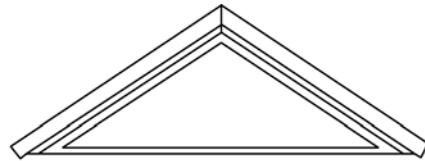




# Children's Program ToolKit

Created by





**HOUSE OF RUTH**  
M A R Y L A N D

gratefully acknowledges  
the special contributions to this ToolKit  
made by the following organizations:



**OPEN SOCIETY INSTITUTE**

**GOLIN/HARRIS**

And



Artwork donated by Sandra Magsamen



Dear Colleague,

Work with families who are struggling to escape from violent partners involves assisting victims and their children in overcoming complicated and intractable barriers. One of the most significant problems that we have long recognized is that children who accompany their mothers to our shelter especially need our help to heal from the effects of domestic violence. Over the past decade, we have responded with the development of our children's services and have documented that critical links exist between our work with children and the future health and safety of the entire family. We developed this Tool Kit to share with you our programmatic journey, which has made a difference in the lives of more than 800 children in the last 5 years.

The benefits of providing children's services on-site at our shelter facility have been enormous. Mothers and children feel safer because children can attend daycare at the shelter. Mothers gain confidence as they build their skills and experience to become strong, successful single parents of children who are dealing with the trauma of domestic violence. Mothers receive childcare support so they can go to work, take classes, or meet with a therapist. Children thrive from consistent routines of day care and preschool programs, as well as from the nurturing attention of counselors. Staff and volunteers, who have access to consultation with child and parenting specialists, develop greater competence in providing help to both adults and children.

Our residential domestic violence program is a community made up of women and children escaping violence and rebuilding their lives. Our staff and volunteers are committed to modeling and supporting women and children in this process. Through support and education in a unique community environment, we promote respect and self-sufficiency needed to break the cycle of domestic violence. We help women develop personal toolkits that will enable them to solve the problems that will inevitably lie ahead. And now, every day, our children's services enable us to help prepare the youngest victims of violence to be productive individuals, students, and members of our community.

Looking back on the early years of our program, I realize how much we have learned and accomplished and how many people and organizations helped us along the way. As you think about starting or expanding your children's program, do so with the knowledge that you may be making a life-saving difference in the lives of the mothers and kids who turn to you for help. Equally as important, you will be helping our kids to develop the skills and knowledge that will prevent them from repeating the insidious inter-generational violence that is pervasive in our communities. You will certainly encounter challenges, just as we did and we have made a genuine effort to be honest about them in this Tool Kit. Challenges notwithstanding, we can assure you that it is worth all effort and hard work to build capacity to meet the needs of our youngest victims and their families.

Sincerely yours,

Carole Alexander  
Executive Director  
House Of Ruth Maryland



You can access the ToolKit online now!

Please visit <http://www.hruth.org>.

By choosing the Microsoft Word version of the ToolKit, you can save and edit the ToolKit to fit your own program needs.

If you have any questions, please call



(410)889-0840



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# Introduction



# **INTRODUCTION**

## **History of the House Of Ruth Maryland**

### **General Background**

Founded by a coalition of women's organizations, religious groups, elected officials and service providers in May 1977, the House Of Ruth Maryland provides a safe haven for victims of domestic violence and their children.

The House Of Ruth Maryland's mission is to protect and provide safe haven for women and their children and to meet their immediate survival needs; to help battered women and their children escape abusive situations permanently; to prevent acts of domestic violence from occurring and to facilitate rapid and effective intervention when it does; and to change society's attitudes so domestic violence is not tolerated.

The House Of Ruth Maryland's children's program is a national leader in helping children heal from the effects of domestic violence. Through support and education in a unique family environment, we promote the respect and self-sufficiency needed to break the cycle of domestic violence. Our efforts help to prepare the youngest victims of violence to be productive students, employees and members of their communities.

The House of Ruth Maryland provides an environment where victims of domestic violence can find the help and support they need to start rebuilding their lives. While in our care, women and their children receive needed services regardless of their ability to pay. These services include: emergency housing and meals, childcare, information about domestic abuse, group and/or individual counseling and referrals to community services.





## House Of Ruth Maryland Timeline

**May 1977** - The House Of Ruth Maryland is founded.

**November 1977** - Baltimore's first crisis shelter, the House Of Ruth Maryland, opens in November. The shelter for domestic violence victims is set up in a row house on North Calvert Street, staffed by one paid employee and managed by a voluntary Board of Directors.

**1978** – House Of Ruth Maryland receives its first public funds in 1978 from the Department of Human Resources, through legislation that calls for the development of a model shelter program. Three employees are added to the House Of Ruth Maryland staff through CETA, the Comprehensive Education and Training Act. Also, the city of Baltimore donates a row house to the House Of Ruth Maryland for one dollar a year through the efforts of City Councilwoman Mary Pat Clarke.

**1979** - Grants from local foundations support additional staff positions to assist in volunteer coordination and fundraising.

**1981** - The House Of Ruth Maryland develops a Housing Counseling Program as a national demonstration project funded by the U.S. Department of Housing and Urban Development. Also in 1981, the Department of Human Resources' Training and Employment Office provides funding for an Employment Counseling Program. In 1981 and 1982 the Law Enforcement Assistance Program provides House Of Ruth Maryland with the necessary funding to initiate our Children's, Legal Advocacy, and Batterers' Programs.

**1983** - The House Of Ruth Maryland Batterers' Program expands its voluntary treatment of batterers to include a court-ordered program. In an effort to provide a public forum for national discussion, the House Of Ruth Maryland sponsors the first national conference on "Working with Batterers: Models of Treatment and their Effectiveness."

**1984** - The House Of Ruth Maryland begins providing legal representation to battered women through the Domestic Violence Legal Clinic. Since its inception, the Legal Clinic has lobbied for legislation to provide legal protection education in Baltimore City secondary schools. Several Project Help grants have enabled House Of Ruth Maryland to teach battered women and their partners effective parenting skills. Children in shelter are provided with sexual abuse prevention education. Adolescents-at-risk are counseled on dating violence and recognizing unhealthy relationships.

As grants expire, the House Of Ruth Maryland raises sufficient funds to maintain and expand these programs that are now a part of the shelter's core services.

**1985** – House Of Ruth Maryland launches a Capital Campaign to renovate a facility large enough to consolidate all of the programs and serve thousands of additional families each year. At this time, the House Of Ruth Maryland operates out of three row houses. As each program



continued to grow and the demand for shelter increased, the need for a larger facility became apparent.

**1987** - The House Of Ruth Maryland opens the doors of its Montebello facility in November of 1987 after successfully raising the \$1.2 million needed for renovations. For the first time in ten years, the location of the House Of Ruth Maryland becomes public.

Also in 1987, after much self-evaluation, the House Of Ruth Maryland Batterers' Program abandons its therapeutic model of treatment and adopts the Duluth educational curriculum for working with batterers.

**1992** – The Women's Counseling Program receives a grant from Victims of Crime Assistance (VOCA) and opens a Victim Advocacy office in the District Court House in Baltimore City. The Victim Advocate accompanies battered women through each legal step when filing for ex partes against their abusers.

**1993** - The House Of Ruth Maryland increases its accessibility to victims by opening a legal office in Prince George's County. The decision to open the clinic was made in direct response to the unprecedented increase in the number of requests for legal representation made to the Baltimore clinic by victims from Prince George's County. The new clinic office in Hyattsville is made possible through funding from the Maryland Legal Services Corporation.

**1998** - A Court Monitor position is established at the East Side Court to observe proceedings and to conduct intake interviews at the court.

**November 1998** - A new shelter opens which enables the House Of Ruth Maryland to expand services and programs. The House of Ruth Maryland now has a capacity of 84 beds and has five apartments for transitional housing.

**1998 & 1999** - Legal offices open at the Eastside District Court, the Hyattsville Courthouse and the Upper Marlboro Courthouse

Today the House Of Ruth Maryland is recognized as Maryland's most comprehensive domestic violence center and has a staff of ninety. Our voluntary leadership consists of a 28-member Board of Directors and an Advisory Committee.



# Creating a Children's Program



## **Using the House Of Ruth Maryland as a Guide: Setting Up a Children's Program**

### **Summary:**

Regardless of the size of your residential program, the profile of the women you work with, or the breadth of your resource base, you can still develop and operate a quality program for children who have experienced trauma. This ToolKit includes information and materials that can help you get started. Its design lends itself to using components individually or in combination. You can easily customize it to meet the unique needs of your program.

The prospects of adding or expanding children's services may seem daunting, especially if you are already short on money and staff time. We hope the material we have provided creates a pathway for you to overcome these, and other, barriers.

In this section, you will learn how the House Of Ruth Maryland Children's Program developed, and ways to apply our learning experience to your own.

### **House Of Ruth Maryland Children's Program:**

A brief description of why House Of Ruth Maryland decided to start a children's program and how the program has evolved over time.

### **Children's Program Philosophy:**

The House Of Ruth Children's Program Philosophy may serve as a template or example in developing your own program philosophy.

### **Worksheet: Starting Your Own Children's Program:**

This worksheet is an important first step in understanding the abilities and needs of your existing organization.

### **Challenges:**

Common challenges in developing a children's program, and our experience addressing these challenges.



## House Of Ruth Maryland Children's Program

Each year thousands of children are traumatized at the sight of their mother being abused by an intimate partner. Many of these children have themselves been physically abused. The cognitive, emotional, and behavioral effects experienced by children who witness domestic violence are well documented. These effects manifest in feelings of anxiety, guilt, anger and helplessness. They result in developmental delays, learning disabilities, aggressive or withdrawn behavior, substance abuse and premature sexual activity. Without intervention these children are too frequently at increased risk of suicide, further victimization or taking on the role of the abuser.

When the House Of Ruth Maryland shelter for battered women began providing services to children, the primary focus was on therapeutic services for children. It was some years later before the next program component – child care – was added. Until then, women in shelter were required to supervise and care for their children at all times. They had to take their children with them everywhere they went, no matter how cumbersome or counterproductive for mom, boring or inappropriate for children. The impetus to provide child care services was the need for women to be able to accomplish more during their shelter stay. While our initial response to this need involved little more than periodic babysitting, it generated several important realizations: children wanted to come to child care and enjoyed being there; staff gained insights and knowledge about the children and their mothers from time spent in child care; and we needed to expand the child care service we were providing. Our next step, *Little People by Appointment*, was a drop-in child care program. With expanded hours of service, child care was now available to women who needed time away from their children for therapy and other appointments or to look for a job or housing.

Along with child care and therapeutic services for children came a path-altering realization. Our program, like many other domestic violence shelters that began operation in the late 1970's as an outgrowth of the feminist movement, had dealt with children as an accessory to their mothers. This is to say, we hadn't addressed their needs in a particularly thoughtful way. We quickly came to recognize the importance of offering a nurturing, child-centered environment that was responsive to the needs of children in our care.

A decision in the mid-90's to build a new, larger shelter provided the opportunity to expand our children's services. We had the luxury of redesigning our program for children and the ability to tailor program areas for children of different age groups. The time was right to move our child care services to the next level so we began to design a developmental preschool program.

After moving into the new shelter in the fall of 1998, implementation of the enhanced children's program was stymied by the demands of the move and the increase in scale of the new shelter (four times the square footage, three times the number of children, twice as many women residents, and twice as many staff). We found ourselves having to rebuild our program infrastructure to accommodate all of these changes. It took another 18 months to get our developmental preschool program in place. By then we had hired a Lead Teacher and four



Assistant Teachers, were providing full-day childcare (7:00am-8:30pm Monday through Friday), and were operating the Developmental Preschool Program five mornings a week. By the fall of 2000 the redesigned Children's Program, now operating under the managerial leadership of a clinical social worker who also functioned as a member of the shelter management team, was fully implemented.

Today, women in shelter who are trying to be the best possible parent receive encouragement and lots of support. They are urged to spend time in the Child Development Room playing with their children and volunteering as Teacher's Aides. They see child care staff modeling positive discipline and receive education about appropriate expectations of children based on their developmental stage. Mothers have the opportunity to be actively engaged with their child's therapist and to support their efforts to process feelings about the violence, leaving home, their fathers. And importantly, they learn how to be effective advocates for their children, be it with school personnel, community service providers, or shelter staff.

Our children's program strives to help children heal from the effects of domestic violence. Through support and education in a unique family environment, we promote the respect and self-sufficiency needed to break the cycle of domestic violence. Our efforts help prepare the youngest victims of violence to be productive students, employees and members of their community.



## Children's Program Philosophy

The House Of Ruth Maryland Children's Program advocates for the safety and protection of children living in violent homes, assesses and addresses the needs of children in the shelter in the areas of health, mental health, safety, age appropriate development and education, and provides parenting education and support to women in shelter who are mothers.

First and foremost, we believe that a **child's mother is in the best position to make decisions for her child** when presented with all available options. Despite the fear and stress in their own lives, women in shelter want their children to thrive. They will be in the lives of these children long after they leave our temporary shelter. One of our greatest gifts to children is to respect and help their mothers in their effort to be effective parents.

We believe that the **mothers and their children are strong, brave, resilient survivors**. We must help them see and develop this part of themselves.

We believe that **structure and routine are important** for children. Children who have lived in chaotic, violent homes have experienced more than enough upheaval and trauma. A predictable structure and routine within the shelter program provide the sense of comfort and security that children need.

We believe that **the more we can do for a mother, the better off her children will be**. Every woman eventually leaves shelter. Those who attend parenting education and support group, address health and mental health issues, and establish an income are prepared to be self-sufficient.

We believe that **parenting education and support are critical**. Women are often unaware of the effects of domestic violence on children's health, mental health and development. They often do not have the physical energy or emotional reserves to parent consistently and effectively immediately after leaving an abusive relationship. A mother's authority and self-confidence may have been undermined and eroded by her abuser. It is predictable that she may require help to establish parental authority, acquire effective parenting skills, and build self-esteem.

Finally, we believe that **children should be children**. For many children, life in a domestically violent home meant curbing their natural exuberance and curiosity. Some children have taken care of siblings at a young age, cooked family meals or attended to the needs of their parents. They may have feared that making noise or asking questions would result in another angry outburst at them or their mother. We want children in our care to experience the joy of being a child. It is our job to offer them opportunities to explore, create, and play.







- How long do families stay in your program? How does the average length of stay influence programming opportunities and challenges?

- What are your clients' (mothers and children) greatest needs?

Which of these needs can you reasonably address, either directly or in collaboration with others?

- What services are you currently providing?

Do you have a good assessment of your current services that can inform the design/development of new or enhanced services? If not, what would it take to conduct such an assessment?

- How much community support do you have? What is your track record in building partnerships and extending your service capacity through collaboration? Do you need more or better access to community partners to achieve your program goals? How might you develop these resource linkages?



- What is your staff's background and experience? Do you have individuals with clinical expertise on staff or readily available for consultation?
- To what extent do you use, or might you be able to incorporate, volunteers in your program?
- What is the culture of your organization, of your program? How will this help or hinder your program development and service delivery efforts?
- What kind of space are you working with? How does this define what you can and cannot do programmatically?
- What compliance regulations and standards must you meet and be accountable for?

We urge you to use your answers to these questions, or other questions that you develop, to start building your foundation for program development. Without a doubt, it will be a worthwhile investment.



## Challenges

Our journey in developing our children's program has not been without challenges. We have overcome and learned from every one of them. This experience leaves us better prepared to meet the inevitable, new challenges. While the following list will not inoculate you from your own challenging experiences, we offer it for perspective and as encouragement.

- **Not enough time or money? There never is!!!** Be ambitious anyway, even if you don't immediately have the resources to implement the program you envision. We started with virtually no money to underwrite any of the services we now provide. We looked for small wins, built on our successes, learned from our mistakes. We forged partnerships and collaborations. We leveraged resources and relationships. We traded on the good will of our community and the excellent reputation of the House Of Ruth Maryland. We wrote grants. We recruited volunteers. For practically every aspect of the program that we could vision, we found a way to transform it into working reality.
- **Staffing concerns? Absolutely one of the most critical issues we have dealt with!** We all know how hard it can be to hire and retain good people. We also know there is simply no way to provide quality services if staff don't have the skills and tools they need and are stressed by constant turnover. We have made staffing our highest priority. We decided it was worth our greatest effort to bring the most competent, experienced, and caring staff possible into our program! We recognized fairly quickly that we had to have a child therapist on staff, a professional who was clinically trained and sensitive to the needs and experiences of clients, who could provide consultation to case management and resident support staff, in addition to therapeutic services to clients. It took longer to figure out how to achieve the stability we needed to get our Developmental Child Care Program off the ground. The solution -- finding the right people for the job! When we created a senior position to oversee all children's services, we struck gold. That action unified the components of the children's program and integrated these services into the residential shelter program. With the right staff we are now able to address the needs of children and their mothers in a holistic, comprehensive way.
- **Not enough volunteers or staff? Use your community resources!** Find ways to make it attractive for service providers to partner with you and volunteers to join your organization. We knew we wanted to simplify access to services for women in our program. This meant offering them on-site. We also knew that we had to help families establish linkages and relationships in the communities to which they returned. Our community service partners working on-site at our shelter provide an important bridge to the network of community-based services and resources. Try partnering with universities and colleges, organizations for seniors, other non-profits to enrich your program.
- **Not sure it is worth investing in programming for children who may be in your program only a short amount of time? We weren't sure either, and neither were our funders!** Our experience has affirmed our belief that it is definitely worth the incremental cost to enrich even basic services, like child care. Admittedly, we have had



to design interventions sensitive to varied lengths of stay and linkages to community-based services to ensure continuity. We have also designed an evaluation of our children's services to assess their impact, including the correlation between length of stay, level of services provided, and outcome. As we await empirical data to affirm our perspective, we continue to use each day as an opportunity to build on the strengths of even the youngest shelter residents.

