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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](http://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,
activities or items that are suitable for the child are based on the developmental stages attained by the child with respect to the cognitive, emotional, physical, and behavioral capacities of the child. The resource parent has been given the authority to make parental decisions concerning youth placed in their care. Resource parents should be able to demonstrate how they are utilizing the reasonable and prudent parent standard with youth in their care. This means that they have the knowledge to make appropriate decisions utilizing the agency’s policies and procedures as a guide.

Other Training for Resource Parents
Other training opportunities may be available through your local department of social services, arranged or conducted by staff, or with guest speakers from such places as community hospitals, schools, local police, fire and health departments. Ask your caseworker about the availability of such trainings.

Medical and/or mental health training can help resource parents understand the emotional needs of their foster child and learn valuable skills. Your worker may help you identify trainings that would be valuable to you.

Payments Rates and Reimbursements
Foster Care Board Rates
Board rates are intended to reimburse resource parents for the cost of caring for a foster child. Regular board rates are paid to resource parents for providing for the safety, wellbeing and care of children in out-of-home placement, while ensuring that their social, emotional, and educational needs are also met.

Intermediate and treatment board rates are paid to resource parents for providing for the safety and wellbeing of the foster child, while providing a higher than usual level of care due to medical, developmental and/or mental health problems. The higher level of care may require special training, participation in case conferences and treatment plan meetings. The caseworker will inform you of the level of care that a child requires and the corresponding board rate. For additional information, see Policy Directive SSA # 11-19 Guidelines for Foster Care Board Rates and Expenditures or ask your caseworker.

Definition of Differential Board Rate
Differential board rates are specific foster care board rates which exceed the standard Maryland Board Rates, for the purpose of maintaining adequate numbers of public resource families and to provide foster care services for foster children in specific Maryland jurisdictions. Prince George’s County and Charles Counties have been determined to be qualifying jurisdictions. For additional information, see Policy Directive SSA # 12-04, Differential Board Rates for Public Family Foster Care.

Clothing Allowances
Each foster child is entitled to a regular clothing allowance which is based on the child’s age and is included in the board rate received each month by resource parents. Board rates for foster children include a monthly clothing allowance of $60.00 up to age five (5), $75.00 for age 6 thru eleven (11) years and $100.00 for foster children who are ages twelve (12) and older. All clothing expenses for the foster children are to come out of the monthly board rate.
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 Foster Children. More information can be obtained through your local department of social services or at the Maryland State Department of Education website listed below:


**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.
• **Native American Identity**: The child’s tribe must be notified when placing a Native American child. Consideration and compliance with the Indian Child Welfare Act (ICWA) must be assured.

• **Neighborhood and School**: Can a home be found in the same school district so that the child does not have to change schools?

• **Special Needs**: Does the child have special physical, psychological, or medical needs that require a resource home that is equipped and trained to handle them? Has the resource home been approved to care for a child with special needs?

• **Emotional Considerations**: If the child has specific emotional needs, can a resource home be found that would best meet those needs?

• **Other Children in the Home**: If the resource home already has other children (biological or foster), is this placement an appropriate one?

Cultural, ethnic, or racial background can be considered when determining the best interests of the child, but placement in a resource home cannot be delayed or denied based on these factors. Preference should be given to families of the same race or ethnic background as the child whenever possible.

• When considering a resource home of a race or ethnic background different from that of the child, the worker must consider the family’s willingness and ability to ensure that the child has the opportunity for ongoing contact with other children and adults of his or her race or ethnic background.

**Being Prepared When a Child is Placed**

The agency must provide basic information to the resource parents about each child to be placed in the home, such as:

- anticipated length of stay
- health of child and medical history/current medications if applicable
- physical and/or behavioral problems
- relationship of the child to his/her parents and siblings
- school and educational background
- visitation plan
- placement and discharge goals

Additional questions you may want to ask are listed below. The caseworker may not have all the information you want, but taking the time to ask anything you can learn will be helpful. Later you should be able to get more information. Be sure to get the caseworker’s telephone number.

1. Has the caseworker told the child why he or she is being placed in a resource home?
2. What type of bed/crib is needed?
3. Is the child potty trained?
4. Is a clothing allowance needed?

Reminder: Information you receive about the child’s or family’s social history is confidential. It is a requirement that you not discuss such information about a child (or family) with neighbors or friends.

**Items to Have on Hand for Placement if Needed:**

- ✔ Toothbrush
- ✔ Hairbrush
- ✔ Toiletries
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.
• Recognize that it is common for children to view foster care placement as a punishment for some real or imagined bad deed such as causing the break-up of their families. Listen to children when they express such thoughts and feelings.

• Allow children to share memories about their families. Also, permit children to make comparisons without feeling threatened; this allows them to bond and feel comfortable.

TIPS FOR DEALING WITH SEPARATION

Welcoming a Child into Your Home*

The child who comes into your home will need to adjust to many things. Everything is new. There are new parents, perhaps new sisters and brothers, a new house, new foods, new rules and expectations, a new neighborhood, and possibly a new school.

It is hard for children to leave their homes and find themselves in strange new surroundings.

To deal with this, children may fantasize about the positive qualities of their own parents, their own home, and their neighborhoods. They may not want to get involved in a foster family’s routine and activities out of a sense of loyalty to their own families. Outbursts of anger, aggressive language, or aggressive behavior may occur, such as cursing or slamming doors. Even if they show no emotion, many questions, fears, and anxieties about the future may fill their thoughts and dreams. The child needs your understanding, patience, and support when settling into your home.

Some Do’s and Don’ts of Welcoming the New Child

Experienced resource parents and caseworkers have several suggestions for new foster families preparing to welcome children into their homes.

Some of these suggestions are:

• Welcome the child with some kind of activity, if appropriate.

• Offer the child something to eat. Let children know if they can help themselves to food or whether they need to ask first.

• Be sure children have a place to keep personal possessions.

• Let them unpack in their own time. Offer to help or just let them know where to put their things whenever they are ready to unpack.

• Let them know it is all right to put a picture of their mom, dad, brothers, sisters, or previous foster families up in their bedroom and that you understand how important their families are to them.

• Be sensitive to a child’s feelings. Ask permission before hugging or touching the children.

• Do not try to change things like their hair or clothing, or do anything that says, “You’re not OK the way you are.”

• Help them settle into a regular routine as quickly as possible, but do not be disappointed if they do not respond right away.
• 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
On-Going Communication
As members of a team, resource parents need to communicate regularly with their resource home caseworkers and child’s caseworker.

