Performance Audit Report

Department of Human Resources
Social Services Administration
Out-of-Home Care Program

Delivery of Critical Children’s Services Such as Medical Services
Often Could Not be Verified

Reported Abuse or Neglect of Children Appears to be ProperlyHandled

Poor Oversight of Out-of-Home Care Providers Could
Expose Children to Unsafe Conditions

May 2002

Office of Legislative Audits
Department of Legislative Services
Maryland General Assembly
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May 14, 2002

Senator Nathaniel J. McFadden, Co-Chair, Joint Audit Committee
Delegate Samuel I. Rosenberg, Co-Chair, Joint Audit Committee
Members of Joint Audit Committee
Annapolis, Maryland

Ladies and Gentlemen:

We conducted a performance audit to evaluate the effectiveness of the efforts of the Department of Human Resources to provide services to children and their families under the out-of-home care program (primarily foster care) and, to determine whether the Department had an effective process for placing such children in a safe setting and in recommended facilities. Our audit included the related activities performed by the local departments of social services and the oversight performed by the Department’s Social Services Administration.

Our audit results raise significant concerns about the delivery and monitoring of critical services to the approximately 11,000 children in the State’s out-of-home care program. For example, in many of the cases tested there was no case record evidence that children received certain critical services, such as basic health care and therapy. Furthermore, there was inadequate monitoring of kinship and family foster care providers to ensure that children were in safe environments. To correct these problems the Department must enhance its oversight and training activities as well as evaluate the resources devoted Statewide for the out-of-home care program.

An executive summary can be found on page 5 of the report. Our objectives, scope, and methodology of the audit are explained in detail in the Introduction.

We wish to acknowledge the cooperation extended to us during our audit by the Department of Human Resources – Social Services Administration and the local departments of social services.

Respectfully submitted,

Bruce A. Myers, CPA
Legislative Auditor
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Executive Summary

Objectives
We had two specific audit objectives:

1. To determine whether children in the Department’s care and their families were receiving adequate and timely assessments of their needs and whether they were receiving the types of services recommended or ordered.

2. To determine whether the Department had an effective process for placing children in a safe setting and in the types of facilities recommended.

Background
The premise of the out-of-home care program is that all children should be part of or have a connection to a family. Out-of-home care provides a temporary family for a child until a permanent family can be determined—whether the permanent family is the biological parents, kin, adoptive parents or even permanent foster parents. The State and Federal governments have established many laws and regulations to help keep such children safe, to provide a nurturing environment, and to try to place children in a permanent home as soon as possible.

Caseworkers have the difficult responsibility of making decisions affecting children and families, which includes balancing the needs of the child with the capabilities of the biological parents. These responsibilities may be carried out in the face of certain impediments, such as limited resources.

Conclusions
Our audit results raise significant questions about the actual monitoring and delivery of critical services to the approximately 11,000 children in the State’s out-of-home care program. For many of the 163 randomly selected children tested, the case file—which is the primary means of documenting services and the child’s history—was missing important documentation, and therefore suggests that:

- Caseworkers were not maintaining sufficient contact with the children and the foster care parents.
- Plans for the eventual placement of children in a permanent setting outside of the program were not complete or reassessed timely.
- Basic health care, including therapy, was not provided.
Also, providers were not always closely monitored to help ensure children were placed in safe environments. About 46% of the provider files tested lacked evidence of criminal background checks for providers and/or at least one adult member of their households.

Unless oversight of caseworker activities is dramatically improved, resource and training issues are addressed, and providers are more closely monitored, children may be at increased risk.

Objective 1 – Adequacy of Services Provided to Children and Families

Our audit disclosed a significant gap between what is expected and what was found to be documented in the child’s case file for certain critical services (for example, timely medical care). It was not always evident whether this lack of documentation meant that services were not performed or whether services were performed but not reflected in the case record. While a lack of performance would be considered more serious, the failure to document services performed is also a significant problem. This is because the case record is the document that provides the child’s story to the governmental entity and the legal system. Without case record documentation, the continuity of oversight of a case may be lost, especially in the event of caseworker turnover.

We reviewed the case files for 163 randomly selected children for nine critical attributes. This review revealed what appeared to be systemic problems in five areas.

- For 33% of the children’s cases there was a lack of evidence that the child received the required annual well-child evaluation. For 69% of the children’s cases there was a lack of evidence that the child received the required annual dental exams.
- For 28% of the applicable children’s cases there was no evidence that the child was receiving the recommended therapy (such as anger management).
- For 35% of the applicable children’s cases there was insufficient documentation to substantiate that the child was attending school as required.
- For 48% of the children’s cases there was a lack of documentation to indicate certain required contacts by caseworkers with the child or the provider.
- For 26% of the children’s cases concurrent permanency planning was not practiced and for 24% established permanency plans were not always reassessed timely.

The above summary reflects the detailed findings resulting from our testing. Because we conducted statistically valid tests, our results may be projected to the entire
population of children in the program with a degree of mathematical certainty. Exhibit 2 includes our statistical projection of sample results to the population.

In our opinion, some of these problems were caused by deficiencies in caseworker supervision and monitoring as well as in the Social Services Administration’s (SSA) training program. For example, until recently continuing education for caseworkers was not mandatory. Although SSA has taken steps to improve these functions, these improvements are too recent to have had an effect on our findings. We also noted that many respondents to our survey of individuals with an interest in the out-of-home care program (such as caseworkers) indicated that the lack of appropriate resources (such as personnel and financial resources) impaired the delivery of child welfare services, and that working conditions appeared to have a detrimental effect on the operation of the Baltimore City Local Department of Social Services. Finally, we noted that SSA did not have key statistical data available to help in the allocation of resources and monitoring of local department operations, such as actual caseload ratios for caseworkers.

Based on our tests, we found that for four of nine areas reviewed, the local departments of social services appeared to be performing as required. For example, in most cases the local departments of social services had legal justification for not pursuing termination of parental rights (TPR) when the child had been in foster care for an extended time. The child may have been placed with a relative (in which case, TPR is not required), or may have been an older child who declined to be adopted. Finally, although we noted that approximately 10% of the children tested were subject to reported abuse or neglect while in foster care, generally, the local departments handled these cases in accordance with State regulations. Specifically, reported allegations were investigated and children were removed from the home if the allegation was substantiated.

Objective 2 – Placing Children in Recommended and Safe Settings
Although the Department has established legal and regulatory requirements to help ensure that children are placed in safe environments, our audit of the records of foster care and kinship care providers (relatives who are not licensed providers) maintained at certain local departments of social services disclosed that frequently many requirements were not strictly enforced. For example, for about 46% of the 92 provider files tested there was no documentation that the required criminal background investigations were obtained for all foster and kinship care providers and/or adult members of the household. Further, in one instance in which a criminal background investigation did identify a household member charged with sexual assault, the local department had not evaluated the investigation results and, until we
brought this situation to its attention, had not taken action to remove the child from the provider’s care.

We also noted numerous providers who had not been subject, in a timely manner, to an annual reevaluation of their continued suitability as a provider. We also noted instances in which reevaluations had been performed and approved without documentation that requirements were met (such as fire safety and health inspections) or when requirements were expressly identified as having not been met (such as training). Finally, children tested generally appeared to have been placed in the recommended type of facility.

**Recommendations**

There are a number of laws and regulations intended to ensure that children in the out-of-home care program are receiving vital services that are necessary for the proper development of a child’s emotional, physical and educational well-being. There are also certain requirements that family and kinship care providers are supposed to meet to protect the children from potentially unsafe conditions, such as fire, sanitary and even the criminal element. Our audit disclosed significant lapses by the local departments of social services regarding the oversight of service delivery and monitoring of care providers. Therefore, we recommend that the Department establish or enhance quality control procedures and policies, continue its efforts to improve its training programs, and evaluate its resources to ensure that all children in its care are appropriately provided for and moved to a permanent placement as soon as practicable. More specific recommendations follow each audit finding.
Background Information

Out-Of-Home Care Program Description

The Department of Human Resources, in conjunction with the Social Services Administration (SSA), is responsible for implementing the out-of-home care program. The out-of-home care program consists of foster care, kinship care and adoption services that are directed by separate, but interrelated regulations.

<table>
<thead>
<tr>
<th>The Three Services of the Out-of-Home Care Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Foster Care</strong></td>
</tr>
<tr>
<td><strong>Kinship Care</strong></td>
</tr>
<tr>
<td><strong>Adoption Services</strong></td>
</tr>
</tbody>
</table>

The local departments of social services of the 23 counties and Baltimore City operate the out-of-home care programs. The caseworkers work with the birth and foster families to develop the most appropriate permanency plan (that is permanent placement of the child) for each child. Reunification with parents, placement with relatives and adoption—in order of priority—are all examples of permanency plans frequently used by the Department. The caseworkers also assist the birth and foster families in obtaining services needed to meet the goals of the permanency plan, such as counseling and health care.

The following charts identify the number of children in care Statewide, by category, and the total number of children in care in Baltimore City as recorded in the Department’s records:
During fiscal year 2001, related expenditures paid through the local departments of social services totaled $365 million ($220 million for out-of-home care maintenance payments to providers and $145 million for child welfare services such as salaries for local department of social services personnel). These expenditures exclude health care costs for these children, which is generally provided by the State’s Medicaid program.

The following chart depicts the fiscal year-end caseload for the out-of-home care program for the last five years. SSA management advised us that although they had not specifically identified the cause of the caseload decline, it could be attributed to a number of reasons, including family preservation initiatives designed to prevent children from entering out-of-home care.

Source: SSA Monthly Management Reports
Responsibilities of the Local Departments of Social Services

The mission of the local departments of social services, in cooperation with SSA and community partners, is to employ strategies to prevent child abuse and neglect, to protect vulnerable children, to support family stability and to generally promote customer independence. The specific goals of the out-of-home care program are to ensure that the children served are:

- safe from abuse and neglect;
- reside in permanent homes; and
- receive appropriate health, education and social services consistent with their overall well-being.

Each local department has a Citizen’s Review Board (CRB) that reviews cases of children who are in out-of-home care within that jurisdiction and identifies the conditions and practices that are barriers to permanent placements, safety and well-being of children in out-of-home care.

Department of Human Resources – Social Services Administration Oversight

SSA is the lead agency in Maryland for implementing and overseeing the out-of-home care program. SSA provides assistance to the 24 local departments of social services who have the responsibility of providing services to ensure the safety, permanency and well being of children in an ever-changing environment. In addition, SSA writes and interprets regulations and policies, monitors the performance of the 24 local departments, and provides them with technical assistance. It should be noted that as a result of their bilateral appointment by both State and local officials, the directors of the local departments have a certain degree of autonomy.

The primary monitoring mechanism of the SSA is the use of child and adult services performance reviews. SSA staff review selected case records at each of the local departments of social services to ensure that case records include the required documentation.

In addition to the SSA’s monitoring efforts, it is leading the effort to develop a Statewide automated child welfare information system known as MD Chessie (Maryland Children’s Electronic Social Services Information Exchange). It is the SSA’s expectation that, if implemented, this will be an integrated system that will automate the case record, provide child welfare data, and help to provide a more efficient service delivery system for all local departments of social services.
Recent Federal and State Laws Affecting the Program

In November 1997, the Federal Adoption and Safe Families Act was signed into law. This law established the safety of a child as the paramount consideration in a child welfare case. It also required expedited termination of parental rights under extraordinary circumstances and required time-limited reunification services and adoption incentive payments. Various laws have also passed in recent years in Maryland (codified in Title 5 of the Family Law Article) that mirror this Federal law and provide additional safeguards for children born addicted to certain controlled dangerous substances. In addition, Section 2, Chapter 544 of the Laws of Maryland 1998, effective July 1, 1998 requires the Department of Human Resources and the Department of Budget and Management to undertake various activities related to improving the child welfare system in the State, such as facilitating the recruitment and retention of qualified caseworkers and casework supervisors and developing and maintaining, for each local department, appropriate caseload-to-staff ratios, as recommended by the Child Welfare League of America.

How a Child Enters Out-of-Home Care

Reports of Abuse or Neglect
Each local department of social services has a Child Protective Services (CPS) unit that receives reports of abuse or neglect. These reports come from many sources, including doctors, neighbors, teachers, and family members. State regulations define abuse as the mental or physical injury of a child (including sexual abuse) and neglect is defined as the failure to give the child the proper care and attention. Based on these reports CPS determines whether the child has been harmed or whether a substantial risk of harm exists, and determines whether the child should be removed from the home. If the child is not removed, the CPS worker will continue to monitor the child to ensure the child is safe and may transfer the case to another unit (Family Preservation) to try to sustain the family unit.