- **Feeling confused or daunted by the thought of developing measurable outcomes to assess program impact and effectiveness. Don't be!** There's a growing body of knowledge and information available that you can draw on to support your work in this area. We have learned the language of outcomes measurement and are becoming increasingly comfortable with the process. Beyond the fact that funders want this from us (more and more it is a precondition for grant awards), *we* want to know whether our efforts are paying off! The best advice we can offer is, get started, use what others have developed to help you, be realistic about your starting point, and begin by looking for simple outcomes.
- **No infrastructure to support the program you envision?** Use this **ToolKit!** It contains information that can help you get started. You can adopt or adapt the materials. Either way, they offer you a leg up on building your program framework.



# Employment and Internships



## **Employment & Internships**

**Summary:** Program staffing relates directly to organizational mission, program purpose, the presentation and needs of the client or customer, and available resources (both monetary and other). The size and geographical location of the program or organization will bear on options and decisions related to staffing. The following information is based on staffing of the House Of Ruth Maryland Children's Program. The job descriptions and sample advertisements contained in this section may be adapted for your staffing needs.

**Organizational Chart:** The organizational chart for the House Of Ruth Maryland Children's Program.

**Children's Program Staff:** An overview of program staffing along with job descriptions and sample advertisements:

- Child Therapist Supervisor Job Description
- Child Therapist Advertisement
- Child Therapist Job Description
- Children's Services Manager Job Description
- Lead Teacher Job Description
- Assistant Teacher Job Description

**Children's Program Interns:** An overview of the House Of Ruth Maryland approach to student interns and their job descriptions:

- 1<sup>st</sup> Year MSW Student Intern Job Description
- 2<sup>nd</sup> Year MSW Administration Student Intern Job Description
- 2<sup>nd</sup> Year MSW Clinical Student Intern Job Description



## Organizational Chart

**Children's Services Manager**

### **Child Development Staff**

Lead Teacher  
Assistant Teacher (2 FT)  
Assistant Teacher (2 PT)  
Teacher's Aide (1 PT)  
Relief Child Care Workers  
Undergraduate Student Interns  
Volunteers

### **Clinical Staff**

Child Therapist  
Graduate Student Interns



## **Encouragement for Children's Program Staff**

What motivates most people to work hard and stay with an agency is how appreciated they feel and how competent they feel in their job. In times when money is scarce, staff development and training become even more important.

It is important that all staff in a program know what the mission and philosophy are and what part **they** play in achieving the goals of the program. Initial training is very important in making the new staff person feel welcome and acculturating them to the agency.

Professional staff need to maintain their licenses hence many people will feel it is important and desirable to increase their level of education or upgrade their skills once on the job. If the agency can support their efforts by either allowing them time from work to attend conferences or classes or by paying all or part of fees and tuitions staff will be more satisfied in their jobs and likely to stay longer.





## Job Description Outline

<b>Job Title: Child Therapist Supervisor</b>	<b>Job Code:</b>
<b>Status: Exempt</b>	<b>Job Category: Full-Time</b>
<b>Reports To: Children's Services Manager</b>	<b>Weekly Hours:</b>
<b>Dept/Prog: Children's</b>	<b>Incumbent:</b>

### QUALIFICATIONS:

MA licensed social worker, psychologist, or counselor. Min. 4 years exp. working with children at risk. Knowledge of child development, diagnoses, effects of domestic violence on children, PTSD, and trauma. Expert in short-term child/family therapy and interventions for children with behavior problems. Supervisory experience preferred. Fingerprinting and background check required.

### DUTIES AND RESPONSIBILITIES:

- Responsible for developing and delivering clinical services to child victims of domestic violence in shelter and community settings. Supervises clinical staff and student interns in the Children's Program.
- In the Children's Services Manager's absence, responsible for Children's Program oversight and coordination of day-to-day operations (clinical and non-clinical).
- Coordinates staff scheduling to ensure necessary coverage.
- Identifies opportunities to utilize volunteers, and recruits, trains, supervises, and supports volunteers.
- Conducts intake assessments with all new shelter residents who come into shelter with children, including a clinical assessment with the children. In consultation with staff and the mother, develop individualized intervention plans for each family.
- Supervises the development of treatment/service plans by Children's Program clinical staff and student interns. Monitors the implementation of plans, including case recording. Works with staff and students to ensure plans meet program standards.
- Provides crisis counseling and intervention and does safety planning with children.
- Designs and facilitates therapeutic groups for children and mothers.
- Provides one-on-one therapeutic counseling to children.
- Establish and maintains relationships with community service providers. Assists in developing interagency agreements to facilitate service access and coordination.
- Advocates to secure and coordinate services for children in shelter.
- Liaison with Child Protective Services. Coordinates mandatory reporting. Assists clients in interactions with the child welfare system.
- Assists in developing and coordinating follow up services for children and mothers leaving shelter. Informs mothers leaving shelter of follow up counseling and support offered by the program and community programs.
- Others duties as assigned.

**PHYSICAL DEMANDS:** The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to sit; use hands to finger, handle, or feel and talk or hear. The employee frequently is required to stand, walk, and



reach with hands and arms. The employee must occasionally lift and/or move up to 20 pounds. Specific vision abilities required by this job include close vision, distance vision, peripheral vision, depth perception, and ability to adjust focus.

**WORK ENVIRONMENT:** The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. The noise level in the work environment is usually moderate.

4/5/02



Sample Newspaper Advertisement for Child Therapist.

**HOUSE OF RUTH MARYLAND  
CHILD THERAPIST**

Full-time position. Provides clinical services to children of domestic violence victims living in shelter for battered women. Conducts clinical assessments, develops individualized intervention plans for children/family. Provides therapeutic counseling, advocates for community-based services and treatment. MA level/licensed social worker, psychologist, or counselor. Minimum 4 years experience working with children in a therapeutic setting. Knowledgeable about child development, impact of domestic violence on children, PTSD, and child trauma intervention. Expertise in short-term child therapy, play therapy, and interventions for children who have behavior and emotional problems due to trauma. Some evening hours required. Must demonstrate cultural competence. Finger printing and criminal background check required. Proficiency in computer use and Windows 95 required.

Send resume with cover letter indicating position of interest by 0/00/00 to:

House Of Ruth Maryland  
Human Resources Manager  
2201 Argonne Drive  
Baltimore, MD 21218  
AA/EOE



## Job Description Outline

<b>Job Title: Child Therapist</b>	<b>Job Code:</b>
<b>Status: Exempt</b>	<b>Job Category:</b>
<b>Reports To: Children's Services Manager</b>	<b>Weekly Hours:</b>
<b>Dept/Prog: Children's</b>	<b>Incumbent:</b>

### QUALIFICATIONS:

*MA level/licensed social worker, psychologist, or counselor. Four years experience working with children at risk preferred. Knowledge of child development, diagnoses, impact of domestic violence on children, PTSD, and trauma. Expertise in short term child/family therapy and interventions for children with serious behavior and emotional problems. Fingerprinting and background check required.*

### DUTIES AND RESPONSIBILITIES:

- Responsible for providing clinical services to child victims of domestic violence in shelter and community settings.
- Conduct intake assessments with all new shelter residents who come into shelter with children, including a clinical assessment with children. In consultation with staff and the mother, develop individualized intervention plans for each family.
- Provides crisis counseling and intervention and does safety planning with children.
- Designs and facilitates therapeutic groups for children and mothers.
- Provides one-on-one therapeutic counseling to children.
- Advocates to secure and coordinate services for children in shelter.
- Participates in staff meetings, including weekly clinical case review.
- Informs mothers leaving shelter of follow up counseling and support offered by the program and facilitates access to follow up services.
- Assists in developing and coordinating follow up services for children and mothers leaving shelter.
- Completes case records and client database forms.

**PHYSICAL DEMANDS:** The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to sit; use hands to finger, handle, or feel and talk or hear. The employee frequently is required to stand, walk, and reach with hands and arms. The employee must occasionally lift and/or move up to 20 pounds. Specific vision abilities required by this job include close vision, distance vision, peripheral vision, depth perception, and ability to adjust focus.

**WORK ENVIRONMENT:** The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. The noise level in the work environment is usually moderate.



## Job Description Outline

<b>Job Title: Children's Services Manager</b>	<b>Job Code:</b>
<b>Status: Exempt</b>	<b>Job Category: Full-Time</b>
<b>Reports To: Director of Programs</b>	<b>Weekly Hours:</b>
<b>Dept/Prog: Children's</b>	<b>Incumbent:</b>

### QUALIFICATIONS:

Graduate degree in Social Work, LCSW-C preferred. Minimum 4 years related experience. Experience in program design and development preferred. Knowledgeable about the impact of domestic violence on children, family systems, child development, and parenting socialization techniques. Supervisory experience. Fingerprinting and background check required.

### DUTIES AND RESPONSIBILITIES:

- Responsible for developing the program content and structure and for the day-to-day operation of the therapeutic and non-therapeutic components of the Children's Programs.
- Supervises child care staff, counselors, interns and volunteers assigned to the program. Coordinates scheduling to ensure program coverage.
- Coordinates Children's Program intern and volunteer recruitment and utilization, including identifies opportunities to use interns and volunteers, cultivates contacts for recruitment, trains, supervises, and provides support.
- Identifies opportunities for program enhancement and expansion. Assists in developing funding proposals.
- Participates in Weinberg Center Management Team. On call for emergencies.
- Supervises Lead Teacher to create developmental curricula, daily lesson plans and activity schedules for the childcare program, including programming by age groups and activities for mothers and children.
- Oversees the day-to-day operation of the child development programs, enrichment programs, playrooms, and recreational areas. Ensures supervision, sanitation, and safety standards are met.
- Program liaison with Child Protective Services. Coordinates with other staff, maintain required records.
- Program liaison to schools concerning transportation arrangements, school enrollment, problem resolution.
- Conducts developmental assessments of children. Consults with mothers about strategies for children with special needs. Makes referrals and advocates for specialized consultation and service.
- Contributes to the development of individualized service/treatment plans for children and their mothers. Provides information on child's developmental abilities to staff and mothers.
- Establishes and maintains relationships with community service providers. Assists in developing interagency agreements to facilitate service access and coordination.
- Participates in staff meetings, including weekly clinical case reviews and Weinberg Center Management Team meetings.
- In consultation with the Child Therapist and working collaboratively with the Lead Teacher, maintains a written 'policy and procedures manual' that reflects standards and best practices for the Children's Program. This includes drafting new procedures and related



review, approval and implementation processes, and periodic review and updating of manual.

- Completes case records and client database forms. Monitors program client files to ensure they meet program standards.
- Maintains program records as required. Assists in preparing reports and compiling statistics as necessary.
- Oversees program staff utilization of Client Information System. Facilitates resolution of problems. Identifies opportunities for program refinement or new application, including assisting in the development of program output reports.
- Participates in establishing and updating program performance standards and outcome measures. Monitors key performance indicators. Takes action to meet performance goals.
- Identifies areas for staff development. Develops and implements plans for in-service training for program staff. Assists in training volunteers, students and new staff, including assisting in the development of training materials.
- Other duties as assigned.

**PHYSICAL DEMANDS:** The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to sit; use hands to finger, handle, or feel and talk or hear. The employee frequently is required to stand, walk, and reach with hands and arms. The employee must occasionally lift and/or move up to 20 pounds. Specific vision abilities required by this job include close vision, distance vision, peripheral vision, depth perception, and ability to adjust focus.

**WORK ENVIRONMENT:** The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. The noise level in the work environment is usually moderate.



## Job Description Outline

<b>Job Title:</b>	<b>Lead Teacher</b>	<b>Job Code:</b>
<b>Status:</b>	<b>Exempt</b>	<b>Job Category: Full Time</b>
<b>Reports To:</b>	<b>Children's Services Manager</b>	<b>Weekly Hours:</b>
<b>Dept/Prog:</b>	<b>Children's</b>	<b>Incumbent:</b>

### QUALIFICATIONS:

High school diploma or GED equivalent with 90 hour Child Development Certification (CDC) required. Associates degree in Early Childhood Education preferred. Experience in management of childcare/daycare setting. Knowledge of daycare regulations. Demonstrated ability to manage emotionally traumatized children as part of a team. Background providing care for infants, toddlers and elementary-age children. Good writing and speaking skills. Ability to work with people of diverse backgrounds essential. Understanding of domestic violence and effects of violence on children required. Ability to educate and coach mothers in effective parenting, i.e., understanding developmental stages, discipline & nurturing. Proficiency in Microsoft Word helpful. Fingerprinting and background check required.

### RESPONSIBILITIES & DUTIES:

- Responsible for the day-to-day administration and management of Child Development Program to include child care services and the developmental preschool.
- Trains and supervises assistant teachers, aides, interns and volunteers in the child development room.
- Schedules staff to ensure daytime and evening coverage; serves as substitute childcare provider as needed
- Ensures cleanliness, proper arrangement, organization and stimulation in indoor/outdoor learning environments.
- Effectively mediates disputes between children and staff, mothers and other caregivers.
- Contributes to weekly Case Reviews; shares relevant observations of child behavior.
- Implements preschool/school readiness curriculum according to grant provisions and program goals.
- Assesses and evaluates children's development; maintains records charting progress.
- Serves as part of children's program team; works cooperatively with Therapists and Case Managers.
- Assists in planning, monitoring and oversight of special programs and events for children and families.
- Directs housekeeping and maintenance staff to improve infection control to ensure sanitation of child development rooms.
- Works with food service staff to provide nutritious, well-balanced healthy snacks and meals.
- Recruit, train, monitor and provide support for Resident Volunteers in child development room.
- On call for emergencies. Provides assistance and consultation to staff for child-related problems.
- Completes and submits thorough information for data collection (CIS) and grant purposes.
- Participates in establishing and updating program performance standards and outcome measures. Monitors key performance indicators. Takes action to meet performance goals.



- Identifies areas for staff development. Develops and implements plans for in-service training for staff. Assists in training volunteers, students and new staff, including development of training materials.
- Develops, updates and maintains written program materials reflecting childcare policies and procedures.
- Ensures necessary and appropriate posting of signs and notices.
- Assists in inventory of child development and educational materials, the purchase and recording of supplies.
- Coordinates children's donations (receipt, sorting, storage and distribution).

**PHYSICAL DEMANDS:** The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to sit; use hands to finger, handle, or feel and talk or hear. The employee frequently is required to stand, walk, and reach with hands and arms. The employee must occasionally lift and/or move up to 20 pounds. Specific vision abilities required by this job include close vision, distance vision, peripheral vision, depth perception, and ability to adjust focus.

**WORK ENVIRONMENT:** The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The noise level in the work environment is usually moderate.





## Job Description Outline

<b>Job Title: Assistant Teacher</b>	<b>Job Code:</b>
<b>Status: Non-Exempt</b>	<b>Job Category: Part Time</b>
<b>Reports To: Lead Teacher</b>	<b>Weekly Hours:</b>
<b>Dept/Prog: Children's Program</b>	<b>Incumbent:</b>

### QUALIFICATIONS:

High school diploma or GED equivalent, plus 90 hour Child Development Certification (CDC). Associates degree preferred. Experience working in a childcare environment required. Job requires mobility and ability to lift and/or move up to 20 pounds. Fingerprinting and background check required.

### DUTIES AND RESPONSIBILITIES:

- Implementation of prepared daily lesson plans and activities for children.
- Assisting with orientation of children to the program.
- Helping children resolve conflicts.
- Providing nurturing and comfort to children.
- Maintaining a safe physical environment both indoor and outdoor play areas.
- Receive, sort, and store donations to the Children's Program. Maintain related records.
- Assist with administrative tasks.
- Other duties as assigned.

**PHYSICAL DEMANDS:** The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to sit; use hands to finger, handle, or feel and talk or hear. The employee frequently is required to stand, walk, and reach with hands and arms. The employee must occasionally lift and/or move up to 20 pounds. Specific vision abilities required by this job include close vision, distance vision, peripheral vision, depth perception, and ability to adjust focus.

**WORK ENVIRONMENT:** The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. The noise level in the work environment is usually moderate.



## **Children's Program Interns**

The Children's Program offers students valuable domestic violence training, a wide range of challenging assignments and rich learning experiences. Student interns are an excellent resource and, properly trained and supervised, can greatly expand program capacity and strengthen linkages to academic institutions. Graduate and undergraduate student interns can be successfully recruited through area colleges and universities, from social work, psychology, nursing, and education programs. Students selected for internships with domestic violence programs for children need to be knowledgeable about the dynamics of domestic violence, the effects of witnessing domestic violence on children, normal childhood development, and the effect of trauma on children. Additionally, students must demonstrate cultural competence and be prepared to address issues of bias and oppression as they arise in the program, with clients, staff and others.