Resource parents and caseworkers should:

• communicate often
• communicate effectively
• respect each other’s roles
• make decisions together
• solve problems together
• resolve conflicts

All team members have a common goal – to provide a safe, nurturing environment for children in care. When communication is open, it will be easier to accomplish this goal. Always keep family centered practice in mind. Family Centered Practice (FCP) assures that the entire system of care engages the family in helping them to improve their ability to adequately plan for the care and safety of their children.

Calling the Caseworker
If you have a problem or concern related to the care of a child, call the child’s caseworker. The caseworker is responsible for assessing the care of the child and for keeping the agency informed about the child’s situation. If you need help with handling a problem, or you are concerned about a child’s behavior, or you need information about services, call the caseworker. You are also encouraged to tell the caseworker when something positive happens. For example, let the caseworker know when a problem from the previous week has been resolved positively or the child is doing better in school. Don’t wait until a situation has gotten out-of-hand before mentioning it to the child’s caseworker.

The following are examples of situations when it is appropriate for resource parents to call the caseworker:

• To ask for advice on how to handle a problem or a crisis situation.
• To express concern about a change in the child’s behavior, development, or social functioning (e.g., family, school, peer relationships, attitudes, habits, conduct, symptoms).
• To discuss plans affecting the child.
• To make the agency aware of sudden changes in the foster family’s circumstances that may affect the child’s placement or planning.
• To obtain information about community services or resources that might be useful to the child.
• To keep the agency informed about a parent-child visit that was not observed by an agency representative.
• When you need to be away from your home over night, and there will be a substitute caretaker.
• When there is an error in your check in regards to payment or clothing.
• When you will be going on vacation or taking the child out of your jurisdiction or the State of Maryland (you will need permission in advance), unless otherwise granted by court order i.e: if you have limited guardianship or guardianship.
• 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:
• You plan to move.
• You have changed your telephone number.
• Your family composition has changed.
• Your financial status (income) has changed.
• Your employment has changed.
• You have an emergency requiring relocation of the family.
• Your family has a serious illness or is having personal family problems.
• You plan to go on vacation.
• You are interested in respite
• You are in need of day care
• You acquire a new pet
• Your marital status changes
• Your physical facility (major changes in the Resource Home)

Calling Other Resource Parents
Another source of support for resource parents can be other resource parents. If you have a simple question and don’t feel that it is necessary to call your caseworker, you may wish to call another resource parent. Sometimes you may also want to check ideas with another parent. Remember that calling another resource parent does not alleviate your responsibility to call your caseworker.

Most local departments of social services (LDSSs) have resource parent associations. Check with your caseworker for information. Resource parent associations provide valuable support and resources for resource parents. The Maryland Resource Parent Association (MRPA) is also an excellent resource for resource parents. You can reach them via their website.

Questions or problems that you might want to talk about with another resource parent include:

• How to access certain resources for foster children
• For support and reassurance when you are having a rough day

Daily Log or Journal
It is a good idea to keep a daily log or journal in which you record significant events in the life of the foster child in your home. This could be valuable if there are questions from the child’s worker or if an emergency arises. Many times people refer back to these entries when a question arises.

Emergencies
An emergency is a situation that occurs outside the normal responsibilities of a resource parent. An emergency demands immediate advice or assistance. For example, you must call the child’s caseworker or supervisor if any of the following events occur:

• A medical emergency.
• The child runs away.
• You have an acute problem with the child.
• The child has problems with the law.
• There are problems related to a birth parent’s visit (e.g., an unexpected visit from a parent or any unauthorized visitor).
• The child is kidnapped or taken by his or her parents without consent.
• The child is expelled or dismissed from school.
• The child attempts suicide.

Note: These are not the only times to call your child’s caseworker. When in doubt, call. It is a good idea to keep a record of contacts and attempts to contact the caseworker.

If a Child Runs Away
You must notify the department immediately, even if it is afterhours. Please refer to policy SSA #16-04 Runaway/Missing or Abducted Children for full information.

Suicide
Talk of suicide or suicidal gestures should be taken extremely seriously. Because of the impulsiveness of youth in care, an action that starts out as attention-seeking could result in serious injury or death. Whenever you hear talk of suicide or see suicidal behavior, provide close adult supervision and notify the caseworker immediately. Call the child’s therapist and / or pediatrician. If there has been a suicide attempt, do not leave the child unattended even for brief periods. Get immediate medical attention and then notify the child’s caseworker.

Telephone Access
Please make sure that foster children have access to a working telephone at all times while in the home.

The Role of the Child’s Case Worker and the Role of the Resource Worker
Child’s Case Worker:
The child’s caseworker is responsible for providing risk assessment and support services to the child and to the child’s family to promote safety, permanency, and well-being. Open communication between the child’s caseworker and the resource parent is vital in regards to the success in planning for permanency.

Resource Parent Worker:
The resource parent worker is responsible for providing technical assistance and support services to the resource family. The resource parent worker is the advocate for the resource family and is responsible for completing home studies and annual reconsiderations.
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.
• Corporal punishment is prohibited. Corporal punishment is defined as a form of physical punishment that involves the deliberate infliction of pain as retribution for an offense, or for the purpose of disciplining or reforming a wrongdoer, or to deter attitudes or behavior deemed unacceptable. The term usually refers to methodically striking the offender with the open hand or with an implement.

At times it is very difficult for resource parents to cope with the acting out behavior of some foster children. If you need assistance, ask your caseworker for help in developing methods of discipline that will be most effective for the foster child in redirecting inappropriate behavior. Please refer to SSA # 09-18 for full information.

**Abusive Practices and Inappropriate Methods of Discipline:**

• Deprivation of meals, clothing, bedding, sleep, mail, or visits by family;
• Room isolation;
• Placement in a locked room;
• Corporal punishment;
• Verbal abuse;
• Ridicule;
• Washing a child’s mouth out with soap;
• Excessive physical exercise;
• Forcing silence for long periods of time;
• Requiring child to take an uncomfortable position, like squatting, bending, or repeated physical movements;
• Frightening, humiliating, or demeaning a child;
• Threatening the child with loss of placement in the home;
• Denial of essential program services, such as local department planned educational, psychiatric, or psychological services;
• Bodily shaking; and
• Use of mechanical or chemical restraints.

**Note:** Only resource parents or other adult caregivers approved by the local department of social services, and known to the children, shall discipline foster children. Discipline training and continuing consultation shall be provided by the local department of social services as needed to resource parents regarding appropriate discipline methods. Resource parents are required to take a course in discipline training every two years.

