



# Office of Licensing and Monitoring Quarterly Provider Meeting

October 9, 2014 & October 16, 2014 – North Point Library, 1716 Merritt Boulevard, Dundalk, MD 21220

## *Agenda*

9:30 - 9:35

*Welcome*

*Darlene Ham*

9:35 - 10:00

*Residential Child and Youth Care Practitioner Certification Application*

*RCYCP Board*

10:00 - 10:20

*Maryland Family Centered Practice*

*Karen Powell  
Tina Bullock*

10:30 - 12:30

*LGBTQ Training*

*M. Saida Agostini*

*Questions and Answers*

**Maryland State Board for the Certification of Residential Child Care Program  
Professionals  
4201 Patterson Avenue – 4<sup>th</sup> Floor  
Baltimore, Maryland 21215  
(410-764-5996)**

<b>INFORMATION FOR COMPLETING THE “GRANDFATHERED STATUS RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER APPLICATION</b>
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A residential child care program is an entity that provides for children 24-hours per day care with a structured set of services and activities that are designed to achieve specific objectives relative to the needs of children serviced and that include the provision of food, clothing, shelter, education, social services, health and mental health, recreation, or any combination of these services and activities. ***All residential child care programs licensed in Maryland are required to have a Certified Child and Youth Care Practitioner on staff.*** An individual must be ***Certified*** by the State Board before an individual may work as a Residential Child and Youth Care Practitioner in Maryland.

Effective October 1, 2015 all Residential Child and Youth Care Practitioners (RCYCP), formerly Known as “residential child care workers”, employed in the state of Maryland will be required to be certified by the state Board before October 1, 2015, unless: the RCYCP is an employee of the Maryland School for the Blind who is a residential child and youth care practitioner and holds a current paraprofessional certificate. Health Occupations Article §20-301 (i).

The RCYCP is participating in a Board – approved training program that leads to certification within 180 days of hire. Health Occupations Article §20-301 (ii).

***“Grandfathered in” applicants are not required to take the Board approved training program for certification”.***

- The application must be typed or printed legibly. All items on the application form must be completed, signed and dated. The application form **must be notarized.**
- All documents must be original, on the forms currently in use by the State Board and submitted as a **COMPLETE** application packet. Incorrect and incomplete applications will delay the review and approval process. If you submit an incomplete application, you will be charged a \$5.00 reprocessing fee. The State Board **WILL NOT** process an application until it has received **ALL** required documentation.
- If an applicant **FAILS** to provide the required document (s) within **120 days** of the application. The State Board may either administratively close the application or deny the application, pursuant to COMAR 10.57.02.04.E.

**I. Personal Information**

**Name** – Your name will appear on all documents and correspondence as you list on the application: (1) the name must be your legal name, (2) the name on your driver’s license or identification.

**Maiden** – include all past names used, such as maiden names, etc.

**Social Security Number** – You must provide your social security number.

**E-Mail Address** – The State Board disseminates all correspondence via electronic mail (“e-mail”). Therefore, it is important that you provide and maintain a current email address with the State Board.

***Military Status***

The Veterans Employment Act of 2013 became effective July 1, 2013 requiring specified licensing units and Boards to give credit to former service members for relevant military training, education, and experience in connection with the issuance of occupational and professional licenses, certificates, and regulations.

*“Service Member” means an individual who is an active duty member of:*

- The Armed Forces of the United States
- A reserve component of the Armed Forces of the United States; or
- The National Guard of any State

*“Veteran” means a former service member who was discharged from active duty under circumstances other than dishonorable within one year before the date on which the application for license, certificate, or registration is submitted.*

*“Veteran” does not include an individual who has completed active duty and has been discharged for more than one year before the application for a license, certification, or registration is submitted.*

*“Military Spouse” means the spouse of a service member or veteran,*

*“Military Spouse includes a surviving spouse of:*

- A veteran; or
- A service member who died within one year before the date on which the application for license, certification, or registration is submitted.

***If you are requesting Veteran preference please include a copy of DD Form 214  
If you are requesting Spouse preference please include a copy of DD form 2765***



Please provide all other information as requested in this section.

## II. Educational Background

**“Grandfathered in”** applicants will need to provide to the Board a copy of their high school Diploma or GED. If the applicant has received a higher degree (such as a Bachelor’s, Master’s or doctorate degree) the applicant will only need to submit a **photo** copy of their degree.

Educational credentials from foreign countries must be evaluated by a State Board approved education review service. The State Board has approved the following education review services:

- International Consultants of Delaware, Inc. at 212-222-8454, extension 510 ([icd@icdel.com](mailto:icd@icdel.com))
- World Education Services, Inc. at 202.331.2925 (<http://www.wes.org/>).

## III. Licenses, Certifications, or Registrations Held

List all (active, inactive, or non-renewed) licenses, certifications or registrations held in ANY state, including Maryland. Attach an additional 8 ½” sheet of paper if necessary. You must indicate the type of license – e.g., Human Service work, etc. **Verification of Licensure, Certification or Registration must be provided to the State Board from each issuing Entity.** A *State Licensure or Certification Affidavit* may be downloaded from the State Board’s website at <http://dhmh.maryland.gov/crccp>. The Affidavit must be completed by the issuing entity and returned to the State Board.

### State Licensure or Certification Affidavit

As referenced in *Section III* of the application and information, a *State Licensure or Certification Affidavit* must be completed by the issuing entity and returned to the State Board for all Active, inactive, or non-renewed licenses, certifications or registrations held by the applicant in ANY state, including Maryland. The form is available for download on the State Board’s website.

## IV. Felony and Professional Charges and Convictions

Please answer all questions. For each question answered with a “yes” you must attach a detailed explanation and **true test copy** and **final disposition, and should have the court stamp on the documents.**

### State and National Criminal History Record Check

All individuals seeking certification from the State Board must submit to a State and National criminal history record check (Health Occupations Article, §20-302C) and approved private providers authorized pursuant to COMAR 12.15.05 to collect and submit live fingerprints. Criminal history record information obtained is sent directly to the State Board and to you. Information regarding your criminal history record check that is received by the Board **will not** be made available to the private provider. **The State Board’s authorization number through the Criminal Justice Information System-**



***Central Repository (CJIS-CR) is -0800001123.*** The Private Providers for fingerprinting can be found on the Department of Public Safety and Correctional Services website at <http://www/dpscs.state.md.us/publicservs/fingerprint.shtml>. ***The Criminal Justice Information System – Central Repository number is 410-764-4501 – Toll Free: 1-888-795-0011.***

Although a receipt from the private provider or CJIS-CR is sufficient documentation that you have initiated your criminal history record check, your application ***WILL NOT*** be processed until the results of the criminal history background check are received by the State Board. Positive results will require detailed explanations and court sealed records forwarded to the State Board.

***Consent for Release of Information/Background Clearance Request Child Protective Services Program***

All individuals seeking certification from the State Board must submit a Child Protective Services Background Clearance. Child Protective Background Clearance is completed by the applicant and sent directly to the ***Department of Social Services in the jurisdiction where the applicant lives. The form must be signed and notarized.*** If you have lived in other states, you are also required to request the Child Protective Services from each state you have lived. The agency will mail or fax the findings to the Board. Positive results will require detailed explanations and court sealed records forwarded to the State Board.

**V. *Residential Child Care Program Information***

If you are affiliated with a residential child care program, you must provide the agency's name, mailing address, and indicate the licensing authority for the program.

**VI. *Release to process Residential Child and Youth Care Application***

All applicants must sign and date this section on the application. All applicants must complete the ***Third Party Release, if you plan to use an intermediary to receive information about the status of your application. (If you do not plan to use an intermediary, please write N/A).***

Active, inactive, or non-renewed licenses, certifications or registrations held by the applicant in **ANY** state, including Maryland. The form is available for download on the State Board's website.

**VII. *Affirmation and signature***

This section affirms the information on the application, no willful misrepresentations or falsifications and that the information is true and complete to the best of your knowledge and belief. The State Board may verify any information on the application. Any willful misrepresentation is cause for immediate denial of the application or later revocation of certification.