Students' work needs to be grounded in a thorough orientation to the agency and the program, including mission, philosophy, structure, and operation. On-the-job training and regular supervision are critical and time consuming elements of the internship experience. While many relevant topics may be addressed in classroom settings, effective application in the work setting requires training and supervision by, and coordination between, both field instructor and worksite supervisor. On-the-job training for interns can be accomplished with great efficiency by taking advantage of existing learning opportunities within the organization and program, such as orientation for new employees and domestic violence education classes for clients. Students can benefit greatly from participation in peer supervision with clinical staff and in-service professional development programs for staff.

Depending on area of study and academic standing, student interns may complete child intake and assessment, co-lead or lead therapy groups, see children in individual therapy, develop training programs for childcare staff, provide childcare or case management, deliver developmental educational programs, and facilitate recreational and enrichment activities.

First year graduate social work student interns assist House Of Ruth Maryland Child Development Program staff by planning activities for children that support their therapeutic work, and offering feedback about children's trauma responses and adjustment in the classroom.

First year students also co-lead therapy groups, provide case management, make referrals to community services, and provide one-on-one support to mothers. Second year graduate social work student interns are assigned responsibilities of a child therapist, working under close supervision. They conduct intake interviews and assessments, provide individual therapy, and facilitate psycho-educational groups.

Undergraduate student interns provide more general support to the program, such as helping to develop in-service training programs for Child Development Program staff, assisting the Child Therapist with support group preparation and facilitation, co-facilitating parenting education groups, working with children in the developmental preschool and childcare programs, assisting



with case management activities, designing and maintaining informational bulletin boards throughout the shelter, helping with volunteer training, and tutoring and mentoring children.



## **HOUSE OF RUTH MARYLAND CHILDREN'S PROGRAM: SHELTER**

### **1<sup>st</sup> YEAR MSW STUDENT INTERN/BSW STUDENT INTERN**

#### Schedule

- Monday/Wednesday or Tuesday/Thursday
- Must work one evening until 9:00pm

#### Possible Duties

- Compile and submit MSDE monthly statistical report.
- Maintain and distribute up-to-date birthday list. Select birthday gifts to give to mothers to give to their children.
- Facilitate KIDSPACE and Port Discovery groups, enrichment programs for children 8 to 12 years old.
- Co-facilitate domestic violence psychoeducational groups with the Child Therapist.
- Assist staff in the Child Development Room when necessary.
- Design and maintain two parenting bulletin boards. Choose, copy and distribute relevant articles to mothers on parenting, activities, product recalls, etc.
- Mentor a school-age child who is having trouble adjusting to shelter life.
- Attend weekly (Tuesday) case review.
- Coordinate after school activities one afternoon per week.
- Meet with mothers who have asked for individual parenting assistance.
- Co-facilitate the Nurturing Parenting Education and Support Group.
- Attend weekly supervision with Children's Program Manager.
- Other tasks as assigned.

**Supervisor:** Children's Program Manager



## **HOUSE OF RUTH MARYLAND CHILDREN'S PROGRAM: SHELTER**

### **2nd YEAR MSW, ADMINISTRATION STUDENT INTERN**

#### Schedule

- Monday, Tuesday and Wednesday

#### Duties

- Assist with Children's Program evaluation data collection and data entry.
- Participate in quality assurance activities.
- Assist Children's Program Manager conduct feasibility studies on licensing of House Of Ruth Maryland day care program and therapeutic services.
- Participate in planning and development of program expansion.
- Assist staff in Child Development Room when necessary.
- Attend DV101 class series (4 sessions).
- Attend weekly clinical staff development seminar with Dr. Lindsey Daniels.
- Attend weekly supervision with Children's Program Manager.
- Other tasks as assigned.

**Supervisor:** Children's Program Manager



## **HOUSE OF RUTH MARYLAND CHILDREN'S PROGRAM: SHELTER**

### **2nd YEAR MSW CLINICAL STUDENT INTERN**

#### Schedule

- Monday, Tuesday, Wednesday
- Must work at least one evening until 9:00pm, two evenings preferred

#### Duties

- Maintain individual caseload of 5-7 child clients.
- Maintain regular contact with clients' mother.
- Co-facilitate two domestic violence psycho-educational groups with the Child Therapist.
- Complete paperwork pertaining to group and individual clients.
- Complete comprehensive interviews with parents and children.
- Attend weekly (Tuesday, 1-3pm) case review meetings.
- Assist staff in Child Development Room when necessary.
- Attend DV101 class series (4 classes).
- Attend weekly clinical staff development seminar with Dr. Lindsey Daniels.
- Attend weekly supervision with Children's Program Manager.
- Other tasks as assigned.

**Supervisor:** Children's Program Manager



# Volunteer Information



## **Volunteer Information**

### **Summary:**

Volunteers increase the human resources available to deliver program services, enhance staff efforts to provide quality services to clients, and help the agency maintain important connections to the community. Volunteer opportunities range from one time activities to more complex and challenging long-term projects. As with student interns, effective utilization of volunteers requires a significant investment on the part of supervisors and program managers. The rewards for clients, the children's program and the agency are, however, without question and well worth the effort.

### **Children's Program Volunteers:**

Advice for incorporating volunteers into your children's program, as well as sample forms, advertisements and guidelines:

- Staff & Volunteer Sign-in Form
- Volunteer Advertisement
- Volunteer Application
- Volunteer Packet
  - Dress Code
  - Volunteer Suggestions
  - Volunteer Self-evaluation Checklist
  - Volunteer Guidelines
- Teen Room Form





## **Children's Program Volunteers**

Ideal volunteer recruitment targets include colleges, universities, and other learning institutions that have service requirements for their members and students. Partnerships with corporations, businesses, religious communities and membership organizations create the opportunity to engage groups of volunteers, magnifying the impact and, in some cases, the durability of the volunteer connection.

Volunteer outreach can be readily integrated into established agency mechanisms to provide community education, cultivate interagency service and advocacy networks. Agency web sites, publications and mailings are ideal forums in which to disseminate information about volunteer opportunities. Job fairs, health fairs and community events are excellent volunteer recruitment venues and are generally eager for participation and representation from battered women's programs.

It is most important to make the best possible match between a prospective volunteer and the program, linking interest with need, aptitude with opportunity. The volunteer's skills, interests, and time commitment are obviously critical variables. Equally important are the program's needs and offering genuine opportunities for meaningful volunteer involvement.

Volunteers should be knowledgeable about the organization and program, including the mission and philosophy, and be familiar with agency policies and procedures, particularly those pertaining to client confidentiality, professional ethics and boundaries with clients, and client and staff safety. They need to feel and be prepared for their work assignment or project. Volunteer performance and satisfaction will be positively impacted by understanding the background and experience of clients, the ability to anticipate some of the challenging situations they may encounter, and knowing with whom to consult on questions and concerns. Volunteers should be educated about the dynamics of domestic violence, effects of witnessing domestic violence on children, normal childhood development, and the effect of trauma on children. Additionally, as with all personnel, volunteers must be prepared to work in an environment with individuals of diverse backgrounds.

Retention of volunteers is a common challenge. The following suggestions, most of which are rooted in common sense, are offered as the basics for retaining volunteers:

- Get to know your volunteers. Ask them what motivates them to keep coming back. Understand what it takes for them to follow through on their commitment to your program.
- Be sure volunteers are trained, demonstrate competence before working independently, and understand clearly the expectations of the job.
- Make it easy to identify and recognize volunteers by name. Encourage staff to introduce themselves to volunteers and to greet them warmly whenever possible.



- Make volunteers feel appreciated on a daily basis. Find ways that work within your organization to demonstrate publicly the contribution of volunteers, such as bulletin boards and newsletters.
- Create routines for volunteer supervision, feedback and recognition in order to ensure they take place, frequently and without an enormous drain on staff time.
- Find ways to help volunteers feel connected to the organization and its mission. Show volunteers how their work makes a difference and supports the agency, program, and/or clients.

Depending on their area of interest and the immediate needs of the Children's Program, volunteers assist teachers in the Child Development Room with activities, care for babies, play with children, work with a child one-on-one, facilitate an event, and clean, organize, and sort donations.

### **Resident Volunteers**

There is great value in involving shelter community residents, mothers as well as women who do not have children in shelter with them, in programs for children. Participation by community residents leads to greater knowledge and understanding, promotes communication, and contributes to an overall positive environment. Parents appreciate being able to observe their children in the classroom and at play. Staff can observe parents and other residents as they interact with children. They can also model positive behaviors and educate about age appropriate expectations for children.

Community residents are recruited to volunteer in the Child Development Room on a continuous basis. Parent and resident volunteers are involved in the following activities:

- Assisting with child care or the developmental preschool program.
- Helping to sort children's donations.
- Cleaning the rooms and toys.
- Assisting at mealtimes.
- Designing and creating bulletin boards for the classroom.
- Leading activities, enrichment programs and field trips.



# HOUSE OF RUTH MARYLAND

## Child Care Volunteers Needed

If you would like to spend time with one or more very special children, please consider volunteering with the House Of Ruth Maryland Children's Program.

Volunteers are needed to assist teachers in our Child Development Program. This child care and developmental preschool program is used by mothers who are living in our shelter residence for battered women, while they attend job readiness programs, school, work, court and health related appointments.

### **Volunteer Duties and Responsibilities**

- ◆ Provide nurturing and comfort to children.
- ◆ Maintain a safe physical environment.
- ◆ Assist teachers implement art activities.
- ◆ Play with children.
- ◆ Assist with diapering, feeding and nap time.

### **Background check and clearance required.**

Contact (Name) (Phone) to volunteer or for further information.



## Volunteer Application

Name: Mr/Ms \_\_\_\_\_  
(Last) (First) (M.I.)

Date of birth: \_\_\_\_\_

Address \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip)

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_

Employer: \_\_\_\_\_ \ \_\_\_\_\_  
(Company) (Position/Title)

Business Address \_\_\_\_\_ \ \_\_\_\_\_  
(Phone No.)

Have you ever held a volunteer position?  No  Yes Where? \_\_\_\_\_

What were your responsibilities? \_\_\_\_\_

\_\_\_\_\_

What attracted you to the House Of Ruth Maryland? \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony?  No  Yes Please explain \_\_\_\_\_

\_\_\_\_\_

Do you have previous domestic violence experience?  No  Yes

Please describe \_\_\_\_\_

\_\_\_\_\_

Please check volunteer services that interest you  Operations Assistant  Hotline Counselor

Child Care Assistant\*  Front Office Assistant  Data Entry/Office Worker  Legal or Victim

Advocate  Shelter Assistant  Speakers' Bureau

(\*Volunteers for the children's program must obtain a background check at own expense.)

When are you available to volunteer? \_\_\_\_\_  
(Time of Day) (Day(s) of week) (How often per month)



What skills, training or knowledge do you want to utilize at House Of Ruth Maryland? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give an example of a crisis situation in which you were involved in. How did you handle it? What was the outcome?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give an example of a time that you have worked with people from different ethnic and socioeconomic backgrounds. How did you feel?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our clients may have values and beliefs quite different from your own. Some of our off site events might be in areas which are unfamiliar to you. Please describe why this will or will not present a challenge for you as a volunteer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide three personal or professional references:

Name	Phone No.	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I hereby certify that this application is true to the best of my knowledge, information and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:** ACCEPTED \_\_\_\_\_ DECLINED \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## **HOUSE OF RUTH MARYLAND CHILDREN'S PROGRAM: SHELTER**

### **Dress Code for Volunteers**

We ask volunteers to present themselves in a casual, professional manner. Every person who works in the shelter is a role model for the women and children who stay here. Appearance is one aspect of modeling.

- Dress in clean, neat, comfortable clothing.
- Do not wear sweat suits, exercise gear, or clothing that is sheer or otherwise revealing. Short shorts and cropped tops are not acceptable.
- Clothing with holes, including blue jeans, is not acceptable. T-shirts with pictures and/or words are fine, as long as the subject matter is in good taste.
- Do not wear clothing that cannot be easily cleaned if soiled.
- Shoes are required. Sneakers and other shoes that provide good support are recommended. "Flip-flops" are not appropriate.



## **SUGGESTIONS TO ENHANCE CHILD/VOLUNTEER RELATIONSHIPS**

1. Respect the child's feelings.
2. Never reject a child by turning away from him/her when they are speaking to you, pushing them away or ignoring him/her when they are trying to show you something they are proud of and want you to see.
3. Never criticize or reprimand a child in front of others.
4. Use a positive approach at all times, such as encouragement and praise.
5. When talking to children, get down on their level and make eye contact.
6. Keep your voice low, clear, and firm, rather than shouting or raising your voice. Never yell across the room.
7. Avoid being placed in a defensive position by arguing, negotiating, or making deals with a child. Be clear about things that are simply not open for discussion and then be kind, clear and consistent.
8. When addressing inappropriate behaviors discuss the action(s) not the personality trait.
9. Help us create an environment that is stimulating and child-friendly. Let us know your ideas about how we can enhance the Child Development Room.
10. Relax, have fun, and stay calm. Children respond to this. Nervous energy can be unsettling to them.



## LEARNING FROM THE HEART CHECKLIST

*Place a check mark on the line in front of each question to which you can answer “yes”.*

### FOCUS ON THE KIDS

- Have you asked the children what they would like to do or explore?
- Do your activities focus on the children's interests?
- Have you involved the children in planning the activities?
- Are you familiar with the ages of the children in your group?
- Are your activities FUN?

### MAKE IT MEANINGFUL!

- Have you provided a variety of age-appropriate experiences for the children?
- Do your activities include hands-on experiences?
- Are you building on the children's strengths?
- Are you stimulating the children to think about the life skills they are learning?
- Have you developed questions for the children to encourage them to express how they feel about their experiences?
- Have you encouraged the children to think about ways to learn more?

### ENCOURAGE CHILDREN TO SHARE!

- Have you included informal opportunities for the children to share what they have learned from their experience with others in the group?
- Have you encouraged the children to think about ways they can formally share what they have learned?
- Have you encouraged the children to think about different places they can share what they have learned (for example, at the fair, in a school newsletter, or in a demonstration to other children)?

If you have answered “yes” to all of these questions, congratulate yourself! You are truly “child-centered” when you work with kids! If you answered “no” to any of the questions, think about what you might do differently that would allow you to change your response to “yes”.





# **HOUSE OF RUTH MARYLAND CHILDREN'S PROGRAM: SHELTER VOLUNTEER GUIDELINES**

## **Beginning your time in the Child Development Room:**

1. Sign-in (the purple Volunteer binder is located in the Office Equipment Room).
2. Come into the Child Development Room and note how it is organized for the night. If you are doing a special pre-planned activity, set it up in the appropriate area. Remember no activity is ever wasted. If you have more materials than children, the left over will be used at another time.

## **Ending your time in the Child Development Room:**

1. Clean up before leaving. Invite the children to help you!
2. Sign-out.

## **Program Rules:**

This is a SAFE HOUSE. Our rules have been made to ensure that all the children are safe and healthy. We have as many as 50-60 children in shelter on any given day. In order to be fair to everyone, we must all follow the same guidelines.

1. Children may be in the staff offices only with permission of and in the presence of a staff member.
2. There is no hitting or hurting other people at the House Of Ruth Maryland. Children may not hit, bite, push, pinch, or be verbally abusive towards adults or other children. Neither may adults.
3. If a child is engaged in disruptive behavior, and you are unclear how best to handle the situation, ask a House Of Ruth Maryland staff person to intervene.
4. Ask a staff person to assist if a child's diaper needs to be changed. Volunteers do not change diapers.
5. If a mother comes in with medications for her child, do not accept them. Redirect the mother to a staff person.





# **Policies and Procedures**



## **Staff Procedures**

### **Summary:**

Staff procedures and guidelines to establish uniform practices for staff.

### **In this section:**

Procedures for Confidential Cases  
Accident/Incident Report  
Guidelines for Children  
Teens in Shelter  
Discipline Policies



**HOUSE OF RUTH MARYLAND  
CHILDREN'S PROGRAM**

**POLICY:** Confidential Client Files

**PURPOSE:** To establish uniform guidelines for protecting the confidentiality of all clients.

**DATE:** 6/20/02

**PROCEDURES**

**A. Children's Files**

1. All children's files will be kept in a file cabinet in the locked office of the Children's Services Manager. Children's Program clinical staff and management team members have access to these files.
2. All information generated by and about the child will be kept in the child's file and filed within one week of receiving it.
3. All client information, progress notes, and paperwork are confidential. Confidential material will be removed from view of any staff or client who does not have access.
4. Mothers are entitled to read their child's file. Files must be read in the presence of a clinical staff person. Mothers will be informed before reading the file that items from the file may not be removed and cautioned that mothers do not always agree with information recorded in the file. Clinical staff will answer any questions the mother has pertaining to the file.
5. The Children's Services Manager will inform clients at Shelter Orientation about access to their child's case file.

