



# What to Expect: Reconsideration Process

## Conditional Requirements

Resource providers are required to notify their Home Worker, within 5 business days, if not sooner, of any changes *in* or *to* their home including:

- \* New household member or frequent visitor
- \* Youth in the home turned 18 (non-committed youth)
- \* Moved or renovated home
- \* New back-up/respite provider
- \* Changes in employment/income
- \* Household member charged with a crime
- \* Changes in marital status/relationship or marital problems
- \* Suspected abuse or neglect occurred in the home (notify BCDSS immediately)
- \* Other changes in or to the resource home

## Annual Reconsideration Requirements

### 1. Training

BCDSS resource providers must complete 10 hours of annual training.

- \* Providers are required to have at least 2 hours of discipline training every 2 years.
- \* Discipline training counts towards 10-hour annual training requirement.
- \* Each provider in the home must individually complete training requirements.

### 2. CPR & First Aid Training

Resource providers must complete a CPR & first aid training class every two years.

- \* Classes may be taken in-person or on-line.
- \* CPR & first aid classes will count towards 2 hours of annual training.
- \* Some, but not all CPR classes include First Aid. If First Aid is not in the title of the training, it is not included, and you will need to register for a separate first aid course.
- \* Resource providers are responsible for the cost of the class.
- \* Online CPR & First Aid classes are offered by the following:

- \* American Red Cross
- \* American Heart Association
- \* National Safety Council
- \* National CPR Foundation

### 3. Financial Stability Verification

Resource providers will be asked to verify their ability to regularly meet their financial obligations (monthly household income must be equal to or greater than monthly household expenses).

#### Monthly Household Income

Providers must provide copies of at least one of the following:

- \* Last 2 consecutive pay stubs (if paid every 2 weeks)
- \* Last 4 consecutive pay stubs (if paid weekly)
- \* Last SSI/SSDI statement
- \* Last retirement and/or pension statement
- \* Most recent 1099 (if self-employed)
- \* Notarized statement of earned income or financial support (from financial source)









In addition, the following may be considered as part of the total household income (these items will only be considered along with at least one of the documents listed above):

- \* Adoption/custody & guardianship subsidy
- \* Child support and/or alimony payments
- \* Child's SSI or SSDI payments

#### Monthly Household Expenses

Providers will be requested to provide copies or estimates of all the following that apply:

Provide ***copies*** of the most recent statement or bill for items in Column A

Column A	
Mortgage or Rent	
BGE	
Water	
Cable/Internet/Phone	
Cell Phone	
Auto Loan	
Auto Insurance	
Child Support	

***Estimate*** the monthly amount spent for items in Column B

Column B	
Transportation	\$ <i>Estimate</i>
Medical	\$ <i>Estimate</i>
Child Care	\$ <i>Estimate</i>
Entertainment	\$ <i>Estimate</i>
Food	\$ <i>Estimate</i>
Clothing	\$ <i>Estimate</i>
Education/Tuition	\$ <i>Estimate</i>
Donations	\$ <i>Estimate</i>

### 4. Pets

Resource providers will be required to provide current rabies vaccination records for pets in the home.

- \* All pets in the home must demonstrate a gentle, non-threatening temperament/nature.
- \* Pets should be regularly groomed, including clean trimmed nails and proactively treated for fleas & ticks as recommended by the American Canine Association <http://www.acainfo.com>.

## 5. Background Clearances

Maryland requires annual background clearances for all resource providers, adult household members, frequent household visitors (adults in the home 2 or more times a week) and back-up providers. BCDSS conducts the following background checks:

Required Background Clearances					
	MD Judiciary Case Search	Sex Offender Registry	Child Protective Services	State & Federal Criminal (CJIS)	Child Support Clearance
Resource Providers	●	●	●	10 yrs	●
Adult Household Members	●	●	●	10 yrs	
Frequent Visitors	●	●	●	10 yrs	
Back-Up Providers	●	●	●	10 yrs	

## 6. Medical

Resource providers and all household members are required to have a physical exam from a licensed health care professional, every two years.