Removal From The Home
If the child is removed from the home, a court order is obtained, a caseworker is assigned, and the local department of social services arranges for a caregiver for the child. Attempts are made to first locate a relative for placement of the child (kinship care), but if a relative is not found, the child is placed with a foster care provider. Generally, every effort is made to place a child with a family foster care provider; however, if necessary, a purchase of care facility is used. See Exhibit 1 for examples of reasons why children enter out-of-home care.
**Permanency Planning**
Once a child enters the program, the caseworker assigned is responsible for establishing a case plan to try to achieve a permanent home for the child. The case plan includes a permanency plan as well as a service plan for the child and the family of origin. The permanency plan includes both a primary and a secondary placement plan. The secondary plan is considered an alternative in the event that the primary plan does not work and is developed concurrent with the primary plan. In many cases, the primary plan is reunification with the child’s family of origin and the secondary plan may be adoption or placement with a relative. The goal of concurrent planning is to move a child into a permanent home as quickly as possible.

In addition to the permanency plan, a service plan is also developed. This plan, or more commonly referred to as an agreement, defines the actions that the parents (families of origin) need to take, (such as substance abuse treatment, parenting classes, therapy) as well as the services to be provided to the child (such as therapy and counseling). These plans are required to be developed within 60 days of placement, are reevaluated within 120 days and then reevaluated every 180 days thereafter.

**Case Monitoring**
The caseworker is also responsible for the ongoing monitoring of the case—such as monthly visits with the child—and for attending any related court or administrative hearings on the case. Such hearings are held to periodically determine whether the continued placement of the child is appropriate. Generally, caseworkers are subject to periodic supervisory reviews of case files and related case activities.

**Case Records**
The local departments of social services maintain a case record for each child and for each provider. Generally these records are manually prepared and should contain all the critical data and the history of the case as well as the previously mentioned permanency plans, service plans, and any related court documents.

**Out-of-Home Care Providers**
Children may be placed with a family foster care provider, kinship care provider or in a purchase of care facility. The local departments of social services are responsible for licensing and monitoring the family foster care providers. Family foster care and kinship care providers are evaluated to ensure that they, and their home, provide an appropriate placement and safe environment for the children. Family foster care providers are initially licensed for a one-year period, are reviewed on an annual basis for continued licensing, and are paid a monthly stipend (ranging from $535 to $665
per foster care child) to help with the care of the child. The children’s medical care is generally funded through the State’s Medical Assistance Program.

In contrast to the family foster care providers, kinship care providers are not licensed caregivers; rather, they are relatives who have agreed to be either temporary or permanent caregivers for the child. The local departments of social services also initially evaluate these caregivers and their homes; however, since they are not licensed, they are not required to be periodically reevaluated. Kinship care providers typically receive temporary cash assistance for the care of the child, but do not receive the monthly foster care stipend previously mentioned.

Purchase of care providers are licensed by various State units (such as SSA and the Department of Health and Mental Hygiene) and are paid monthly rates negotiated by an inter-agency rate setting committee.

**Termination of Parental Rights**

With certain exceptions, such as being placed with a relative, the local departments of social services are required to petition the court for the termination of parental rights if a child is in care for more than 15 of the most recent 22 months. Once parental rights are terminated the child is free for adoption. Local departments of social services are responsible for locating an adoption resource, and ensuring that the home and the prospective adoptive parents meet minimum standards.
Audit Scope, Objectives, and Methodology

Scope
We conducted a performance audit to evaluate the effectiveness of the Department of Human Resources’ efforts to provide services to children and their families under the out-of-home care program. We audited the Department’s Social Services Administration (SSA) and the local departments of social services. We conducted the audit under the authority of the State Government Article, Section 2-1221 of the Annotated Code of Maryland and performed it in accordance with generally accepted government auditing standards.

Objectives
We had two specific audit objectives:

(1) To determine whether children in out-of-home care, and their families, were receiving adequate and timely assessments of their needs and whether they were receiving the types of services recommended and ordered.

(2) To determine whether the Department had an effective process for placing children in a safe setting and in the types of facilities recommended.

Our audit objectives did not include a determination of the effectiveness of the services provided to children and their families.

Methodology
To accomplish our objectives, we reviewed applicable Federal and State laws and regulations as well as policies and procedures established by SSA and the local departments of social services. We also interviewed personnel involved in the monitoring of out-of-home care cases and we conducted reviews of the case files of children in the program and of the family foster care and kinship care providers. We reviewed the results of our review of each child and provider case file with the applicable caseworker and, in many cases, the caseworker’s supervisor. Finally, we mailed surveys to several groups of interested persons to obtain their opinions about various foster care issues related to our objectives.

Case Selection Process
We randomly selected case files for 163 children that were in the out-of-home care program as of November 30, 2000. We focused our efforts on cases that were active as of November 30, 2000 and reviewed the activity in the case file for the period
beginning January 1, 2000 and ending June 30, 2001. As of November 30, 2000 there were 12,019 active cases statewide.

Our test of children’s cases was based on a statistically valid sampling plan, and the results can be projected to the November 30, 2000 Statewide population. We believe that such projections are not necessary to demonstrate the significance of our findings, but they do provide a perspective on the potential extent of the problems. Exhibit 2 provides the projected Statewide population occurrence rate for the exception conditions noted in our tests, as detailed in Findings 1 through 5.

The case selection process resulted in 115 cases from Baltimore City with the remaining 48 cases from twelve other local departments of social services. We selected the cases from a database generated by SSA of open cases as of November 30, 2000. See Exhibit 3 for the characteristics of the children selected for testing.

We also reviewed the files for 92 of the providers (75 family foster care providers and 17 kinship care providers) for the children selected for testing (this was not performed on a statistical basis). Of these, 70 providers were from the Baltimore City Department of Social Services. We reviewed these provider files for evidence that the local departments had taken the necessary steps to ensure that children were placed in homes that provided a safe setting in accordance with State requirements. Of the 92 providers, we evaluated the local department’s initial approval of the 29 providers approved subsequent to January 2000, and we reviewed the periodic evaluation of the other providers. We also determined whether a criminal background investigation had been performed for all providers and applicable household members tested.
**Survey Process**

We mailed surveys to 854 randomly selected individuals representing five groups that we believed had an interest in the out-of-home care program, and received 252 responses. Because our overall response rate was 30%, there is a possibility that the responses are not representative of all persons originally surveyed. That is, the opinions and attitudes expressed by those who responded to our survey may or may not represent the attitudes and opinions of those who did not respond to the survey. However, we believe that the survey results provide important insight into the thoughts and opinions of the individuals involved in the out-of-home care program. The surveys were mailed and the responses were anonymous. The groups we surveyed, the number of surveys sent, and the response rates are as follows:

<table>
<thead>
<tr>
<th>Groups Surveyed</th>
<th>Number of Surveys Mailed</th>
<th>Number of Surveys Returned</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Caseworkers</td>
<td>325</td>
<td>82</td>
<td>25%</td>
</tr>
<tr>
<td>Former Caseworkers</td>
<td>81</td>
<td>17</td>
<td>21%</td>
</tr>
<tr>
<td>Judges and Masters</td>
<td>98</td>
<td>34</td>
<td>35%</td>
</tr>
<tr>
<td>Citizen Review Board Members</td>
<td>100</td>
<td>47</td>
<td>47%</td>
</tr>
<tr>
<td>Foster Parents</td>
<td>250</td>
<td>72</td>
<td>29%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>854</strong></td>
<td><strong>252</strong></td>
<td><strong>30%</strong></td>
</tr>
</tbody>
</table>

- All survey respondents did not necessarily answer every survey question.

**Fieldwork and Department Response**

We conducted our fieldwork from January to November 2001. The Department’s response to our findings and recommendations appears as an appendix to our report. As prescribed in the State Government Article, Section 2-1224 of the Annotated Code of Maryland, we will advise the Department regarding the results of our review of its responses.
Findings and Recommendations

Adequacy of Services Provided to Children and Families in Out-of-Home Care

Conclusions

We reviewed 163 randomly selected case files for nine critical attributes to determine if the children (and their families) were receiving adequate and timely assessments of their needs and whether they were receiving the types of services recommended. Out of the nine attributes that we reviewed, we noted what appeared to be systemic problems in five.

<table>
<thead>
<tr>
<th>Attribute Tested (See Exhibit 4 for Description)</th>
<th>Reportable Deficiency Noted</th>
<th>No Reportable Deficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Medical and Dental Examinations</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2 Service Agreements and Delivery</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3 Education Status</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4 Permanency Planning</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5 Contacts with Child and Provider</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6 Case Reviews by Appropriate Third Parties</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7 Placement of the Child</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8 Termination of Parental Rights</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9 Proper Handling of Reported Abuse While in Foster Care</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

For the five attributes with reportable deficiencies, between 24% and 69% of the case files reviewed did not contain sufficient documentation to show whether services had been provided as required; however, it was unclear whether the deficiencies resulted from a lack of performance or whether there was a lack of documentation. A lack of performance is a serious deficiency since the children and families would not be receiving the needed services. The lack of documentation itself is also a significant problem because it impairs the ability of caseworkers, judges and others to know whether timely, appropriate services were provided, as well as the success or effect of such services. In all cases noted, it is imperative that the Department review the specific results of our testing to ensure that the children identified are receiving the recommended or required services.
Although our detailed findings do not include a projection of the results of our testing, we did perform a statistically valid test of the children’s case files. Exhibit 2 provides a summary of the projected Statewide minimum population error rate based on our tests and the projected occurrence in the November 30, 2000 population.

In addition to our test results, survey respondents identified concerns about the adequacy of the services (including medical, mental health, and educational) that were provided to foster care children.

![Survey Respondants Who Thought the Services Provided Adequately Addressed Children's Needs "About Half the Time" or "Almost Never"]

We also observed certain administrative issues and practices that we believe may have a detrimental effect on the delivery of child welfare services in the State. For example, we noted that the local departments of social services do not strictly comply with SSA’s requirements for supervisory review of children’s case files, which could be caused by a lack of training and oversight by SSA.

### Finding 1
There was no documentation that the children were receiving the required medical and dental care in many of the audited cases.

### Analysis
There was a lack of documentation that children in the Department’s care and custody were receiving appropriate medical and dental care required by State policy and regulations. Because of certain circumstances (for example, a child’s young age) the tested attributes of medical and dental care did not apply to all 163 children we originally selected for testing. Our tests disclosed the following:
For 52 of 157 (33%) cases tested the local department of social services could not document that the children received the required annual well-child examination. Specifically, for 38 children (24%) there was no documentation that a well-child examination had been received for extended periods as of June 30, 2001. This included 31 children who had not received an exam for an 18-month period and 7 children under the age of two who did not receive the more frequently required well-child examinations in accordance with the protocols of the Maryland Healthy Kids Program. Finally, for another 14 cases, (9%) there was evidence that an examination was received during this 18-month period; however, the examinations were not performed timely (periods ranged from 15 to 27 months past due).

For 22 of the 157 cases (14%) tested there was no documentation that specific health needs that were identified for the children had been addressed as required. One problem noted was a lack of evidence that recommended blood work was done for children considered to be at risk for lead poisoning or HIV. For one child a follow-up blood test was recommended during a July 1998 medical visit to ensure that the lead level had declined; however during a May 2000 medical visit the doctor noted that the follow-up test had not been performed. We noted that as of June 20, 2001 there was still no documentation of a follow-up blood test, and we were advised by the caseworker that they were unaware that the lead level test had been recommended. In another case, the court order specified that an HIV test be performed. However, there was no evidence that the test was ever performed and the current caseworker was unaware that this test had been recommended for this child.

For 86 of 124 cases (69%) tested there was no documentation that the child received the required annual dental exams. In 67 of these cases, there was no evidence that the children had ever received a dental exam since entering the out-of-home care program, even though they had been in the program for over a year.
Recommendation 1
We recommend that the Department ensure that all children in the out-of-home care program receive all required periodic medical and dental examinations in accordance with the prescribed protocol.

Finding 2
There was no documentation that children received recommended therapy in approximately 28% of the out-of-home care cases audited.

Analysis
Our audit disclosed that in a significant number of cases there was a lack of documentation that recommended services—such as individual psychological therapy, family therapy and anger management—were being provided. Such services are generally recommended by the Court, a physician or, in accordance with SSA policy, the caseworker. Of the 163 children we tested, some type of service was recommended for 119 children. In 33 of those 119 cases (28%), there was no case file evidence that the child had received the recommended services.