Acknowledgment that the applicant has received, read and understands the Maryland Certification of Residential Child Care Program Professionals Act. Further practice as

a Residential Child and Youth Care Practitioner without an active certificate is a violation of the Maryland Certification of Residential Child Care Program Professionals Act.

In addition, this section provides information regarding the *Notice of Mailing List*. The Information collected on the certification application form and the certification renewal form is collected for the purpose of the State Board's functions under the Maryland Health Occupations Code Annotated Title 20. Failure to provide the information may result in the denial of your application for initial or renewal certification. You have the right to inspect, amend, and correct information. The State Board may permit inspection of this form, or make it available to others, only as permitted by Federal and State Law. The State Board may sell or provide lists of certificate holders' names and addresses to professional associations and other entities. Under the Maryland Public Information Act, Maryland State Government Code Annotated §10-617, you may request in writing your name be omitted from such lists.

***Please Note: Applicant must sign application in front of Notary. Notary must sign and date, and place Notary Seal in circle, picture must be placed in box on the application. Application will be mailed back if this information is missing.***

### **APPLICATION CHECKLIST**

The State Board **WILL NOT** consider an application until it has received **ALL** required Documentation. Incorrect and incomplete applications will delay the review and approval process. If you submit an incomplete application, a \$5.00 processing will be charged.

Therefore, before submitting your application, please review the items below:

- Answered all questions on the Certification Application, signed and notarized the application
- Copy of DD214 – Military Preference (if applicable)
- Copy of Form DD2765 Identification and privilege card (if applicable)
- Copy of appropriate educational diploma (s) and transcripts reflective of Associate's degree Bachelor's degree or higher
- Completed State Licensure or Certification of Affidavit and forwarded to issuing entity (if applicable – if you hold any active, inactive, or non-renewed licenses, certificates or registrations in any State)
- Submitted a State and National Criminal History Record Check through the Maryland CJIS operated live scan fingerprint site
- Completed, notarized and mailed the Consent for Release of Information/Background Clearance Request to your local DHR/Social Services in the jurisdiction where you live



- If you answered “yes” to any of the questions in the Felony and Professional Charges and Convictions section, provide a detailed, written explanation, and a certified copy of the police/court record and final disposition.
- Application fee of \$50.00 - check or money order payable to BCRCCP

Additional forms to submit with this application:

- Complete and have notarized the *Affidavit for RCYCP Seeking Certification*
- Completed *On Site RCYCP Program Orientation* form.
- Completed *Employment Verification* form

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### STATE BOARD CONTACT INFORMATION

#### MAILING ADDRESS:

STATE BOARD FOR THE CERTIFICATION OF RESIDENTIAL CHILD CARE PROGRAM  
PROFESSIONALS

Attention: RCYCP Application Review  
4201 Patterson Avenue – 4<sup>th</sup> Floor  
Baltimore, Maryland 21215

PHONE: (410) 764-5996

FAX: (410) 358-5674 TTY FOR DISABLED: (800) 725-2256

Website address: <http://dhmh.maryland.gov/crccp>

Email address: [dhmh.crccpa@maryland.gov](mailto:dhmh.crccpa@maryland.gov)



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene  
4201 Patterson Avenue • Baltimore, Maryland 21215-2299

**Board for the Certification of Residential Child Care Program Professionals**

Phone • 410-764-5996 • Fax 410-358-5674

Website: <http://dhmh.maryland.gov/crccp> • Email address: [dhmh.crccpa@maryland.gov](mailto:dhmh.crccpa@maryland.gov)

TTY for Disable: 1-800-735-2258

Office Use Only

REC'D \_\_\_\_\_

FEE \_\_\_\_\_

PROCESSED \_\_\_\_\_

CHECK/MO \_\_\_\_\_

REVIEWED BY \_\_\_\_\_

APPROVED

DENIED

CERTIFICATE # \_\_\_\_\_

CONTROL # \_\_\_\_\_

## CERTIFICATION APPLICATION RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER

### SECTION I. PERSONAL INFORMATION

Please provide your **LEGAL NAME**

**Last Name and Generational Indicator (JR, II etc.)**

**First Name**

**Middle Name (if applicable)**

**Address**

**City**

**State**

**Zip Code**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Home Phone**

**Work**

**Cell**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Email Address**

**Date of Birth – Month**

**Date**

**Year**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Social Security Number**

**Gender Male**

**Female**

**Military Status**

Veteran (within 1 year of honorable discharge)  Active Service  Military Spouse  N/A

**Identification – Please check all that apply**

*Hispanic or Latin origin*

*Asian*

*Native Hawaiian or other Pacific Islander*

*American Indian or Alaska Native*

*Black or African American*

*White or Caucasian*



**SECTION II. EDUCATIONAL BACKGROUND**

***High School Diploma or Equivalency***

<i>Name of High School</i>	<i>City and State</i>	<i>High School Diploma</i> <input type="checkbox"/> <i>GED</i> <input type="checkbox"/>	<i>Date Received</i>
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***College/University***

<i>Name of College or University</i>	<i>City and State</i>	<i>Associate's</i> <input type="checkbox"/> <i>Bachelor's</i> <input type="checkbox"/> <i>Master's</i> <input type="checkbox"/>	<i>Date of Graduation</i>
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*(Please write N/A if you do not have degree)*

*Applicants who graduated from a foreign educational institution that is a college or university located outside of the geographical boundaries of the United States, should contact the Board about submitting their transcripts.*

**SECTION III.**

***Licenses, Certificates or Registrations Held***

<i>State</i>	<i>License/Certificate Number</i>	<i>Type of License</i>	<i>Original License/Certificate Date</i>	<i>History of Discipline</i>
				<i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
				<i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>

*(Please write N/A if you do not have any Licenses, Certificates or Registrations)*

**SECTION IV:**

***Felony and Professional Charges and Convictions***

- Have you completed and forwarded the Consent for Release of Information/Background Clearance form to your local jurisdiction where you reside for submission to the Board?  
**Yes**  **No**
- Have you completed the Criminal History Record Check through Livescan for submission to the Board? **Yes**  **No**

*Please answer "Yes" or "No" to the questions asked below and attach a written explanation for any "Yes" answer. For questions #4 and #5 also provide a copy of (arrest and charges), court record and final disposition. Answering "Yes" to a question will not necessarily cause the Board to reject your application.*

Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. Have you provided professional services while under the influence of alcohol, a narcotic, a dangerous substance or other drug that is in excess of prescribed amounts?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	2. Has any State licensing or disciplinary board, or a comparable body in the Armed Services denied your application for licensure, reinstatement, renewal, or taken any action against your license, including but not limited to reprimand, suspension, or revocation?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	3. Have you ever voluntarily surrendered a professional license due to violation of State licensing law?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	4. Have you pled guilty, to, nolo contendere, been convicted of, or received probation before judgment for any criminal act (excluding misdemeanor traffic violations)?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. Are there any outstanding complaints, investigations or charges pending against you in any State by any licensing or disciplinary board or a comparable body in the Armed Services?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	6. Has a malpractice suite been filed against you or has a claim for damages been settled or awarded against you?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	7. Has the condition of your employment been affected by any termination of employment, suspension, or probation for any reason related to your practice?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	8. Have you ever been denied a license, certification or registration to care for children?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	9. Have you ever been named as the perpetrator of child abuse or neglect by a State agency after an investigation?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	10. Are you currently charged with a felony or misdemeanor?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	11. Have you been addicted to the use of drugs or alcohol with the result that your ability to practice your profession has been impaired?

**SECTION V: RESIDENTIAL CHILD CARE PROGRAM INFORMATION**

Please identify the agency where you are currently employed as a Residential Child and Youth Care worker.

