

DEPARTMENT OF HUMAN RESOURCES  
SOCIAL SERVICES ADMINISTRATION  
311 WEST SARATOGA STREET  
BALTIMORE, MARYLAND 21201

DATE: April 3, 2006

CIRCULAR LETTER# SSA 06-11

TO: Directors, Local Department of Social Services Assistant  
Directors, Local Departments of Social Services Child Welfare  
Supervisors, Local Departments of Social Services

FROM: Dr. Rebecca Bridgett, Acting Executive Director  
Social Services Administration

RE: Child Placement Information Form

PROGRAMS AFFECTED: Out-of-Home Placement Services (Foster/Adoptive Family  
Services)

ACTION REQUIRED OF: Out-of-Home Placement Staff

REQUIRED ACTION: This form is to be completed and given to all caregivers of children  
in Out of Home Placement effort 6/1/06

CONTACT PERSON: Sharon Hargrove, Manager  
Out-of-Home Placement Services (Foster Care)  
410-767-7713

Judith Eveland  
Resource Development Program Manager  
410-767-7910

## **Child Placement Information Form**

### **Purpose**

This circular letter is to provide guidelines for the completion of the Child Placement Information Form

### **Background**

Recently a foster family expressed concern that a child had been placed in their home with a history of sexual abuse and as a result sexually abused another child. The family indicated that pertinent historical information on the child was not revealed to them. The Department of Human Resources/Social Services Administration has instituted this child information form that all resource (foster/adoptive/kinship care) parents must receive at the time of placement. This form will give accurate available information on the child and the child's behavior to the caregiver.

### **Instructions for Completion**

Attached is the Child Information Form. When a child enters out-of-home placement (foster care/kinship care), the caseworker will complete the form with all information available and present the completed form to the Resource Parent Caregiver for their review, discussion, and signature that the caregiver reviewed and received the form. The two forms will be signed, one for the caregiver and one for the case record. When the caseworker meets the Resource (foster/adoptive/kinship) families for monthly visit or at interval contacts, the form will be discussed and updated as information becomes available.

Effective June 1, 2006, it is mandatory that all local departments of social services use this form.

# Child Placement Information Form

| Basic Information                       |                      |  |  |       |
|---|----------------------|--|--|-------|
| Child's name                            |                      | DOB                                      | Sex  | Race  |
| Date child placed:                      | Date child removed:  | Date child entered out of home placement |  |       |
| Reason child being placed in your home: |                      |  |  |       |
| Caseworker name:                        |                      | Phone                                    | Fax  | Email |
| Supervisor name:                        |                      | Phone                                    | Fax  | Email |
| Local department emergency phone        |                      | Local department address                 |  |       |
| Legal status at entry:                  | Current legal status | IV-E Status                              | If plan is adoption, date plan established |       |

| Placement Information  |   |  |                            |
|--|---|--|----------------------------|
| Type:  | <input type="checkbox"/> Adoption Placement<br><input type="checkbox"/> Respite<br><input type="checkbox"/> Emergency Placement<br><input type="checkbox"/> Shelter | Date needed                            | Anticipated length of care |
| <input type="checkbox"/> Regular Foster Care<br><input type="checkbox"/> Kinship Care<br><input type="checkbox"/> Treatment Foster Care    |   |  |                            |
| Current reason for placement   |   |  |                            |
| Date child originally came into care:  | Original reason for coming into care  |  |                            |
| <i>Prior placement or prior requests for placements</i>  |   |  |                            |
| Placement type:  | Reason for placement/disruption   | Dates                                  |                            |
|  |   |  |                            |
|  |   |  |                            |
|  |   |  |                            |
|  |   |  |                            |
|  |   |  |                            |
| <i>Prior DSS history/ service</i>  |   |  |                            |
| Are juvenile services involved?  |   | Probation officer:<br>Telephone number |                            |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |   |  |                            |
| If yes, explain:   |   |  |                            |
| Does child have pending charges?   | Charge:   |  |                            |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | Court Date:   |  |                            |
| Was this child placed emergently in your home? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> |   |  |                            |

