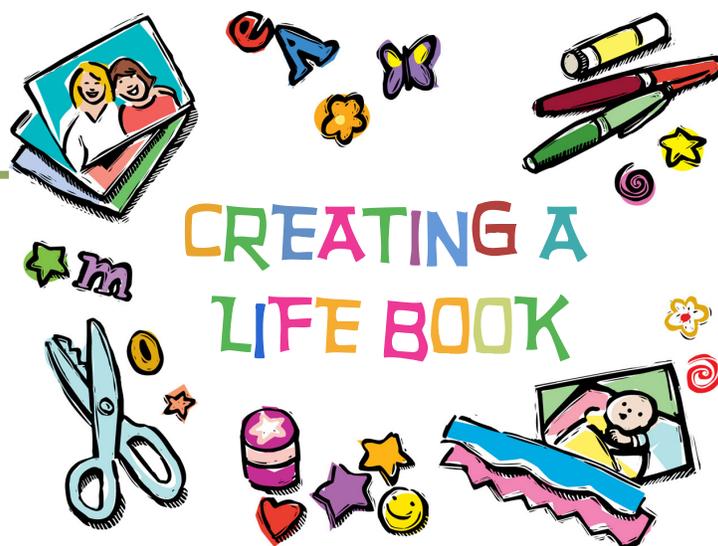
- (1) “Abandoned” means:
- (a) Not in the care of a caretaker appointed by the child’s parent or the court, and the whereabouts of the child’s parents remains unknown after reasonable efforts to locate them have been unsuccessful; or
 - (b) When the parent has left the child with someone but fails to maintain contact with the caretaker, and no other individual has legal authority to exercise custody or guardianship over the child whose health or well-being is threatened.
- (2) “Abuse” means:
- (a) The physical or mental injury of a child by any parent or other person who has permanent or temporary care or custody or responsibility for supervision of a child, or by any household or family member, under circumstances that indicate that the child’s health or welfare is harmed or at substantial risk of being harmed, as defined in Family Law Article, §5-701, Annotated Code of Maryland; or
 - (b) Sexual abuse of a child as defined in Family Law Article, §5-701, Annotated Code of Maryland, whether or not physical injuries are sustained.
- (3) “Administration” means the Social Services Administration of the Department of Human Resources.
- (4) “Adoption” means the legal proceeding by which an individual becomes the child of the adoptive family and which confers on the adopted child all the legal rights and privileges to which a child born to that family would be entitled.
- (5) “Cordless window covering” means:
- (a) A horizontal blind or cellular shade that has no draw cord and the internal lift cord runs in the slats of the horizontal blind so that the cord is incapable of forming a loop greater than 7.25 inches;
 - (b) A roman shade, roll-up blind, or woven shade that has no draw cord and the lift cord is completely enclosed so that it is not accessible;
 - (c) A vertical blind that has a wand as its operating mechanism and does not contain any beaded chains, corded pulleys, or other corded loop operating mechanisms; and
 - (d) A roller shade that does not contain a cord or beaded chain.
- (6) “Cost of care” means all the costs associated with the care of the child in [foster care] out-of-home placement, including the board rate, clothing allowance, and any supplemental expenditures made to meet the child’s special needs.
- (7) “Dual approval” means:
- (a) The approval of a prospective family as a resource for both foster care and adoption; or
 - (b) The approval of a prospective family as a resource for both foster care and day care.