**Cultural Factors**

Children who have been placed in out-of-home placement need continuity of their cultural identity. Therefore, it is important that resource parents be culturally sensitive and willing to support the child’s culture. Factors that may negatively affect the foster child include attitudes toward, or perceptions of: age, gender, race/ethnicity, sexual orientation, religion/spirituality, education, socioeconomic level, language, family structure, geographic location, and art, science, customs, communication, expression, holidays, recreation, music, food, and heroes/role models, etc.
**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.
How about children riding in the front seat?

According to the Maryland Vehicle Administration (MVA) website: http://mhso.mva.maryland.gov/SafetyPrograms/program_child_passenger_safety.htm “Maryland’s child passenger safety laws do not prohibit children from riding in the front seat. The exception is placing a rear-facing child car seat in the front seat with an active air bag. If a driver is unable to turn off an air bag, it is a violation of law (as well as a terrible danger to the baby!) to place a rear-facing child car seat in the front seat.”

**Please note: Kids in Safety Seats (KISS) and other child passenger safety experts strongly recommended all children under age 13 ride in the back seat. Research conducted and published in a report by Partners for Child Passenger Safety clearly shows that children are 40% less likely to be seriously injured when properly restrained in the back seat.

What does Maryland Law say about taxis and car seats?

Currently, taxis are exempt from the law. They are not required to transport children using car seats. However, KISS recommends that you follow Maryland’s Child Passenger Safety laws when your children are riding in these vehicles.

Which type of child safety seat should I use for my child?

The best seat for your child depends on your child’s height, weight, and age. If you’re in need of a car seat or booster seat, or are not sure what type of child restraint to obtain for your child, contact KISS at 800-370-SEAT (7328) for more information or for a referral to a local car seat loaner program.

Current Prohibitions regarding cell phone usage and texting:

- Text messaging prohibited for all drivers
- Handheld cell phone use banned for all drivers. Fines between $40 and $100
- Drivers under the age of 18 prohibited from any use of cell phones

Off-Road Vehicle Safety (ORV)

Under Maryland law, the operator of an Off-Road Vehicle (ORV) must have: a valid driver’s license which is in the operator’s possession; a Maryland instruction and examination learner’s permit, which is in the operator’s possession, and; be accompanied by a licensed driver; or if 12 years old or older be accompanied by a parent or legal guardian who is the holder of a valid driver’s license which is in the parent’s or legal guardian’s possession. See Md. Natural Resources Article, Section 10-410(d) and COMAR 08.01.03.02B(8). See also COMAR 08.01.03.11 (designated ORV trails).

The definition of an ORV is a motorized vehicle designed for or capable of cross-country travel on land, water, snow, ice, marsh, swampland, or other natural terrain.

Examples of Off-Road Vehicles (ORV’s)

- A four-wheel drive or low pressure tire vehicle
- A truck
- A snowmobile
- A golf cart
- A motorcycle
- An amphibious machine (jet ski)
**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.
Pet Safety
Pets must be licensed, immunized, and leashed. A responsible adult must be present when infants are near a pet potentially dangerous to the infant. Children should be taught appropriate behavior around pets and how to share in their care.

Documentation that household pets have been vaccinated for rabies shall be maintained by the foster parents. All household pets must be vaccinated against rabies as recommended by a licensed veterinarian. Dogs and cats should be vaccinated. Farm animals that the child may come into contact with should be vaccinated against rabies if they are susceptible to rabies; a veterinarian can provide a list of animals that can contract rabies. It is recommended that any exotic pet be inspected by a licensed veterinarian and certified not to be hazardous to children. It is recommended that dogs be declared safe around children by a licensed veterinarian. If at any time there is a concern by the case worker that a dog may be hazardous to children in the home, he or she may want to recommend that the animal be trained by a recognized canine trainer.

When the safety of pets is assessed, the caseworker should work closely with the resource family to safeguard foster children and to help the family assess any potential risks. The caseworker should discuss with the family that the history of the child in relation to animals will probably be unknown and close supervision will be needed. Foster children may be afraid of animals and may have had no training in how to treat an animal so that their addition to the home may affect the usual behavior of the pet. The caseworker should consider as a part of the assessment how many pets the resource family has, how large they are and what their potential for causing harm may be. Small dogs may be just as vicious as large dogs but will have less potential for serious harm. The risk of harm goes up with the number of animals. The family should have a plan acceptable to the caseworker and the agency for the introduction of the pet to a child and the continued supervision of their interaction.

Day-to-Day Safety
In addition to following the above guidelines, resource parents should take certain day-to-day safety measures as required in the Technical Requirements for Resource Homes (COMAR 07.02.25.04). For example:

- All medicines and dangerous household supplies and tools, and any other household items which are potentially life-threatening or injurious to children shall be kept in a safe location, inaccessible to children.
- A responsible adult shall sleep within call of each foster child in the home.
- A fire drill plan should be developed for the family. Batteries in smoke detectors and carbon monoxide detectors should be replaced every 6 months.
- Resource parents should be aware of household hazards that cause burns (e.g., pot handles on the stove, electrical outlets, and hot water in the bathtub).

Emergency Preparedness
Basics for resource parents:
In the event of an emergency it is important to know your role as a resource parent. This information, provided by the DHR Office of Emergency Operations, is intended to outline the basics of emergency management in the event of a natural disaster or man-made hazardous event which could impact you, your family, and our community. Remember: Prior to an emergency it is important to plan ahead and have an Emergency Plan in place.
• 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.
• Call local emergency management office, animal shelter, or animal control to get advice and information. Find out which local hotels and motels allow pets and where pet boarding facilities are located.

Disaster Supplies Kit: Prepare to meet the needs of you and your entire family for AT LEAST three to five days. You may have to evacuate at a moment’s notice and take only essentials with you. Prepare supplies for home, work and vehicles. Keep the kit in a designated place and have it ready in case you have to leave quickly.