**B. Release of Confidential Information**

1. **All information about a child's stay, their situation, and identity is confidential except in the following situations:**
  - a. As required by law, a report of child abuse or neglect, made to the appropriate authorities.
  - b. As required by law, a social worker judges a client to be a danger to their self or to others.
  - c. The parent signs a Release of Confidential Information form.
  - d. The House Of Ruth Maryland is required to show auditors or funders, who agree to also keep information confidential.
  - e. The House Of Ruth Maryland receives and is unable to quash a subpoena.



**2. Mothers are informed of the limits of confidentiality at Shelter Orientation and during the Comprehensive Interview.**

3. The Release of Confidential Information form must be signed by the child's mother. All release forms are filed in the child's confidential case file.
4. A partial or full client case file may be released only after the mother meets with the Children's Services Manager to discuss the pros and cons of releasing confidential information and the mother signs a Release of Confidential Information form.

**C. Meetings with Mother and/or Child**

1. All client meetings will be conducted in a location that affords privacy.
2. Clients attempting to discuss confidential information in public locations will be asked to delay the conversation until a private space can be secured to talk.
3. If a mother or child discloses information that cannot be held confidential to a staff member, the staff member will inform/remind the client of the limits of confidentiality and duty to report the information. The only exception, to be determined by the Child Therapist or Children's Services Manager, is if telling the parent would put the child at further risk. For example, a child discloses that his mother has been hurting him and the therapist believes that the mother may take the child out of shelter before the police could come out to interview her.
4. Any mother or child who wishes to have another individual accompany them to a private meeting will be informed of the impact this has on their confidentiality and possible consequences such as the other person telling another resident in shelter what was discussed.

Related Forms: Authorization and Consent for Release of Confidential Information form

Distribution: Children's Program Staff ; Interns



## **HOUSE OF RUTH MARYLAND CHILDREN'S PROGRAM: SHELTER**

**POLICY:** Accident / Incident Report

**DATE:** 3/13/02

**PURPOSE:** To document the facts.  
To create a written record for use as a communication tool.

### **PROCEDURE**

1. An Accident/Incident Report form will be completed to document the following:
  - a. accident or injury to a child or Children's Program staff;
  - b. violation of a cardinal rule including violence, violation of confidentiality, use or possession of drugs/alcohol, stealing, and fire safety; and
  - c. other situation that, in the judgement of a staff member, warrants documentation in this fashion.
2. The Accident/Incident Report form will be completed by the staff person most immediately involved in the incident.
3. Copies of the form will be distributed (placed in mailbox) to the immediate supervisor, Children's Services Manager and Residential Clinical Director.
4. The immediate supervisor is responsible for the following:
  - a. review of the accident/incident, including speak with involved parties if appropriate;
  - b. action to address the situation, including consultation with their supervisor as needed;
  - c. document the outcome of their review, including any actions taken, on the Accident/Incident Report form; and
  - d. notification of the Children's Services Manager about the accident/incident and actions taken.
5. The Children's Services Manager will take appropriate steps if further action is needed and will determine whether it is appropriate to place a copy of the Accident/Incident Report in the Chart Notes section of the Log Book, based on whether staff have a general need to know about the accident/incident.
6. If the accident/incident involves a community resident, a copy of the form will be placed in the client case file.
7. A copy of all forms documenting accidents and injuries will be retained in the Accident/Incident Report binder which is kept in the Children's Services Manager's office.



# HOUSE OF RUTH MARYLAND CHILDREN'S PROGRAM: SHELTER ACCIDENT/ INCIDENT REPORT

*This form is to be completed by the staff person most immediately involved in the incident. Use back of page if additional space is needed.*

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Child Name** \_\_\_\_\_

**Parent Name** \_\_\_\_\_

- Time/location of accident/incident
- Description of accident/incident (include names of individuals who witnessed or were involved)
- Nature of any injuries/how treated
- Action(s) taken

**Completed by** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

*Supervisory Review (include status; follow up required; actions taken)*

*Name* \_\_\_\_\_ *Date* \_\_\_\_/\_\_\_\_/\_\_\_\_

**Copies to: Immediate Supervisor, Children's Services Manager, Residential Clinical Director**





The following are guidelines that we can remember and follow when interacting with children.....  
to teach them respect, help improve their behavior and positively affect their living and learning experience.

1. Use quiet voices.
2. Always walk indoors and encourage your children to walk also.
3. If there is no immediate danger, walk over to your child to speak with her/him instead of yelling at them from a distance.
4. When angry, lower your voice rather than raise it.
5. Use kind language. Praise more than you fuss or scold.
6. Play outside as much as possible.
7. Never call children names like lazy, hard-headed, stupid, brat, or label them as "bad". All children do bad things occasionally. The focus, or the label, needs to be on the behavior, not the child.
8. Close doors quietly.
9. Always make eye contact.
10. Help your child learn to keep their environment clean and orderly by picking up their toys with them and keeping your things picked up as well.
11. Provide a predictable, consistent environment to every extent possible. Chaos can be very upsetting for children.
12. Apologize when you have made a mistake.
13. Never leave a child alone.
14. Do not use any form of physical punishment.
15. Always remember that healthy children of all ages will:
  - Get dirty
  - Act out
  - Make a mess
  - Be curious
  - Pick at their food and language
  - Imitate adult behavior
  - Ask lots of questions
  - Test you
  - Expect you to do what you say you will do
  - Think they are the center of your world
  - Expect love and affection



## **House Of Ruth Maryland Shelter Program Adolescent Privileges & Responsibilities Guidelines for Youth 15 to 18 Years Old**

Welcome to the shelter! Staying here can sometimes be hard for teenagers because the shelter has rules that are probably different from what you're used to at home. At your age you're not a child, but you aren't old enough yet to be living on your own. With your mother's approval, you may be granted privileges that give you some independence from constant supervision by an adult while you're living in shelter. **With these privileges come responsibilities and you have to be willing and ready to accept these.** It's up to you whether you will follow the shelter rules. If you decide not to, you will be ineligible for adolescent privileges and you will be required to be with an adult at all times, as are the younger children.

*The following privileges are available to you, again, with the permission of your mother and approval of the staff:*

1. Youth 15 and older are eligible for all privileges available to youth 12-14 years old, including: limited kitchenette use (fixing snacks, soup, and sandwiches), extended bedtime set by your mother (up to 11pm), watch TV in the living rooms without supervision. This means that you do not have to be in the child development room while your mother is in meetings. You could be in the living rooms, in your room or in the teen room.
2. You may sign out/in when leaving or returning to shelter and may leave the building without an adult. Your mother must sign her name to the Sign Out/In Sheet each time you sign out. If your mother is not or will not be in the building to do this, she must leave a note with staff in the Duty Room giving you permission to leave the building.

*There are limitations to these privileges. You may not:*

1. Use the phones without your mother's permission and then, you must limit your calls to 15 minutes.
2. Supervise younger children by yourself.
3. Be disruptive in the Child Development Room or in the shelter.
4. Be in the shelter without your mother unless there is another adult available to supervise you. Your mother must put this in writing, in advance, and inform staff.
5. Have other teens or children visit you in your room without adult supervision.
6. Hang out in the smoke room.

*The responsibilities that go with your privileges include:*

1. You will complete a daily chore, assigned by the Lead Teacher in the Child Development Room.
2. You will demonstrate maturity and be a positive role model for the other children in shelter.
3. You will maintain the confidentiality of the children and adults in shelter.
4. You will be respectful to staff, other adults, and other children in shelter.
5. You will talk with an adult if you are having difficulty living in shelter or meeting the responsibilities that go with your privileges.

*If problems or difficulties related to your privileges or responsibilities develop, the following will occur:*

1. The problem will be documented in writing.
2. A staff person will meet with you and your mother to discuss the problem.
3. A decision will be made about changes in privileges, by staff and your mother, with input from you.



**Adolescent Privileges & Responsibilities  
Guidelines for Youth 15 to 18 Years Old**  
Page 2

*At any point, your mother may revoke privileges, temporarily or permanently. Staff may likewise revoke privileges, in consultation with your mother and you. Any change to or revocation of privileges will be documented in writing on this form.*

*I understand and accept the responsibilities that accompany the privileges I am being given. I agree to be responsible and not abuse the privileges I am given. I understand these privileges may be revoked if I abuse them. My mother and I have received a copy of this form.*

Youth's Signature \_\_\_\_\_

Mother's Signature \_\_\_\_\_

Children's Services Manager Signature \_\_\_\_\_

Youth's Age \_\_\_\_\_ Printed Name \_\_\_\_\_

**Action to Modify Agreement**

Date:

Action:

Basis for Action:

Notification:  adolescent  mother  case files  Duty Room

Staff Signature \_\_\_\_\_



## **House Of Ruth Maryland Shelter Program Adolescent Privileges & Responsibilities Guidelines for Youth 12 to 14 Years Old**

Welcome to the shelter! Staying here can sometimes be hard for teenagers because the shelter has rules that are probably different from what you're used to at home. At your age you're not a child, but you aren't old enough yet to be living on your own. With your mother's approval, you may be granted privileges that give you some independence from constant supervision by an adult while you're living in shelter. **With these privileges come responsibilities and you have to be willing and ready to accept these.** It's up to you whether you will follow the shelter rules. If you decide not to, you will be ineligible for adolescent privileges and you will be required to be with an adult at all times, as are the younger children.

The following privileges are available to you, again, with the permission of your mother and approval of the staff:

1. Limited kitchenette privileges, including fixing snacks, soup, and sandwiches.
2. Extended bedtime set by your mother (up to 11pm). During the school year, you must be in your own room by 10:00pm Sunday-Thursday, even if your mother stays out later than that.
3. Watch TV in the community living room without supervision.
4. You may be in your room alone if you need quiet time.
5. You may go to the Child Development Room if your mother is in a meeting in the building, to help the child care workers watch the younger children if that would be enjoyable to you.
6. Your mother may entrust you with her room key for the day.

*There are limitations to these privileges. You may not:*

1. Use the phones without your mother's permission and then, you must limit your calls to 15 minutes.
2. Supervise younger children by yourself.
3. Leave the shelter without an adult and your mother's permission.
4. Be disruptive in the Child Development Room or in the shelter.
5. Be in the shelter without your mother unless there is another adult available to supervise you. Your mother must put this in writing, in advance, and inform staff.
6. Have other teens or children visit you in your room without adult supervision.
7. Hang out in the smoke room.

*The responsibilities that go with your privileges include:*

1. You will complete a daily chore, assigned by the Lead Teacher in the Child Development Room.
2. You will demonstrate maturity and be a positive role model for the other children in shelter.
3. You will maintain the confidentiality of the children and adults in shelter.
4. You will be respectful to staff, other adults, and other children in shelter.
5. You will talk with an adult if you are having difficulty living in shelter or meeting the responsibilities that go with your privileges.

*If problems or difficulties related to your privileges or responsibilities develop, the following will occur:*

1. The problem will be documented in writing.
2. A staff person will meet with you and your mother to discuss the problem.
3. A decision will be made about changes in privileges, by staff and your mother, with input from you.



**Adolescent Privileges & Responsibilities  
Guidelines for Youth 12 to 14 Years Old  
Page 2**

*At any point, your mother may revoke privileges, temporarily or permanently. Staff may likewise revoke privileges, in consultation with your mother and you. Any change to or revocation of privileges will be documented in writing on this form.*

*I understand and accept the responsibilities that accompany the privileges I am being given. I agree to be responsible and not abuse the privileges I am given. I understand these privileges may be revoked if I abuse them. My mother and I have received a copy of this form.*

Youth's Signature \_\_\_\_\_

Mother's Signature \_\_\_\_\_

Children's Services Manager Signature \_\_\_\_\_

Youth's Age \_\_\_\_\_ Printed Name \_\_\_\_\_

**Action to Modify Agreement**

Date:

Action:

Basis for Action:

Notification:  adolescent  mother  case files  Duty Room

Staff Signature \_\_\_\_\_



## **HOUSE OF RUTH MARYLAND CHILDREN'S PROGRAM**

**POLICY:** Privileges for Adolescent Shelter Residents

**Date:** 9/17/01

**PURPOSE:**

To establish uniform guidelines for privileges granted to children in shelter, 12 years of age and older.

To provide mothers with ways to teach adolescents responsibility and grant them privileges

To ensure the welfare of children in shelter.

### PROCEDURE

- A. The option of adolescent privileges and related responsibilities will be explained to the mother at the child's Intake and Assessment meeting with the Children's Services Manager.
- B. If the mother is interested in her child being considered for privileges, she and the Children's Services Manager (or designee) will meet with the child to discuss privileges and responsibilities, assess the child's readiness to enter into this agreement, review the written Guidelines for Youth: Privileges and Responsibilities.
- C. If the child expresses readiness to accept the responsibility that goes with adolescent privileges and with the mother's approval, the Guidelines form will be signed by the child, mother, and Children's Services Manager.
- D. The Guidelines form will be placed in the appropriate binder in the Duty Room. Copies will be placed in the mother's case file and the child's individual file. A copy will be given to the mother, her child, and the Lead Case Manager
- E. If the child's behavior results in the need to review or revoke privileges, the Children's Services Manager, the mother and the adolescent will meet to discuss this.
- F. Revision or revocation of privileges will be noted in client case files and on all related documents.

**Related Forms:** Adolescent Privileges and Responsibilities: Guidelines for Youth 12 Years to 14 Years; Adolescent Privileges and Responsibilities: Guidelines for Youth 15 Years to 18 Years.

**Distribute to:**

Shelter and Children's Program Clinical Staff



## TEEN CHORES

Week of: \_\_\_\_\_

Teen	Assigned Chore	Initial When Chore Completed						
		M	T	W	TH	F	S	SU

Children ages 12 years and older are assigned a weekly chore by the Lead Teacher. These chores typically involve jobs that assist the Children's Program. They are completed daily.

Chores for the week are posted on Monday morning on the community bulletin boards located in the hallways of residential areas.

Teens who are out of the building for visitation are excused from chores on the days they are not in shelter. Place an "X" on the chart above on these days.



## **HOUSE OF RUTH MARYLAND CHILDREN'S PROGRAM**

**POLICY:** Approaching Mothers About Inappropriate Discipline and Parenting

**PURPOSE:** To establish uniform guidelines for staff to follow when approaching mothers about inappropriate discipline and parenting practices.

To ensure the welfare of children in shelter.

**DATE:** 6/20/02

### **PROCEDURE**

#### **A. Definition of a Staff Person**

1. All paid and unpaid staff, including volunteers, students, interns, consultants, nurses, full and part-time staff, and relief staff.

#### **B. Definition of Inappropriate Discipline and Parenting:**

1. Demeaning name-calling, such as "stupid", "worthless", "useless", "fat", "bad".
2. Yelling, screaming, humiliating and degrading tone of voice and choice of words.
3. Cursing, either directed at a child or to express anger.
4. Physical actions or altercation, including snatching, dragging, pinching, pushing, yanking, shaking, jerking, twisting, pulling hair.
5. Emotional abuse, such as ignoring a child's needs or behaviors\*, mocking, teasing, not answering a child, pushing a child away, comparing one child to another or their father, all "shaming" comments.
6. Physical punishment or discipline, including all hitting, slapping, spanking, punching, beating, spanking, or kicking, using hand or other body part or object.

#### **C. Efforts will be made on the part of both staff and mothers to not reinforce inappropriate attention seeking behaviors by children. This approach to ignoring behavior is a therapeutic intervention and should not be confused with failing to provide care or nurturing by ignoring a child.**

#### **D. All staff will intervene in situations where a mother is seen or heard inappropriately disciplining a child.**

1. In quiet and non-threatening tone of voice, ask to speak with the mother. Example: "Excuse me, Diane, I need to speak to you for a moment."





2. Conduct the conversation out of earshot of the child, other children and residents. If necessary, arrange for an adult (staff or resident) to engage and supervise the child for the brief time of the intervention.
3. Express empathy. For example:
  - “I noticed you having a hard time getting Jaquan to eat. I know toddlers can be really frustrating at times.”
  - “I see Mandy is fussy and cranky today. That must be a real challenge with all the other things you are going through.”
  - “I see you are very upset. It’s really hard to be a mom some days.”
4. Calmly, but firmly state what you saw. For example:
  - “I noticed you yanked Darryl by the arm.”
  - “I heard you screaming from down the hall.”
  - “You were cursing when I entered the dining room.”
5. Clearly state the behavior that is unacceptable. For example:
  - “Here at the Shelter, you may not hit your son”.
  - “It is against our rules to punish children with any kind of violence.”
  - “It is not appropriate to yell at your daughter here.”
  - “In a shelter for battered women, everyone, including children, is here to heal. Harsh words and physical intimidation do not support healing or respectful communication.”
6. Suggest an alternative or ask what other things the mother might try. For example:
  - “What usually helps Derrick calm down?”
  - “What else have you tried in situations like this?”
  - “Sara wasn’t responding to what you were doing. How could we help keep her occupied to reduce her acting out?”
7. Lack of understanding of children’s developmental stages by parents is the primary cause of inappropriate parenting. It is educational and helpful to offer specific examples that are appropriate to the child in question, such as:
  - “It’s impossible for a two year old to sit still for more that a few minutes.”
  - “When seven year olds get bored, they tend to get mischievous.”
  - “It’s normal for adolescents to be sullen, moody and argumentative at times.”
  - “Babies need to be stimulated. Why don’t you put some toys in the stroller to distract her from fussing.”
  - “Three year olds tend to imitate what they’ve seen others do. They don’t quite understand about hurting others feelings yet.”
8. Praise the mother for being open and listening to you. Let her know you understand she is trying to parent effectively and that staff is available to assist her.