- (8) “Emergency foster care” means foster care provided to a child who requires immediate placement because of abandonment, serious immediate danger, or other emergency.
- (9) “Family” means the basic family unit consisting of one or more adults and any children related by blood, marriage, adoption, legal guardianship, or domestic partnership as defined in Health General Article, §6 — 101, of the Annotated Code of Maryland, and residing in the same household.
- (10) Foster Care.
 - (a) “Foster care” means continuous 24-hour care and support services provided for a minor child placed by a child placement agency in an approved family home.
 - (b) “Foster care” includes:
 - (i) Services to the child’s parents or legal guardian(s), siblings, and other relatives in order to achieve a safe, permanent placement for the child;
 - (ii) Services to the resource parents and supervision of the child in the foster care placement to assure that the placement promotes the child’s physical, emotional, and intellectual growth and well-being; and
 - (iii) Post-placement services to the child and the child’s caregiver to prevent placement disruption or re-entry into out-of-home placement.
- (11) “Foster care worker” means a staff person assigned to provide foster care support services to a foster child and the child’s family.
- (12) “Foster parent” means an individual approved by a local department to provide 24-hour care for a foster child in the home where the individual resides.
- (13) “Inactive home” means an approved resource home in good standing with the local department that chooses to suspend acceptance of foster care placements for up to 1 year.
- (14) “Household” means the location where the resource parent applicant or approved resource parent resides.
- (15) “Household member” means an individual who lives in or is regularly present in a household.
- (16) “ICPC” means the Interstate Compact on the Placement of Children as set forth in Family Law Article, §§5-601 — 5-611, of the Annotated Code of Maryland.
- (17) “Kinship care” means continuous 24-hour care and supportive services provided for a child placed by a child placement agency in the home of a relative related by blood or marriage within the fifth degree of consanguinity or affinity as set forth in Estates and Trusts Article, §1—203, of the Annotated Code of Maryland.
- (18) “Kinship parent” means an individual who is:
 - (a) Related by blood or marriage within five degrees of consanguinity or affinity to a child who is in the care, custody, or guardianship of a local department; and
 - (b) Who is not an approved resource parent, but has been designated by the local department as the temporary 24-hour caregiver of the child.

- (19) “Parent” means the legal mother or father of a child or the biological mother or father whose rights have not been terminated, or a legal guardian other than a local department.
- (20) “Local director” means the chief administrator of a local department of social services.
- (21) “Permanent foster care” means foster care in which a local department has commitment or guardianship of a child and the court orders permanent foster care and names the foster parents, approved by the local department, who will provide the permanent home for the child.
- (22) “Provisional approval” means temporary emergency approval, valid for only 120 days, by a local department of a restricted foster home that has undergone an expedited inspection.
- (23) “Regular foster care” means foster care that is provided to all children in foster care who do not require extra care and supervision because of special physical, emotional, or behavioral needs.
- (24) “Restricted foster home” means a family foster home approved to serve a specific foster child or children and only that child or children.
- (25) “Regularly present in household” means visiting or staying in a home with sufficient frequency to make an individual a significant part of the child’s or family’s life.
- (26) “Relative” means an individual who is related to the child by blood or marriage within five degrees of consanguinity or affinity, and is:
- (a) Twenty-one years old or older, or
 - (b) Eighteen years or older, and lives with a spouse who is twenty-one years or older.
- (27) “Supportive services” means services purchased on behalf of a child to support and maintain a child in the community.
- (28) “Resource home” means an individual or family dually approved by a local department to be available as both foster care and adoptive caregivers.
- (29) “Resource home worker” means a local department staff person assigned to work with the resource family.
- (30) “Resource parent” is an individual dually approved as a foster and adoptive parent.
- (31) “Restricted resource home” means a family resource home approved to serve a specific foster child or children and only that child or children.
- (32) “Treatment foster care” means a program designed and implemented by a child placement agency to provide intensive casework and treatment in a family setting to children with special physical, emotional or behavioral needs.

Appendix

1. Creating a Life book
2. LDSS After Hours List by County
3. Mobile Crisis/Stabilization Services List By County
4. Emergency Contact Numbers
5. Medication Log
6. Maryland Schedule of Preventive Health Care
7. Ready By 21 Manual Link: <http://dhr.maryland.gov/blog/foster-care/youth-resources/ready-by-21/>
8. Resource Parent Policies Link: <http://dhr.maryland.gov/blog/foster-care/foster-parent-policies/>
Or go to: www.maryland.gov then click on:
 - ▶ State Agencies
 - ▶ Human Resources
 - ▶ Services
 - ▶ Foster Care
 - ▶ Foster Parent Policies



The process of creating a Life Book can:

- Help the caseworker, Resource parent, and child form an alliance.
- Help a child understand events in his/her life.
- Provide tangible links to the past which provide chronological continuity.
- Provide a vehicle for the child to share his/ her life history with others.
- Increase a child's self-esteem by providing a record of the child's growth and development.
- Help the child's family of origin share in the time when they were living apart.
- Contribute to the adoptive family's understanding of the child's past.