- \* If caring for infants (0-1) and/or children with special medical needs (any age), all household members over age 12 must provide verification of an up-to-date annual **flu vaccine** (within a year) unless the immunization is contrary to the individual's health as documented by a licensed healthcare professional.
- \* If caring for infants (0-1), all household members over age 12 must provide verification of an up-to-date **Pertussis/Tdap vaccine** (whooping cough; every 10 years) unless the immunization is contrary to the individual's health as documented by a licensed healthcare professional.
- \* All children in the household (under age 18) must show proof of up-to-date **immunizations** unless there is a medically documented exemption.
- \* In accordance with COMAR (07.02,05.04), *if a household member has symptoms or history of physical or mental health problems which may prevent a foster child from receiving proper care or which might be communicable or injurious to the physical or emotional health of a foster child the department shall require an individual to provide a written document by the examining physician stating the health problem poses no threat to foster children.*
- \* BCDSS resource providers will not use any illegal substances, abuse alcohol by consuming it in excess amounts, or abuse legal prescription and/or nonprescription drugs by consuming them in excess or using them contrary to as indicated.

## 7. Resource Provider Agreement

Annually, resource providers will be requested to read, sign and agree to adhere to the terms of the *Resource Provider Agreement*. The Home Worker will review the agreement containing information regarding expectations, confidentiality, discipline and emergency preparedness.

## 8. Home Health Assessment

BCDSS will conduct regular visits to assess the ongoing safety of the home. BCDSS must be able to access/view all rooms/areas (ie drawers, closets, containers, etc) of the home, regardless of ownership/occupancy (ie roommates, property owners, renters, relatives, friends, etc).

## 9. Back-Up Provider

Back-up providers must complete the following annual requirements:

- \* Sign and agree to comply with the terms of the *Back-Up Provider Agreement*.
- \* Complete and pass background clearances.
- \* Home Health Assessment (respite/optional; only required for back-ups who would like to provide short-term care in their own home, otherwise foster children must be cared for in the resource provider's home. All other adult household members must also complete and pass background clearances)

## Please Note

- \* **It is imperative that reconsiderations are completed on time as BCDSS cannot allow homes to remain open that are out of compliance. If the reconsideration standards (listed above) are not completed by the annual recon due date you run the risk of having your home closed.**
- \* **Resource homes that are out of compliance because all recon standards have not been met on time will be put on hold.**
- \* **Homes that are 60 days out of compliance will be closed.**



# Resource Provider Agreement

Date		<input type="checkbox"/> Application	<input type="checkbox"/> Reconsideration
Resource Provider(s)			
Address			
Home Worker		Phone	
Supervisor		Phone	

As a Baltimore City Department of Social Services (BCDSS) Resource Provider, I understand that:

- \* The legal custody and control of foster children always remains with the agency.
- \* I will make all decisions regarding the foster children in my care at the direction of the youth's permanency team (visits, travel, hair alterations, etc).
- \* Foster care is a temporary situation and I, as Resource Provider, agree to cooperate fully with BCDSS in its efforts to reunify the child with their family.
- \* BCDSS reserves the right to remove foster children from my home at its discretion.
- \* I reserve the right to ask BCDSS to remove foster children placed in my care however, I agree to provide BCDSS with 10 business days' notice, consult with the youth's caseworker and participate in a staffing/FTDM, if requested.
- \* Foster children placed in my home for adoption, will remain in the legal custody and control of BCDSS and this agreement remains in effect until the court orders a final adoption decree.

I further understand and agree to:

- \* Uphold confidential information given to me by BCDSS about the child and their families.
  - \* Not independently accept a child or an adult, for care, from an individual or agency other than BCDSS.
  - \* Notify BCDSS of information I know or learn about foster children.
  - \* Transport and participate in the medical, education, visitation meetings and/or other appointments and staffings for the foster children in my care.
  - \* Notify home worker, within 5 working days, of any changes in my household or of any personal circumstances, health, household composition or other relevant factors including any criminal changes, investigations, employment changes, etc.
  - \* Immediately report any suspected physical/sexual abuse or neglect to the youth's Permanency Case Worker/BCDSS 24-hour hotline 410-361-2235 (after hours) as well as your Resources & Support Home Worker upon becoming aware of suspected maltreatment (call 911 first if necessary).
- Reviewed:** HW Initials: \_\_\_\_\_ / RP Initials: \_\_\_\_\_ RP Initials: \_\_\_\_\_
- \* Call 911 (pls. get a complaint number) when a foster child runs away (whereabouts unknown for 72 hours; younger youth sooner). Immediately following the 911 call, report the incident to the youth's Permanency Case Worker/BCDSS 24-hour hotline 410-361-2235 (after hours) as well as your Resources & Support Home Worker. Resource homes cannot be kept open longer than 72 once a child is no longer in the home (except reunification transition plans)
  - \* Annually complete and pass all reconsideration standards (no later than the recon due date). maintain approval status as a BCDSS resource provider.