# Child Development Program



## **CHILD DEVELOPMENT PROGRAM**

The Child Development Program offers invaluable services to women in the shelter community who need time to concentrate on their own process of healing and renewal. The program provides a safe, accessible, educationally rich environment where mothers can comfortably leave their children. It offers the stability, safety and predictability so greatly needed by children who have been exposed to trauma.

The Child Development Program, administered by a certified Child Development Specialist includes childcare services and a developmental preschool program. Parents are invited into the Child Development Room and are encouraged to become actively involved in the programs for their children, helping to prepare materials for lessons and activities, and working one-on-one with their own and other children. Parent involvement in the program affords opportunities for staff to observe mothers interacting with their own children, provide information and informal education, and model effective interactions with children.

### **Child Care Services**

The Child Development Room is open for childcare services from 7:00am – 8:30pm, Monday through Friday. Childcare is available to shelter community residents who are employed, in school or vocational training, attending counseling, substance abuse programs, or who have other business appointments.

Application, enrollment, and weekly scheduling of childcare is designed to resemble the process a parent encounters when applying for childcare with a community-based provider. Women who enter shelter with children and who are interested in childcare or developmental preschool can complete an application for services during their intake process with a Case Manager. They then have an interview with Child Development Program staff.

The Child Development Program provides a critical service that makes possible a full activity schedule for women in residence. Each Friday mothers complete request forms to reserve childcare slots for the following week. The Lead Teacher uses these forms to plan ahead for staffing and program activities, based on the number of children to be served. Since the demand for childcare fluctuates along with shelter census demographics, the staffing schedule must be reliable and flexible at the same time. Establishing a roster of relief childcare workers who can fill in when needed has made it possible to ensure consistent service delivery irrespective of spikes in program utilization.

The Child Development Room and other program spaces for children are designed to engage the senses and stimulate children at various ages and stages. All planned activities are designed to help children achieve appropriate developmental milestones. A self-contained nursery is located in the Child Development Room, equipped with cribs and a diaper changing area. Just outside the door to the nursery is an open play area for babies who are not yet walking and need space to play, explore, and learn to crawl. The toddler and pre-school areas of the room are comfortable for floor play, reading books and relaxing. The room has a dress up area with a kitchen, an area



for circle time, and specially designated areas for play with sand, water, paints, clay and other messy art mediums.



## **Developmental Preschool Program**

The Developmental Preschool Program was established to achieve the following goals in order to help children prepare for school....academically, socially and emotionally:

- ❖ To promote each child's social, emotional, physical and cognitive development.
- ❖ To provide a safe, healthy learning environment.
- ❖ To develop problem-solving, decision-making and self-help skills.
- ❖ To promote exploration and expression of creative abilities.
- ❖ To develop positive thoughts, feelings and attitudes about school and learning.
- ❖ To help each child internalize impulse control.
- ❖ To facilitate a positive self-image as a unique and competent individual.
- ❖ To help each child learn to express thoughts and feelings in a safe and appropriate way.
- ❖ To develop a safety plan with each child that identifies community helpers, what to do in an emergency, and how to stay safe in an unsafe environment.

The Developmental Preschool is open Monday through Friday, 9:00-11:30am. All children in residence who are between the ages of 2 and 5 are invited to participate. Preschool applications are accepted by the Lead Teacher, who meets individually with each mother to discuss and finalize plans for enrolling her child. Once enrolled, mothers are encouraged to take responsibility for getting their child to preschool regularly and on time. Children who become accustomed to a consistent routine typically look forward to going to school to play and learn.

The Denver Developmental II Screening tool is administered at several points to look at a child's behavior as compared to developmental milestones, identify areas of developmental delay, and to chart developmental progress. As result of the initial screening, a child may work with a child development specialist one-on-one or in small groups with other children. The screening is also used to identify needs for referral to community-based services. The Denver Developmental II is administered for a final time when the child is preparing to leave shelter or the Developmental Preschool Program in order to attend school. The child's mother receives a final report based on this screening process.

The Preschool Program uses the Early Beginnings© curriculum based on the McMillan Learning Series (a good resource for assistance in selecting an appropriate preschool curriculum is the local Child Care Administration Office or childcare licensing agency). Weekly lesson plans focus on reading and math readiness, writing and science. During circle time the children learn about the calendar and weather. They read books and sing songs. The children participate in activities that help develop social skills, fine and gross motor coordination, and creativity.

Safety is a particularly important part of the preschool curriculum for children in a shelter for battered women. This material is covered with all students in a non-threatening, age appropriate and supportive manner. Topics covered include what to do in a domestic violence crisis situation, what to do if a stranger approaches, and what to do if left alone or lost.



## **General Policies in the Child Development Room**

### Diaper Changing

Children are checked at regular intervals throughout the day for diaper changing, roughly at 10:00am, 12:30pm, 3:00pm, 5:30pm, and 8:00pm. Staff follow the program's Diaper Changing Procedure, including completing the Diaper Changing Record for each diaper change.

### Sick Children in the Child Development Room

When deciding whether a sick child or a child who is feeling "under the weather" can come into the Child Development Room, the condition and needs of that child are balanced against the health of other children and program staff. Generally speaking, it is ill-advised for children who are sick to come to the Child Development Room. Aside from spreading germs to other children and staff, a sick child does not benefit from exposure to a room full of other children and any contagious conditions they may have. When children are sick, they have little interest in child care staff; they want and need to be cuddled and nurtured by their mother. Of special significance, child care staff cannot attend to a sick child and at the same time provide the attention and supervision needed by other children in the room.

Parents are asked to have a sick child seen by one of our on-site nurses or their pediatrician before bringing the child to the classroom. The following conditions generally preclude a child's attendance in the Child Development Room:

- Fever over 100 degrees
- Vomiting
- Diarrhea
- Severe congestion, trouble breathing
- Ear pain which causes the child great discomfort

### Medication

It is preferable for medication for children to be administered by their mother. Child care staff will, however, give prescription and non-prescription medication to children in care when necessary, after discussion with the mother, and with prior written permission from the child's mother. A medication form must be completed by the mother for all prescription and non-prescription medication. Prescription medication must be in a container labeled by the pharmacy or physician, with the child's name and expiration date recorded. The child may receive medication only according to the written instructions of the health practitioner or the instruction on the medication label.

### Meals and Snacks

Food has a special place in the Children's Program, for sustenance and for nurturance. Many children in shelter have experienced hunger and poor nutrition. Force-feeding and withholding food, tactics sometimes adopted by adults who use power and control in an abusive way, constitute child abuse and neglect. We believe that, given healthy choices, children will eat the variety and amount of food that their bodies need. Food is never withheld as a punishment and children are never forced to eat food they do not want. Children in care are provided breakfast, a



morning snack, lunch, an afternoon snack, and dinner. Children are offered an array of food choices, but are allowed to express preferences and individuality at the table.



HOUSE OF RUTH MARYLAND  
CHILDREN'S PROGRAM

**POLICY:** Child Development Room

**PURPOSE:** To provide staff with uniform guidelines to follow regarding hours of operation, child care requests and late pickups.

To provide sample letters to be given to parents when they are late picking up their children from child care.

**DATE:** 6/20/02

## PROCEDURES

### **A. Hours of Operation**

1. The Child Development Room is open from 7am to 8:30pm, Monday through Friday.
2. Child Development staff is scheduled to work until 9:00pm to allow time for parents to pick children up following support group, to clean the CD room, to straighten the children's storage rooms, and to be available to care for children if parents are late returning to shelter.
3. Any change in hours of operation will be posted on the door of the Child Development Room.

### **B. Child Care Request Form**

1. Child Care Request forms must be submitted to the Lead Teacher for signature on Friday, by noon, for the following week. The only exception to this is when a woman enters shelter or if an emergency situation arises.
2. When a parent completes a child care request form indicating she will be out of the building and her return time is scheduled for 8:30pm or later, she must identify a back-up caregiver who agrees to pick up the child from the Child Development Room. This may be a Phase II or III resident who is also required to sign the Child Care Request form.

### **C. Late Pick-ups During Operating Hours**

1. If a parent is late and picks up her child(ren) after the time stated on the Child Care Request form, she will be given a written reminder by the Lead Teacher, with copy to her Case Manager.
2. If the parent is late picking up her child a second time and has not called to inform the Child Development Program staff of a change in plans, she will be given a warning letter by the Lead Teacher asking the parent to meet with her to discuss steps she will take to





pick up her child on time in the future in order not to lose child care privileges. The parent will be informed in that meeting that if she cannot return to shelter by the time agreed upon, she might lose her child care privileges.

3. If the parent is late picking up her child a third time, her child care privileges will be suspended for 1 week. She will be advised of this by the Lead Teacher and she will be asked to meet with the Lead Teacher and her Case Manager to discuss an alternate plan for child care.
4. The parent will be informed during that meeting that she may file a grievance with the Children's Services Manager to request a review of any decision that results in termination or reduction of services.

#### **D. Late Pick-ups After Operating Hours**

1. If a mother was scheduled to pick up her child by 8:30pm and does not do so, staff will attempt to locate her. If the mother is out of the building, staff will call the contact person listed on mother's destination on the Child Care Request form to ask if she has left and if so, at what time.
2. If it appears that the mother will not be back in shelter to pick up her child by 9pm and she has pre-arranged for another shelter resident to be a back-up caregiver, the back-up resident caregiver will be called to the CD room to pick-up the child.
3. If a back-up resident caregiver has not been identified and the mother has not returned to shelter and picked up her child from child care by 9pm, Child Development Program staff will call the emergency contact person in the child's file. The emergency contact person will be informed of the situation and advised that Child Protective Services (CPS) will be contacted if we have not heard from the child's mother by 9:30pm. The emergency contact person will be asked if they know the whereabouts of the mother and if they would be willing to pick the child up if the mother has not returned to shelter or called in by 9:30pm.
4. If the mother has not returned to shelter or called in by 9:30pm, staff will contact a Supervisor who will make a decision about calling CPS or the emergency contact person (if that person is willing to pick the child up from the Shelter) and coordinate any such action.



**HOUSE OF RUTH MARYLAND  
CHILDREN'S PROGRAM**

**M E M O R A N D U M**

**TO:**

**FROM:** Cozanne Boone, Lead Teacher

**RE:** Late Pick-Up of Child From Child Development Room

**DATE:**

\_\_\_\_\_ was in child care in the Child Development Room on \_\_\_\_\_ and was scheduled to be picked up at \_\_\_\_\_. I understand you were late picking up your child and did not arrive until \_\_\_\_\_.

**I know it is not always possible to be on time and emergencies or unexpected situations do come up. Because we rely on you to pick up your child on time, I want you to understand what happens when you are late. First and most important is a concern about you and your safety. If your child expected you at a particular time, like us she/he may worry because you are late. Second, since we base our staffing plans on the time mothers tell us they will be picking up their children, we may find ourselves unable to provide child care to other children because we do not have enough staff or have space limits.**

We use Child Care Request forms to plan our staffing, based on the number of children needing child care. You specify on this form when you will pick up your child. We rely on you and other mothers to pick up child(ren) on time. If an emergency makes this impossible, we ask that you **call Child Development Program staff at 410-554-8486** to let us know you have been delayed and what time to expect you. This allows us to coordinate with you and other staff or resident caregivers plans for your children until you return.

I am available and happy to work with you to discuss scheduling of child care if that is helpful. You can reach me at 410-554-8486 or by stopping by the Child Development Room.

Thank you.



**HOUSE OF RUTH MARYLAND  
CHILDREN'S PROGRAM**

**M E M O R A N D U M**

**TO:**

**FROM:** Lead Teacher

**RE:** Late Pick-Up of Child From Child Development Room

**DATE:**

\_\_\_\_\_ was in child care in the Child Development Room on \_\_\_\_\_ and was scheduled to be picked up at \_\_\_\_\_. I understand you were late picking up your child(ren) and did not arrive until \_\_\_\_\_.

This is the second time you have been late picking up your child from child care. You were late previously on \_\_\_\_\_. Please be advised that further lateness in picking up your child without an appropriate reason and telephone call to alert staff will result in a disruption of child care services for your child(ren), specifically a one week suspension of child care privileges.

I know reliable child care is important. Please see me so we can discuss this and work out a resolution of this problem. If you are finding that the hours of operation of our child care service are not working for you and would like to make arrangements for child care outside of the shelter, either I or the Children's Services Manager are happy to assist you. You can reach me by calling 410-554-8486 or by stopping by the Child Development Room.

Thank you.



**HOUSE OF RUTH MARYLAND  
CHILDREN'S PROGRAM**

**M E M O R A N D U M**

**TO:**

**FROM:** Lead Teacher

**RE:** Suspension of Child Care Services

**DATE:**

You have been late picking up your child(ren) from child care on the following days:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

As you know, it is our policy in the Child Development Program that child care privileges will be suspended for one week if a parent is late picking up her child(ren) three times without an appropriate reason and a telephone call to alert staff.

Please arrange to meet with your Case Manager and me in the next 5 days to discuss how to avoid a similar problem in the future. You can reach me by calling 410-554-8486 or by stopping by the Child Development Room.

If the hours of operation of our child care service are not convenient for you and you would like assistance making child care arrangements outside of the shelter, please see me or the Children's Services Manager right away.

You have the option of requesting review of this, or any, decision that results in a reduction or termination of service. If you wish to do this please fill out a Grievance Form and give it to Children's Services Manager. You may get a copy of this form from your case manager who can assist you with completing it if you would like.



# **Child Care**

## **Applicable Forms and Worksheets**



## Children's Program Child Care/Preschool Application

Child \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_

Mother's Name \_\_\_\_\_

Date Entered Shelter \_\_\_\_/\_\_\_\_/\_\_\_\_ Room Number \_\_\_\_\_

### Child Care and School History

Has your child ever attended a child care program? \_\_\_\_ Yes \_\_\_\_ No

What type of program did they attend? \_\_\_\_ Center-based \_\_\_\_ Home-based  
\_\_\_\_ Head Start \_\_\_\_ Half day preschool \_\_\_\_ Before and/or After school care

Is your child enrolled in school? \_\_\_\_ Yes \_\_\_\_ No

If yes, please list the school and grade they are attending. \_\_\_\_\_

\_\_\_\_\_

Is there anything we should know about your child before s/he comes to the Child Development Room? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Child Care Needs

Please check all child care services that you anticipate needing from our Child Development Program.

\_\_\_\_ Full day child care (5 or more consecutive hours)

\_\_\_\_ Drop in child care (less than 5 consecutive hours)

\_\_\_\_ Developmental preschool program, Monday – Friday 9:00-11:30am

\_\_\_\_ After school care

\_\_\_\_ Evening care



**What you need to know about the Child Development Program**

1. **Child Care Request forms** need to be completed and turned into the Lead Teacher in the Child Development Room by noon on Friday for child care the following week. *If your request form is not turned in by this time you are not guaranteed a spot for your child.* If an unexpected need for child care arises during the week, please speak to the Lead Teacher in the Child Development (CD) Room to determine if space is available for your child.
2. **On time pick up of your child** from the CD Room is required. The pick up time you record on your Child Care Request Form is used to make staffing plans for the room. If you are late we may not have enough staff to adequately supervise all of the children in the room. *If you unavoidably detained and will be late, please call the Child Development Room at #410-554-8886.* The staff will greatly appreciate this.
3. You must **sign your child(ren) in and out of the CD room.** We use the sign in/out sheet to account for all of the children in an emergency (such as a fire drill).
4. **Bring to the CD Room with your child an extra set of clothing,** diapers, wipes, prepared bottles, and as appropriate, baby food, sun screen, a coat, hat and mittens, or anything else your child may need. Feel free to leave extra supplies for your child in the CD Room.
5. Please **dress your child in clothes that can get dirty.** We take children outside as much as possible. They also play with sand and water, and use markers, paint and play dough.
6. We try to maintain a **calm and relaxing atmosphere in the CD Room.** We don't yell or raise our voices. When you enter the room to pick up your child, please walk over to him/her to say that it is time to leave. Many children need a little transition time so feel free to spend a few minutes to see what your child has done that day, ask about the day, and check in with the teacher,
7. You are welcome and encouraged to **volunteer in the CD Room** provided you are actively involved in classroom activities and assisting the teachers in meeting the children's needs.
8. If at all possible **feed your child breakfast before dropping him/her off** at the CD Room. If your schedule prevents you from doing this, speak the Lead Teacher. When necessary, children may have breakfast in the CD room until 8:30am.
9. If you are using child care services because you are going to DSS or a doctor's office please bring documentation back to the shelter and give it to your case manager.
10. We look forward to having your child in our program.