Material to put in a Life Book may include: *

Birth Information

- Birth certificate
- Weight, height, special medical information
- Picture of the hospital
- Child's Family Information
- Pictures of child's family
- Names, birth dates of parents
- Genogram (a visual map displaying family history and patterns)
- Names, birth dates of siblings, and where they are
- Physical description of parents, especially pictures of parents and siblings
- Occupational/educational information about birth parents
- Information about extended family member
- Placement Information
- Pictures of foster family or families
- List of Resource Homes (name, location of Resource Homes)
- Names of other children in Resource Homes to whom child was especially close
- Names of caseworkers
- Pictures of caseworkers to whom child was especially close

**LOCAL DEPARTMENTS OF SOCIAL SERVICES
AFTER HOURS PHONE LISTING**

Allegany County	301-777-5959
Anne Arundel County	410-421-8400
Baltimore City	410-361-2235
Baltimore County	410-583-9398
Calvert County	443-550-6900
Caroline County	410-479-2515
Carroll County	410-386-3434
Cecil County	410-996-5350
Charles County	301-932-2222
Dorchester County	410-221-3246
Frederick County	301-600-2464
Garrett County	301-334-1911
Harford County	410-838-6600
Howard County	410-313-2929
Kent County	410-758-1101
Montgomery County	240-777-4417
Prince George's County	301-699-8605
Queen Anne's County	410-758-1101
St. Mary's County	301-475-8016
Somerset County	410-651-0630
Talbot County	410-819-4747
Washington County	240-420-2222
Wicomico County	410-548-4891
Worcester County	410-632-1313

**MENTAL HEALTH STABILIZATION SERVICES
CONTACT LIST FOR CORE SERVICES AGENCIES**

Allegany and Garrett Counties:

Contact: Laura Miller - (301) 759-5069

Anne Arundel County:

Contact: Catherine Gray – (410) 222-7858

Baltimore City:

Contact: Steve Johnson – (410) 637-1900 extension 7796

Baltimore County:

Contact: Lee Ohnmacht – (410) 887-3828

Caroline, Dorchester, Kent, Queen Anne’s and Talbot Counties:

Contact: Megan Andrejczuk – (410) 770-4801 extension 304

Harford County:

Contact: Jamie Miller or Laura Johnson - (410) 803-8726

Prince George’s County:

Contact: Karen Burkes – (301) 883-1353

Somerset, Wicomico, and Worcester Counties:

Contact: Tammy Griffin or Amanda Rotruck - (410) 533-6981

Washington County:

Contact: Brooke Kerbs – (301) 739-2490 ext. 112

Maryland Healthy Kids Preventive Health Schedule

Components	Infancy (months)												Early Childhood (months)												Late Childhood (yrs)												Adolescence (yrs)				
	Birth	3-5 d	1	2	4	6	9	12	15	18	24	30	36	48	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19/20												
Health History and Development	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X											
Medical and family history/update	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X											
Perinatal history	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X											
Psycho-social/environmental assessment/update	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X											
Developmental Surveillance (Subjective)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X											
Developmental Screening (Standard Tools) ¹							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X											
Autism Screening								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X										
Mental health/behavioral assessment																																									
Substance abuse assessment																																									
Physical Exam																																									
Systems exam	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X										
Vision/hearing assessments ²	O ²	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S										
Oral/dentition assessment	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X									
Nutrition assessment	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X									
Height and Weight	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X									
Measurements and graphing:	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X									
Head Circumference	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X									
BMI																																									
Blood Pressure ³																																									
Risk Assessments by Questionnaire																																									
Lead assessment by questionnaire						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X								
Tuberculosis *			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X								
Heart disease/cholesterol *																																									
Sexually transmitted infections (STI) *																																									
Laboratory Tests																																									
Hereditary/metabolic hemoglobinopathy	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X								
Blood lead Test																																									
Anemia Hgb/Hct																																									
Immunizations																																									
History of immunizations	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X								
Vaccines given per schedule	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X								
Health Education																																									
Age-appropriate education/guidance	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X								
Counsel/referral for identified problems	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X								
Dental education/referral	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X								
Scheduled return visit	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X								
Key : X Required → Required if not previously done S Subjective by history / observation O Objective by standardized testing • Counseling/testing required when positive																																									

The Schedule reflects minimum standards required for all Maryland Medicaid recipients from birth to 21 years of age. The Maryland Healthy Kids Program requires yearly preventive care visits between ages 2 years through 20 years. Refer to AAP 2006 Policy Statement referenced in the Healthy Kids Program Manual. Screening required using standardized tools. *Newborn Hearing Screen follow-up required for abnormal results. ³Blood Pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.

Effective 1/1/2013

Maryland Healthy Kids Program

www.dhmh.maryland.gov/epsdt/