- \* Complete a minimum of 27 hours of pre-service training and a minimum of 10 hours of in-service training annually thereafter. It is further required that all resource providers in the home have at least 2 training hours of discipline training and CPR & First Aid training, every 2 years.
- \* Assume responsibility for the safety and welfare of all foster children in my care.
- \* Ensure that if I care for infants, I will place them, when sleeping or napping, on their back and in an appropriate crib or pack and play free from bumpers, blankets, and plush toys and/or other items that may cause suffocation.
- \* Not use illegal substances, abuse alcohol by consuming it in excess amounts, or abuse legal prescription and/or nonprescription drugs by consuming them in excess amounts or using them contrary to as indicated.
- \* Not smoke in the presence foster children; including foster home and vehicles.
- \* Have reliable transportations including a properly maintained vehicle or access to reliable public transportation. Legal transportation includes having a valid driving license, insurance and registration.
- \* Adhere to The Maryland Child Passenger Safety Law, which requires children under age 13 ride in the backseat and in an appropriate child restraint, until the youth reaches 4'9" and 80 lbs.

Type	Placement	Age	Ht & Wt	Notes
Infant Seat	Rear Facing	0 - 1	up to 20 lbs	Child needs to be both 1 year old and 20 lbs before being placed in a forward-facing car seat
Toddler Seat	Front Facing	1 - 4	20 lbs-40 lbs	Child must be at least 40 lbs before moving into a booster seat
Booster Seat	Front Facing	4 - 12	40 lbs-80 lbs	Child must be 13 years old and at least 4'9" and 80 lbs before using the vehicle seat belt alone

In accordance to the Code of Maryland Regulations 07.02.25.19 regarding the **Discipline of Foster Children Policy**, I understand that:

- \* Only approved BCDSS resource providers shall discipline foster children.
- \* Physical holding as a form of restraint shall be used only to the degree necessary to protect the child from self-injury or from injuring others.

The following punishments are prohibited:

- \* Corporal punishment, which includes physical hitting, or any type of physical punishment inflicted in any manner upon the body
- \* Physical exercises, such as running laps or performing push-ups
- \* Requiring or using force to require a child to take an uncomfortable position such as squatting, bending, or repeated physical movements
- \* Verbal remarks which belittle or ridicule a child or child's family
- \* Denial of essential program services, such as planned educational, psychiatric or psychological services
- \* Denial of meals, clothing, bedding, sleep, mail, or visits with a child's family
- \* Threatening the child with the loss of the child's placement in the home
- \* Bodily shaking
- \* Placement in a locked room
- \* Use of mechanical or chemical restraints

I understand that in accordance with the Department's **Confidentiality and Information**

## Sharing Policy:

- \* All BCDSS resource providers are subject to the same standards of confidentiality as BCDSS employees.
- \* The law governing confidentiality, as stated in the Maryland Annotated Code Section 1-201, requires that you keep confidential any information you are given whether verbally or in writing.
- \* Information about how the child entered care, the circumstances of the birth family and the child's permanency plan is confidential.
- \* Any information provided to me about a foster child in my care and their family or previous caregivers is confidential.
- \* Information cannot be released to, shared with or discussed with anyone except for BCDSS staff working with the child, the child's attorney, the child's CASA worker, The Citizens Review Board, or Health Care providers directly involved in providing care or treatment to the specific child (these professionals are bound by the same standards of confidentiality).
- \* At the time of placement, all significant information may not be known regarding the medical or birth family history, special needs or past behaviors of the child. BCDSS will provide additional information as it becomes available.
- \* No photographs or information about foster children may be released for publication (including the internet & social media) without the consent of the youth's birth parent or legal guardian and BCDSS.
- \* Refer any person who claims to have a release of information or wants information regarding a foster child to BCDSS.