*I have read and understand the policies and procedures of the Child Development Program and I agree to follow them.*

\_\_\_\_\_

**Resident**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Staff**

\_\_\_\_\_

**Date**



**HOUSE OF RUTH MARYLAND  
CHILDREN'S PROGRAM**

**Children's Preschool Daily Report**

Teacher Completing Form \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Name \_\_\_\_\_ Age \_\_\_\_\_

How much of my snack did I eat?      All   Some   None (circle)

Today I was:

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Eager to participate             |
| <input type="checkbox"/> Happy       | <input type="checkbox"/> Helpful to my classmates         |
| <input type="checkbox"/> Active      | <input type="checkbox"/> Willing to take turns            |
| <input type="checkbox"/> Quiet       | <input type="checkbox"/> Needing reminders of class rules |
| <input type="checkbox"/> Attentive   | <input type="checkbox"/> Good at following directions     |

My favorite activities were:

---

---

**HOUSE OF RUTH MARYLAND  
CHILDREN'S PROGRAM**

**Children's Preschool Daily Report**

Teacher Completing Form \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Name \_\_\_\_\_ Age \_\_\_\_\_

How much of my snack did I eat?      All   Some   None (circle)

Today I was:

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Eager to participate             |
| <input type="checkbox"/> Happy       | <input type="checkbox"/> Helpful to my classmates         |
| <input type="checkbox"/> Active      | <input type="checkbox"/> Willing to take turns            |
| <input type="checkbox"/> Quiet       | <input type="checkbox"/> Needing reminders of class rules |
| <input type="checkbox"/> Attentive   | <input type="checkbox"/> Good at following directions     |

My favorite activities were:

---

---





**HOUSE OF RUTH MARYLAND  
CHILDREN'S PROGRAM**

**CHILD CARE REQUEST FORM**

Week of: Monday \_\_\_/\_\_\_/\_\_\_ through Friday \_\_\_/\_\_\_/\_\_\_

Child Name	Age	Comments (health, mood, allergies, sleep, food)

Use the calendar below to record the time each day that you are requesting childcare for one of the listed activities. Circle all groups you will be attending during the week if you are requesting childcare in order to go to group. Attach to this request form a copy of your work, school, training or treatment schedule.

Activity	Monday	Tuesday	Wednesday	Thursday	Friday
Employment					
School					
Training Program					
Treatment Program					
Wellness Program					
Esther's Place					
Mtg. w/ HR staff					
G M R E O E U T P I N G S		<b>Orientation</b> 9:30-12:30pm			
		<b>Parenting</b> 6:30-8pm		<b>DV Education</b> 1-2:30pm	<b>Drug Ed</b> 6:30-7:30pm
	<b>House Meeting</b>	<b>Phase III</b> 6:30-7pm	<b>Phase I</b> 8-8:30am		<b>Phase II</b> 7:30-8pm
	<b>Support Group</b>		<b>Phase II &amp; III</b> 7-8:30pm	<b>Phase I</b> 6-7:15pm	

**Verification by your Case Manager is required for childcare requests for the following appointments: Intake & Individual Meeting with Case Manager, Legal, DSS, Housing, Medical, or Other Appointments**

Case Manager Signature \_\_\_\_\_

Phone Extension \_\_\_\_\_

Other Staff Signature \_\_\_\_\_

Phone \_\_\_\_\_



**CHILD CARE REQUEST FORM**

**Side 2**

So we may reach you in an emergency, record the following information for employment, school, training, and/or treatment programs you will be attending while your child is in childcare:

\_\_\_\_\_  
Organization Name Contact Person Phone

\_\_\_\_\_  
Organization Name Contact Person Phone

If you plan to be out of the building until 8:30pm or later you must identify a Phase II or III resident who can pick up your child if you are not in the building by 8:30pm.

\_\_\_\_\_ *agrees to pick up my child(ren) from the Child*  
Print Full Name

***Development Room if I have not returned by 8:30pm.***

\_\_\_\_\_  
Back Up Care Giver Signature Date

\*\*\*\*\*

\_\_\_\_\_  
Resident Requesting Childcare Signature Date

\_\_\_\_\_  
Child Development Staff Signature Date







CHILDREN'S PROGRAM

Infant Daily Report

Child \_\_\_\_\_ Name \_\_\_\_\_ Date of Report \_\_\_\_\_

Feeding table with columns: Food/Amount, Time, Comments, Staff

Diaper Change(s) table with columns: Urine/Stool, Time, Comments, Staff

Sleep Activity table with columns: Time child went to sleep, Time child woke up, Comments, Staff

Child's General Disposition

Today's Activities





**HOUSE OF RUTH MARYLAND  
CHILDREN'S PROGRAM**

**MEDICATION FORM**

Childcare providers are permitted to give prescription and non-prescription medication to children in care under certain conditions and with your written permission. A Medication Form must be completed for each prescription or non-prescription medication that must be given to your child while in childcare. If at all possible please arrange to give your child her/his medication at home.

**PRESCRIPTION MEDICATION:** Prescription medications must be in a container labeled by the pharmacy or physician with the child's name and expiration date. The child may receive medication only according to the written instructions of the health practitioner or the instructions on the medication label, as described below.

**NON-PRESCRIPTION MEDICATION:** The child may receive only the dosage written on the medication label.

**Child Name** \_\_\_\_\_

This medication is being given for the following condition(s): \_\_\_\_\_

\_\_\_\_\_

Name of Medication	Dosage	Time to Administer	Date to Start Administering	Date to End Administering
<b>Additional Instructions (including instructions not given on the prescription):</b>				
<b>Side effects of this medication to watch for:</b>				
<b>Reasons or circumstances to stop giving this medication:</b>				

I authorize staff in the House Of Ruth Maryland Children's Program to give the above medication to my child.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



# HOUSE OF RUTH MARYLAND CHILDREN'S PROGRAM

## MEDICATION LOG

Child Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Medication(s) \_\_\_\_\_

Name Dosage Time to be Given

Name Dosage Time to be Given

Medication	Dosage	Time Given	Staff Initials

**Comments:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# Enrichment Program



## **ENRICHMENT PROGRAM**

Children in shelter need as normalized a living environment as possible. Birthdays, holidays, and special events are recognized, and mothers are encouraged to plan parties and celebrations for their children. Enrichment programs and supervised activities are a regular part of the weekly program schedule, designed to encourage children to have fun, promote positive self-esteem, stimulate creativity, teach cooperation and conflict resolution, and promote physical fitness.

### **Port Discovery Expeditions Program**

This innovative program encourages children in grades 3-5 to dream and see the possibilities for turning their dreams into achievements. Conducted at the Port Discovery Children's Museum twice a month, the curriculum is also brought into the shelter for twice monthly meetings. The program is designed to promote proficiency in two topic areas of the Maryland School Performance Assessment Program: meaningful use of knowledge and productive habits of the mind.

### **KIDSPACE**

A program designed specifically for children in shelter, ages 8 and older. The program utilizes prepared teachings, arts and crafts, cultural activities, and mentoring to build positive self-esteem and positive self-concept. Weekly sessions address topics such as self-knowledge, self-awareness, self-acceptance and self-esteem, self-actualization, being more positive, and reaching out to others.

### **Baby & Me and Toddler Time**

Baby & Me and Toddler Time are playgroups for mothers and their babies' ages 3-12 months and 12-24 months respectively. They meet for one hour, once a week. The groups were designed to foster a positive mother/child attachment. They provide mothers and their very young children the opportunity to spend time together each week that is theirs alone, a time when mothers can concentrate exclusively on their babies without outside distractions. The activities, lead by a child development specialist, use music, fingerplays, dance, picture books, balls and other props to stimulate babies' and toddlers' cognitive development, language and motor skills. The group leaders distribute information regarding child development, appropriate activities to do at home and safety information each week.

### **Irvine Nature Center**

The Irvine Nature Center, a non-profit educational organization founded to promote appreciation and respect for the natural world, conducts a 6-session "Natural Connections" program for children ages 6-12 each summer. Participants conduct science projects, take nature walks, and learn about the ecology in their own neighborhood. Natural Connections compliments and reinforces the MSPAP objectives.

### **Recreation and Entertainment**

On occasion, tickets for the theater, circus, opera, symphony and other special events will be donated, for use by women and children in shelter. Mothers are encouraged to explore no or low



cost entertainment available in the city and surrounding areas. The zoo, aquarium and museums often have special rates, family days, and free admission.

### **Field Trips**

Several times a year field trips are planned for children and parents. In the past families have gone to the Baltimore Zoo, the Aquarium, the Science Center, Barnes & Noble Booksellers and the B&O Railroad Museum.



**HOUSE OF RUTH MARYLAND**  
**Field Trip Permission Form**

Child \_\_\_\_\_  
Name Date of Birth

**EMERGENCY INFORMATION**

I, \_\_\_\_\_, am the parent or legal guardian for \_\_\_\_\_.  
Print Name of Mother Child Name

In case of an emergency, the adult chaperoning this trip should contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature Date

Circle all of the following medical/behavioral conditions that your child has:

- |          |                     |                      |                            |
|----------|---------------------|----------------------|----------------------------|
| Asthma   | Allergies           | Frequent Nose Bleeds | Attention Deficit Disorder |
| Seizures | Behavioral Problems | Hyperactivity        | Emotional Problems         |

Other \_\_\_\_\_

Is your child taking medication?  No  Yes If yes, indicate the name of all medications, the prescribed dosage and the reason for taking the medication:

**FIELD TRIP INFORMATION**

Destination \_\_\_\_\_ Date of Trip \_\_\_\_\_  
Departure time \_\_\_\_\_ Return Time \_\_\_\_\_ Mode of Transportation \_\_\_\_\_

**PARENTAL/LEGAL GUARDIAN CONSENT STATEMENT**

I, \_\_\_\_\_ give my consent for my child to participate in the field trip  
Print Name of Parent or Legal Guardian  
described above, sponsored by \_\_\_\_\_. My signature below indicates I assume all risks and hazards incidental to such participation, including transportation to and from program activities. I agree to waive all claims for and release the House Of Ruth Maryland, the staff, volunteers and mentors from all liability to me and my child for any claim or damages resulting from personal injury to my child as a result of participation in this field trip.

*I have read this statement and grant consent for my child to participate in the field trip as described.*

\_\_\_\_\_  
Parent Signature Date  
5/28/02



# Education for Children



## **EDUCATION**

Children residing in the shelter community are required by law to attend school. Parents receive assistance and support in deciding on the most appropriate school setting for their children and making the necessary arrangements for school enrollment, transfer of school records and transportation. Special consideration is given to the dislocation a child may feel having to transfer schools, however, the child's safety is the foremost concern.

### **School Registration**

Under the federal McKinney-Vento Act, if a child is experiencing homelessness she/he is eligible to remain enrolled in their school of origin. Transfer enrollment to schools within the House Of Ruth Maryland's zone is an option selected by many parents, affording convenience, safety, and good linkages with program staff. An excellent resource for questions regarding homeless education is the National Center for Homeless Education at SERVE, 1-800-308-2145.

### **Transportation**

Child Development Program staff help women in residence complete paperwork required to secure transportation from the shelter to the school the mother has chosen for her child. Under state law, if a child is homeless or living in a shelter, school systems must provide transportation to and from school, irrespective of whether the child is attending the school of origin or the zone school for the House Of Ruth Maryland shelter.

### **Tutoring**

Baltimore City Public Schools operates the Helping Hands Project, Homework and Tutorial Services for children experiencing homelessness. A Teacher/Tutor comes to the shelter twice a week to work with students in small groups.

### **Summer Camp**

The Baltimore City Public Schools, Office of Student Support Services operates New Horizons Academy Camp for children experiencing homelessness in the city of Baltimore. The camp is divided into two 6-week cycles: the first cycle is summer school and the second, a recreation camp. Transportation is provided by the school system.



# Parenting Education & Support



## **PARENTING EDUCATION AND SUPPORT**

One of the best ways to help children is to educate and support parents. The House Of Ruth Maryland parenting education and support program seeks to do just that. All women in residence who have children are invited to participate, regardless of whether the children are with them in shelter. A unique feature and distinct advantage of working with mothers in a residential setting is the opportunity to observe family interactions in a home-like environment at all hours of the day and night. Mothers who need support are surrounded by individuals who can help, with learning and practicing new parenting skills, disciplining children, getting children off to school, structuring family time, and creating bedtime routines. The goal of this program is to help mothers develop the knowledge and skills needed to have confidence in their parenting and to enjoy their children and the parenting process.

### **Nurturing Parenting Group**

The Nurturing Parenting curriculum was developed specifically for women who have been victims of domestic violence. Developed by Washington, D.C. based Jewish Women International in collaboration with the House Of Ruth Maryland and My Sister's Place in New York, the program is delivered in 8, 1½ to 2 hour sessions to groups of 6 to 8 women. The selection of group leader is critically important. She should be a human service professional, have experience doing group work, have technical knowledge and expertise about child development and positive parenting, and most importantly, be able to relate to and engage group participants.

Nurturing Parenting is designed to help participants learn skills that can be used to make parenting more enjoyable and less stressful. This parenting program provides guided experiences that encourage parents to discover strengths and skills for themselves. As the sessions continue, parents are encouraged to participate in and take responsibility for leadership roles for different program components. This important sharing of parent leadership builds self-confidence and self-esteem, and creates a cooperative atmosphere that optimizes attention, participation and retention. Topics covered include: Nurturing the Nurturer, Building Self-esteem in Ourselves and Our Children, Establishing Positive Guidance: Creating Family Agreements, Listening to Children: Establishing Open Communication, Talking to Children: Getting Your Message Across, Managing Misbehavior and Setting Clear Limits, Promoting Positive Decision and Behaviors, and Expanding Our Nurturing Skills and Celebrating Our Unique Families.

### **Individual Parenting**

Sessions are offered to all women in shelter who have children and would like in-depth parenting education and support. Sessions are recommended for mothers who are struggling with the daily stressors of parenting while living in shelter. In individual parenting, the Child Therapist tailors session content to focus on the mother and her needs related to parenting her children. Topics may include child development, effects of domestic violence on children, and non-violent





discipline techniques. The Child Therapist and mother work together to strengthen the parent-child bond, demonstrate nurturing behavior, and use effective parenting techniques.



# **Therapeutic Services**

## **Mental Health**



## **Summary:**

Therapeutic services for children are a critical component of the service array offered to mothers and children in shelter. The effects of domestic violence on children are well documented. Children entering shelter have experienced numerous traumatic or stressful situations, such as witnessing violence against a parent, experiencing violence themselves, moving suddenly and changing schools, leaving friends, and missing an absent parent or caregiver. These occurrences can leave children feeling overwhelmed, confused, guilty, and unsure of their future. Emotions such as these may manifest in changes in behavior, which may signify the process taking place to sort out thoughts and feelings. Often, children who are beginning to talk about traumatic events in therapy may regress behaviorally, becoming more withdrawn or acting out aggressively. While this can be disconcerting for parents and caregivers, it is a normal phase in therapy. Not only can the therapist help the family understand what is happening and let them know it is part of the therapeutic process, she can guide the child and other family members through the process and reassure them that there will be light at the end of the tunnel.

Children heal, learn, and grow in environments that are safe, nurturing and consistent. Great effort is made to imbed these qualities in the shelter community residence's physical spaces and the interactions among community members. In this sense the entire program takes on a therapeutic quality, which is to say, it promote healing and recovery from trauma.

Children in the House Of Ruth Maryland residential shelter community have access to a variety of therapeutic services designed to help them understand and manage their feelings about what is happening in their family. Individual counseling, parent/child counseling, and group therapy are the primary modalities available to children and families.

## **Confidentiality**

Just like adults, children are entitled to confidentiality. Children are told that the therapist will not tell anyone what is said in therapy unless a child discloses that someone has hurt her/him, that she/he is going to hurt someone else or is thinking about hurting her/himself. This can be liberating for the child and at the same time, unsettling for the parent. It is important to explain client confidentiality to the parent, including the reasons for keeping a child's confidence, what information can be shared, and the circumstances in which confidentiality would be broken.

## **Comprehensive Interview**

The Comprehensive Interview has several components, starting with the mother. New women coming into the shelter community with a child(ren) meet with Children's Program staff within the first three to five days in residence to begin the Comprehensive Interview. This assessment, which includes input from children based on age, is used to determine whether a referral is needed for psychiatric or psychological evaluation, whether the child needs therapy, and the type and frequency of therapy sessions. The Comprehensive Interview will reveal any prior



experiences the child, or family, has had in receiving therapy, as well as provide insight into the mother's perspective on therapeutic services for her child.

Demographic information about the child and information about how violence in the home has affected the child is collected during the Comprehensive Interview with the mother. She is asked to complete several standardized assessment instruments: Child Behavior Checklist, Parent Report of Post-Traumatic Symptoms, Brief Symptom Inventory, Everyday Stressors, Social Support Questionnaire and the Parenting Stress Index. It takes approximately 1.5 hours to complete a Comprehensive Interview with the mother.

Every child age 3 and older participates in the Comprehensive Interview. The therapist who met with the mother continues the assessment process with the child, asking about friends, school, and things the child likes to do. The conversation then progresses to questions about violence the child has witnessed in the home and concerns the child may have as result of what has occurred and being uprooted from home.

Children age 6 or older complete several assessment instruments, including: Child Report of Post-Traumatic Symptoms, Test of Nonverbal Intelligence, Culture-Free Self-Esteem Inventory and Children's Exposure to Violence. It takes approximately 1.5 hours to complete a Comprehensive Interview with the Child.