The kit should include:

• A battery powered radio and battery powered flashlights;
• Extra batteries;
• A whistle;
• Matches in waterproof container;
• Utility knife and/or scissors, Small tool kit, Signal flares, Fire extinguisher,
• Plastic sheeting, tarp and duct tape, Dust filter masks, Gloves (latex/non-latex), Trash bags (heavy duty);
• Regular household bleach and an eye dropper (16 drops will disinfect one gallon of water);
• Airtight bags, storage containers and a permanent marker;
• Disposable camera to document damage;
• Extra set of car and house keys;
• Water — at least one gallon per person per day for drinking and sanitation;
• Non-perishable food — a few cans of meat, fruits, peanut butter and crackers, Granola or dry cereal, Juice (single serve), Nutrition/high energy bars, Fruit (canned or snack pack), Canned vegetables, soup/stew;
• Manual can opener, Plastic/paper plates, cups, utensils;
• Pets: food, extra water, bowls, leash, and cage/pet carrier;
• First Aid kit;
• Extra prescription medications and glasses or contact lens solution, or any other mechanical aid needed for a special need;
• Toilet paper and paper towels, Travel sizes of personal hygiene items;
• Aerosol Disinfectant, Sanitizing wipes, Sunscreen, Insect repellent;
• Blankets and small pillows, Towels, Extra clothing, a toy or two for any young children

Vital Documents in a water and/or fire proof container, including copies of:

- Deed or rental agreement, homeowners or renters insurance policy, birth certificates, placement agreements, medical records, prescriptions or old labels from prescription bottles, pet registration & vaccination records, small photo album with current photos of family and pets (aid in identification), foster children’s Health Passports, contact information for caseworker and local department of social services.
*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 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 MDCHESSIE.

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 medicines; 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](http://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.
You may be eligible for travel reimbursement for unusual travel. Please check with your local department for more information. Decisions regarding reimbursement are made in partnership with the agency.

**Developmental and Behavioral Factors**

Resource parents should encourage the normal emotional, intellectual, social, and physical development of foster children who have been placed in their care. When a foster child is placed, resource parents will need to know about any developmental or behavioral factors. The caseworker should inform you of the foster child’s development and whether there are any known developmental delays or behavioral problems. In caring for foster children, remember that:

• Each child develops at his or her own pace within each developmental stage;
• When foster children do not develop within the range of each developmental stage, they may be experiencing developmental delays;
• Resource parents and birth parents can work with children to enhance “normal” development and help children “catch up” in areas where they are experiencing delays;
• Child abuse and neglect may affect how children develop;
• Separation and loss affect development; and
• Cultural factors may influence perceptions about appropriate child development.

_Helping Foster Children Manage Their Behavior_

Please refer to SSA # 09-18 Behavioral Support Management, and to COMAR 07.02.25.19
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)
Access to Education for Children in Foster Care

Resource parents are expected to actively participate in their foster child’s education. Helping the child with homework and school projects, attending teachers’ conferences, joining the PTA, and participating in field trips are some of the important ways that you can get involved. You should also discuss the foster child’s educational progress with the child’s parents and encourage them to attend school meetings and events, if appropriate.

An “Access to Education Handbook for Children in State Supervised Care” was designed by the State Department of Human Resources, Maryland State Department of Education, and Maryland Department of Juvenile Services. The handbook was developed for the purpose of assisting resource parents, child welfare workers and school staff to decrease many common barriers that impede the educational success of children in foster care. In addition, this handbook will help resource parents become familiar with the educational services readily available and to establish and maintain educational stability for children in foster care. The handbook can be viewed online at [www.dhr.state.md.us](http://www.dhr.state.md.us) (services>foster>handbook). Educational stability is essential to the educational advancement of foster children. The local department of social services should also be kept informed of your child’s school progress at all times.

The Fostering Connections to Success and Increasing Adoptions Act of 2008 promotes school stability for children in out-of-home placement. School stability is achieved when the youth is allowed to remain in the “school of origin” (school the youth was attending prior to placement). However, if it is determined that it is not in the “best interest” of child to remain in the school of origin, and a change in school placement is necessary, the foster child’s caseworker must work with the local school system to ensure that the child is enrolled the new school and facilitate the transfer of the child’s education records.

In 1987, Congress passed a law called the McKinney-Vento Act to make sure homeless students get the education they need. This federal law promotes stability, access, and academic success for homeless youth. Homeless youth include a “child awaiting foster care placement”. A child awaiting foster care placement is a child who is placed outside of the child’s home by way of shelter care order, voluntary placement agreement, and initial removal.

Under the McKinney-Vento Act the child awaiting foster care is able to remain in the same school for one school year after entering care. At the end of the school year, the local department of social services, in consultation with the local school system will decide if it is in the foster child’s best interest to stay in the same school.

Post-Secondary Education

Tuition assistance is available to your foster youth. See the case worker and/or the Independent Living Coordinator at the local department of social services for assistance with applying for the available tuition assistance.
**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](http://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.
Who is eligible for Special Education and Related Services

Under federal and state law, children with disabilities from birth through the end of the school year in which they turn 21 may be eligible for special education and related services. Eligible children with disabilities up to age 3 receive services through the Infants and Toddlers program. These early intervention services and supports may be provided at home, at a daycare site, or at a school. Preschool age children may receive services in a school program or in typical early childhood settings. School-age children may receive special education services in public or nonpublic schools.

Some of the disabilities that can make a child eligible for special education are: Autism, Deaf-blindness, Developmental Delay, Emotional disturbance, Specific learning disabilities, traumatic brain injury, etc. In order for the child to benefit from special education instruction, related services are also offered by the school. Some of these services include, but are not limited to: speech-language pathology, transportation, career and technology education, and instruction in physical education if the service consists of specially designed instruction.

How does a student get special education services?

When parents, guardians, or foster parents have concerns regarding a student’s educational performance, they should first talk with the student’s teacher. This talk allows sharing of caregiver concerns and the teacher’s opinion on the student’s learning needs. If caregivers or the student’s teacher believes the student may have a disability, the caregivers or teacher may request, in writing, that the student be evaluated. The results of the evaluation will determine if the student has a disability that requires the provision of special education and related services. Whatever the school decides to do, it must provide the parent notice of its decision regarding special education and related services. These decisions are appealable.

How will the foster child be evaluated?

A variety of assessment tools and strategies shall be used to gather sufficient relevant functional, cognitive, developmental, behavioral, and physical information, including information from the parent, guardian, or surrogate. No single procedure may be used as the sole criterion for determining if a student is a student with a disability, or whether an educational program is appropriate for a student. A student shall be assessed in all areas related to the suspected disability, as appropriate, including: academic performance; communication; general intelligence; health; hearing; motor abilities; social, emotional, and behavioral status; and vision.

Does the school need consent to evaluate a child?

The individual with the right to make education decisions for the child must generally give consent before an evaluation may occur. When consent is given to evaluate the child, the student is to be assessed within 60 calendar days of the consent and the evaluation is to occur within 90 calendar days of the date the local school system received the written referral.