I understand the need for BCDSS to have the following information as a part of their local **Emergency Preparedness Plan** for foster children that may be in my care. I understand and agree to:

- \* Keep BCDSS informed as soon as possible of any changes in contact information including changes in telephone numbers for home, work and/or cell.
- \* Seek permission in advance from foster children's case workers for any out-of-state travel and to give additional contact information in the event of out-of-state travel.
- \* Notify the youth's case worker in advance if foster children are to be away overnight, for any reason, and to provide contact information.
- \* Do my best to provide care for foster children during an emergency even if I must leave my home or the area and to notify BCDSS as soon as possible of any changes in my location.
- \* Cooperate with BCDSS regarding any other actions that may be needed to implement the agency's *Emergency Preparedness Plan* in the event of emergency.

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Resource Provider's Signature & Date

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Resource Provider's Signature & Date



# Recon Preparation Checklist

Date		Recon Due Date	
Provider(s)			
Address			

Thank you for your commitment to the children of Baltimore City and to the Department of Social Services. The annual reconsideration (recon) provides an opportunity to address concerns, discuss placement preferences, suggest relevant trainings, provide resources and reassess the safety of the home. In order to ensure that all requirements are completed on time please observe the due dates of your reconsideration standards listed below. Do not hesitate to reach out if you have any questions or need assistance.

NA	Date Due to Home Worker	Frequency	Requirements	Comments
<input type="checkbox"/>		Annually	In-Service Training (10 hrs)	
<input type="checkbox"/>		Every 2 Years	Behavior Management Training (2 hrs)	
<input type="checkbox"/>		Every 2 Years	CPR & First Aid Class	
<input type="checkbox"/>		Annually	Financial Stability Verification	
<input type="checkbox"/>		Annually	Pet Documentation	
<input type="checkbox"/>		Annually	Consent for Clearances	
<input type="checkbox"/>		Annually	MD Judiciary Case Search	
<input type="checkbox"/>		Annually	Sex Offender Registry	
<input type="checkbox"/>		Annually	Child Support Clearances	
<input type="checkbox"/>		Every 10 Years	CJIS Clearances	
<input type="checkbox"/>		Every 2 Years	Medicals	
<input type="checkbox"/>		Annually	Flu Vaccine	
<input type="checkbox"/>		Every 10 Years	Pertussis Vaccine	
<input type="checkbox"/>		Annually	RP Agreement	
<input type="checkbox"/>		Annually	Home Health Assessment	
<input type="checkbox"/>		Annually	Back-Up Agreement	
<input type="checkbox"/>		Annually	Back-Up Clearances	
<input type="checkbox"/>		Annually	Back-Up Home Assessment (optional)	

Home Worker		Phone	
Supervisor		Phone	



# What to do For Your Upcoming BCDSS Reconsideration

## Household Changes

Notify your home worker within 5 days of making any changes *to or in* the home:

- ↳ New household member or frequent visitor
- ↳ Move or renovation
- ↳ New back-up/respite provider
- ↳ Changes in employment/income
- ↳ Changes in marital status/relationship
- ↳ Household member charged with a crime
- ↳ Other changes *to or in* the home

## Monthly Household Income










Send copies of at least one of the following:

- ↳ Last 2 consecutive pay stubs (if paid every other week)
- ↳ Last 4 consecutive pay stubs (if paid weekly)
- ↳ Last SSI/SSDI statement
- ↳ Last retirement and/or pension statement
- ↳ Most recent 1099 (if self-employed)
- ↳ Notarized statement of earned income or financial support from the source

## Monthly Household Expenses

Send copies or estimates of all that apply:

Send copies of the most recent statement/bill for items in Column A

Column A	
Mortgage or Rent	
BGE	
Water	
Cable/Internet/Phone	
Cell Phone	
Auto Loan	
Auto Insurance	
Child Support	

Provide estimates for items in Column B

Column B	<i>Estimate</i>
Transportation	\$
Medical	\$
Child Care	\$
Entertainment	\$
Food	\$
Clothing	\$
Education/Tuition	\$
Donations	\$

## Pet Documentation *(if applicable)*

Send copies of licenses and current vaccination records for pets in the home.

## Medical Examinations *(due every 2 years or upon request)*

Schedule medical appointments for all household members.

## CPR & First Aid Class *(due every 2 years)*

Complete a CPR & First Aid training class.