*Agency Name*

Licensing Authority: DHR  DHMH  DJS

*Agency Mailing Address*

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*City*

*State*

*Zip Code*

**SECTION VI: Release to process Residential Child and Youth Care Application**

I agree that the State Board for the Certification of Residential Child Care Program Professionals (hereinafter "Board") may request any information necessary to process my application for certification as a residential child and youth care practitioner in Maryland from any person or agency, including but not limited to former and current employers, government agencies, other licensing bodies and agencies, and I agree that any person or agency may release to the Board the information request. I also agree to sign any subsequent releases for information that may be requested by the Board. I further agree that the Board may release any information pertaining to the status of my application to the state licensing agency of the residential child care program listed on my application.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Third Party Release***

***(If you plan to use an intermediary to receive information about the status of your application).***

*I agree that the Board may release any information pertaining to the status of my application to the following person: (please write N/A if you do not want information released)*

\_\_\_\_\_

Name (Print)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Phone

**SECTION VII: Affirmation and signature**

- 1) I have read, and understand the Annotated Code of Maryland, Health Occupations Article 20, and the Code of Maryland Regulations (COMAR 10.57, Maryland Certification of Residential Child Care Program Professionals Act, posted on the Board's website. **Yes**  **No**
  
- 2) I understand that the State Board disseminates all correspondence via electronic mail ("e-mail"). Correspondence includes, but is not limited to: Information regarding your application and certification status, newsletters, transmittals, memoranda, notices, renewal information, etc. **Yes**  **No**

I hereby affirm that the information in this application contains no willful misrepresentation or falsification and that the information given to me is true and complete to the best of my knowledge and belief. I understand that the State Board may verify information on this application. I also understand that any willful misrepresentation is cause for immediate denial of the application or later revocation of the certification.

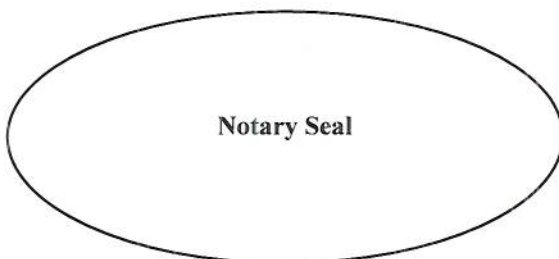
\_\_\_\_\_

Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Notary Public, Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_



This space to contain a recent passport type, full-face photograph of applicant.

Photograph must be securely taped in place.

Newspaper photograph, etc., not acceptable.

**PLEASE DO NOT STAPLE**

**MARYLAND STATE BOARD FOR THE CERTIFICATION  
OF RESIDENTIAL CHILD CARE PROGRAM PROFESSIONALS**

**AFFIDAVIT FOR APPLICANTS SEEKING RCYCP CERTIFICATION**

An applicant seeking certification as a Residential Child and Youth Care Practitioner must execute and submit the following affidavit with the application for certification:

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I swear or affirm under the penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. Plead guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect or exploitation; or
17. Any type of child abductions.

➤ **Except the following (list all incidents, locations, description, and date). If none, write NONE.**

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause to deny certification as a Residential Child and Youth Care Practitioner.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature of Notary Officer: \_\_\_\_\_  
(Seal, if any, of Notarial Officer)





STATE OF MARYLAND

DHMH

Department of Health and Mental Hygiene  
4201 Patterson Avenue•Baltimore•Maryland 21215

**State Board for the Certification of Residential Child Care Program Professionals**

**MARYLAND STATE BOARD FOR THE CERTIFICATION OF RESIDENTIAL CHILD CARE  
PROGRAM PROFESSIONALS**

**EMPLOYMENT VERIFICATION FORM**

**For Residential Child and Youth Care Practitioners (RCYCP) applying for certification through  
“grandfathered” clause**

This form is to be used only if the applicant has been employed in a Residential Child Care Facility as a Residential Child and Youth Care Practitioner (formerly known as “child care worker”) prior to October 1, 2013. This form must be completed by the Certified Program Administrator and the Human Resources Department of the Residential Child Care Program where the applicant is currently employed and submitted to the Board along with the RCYCP Application for Certification.

Name of Applicant

Name of Residential Child Care Facility

Address

City

State

Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Hire (Applicant)

Month

Date

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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*Please Note: If applicant worked as a Residential Child and Youth Care Practitioner since October 1, 2013, at more than one residential child care facility, please complete the information below. If this does not apply, please write N/A \_\_\_\_\_*

Name of Residential Child Care Facility

Address

City

State

Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Date of Hire (Applicant)

Last Date of Employment

Month , Date, Year

Month, Date, Year

<input type="text"/>	<input type="text"/>
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*I do solemnly declare and affirm under penalties of perjury, that the above statement(s) are true and correct.*

Name (Print) Program Administrator

\_\_\_\_\_  
Signature of Program Administrator – Certificate #

\_\_\_\_\_  
Date

Name (Print) Human Resources Staff

\_\_\_\_\_  
Signature of Human Resource Staff

\_\_\_\_\_  
Date





STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene  
4201 Patterson Avenue • Baltimore, Maryland 21215-2299

# CERTIFICATION OF RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONERS

## Process for Training and Certification

Per Senate Bill 576 of the 2010 Session of the General Assembly, all Residential Child and Youth Care Practitioners (RCYCP), formerly known as “residential child care workers”, employed in the State of Maryland will be required to be certified by the State Board for the Certification of Residential Child Care Program Professionals (the Board) on or before October 1, 2015 unless:

1. the RCYCP is an employee of the Maryland School for the Blind who is a residential child and youth care practitioner and holds a current paraprofessional certificate. (Health Occupations Article §20-301(i)).
2. the RCYCP is participating in a Board-approved training program that leads to certification within 180 days of hire. Health Occupations Article §20-301 (ii)

To become certified, RCYCP’s must participate in a Board-approved training program and pass an online Standards Examination or 7 Module Tests with a minimum score of 75%. The purpose of the training program is to provide a fundamental working knowledge of the varied aspects of performing the direct responsibilities related to activities of daily living, self-help, and socialization to children and youth in residential child care programs.

An Online Residential Child and Youth Care Training Program and Study Guide will be available beginning early winter 2015.

Private Providers who are interested in developing their own Residential Child and Youth Care Training Program may submit application to the Board for approval beginning December 2014.

After October 1, 2015, RCYCP’s will have 180 days from the date of hire to become certified as a practitioner. (This means, staff hired in May 2015 must be certified as a practitioner by November 2015; staff hired in June 2015 must be certified by December 2015, etc)

The only exception to the requirement for completion of a Residential Child and Youth Care Training Program **and** taking the Standards Examination is:

- A RCYCP that can present satisfactory evidence to the Board that he/she has worked as an RCYCP in the State for at least two consecutive years prior to October 1, 2015 can be **grandfathered in and will receive their certification without participation in an approved training program or taking the Standards Examination**. This certification will be contingent upon meeting the non- examination requirements contained in the application for certification.

The only exception that allows an individual to take the Standards Examination without completing a training program is:

Phone – 410-764-5996 • Fax 410-358-5674 • Website – <http://dhmh.maryland.gov/crccp> • Email address: [dhmh.crccpa@maryland.gov](mailto:dhmh.crccpa@maryland.gov)  
Toll Free-1877-4MD-DHMH • TTY for Disabled-Maryland Relay Service 1-800-735-2258



- An applicant who has an associate’s or bachelor’s degree from an accredited college or university may take the Standards Examination **without participating in a training program**. If the applicant fails the examination, then participation in a training program may be required

*Any individual with a disability may request, pursuant to COMAR 10.57.03.07 E, modifications in examination materials or procedures upon written request to the State Board.*

Please Note: All RCYCP candidates will complete a minimum of 10 hours of On-Site Program Orientation. This orientation is a required component of the RCYCP Certification process. The orientation shall consist of an on-site private provider orientation to program policies and procedures, the program culture, professional boundaries, and job shadowing. A certified RCYCP Program Administrator will be required to sign a document that verifies completion of the orientation. The On Site Program Orientation Form must be submitted along with the RCYCP Certification Application.