### **Group Therapy**

Group therapy is offered to all children living in the shelter who are between the ages of three and 18. Groups are scheduled in 6-8 week cycles. Facilitated by a child therapist, groups use a supportive, psychoeducational curriculum developed for specific age groups, designed to address the effects of domestic violence on children. Groups are divided into 3-5 year olds, 6-8 year olds, 9-11 year olds, and 12 years and older. Safety planning is standard component of the group curriculum for children of all ages. The curriculum that we currently use was published by KIDSRIGHTS.

### **Individual Therapy**

Individual therapy is offered to children who are presenting with trauma-related symptoms (bedwetting, sleep disturbance, eating problems), and/or emotional or behavior problems. Psychotherapy is reserved for children ages 10-18. Play therapy is a modality used with children ages 2-12.

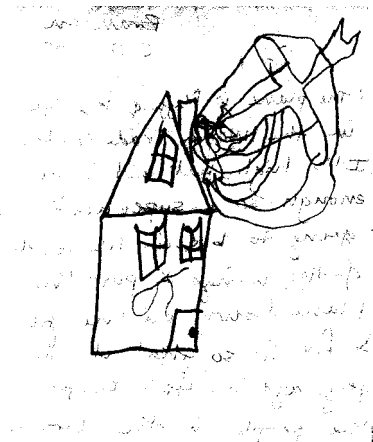
Therapist use music, poetry, stories and drawing with children of all ages. Artwork is often a medium through which children convey their thoughts, feelings and perceptions of the world around them. Children who have been exposed to trauma may convey their feelings of fear, anxiety, loneliness, loss and anger through their artwork. For example, such drawings may lack bright colors. They may be drawn on a very small scale, appear unfinished or lack definition. By contrast, children who have or have regained a healthier, happier perception of the world around them are more likely to convey that through the use of bright, bold colors, well-defined



and proportioned figures and confident use of the drawing space. The two examples shown here clarify these differences.

Notice the drawing done by an eight year old boy below. He was exposed to chronic and highly lethal domestic violence prior to his coming into shelter. He presented with a high degree of anxiety and fear for his and his family's personal safety. When he completed his drawing he told his therapist "The plane is flying by like in the World Trade Center. It's high, but not high enough so a superhero is going to break the ends of the wings and put the plane down on the ground and fix it so that it can fly again. He's keeping the people in the house safe."

The second drawing below was completed by a six-year-old girl also exposed to severe domestic violence. She has been a long-term resident in our program and participated in both individual and group therapy. Her drawing illustrates the use of bright colors, smiling faces and confident use of the drawing space associated with a happy and well-adjusted child.



Eight year old boy



Six year old girl (Original picture in color, name blocked out for confidentiality)



Play therapy, used mainly with young children, helps children understand themselves, their environment, and their experiences. It helps children identify their feelings and express them in healthy ways. Play therapy also helps children recognize and accept their feelings and experiences, and contributes to the development of coping skills. After the end of the period of time for which therapy has been contracted, the mother and the therapist will assess whether or not the child would benefit from additional therapy. If so, a decision will be made about whether to continue sessions with the House Of Ruth Maryland Child Therapist or make a treatment referral to a community-based professional. If additional therapy is not required, a plan for terminating treatment will be developed.

### **Parent/Child Sessions**

Children ages birth to 5 benefit most when their mothers participate fully in the therapeutic process. Children in this age group, affected by domestic violence in their homes, struggle with issues of impulse control, behavior management, and healthy attachments. Parents who learn about the effects of trauma caused by domestic violence, including the disruption of a child's progression through normal developmental stages, can mitigate some of the negative effects of domestic violence, begin to help their children gain control over their behavior, and strengthen their bonds with their child.

### **Community Referrals**

Referrals to community resources and services are important adjuncts to the work done with families on-site in the residential community. They may occur at any time: when the family first enters shelter, during their stay or at exit. Common reasons for a community referral include the following:

- ❖ *The family anticipates a short stay (2-3 weeks) in our shelter and the mother wants her children involved in therapy.* Rather than develop a therapeutic relationship that would last but a week or two, referral to a therapist in the community where the family will be living is preferred. The focus of staff intervention includes consultation with the mother to support her efforts to secure community-based services for her children, parenting intervention coaching, and short-term counseling to help stabilize the family and address any acute crises.
- ❖ *The mother of a young child and/or staff are concerned that the child may have developmental delays.* A thorough developmental assessment is the first step toward developing an appropriate intervention strategy. Local and state school systems are resources for assessment services or referral to secure these services. The Baltimore Infant and Toddler Program, providing developmental screening for children from birth to age three, and Child Find, working with child from birth to age twenty-one, are resources for screening and assessment, speech and language services, and occupational and physical therapy.
- ❖ *The child needs more intensive services that can be provided by shelter staff.* Some children who have been exposed to domestic violence over a long period of time



experience severe emotional and behavioral problems. Children with learning disabilities or mental illness commonly require a level of service beyond that which can be provided in shelter. Referral of these children to a family support service or a mental health agency for case management and psychiatric consultation is in their best interest. With consent of the mother and if appropriate, the Child Therapist works with the community-based agency or clinician to support their work with the child and family.

- ❖ *The mother is planning to leave shelter. Her child has been attending support group and/or individual therapy with Children's Program staff in shelter.* Children benefit from time to prepare for moving out of shelter. It is important to emphasize this to mothers so they can take this into account when developing their plans for long-term housing. Preparation time provides the opportunity to properly terminate the therapeutic relationship between program staff and the child. It is also when the Child Therapist will to work with the mother to find a therapist in the community who can continue work with the child and family.

### **Evaluation of Therapeutic Services**

It is important to know whether therapeutic services provided to young clients is making a difference in their lives. A comprehensive program evaluation, examining the effectiveness of therapeutic services provided to children in shelter and utilizing standardized assessment tools, is described in the chapter on Program Evaluation.



**HOUSE OF RUTH MARYLAND  
CHILDREN'S PROGRAM: SHELTER  
COMPREHENSIVE PARENT INTERVIEW**

Interviewer: \_\_\_\_\_ Position: \_\_\_\_\_ Date \_\_\_\_\_

Child's ID# \_\_\_\_\_

*With the mother, complete a separate form for each child coming into shelter, within 3 business days of entering shelter. Items marked with an asterisk (\*) will be entered into the Client Information System (CIS).*

\*Child's Full Name \_\_\_\_\_ \*Date Entered Shelter \_\_\_\_\_

\*Male \_\_\_ \*Female \_\_\_ \*Age \_\_\_\_\_ \*DOB \_\_\_\_\_ \*SSN \_\_\_ - \_\_\_ - \_\_\_ \*Race \_\_\_\_\_

\*Mother's Name \_\_\_\_\_ DOB \_\_\_\_\_

\*Father's Name \_\_\_\_\_ \*Abuser's Name \_\_\_\_\_

Sibling Name(s) and Date of Birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHOOL**

\*Last School Attended \_\_\_\_\_ \*Location \_\_\_\_\_

\*Current Grade \_\_\_\_\_ \*Date Last Attended \_\_\_\_\_

\*Special Education or Disability \_\_\_ No \_\_\_ Yes, please explain \_\_\_\_\_

\_\_\_\_\_

\* IEP \_\_\_ No \_\_\_ Yes Teacher \_\_\_\_\_ Counselor \_\_\_\_\_

\*Has child been suspended \_\_\_ No \_\_\_ Yes, explain \_\_\_\_\_

\*Has child been expelled \_\_\_ No \_\_\_ Yes, explain \_\_\_\_\_

Will child be transferred from home school \_\_\_ No \_\_\_ Yes

Name of school child will be attending

\_\_\_\_\_

Do you need help arranging transportation to school \_\_\_ No \_\_\_ Yes





## HEALTH

\*Does your child have health insurance \_\_\_No \_\_\_Yes, name of plan \_\_\_\_\_

Medical Assistance #  
\_\_\_\_\_

\*Health Problems \_\_\_None \_\_\_Yes, describe \_\_\_\_\_

\*Allergies \_\_\_No \_\_\_Yes, list \_\_\_\_\_

\*Medication \_\_\_No \_\_\_Yes, list \_\_\_\_\_  
\_\_\_\_\_

Do you have the child's medication here in shelter \_\_\_Yes \_\_\_No, what is your plan to get the medicine  
\_\_\_\_\_

Has child been hospitalized \_\_\_No \_\_\_Yes, date and explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Date of last check-up \_\_\_\_\_

**Would you like your child to see the on-site nurse for a health assessment**

\_\_\_No \_\_\_Yes

## MENTAL HEALTH

\*Has child been in counseling \_\_\_No \_\_\_Yes, where \_\_\_\_\_

When \_\_\_\_\_

Why \_\_\_\_\_

\*Does child have a DSM Diagnosis \_\_\_No \_\_\_Yes, list diagnosis\* \_\_\_\_\_  
\_\_\_\_\_

\*Is child on psychotropic medication? \_\_\_No \_\_\_Yes, list\* \_\_\_\_\_  
\_\_\_\_\_

## LEGAL ISSUES

Who has legal custody of child  
\_\_\_\_\_



If not mother, explain

\_\_\_\_\_

Who has physical custody of child

\_\_\_\_\_

Has child been in foster care \_\_\_ No \_\_\_ Yes, how long \_\_\_\_\_

With whom \_\_\_\_\_ Relationship \_\_\_\_\_

Does child have contact with biological father \_\_\_ No, explain \_\_\_\_\_

Yes, explain \_\_\_\_\_

Is visitation Court ordered \_\_\_ No \_\_\_ Yes

Visitation frequency, location, schedule

\_\_\_\_\_

Are you satisfied with the current visitation arrangement \_\_\_ Yes \_\_\_ No, why not and what would you like changed \_\_\_\_\_

\_\_\_\_\_

Is child involved with the legal system \_\_\_ No \_\_\_ Yes

Is child on probation \_\_\_ No \_\_\_ Yes, for \_\_\_\_\_

Probation Officer \_\_\_\_\_ Phone number \_\_\_\_\_

**DOMESTIC VIOLENCE**

\*Did child witness the abuse between you and your partner \_\_\_ No \_\_\_ Yes

During most of the abuse between you and your partner where was the child most of the time:

- |  |                                       |
|--|---------------------------------------|
| ___ In the room and involved in the violence | ___ In the room watching the violence |
| ___ In another room, door closed             | ___ Hiding                            |
| ___ Asleep in another room                   | ___ Sent outside                      |
| ___ Not at home                              | ___ Not sure                          |

How did child react (scream, cry, intervene, etc.)

\_\_\_\_\_

Have you discussed the domestic violence with this child \_\_\_ No \_\_\_ Yes, what did you tell her/him \_\_\_\_\_

\_\_\_\_\_



Child's response

---

Have you ever gotten the impression that your child blames him/herself \_\_\_No \_\_\_Yes, please explain

---

What did you tell your child about coming to shelter

---

What was your child's response

---

\*Has your child ever been injured during a DV incident \_\_\_No \_\_\_Yes, date and description

---

\*Has DSS/CPS been contacted due to the domestic violence or any other reason \_\_\_No \_\_\_Yes, describe outcome

---

\*Does this child currently have a CPS worker? \_\_\_No \_\_\_Yes, name \_\_\_\_\_

Telephone \_\_\_\_\_ Address \_\_\_\_\_

\*Reason \_\_\_ Neglect \_\_\_ Physical Abuse \_\_\_ Sexual Abuse \_\_\_ DV Related (witness, etc.)

Contact between child and abuser during the month prior to the last violent incident

\_\_\_ No contact

\_\_\_ Abuser lived out of my home, has visitation rights, **but does not use them**

\_\_\_ Abuser lived out of my home, has **supervised visitation rights and uses them**

\_\_\_ Abuser lived out of my home, has **unsupervised visitation rights and uses them**

\_\_\_ Abuser lived out of my home, but harasses or stalks family

\_\_\_ Abuser lived with child and mother

\_\_\_ Abuser had custody of child

\_\_\_ Abuser lived off and on in my home

What contact with child would you like the abuser to have

---

### UPSETTING EXPERIENCES

Number of father figures in child's life \_\_\_\_\_



Number times child has moved to a new home \_\_\_\_\_

Number times child has changed schools \_\_\_\_\_

Number times the people child lives with has changed \_\_\_\_\_

\*Number times child lived in a shelter or residential program/institution before coming here \_\_\_\_\_

Has child had other traumatic experiences such as a house fire, car accident, witnessed community violence, relative or friend dying \_\_\_\_\_ No \_\_\_\_\_ Yes, explain \_\_\_\_\_

---

---

Has child ever been the one to call the police (Dial 911) \_\_\_\_\_ No \_\_\_\_\_ Yes

Does s/he know how \_\_\_\_\_ No \_\_\_\_\_ Yes

Has child ever given witness testimony to the police \_\_\_\_\_ No \_\_\_\_\_ Yes, how did s/he handle it

---

Is there anything else you think is important for us to know about your child while s/he is living in the shelter?

---

---

## **DISCIPLINE**

How do you usually discipline your child

---

Which do you use \_\_\_Spanking \_\_\_Yelling \_\_\_Time out \_\_\_Take away object \_\_\_Take away privileges

How did the abuser discipline

---

How do other caregivers discipline (grandparents, etc.)

---

Other than you, with whom is the child closest

---

What do you think are your child's best qualities

---

---



Have you been having any problems with your child lately

---

---

**EXPLAIN INDIVIDUAL, FAMILY AND GROUP COUSELING**

Do you want your child to participate in counseling \_\_\_No \_\_\_Yes, explain

---

Where would you like your child to be seen \_\_\_House of Ruth Maryland \_\_\_Community agency

Please explain

---

**EMERGENCY CONTACT PERSON**

If something were to happen to you who is the Emergency Contact person for your child

---

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Is this person authorized to pick up your child from shelter or school if you cannot be reached?  
\_\_\_No \_\_\_Yes

**ADDITIONAL COMMENTS:**

**REFERRALS**

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**HOUSE OF RUTH MARYLAND  
CHILDREN'S PROGRAM: SHELTER**

**COMPREHENSIVE CHILD INTERVIEW**

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Gender F M (circle)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Interviewer \_\_\_\_\_

**INTERVIEW**

*My name is \_\_\_\_\_ and it is my job to talk to kids about things that have happened to them. Today, we will have time to talk, draw pictures and play.*

*I will write down some of the things we talk about so that I can remember everything that you tell me. Sometimes I forget things.*

**TRUTH-LIE/MORALITY DISCUSSION**

*I meet with lots of children and during our discussions they tell me the truth about things that have happened to them. I want to make sure that you understand what the difference is between the truth and a lie: If I were to say, for example, "that my shoes were blue (or red, or green), is that the truth or a lie?" [Wait for a response.] "Yes, that would be a lie because my shoes are really black/blue/etc." And if, for example, I was to say "you and I met yesterday, would that be the truth or a lie?" [Wait for a response] "Yes, that would be a lie because we did not meet yesterday." "I see that you understand the difference between telling the truth and telling a lie. It's very important that you only tell me the truth today. You should only tell me things that really happened to you."*

**I DON'T KNOW INSTRUCTION:**

If I ask you a question and you don't know the answer, then just say, "I don't know". So if I ask you what my dog's name is what would you say? But if I ask you if you have a dog what would you say? \_\_Ok because you know you have a dog.

**I DON'T UNDERSTAND INSTRUCTION:**

*If I ask you a question and you don't know what I mean or what I'm saying, you can say, " I don't know what you mean", and I will ask in a different way. So If I ask you what gender are you? What would you say? – Gender is a big word. Are you a boy or a girl?*

**I DON'T WANT TO SAY INSTRUCTION:**

*If I ask you a question and you don't want to tell me, just say, "I don't want to tell you".*

**CORRECTING THE INTERVIEWER:**

*Sometimes I make mistakes or say the wrong thing. When I do, you can tell me that I am wrong. So if I say that you are 30 years old, what would you say? Right because you are not 30 years old. How old are you?*



**BUILDING RAPPOR:**

First I would like you to tell me something about your friends and the things you like to do and don't like to do. Prompt with: Who are your friends? What is she/he like? What kinds of things does your friend do? What do you like to do with your friend? What else can you tell me about your friends?

Friends: \_\_\_\_\_  
\_\_\_\_\_

Tell me about the things you like to do: \_\_\_\_\_  
\_\_\_\_\_

Tell me about the things you don't like to do: \_\_\_\_\_  
\_\_\_\_\_

Prompt with: What kinds of games do you like to play? What do you and your friends do for fun? What else can you tell me about the things you like to do and don't like to do.

What school do you go to? : \_\_\_\_\_

What types of things do you learn about in school? \_\_\_\_\_  
\_\_\_\_\_

What is your favorite class in school? \_\_\_\_\_

What do you like most about school? \_\_\_\_\_

What don't you like about school? \_\_\_\_\_

Comments: \_\_\_\_\_

**BUILDING RAPPOR/CHRONOLOGY OF THE DAY:**

Now tell me what you do during the day. Tell me what you do from the time you get up in the morning until the time you go to bed at night. Prompt with: What do you do when you get up in the morning? Who is at home when you wake up in the morning? Who makes you breakfast/lunch/dinner? What do you have for breakfast/lunch/dinner? What do you do when you come home from school? What do you do when it gets dark outside? What do you do before you go to bed? Who gets you ready for bed?