Examples
In one case, prior to entering the out-of-home care program the child had been residing with the maternal grandmother, who failed to take action to protect the child from alleged physical and sexual abuse by an uncle residing in the home. During the initial mental health assessment after removal from the home and placement in foster care, the child was found to be in need of behavioral treatment and individual psychotherapy. At the time of our review, 14 months had elapsed since the initial assessment, and the case file did not contain any evidence that the child received these services. The caseworker advised us that the child was attending therapy sessions, but the therapist had not responded to the caseworker’s requests for progress reports.

In another example, a child was removed from the home because the mother had a history of drug abuse and leaving her children unsupervised for indefinite periods. Later it was determined that the child was also severely sexually abused by the mother’s former live-in boyfriend. Therefore, in November 2000 the child was referred for twelve weeks of intensive therapy after which time the case was to be reevaluated to determine if additional therapy was required. Although there was a May 16, 2001 caseworker entry in the files that the treatment summaries, evaluations and other documentation related to
the therapy needed to be obtained, as of July 12, 2001 (the date of our case file review) there was no evidence of therapy.

**Recommendation 2**
We recommend that the Department ensure that evidence of the delivery of recommended therapy, along with the results, are documented in the children’s case files, and that an explanation is provided for any failure to provide recommended services.

**Finding 3**
In many cases, there was insufficient documentation that children were attending school as required.

**Analysis**
Children in 120 of the 163 cases selected for audit were of school age; however, in 42 of the 120 cases (35%) there was insufficient documentation to substantiate that the child was attending school. State regulations require the local departments of social services to ensure that each school-age child is attending school within 5 working days of placement in out-of-home care. When we discussed this finding with caseworkers, their general belief was that this was primarily a documentation problem since they would often discuss the children’s educational status with the foster care providers. Nevertheless, the SSA’s policy requires the documentation of each child’s educational progress in the case record.

**Example**
In one instance, we noted that a child was transferred to a treatment center on April 9, 2001, at which time the caseworker signed a “Statement of Understanding” stipulating that the local department was responsible for enrolling the child in school within five working days of the date of admission to the center. However, a May 30, 2001 letter from the treatment center stated that the child had been residing at the center for over 50 days and still had not been placed in school, and was in need of an educational plan. Consequently, the child missed the last 2 months of the school year. During this time there was documentation that the worker maintained contact with the child; however, when questioned, the caseworker was unaware of their responsibility to enroll the child in school.
Recommendation 3
We recommend that the Department ensure that the educational needs of the children in their care and custody are being met. We further recommend that documentation regarding the child’s attendance at school be included in the case file, as required.

Finding 4
Caseworkers did not appear to be maintaining the required contact with children and providers.

Analysis
Our audit disclosed that there was a lack of evidence that many caseworkers had maintained minimum required contact with children and their foster parents. Specifically, for 79 of 163 (48%) cases tested there appeared to be insufficient contact with the children and/or foster parents. We tested four types of required contact and counted as a deficiency any case with two or more missing contacts between April 2000 and June 2001. Many of the noted cases had missing contacts in several of the categories tested.

<table>
<thead>
<tr>
<th>Type of Caseworker Contact Required by State Regulations</th>
<th>Number of Cases with Deficiencies</th>
<th>Percentage of Applicable Cases with Deficiencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly face-to-face contact with child</td>
<td>70</td>
<td>44%</td>
</tr>
<tr>
<td>Face-to-face meetings with the child in the provider’s home every 3 months</td>
<td>32</td>
<td>20%</td>
</tr>
<tr>
<td>Face-to-face meetings with the provider every 3 months</td>
<td>26</td>
<td>17%</td>
</tr>
<tr>
<td>Monthly contact with the provider</td>
<td>60</td>
<td>38%</td>
</tr>
</tbody>
</table>

Example:
In one case, there was no documented caseworker contact with the child for 16 consecutive months.

Although many of the missing monthly contacts were for limited periods (such as two to three months), we did identify a number of instances in which the missing contact period was extensive. For 10 cases, the caseworker did not document a monthly face-to-face meeting with the child for at least 10 of the 18 months reviewed, and in one case, there was no documented contact for 16 months.
Survey Results
To be able to identify a child’s needs, it is essential that caseworkers, through consistent contact, become familiar with a child’s life experiences. Our survey results indicated that many respondents believed the caseworkers were having problems maintaining sufficient contact with the children in their care, primarily because of excessive caseloads.

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Respondent’s Answers</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you currently have/monitor more foster care cases than you think you can effectively handle?</td>
<td>70% of current workers responded Yes with an average of 19 foster care cases and 6 “other” cases being monitored.</td>
<td>56 of 80</td>
</tr>
<tr>
<td>I have sufficient contact with the foster care children in my caseload.</td>
<td>27% of current workers disagreed or strongly disagreed with that statement and 9% were neutral.</td>
<td>22 of 81</td>
</tr>
<tr>
<td>I have sufficient contact with the foster care providers of the children in my caseload.</td>
<td>21% of current workers disagreed or strongly disagreed with that statement and 11% were neutral.</td>
<td>17 of 80</td>
</tr>
<tr>
<td>Do you think the worker assigned to the children currently or most recently in your care has had adequate contact with the children?</td>
<td>21% of foster parents responded No.</td>
<td>15 of 72</td>
</tr>
</tbody>
</table>

During our discussions with caseworkers as well as in their responses to our survey, the workers provided explanations for the lack of contact.

- **their caseloads were too high**
- **too great a volume of paper work, resulting in more time completing paper work than maintaining contact with the children**
- **there was a lack of caseworkers, in general, and there was a problem with turnover in the position**
- **they were not provided with adequate resources to effectively perform their jobs, which also affected employee turnover**

As noted in the survey, 70% of the current workers responding stated that their average total caseload was 19 foster care, and 6 “other” cases. The SSA advised us that it lacks the capability to determine the current actual caseload ratios for each local department of social services. This is a serious shortcoming given that State law requires the SSA and the Department of Budget and Management (DBM) to develop and maintain, for each local department, appropriate caseload-to-staff ratios, as recommended by the Child
Welfare League of America (CWLA). The SSA intends to use the currently planned automated case management system (MD Chessie) to generate timely data on a statewide basis when/if the system is implemented.

Because SSA was unable to provide actual caseload information, using budget data and other sources, we calculated caseload ratios for each local department of social services—for foster care cases only—as of June 30, 2001 (see Exhibit 5). Although the calculated Statewide average is close to the CWLA recommended ratio, some individual local departments had averages far exceeding the recommendation of the CWLA, highlighting the need for continued monitoring by SSA. Further, our numbers are based on budgeted positions and do not consider the effect of vacancies or budgeted caseworker positions performing non-foster care duties, which could increase the ratio. Although the Department received approval through the budget process to increase the number of caseworker positions in addition to other initiatives to decrease caseloads, additional efforts need to be made to reduce these caseloads.

<table>
<thead>
<tr>
<th>June 30, 2001 Caseworker to Client Caseload Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSA Goal (CWLA Recommendation)</td>
</tr>
<tr>
<td>OLA Calculated High Local Department Ratio</td>
</tr>
<tr>
<td>OLA Calculated Low Local Department Ratio</td>
</tr>
<tr>
<td>OLA Calculated Statewide Average</td>
</tr>
</tbody>
</table>

**Recommendation 4**

We recommend that the Department ensure that caseworkers maintain regular contact with the children and their providers in the out-of-home care program, as required, and document these contacts in the case files. Additionally, we recommend that the Department develop a process to monitor actual caseload ratios for each of the local departments of social services and continue its efforts to reduce the caseload ratios to CWLA recommended levels in accordance with State law.
Finding 5
Frequently, concurrent permanency planning was not practiced and permanency plans were not reassessed timely, as required. Children included in our test remained in the out-of-home care program for over four years, on average.

Analysis
The local departments of social services had generally established a primary placement plan for each child tested; however, our test results showed that concurrent permanency planning was not always practiced. Many of the plans did not include a secondary placement plan and were not reassessed timely. Placement plans are to identify various options for where and with whom the child will permanently live, and the proposed legal relationship between the child and the caretakers. The goal of concurrent permanency planning is to minimize each child’s length of time in the out-of-home care program.

Concurrent permanency planning involves taking steps to implement both primary and secondary placement plans (such as, exploring reunification and placement with a relative simultaneously) that are in the best interest of the child. State law requires that in developing a case plan, the local departments of social services develop and implement primary and secondary placement plans concurrently. Specifically, we noted the following:

- A secondary placement plan was not established in 42 of the 160 cases (26%) we tested at 13 local departments of social services. For 22 of these cases the permanency plan was adoption and for 8, it was independent living. While reviewing the case files with the caseworkers many stated that under these circumstances (such as adoption) concurrent permanency planning was not deemed necessary. This practice, however, is not consistent with State law.

- Required reassessments of the permanency plans were not performed in a timely manner for 36 of 149 cases tested (24%), and 7 of these plans were not reassessed for at least a one-year period. State law requires that these plans be reassessed within 120 days of the initial plan, and every 180 days thereafter.

Aggressive concurrent permanency planning for all children in out-of-home care should help in moving the child to a permanent placement, thereby reducing both the length of time the child stays in the system and costs of foster care. The CWLA states, “If children are not discharged within a short
time after the initial placement in foster care, they are likely to remain in care for longer periods of time.” According to the U.S. Department of Health and Human Services, as of March 2000, the national average time that children had been in foster care was 33 months. (These national statistics were based on the states’ self-reporting. The methodologies used to determine the length of care could vary between the states.) We determined that, as of June 30, 2001, 86 children of the 163 tested (52%) had been in care more than 36 months, and the average length of time in care exceeded 4 years. The average age of the children included in our test was 10.5 years old. Furthermore, as of June 30, 2001, permanent placement was achieved for 20 children of the 163 children included in our test selection of open cases as of November 2000, with the other 143 children remaining in the out-of-home care program.

Recommendation 5
We recommend that the Department ensure that the local departments of social services practice concurrent permanency planning by requiring a primary and secondary permanency plan, for all cases. We further recommend that the case plans be reassessed on a timely basis, as required.

Finding 6
SSA’s quality assurance processes were not effectively carried out to ensure acceptable, consistent caseworker performance.

Analysis
The number of deficiencies identified elsewhere in this report from our review of children’s case records indicates that SSA’s quality assurance processes and training are not sufficient to ensure uniform acceptable caseworker performance, and consistent and correct interpretations of certain legal and regulatory program requirements. We noted that the required supervisory review of case records was not always performed at the local department level. In addition, although SSA conducted independent quality assurance reviews of the child welfare activities of the local departments of social services, the local departments were not required to submit corrective action plans to address identified deficiencies. Finally, it was not until July 2001 that SSA required mandatory ongoing training for caseworkers. Specifically, we noted the following:

- Supervisory personnel have certain responsibilities to oversee the delivery of the child welfare services at their respective local departments. Generally, the SSA’s standard for supervisory caseloads provide that each supervisor be responsible for supervising 5 caseworkers. The Foster Care Program Manual states that the out-of-home care supervisor’s most important responsibility is taking the lead in training and monthly monitoring of service cases. SSA guidelines require the supervisors to
monitor each case a minimum of once a month using a formal checklist as a monitoring tool. However, during our case record review we observed only sporadic use of this checklist. We question the effectiveness of the existing review process based on the number of deficiencies identified in our tests. Finally, the results of these reviews are not compiled and reported to SSA for review unlike another DHR Administration where a formal supervisory review process is in place.

• SSA uses a statewide record review process to monitor child welfare services in the local departments of social services; however, SSA did not require the local departments to submit corrective action plans to address deficiencies identified during these reviews. Specifically, in 1999 SSA established the Child Welfare and Adult Services Performance System (CAPS) to monitor the delivery of child welfare services at the local departments of social services to ensure that the goals of safety, permanency and well-being were being met. The initial annual reviews were conducted by SSA to establish baseline results for the delivery of child welfare services at all local departments of social services. These reviews have shown the compliance ratings for certain measures to be less than acceptable—highlighting the need for corrective action plans. In fact, many of the findings we noted during our testing, such as the lack of concurrent permanency planning and caseworker contact with foster children have also been disclosed in the CAPS reviews.

Survey Results
While the majority of respondents did not believe that there were problems with the SSA’s training program, some current workers and foster parents responding to our survey indicated that caseworker supervision and training was a problem.