**THE ONLINE RESIDENTIAL CHILD AND YOUTH CARE TRAINING PROGRAM:**

The Online RCYCP Certification Training Program will consist of 7 modules designed to ensure trainees have the required fundamental working knowledge in the following areas: (1) the Residential Child and Youth Care Practitioner, (2) Child and Adolescent Development, (3) Communication Skills, (4) Life Skills Development, (5) Trauma, and (6) Legal and Ethical Issues in Residential Care. (7) Standards of Health and Safety. Each module will begin with a pre-test and end with a post test. The Online RCYCP Training Program consists of 20 contact hours of training. The Online Residential Child and Youth Care Certification Training Program shall be taken by staff who:

- A. Do not have an Associate’s or Bachelor’s degree from an accredited college or university
- B. Are not participating in a Board approved **PRIVATE PROVIDER** training program
- C. Do not meet criteria for grandfather clause

The additional required 10 hours of training will consist of an On-site Program Orientation that includes job shadowing, and training on agency policies and procedures, organizational/program culture, and professional boundaries. Verification of Onsite Program Orientation will be documented as part of the RCYCP Certification application.

**The Online RCYCP Training Process for Certification:**

I.	Upon submission of completed RCYCP Certification Application to the State Board, the application fee of \$50.00 and verification of On-Site Program Orientation, the RCYCP will be given access to the Online RCYCP Training program through The University of Maryland - Institute for Innovations and Implementation website.
II.	The RCYCP will complete each online training module in order (Module 1-7). Each Module will end with review questions. The RCYCP must complete the full Module and review question before gaining access to move to the next Module.
III.	Upon completion of the Module 7 and the review questions, the RCYCP has fulfilled the training requirements for certification. The RCYCP will print a Certificate of Completion and forward to the State Board.
IV.	Upon receipt of the Certificate and all documents required for RCYCP Certification, the Board will forward approval to the RCYCP to take the Standards Examination, along with test dates and locations.
V.	Once the RCYCP passes the Standards Examination with a minimum score of 75%, the RCYCP has completed all requirements for Certification. The Board will generate a Residential Child and Youth Care Practitioner License to the applicant. All certified RCYCP’s must complete a re-certification process every two years to maintain certification.



# THE PRIVATE PROVIDER RESIDENTIAL CHILD AND YOUTH CARE TRAINING PROGRAM:

Private Providers may develop their own Residential Child and Youth Care Training Program. All Private Provider RCYCP Training Programs must be approved by the State Board prior to implementation. The State Board will review training program curriculum to determine conformity to the uniform framework and core competencies for direct care workers.

The Private Provider RCYCP Training Program must consist of 7 modules designed to ensure trainees have the required fundamental working knowledge in the following areas: (1) the Residential Child and Youth Care Practitioner, (2) Child and Adolescent Development, (3) Communication Skills, (4) Life Skills Development, (5) Trauma, and (6) Legal and Ethical Issues in Residential Care. (7) Standards of Health and Safety. Each module will end with review questions. The Private Provider RCYCP Training Program will consist of a minimum of 20 contact hours of training. The Private Provider Residential Child and Youth Care Training Program shall be taken by staff who:

- A. Do not have an Associate's or Bachelor's degree from an accredited college or university
- B. Are not participating in the Online Residential Child and Youth Care Practitioner training program
- C. Do not meet criteria for grandfather clause

The additional required 10 hours of training will consist of an On-site Program Orientation that includes job shadowing, and training on agency policies and procedures, organizational/program culture, and professional boundaries. Verification of Onsite Program Orientation will be documented as part of the RCYCP Certification application.

## **The Private Provider Residential Child and Youth Care Certification Training Approval Process:**

I.	Private Providers will complete the RCYCP Private Provider Training Program application that will be posted on the State Board's website. The Private Provider can also access the Guidelines for developing a Residential Child and Youth Care Practitioner Training Program from the website for guidance on what to include in the training program.
II.	Private Providers should submit the completed application, the full RCYCP Private Provider Training Program, and \$150.00 application fee to the State Board for approval.
III.	A subcommittee designated by the State Board will review applications and make recommendations to the State Board. Review dates will be posted on the State Board's website. All applications must be received 30 days prior to the schedule review date.
IV.	If the subcommittee determines that the training program meets requirements, a recommendation for approval will be forwarded to the State Board. If the State Board approves the training program, the Board shall notify the Private Provider.
V.	If the subcommittee determines that the training program does not meet the requirements, the Board will send notification to the Private Provider and explain what areas should be addressed. The applicant shall re-submit their training program once deficiencies have been corrected.
VI.	If the subcommittee determines the training program does not meet requirements upon correction of deficiencies, the applicant may request a meeting of the subcommittee. Requests for meetings must be made in writing and include the topics to be discussed. The State Board will not provide technical assistance in developing training curriculum. After the third notice of deficiencies, the applicant must submit another application. There will be a cost of \$150.00.
VII.	All approved RCYCP Training Programs will be listed on the State Board's website.
VIII.	Upon approval, the Private Provider may offer the RCYCP Training Program to RCYCP's. Upon completion of the RCYCP Private Provider Training, the RCYCP must submit Certificate of Completion to the Board.



### **The Private Provider RCYCP Training Process for Certification:**

I.	Upon submission of completed RCYCP Certification Application to the State Board, the application fee of \$50.00, verification of On-Site Program Orientation and RCYCP Private Provider Training Program Certificate of Completion, the RCYCP will be given approval to take the Standards Examination, along with test dates and locations.
II.	The RCYCP will prepare for the Standards Examination via the RCYCP Certification Study Guide that will be available to access from the Board website.
III.	Once the RCYCP passes the Standards Examination with a minimum score of 75%, the RCYCP has completed all requirements for Certification. The Board will generate a Residential Child and Youth Care Practitioner License to the applicant. All certified RCYCP's must complete a re-certification process every two years to maintain certification.

### **THE ONLINE STANDARDS EXAMINATION:**

The Standards Examination is composed of 100 questions taken from the 7 modules of the Online Residential Child and Youth Care Worker Certification Online Training Program. A Study Guide will be made available to RCYCP's in preparation for the Standards Examination. To pass the Standards Examination, a minimum score of 75% is required. The Standards Examination will be taken by staff who either:

- A. have an Associate's or Bachelor's degree from an accredited college or university or
- B. has completed the Community College of Baltimore (Catonsville) Child and Youth Care Practitioner Certificate Program or
- C. has completed a Board approved Private Provider RCYCP Training program

### **The Online Standards Examination Process:**

I.	Upon submission of a complete RCYCP Certification Application to the State Board, the application fee of \$50.00, verification of On-site Program Orientation, and verification of completion of a Board Approved Residential Child and Youth Care Practitioner Training (if applicable), the RCYCP will be provided with logistics for taking the Standards Examination.
II.	The RCYCP must pass the Standards Examination prior to October 1, 2015. Effective October 1, 2015, the RCYCP must pass the Standards Examination within 180 days from the date of hire.
III.	When the RCYCP has passed the Standards Examination, the RCYCP will print confirmation of passing scores and forward to the State Board.
IV.	Upon receipt of passing scores, the Board will generate a Residential Child and Youth Care Practitioner License to the applicant. All certified RCYCP's must complete a re-certification process every two years to maintain certification.

### **Statutes and Regulations**

Health Occupations Article: Title 20

Title 14 Subtitle 31 Chapter 5

Title 14 Subtitle 31 Chapter 6

Title 10 Subtitle 57 (Board Regulations)

<http://dhmh.maryland.gov/crccp>



STATE OF MARYLAND



**DHMH**

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Maryland Department of Health and Mental Hygiene  
4201 Patterson Avenue•Baltimore, Maryland 21215-2299  
State Board for the Certification of Residential Child and Youth Care Program Professionals

***INFORMATION FOR RESIDENTIAL CHILD AND YOUTH CARE  
CERTIFICATION FOR PRIVATE PROVIDER TRAINING CURRICULUM***

November 1, 2014

***Dear Training Provider Applicant:***

Thank you for your interest in becoming a Private Provider Trainer for the Residential Child and Youth Care Certification (RCYCP) program. This information is designed to assist private providers to understand the requirements set forth in the relevant statutes and regulations regarding Maryland's Residential Child and Youth Care Certification program. Effective October, 1, 2015, all Residential Child and Youth Care Practitioners must complete a Board approved training program to become certified in Maryland. Statutory authority is found in ***Health Occupations Article Title §20-302.02, (b) Successful completion of an approved training program shall prepare an individual for certification as a residential child and youth care practitioner.*** The regulations governing this program are found in **COMAR 10.57.03.01.**

**PROVIDER QUALIFICATIONS**

Any individual or agency who has the resources to provide an RCYCP certification training curriculum for Residential Child and Youth Care Practitioners and agrees to adhere to the laws and regulations governing this program may apply for private provider approval.