For initial evaluations, if the child is a ward of the State and is not residing with the child’s parent, the public agency is not required to obtain informed consent from the parent for an initial evaluation to determine whether the child is a child with a disability. Likewise, if despite reasonable efforts to do so, the public agency cannot discover the whereabouts of the parent of the child; the rights of the parents of the child have been terminated in accordance with State law; or the rights of the parent to make educational decisions have been given to another person by a judge in accordance with State law and consent for an initial evaluation has been given by an individual appointed by the judge to represent the child, parental consent is not required.
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;
• Has no personal or professional interests that conflict with the interest of the child the parent surrogate represents; and
• Has knowledge and skills that ensure adequate representation of the child.

When a child with a disability is in foster care, may the foster parent serve as the child’s parent?

The foster parent, with whom a child lives, may act as the child’s parent in educational decisions if the foster parent has been granted limited guardianship for educational decision making purposes by the court that has placed the child in foster care.

What if I disagree with the delivery of services in the child’s program or placement?

If you feel that the child is not receiving a “free and appropriate public education” or “FAPE” you should first attempt to resolve your concerns by discussing them with the child’s teacher and local school system. However, if after that discussion you feel that the child is still not receiving “FAPE”, you may ask for a formal resolution of your concerns.

One way to have your concerns addressed is to initiate mediation and/or a due process complaint. When you ask for mediation, you are asking that a neutral third party meet with you and school system representatives to discuss and negotiate your concerns. If you and the school system are able to work out some or all of your issues, the agreement will be put in writing and can be enforced in court. When you file a due process complaint you are asking for a trial against the school system. You may bring an attorney to this proceeding. The trial will be held at the Office of Administrative Hearings. You will be required to put on evidence that supports your position that the child is not receiving services as required. Before the trial begins, you may have to attend a dispute resolution session with the school system to see if the issues can be worked out.

Another way to have your concerns addressed is to file a State complaint. This is a complaint that is sent to the Maryland State Department of Education’s Division of Special Education/Early Intervention Services. Your complaint should include a statement that the public agency has violated a requirement of federal or State law or regulation, and explain what happened that shows the law was violated. MSDE must then investigate and issue written findings within 60 calendar days of receiving the complaint. This document is called a Letter of Findings (LOF). Each LOF includes findings of fact, conclusions of law, and a statement of the corrective actions required, if any, to remedy a violation. If corrective actions are required, MSDE follows up with the school system to ensure each required action is completed within appropriate timelines.

What are Transition Services for a child with a disability?

Transition services are a coordinated set of activities and services for a student with a disability that can be set forth in the student’s IEP beginning at age 14. Transition services promote movement from school to post-school activities. Post-school activities may include: post-secondary education; career and technology education; integrated employment (including supported employment); continuing and adult education; adult services; independent living; and community participation.

Transition services include needed activities in the areas of instruction, related services, community experiences, development of employment, or other post-school adult living objectives. They also include acquisition of daily living skills, and functional vocational evaluation, if appropriate.
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
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.
Trips and Vacations
Before you can leave the state with a foster child, the LDSS must provide you with written authorization allowing you to take the child, as well as authorizations to obtain emergency medical care if needed. This permission is obtained only from the child’s birth parent or legal guardian.
Trip and vacation activities may include:

- **School Field Trips**—resource parent may give permission for day trips
- **Overnight travel within the State with the resource parent**—notify the child’s worker (If it is necessary to be away from home overnight without the foster child, this could be a situation where a respite family could be utilized if necessary).
- **Vacations and trips outside the State or country with the resource parent**—approval must be given by the child’s caseworker (as far in advance as possible). You will be required to leave a travel plan, and telephone number where you can be reached. If you have an emergency and must travel out-of-state, contact your caseworker or the supervisor to decide how to best handle the situation. Each situation must be individually evaluated and approved by the LDSS.

Spending Money / Allowances / Savings
Each child / youth shall be given a minimum weekly allowance based on their age.

- 5 to 7 = $2
- 8 to 11 = $5
- 12 to 13 = $10
- 14 to 16 = $15
- 17 and above = $20

These amounts are minimum guidelines and may be increased depending on the child’s / youth’s maturity, circumstances, and participation in household chore activities. The child’s caseworker shall be consulted as to the appropriate allowance amount.

Allowances are not intended to cover items that would normally come out of the board rate such as toiletries. Foster parents are encouraged to establish savings accounts for children and youth. Monies in the accounts will accompany the child /youth upon their return home or to another foster placement. Foster parents are encouraged to assist the child /youth to purchase special occasion gifts for their foster family and birth family, i.e. Mother’s/Father’s Day, religious holidays, birthdays, and other special occasions.

Chores and Employment
Performing chores that help maintain household order or satisfy a family need will help children feel useful and competent and learn how to be responsible. Giving chores to children, however, should be done in a thoughtful way and in accordance with the following guidelines:

- **Arrange for the child to feel successful in the early stages of the task or chore that he or she is given.**
- **Start with simple chores and tasks and work up to more complex ones as the child’s skills increase and ability to persevere becomes stronger.**
- **Design the chore or activity according to the child’s level of development.**
- **Rotate chores so that the child can develop different skills and have a variety of experiences.**
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 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
Being a Member of a Team
As a resource parent, you are part of a professional Child Welfare Team. This enables you to play a vital role in promoting safety, permanency and positive well-being in the life of a foster child. As a resource parent, you may have the opportunity to, and or be expected to participate in some of the following activities regarding your foster child and his or her family:

- Co-parent a foster child, mentor the birth parent, and collaborate with the caseworker and the child’s parents in the permanency planning process.
- Participate in the permanency planning process, which may include family visits with the foster child and his/her biological parents or legal guardian.
- Participate in the educational process of the foster child, ensure school attendance, attend teacher conferences, etc. and communicate educational updates and special needs to the foster child’s caseworker.

Permanency Planning
Depending on the permanency goal, a child’s permanency plan identifies what needs to change and the tasks to be performed to achieve permanency for the child. A permanency plan is a plan specifying where and with whom the child shall live, and proposed legal relationship between the child and the permanent caretaker(s).

Helping Plan for Permanency
Resource parents should work closely with the department on accomplishing the goals in the permanency plan. The caseworker monitors the impact of services and the extent to which goals have been achieved within realistic time frames.

You are a continuing presence in the child’s life. Since you care for him or her 24 hours a day you are familiar with the child’s personality, emotional and intellectual development. Therefore, you can contribute valuable information about the child as you work closely with the caseworker, participate in meetings about the child, and communicate with the parents.

Resource parents are an important source of information about how a foster child is adjusting to the separation from home, interacting with other children, and performing in school. Even more important, you are a primary source of support for the child. By having a positive, healthy, supportive relationship with your foster children, you help build their trust in adults. Resource parents play an important role in helping the foster child work toward his/her permanency plan.