Child Name:

| <b>Concurrent Permanency Planning Information</b>  |                       |
|--|-----------------------|
| <b>Primary plan</b>  | <b>Secondary plan</b> |
| Was the child named in a complaint of suspected abuse or neglect in a resource(foster/adoptive or kinship) home? |                       |

| <b>Information on child and background</b>         |
|--|
| Child's attitude toward placement:                 |
| Personality/physical appearance/level of maturity: |

| <b>Visitation information</b>  |   |   |           |                     |
|--|---|---|-----------|---------------------|
| <i>Child's visitation plan</i>   |   |   |           |                     |
| Person   | Location  | Schedule (when)   | Frequency | Special Limitations |
|  |   |   |           |                     |
|  |   |   |           |                     |
|  |   |   |           |                     |
|  |   |   |           |                     |
|  |   |   |           |                     |
|  |   |   |           |                     |
|  |   |   |           |                     |
| Who should not visit?<br><input type="checkbox"/> No restrictions  | List siblings in out of home placement:<br><input type="checkbox"/> None          | List siblings not in care:<br><input type="checkbox"/> None |           |                     |
| What is the visitation plan between siblings?  |   |   |           |                     |
| Is the child permitted telephone contact?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   | If yes, with whom and how often?  |   |           |                     |
| Is the child permitted face-to-face contact with family members?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                  | If yes, with whom and how often?  |   |           |                     |
| Is the child permitted to write to his siblings, parents, other family members, or other persons?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | If yes, name address, and relationship  |   |           |                     |
| Is the child permitted to have unsupervised visits?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   | If yes, with whom and how are visits to be carried out and what is the timeframe? |   |           |                     |

Child Name:

|   |   |   |
|---|---|---|
| <b>Can this child have contact with the previous caregiver?</b> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>If yes, name and telephone number of previous caregiver:</b> |
|---|---|---|

| <b>Education requirements</b>                                  |                       |   |
|--|-----------------------|---|
| Name address and telephone number of school child enrolled in: |                       |   |
| Date child enrolled in school                                  | Child's current grade | For preschool age, was child referred to infants and toddler program? When? |
| Special education services                                     |                       |   |
| Describe academic performance:                                 |                       |   |
| Describe behavior or any problems in school:                   |                       |   |

| <b>Health</b>   |  |  |  |
|---|--|--|--|
| Current medical problems:   |  |  |  |
| <input type="checkbox"/> Allergies – to what (pets, food medication)?   |  | <input type="checkbox"/> HIV status<br><input type="checkbox"/> Risk of HIV/AIDS,<br><input type="checkbox"/> Hepatitis<br><input type="checkbox"/> TB |  |
| <input type="checkbox"/> Hearing impaired<br><input type="checkbox"/> Hearing aid<br><input type="checkbox"/> Sign language | <input type="checkbox"/> Visually impaired<br><input type="checkbox"/> Glasses | <input type="checkbox"/> Uses birth control<br>Type:   | <input type="checkbox"/> Orthopedic appliances required (crutches, wheelchair, cane, etc.) |
| Date of initial health screen   |  | Where was health screen conducted?   |  |
| Date comprehensive health assessment completed  |  | Where was comprehensive health assessment conducted as:  |  |
| Date for next annual physical   | Follow-up medical appointments with:   |  |  |
| Date of mental health assessment  |  | Mental health assessment completed at  |  |
| Medical assistance number   |  | Managed care organization number   |  |