**APPLICATION PROCESS**

Complete the forms in the private provider approval packet and submit them along with all the other required documents and a check or money order for \$150.00 application fee payable to the Maryland State Board for the Certification of Residential Child Care Program Professionals, (BRCCP). ***Please note, should you choose not to complete the application process or your application does not meet the Board's requirements, the application fee is non-refundable and non-transferable, COMAR 10.57.07.02. Incomplete applications will delay the processing of your application.***

The following must be included in the application packet:

- Private Provider Application
- A check or money order payable to BCRCCP in the amount of \$150.00
- Training curriculum for RCYCPs
- Facilitator notes
- Number of training hours per session
- Detailed outline notes of session activity

Upon receipt of the completed application and all required documentation, it will be reviewed by the Board's Review Committee. The provider will be advised of the Committee's recommendation for approval.

If approved, after the RCYCP applicant has completed his/her training the Private Provider must submit a certificate of completion for the applicant to the Board. The certificate shall include the following information:

- a. Name of Private Provider Trainer*
- b. Name of Agency*
- c. Name of Participant*
- d. Date Certification Training was completed*
- e. Sample Training Certificate*

## **TRAINING CONTENT**

The content of all training curriculum must be relevant to the RCYCP's core competency requirements.

It is the responsibility of the Private Provider to clearly state in the application the training description, training objective, and outline how the course content relates to the 20 hours of **CORE COMPETENCIES TRAINING REQUIREMENTS that include the following:**

- Introduction to Residential Child and Youth Care Practitioner
- Child and Adolescent Development
- Communication Skills
- Life Skills Development
- Legal and Ethical Issues
- Trauma
- Standards of Care

RCYCPs are also required to complete 10 hours of job shadowing and successfully complete the following on-site requirements towards Residential Child and Youth Care Practitioner Certification:



- Agency Policies and Procedures
- Organizational/Program Culture
- Professional Boundaries

The “Completion of On-Site Program Orientation” form must be submitted to the Board after the applicant has completed their 10 hours. This form can be found on the State Board’s website.

***Please Note: Should your application and training curriculum be approved, please not that approval is solely granted for training that will prepare individuals to become certified as an RCYCP.***

Due to the extensive application review, program evaluation, the time of a response to your submitted application may vary.

Should you have any questions concerning your provider application, or the evaluation process, please contact me by phone at 410-764-5996 or via email at [Gwendolyn.Joyner@maryland.gov](mailto:Gwendolyn.Joyner@maryland.gov).

Sincerely,

Gwendolyn A. Joyner  
Deputy Director



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene  
4201 Patterson Avenue • Baltimore, Maryland 21215  
State Board for the Certification of Residential Child Care Program Professionals

For Board Use Only

Application# \_\_\_\_\_  
Fee# \_\_\_\_\_  
Date Received \_\_\_\_\_  
Date Reviewed \_\_\_\_\_  
Reviewed By \_\_\_\_\_  
Meets Criteria: Yes   
No   
Program Approved   
Program Denied

### PRIVATE PROVIDER APPLICATION

*Carefully review the enclosed application packet and submit this application by December 1, 2014. Be sure to include the course curriculum with the application. This application should be typed. If more space is needed than provided on original, attach additional sheets and reference the question being answered. Please refer to information page for a list of the required documents to be submitted with this application.*

#### **I. Contact and Private Provider Information**

##### **Private Provider's Information**

Last Name	First	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Agency Name		
<input type="text"/>		
Agency Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone (work)	(cell)	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### **II. Training Information**

Training Location:

Methods of Instruction: (attach copies of training curriculum)



**III. Private Provider**

Please list the names and credentials of trainers to be approved: (include curriculum vitae and evidence of expertise in the program areas). *Please see study guide and outline for initial certification training on the Board's website at <http://dhmh.maryland.gov/crccp>.*

*Private Provider (Print)*

*Private Provider (Print)*

I certify that the training program's core competencies described in COMAR regulations including any attachments, meets the requirements established in **COMAR10.57.03**. I hereby attest and affirm that the information included on this application, including any attachments, is true and accurate to the best of my knowledge. I acknowledge that any approval issued pursuant to this application, including any attachments, will be subject to revocation if approval was based on incorrect or inadequate information that materially affected the decision to approve the application.

Private Provider

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Private Provider

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## APPLICATION CHECKLIST

Before you mail your application and fee, make sure you have:

- Filled out all applicable sections of the application
- Signed and dated the application
- Made a copy of your application for your files
- Enclosed Curriculum Vitae
- Enclosed Training curriculum
- \$150.00 check or money order

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### STATE BOARD CONTACT INFORMATION

#### MAILING ADDRESS:

**STATE BOARD FOR THE CERTIFICATION OF RESIDENTIAL CHILD CARE PROGRAM  
PROFESSIONALS**

**Attention: PRIVATE PROVIDER TRAINER APPLICATION REVIEW**

**4201 Patterson Avenue-4<sup>th</sup> Floor  
Baltimore, Maryland 21215**

**PHONE: (410) 764-5996      FAX: (410) 358-5674      TTY FOR DISABLED: (800) 725-2256**

**Website address: <http://dhmh.maryland.gov/crccp>**

**Email address: [dhmh.crccpa@maryland.gov](mailto:dhmh.crccpa@maryland.gov)**





STATE OF MARYLAND

DHMH

**James T. Merrow**

*Executive Director*

Maryland Department of Health and Mental Hygiene  
State Board for the Certification of Residential  
Child Care Program Professionals

4201 Patterson Ave., Baltimore, Maryland 21215-2299

Office: 410-764-5911 Fax: 410-358-5674

E-Mail: James.Merrow@maryland.gov



STATE OF MARYLAND

DHMH

**Gwendolyn A. Joyner**

*Deputy Director*

Maryland Department of Health and Mental Hygiene  
State Board for the Certification of Residential  
Child Care Program Professionals

4201 Patterson Avenue, Baltimore, MD 21215-2299

Office: 410-764-5996 Fax: 410-358-5674

E-Mail: Gwendolyn.Joyner@maryland.gov



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene  
4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Martin O'Malley Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

*State Board for the Certification of Residential Child Care Program Professionals*

# Does Your Organization Have A Computer Lab?



The State Board for Certification of Residential Child Care Program Professionals is currently seeking locations to serve as Residential Child and Youth Care Practitioners (RCYCP) Testing Locations for individuals to take the Standards Examination for certification.

## Space requirements:

- Minimum of 6 computers in one room
- Internet access
- Mozilla Firefox or Google Chrome software


If your agency is interested in serving as a host site or you have additional questions, please contact Gwendolyn Joyner, Deputy Director of the State Board for Certification of Residential Child Care Program Professionals, at 410-764-5996 or [Gwendolyn.joyner@maryland.gov](mailto:Gwendolyn.joyner@maryland.gov) no later than November 30, 2014.

