Child Placement Agency Safety Report Instructions

CPA Home Information

Status: *All certified CPA homes located in Maryland, including all household members, must be included on this tab. Once the CPA home closes, the CPA home must be reported as closed (column A - closed and column W - closure date) on the monthly report and then the following month, the CPA home can be deleted/==removed== from the report. Please do not delete/remove the home until they have been reported as closed for a least one monthly report.   Select "Current" if there are no updates for the month. Select "New" if the individual is new to the roster. Select "Closed" for an individual no longer residing in the foster home. Select "Update" if information for the individual has changed;*

I.D.: *The MD CHESSIE # should be documented for the entire household. If a MD CHESSIE # has not been issued for the home or if the home was closed and is now certified, do not document anything in this cell (until OLM issues a MD CHESSIE # and in the second scenario confirms the MD CHESSIE # and home reopened in MD CHESSIE).*

Household member legal name: *Enter the individual's complete and legal first, middle and last names including any suffix (e.g. Jr., Sr., II, III, etc.).*

Affiliation Type: *Select "Foster Parent" for the individuals certified as foster parents in the home. Select "Foster Parent – Child" for any person living in the home who is the foster parent's biological child, adopted child, or stepchild. Select "Foster Parent – Relative" for any person who resides in the home who is related to the foster parent by blood or marriage. Select "Resident – Non-Relative" for any person who resides in the home who is not related to the foster parent by blood or marriage.*

Date of Birth: *Enter the numerical date such as 4/30/1976.*

Age today in years: *Do not enter. Age will be calculated by entering the Date of Birth as noted.*

Street Address of Foster Home: *Enter the street address such as 311 W. Saratoga Street.*

Foster Home City: *Enter the city or municipality such as Baltimore.*

Foster Home Zip Code: *Enter the numerical zip code.*

Date of most recent home health safety inspection results (COMAR 07.05.02.11E): *Enter the numerical date of as noted on the inspection report.*

Documentation of Home Health Safety Inspection in Foster Home File (COMAR 07.05.02.11E): *Select "Yes" only if, at this moment, the record on the foster family*

contains a copy or the original of the most recent Health Department inspection. Otherwise, Select "No."

Date of most recent Fire Safety Inspection results (COMAR 07.05.02.11E): *Enter the numerical date of the most recent fire inspection results.*

Documentation of Fire Safety Inspection in the Foster Home File (COMAR 07.05.02.11E): *Select "yes" only if, at this moment, the record on the foster family contains a copy or the original of the most recent Fire Department inspection. Otherwise, Select "no."*

Date of Most Recent Medical Examination (COMAR 07.05.02.06 and 07.05.02.11E): *Enter the numerical date of the most recently completed medical examination of the individual; to be valid this medical evaluation must include or be accompanied by the results of a test for Tuberculosis (TB)*

Documentation of Medical Examination (COMAR 07.05.02.06 and 07.05.02.11E): *Select "yes" only if, at this moment, the record on the foster family contains a copy or the original of the most recent medical examination of the individual. Otherwise, Select "no."*

Foster Home Initial Approval Date (COMAR 07.05.02): *Enter the numerical date of the initial foster home approval (certification) of this family by the agency social worker.*

Foster Home Most Recently Approved (COMAR 07.05.02.16, including but not limited to – C, D, E, G(1) and G(7)): *Enter the numerical date of the most recent foster home approval (certification) of this family by the agency social worker.*

Foster Home Closed Date (if applicable): *Enter the numerical date of the closing as reflected in the closing letter. For household members, who no longer reside in the home, enter last date of residence (also indicate closed in column A).*

CHILD PROTECTIVE SERVICES INFORMATION FOR CPA HOMES AND EMPLOYEE/GOVERNING BOARD MEMBERS/VOLUNTEERS/INTERNS (COMAR 07.05.01.09A-C)

CPS Clearance request Date: *The date on which the CPS Clearance was requested.*

Current CPS Clearance Results Date: *Date on which the individual's clearance was completed by either an appropriate local department of social services or the Social Services Administration. If the individual is under the age of 18 use the same date used for the primary foster parent's CPS results or write MINOR.*

Documentation of Current CPS Clearance in the Foster Home Record: *Select "Yes" only if the agency's foster home record or personnel file for the individual contains, at this moment, a copy of the document received by either the appropriate local department of social services or the Social Services Administration. Select "no" in all other cases.*

Outcome of Clearance: *In almost all cases, the form should read "clear" or "N/A".*

FEDERAL CLEARANCE INFORMATION FOR CPA HOMES AND EMPLOYEE/GOVERNING BOARD MEMBERS/VOLUNTEERS/INTERNS

Federal CJIS Request Date: *The date on which CJIS clearance was requested.*
Federal Criminal Background Check Date Result*: The date on which CJIS completed the check.*

Documentation of Federal Criminal Background Check: *Select "Yes" only if the agency's foster home record or personnel file for the individual contains, at this moment, a copy of or the original document received by CJIS. Select "no" in all other cases. CPA providers can* not *hire or certify a CPA home if there is a FBI "hit" until the FBI specific information is obtained per the FBI request process. This is applicable for a prospective employee, applicant/co-applicant and household member over the age of 18. FBI clearances are not considered complete until the additional information is received from the FBI if a "hit" was noted on the clearance results.*

Has the clearance been reviewed and determined to be compliant regarding the requirements outlined in COMAR 07.05.02.13 (for CPA homes) and 07.05.01.09 (for Employee/Governing Board Members/Volunteers/Interns)? *Select "Yes" only if the program has reviewed the results and determined that they are in compliance with COMAR 07.05.02.13 and 07.05.01.09. Otherwise, select "no" in all other cases.*

STATE CLEARANCE INFORMATION FOR CPA HOMES AND EMPLOYEE/GOVERNING BOARD MEMBERS/VOLUNTEERS/INTERNS

State CJIS Request date: *The date on which CJIS clearance was requested.*

State Criminal Background Check Results date: *The date which CJIS completed its clearance should be entered.*

Documentation of current State clearance is in the foster home record: *Select "Yes" only if the agency's foster home record or personnel file for the individual contains, at this moment, a copy of or the original document received by CJIS. Select "no" in all other cases.*

Has the clearance been reviewed and determined to be compliant regarding the requirements outlined in COMAR 07.05.02.13 (for CPA homes) and 07.05.01.09 (for Employee/Governing Board Members/Volunteers/Interns)? *Select "Yes" only if the program has reviewed the results and determined that they are in compliance with COMAR 07.05.02.13 and 07.05.01.09. Otherwise, select "no" in all other cases.*

COMMENT

Comment for CPA Homes: *Comments/clarification/etc (i.e. if your agency has multiple TFC programs, please specify which program(s) this home is associated. In addition, please indicate if the CPA home meets COMAR requirements for mother/infant foster care, if appropriate.)*

Comment for Employee/Volunteer/Intern: *The Employee Assignment column is where the agency will designate whether the employee is TFC or ILP or both.*

IMPORTANT NOTES:

Rehired Employees - *The process for rehiring an employee is the same as hiring a new employee. Clearances from a previous employment period cannot be used to rehire an employee.*

Transfer Employee - *CPS, State and Federal clearances obtained during the initial hiring period can be used for a transfer employee. An employee can only be considered a transfer from one program to another in the same organization if there is no break in service/employment. Indicate in the comment column (column T) the employee is a transfer employee.*

Five Day Grace Period - *If the monthly report is submitted by the <u>due date</u> but the program notices an error, then the program will have five (5) State business days to submit an updated monthly report. The additional five (5) State business days is <u>only allowed if that month's report was submitted on or prior to the due date</u>.*