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Respondent’s Answers</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the local department provide you with initial orientation and training that was adequate to perform your foster care duties?</td>
<td>38% of current workers with less than 3 years experience responded No</td>
<td>9 of 24</td>
</tr>
<tr>
<td>Has the local department provided you with ongoing training that allows you to adequately perform your foster care duties?</td>
<td>14% of current workers responded No</td>
<td>11 of 81</td>
</tr>
<tr>
<td>Local department foster care staff clearly understand their roles and responsibilities.</td>
<td>20% of current workers disagreed or strongly disagreed with that statement and 25% were neutral</td>
<td>16 of 81</td>
</tr>
<tr>
<td>Caseworkers appear to have the training and knowledge they need to do a good job.</td>
<td>15% of foster parents disagreed or strongly disagreed with that statement and 11% were neutral</td>
<td>11 of 71</td>
</tr>
</tbody>
</table>
Caseworker comments in survey responses included:

- *pre-service training did not directly relate to their job duties*
- *a full caseload was received right after orientation*
- *supervisor and lead worker were not knowledgeable enough to provide on-the-job training*
- *pre-service training was not timely*
- *continuing training did not help with job performance*

The Department has recently taken action to address some of these concerns which may lead to improvements in the future. In response to requirements in State law, during fiscal year 2001, the Department initiated new pre-service and in-service training programs and, effective July 1, 2001, continuing education training became mandatory for all caseworkers.

**Recommendation 6**

We recommend that the Department establish a formal process to ensure that supervisory reviews are performed as required and that deficiencies noted as a result of these reviews and the CAPS reviews are corrected immediately by the local departments. We also recommend that the Department require each local department of social services to submit corrective action plans that address the deficiencies noted during these reviews and that the Department monitor the local departments’ implementation of these plans. Furthermore, we recommend that the Department continue its efforts to improve the level of competency of caseworkers and ensure that the new training program meets its expectations and the needs of the caseworkers.

**Finding 7**

Certain organizational and administrative issues may have impeded effective case monitoring.

**Analysis**

At the local departments of social services (and at the Baltimore City Department of Social Services in particular) there were certain organizational and administrative issues that may have negatively impacted service delivery and worker performance. These issues were identified by survey respondents and during our site visits to the local departments.
Although survey respondents from many local departments of social services indicated that they did not have sufficient resources, respondents from the Baltimore City Department of Social Services were overwhelmingly negative. The specific resources identified as lacking were: physical resources (cars, office space, equipment, computers, supplies); financial resources (money for placements and services); staff resources (caseworkers, paraprofessionals, clerks, drivers); and information resources (information on available placements, previous family histories).

A survey response from one worker at the highlighted local department is illustrative. This worker responded that:

- 15 case managers shared one old computer with out-dated software
- 6 workers shared a small office and three phone lines
- Desks had missing or broken drawers
- File cabinets were broken and in an open area making case files readily accessible to anyone, including visitors

During our visits to local department offices across the State, we observed that the following conditions appeared to be unique to the Baltimore City Local Department of Social Services where survey respondents were overwhelmingly negative:

- Working conditions were deficient in comparison with the other local departments visited. For example, the foster care office, which was staffed by over 300 employees, was overcrowded and not well maintained. In many instances, two or more caseworkers were required to share one phone line. It appeared that this work environment adversely impacted the attitudes and impressions of employees and may have impeded their ability to effectively perform their duties.
• This local department does not have the capacity to implement the currently planned automated statewide case management system (MD Chessie) that will supply child welfare demographics, automate the case records and promote data-driven decision-making. For example, SSA advised us that this local department’s current foster care office building did not have the electrical capacity to handle the number of computers that would be needed for the new system.

• Through our review of program funding at the local departments it became apparent that the Department did not prepare a formal analysis of funding and caseload activity as part of the annual budget process. For example, the Baltimore City Local Department of Social Services had 59% of the State’s total child welfare caseload population, including 69% of the foster care and kinship care population, but received only 45% of the statewide funding for child welfare programs (excluding payments to providers). The Department’s budget office could not adequately explain this disparity.

Recommendation 7
We recommend that the Department evaluate the resources for child welfare services between local departments of social services and identify any significant shortcomings and needs (such as additional caseworker aides, telephones, office space) and establish a plan to appropriately address any deficiencies identified.
Placing Children in Recommended and Safe Settings

Conclusions

Although the Department has established legal and regulatory requirements to help ensure that children are placed in a safe environment, our audit of records of foster care and kinship care providers at certain local departments of social services disclosed that frequently many requirements were not strictly enforced. For example, although background investigations are required for all foster care and kinship care providers, about 46% of the 92 provider files tested lacked evidence that background investigations were obtained for the provider and/or at least one member of the household as required.

In one instance in which a background investigation had been performed, we identified a household member who had been charged with sexual assault; however, the local department had not evaluated the investigation results and, consequently, had not taken action to remove the child from the provider’s care until we brought this to their attention. We also noted numerous providers who had not been subject to an annual reconsideration in a timely manner. Further, we noted numerous instances in which reevaluations had been performed and approved even though requirements were identified as having not been met (such as training).

We noted the existence of certain conditions related to fire safety and sanitary issues that, because of a lack of required action by local departments, could potentially endanger the well-being of the child. In addition, some survey respondents identified the placement of children in safe and nurturing settings as a problem.

Finally, children tested generally appeared to have been placed in the recommended type of facility. As of June 30, 2001, there were 4,638 family foster care providers and 2,719 kinship care providers Statewide.
Finding 8
Evidence was lacking that a criminal background investigation and/or clearance through the State’s Central Abuse Registry had been performed for all family foster care and kinship care providers and applicable household members, as required.

Analysis
In 46% of the cases tested, the provider files lacked evidence that the Department had performed or obtained required background investigations for providers and/or at least one adult member of their households. These investigations are intended to detect prior criminal activity or child abuse by all adult members of a provider’s household. Furthermore, in one large local department we concluded that a contributing factor was that procedures were not established to ensure that all investigations had been performed and evaluated for further action.

State regulations require that timely criminal background investigations (from the Maryland State Police) and clearance though the State’s central child abuse registry be obtained for all adult members of a potential provider’s household. For family foster care providers these investigations are to be completed before a provider is approved and for kinship care they are to be completed within five days of the child being placed with relatives. Our specific test results were as follows:

<table>
<thead>
<tr>
<th>Type of Provider</th>
<th>Type of Investigation</th>
<th>Number of Cases Tested *</th>
<th>Number of Cases With Missing Documentation</th>
<th>Percent of Cases With Missing Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>Criminal Background and/or Child Abuse</td>
<td>75</td>
<td>28</td>
<td>37%</td>
</tr>
<tr>
<td>Kinship</td>
<td>Criminal Background and/or Child Abuse</td>
<td>17</td>
<td>14 †</td>
<td>82%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>92</td>
<td>42</td>
<td>46%</td>
</tr>
</tbody>
</table>

* Family care test results are statewide and kinship care are only from one local department.
† Results exclude three instances where we determined that a criminal background investigation had been performed, but the results were not given to the caseworker for appropriate action.

Finally, to ensure a provider’s continued suitability as a safe environment for the child, periodic updates of criminal violations are required by State law; however, SSA management was unaware of the extent to which this was occurring. Specifically, Family Law Article, Section 5-564 of the Annotated Code of Maryland requires the Department
of Public Safety and Correctional Services (DPSCS) to issue notification to the applicable local department when a pending criminal charge occurs after the date of the initial criminal history check. In addition, the local departments are required to periodically verify with the DPSCS the continued participation or presence of individuals to which this applies. The SSA did not monitor the local departments’ actions upon receipt of the DPSCS notification.

**Example**

In one case, the initial criminal background investigation had been performed, but the results were not forwarded to the caseworker for follow-up. The results showed that one household member had been charged with a 3rd and 4th degree sex offense and 2nd degree assault, prior to the child being placed in the home. Once we brought this to the attention of the local department, the child was removed from the provider’s care. Until this time, the child was permitted to live in a home for ten months with an individual charged as a sex offender, including five months after the local department received the results of the criminal background investigation.

**Recommendation 8**

We recommend that the Department ensure that a criminal background investigation and clearance through the State’s central abuse registry has been performed and documented for all out-of-home care providers and applicable household members. We also recommend that the Department ensure that all criminal background investigations obtained are forwarded to the appropriate party for follow-up. Finally, we recommend that the Department ensure that the process prescribed by law for periodic updates of criminal activity is appropriately and effectively implemented.

**Finding 9**

The local departments did not ensure that each family foster care home met the minimum fire safety, and public health and sanitary standards.

**Analysis**

The local departments had not performed fire safety, or public health and sanitary reviews for many of the family care homes tested as required. Our tests of family foster care providers disclosed that in the majority of cases, required annual inspections by caseworkers or third party inspections (for example, local fire and health departments) to ensure the safety of the child were not performed.
Specifically, of 62 family care homes tested we noted that as of June 30, 2001, required annual fire safety inspections had not been performed for 48 of the homes (77%), nor had an inspection been performed for 5 of 23 homes we tested even though initially approved as family foster care providers during our audit period. This condition is contrary to State regulations that require certain initial and annual inspections to protect the well-being of the child. Fire inspections would insure that providers meet minimum fire safety requirements, such as working fire extinguishers, a means of egress from the home, no exposed electrical wires and working smoke detectors.

In addition, 43 of the homes (69%) had not been subject to annual health and sanitary inspections. In four homes that were inspected, minimum standards were not met and the local department did not take appropriate action to address the situations. In these cases, the local department should have verified the timely correction of the unacceptable living conditions or removed the child from the home.

Example

In one case we reviewed, we noted that although an inspection was performed by a private inspection agency on October 12, 2000, the home did not meet standards and failed the inspection. The homeowner denied the inspector access to several critical areas of the home (i.e., kitchen, basement, heating and mechanical). The inspector concluded that the home was not suitable for use and occupancy by the local department’s clients. However, an inspection performed one year later still disclosed deficiencies and the children remained in the home.

The inspector stated that the home was not suitable for use and occupancy by the local department’s clients. However, an inspection performed one year later still disclosed deficiencies and the children remained in the home.

Additionally, smoke detectors were not properly installed and the water was turned off in
the second floor bathroom. However, corrective action was not taken and the children remained in the home. One year later (October 2001) the caseworker completed an annual reconsideration and noted that there were still concerns as to whether the home was suitable for use and occupancy even though children continued to reside in the home, and recommended still another inspection to follow-up on these problems.

**Recommendation 9**

We recommend that the Department ensure that local departments of social services obtain fire safety inspections, and public health and sanitary inspections for all family foster care homes prior to approval as a foster care resource and on an annual basis thereafter. We also recommend that prompt action be taken to either correct potentially unsafe conditions or remove the children from the applicable setting.

**Finding 10**

Annual reevaluations of family foster care providers were not performed in a timely and thorough manner to ensure the continued safety of the children.

**Analysis**

Annual reevaluations of family care providers to determine their continued suitability as providers were not always performed timely or in a comprehensive manner. Of 62 providers tested, as of June 30, 2001, reevaluations were past due for periods ranging from two to four years for 10 providers, and had not been completed timely for 13 other providers that did have recent reevaluations on file. For example, periods of up to four years between reevaluations were noted.

We also noted that the most recent reevaluations on file were often not comprehensive; meaning that certain documentation was missing from the files or the caseworker had not verified provider compliance with all requirements. Specifically:

- In about half of all family foster care providers tested there was a lack of documentation that family care providers had obtained the minimum required six hours of continuing training (such as training on the developmental needs of children in care) or that the members of the provider’s household had a required current medical evaluation on file. A biennial medical evaluation is required to ensure that household members do not have conditions that are communicable or injurious to the physical or emotional health of the child.
Not all reevaluations included evidence that the caseworker who monitored the provider had conducted an interview with the caseworker(s) of the child or children placed in the provider’s home as required by State regulations. These interviews could give insight into the adequacy of the provider’s care. This type of input is critical given that 33% of the former and current caseworkers, who responded to our survey thought that children had been placed in safe and nurturing environments about half of the time. Although opinions were mixed and many respondents did not identify this as a problem area, some of the current caseworkers’ comments raise concerns:

"Some of our foster parents are more interested in the check than the child."

"Children are placed with sick and elderly caretakers, caretakers with a Child Protective Service history or caretakers with inappropriate living conditions."

State law requires the local departments of social services to conduct a home study to evaluate a potential foster family and determine the number and characteristics of children for whom the family is best suited, as well as an annual reevaluation thereafter to determine a provider’s continued suitability.

**Recommendation 10**

We recommend that the Department ensure that the foster family providers are subject to timely and comprehensive annual reevaluations that address all requirements for continuing as a provider.
Exhibit 1
Reasons Why Children Enter Out-of-Home Care

The following are examples of reasons for placement of children in out-of-home care obtained from cases that we reviewed during our audit.

Neglect: A 1-year-old came into the Department’s custody for neglect. The mother was a drug abuser that rendered her unable to consistently provide adequate care, protection and supervision for the child.