Child Name:

|   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> <b>Medi alert (DHR/SSA 631A)</b>   | <input type="checkbox"/> <b>Health History (DHR/SSA 631B)</b>  | <input type="checkbox"/> <b>Health history for children under three years (DHR/SSA 631C)</b>   | <input type="checkbox"/> <b>Periodicity schedule (DHR/SSA 631D)</b>   |
| <input type="checkbox"/> <b>Encounter report form (DHR/SSA 631E) shows initial health screen within 5 working days of placement</b>                 | <input type="checkbox"/> <b>Consent to medical care (DHR/SSA 631F) signed by parent or legal guardian or copy of court order awarding medical guardianship</b> | <input type="checkbox"/> <b>Receipt for medical passport and acknowledgement of confidential nature of information contained in the passport signed by the current caregiver. (DHR/SSA 631G)</b> | <input type="checkbox"/> <b>Immunization certificate</b>  |
| <b><i>Chronic Illnesses</i></b>   |  |  |   |
| Does the child have diabetes?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | If yes describe the treatment routine  |   |
| Does the child have asthma?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | If yes describe the treatment routine  |   |
| Does the child have cerebral palsy?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | If yes describe the course of treatment  |   |
| Does the child have any other chronic illnesses?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | If yes name type of illness and treatment required   |   |
| <b><i>Medications</i></b>   |  |  |   |
| Is the child on any medications?  |  | <b>Name</b>  | <b>Frequency (when)</b>   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |  |  | <b>Administered (how/amount)</b>  |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
| Reason for medicine and how is medication to be monitored   |  | Name of doctor that prescribed medication  | Pharmacy (name, phone address)  |
| <b><i>Child's behavioral profile</i></b>  |  |  |   |
| <input type="checkbox"/> Enjoys school/day care<br><input type="checkbox"/> Eats and sleeps well<br><input type="checkbox"/> Plays well with others | <input type="checkbox"/> Temper tantrums<br><input type="checkbox"/> Aggressive<br><input type="checkbox"/> Runs away  | <input type="checkbox"/> Sexually acting out<br><input type="checkbox"/> Fire setting<br><input type="checkbox"/> Bedwetting   | <input type="checkbox"/> Enjoys helping others<br><input type="checkbox"/> Responds to requests to change behavior<br><input type="checkbox"/> Non-responsive |
| <b><i>Behaviors:</i></b>  |  |  |   |
| <input type="checkbox"/> Fire setting (how, when & frequency)   | <input type="checkbox"/> Runaway behavior (frequency & duration)   | <input type="checkbox"/> Alcohol abuse (frequency)   | <input type="checkbox"/> Drug abuse (what & frequency)  |
|   |  |  | <input type="checkbox"/> Assaultive toward adults/peers (describe)  |

Child Name:

|  |   |  |   |  |
|--|---|--|---|--|
| <input type="checkbox"/> History of delinquency (when & what)                | <input type="checkbox"/> Opposition to authority (describe) | <input type="checkbox"/> History of sexual abuse (when, how & by whom) | <input type="checkbox"/> Sexualized behavior (describe)   |  |
| <input type="checkbox"/> Sexual offending behavior (who, how, age of victim) | <input type="checkbox"/> Pregnant (months)                  | <input type="checkbox"/> Developmental delays or disabilities          | <input type="checkbox"/> Mental retardation (severity/IQ) | <input type="checkbox"/> Medically fragile (degree, special needs) |
| <input type="checkbox"/> Fear of dogs, cats, darkness, loud noises?          | <input type="checkbox"/> Smokes – what & how much?          | <input type="checkbox"/> Enuresis – How Often?                         | <input type="checkbox"/> Encopresis – How Often?          | <input type="checkbox"/> Property destruction (describe)           |
| <input type="checkbox"/> Hallucinations/delusions (describe)                 |   | <input type="checkbox"/> Other   |   |  |

**Resource Parent Acknowledgement:**

*By signing below, I acknowledge that I have read and understand the above information on the specified child. I understand the information contained within this document is confidential and needs to remain confidential. I also understand that it is the responsibility of the resource (foster/adoptive/kinship care) parent(s) to ask questions if something is unclear.*

\_\_\_\_\_  
Foster Resource parent signature

\_\_\_\_\_  
Date

**Local Department Acknowledgement:**

*To the best of my knowledge as an agent of the Department of Social Services, this form contains all information that is available at the time of placement. Resource Parents may have questions about some of this information and are free to ask the child's worker about other circumstances.*

\_\_\_\_\_  
Department Representative

\_\_\_\_\_  
Date