Phone – 410-764-5996 • Fax 410-358-5674 • Website – <http://dhmh.maryland.gov/crccp> • Email address: [dhmh.crccpa@maryland.gov](mailto:dhmh.crccpa@maryland.gov)  
Toll Free-1877-4MD-DHMH • TTY for Disabled-Maryland Relay Service 1-800-735-2258





TO: All Providers

FROM: Darlene Ham   
Executive Director, Office of Licensing and Monitoring

DATE: September 22, 2014

RE: DHR/OLM Incident Reporting – CPA Providers

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This is a reminder of your responsibilities regarding the reporting of Agency Emergencies as outlined in COMAR 07.05.01.08 A, which states that the agency is to notify OLM by phone immediately and in writing within 48 hour of occurrence, of the following emergencies:

- (a) The death of a child in foster care or receiving adoption services;
- (b) Accident, assault, illness, or psychiatric episode of a child which requires hospitalization or emergency medical care;
- (c) Suspected incident of child abuse or neglect, including mental injury;
- (d) Illegal activity leading to the incarceration of a child, parent, foster parent, guardian, or adoptive parent; or
- (e) Other occurrences which may affect the health, safety, or well-being of children in care or receiving adoption services.

Please review the policies, *current incident reporting form (dated 6/11/2013)*, and instructions for correctly completing the incident report for children placed in your program by local Departments of Social Services. These documents may be found by going to the DHR website, <http://dhr.maryland.gov>, and clicking on "Licensing and Monitoring", then click on Provider Resources on the left side of the page. Once on the Provider Resource page click on "Critical Incident Reporting". Otherwise, the web address to the direct "Critical Incident Reporting" page is [http://www.dhr.state.md.us/blog/?page\\_id=3683](http://www.dhr.state.md.us/blog/?page_id=3683).

Also please note,

OLM prefers that you inform us of the Critical Incidents, in PDF form via e-mail at [olm.incidents@maryland.gov](mailto:olm.incidents@maryland.gov). You may also fax the reports to 410-333-8408. However, use one method or the other -- DO NOT USE BOTH methods as this will skew your reporting statistics.

Please type the data describing the incident on the incident form (found on the website noted above). OLM will no longer accept handwritten incident reports.

The following are ways that provider agency staff can correct the most frequent errors and problems that our staff encounters as they review and document your reports. These errors skew and compromise the integrity of the data.



**Ways that provider agency staff can correct frequent errors and problems regarding Critical Incident Reporting:**

1. The correct form has a revision date of June 11, 2013 (a copy is found on the DHR website as noted above). Please destroy all previous additions.
2. Provider Organization Name is the legal name of your organization. - This is not what your program is known as/contracted name/etc. This is the legal/incorporated name.
3. If your program has multiple licensed offices, indicate the specific office address and CPA home address for which the incident refers - the review and data entry of these reports are completed by a different Licensing Coordinator each day, do not assume they are familiar with your program or the nuances regarding which office the report may apply.
4. The date and time the incident is reported should reflect the date it was reported to *OLM* and not internally to your administrators / supervisors. - The time and date should be the same as the time and date the report was e-mailed or faxed to OLM, or called in to the Licensing Coordinator for your program.
5. The child's name should be listed as first name, last initial only.
6. The placing agency is the local Department of Social Services, (by county) or the Washington D.C. agencies (CFSA or DYRS). - The placing agency is never your agency;
7. Be sure to check all of the incident type boxes that apply to the incident and that are described in the narrative. - Most AWOLs should have a corresponding "Police Involvement" box checked.
8. Law enforcement information must be included, when police involved: police report #, district name, badge #, date & time reported to police.
9. If using another agency's form, please include information necessary for OLM such as date of birth, name of Administrator and staff person(s) involved.

Finally, please ensure that ALL STAFF that are involved in the completion of the critical incident reports in your organization are made aware of the policies and instructions pertaining to Critical Incident reporting.

If you have any questions regarding the incident reporting policy, please contact your Licensing Coordinator.





TO: All Providers

FROM: Darlene Ham  
Executive Director, Office of Licensing and Monitoring

DATE: September 22, 2014

RE: DHR/OLM Incident Reporting – RCC Providers

This is a reminder of your responsibilities regarding the reporting of critical incidents as outlined in COMAR 14.31.06.18 A (2). "Critical incidents" as defined by the Office of Licensing and Monitoring:

- (a) The death of a child or staff while on duty;
- (b) Accident, assault, illness, or psychiatric episode of a child which requires hospitalization or emergency medical care;
- (c) Suspected incident of child abuse or neglect, including mental injury;
- (d) An unauthorized absence of any duration that constitutes an immediate danger to self or others;
- (e) Illegal activity leading to the incarceration of a child, parent, guardian or staff person;
- (f) Restraint of a youth; and
- (g) Any programmatic, public health, or physical plant issue that could endanger or require the removal of children for reasons of health or safety.

In addition, please also report any incident in which the child is restrained as defined in COMAR 14.31.06.03 B (36): "Restraint means a technique that is implemented to impede a child's physical mobility or limit free access to the environment, including to chemical, mechanical or physical restraints."

Please review the policies, *current incident reporting form (dated 6/11/2013)*, and instructions for correctly completing the incident report for children placed in your program by local Departments of Social Services. These documents may be found by going to the DHR website, <http://dhr.maryland.gov>, and clicking on "Licensing and Monitoring", then click on Provider Resources on the left side of the page. Once on the Provider Resource page click on "Critical Incident Reporting". Otherwise, the web address to the direct "Critical Incident Reporting" page is [http://www.dhr.state.md.us/blog/?page\\_id=3683](http://www.dhr.state.md.us/blog/?page_id=3683).

Also please note,

OLM prefers that you inform us of the Critical Incidents, in PDF form via e-mail at [olm.incidents@maryland.gov](mailto:olm.incidents@maryland.gov). You may also fax the reports to 410-333-8408. However, use one method or the other -- **DO NOT USE BOTH methods as this will skew your reporting statistics.**



Please type the data describing the incident on the incident form (found on the website noted above). OLM will no longer accept handwritten incident reports.

The following are ways that provider agency staff can correct the most frequent errors and problems that our staff encounters as they review and document your reports. These errors skew and compromise the integrity of the data.

**Ways that provider agency staff can correct frequent errors and problems regarding Critical Incident Reporting:**

1. The correct form has a revision date of June 11, 2013 (a copy is found on the DHR website as noted above). Please destroy all previous additions.
2. Provider Organization Name is the legal name of your organization. - This is not what your program is known as/contracted name/etc. This is the legal/incorporated name.
3. If your program has multiple licensed offices, indicate the specific office address and CPA home address for which the incident refers - the review and data entry of these reports are completed by a different Licensing Coordinator each day, do not assume they are familiar with your program or the nuances regarding which office the report may apply.
4. The date and time the incident is reported should reflect the date it was reported to *OLM* and not internally to your administrators / supervisors. - The time and date should be the same as the time and date the report was e-mailed or faxed to OLM, or called in to the Licensing Coordinator for your program.
5. The child's name should be listed as first name, last initial only.
6. The placing agency is the local Department of Social Services, (by county) or the Washington D.C. agencies (CFSA or DYRS). - The placing agency is never your agency;
7. Be sure to check all of the incident type boxes that apply to the incident and that are described in the narrative. - Most AWOLs should have a corresponding "Police Involvement" box checked.
8. Law enforcement information must be included, when police involved: police report #, district name, badge #, date & time reported to police.
9. The name of the Behavioral Intervention Protocol (the crisis intervention model your organization uses) must be identified. - E.g., TCI, TACT2, Mandt, etc. when there is a restraint. Please do NOT list the name of the protocol if the report is NOT concerning a restraint.
10. If using another agency's form, please include information necessary for OLM such as date of birth, name of Administrator and staff person(s) involved.

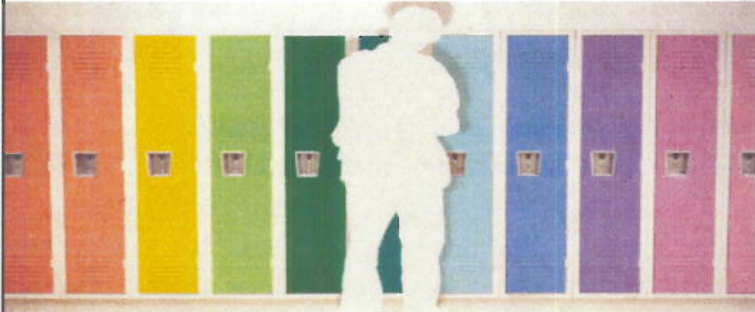




Finally, please ensure that ALL STAFF that are involved in the completion of the critical incident reports in your organization are made aware of the policies and instructions pertaining to Critical Incident reporting.