Abandonment: A 7-year-old came into the Department’s custody after the mother abandoned her children at the home of a relative and never returned. The mother had a history of drug abuse.

Drug Addicted Child: A newborn child was born exposed to illicit drugs. The mother tested positive for illicit drugs at the time of the child’s birth and the child experienced withdrawal symptoms as a result of the drug exposure. The mother left the hospital without medical advice and did not return. The child was placed in the Department’s custody.

Abuse/Neglect: A 7-year-old was removed from his/her home and placed in the Department’s custody because the home had been condemned due to rodent infestation. There was no working gas and electric, there were broken windows, the child had no bed to sleep in and there was no food in the home. Additionally, the mother was a drug abuser.

Neglected Baby: A newborn was found wrapped in a blanket and abandoned. The child was admitted to the hospital for a check-up and released to the Department’s custody.

Abuse: A 3-year-old came into the Department’s custody after a report of physical abuse was made by a hospital. The child was taken to the hospital with a broken leg. The x-rays also showed a number of previous injuries, which were several weeks and months old. The parents stated that the 5-year-old brother pushed the child down the steps. The hospital indicated that the injuries were not consistent with a fall down the steps.
Exhibit 2
Projection of Test Results to Statewide Population

The following table contains additional details regarding the information presented in the Findings and Recommendations section of this report. This table presents the minimum estimated population occurrence rate for the exception conditions noted in our detailed findings 1 through 5, based on the results of our statistical sampling of 163 cases from the November 30, 2000 population of approximately 12,000 children in the out-of-home care program.

Our statistical sampling methodology allowed us to calculate a minimum estimated occurrence rate for each exception condition, with 97.5% confidence. Meaning, we are 97.5% confident that our results and projections are representative of the entire population (with 100% being an absolute certainty of results). For example, in Finding 3, we are 97.5% confident that for at least 26.4% or 2,338 of all school age children in the out-of-home care program as of November 30, 2000, the case files lacked documentation that they were attending school.

Since the results of our tests and the table below are based on statistical sampling of the November 30, 2000 population, any conclusions must be projected to that population. Although there may be a tendency or desire to apply these results to the current population, the reader must be cautioned that since there is no assurance that the November 30, 2000 population shares the same characteristics with more current populations, such projections would not be statistically valid.

<table>
<thead>
<tr>
<th>Tested Attributes With Reported Deficiencies</th>
<th>Minimum Estimated Population Occurrence Rate for Deficiencies</th>
<th>Projected Population Occurrence for Deficiencies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Finding 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required Annual Well-Child Exam Received</td>
<td>25.6%</td>
<td>2,966</td>
</tr>
<tr>
<td>Specific Health Needs Addressed</td>
<td>8.6%</td>
<td>990</td>
</tr>
<tr>
<td>Required Dental Exams Received</td>
<td>60.8%</td>
<td>5,561</td>
</tr>
<tr>
<td><strong>Finding 2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recommended Therapy Received</td>
<td>19.9%</td>
<td>1,746</td>
</tr>
<tr>
<td><strong>Finding 3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Was Attending School</td>
<td>26.4%</td>
<td>2,338</td>
</tr>
<tr>
<td><strong>Finding 4</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Cases With Insufficient Contact With Child or Provider</td>
<td>40.3%</td>
<td>4,844</td>
</tr>
<tr>
<td>Monthly Face-to-Face Contact With Child</td>
<td>36.4%</td>
<td>4,369</td>
</tr>
<tr>
<td>Meeting With Child At Provider Every 3 Months</td>
<td>13.8%</td>
<td>1,663</td>
</tr>
<tr>
<td>Face-to-Face Meetings With Provider Every 3 Months</td>
<td>11.2%</td>
<td>1,348</td>
</tr>
<tr>
<td>Monthly Contact With the Provider</td>
<td>30.5%</td>
<td>3,668</td>
</tr>
<tr>
<td><strong>Finding 5</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concurrent Permanency Plans Prepared</td>
<td>19.2%</td>
<td>2,263</td>
</tr>
<tr>
<td>Case Reassessments Performed Timely</td>
<td>17.1%</td>
<td>1,880</td>
</tr>
</tbody>
</table>

1 The estimated population occurrence rate differs from the sample test results in our detailed findings because of the statistical formulas used to project our results.
## Exhibit 3
### Characteristics of Children Selected for Testing

<table>
<thead>
<tr>
<th>Local Department</th>
<th>Cases Tested</th>
<th>Kinship</th>
<th>Foster Home</th>
<th>Purchase of Care</th>
<th>Pre Adoption</th>
<th>Length of Time in Care (years)</th>
<th>Age at November 30, 2000 (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0-3</td>
<td>3-6</td>
</tr>
<tr>
<td>Allegany</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Anne Arundel</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Baltimore County</td>
<td>7</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Cecil</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dorchester</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Harford</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Howard</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Montgomery</td>
<td>10</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Prince George’s</td>
<td>11</td>
<td>1</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Talbot</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Washington</td>
<td>3</td>
<td>2</td>
<td></td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Worcester</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Baltimore City</td>
<td>115</td>
<td>25</td>
<td>48</td>
<td>16</td>
<td>26</td>
<td>48</td>
<td>32</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>163</strong></td>
<td><strong>32</strong></td>
<td><strong>71</strong></td>
<td><strong>26</strong></td>
<td><strong>34</strong></td>
<td><strong>77</strong></td>
<td><strong>43</strong></td>
</tr>
</tbody>
</table>
### Exhibit 4
Attributes Tested for Objective 1
Adequacy of Services Provided to Children and Families

<table>
<thead>
<tr>
<th>Attribute Tested</th>
<th>Attribute Test Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical and Dental Examinations</td>
<td>Determine whether there was documentation supporting that the children received the required well-child examinations and annual dental exams, and that specific health needs that were identified had been addressed.</td>
</tr>
<tr>
<td>Service Agreements and Delivery</td>
<td>Determine whether the child’s file contained evidence that recommended therapy services were being provided.</td>
</tr>
<tr>
<td>Education Status</td>
<td>Determine whether there was evidence to indicate that the children were attending school when applicable.</td>
</tr>
<tr>
<td>Permanency Planning</td>
<td>Determine whether concurrent permanency plans were prepared and whether permanency plans were reassessed in a timely manner.</td>
</tr>
<tr>
<td>Contacts with Child and Provider</td>
<td>Determine whether the face-to-face meetings and monthly contact requirements with the child and provider were documented.</td>
</tr>
<tr>
<td>Case Reviews by Appropriate Third Parties</td>
<td>Determine whether a periodic review of the child’s status in care was conducted by the Court, an administrative review panel, or the Citizens Review Board.</td>
</tr>
<tr>
<td>Placement of the Child</td>
<td>Determine whether the child was placed in the type of facility that was recommended and as deemed appropriate and whether reasons for changes in placement were documented and reasonable.</td>
</tr>
<tr>
<td>Termination of Parental Rights</td>
<td>Determine whether the local department pursued termination of parental rights for children who remained in out-of-home care for 15 of the last 22 months, as required.</td>
</tr>
<tr>
<td>Proper Handling of Reported Abuse While in Foster Care</td>
<td>If any allegations of abuse or neglect were made while the child was in out-of-home care, determine whether the allegations were handled appropriately by the local department.</td>
</tr>
</tbody>
</table>
### Exhibit 5

**Number of Placements and Caseworkers by Jurisdiction at June 30, 2001**

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Kinship Care</th>
<th>Foster Home</th>
<th>Purchase Of Care</th>
<th>Pre Adoption</th>
<th>Totals</th>
<th>Budgeted Case Workers</th>
<th>Average Calculated Caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegany</td>
<td>0</td>
<td>63</td>
<td>12</td>
<td>9</td>
<td>84</td>
<td>8.0</td>
<td>10.5</td>
</tr>
<tr>
<td>Anne Arundel</td>
<td>15</td>
<td>77</td>
<td>75</td>
<td>34</td>
<td>201</td>
<td>15.0</td>
<td>13.5</td>
</tr>
<tr>
<td>Baltimore County</td>
<td>0</td>
<td>233</td>
<td>186</td>
<td>85</td>
<td>504</td>
<td>32.5</td>
<td>15.5</td>
</tr>
<tr>
<td>Calvert</td>
<td>4</td>
<td>38</td>
<td>4</td>
<td>8</td>
<td>54</td>
<td>4.5</td>
<td>12</td>
</tr>
<tr>
<td>Caroline</td>
<td>9</td>
<td>21</td>
<td>5</td>
<td>2</td>
<td>37</td>
<td>1.5</td>
<td>24.5</td>
</tr>
<tr>
<td>Carroll</td>
<td>2</td>
<td>22</td>
<td>17</td>
<td>15</td>
<td>56</td>
<td>4.5</td>
<td>12.5</td>
</tr>
<tr>
<td>Cecil</td>
<td>13</td>
<td>28</td>
<td>20</td>
<td>13</td>
<td>74</td>
<td>6.0</td>
<td>12.5</td>
</tr>
<tr>
<td>Charles</td>
<td>22</td>
<td>53</td>
<td>19</td>
<td>9</td>
<td>103</td>
<td>8.5</td>
<td>12.0</td>
</tr>
<tr>
<td>Dorchester</td>
<td>11</td>
<td>12</td>
<td>6</td>
<td>3</td>
<td>32</td>
<td>3.5</td>
<td><strong>9.0 Low</strong></td>
</tr>
<tr>
<td>Frederick</td>
<td>21</td>
<td>80</td>
<td>41</td>
<td>35</td>
<td>177</td>
<td>7.5</td>
<td>23.5</td>
</tr>
<tr>
<td>Garrett</td>
<td>6</td>
<td>43</td>
<td>10</td>
<td>1</td>
<td>60</td>
<td>2.0</td>
<td><strong>30.0 High</strong></td>
</tr>
<tr>
<td>Harford</td>
<td>39</td>
<td>101</td>
<td>55</td>
<td>35</td>
<td>230</td>
<td>12.5</td>
<td>18.5</td>
</tr>
<tr>
<td>Howard</td>
<td>21</td>
<td>37</td>
<td>12</td>
<td>10</td>
<td>80</td>
<td>5.5</td>
<td>14.5</td>
</tr>
<tr>
<td>Kent</td>
<td>0</td>
<td>10</td>
<td>1</td>
<td>1</td>
<td>11</td>
<td>.5</td>
<td>22.0</td>
</tr>
<tr>
<td>Montgomery</td>
<td>66</td>
<td>236</td>
<td>145</td>
<td>79</td>
<td>526</td>
<td>31.5</td>
<td>16.5</td>
</tr>
<tr>
<td>Prince George’s</td>
<td>82</td>
<td>299</td>
<td>131</td>
<td>147</td>
<td>659</td>
<td>52.0</td>
<td>12.5</td>
</tr>
<tr>
<td>Queen Anne’s</td>
<td>2</td>
<td>12</td>
<td>5</td>
<td>3</td>
<td>22</td>
<td>1.5</td>
<td>14.5</td>
</tr>
<tr>
<td>St. Mary’s</td>
<td>0</td>
<td>34</td>
<td>15</td>
<td>9</td>
<td>58</td>
<td>5.5</td>
<td>10.5</td>
</tr>
<tr>
<td>Somerset</td>
<td>2</td>
<td>19</td>
<td>11</td>
<td>10</td>
<td>42</td>
<td>1.5</td>
<td>28.0</td>
</tr>
<tr>
<td>Talbot</td>
<td>0</td>
<td>8</td>
<td>5</td>
<td>9</td>
<td>22</td>
<td>2.0</td>
<td>11.0</td>
</tr>
<tr>
<td>Washington</td>
<td>16</td>
<td>69</td>
<td>55</td>
<td>49</td>
<td>189</td>
<td>11.5</td>
<td>16.5</td>
</tr>
<tr>
<td>Wicomico</td>
<td>4</td>
<td>43</td>
<td>25</td>
<td>31</td>
<td>103</td>
<td>3.5</td>
<td>29.5</td>
</tr>
<tr>
<td>Worcester</td>
<td>0</td>
<td>10</td>
<td>13</td>
<td>11</td>
<td>34</td>
<td>2.0</td>
<td>17.0</td>
</tr>
<tr>
<td>Baltimore City</td>
<td>1,632</td>
<td>3,102</td>
<td>854</td>
<td>1,920</td>
<td>7,508</td>
<td>445.5</td>
<td>17.0</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>1,967</strong></td>
<td><strong>4,650</strong></td>
<td><strong>1,722</strong></td>
<td><strong>2,527</strong></td>
<td><strong>10,866</strong></td>
<td><strong>668.5</strong></td>
<td><strong>16.5</strong></td>
</tr>
</tbody>
</table>

1“Average Calculated Caseload” was determined by dividing total placements by budgeted caseworkers positions from DHR sources. However, this may not necessarily be the actual caseload ratio since all budgeted positions may not be filled and all budgeted positions filled may not actually be used solely for out-of-home care cases.