Role in Parent-Child Visits
Resource parents can play an important role in visits between a foster child and his/her parents. You can help the foster child adjust before and after visits. Your role is to help make the visit an experience that satisfies the child and strengthens the child/parent relationship. Keep in mind that visiting is an important part of the foster child’s adjustment to his or her situation. Regular, constructive visits help lessen a child’s separation anxiety.

Visitation is critical to the success of family reunification. Parents who have frequent, regular, and meaningful visits have the best chance of reunification with their children. As time approaches for a child to return home, visits may occur more often, and they may last for a longer time.
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.
Relationship with the Caseworker

Ideally, the caseworker and resource parents will develop a team relationship. This benefits the child and everyone involved. These are some things that you can do to develop a positive relationship:

• Share positive information about the child, 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 between you and the caseworker. Of course, this type of information should be shared with the child’s parents as well. Also, it is important to share health documentation, updated medical records from visits, and discharge information with the caseworker.

• Consider the caseworker as a resource. Don’t hold back from asking questions about services, community resources, resource parent groups, 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.

• If the caseworker calls you to discuss a problem, try to stay calm and listen. The more defensive you are, the less likely you will be able to hear what is being said and to respond effectively. Be aware that it may not be easy for the caseworker to make this kind of call. Trust that the worker has good intentions.

• When bad news needs to be communicated to a child, talk to the caseworker about who should deliver it. Sometimes it is better if both of you talk to the child at the same time.

The child’s caseworker is responsible for holding regular face-to-face visits with the biological parents or legal guardian, at least monthly until the case is closed, parental rights are terminated, or the court deems parental visits inappropriate.

It is always helpful when the caseworker visits with the resource parent, when certain key events take place in the child’s life. Key events (such as the first day of school, etc.) can have a powerful impact, resulting in changes in behavior or conduct, sleeping and eating patterns, and temperament. Dealing with the issues that may arise around these events may call for additional contact and support.

The caseworker’s initial visit is particularly important. It is the first opportunity to meet the caseworker and obtain information on the facts of the case. During your regular contacts with the caseworker, you may be asked about the following topics:

1. The child’s adjustment to foster care
2. The child’s behavior in the resource home, school, and community
3. The child’s health
4. Need for additional services
5. Discipline issues
6. Assessment of parent/child visits
7. Review of service plan goals, tasks for child and resource parent, and assessment of progress

When communicating about a foster child, caseworkers and resource parents can help one another. Since you have a day-to-day relationship with the child, you know the child’s personality and behavior. You can
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.
• Shelter Care hearing
• Adjudication hearing
• Disposition hearing
• Permanency Planning hearing
• Termination of parental rights
• Adoption hearing
• Custody and guardianship

In relation to foster care, the Court conducts hearings for several purposes. After a child is placed in foster care, there will be hearings to approve or disapprove petitions to determine whether placement in foster care should continue or whether the permanency plan is appropriate. The court then makes rulings based on evidence presented at the hearings.

Permanency Hearings
The purpose of the permanency hearing is to determine if the child’s placement should continue and if the child’s permanency plan is still appropriate. A permanency hearing is held within 12 months of the placement date and every 6 months afterward until the permanency plan is achieved. Resource parents will be given notice about the permanency hearing. At the end of a permanency hearing, the judge may rule that:

• The child should be returned home or placed with a relative;
• The child should remain in foster care until the permanency goal is achieved;
• The agency should file a petition for termination of parental rights; and
• The child is legally free for adoption.
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 a Child Leaves a Resource Home

When a foster child leaves your home, you will want to make the transition as smooth as possible. It won’t necessarily be easy. You may have only a few hours to talk to your foster child and make arrangements for him/her to leave your home. The court may make a decision that the child will return home immediately, or the local department may remove the child for another reason. In some instances, you may have more time, and be given the opportunity to attend a Family Involvement Meeting and to provide input in the decision to move the child.

Be sure you have control over your own emotions before you talk to the child. You may feel grief (or joy!), but express your emotions privately. For the sake of your foster child, make sure you can talk to him/her in a calm manner. He/she will have his/her own feelings about leaving you and about going to another place. Your manner can help make his/her feelings easier to bear. Separation is difficult enough for him/her without his/her feeling that he/she is responsible for the way you feel.

When discussing with a child a change of placement, it is important to be honest. Use simple, straightforward language that the child can easily understand. “The judge said today that …,” Your mom is looking forward to having you back.” “Your aunt wants you to come and live with her,” are examples of what you can say.

Make positive statements. Your foster child may be fearful of this change. Don’t promise anything that you do not know is going to be true, but tell the truth kindly. Don’t let the child see your concerns if you do not think this is a good change. If the child is fearful and shares those fears, you can use reflective listening to help the child feel heard. Make sure the child knows that you have loved and cared for him/her. If you will miss him/her, tell him/her that. Be sure to share these concerns with the child’s caseworker.

On the other hand, the child may be joyfully looking forward to this news. In that case, you can rejoice together.

Be sure to stay in touch with the caseworker at this critical time. He or she may have tips to help you help your foster child cope.

Your family will also have to deal with these changes. You and your children may miss the foster child when he leaves, and all of you may grieve this loss. All of your biological family has also been affected by this child during the time in which he has lived with you. This change will affect all of you, one way or another. Talk to other resource parents about how they have coped with these changes. Your Resource Parent Association can help you to find others to talk to about your feelings and those of your family.

If there is time, talk to the caseworker about when the foster child should be told that he will be leaving your home. It may be that the local department will make arrangements for your foster child to move gradually to the new home, visiting there and spending weekends before making a formal move. This makes it easier for a child to transition to a new living arrangement.

The MOVE

Each child accumulates things as they live in your home. You have purchased clothes and toys for this child. Those clothes and other items which you have purchased for that child and which fit her currently should go with her to the next living situation. If you have more than a few hours to help the child pack, go through the house with him/her and have him/her choose the items which are his/hers and place them in the suitcase or gym bag which he/she will take with them. Send things which he/she has made or collected, school pictures and things that are precious to them. Make sure the Health Passport is up to date, and send a schedule, especially with a young child. Anything that will help the child acclimate to the new situation should be shared with the new family.
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)
Resource Parent Ombudsman

The Resource Parent Ombudsman reviews and mediates issues presented by and on behalf of public resource parents that may adversely affect their relationship with a foster child or the resource parent’s rights. These reviews are neutral and impartial and are not intended to have punitive outcomes. Rather, the desired result is to identify issues and mend the relationship between parties. The Ombudsman is a source for information and referral. She/He is an ambassador and advocate for resource parents around the State and answers directly to the Secretary of the Department of Human Resources. The Ombudsman is the liaison with the Maryland Resource Parent Association and serves as one of its advisors. The current Resource Parent Ombudsman is Jennifer Rosen and she can be contacted at Jennifer.Rosen@maryland.gov, or by calling 410-767-9672.