If you have any questions regarding the incident reporting policy, please contact your Licensing Coordinator.

## Best Practices for Working with LGBTQ Youth in Care



M. Saida Agostini, MSW, LGSW  
Director of LGBTQ Resources  
FreeState Legal Project



### FreeState Legal Project

is a legal advocacy organization that seeks to improve the lives of low-income lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) Marylanders.

[www.freestatelegal.org](http://www.freestatelegal.org)



(1)

Provides direct legal services to low-income LGBT clients through in-house counsel and pro bono attorney networks

Works towards systemic law and policy changes through governmental advocacy

(3)

Conducts outreach activities designed to promote self-advocacy within the LGBT community, particularly among LGBTQ teens

Provides educational trainings to schools, foster care workers and families, and juvenile justice personnel.

(4)



## Why Should I Care?



LGBTQ kids raised in accepting home environments are more likely to see themselves as happy adults.\*

\*Family Acceptance Project




## Outcomes

- Define key terms
- Understand the unique challenges and resiliencies of LGBTQ youth
- Review legal rights of LGBTQ youth within foster care
- Identify best practices




**Building a Common Language:  
Understanding Key Terms & Definitions**





JUSTICE  
4  
JANE

“I have no family...I have no friends. Everyone is always looking at me like I’m an alien because I want to be the female that I am . . . I need to be given treatment and services specific to my needs. I need to deal with the trauma I’ve experienced in my life. This prison cannot do that for me.”

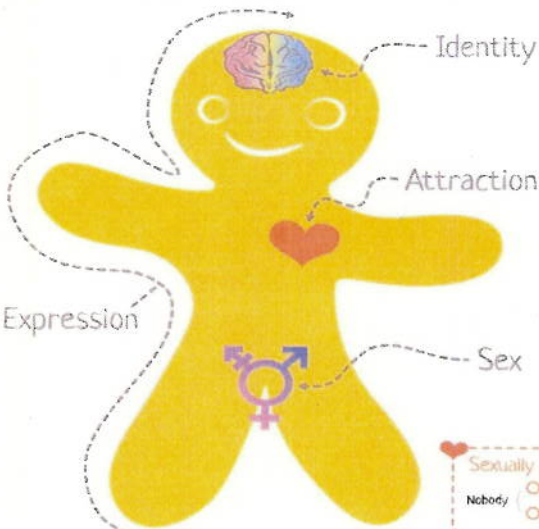


# The Genderbread Person v3.1

its pronounced **METRO**sexual com

Gender is one of those things everyone thinks they understand, but most people don't. Like Instagram, Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.

Put a point on both continua in each category to represent your identity; combine all ingredients to form your Genderbread. 4 of 4 (plus) possible pie and label combos.



### Gender Identity

Nongendered → Woman-ness → Man-ness

How you, in your head, define your gender based on how much you align (or don't align) with what you understand to be the options for gender.

### Gender Expression

Agender → Feminine → Masculine

The ways you present gender through your actions, dress, and demeanor, and how those presentations are interpreted based on gender norms.

### Biological Sex

Asex → Female-ness → Male-ness

The physical sex characteristics you're born with and develop, including genitals, body shape, voice pitch, body hair, hormones, etc.

### Sexually Attracted to

Nobody → (Women/Females/Femininity) → (Men/Males/Masculinity)

### Romantically Attracted to

Nobody → (Women/Females/Femininity) → (Men/Males/Masculinity)

In each grouping, circle all that apply to you and put a point, depicting the aspects of gender toward which you experience attraction.

For a bigger bite, read more at <http://bit.ly/genderbread>

©2013 Askov, O'Brien, & van Holten. www.thegenderbread.com

## Terms & Definitions: Gender

- **Assigned Sex:** The gender we are given at birth based on our external reproductive anatomy
- **Cisgender:** When one's assigned sex and gender identity agree.
- **Transgender:** When one's gender identity is different from their assigned sex.
- **Gender Identity:** An individual's sense and experience of their gender. Can be clear and stable, may be fluid.
- **Gender Expression:** How an individual demonstrates their gender identity through clothing, mannerisms, and other attributes.
- **Identity Attribution:** How society perceives one's gender identity and sexual orientation based on a variety of assumptions.



## Transition

- **Terms for Girls:** A child born with boy parts who identifies as a girl
  - Affirmed girl, trans girl, trans woman, male-to-female, MTF, girl, woman
- **Terms for Boys:** A child born with girl parts who identifies as a boy
  - Affirmed boy, trans boy, trans man, female-to-male, FTM, boy, man

### Transitions

- **Social:** Changing name, pronoun, dress and hair (presentation)
- **Pharmacological:** Blocking hormones of the birth sex and applying hormones of the identified gender
- **Surgical:** "Top" or "bottom" surgery
- **Legal:** Changing name and gender markers on passport, driver's license, school records, etc.





## Terms & Definitions: Sexuality

- **Lesbian:** Women who are attracted emotionally and/or physically to some other women.
- **Gay:** People who are attracted emotionally and/or physically to some individuals of the same gender. Often used as an umbrella term.
- **Bisexual:** People who are attracted to more than one gender.
- **Transgender:** An individual who identifies as a gender different from the sex they were assigned at birth.
- **Queer:** An umbrella term that can be used to identify one's sexuality, gender or gender presentation



Risk and Resiliency Factors for LGBTQ Youth



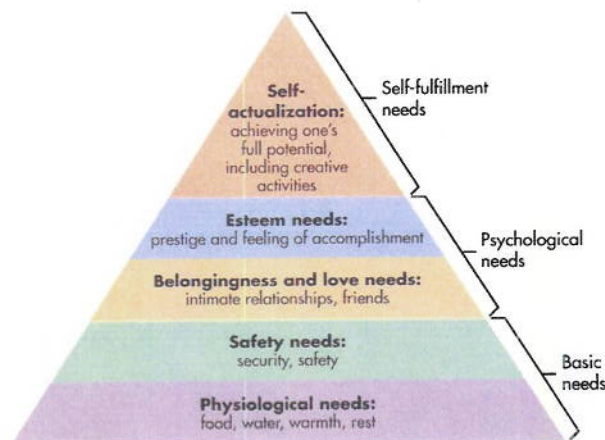
# LGBTQ Kids Don't Have It Easy



- We assume heterosexuality
- We assume all people are cisgender
- We stereotype LGBTQ people
- Sexuality and/or gender identities that go against societal norms are considered phases
- Linking trauma and identity
- Little family support
- Few visible role models

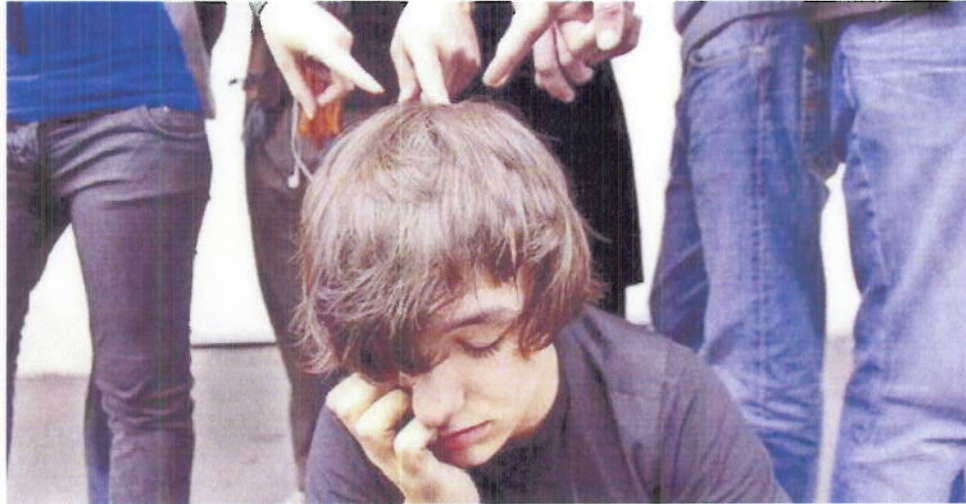


# Maslow's Hierarchy of Needs





## What we know:



Nearly 92% of all LGBTQ students have been verbally harassed, targeted and abused.