Source: SSA Monthly Management Reports and Budget and Central Services records
Exhibit 6
Survey of Current Foster Care Caseworkers

The Office of Legislative Audits is currently conducting a performance audit of the out-of-home placement program (i.e., foster care, kinship care) in Maryland, hereinafter referred to as foster care. Records show that you are currently employed as a social worker/case worker at a Local Department of Social Services (LDSS). Please take the time to answer the following questions and return the survey to us in the enclosed postage-paid envelope by June 1, 2001. The survey is designed so that you do not need to include your name. The results will be tabulated and reported in such a way that you cannot be personally identified. The returned surveys will be included in the audit working papers, which by law are confidential. Note: We are attempting to assess the out-of-home placement program, as it currently exists. Unless otherwise stated, please limit your responses to foster care and kinship care cases that you have had in the past 6 months. When answering questions that call for a numerical response, please enter only a single number. Answers such as “1-2” or “several” cannot be tabulated and used. If you have any questions, please contact William Smith, Senior Auditor, or Phyllis Clancy, Audit Manager at (410) 946-5900. Thank you for your cooperation in completing this survey.

General Information

1. Please identify the LDSS you are employed by? ________________________________

2. Do you handle foster care cases as part of your regular job duties?
   [ ] Yes  [ ] No

Note: If you answered "no," please stop here and return the survey in the accompanying postage-paid envelope. If you answered "yes" to question two, please continue.

3. How long have you worked as a social worker in the State’s foster care system? (Check one only)
   [ ] less than one year  [ ] 1-3 years  [ ] 3-10 years  [ ] more than 10 years

4. Please indicate the average number of hours per week you spend on managing or monitoring foster care children: ________ hours per week
Exhibit 6  
Survey of Current Foster Care Caseworkers

5. For the number of hours you estimated you spend on foster care, about what percent of your time do you spend on each of the following activities? *(Please ensure that the right-hand column adds to 100 percent.)*

<table>
<thead>
<tr>
<th>Foster Care Activity</th>
<th>Percent of Time on That Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact with children and/or their families (by phone or in person)</td>
<td>_____ %</td>
</tr>
<tr>
<td>Traveling to and from contacts with children/families, court</td>
<td>_____ %</td>
</tr>
<tr>
<td>Supervising other social workers</td>
<td>_____ %</td>
</tr>
<tr>
<td>Paperwork and documentation for court</td>
<td>_____ %</td>
</tr>
<tr>
<td>Paperwork and documentation (other than court preparation)</td>
<td>_____ %</td>
</tr>
<tr>
<td>In court</td>
<td>_____ %</td>
</tr>
<tr>
<td>Training</td>
<td>______ %</td>
</tr>
<tr>
<td>Other activities</td>
<td>______ %</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100 ___ %</strong></td>
</tr>
</tbody>
</table>

6. In your opinion, do you currently have/monitor more foster care cases than you think you can handle effectively?

[ ] Yes  [ ] No

6a. How many cases do you currently have/monitor?

<table>
<thead>
<tr>
<th>Foster Care</th>
<th>Other cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

Questions About Foster Care Placements and Services *(Services may include mental health, medical, educational or other services.)*

7. For the cases you’ve managed/monitored during the last 6 months, have the services that have been provided to foster care children adequately addressed those children's needs? *(For each of these questions, please remember to circle one answer only.)*

<table>
<thead>
<tr>
<th>About</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost Always</td>
</tr>
<tr>
<td>4</td>
</tr>
</tbody>
</table>

7a. If you think services haven't adequately addressed children's needs, please list the factor(s) you think have contributed to this situation. Rank each factor below according to its importance, with #1 being most important. *(For this or any question with rankings, you needn’t fill in each line.)*

1. 
2. 
3. 
4. 

Page 2 of 7
Exhibit 6
Survey of Current Foster Care Caseworkers

8. For the cases you’ve managed/monitored during the last 6 months, have the services that have been provided to the **families of origin of foster care children** adequately addressed those families' needs?

<table>
<thead>
<tr>
<th>Almost Always</th>
<th>Half the Time</th>
<th>Almost Never</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

8a. If you think services haven't adequately addressed family members' needs, please list the factor(s) you think have contributed to this situation. Rank each factor below according to its importance, with #1 being most important.

1. _____________________________________________________________
2. _____________________________________________________________
3. _____________________________________________________________
4. _____________________________________________________________

9. For the cases you’ve managed/monitored during the last 6 months, have **foster care children** been placed in homes or facilities that were appropriate for the level of care they needed?

<table>
<thead>
<tr>
<th>Almost Always</th>
<th>About Half the Time</th>
<th>Almost Never</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

9a. If you think foster care children haven't been placed in homes or facilities that were appropriate for them, please list the factor(s) you think have contributed to this situation. Rank each factor below according to its importance, with #1 being most important.

1. _____________________________________________________________
2. _____________________________________________________________
3. _____________________________________________________________
4. _____________________________________________________________

10. For the cases you’ve managed/monitored during the last 6 months, have **foster care children** been placed in homes or facilities that were **safe** and **nurturing** environments?

<table>
<thead>
<tr>
<th>Almost Always</th>
<th>About Half the Time</th>
<th>Almost Never</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
10a. If you think foster care children haven't been placed in homes or facilities that were safe and nurturing, please list the factor(s) you think have contributed to this situation. Rank each factor below according to its importance, with #1 being most important.

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________

11. If you think foster care children or their families of origin need services that aren't available in your local department's jurisdiction, please list those services below. Rank them in order of the greatest need for that service, with #1 being the most needed service.

11a. Services for foster care children:
   1. _______________________________________________________________________
   2. _______________________________________________________________________
   3. _______________________________________________________________________

11b. Services for families of origin of foster care children:
   1. _______________________________________________________________________
   2. _______________________________________________________________________
   3. _______________________________________________________________________

12. For the cases you’ve managed/monitored during the last 6 months, have you ever had a service recommendation or a placement recommendation overruled or changed?

   [ ] Yes   [ ] No

12a. If you have had a service or placement recommendation overruled or changed, please indicate below the reason(s) you were given, and the number of times for each.

   1. _______________________________________________________________________
   2. _______________________________________________________________________
   3. _______________________________________________________________________
   4. _______________________________________________________________________

13. Within the last 12 months, have you known of a child who was abused or neglected while in foster care, but that abuse or neglect wasn’t reported to child protective services?

   [ ] Yes   [ ] No

13a. If you knew of such cases of abuse or neglect not being reported, please indicate below the reason(s) why it wasn’t reported, and the number of times for each.

   1. _______________________________________________________________________
   2. _______________________________________________________________________
   3. _______________________________________________________________________
   4. _______________________________________________________________________
Exhibit 6
Survey of Current Foster Care Caseworkers

14. Have you ever been asked to do something you thought was inappropriate or not in the best interest of the children in foster care by someone in your LDSS?

[ ] Yes  [ ] No

14a. If you answered “yes”, please describe below what you were asked to do.
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

15. For the cases you’ve managed/monitored during the last 6 months, have foster care children remained in the foster care system longer than they needed to?

<table>
<thead>
<tr>
<th>About</th>
<th>Almost Never</th>
<th>Almost Half the Time</th>
<th>About Always</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

15a. If you think that foster care children have remained in the foster care system too long, please list below the factors you think contributed to this situation. Rank each factor below according to its importance, with #1 being most importance.

1. __________________________________________
2. __________________________________________
3. __________________________________________
4. __________________________________________

16. In your LDSS jurisdiction, is there currently a shortage of any of the following types of facilities?

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>No Shortage</th>
<th>Slight Shortage</th>
<th>Moderate Shortage</th>
<th>Severe Shortage</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family foster homes</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Group homes</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Emergency shelters</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Other</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Questions About Communications and Relationships

17. Do you feel you can openly discuss problems with the way the foster care system currently is working without fear of retaliation or some other negative consequence?

[ ] Yes  [ ] No
17a. If you don't feel you can openly discuss problems with the way the system is working, please list below the reason(s) why not.

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________  

18. Please react to the following statements based on your experience:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I have sufficient contact with the foster care children in my caseload.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>b. I have sufficient contact with the foster care providers of the children in my caseload.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>c. I have sufficient contact with the families of origin of foster care children in my caseload.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>d. LDSS foster care staff clearly understand their roles and responsibilities.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>e. Foster care providers clearly understand their roles and responsibilities.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>f. Foster care providers are provided with the information they need to appropriately care for the foster children in their care.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>g. The LDSS provides information to the courts needed to make informed decisions about the children in foster care.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>h. There is too much emphasis on reunification of the foster children with their families instead of considering what is in the best interest of the children in foster care.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Questions About Resources and Training

19. When you first started as a social worker, did the LDSS provide you with initial orientation and training that was adequate to perform your foster care duties?

[ ] Yes    [ ] No

19a. If you answered "no," list below what specific kinds of training you think you should have received to adequately perform you foster care duties.

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________
20. Has the local department provided you with ongoing training that allows you to adequately perform your foster care duties?

[ ] Yes [ ] No

20a. If you answered "no," list below what specific kinds of training you think you should have received to adequately perform your foster care duties.

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________ 

21. Are the resources available to you adequate to allow you to do your job? (check one only for each item)

<table>
<thead>
<tr>
<th>Type of Resource</th>
<th>more than adequate</th>
<th>less than adequate</th>
<th>not sure/adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>physical resources (cars, office space,</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>equipment, computers, supplies, and the</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>like)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>financial resources (money for placements</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>and services, and the like)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>staff resources (social workers,</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>paraprofessionals, clerks, drivers, and</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>the like)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>information resources (information on</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>available placements, previous family</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>histories, and the like)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

21a. physical resources (cars, office space, equipment, computers, supplies, and the like)

21b. financial resources (money for placements and services, and the like)

21c. staff resources (social workers, paraprofessionals, clerks, drivers, and the like)

21d. information resources (information on available placements, previous family histories, and the like)

22. If you said that any of your resources are less than adequate, what specific items do you think you need?

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________ 

23. Please provide any other comments (below or on an attached sheet) on how you think the State's foster care program could be improved:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
The Office of Legislative Audits is currently conducting a performance audit of the out-of-home placement program (i.e., foster care, kinship care) in Maryland, hereinafter referred to as foster care. As part of the audit, we are asking judges who handle foster care cases to answer questions about how they think the foster care placement system works, and how the system can be improved. Please take the time to answer the following questions and return the survey to us in the enclosed postage-paid envelope by June 1, 2001. Responses will not be reported in a way that will personally identify you. The survey documents will become part of our permanent working papers, which by law are confidential. Note: We are attempting to assess the out-of-home placement program, as it currently exists. Please limit your responses to foster care and kinship care cases you have reviewed in the past 6 months. If you have any questions, please contact William Smith, Senior Auditor or Phyllis Clancy, Audit Manager at (410) 946-5900. Thank you for your cooperation in completing this survey.

County: ___________ Judge’s Name (optional): ____________________________

1. In your opinion, are you getting the information you need from the Local Department of Social Services (LDSS) to make informed decisions about foster care cases? (For each of these questions, please remember to circle one answer only)

<table>
<thead>
<tr>
<th>Almost Always</th>
<th>About Half the Time</th>
<th>Almost Never</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

1a. If not, please list below the kinds of information you need that you aren’t getting. Rank each factor below according to its importance, with #1 being the information you most often don’t receive. (For this or any question with rankings, you needn’t fill in every line.)

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________

Page 1 of 4
2. Do you currently receive the information from the LDSS on a timely basis?

<table>
<thead>
<tr>
<th>Almost Always</th>
<th>About Half the Time</th>
<th>Almost Never</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

2a. If not, please list below, in rank order, the kinds of information you need that you aren't getting timely. (1=information you most often don't receive timely.)

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________

3. For the cases you've participated in during the past 6 months, have the services that have been provided to foster care children, based on their case plan, adequately addressed those children's needs?

<table>
<thead>
<tr>
<th>Almost Always</th>
<th>About Half the Time</th>
<th>Almost Never</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

3a. If you think services haven’t adequately addressed children's needs, please list the factor(s) you think have contributed to this situation. Rank each factor below according to its importance, with #1 being most important.