Maryland Resource Parent Association (MRPA)

MRPA represents and provides support services to all resource parents in Maryland. It is a non-profit, 501c3 organization which functions under the authority of an elected Executive Board and Board of Directors. The goals of MRPA are:

- To network and support all Maryland resource families in collaboration with community partners who share similar goals.
- To advocate for legislative changes and policies to improve services for resource families.
- To promote communication between resource families and local, state, and national organizations.
- To promote the recognition of contributions made by Maryland resource parents.
- To encourage and assist in the recruitment and retention of resource families in the state of Maryland.
- The MRPA web site is mrpa.org and their telephone number is 443-837-9227. The email address is info@mrpa.org. MRPA is always looking for additional resource parents to be directly involved.

National Foster Parent Association (NFPA)

NFPA is the national voice for resource parents. The Maryland Resource Parent Association is an affiliate member of NFPA. The mission of the National Foster Parent Association is to support resource parents in achieving safety, permanence, and well-being for the children and youth in their care. NFPA’s primary actions revolve around the following:

- Promoting the delivery of services and support to resource families.
- Supporting quality foster care by promoting excellence and best practice.
- Providing services and supports to state and local foster parent associations.
- Developing and promoting education and training, and dissemination of information to members and the public at large.
- Advocating at the local, state, and national levels, promoting networking and collaboration.
- Promoting a positive image of resource family care, greater visibility and encouraging active involvement.

NFPA offers scholarships yearly to the University of Phoenix for foster youth and/or resource parents. Their web site is: www.nfpaonline.org. You can e-mail the organization at info@nfpaonline.org. The telephone number is 800-557-5238.
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.
Federal Taxes and Foster Care

DHR or the local departments cannot offer tax advice. However, the IRS stipulates that under certain circumstances, resource parents may be eligible to declare foster children as dependents. Carefully review IRS Publication 17, Chapter 21 and consult a tax advisor. You must remember the foster care board rate must be considered in answering the questions to determine eligibility. A social security number would be required. Be sure to ask for this from the local department while the child is still placed in your home.

Direct Deposit/Electronic Funds Transfer (EFT)

Resource parents have the opportunity to use direct deposit for foster care board rates. If interested, go to: Compnet.comp.state.md.us/General Accounting Division. Click on electronic funds transfer and download form X-10. Complete the form with necessary documentation as indicated.
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
Youth Matter: A Model for Youth Engagement

Because youth matter, the Department of Human Resources is working to improve services to those youth in Maryland’s child welfare system. We want to draw on their experience and recommendations for enhancement of child welfare policy, practice, and the achievement of positive outcomes for youth working toward self-sufficiency. We work to actively engage youth in making positive decisions about their lives. As a result:

- Youth will acquire the necessary skills to become self-sufficient
- Youth will establish and maintain permanent connections to a network of supportive adults and peers
- Youth will be empowered to participate in planning for themselves and to advocate for their perspective
- Youth will have enhanced self-confidence in their ability to function independently
- At the center of the youth engagement model are six core values and guiding principles that will help youth and child welfare staff work together to achieve the necessary goals for youth to transition into adulthood as productive citizens. They include:
  - Advocacy
  - Empowerment
  - Inclusion
  - Respect
  - Support
  - Value

Semi-Independent Living Arrangement (SILA)

SILA provides youth who are committed to the local department the opportunity of having an independent or self-sustained living arrangement with local department supervision and services. The goal is to help the youth achieve self-sufficiency. Youth may also be eligible for SILA if the youth has a documented disability and the youth’s case plan documents how the youth’s disability can be accommodated in the Independent Living Preparation Program. Youth who are eligible can request a SILA through their caseworker.

The Maryland Youth Transitional Plan is an ongoing planning process to ensure youth’s successful transition from foster care. This plan is driven by youth and is specific to the needs and goals of the youth.

Before a youth leaves foster care a plan must be developed to prepare for life after care. As a resource parent your role is to assist foster youth in the development of their transition plan by entering into a discussion with them to identify needs and goals regarding education, employment, housing, health, money management, and supportive connections.

Older youth may be placed in foster care because they have run away from home, refused to go to school, or are considered beyond the control of their parents. They also may be removed from their homes because they have been abused or neglected. Still others may have become involved in the juvenile justice system as a result of delinquent behavior. Whatever the reason, youth in foster care may have low self-esteem as well as feelings of anxiety about their future.
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.
Piercing and Tattooing
Regarding any invasive body acts such as body tattooing, ear piercing or any other body piercing, consult with the caseworker. In most cases, parental consent is required.

Social Media
Regarding social media websites and social media usage by foster youth and teens, monitor the sites that the youth visit and discuss with them the certain dangers of using these websites and also the laws regarding sending pictures, etc. (Facebook; Twitter; Instagram, My Space; etc.)
- Criminal Law under the age of 18 (re: sexting)
- Legal age to be on Facebook – 13

Human Sex Trafficking
Human sex trafficking is a growing concern across Maryland. Foster youth are often targeted by traffickers due to their vulnerability. Traffickers often prey on victims who reside in poverty, are young, have limited education, lack family supports, have a history of sexual abuse, family dysfunction, school-related problems, have physical or mental challenges and/or are chronic runaways.

Group homes, residential facilities, shelters, juvenile facilities, and malls are targeted by traffickers as resources for finding victims. The average ages of victims of human sex trafficking is 12-14 years old.

Traffickers are often family members, friends, “boyfriends,” and strangers who befriend juveniles and later come to dominate them.

Federal Anti-Trafficking Laws
The Trafficking Victims Protection Act (TVPA) – Sex Trafficking
Sex trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for the purposes of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not reached eighteen years of age.

Identification – Some Things to Look For
- Inability to attend school on a regular basis
- Fear of retaliation
- Shame, embarrassment or stigma
- Chronically runs away
- Lack of trust
- References frequent travel to other cities
- History of pregnancy or sexually transmitted disease
- Exhibits bruises or other physical trauma, withdrawn behavior, depression or fear
- Demonstrates a sudden change in attire, behavior or material possessions (e.g., has expensive items)
- Makes references to sexual situations that are beyond age-specific norms
- Has a “boyfriend” who is noticeably older (10+ years)
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.
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.
Resource Parent Preference in Adopting

If a legally free child has lived with a resource parent for a reasonable length of time and the parent and child have bonded and formed a healthy relationship, the agency may give that resource parent’s request to adopt the child preference and first consideration. This means that after the child is legally free for adoption, you can ask the agency for permission to adopt the child. The agency may take your request to adopt into account before it considers allowing any other family to adopt the child. This resource parent preference, however, is not a guarantee that you will be able to adopt the child. The agency is still required to make sure that adoption by the resource parent is in the child’s best interests.