A student is sitting on the floor in a locker room, looking up with a distressed expression. The background shows white lockers and a large letter 'G' on a wall.

Students who have been victims of bullying and harassment have been reported to have higher incidences of **depression, anxiety, decreased school connectedness and poor grades.**  
*GLSEN National School Climate Survey*

Gay students are **2 to 3 times more likely to commit suicide** than other students  
*US Dept. of Health and Human Services*

**GLSEN**

## Risk Factors: School

- LGBTQ Youth are 3 times more likely to be subjected to harsh and unusual discipline in schools than their counterparts\*
- LGBTQ students of color who experience bullying have a GPA that is .5 lower than that of their heterosexual counterparts\*

\*National Resource Center for Youth Development & Council of State Governments Justice Centers



## Risk Factors: Foster Care

- 26% of all LGBTQ youth report having to leave their family of origin due to rejection of their gender identity and/or sexual orientation\*
- 30% of LGBTQ youth report experiencing physical violence within their family of origin after coming out
- 40% of all homeless youth identify as LGBTQ
- 78% of LGBTQ youth in foster care run away or are removed from their placements due to hostility towards their perceived sexuality and/or gender presentation
- Finding permanent placements for LGBTQ youth is much more challenging.

\*National Resource Center for Youth Development & Council of State Governments Justice Centers





## Risk Factors: Juvenile Justice

- Family rejection is the single greatest predictor of involvement in the juvenile justice system for LGBTQ youth\*
- 39% of all homeless LGBTQ youth are arrested each year
- 13%-15% of all youth within the juvenile justice system are LGTBQ (60% of which are youth of color)
- Survival activities lead to criminalization and further trauma
- Risk life long classification as sex offenders
- At risk of isolation and/or segregation

\*Equity Project



## Risk Factors: Mental Health

- Straight/Cisgender youth perceived to be LGBTQ are at the same risk\*
- LGB youth are 2-3 times more likely to attempt suicide
- 1 in 2 transgender children have attempted suicide before age 20\*
- LGBTQ more likely to report higher levels of substance abuse than their heterosexual counterparts
- LGBTQ young adults who experienced rejection had higher levels of depression and engagement in sexually unsafe behaviors.



## Resiliency Factors

- Kinship Networks
- Internet Access
- Adult Allies & Supporters
- Growing local and national resources
- Increased visibility
- Courage and Authenticity
- Legal Rights



## LGBTQ Youth In Care

Arena	Right
Housing	<ul style="list-style-type: none"> <li>• All youth in state custody have a right to be safe in the facilities in which they are living.</li> <li>• Group Facilities must address instances of school bullying and abuse experienced by LGBTQ youth residents promptly.</li> <li>• Group homes are prohibited from using isolation to protect LGBTQ youth from abuse.</li> <li>• Must treat LGBTQ youth equally and without discrimination.</li> <li>• Rights to receive adequate physical and mental health care, including transgender-related healthcare.</li> </ul>
Resource Families	<ul style="list-style-type: none"> <li>• Understand and work with diverse lifestyles</li> <li>• Provide a supportive emotional environment</li> <li>• Promote child's self esteem and image</li> <li>• Maintain confidentiality and privacy</li> </ul>

## Each School's Mandate

Following the Letter of the Law	Following the Spirit of the Law
Develop and implement bullying policy, and ensure consequences are prompt and comprehensive.	<ul style="list-style-type: none"> <li>• Make policy visible and available to all in school community.</li> <li>• Annually solicit feedback from students, faculty and parents through surveys and interviews</li> <li>• Implement non-violence and cultural humility trainings for school community</li> <li>• Utilize restorative justice models</li> <li>• Coach students through the process of resolving instances of bullying.</li> </ul>
Implement non-discriminatory policies around non-curricular groups, athletic clubs and school functions	<ul style="list-style-type: none"> <li>• Designate an Extracurricular/Event Inclusivity Liaison</li> <li>• Use gender inclusive language</li> <li>• Educate coaches, club advisors and other stakeholders on the rights of LGBTQ youth</li> </ul>
Ensure individuals can utilize facilities (bathrooms, locker rooms) that match their affirmed identity	<ul style="list-style-type: none"> <li>• Offer LGBTQ sensitivity trainings for students, parents and staff</li> <li>• Start a GSA</li> <li>• Consider adopting policies that address the needs of transgender and gender non-conforming youth</li> </ul>

## Fairness for All Marylander's Act

- Effective October 1, 2014
- Prohibits discrimination based on gender identity in **public accommodations**, labor & employment, and housing.







Best Practices: Building Safe Communities for All Youth



## Best Practices for Individuals

- Tuning into self: What are your values and triggers?
- Validate the youth's experience
- Ask Preferred Gender Pronouns (PGPs)
- Use non-gendered language
- Know the rights of LGBTQ youth
- Have visible symbols of diversity around your office
- Maintain confidentiality as much as possible
- Be an advocate
- Affirm young people's authentic self expression



## Best Practices

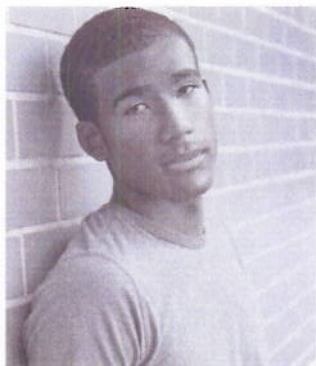
- Help family members understand their roles
- Recruit LGBTQ resource families
- Talk with resource families about their possible responses and reactions if their child is gender non conforming or LGB
- Host conversations and trainings for staff, families and youth
- Have support groups for LGBTQ youth and resources families with LGBTQ youth
- Know LGBTQ resources within the region
- Educate yourself and others on the difference between “normal” and developmentally appropriate behaviors
- Implement LGBTQ inclusive policies; survey youth and staff



Talking It Through: Scenarios



## Gabriel



Gabriel has had a great relationship with his resource family for the past six months. His foster dad has recently found out that Gabriel's best friend is gay, and is extremely upset. He has confronted Gabriel about his sexuality, demanded that he give up his friend, and will no longer let Gabriel babysit his younger brother, claiming that he may put him around "gay stuff". The dad has come to you and stated that he is thinking about giving up custody of Gabriel.

## Reflection Questions

- What are the presenting issues?
- How do you think the young person is feeling?
- How do you think the father is feeling?
- How can you make sure this young person is safe and loved?
- How do we promote attachment?
- What is this young person at risk of?
- What is an appropriate plan of action?



## Kira



Kira is a 14 year old living in your group home for boys. Kira likes to wear long braids, nail polish and more feminine clothing. Kira does not like to be referred to by their birth name. Kira comes to you one day complaining of being verbally and physically harassed by staff members and other residents for being a “sissy”. Kira has stated feeling depressed and isolated.

## Reflection Questions

- What are the presenting issues? (organizationally, culturally, residents)
- How do you think the young person is feeling?
- How can you make sure this young person is safe?
- What are some issues that can/will come up for the staff and residents?
- What is an appropriate plan of action?

## Resources

- FreeState Legal Project: [freestatelegal.org](http://freestatelegal.org)
- Gay & Lesbian Straight Education Network: [glsen.org](http://glsen.org)
- GLAAD: [glaad.org](http://glaad.org)
- Parents and Friends of Lesbians and Gays
- Lambda Legal: [lambdalegal.org](http://lambdalegal.org)
- Equality Maryland
- Trans Athlete: [transathlete.com](http://transathlete.com)



Thank You!

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