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________

4. For the cases you've participated in during the past 6 months, have the services that have been provided to the families of origin of foster care children, based on the case plan, adequately addressed those families' needs?

<table>
<thead>
<tr>
<th>Almost Always</th>
<th>About Half the Time</th>
<th>Almost Never</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
Exhibit 7
Survey of Judges Who Handle Foster Care Cases

4a. If you think services haven't adequately addressed family members’ needs, please list the factor(s) you think have contributed to this situation. Rank each factor below according to its importance.

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________

5. For the cases you've participated in during the past 6 months, have foster care children been placed in homes or facilities that were appropriate for the level of care they needed?

<table>
<thead>
<tr>
<th>Almost Always</th>
<th>About Half the Time</th>
<th>Almost Never</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

5a. If you think foster care children haven’t been placed in homes or facilities that were appropriate for them, please list the factor(s) that have contributed to this situation. Rank each factor below according to its importance, with #1 being most important.

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________

6. For the cases you've participated in during the past 6 months, have foster care children been placed in homes or facilities that were safe and nurturing environments?

<table>
<thead>
<tr>
<th>Almost Always</th>
<th>About Half the Time</th>
<th>Almost Never</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

6a. If you think foster care children haven't been placed in homes or facilities that were safe and nurturing, please list the factor(s) that have contributed to this situation. Rank each factor below according to its importance, with #1 being most important.

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________

7. Do you think that many children are languishing in the foster care system, in the sense that they aren't progressing toward reunification or adoption?

[ ] Yes  [ ] No
Exhibit 7
Survey of Judges Who Handle Foster Care Cases

7a. If you answered yes, please list below, in rank order, the factor(s) that have contributed to this situation. Rank each factor below according to its importance, with #1 being most important.

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________

8. Do you think that too much emphasis is placed on the reunification of the child with the family of origin rather than what is in the best interest of the child?

[ ] Yes  [ ] No

8a. If you answered yes, please list below, in rank order, the factor(s) that have contributed to this situation. Rank each factor below according to its importance, with #1 being most important.

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________

9. In your opinion, do any legal or administrative impediments currently exist that hamper effective foster care in Maryland?

[ ] Yes  [ ] No

9a. If you answered yes, please list below, in rank order, the factor(s) that have contributed to this situation:

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________

10. In your opinion, what changes need to be made to improve the State's foster care system? (Please attach additional sheets if necessary)

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Page 4 of 4
The Office of Legislative Audits is currently conducting a performance audit of the out-of-home placement program (i.e., foster care, kinship care) in Maryland, hereinafter referred to as foster care. Records show that you are currently providing foster care services to a Local Department of Social Services (LDSS). Please take the time to answer the following questions and return the survey to us in the enclosed postage-paid envelope by June 1, 2001. The survey is designed so that you do not need to include your name. The results will be tabulated and reported in such a way that you cannot be personally identified. The returned surveys will be included in the audit working papers, which by law are confidential. When answering questions that call for a numerical response, please enter only a single number. Answers such as “1-2” or “several” cannot be tabulated and used. Note: We are attempting to assess the out-of-home placement program, as it currently exists. Please limit your responses to foster care and kinship care children in your care over the past 6 months. If you have any questions, please contact William Smith, Senior Auditor or Phyllis Clancy, Audit Manager at (410) 946-5900. Thank you for your cooperation in completing this survey.

General Information

1. How long have you participated as a foster parent?

   [ ] less than one year  [ ] 1-3 years  [ ] 3-10 years  [ ] more than 10 years

1a. For which LDSS? _____________________________________________

Questions About Foster Care Placements and Services (By services, we mean mental health or medical services related to the reasons the child came into custody.)

2. For the foster care child(ren) currently or most recently in your care, have the services that have been provided adequately addressed the child(ren)'s needs? (For each of these questions, please remember to circle one answer only.)

<table>
<thead>
<tr>
<th></th>
<th>Almost</th>
<th>About</th>
<th>Almost</th>
<th>Don't</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Half the Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td></td>
<td></td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
Exhibit 8
Survey of Foster Care Parents

2a. If you think services haven't adequately addressed the child(ren)'s needs, please list the reason(s) why you think that. *(For this question and subsequent questions, it is not necessary to fill in each line.)*

1.  
2.  
3.  
4.  

3. For the foster care child(ren) currently or most recently in your care, have the services that have been provided to the child(ren)'s family of origin adequately addressed the families' needs?

<table>
<thead>
<tr>
<th>Almost Never</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

3a. If you think services haven't adequately addressed family members' needs, please list the reason(s) why.

1.  
2.  
3.  
4.  

4. As a foster parent, do you think the LDSSs' placement of the foster child(ren) currently or most recently in your care, has been appropriate?

<table>
<thead>
<tr>
<th>Almost Never</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

4a. If you think placement of the child(ren) in your home was not appropriate, please list the reason(s) why.

1.  
2.  
3.  
4.  

Page 2 of 5
Exhibit 8
Survey of Foster Care Parents

5. As a foster parent, do you think the amount of time foster child(ren) have stayed in your home was adequate to meet the needs of the child(ren)?

<table>
<thead>
<tr>
<th>Always</th>
<th>About</th>
<th>Almost</th>
<th>Never</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

5a. If you think the amount of time was not adequate, please list the reason(s) why you think that.

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________

Questions About Communication/Relationships with the Local Department of Social Services

6. For the foster care child(ren) currently or most recently in your care, do you think the social worker assigned to the child(ren) has had adequate contact with the child(ren)?

[ ] Yes [ ] No

6a. If you think those contacts haven't been adequate, please list the reason(s) why you think that.

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________

7. For the foster care child(ren) currently or most recently in your care, have you received adequate information in regard to the child(ren) and his/her needs?

[ ] Yes [ ] No

7a. If you think you haven't received adequate information, please list the reason(s) why you think that.

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________
8. As a foster parent, do you think the LDSS has provided adequate non-financial support for your family in the foster care setting?

[ ] Yes  [ ] No

8a. If you think the LDSS has not provided you with adequate support, please list the reason(s) why.

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________

9. Do you feel you can openly discuss problems with the LDSS about the way the foster care system currently is working without fear of retaliation or some other negative consequence?

[ ] Yes  [ ] No

9a. If you don't feel you can openly discuss problems or have been retaliated against for doing so, please explain below.

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________

10. For the foster care children currently or most recently in your care, have foster care children remained in the foster care system longer than they needed to?

<table>
<thead>
<tr>
<th>About</th>
<th>Almost</th>
<th>Half the Time</th>
<th>Almost</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
<td>Never</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

10a. If you think that foster care children remain in the foster care system too long, please list below the factors that you think contributed to this situation.

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________
11. Please react to the following statements based on your experience within the last 6 months:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The social workers that I have contact with work well with me.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>b. The social workers appear to have the training and knowledge they need to do a good job.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>c. The social worker(s) work well with the foster child(ren) in my care.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>d. Overall, the local department of social services in my area carries out its responsibilities well.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

12. Please provide any other comments (below or on an attached sheet) on how you think the State's foster care program could be improved:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
The Office of Legislative Audits is currently conducting a performance audit of the out-of-home placement program (i.e., foster care, kinship care) in Maryland, hereinafter referred to as foster care. Records show that you were formerly employed as a social worker/case worker at a Local Department of Social Services. Please take the time to answer the following questions and return the survey to us in the enclosed postage-paid envelope by June 1, 2001. The survey is designed so that you do not need to include your name. The results will be tabulated and reported in such a way that you cannot be personally identified. The returned surveys will be included in the audit working papers, which by law are confidential. When answering questions that call for a numerical response, please enter only a single number. Answers such as “1-2” or “several” cannot be tabulated and used. If you have any questions, please contact William Smith, Senior Auditor or Phyllis Clancy, Audit Manager at (410) 946-5900. Thank you for your cooperation in completing this survey.

### General Information

1. How long did you work as a social worker in the State’s foster care system? (check one only)
   - [ ] less than 3 months
   - [ ] 3-10 months
   - [ ] more than 10 months

1a. Which local department did you work for?

2. When did you leave the Department’s employment?

3. Why do you no longer work as a social worker handling foster care cases?
   - [ ] Family/personal reasons
   - [ ] Didn’t like working in foster care in general
   - [ ] Dissatisfaction with the management of the organization
   - [ ] My caseload was too large
   - [ ] To pursue other career interest
   - [ ] Found job with better pay
   - [ ] Found job with better conditions
   - [ ] Other (please explain answer):

   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
Exhibit 9
Survey of Former Foster Care Caseworkers

4. How many years have you been a social worker? (check one only)
   [ ] less than one year  [ ] 1-3 years  [ ] 3-10 years  [ ] more than 10 years

5. Are you currently employed in the social work field?
   [ ] Yes  [ ] No

Questions About Foster Care Placements and Services (Services may include mental health, medical, educational or other services.)

6. For the cases you handled while working for the Local Department of Social Services (LDSS), did the services provided to foster children adequately address those children’s needs? (For each of these questions, please remember to circle one answer only.)

   About
   Almost  Half the  Almost  Don’t
   Always  Time       Never    Know
   4        3          2        1

6a. If you think the services did not adequately address children’s needs, please list the factor(s) you think contributed to this situation. Rank each factor below according to importance, with #1 being most important. (For this or any question with rankings, you needn’t fill in each line.)

   1. ____________________________________________________________________
   2. ____________________________________________________________________
   3. ____________________________________________________________________
   4. ____________________________________________________________________

7. For the cases you handled while working for the LDSS, did the services provided to the families of origin of foster children adequately address those families’ needs?

   About
   Almost  Half the  Almost  Don’t
   Always  Time       Never    Know
   4        3          2        1

7a. If you think the services did not adequately address family members’ needs, please list the factor(s) you think contributed to this situation. Rank each factor below according to importance, with #1 being most important.

   1. ____________________________________________________________________
   2. ____________________________________________________________________
   3. ____________________________________________________________________
   4. ____________________________________________________________________
### Exhibit 9
**Survey of Former Foster Care Caseworkers**

8. For the cases you handled while working for the LDSS, were *foster care children* placed in homes or facilities that were *appropriate* for the level of care they needed?

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8a. If you think foster care children weren’t placed in homes or facilities that were appropriate for them, please list the factor(s) you think have contributed to this situation. Rank each factor below according to its importance, with #1 being most important.

1. ___________________________________________________________________
2. ___________________________________________________________________
3. ___________________________________________________________________
4. ___________________________________________________________________

9. For the cases you handled while working for the LDSS, were *foster care children* placed in homes or facilities that were *safe and nurturing* environments?

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9a. If you think foster care children weren’t placed in homes or facilities that were safe and nurturing, please list the factor(s) you think have contributed to this situation. Rank each factor below according to its importance, with #1 being most important.

1. ___________________________________________________________________
2. ___________________________________________________________________
3. ___________________________________________________________________
4. ___________________________________________________________________

10. For the cases you handled while working for the LDSS, did you ever have a service recommendation or a placement recommendation overruled or changed?

[ ] Yes  [ ] No

10a. If you had a service or placement recommendation overruled or changed, please indicate below the reason(s) you were given and the number of times for each.

1. ___________________________________________________________________
2. ___________________________________________________________________
3. ___________________________________________________________________
4. ___________________________________________________________________
11. While working for the LDSS, did you ever know of a child who was abused or neglected while in foster care, but that abuse or neglect wasn’t reported?

[ ] Yes       [ ] No

11a. If you knew of such cases of abuse or neglect not being reported, please indicate below the reason(s) why it wasn’t reported, and the number of times for each.

1. ___________________________________________________________________
2. ___________________________________________________________________
3. ___________________________________________________________________
4. ___________________________________________________________________

12. While working for the LDSS, were you ever asked to do something you thought was inappropriate or not in the best interest of the children in foster care by someone in the local department?

[ ] Yes       [ ] No

12a. If you answered “yes”, please describe below what you were asked to do.

1. ___________________________________________________________________
2. ___________________________________________________________________
3. ___________________________________________________________________
4. ___________________________________________________________________

13. Please provide any other comments (below, or on an attached sheet) on how you think the State’s foster care program can be improved.

________________________________________________________________________
________________________________________________________________________
Exhibit 10
Survey of Citizen Review Board Members

The Office of Legislative Audits is currently conducting a performance audit of the out-of-home care program (i.e., foster care, kinship care) in Maryland, hereinafter referred to as foster care. Records show that you are currently a member of the Citizen Review Board for a Local Department of Social Services (LDSS). Please take the time to answer the following questions and return the survey to us in the enclosed postage-paid envelope by June 1, 2001. The survey is designed so that you do not need to include your name. The results will be tabulated and reported in such a way that you cannot be personally identified. The returned surveys will be included in the audit working papers, which by law are confidential. Note: We are attempting to assess the out-of-home placement program, as it currently exists. Please limit your responses to foster care and kinship care cases that you have reviewed in the past 6 months. When answering questions that call for a numerical response, please enter only a single number. Answers such as “1-2” or “several” cannot be tabulated and used. If you have any questions, please contact William Smith, Senior Auditor or Phyllis Clancy, Audit Manager at (410) 946-5900. Thank you for your cooperation in completing this survey.