Information You Should Receive

Your caseworker will be assigned to guide you through the adoption process. Make sure that you have the available medical history of your foster child and your foster child’s birth parents before you adopt. You should have received this when the child was placed in your home with the health passport information. If not request this information from the child’s caseworker. The history must include psychological information and medical information about conditions or diseases believed to be hereditary, drugs or medication taken during pregnancy by the child’s birth mother, immunizations, medications, allergies, diagnostic tests and their results and any follow-up treatment given or still needed by the child.

Adoption Assistance Payments

Adoption assistance, also known as adoption subsidy, includes medical and financial benefits for eligible children with special needs, who are under the guardianship of a local department of social services or a Maryland licensed child placement agency. A resource parent’s income is not considered in determining whether the child is eligible for adoption assistance. That is, the amount of money you earn does not affect whether you can receive an adoption subsidy. For additional information, see SSA Policy Directive SSA # 13-1 Adoption Assistance Program.

Finalizing the Adoption

To finalize the adoption you will need to petition the court and ask the judge to issue an order of adoption. The agency and your attorney will help you. The steps for resource parents are as follows:

1. Hire an attorney.
2. Help put together the adoption packet to send to court.
3. Keep track of the adoption case.
4. Go to court on finalization day.

Hiring an Attorney

You may contact an attorney to proceed with adoption after the Adoptive Placement Agreement is signed. If you need assistance with identifying an attorney your adoptions worker can assist you with this process. If your foster child is legally free for adoption you should contact an attorney as soon as possible. It is a good idea to hire an attorney who is familiar with the adoption process. You may begin the adoption finalization process, but be sure to find out if there is an appeal to the termination of parental rights pending in the court. All such appeals must be resolved before an adoption can be finalized. If your foster child is not yet legally free for adoption or is in the process of being freed, you can contact an attorney and get advice about the adoption process. However, if your attorney works on your case and your child does not become free for adoption, the attorney might still charge a fee for the work that he or she has done.
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 (CI’s) 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.
(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.


(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.
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
   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
Medical Information

- List of clinics, hospitals etc., where child received care (surgery, etc.)
- Immunization record
- Medical information that might be needed by the child when growing up, or as an adult
- Height/weight changes
- Loss of teeth
- First words, first steps, etc.

School Information

- Names of schools
- Pictures of schools, friends, and teachers
- Report cards, school activities

Religious Information

- Places of worship child attended
- Confirmation, baptism, and other similar records, papers and other material from Sunday School
- Pictures of child at different stages of development
- Stories about the child from parents, Resource parents, and caseworkers
- Accomplishments, awards, special skills, likes and dislikes

Although it is best to start collecting information when the child is first placed, it is never too late to begin a Life Book.
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<tr>
<th>County</th>
<th>Phone Number</th>
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<tr>
<td>Allegany County</td>
<td>301-777-5959</td>
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<td>Anne Arundel County</td>
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<td>Calvert County</td>
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<td>Caroline County</td>
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<td>Charles County</td>
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<td>Dorchester County</td>
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<td>Frederick County</td>
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<td>Garrett County</td>
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<td>Kent County</td>
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<td>Montgomery County</td>
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<td>St. Mary’s County</td>
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<td>Somerset County</td>
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<td>Talbot County</td>
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<td>Wicomico County</td>
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<td>Worcester County</td>
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## MENTAL HEALTH STABILIZATION SERVICES
### CONTACT LIST FOR CORE SERVICES AGENCIES

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<tr>
<th>County</th>
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<tr>
<td>Allegany and Garrett Counties:</td>
<td>Contact: Laura Miller - (301) 759-5069</td>
</tr>
<tr>
<td>Anne Arundel County:</td>
<td>Contact: Catherine Gray – (410) 222-7858</td>
</tr>
<tr>
<td>Baltimore City:</td>
<td>Contact: Steve Johnson – (410) 637-1900 extension 7796</td>
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<tr>
<td>Baltimore County:</td>
<td>Contact: Lee Ohnmacht – (410) 887-3828</td>
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<tr>
<td>Caroline, Dorchester, Kent, Queen Anne’s and Talbot Counties:</td>
<td>Contact: Megan Andrejczuk – (410) 770-4801 extension 304</td>
</tr>
<tr>
<td>Harford County:</td>
<td>Contact: Jamie Miller or Laura Johnson - (410) 803-8726</td>
</tr>
<tr>
<td>Prince George’s County:</td>
<td>Contact: Karen Burkes – (301) 883-1353</td>
</tr>
<tr>
<td>Somerset, Wicomico, and Worcester Counties:</td>
<td>Contact: Tammy Griffin or Amanda Rotruck - (410) 533-6981</td>
</tr>
<tr>
<td>Washington County:</td>
<td>Contact: Brooke Kerbs – (301) 739-2490 ext. 112</td>
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EMERGENCY CONTACT NUMBERS
# MEDICATION LOG

Youth’s Name: __________________  Primary Care Physician: __________________
Date of Birth: ________________  Primary Care Physician #: __________________
MA #: _________________________  Pharmacy: ______________________________
Pharmacy #: __________________

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<th>Name of Medication</th>
<th>Purpose</th>
<th>Dosage</th>
<th>Start Date</th>
<th>End Date</th>
<th>Special Instructions</th>
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## MEDICATION LOG

**Youth's Name:** John Doe  
**Date of Birth:** February 3, 1998  
**MA #:** 214764512 MA  
**Primary Care Physician:** Dr. Fred Savage  
**Primary Care Physician #:** (222) 555-6767  
**Pharmacy:** Walgreen  
**Pharmacy #:** (222) 333-9898

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<th>End Date</th>
<th>Special Instructions</th>
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<td>Lasix 20mg</td>
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<td>Glucotrol XL 10mg</td>
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<td>Risperdal 2mg</td>
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<td>Amoxicillin</td>
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<td>3/19/14</td>
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Key: X Required
    --> Required if previously done
    S Subjective by history/observation
    O Objective by standardized testing
    * Counseling/Referral 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. Blood Pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.

Maryland Healthy Kids Program
Effective 1/1/2013

www.dhmh.maryland.gov/egsd/