General Information

1. How long have you been a member of the Citizen Review Board? _______________
1a. For which LDSS? ______________________________________________________

2. For the cases you've reviewed during the past 6 months, have the services that have been provided to foster care children based on their case plan adequately addressed those children's needs? (For each of these questions, please remember to circle one answer only.)

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Exhibit 10
Survey of Citizen Review Board Members

2a. If you think services haven’t adequately addressed children's needs, please list the factor(s) you think have contributed to this situation. Rank each factor below according to its importance, with #1 being most important. (For this or any questions with rankings, you needn’t fill in each line.)

1. ______________________________________________________________________
2. ______________________________________________________________________
3. ______________________________________________________________________
4. ______________________________________________________________________

3. For the cases you've reviewed during the past 6 months, have the services that have been provided to the families of origin of foster care children, based on the case plan, adequately addressed those families' needs?

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3a. If you think services haven't adequately addressed family member's needs, please list the factor(s) you think have contributed to this situation. Rank each factor below according to its importance.

1. ______________________________________________________________________
2. ______________________________________________________________________
3. ______________________________________________________________________
4. ______________________________________________________________________

4. For the cases you've reviewed during the past 6 months, have foster care children been placed in homes or facilities that were appropriate for the level of care they needed?

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4a. If you think foster care children haven’t been placed in homes or facilities that were appropriate for them, please list the factor(s) you think have contributed to this situation. Rank each factor below according to its importance, with #1 being most important.

1. ______________________________________________________________________
2. ______________________________________________________________________
3. ______________________________________________________________________
4. ______________________________________________________________________
Exhibit 10
Survey of Citizen Review Board Members

5. For the cases you've reviewed during the past 6 months, have foster care children been placed in homes or facilities that were safe and nurturing environments?

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5a. If you think foster care children haven't been placed in homes or facilities that were safe and nurturing, please list the factor(s) you think have contributed to this situation. Rank each factor below according to its importance, with #1 being most important.

1.  
2.  
3.  
4.  

6. Do you think that many children are languishing in the foster care system, in the sense that they aren't progressing toward reunification or adoption?

[ ] Yes   [ ] No

6a. If you answered yes, please list below, in rank order, the factor(s) that have contributed to this situation. Rank each factor below according to its importance, with #1 being most important.

1.  
2.  
3.  
4.  

7. In your opinion, is the LDSS responsive to the recommendations made by the citizen review board regarding the appropriate plan for the child?

[ ] Yes   [ ] No

7a. If you answered no, please list below, in rank order, the factor(s) that have contributed to this situation. Rank each factor below according to its importance, with #1 being most important.

1.  
2.  
3.  
4.  
Exhibit 10
Survey of Citizen Review Board Members

8. Do you think that too much emphasis is placed on the reunification of the child with their family instead of what is in the best interest of the child?

[ ] Yes  [ ] No

8a. If you answered yes, please list below, in rank order, the factor(s) that have contributed to this situation. Rank each factor below according to its importance, with #1 being most important.

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________

9. In your opinion, do any legal or administrative impediments currently exist that hamper effective foster care in Maryland?

[ ] Yes  [ ] No

9a. If you answered yes, please list below, in rank order, the factor(s) that have contributed to this situation:

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________

10. In your opinion, what changes need to be made to improve the State's foster care system? (Please attach additional sheets if necessary)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
APPENDIX

State of Maryland
Department of Human Resources

May 3, 2002

Bruce A. Myers, CPA
Department of Legislative Services
Office of Legislative Audits
301 West Preston Street
Room 1202
Baltimore MD 21201

Dear Mr. Myers:

Thank you for your draft performance audit report on the Out-of-Home Care Program of the Department of Human Resources – Social Services Administration. The Department has reviewed the findings and the recommendations.

Enclosed you will find the responses to your findings and recommendations. If you have any questions regarding the responses, do not hesitate to call Linda E. Mouzon, Executive Director, Social Services Administration, at 410-767-7216.

Sincerely,

Emelda P. Johnson
Secretary

Attachments: Hard Copy Response
Diskette
RESPONSES

Finding 1
There was no documentation that children were receiving the required medical and dental care.

Recommendation
We recommend that the Department ensure that all children in the out-of-home care program receive all required periodic medical and dental examinations in accordance with the prescribed protocol.

Response 1
In order to ensure compliance with the annual medical examinations and follow-up on specific health care needs, the Department will add this requirement to the Child Welfare and Adult Services Performance Review System (CAPS) monitoring process in calendar year 2003. The department will reinforce this requirement through training of local department staff. Adherence to the dental examination requirement has been significantly hindered by the lack of dentists willing to perform the service at the Medicaid rate. The Department is collaborating with the Department of Health and Mental Hygiene to improve dental service delivery for children in the custody of the State.

Finding 2
There was no documentation that many children were receiving recommended therapy.

Recommendation
We recommend that the Department ensure that evidence of the delivery of recommended therapy, along with the results, are documented in the children’s case files, and that an explanation is provided for any failure to provide recommended services.

Response 2
Evidence of compliance will be measured by using the caseplan that is currently under revision and adding a statement for the caseworker to note therapy recommendations and the therapeutic follow-up services that the child is receiving. The Department will provide training to local department staff on service delivery and the documentation process.
Finding 3
In many cases, there was insufficient documentation that children were attending school as required.

Recommendation
We recommend that the Department ensure that the educational needs of the children in their care and custody are being met. We further recommend that documentation regarding the child’s attendance at school be included in the case file, as required.

Response 3
COMAR 07.02.11.12 entrusts the local department of social services with the responsibility of ensuring that school age children in state custody are enrolled in school within 5 working days of placement in out-of-home care and notify the school of any special needs. The current caseplan has a place for documentation of educational placement and progress. In addition, the Social Services Administration/Out-of-Home Placement Unit has incorporated into the Foster Care Program Manual a requirement to include documentation in the case record of educational progress. The Foster Care Program Manual specifically directs that the child’s record include copies of report cards or progress reports, and that IEPs and ARDs be documented in the case record, as well as the name and address of the current school placement. The Department will provide training to local department staff on documentation of educational progress and attendance.

Finding 4
Caseworkers did not appear to maintain the required contact with children and providers.

Recommendation
We recommend that the Department ensure that caseworkers maintain regular contact with the children and their providers in the out-of-home care program, as required, and document these contacts in the case files. Additionally, we recommend that the Department develop a process to monitor actual caseload ratios for each of the local departments of social services and continue its efforts to reduce the caseload ratios to CWLA-recommended levels, in accordance with State law.

Response 4
COMAR 07.02.11.17 requires that the local department of social services visit with the child within one week of placement and at least once a month thereafter. Regular contact between the caseworker and children and the providers, as well as the mandate that these contacts be filed in the case
record, continues to be a training agenda item in supervisory meetings and caucuses. Monitoring of this activity will be accomplished through the CAPS review process.

SSA continues to implement the provisions of HB 1133 and the direction given in budget bill language to meet published CWLA-recommended caseload ratios, by June 2003. PINs (i.e., 109 positions) were distributed to local departments in FY 2002 as the first of a two-stage position allocation process. An additional 108 PINs are identified for distribution in FY 2003, although they are unfunded, due to the State’s current fiscal restraints. SSA, in conjunction with the Office of Human Resource Development and Training (HRDT), periodically will track vacancy rates in local departments and track Monthly Management Report statistics. This will enable SSA to assess caseload growth and determine local department staffing needs.

Finding 5
Frequently, concurrent permanency planning was not practiced and permanency plans were not reassessed timely, as required. Children included in our test remained in an out-of-home care program for over four years, on average.

Recommendation
We recommend that the Department ensure that the local departments of social services practice concurrent permanency planning by requiring a primary and secondary permanency plan, for all cases. We further recommend that the case plans be reassessed on a timely basis, as required.

Response 5
Maryland Out-of-Home Care regulations require concurrent permanency planning for children in foster care with all permanency plans. CAPS reviews monitor the existence of primary and secondary plans. In 1999, the case plan form was revised to require documentation of this. SSA has held Supervisory Caucuses to train supervisors regarding concurrent permanency planning. Maryland Family Law has been changed to include concurrent planning.

Local departments have been informed of the CAPS findings related to concurrent permanency planning and in 2002 local departments are being asked to submit an improvement plan, when CAPS indicates areas of low outcomes.

Maryland regulations require that both the caseworker and supervisor review case plans, at each reconsideration (generally every six months). Supervisors are to determine that the plan is appropriate and that services are being offered to achieve the permanency plan. CAPS reviews also determine if the case plan is current.
Finding 6
SSA’s Quality Assurance Processes were not sufficient to ensure acceptable caseworker performance.

Recommendation
We recommend that the Department establish a formal process to ensure that supervisory reviews are performed as required and that deficiencies noted as a result of these reviews and the CAPS reviews are corrected immediately by the local department. We also recommend that the Department require each local department of social services to submit corrective action plans that address the deficiencies noted during these reviews and that the Department monitor the local department’s implementation of these plans. Moreover, we recommend that the Department continue its efforts to improve the level of competency of caseworkers and ensure that the new training program meets its expectations and the needs of caseworkers.

Response 6
Local departments have been informed that a Performance Improvement Plan (PIP) will be requested for those CAPS findings reflective of low outcomes. This Performance Improvement Plan process will be implemented for CAPS reviews in 2003.

Finding 7
Certain organizational and administrative issues may have impeded effective case monitoring.

Recommendation
We recommend that the Department evaluate the resources for child welfare services among local departments of social services and identify any significant shortcomings and needs (such as additional caseworker aides, telephones, office space) and establish a plan to appropriately address any deficiencies identified.

Response 7
In implementing the provisions of HB 1133, DHR formed several internal subcommittees to address specific needs. One subcommittee addresses operative issues, including the development of appropriate resources and supports for workers and supervisors. The Operations Committee developed budget justifications to support the “Well-Equipped Worker” concept. The stated goal is to ensure that every caseworker has appropriate technology and related support. DHR will continue its efforts in ensuring adequate support for staff.
Finding 8
Evidence was lacking that a criminal background investigation and/or clearance through the State’s Central Abuse Registry had been performed for all family foster care and kinship care providers and applicable household members, as required.

Recommendation
We recommend that the Department ensure that a criminal background investigation and clearance through the State’s Central Abuse Registry has been performed and documented for all out-of-home care providers and applicable household members. We also recommend that the Department ensure that all criminal background investigations obtained are forwarded to the appropriate party for follow-up. Finally, we recommend that the Department ensure that the process prescribed by law for periodic updates of criminal activity is appropriately and effectively implemented.

Response 8
Current regulations and the Foster Care Program manual require that the criminal background check and abuse clearance are performed for all out-of-home providers and applicable household members. The Child Welfare and Adult Services Performance Review System (CAPS) will be used to monitor local department adherence to the requirement and case documentation. Supervisory training and regional child welfare staff caucuses will include training on the requirement.

Finding 9
The local department did not ensure that each family foster care home met the minimum fire safety, and public health and sanitary standards.

Recommendation
We recommend that the Department ensure that local departments of social services obtain fire safety inspections, and public health and sanitary inspections for all family foster care homes prior to approval as a foster care resource and on an annual basis thereafter. We also recommend that prompt action be taken either to correct potentially unsafe conditions or remove the children from the applicable setting.

Response 9
Supervisory training will be used to assist in focusing the local departments on the need to adhere to this regulatory and policy requirement. The CAPS review process will be used to monitor the case record documentation of compliance with the requirement. Training and child welfare staff caucuses
also will be used to remind local departments of the responsibility to take prompt or corrective action to ensure the safety of the child in cases where violations or unsafe conditions exist.

Finding 10
Annual reevaluations of family foster care providers were not performed in a timely and thorough manner to ensure the continued safety of the children.

Recommendation
We recommend that the Department ensure that the foster family providers are subject to timely and comprehensive annual reevaluations that address all requirements for continuing as a provider.

Response 10
Supervisory training will be used to assist in focusing the local departments on the need to adhere to this regulatory and policy requirement. The CAPS review process will be used to monitor the case record documentation of compliance with the requirement.
AUDIT TEAM

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