Morning: \_\_\_\_\_  
\_\_\_\_\_

Day: \_\_\_\_\_  
\_\_\_\_\_

Night: \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_



**DRAWING TASKS:** Provide child with two 8 ½ x 11” pieces of paper. Instruct the child to draw a House, Tree, Person, and a Kinetic Family Drawing. **Note: Each drawing should be on a separate page.**

**OBTAINING INFORMATION ABOUT THE FAMILY:**

*Now I'd like to know about your family. Tell me about your family. (Ask about each family member mentioned, what their name is, what the child calls them, how they are related to the child, where they live, and what the child likes to do with that family member).*

Family: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prompt with: What else can you tell me about your family? Who is in your family? Is there anyone else in your family? What are their names? What do you call him/her? Do you have a mom or dad? Where does \_\_\_\_\_ live? Does \_\_\_\_\_ live with you?

Comments:

**EXPLORING CHILD'S FEELINGS:**

Tell me about when you were the most happy/sad/mad/scared. (When child responds, prompt with tell me more about that, what happened? Who was with you? , Where were you? Etc.)

Happy: \_\_\_\_\_

Sad: \_\_\_\_\_

Mad: \_\_\_\_\_

Scared: \_\_\_\_\_

Comments:





**THREE WISHES:** Ask the child, if you had three wishes what would they be?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Comments: \_\_\_\_\_

**CHILD'S VIEW OF THE PROBLEM:** Ask the child the reason he/she is here? Ask the child if she/he thinks that his/her family has problems and whether or not there are any problems that we can help the child and his/her family with.

Reason that child is here: \_\_\_\_\_

Problems: \_\_\_\_\_

\_\_\_\_\_

If child discloses, ask the child to describe the "hurt" (abuse/trauma):

\_\_\_\_\_

\_\_\_\_\_

If the child discloses, who was the one who caused the "hurting":

\_\_\_\_\_

\_\_\_\_\_

What the child would like for us to help him/her with: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

**CHILD'S VIEW OF THE SOLUTION:** Explore with child what she/he thinks would help the problem and whether or not the child and his/her family have received help before. If they have received help in the past what was the result.

What do you think might help with these problems? : \_\_\_\_\_

\_\_\_\_\_

Has anyone tried to help before? Who can you go to for help when you need it? :

\_\_\_\_\_

\_\_\_\_\_

If so, what happened? : \_\_\_\_\_

\_\_\_\_\_

If things were better, what would the family members be doing with each other: If child says things aren't better, ask about times when things were better. \_\_\_\_\_

\_\_\_\_\_

During times when things are better, what are people doing? \_\_\_\_\_

What are you doing when things are better? \_\_\_\_\_



**SAFETY ISSUES:** Have child define safe. Explore with child whether or not she/he feels safe at home, school community. If child says no, prompt with tell me more about that.

Definition of safe: \_\_\_\_\_

Home: \_\_\_\_\_

School: \_\_\_\_\_

Community: \_\_\_\_\_

Comments:

**ADMINISTRATION OF MEASURES:** Administer the following measures: 1. TONI; 2. CROPS; 3. Children's Exposure to Violence (CEV 16); and 4. Culture-Free Self-Esteem Inventories (CFSEI-2).

Comments:

**CLOSURE:** Introduce the concept of therapy, helping the family change: There are other kids here that have talked about the same kinds of things and they have someone like a social worker or psychologist that they meet with to help them with these problems. I will talk to your mother/caregiver to see if that is something that you can do.

Comments:



## MENTAL STATUS EXAMINATION

**Affect:** Normal Range Restricted Blunted Flat Labile Inappropriate  
**Mood:** Happy Sad Fearful Anxious Hostile Angry Silly Euphoric  
**Interpersonal:** Appropriate Distant Intrusive Clingy  
**Behavioral:** Appropriate Overactive Agitated Lethargic Withdrawn Oppositional  
**Physical:** Appropriate Disheveled Inappropriate  
**Suicidal:** Denies Ideation Plan Intent  
**Judgment:** Appropriate Somewhat Impaired Very Impaired  
**Insight:** Good Some Minimal Poor Very Poor  
**Oriented:** Time Place Person  
**Thinking:** Appropriate Tangential Loose Associations Flight of Ideas  
**Speech:** Mute Pressured Slow Incoherent Disorganized Organized

### TREATMENT ISSUES/CONSTRUCTS:

<b>Acknowledgement of Domestic Violence</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Acknowledgement of Abuse</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Acknowledgement of Perpetrator</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Regulation of Affect</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Identification of Affective Vocabulary</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Differentiation of Internalized Affective States</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Elimination of Age Inappropriate Behaviors</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Elimination of Adultified Behaviors</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Decrease in Trauma Related Symptoms</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Self-efficacy</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Safety - Home</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Safety - School</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Safety - Community</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Safety Planning</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

### COMMENTS



## **HOUSE OF RUTH MARYLAND CHILDREN'S PROGRAM: SHELTER TREATMENT ISSUES/CONSTRUCTS SCALES**

These scales are to be used as a guide when completing the Comprehensive Child Interview, the Weekly Progress Note, and the Group Progress Note.

- A. Acknowledgment of Domestic Violence:
  - 1. Denies domestic violence ever occurred
  - 2. Neither confirms nor denies domestic violence
  - 3. Acknowledges domestic violence but won't describe it
  - 4. Acknowledges domestic violence with restricted description
  - 5. Readily acknowledges and describes domestic violence
  
- B. Acknowledgment of Abuse:
  - 1. Denies abuse ever occurred
  - 2. Neither confirms nor denies abuse
  - 3. Acknowledges abuse but won't describe it
  - 4. Acknowledges abuse with restricted description
  - 5. Readily acknowledges and describes abuse
  
- C. Acknowledgment of Perpetrator:
  - 1. Denies identity of perpetrator
  - 2. Neither confirms nor denies identify of perpetrator
  - 3. Acknowledges perpetrator but won't discuss them
  - 4. Acknowledges perpetrator with restricted description
  - 5. Readily acknowledges identity of perpetrator
  
- D. Regulation of Affect:
  - 1. Flooding/rigidity of affect.
  - 2. Infrequently regulates affect.
  - 3. Occasionally regulates affect.
  - 4. Frequently regulates affect.
  - 5. Appropriate and consistent regulation of affect.
  
- E. Identification of Affective Vocabulary:
  - 1. Absence of a range of affective vocabulary
  - 2. Minimally identifies affective vocabulary (able to identify 1-2 feelings)
  - 3. Moderately identifies affective vocabulary (able to identify 3 feelings)
  - 4. Frequently identifies affective vocabulary (able to identify 4 feelings)
  - 5. Demonstrates a full range of affective vocabulary (able to identify at least 5 feelings)



F. Differentiation of Internalized Affective States:

1. Cannot connect feelings to events/circumstances
2. Minimally connects feelings to events/circumstances
3. Moderately connects feelings to events/circumstances
4. Frequently connects feelings to events/circumstances
5. Fully capable of connecting feelings to events/circumstances

G. Elimination of Age Inappropriate Behaviors: (e.g. enuresis, encopresis, rocking, clinging)

1. Exhibits age inappropriate behaviors (on a daily basis)
2. Frequently demonstrates age inappropriate behaviors (approximately 4 times per week)
3. Occasionally demonstrates age inappropriate behaviors (approximately 2-3 times per week)
4. Infrequently demonstrates age inappropriate behaviors (approximately 1-2 times per week)
5. Rarely exhibits age inappropriate behaviors (approximately once a month or less)

H. Elimination of Adultified Behaviors: (e.g. enuresis, encopresis, rocking, clinging)

1. Exhibits adultified behaviors (on a daily basis)
2. Frequently demonstrates adultified behaviors (approximately 4 times per week)
3. Occasionally demonstrates adultified behaviors (approximately 2-3 times per week)
4. Infrequently demonstrates adultified behaviors (approximately 1-2 times per week)
5. Rarely exhibits adultified behaviors (approximately once a month or less)

I. Decrease in Trauma Related Symptoms:

1. Unable to manage trauma related symptoms in any environment
2. Attempts to manage trauma related symptoms in some environments
3. Able to manage trauma related symptoms in some environments
4. Usually able to manage trauma related symptoms in most environments
5. Manages trauma related symptoms in all environments

J. Self-efficacy:

1. Child expresses belief that she/he cannot positively impact their environment
2. Child expresses uncertainty as to whether she/he can positively impact his/her environment
3. Child expresses belief that it may be possible to positively impact his/her environment.
4. Child expresses belief that she/he can positively impact his/her environment in certain circumstances
5. Child expresses belief that she/he can always positively impact his/her environment.



K. Safety:

1. Doesn't express feelings of being safe in home, school or community
2. Infrequently expresses feelings of being safe in home, school or community
3. Occasionally expresses feelings of being safe in home, school or community
4. Frequently expresses feelings of being safe in home, school or community
5. Able to express feelings of being safe in home, school or community

L. Safety Planning:

1. Does not know what is safety plan is
2. Knows they need a safety plan
3. In the process of developing a safety plan
4. Has a safety plan
5. Has a safety plan and believes they can implement it



**HOUSE OF RUTH MARYLAND  
CHILDREN'S PROGRAM: SHELTER**

**WEEKLY PROGRESS NOTE**

The Weekly Progress Note reports on the child's progress in the past week, based on information from the therapist's assessment, child's behavior in session, and reports from parent, child, teachers, and shelter staff.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Session # \_\_\_\_\_

Child Name \_\_\_\_\_

Contributors to Report \_\_\_\_\_

**CLINICAL IMPRESSIONS (circle all that apply)**

- Affect:** Normal Range Restricted Blunted Flat Labile Inappropriate
- Mood:** Happy Sad Fearful Anxious Hostile Angry Silly Euphoric
- Interpersonal:** Appropriate Distant Intrusive Clingy
- Behavioral:** Appropriate Overactive Agitated Lethargic Withdrawn Oppositional
- Physical:** Appropriate Disheveled Inappropriate
- Suicidal:** Denies Ideation Plan Intent
- Judgment:** Appropriate Somewhat Impaired Very Impaired
- Insight:** Good Some Minimal Poor Very Poor
- Oriented:** Time Place Person
- Thinking:** Appropriate Tangential Loose Associations Flight of Ideas
- Speech:** Mute Pressured Slow Incoherent Disorganized Organized

**TREATMENT ISSUE(S) ADDRESSED \_\_\_\_\_**

**TREATMENT ISSUES/CONSTRUCTS SCALES**

Acknowledgement of Domestic Violence	1	2	3	4	5
Acknowledgement of Abuse	1	2	3	4	5
Acknowledgement of perpetrator	1	2	3	4	5
Regulation of Affect	1	2	3	4	5
Identification of Affective Vocabulary	1	2	3	4	5
Differentiation of Internalized affective states	1	2	3	4	5



**WEEKLY PROGRESS NOTE**

Page 2

Elimination Age Inappropriate Behaviors	1	2	3	4	5
Elimination of Adultified Behaviors	1	2	3	4	5
Decrease in Trauma-Related Symptoms	1	2	3	4	5
Self-Efficacy	1	2	3	4	5
Safety - Home	1	2	3	4	5
Safety - School	1	2	3	4	5
Safety - Community	1	2	3	4	5
Safety Planning	1	2	3	4	5

**COMMENTS**

**PLAN (include brief description where relevant)**

- Continue Current Treatment Plan
- Change Treatment Focus \_\_\_\_\_
- Meet with Parent \_\_\_\_\_
- Other \_\_\_\_\_

Therapist \_\_\_\_\_  
Signature Date

Supervisor \_\_\_\_\_  
Signature Date







3. Occasionally regulates affect								
4. Frequently regulates affect								
5. Appropriate and consistent regulation of affect								
<b>Identification of Affective Vocabulary (mark only 1 of the following for each child)</b>								
1. Absence of a range of affective vocabulary								
2. Minimally identifies affective vocabulary (1-2 feelings)								
3. Moderately identifies affective vocabulary (3 feelings)								
4. Frequently identifies affective vocabulary (4 feelings)								
5. Demonstrates a full range of affective vocabulary (5 or more feelings)								
<b>Differentiation of Internalized Affective States (mark only 1 of the following for each child)</b>								
1. Cannot connect feelings to events /circumstances								
2. Minimally connects feelings to events /circumstances								
3. Moderately connects feelings to events /circumstances								
4. Frequently connects feelings to events /circumstances								
5. Fully capable of connecting feelings to events /circumstances								
<b>Decrease in Trauma Related Symptoms (mark only 1 of the following for each child)</b>								
1. Unable to manage trauma related symptoms in any environment								
2. Attempts to manage trauma related symptoms in some environments								
3. Able to manage trauma related symptoms in some environments								
4. Usually able to manage trauma related symptoms in most environments								
5. Manages trauma related symptoms in all environments								
<b>Safety Planning (mark only 1 of the following for each child)</b>								
1. Does not know what a safety plan is								
2. Knows they need a safety plan								
3. In the process of developing a safety plan								
4. Has a safety plan								
5. Has a safety plan and believes they can								



implement it									
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*GROUP CLIMATE w/ COMMENTS*

*PLANNING FOR NEXT SESSION*

Therapist \_\_\_\_\_  
Name Date



**HOUSE OF RUTH MARYLAND  
CHILDREN'S PROGRAM: SHELTER  
PERMISSION TO TREAT MINORS/CONFIDENTIALITY**

---

**Child's Name** \_\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_

Clinical staff with the House Of Ruth Maryland Children's Program provide therapeutic services to children in shelter if clinical assessment indicates a need for such intervention. General reports of a minor child's progress in therapy are made available to the child's mother. The specific content of sessions between a child and his/her therapist remain confidential, however, and the child has the right to request that information about his/her treatment not be shared with a parent.

*As human service workers, House Of Ruth Maryland staff is required by law to notify local authorities and file a report in the event that a client discloses information about child abuse and neglect. This means that if a therapist knows or has reason to believe a child has been or is being physically abused, sexually abused, or neglected, this information must be reported to Department of Social Service, Child Protective Services within 24 hours of disclosure.*

It is the House Of Ruth Maryland's policy to report information concerning danger to a child to the Department of Social Services or the proper authorities. You will be notified before a report is made as long as this does not put your child at risk. Generally speaking, we feel it is most appropriate and prefer that the report be made by you, the parent. Whenever possible, we will assist you and will encourage you to assume this responsibility.

There are several exceptions to confidentiality that relate to legal proceedings. If a court of law orders disclosure of client information by subpoena or if a parent waives the child's right to confidentiality for a court proceeding, the House Of Ruth Maryland must comply by providing records and/or testimony. If the House Of Ruth Maryland receives a subpoena regarding a child's treatment while the family is still in shelter, the mother and child will be notified and the therapist will discuss with you and your child the possible release of records or testimony. In the event that you and your child are no longer in shelter, we will make every attempt to contact you based on information you have provided before leaving shelter. Please note, it is your responsibility to contact shelter staff upon learning of any legal action that may result in a subpoena of House Of Ruth Maryland records; in such a situation call 410-889-5283 and ask to speak with a Child Therapist or Case Manager.



The above information has been discussed with me. My signature below indicates I understand this information and give the House Of Ruth Maryland permission to provide clinical assessment and therapeutic services to my minor child.

\_\_\_\_\_  
Name of Parent Having Legal Custody

\_\_\_\_\_  
**Signature of Parent Having Legal Custody**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Staff**

\_\_\_\_\_  
**Date**



## **HOUSE OF RUTH MARYLAND CHILDREN'S PROGRAM: SHELTER**

### **THERAPY CONTRACT**

You and your children have recently experienced a stressful situation. Now that you are in a safe place, you can make choices for yourself and your family about what you need to begin the healing process.

We often see children in shelter who are overwhelmed by their feelings. Behavior changes can be a strong indication of the internal struggle that accompanies emotions. Just as adults can benefit from help at times of stress and confusion, so can children. Talking with a skilled professional, such as a counselor or therapist, can be very helpful to children who have experience trauma.

The House Of Ruth Maryland, through our Children's Program, provides individual and group therapy for children in our residential programs. We work with children individually or in group sessions, and sometimes with their siblings and mothers. Our first step toward working with your child is to talk with you, the parent, to listen to your observations and concerns. This is an opportunity to learn what you think is important for your child. As part of the assessment process we will also talk with your child. Each of these conversations helps us begin to know your child and develop recommendations for your consideration. We will share with you the results of our assessment and talk about the benefits of therapy related to issues we have identified. If therapy is indicated we will work together to develop a schedule for your child to see a Child Therapist.

Individual counseling sessions with the Child Therapist are usually scheduled once or twice a week. Group sessions with other children of the same age group are weekly. We use play therapy in many of these sessions. Play therapy helps children understand themselves, their environment, and their experiences in a new way. It helps them identify their feelings and express them in a healthy manner. Play therapy also helps children accept feelings and experiences. Importantly, it can help children develop coping skills that can be used throughout life.

It requires a strong commitment on your part to make sure your child attends counseling sessions. Your child will experience the greatest benefit by seeing the Child Therapist on a regular basis. If you find you must cancel an individual appointment, it is your responsibility to let me know as soon as possible, preferably at least 24 hours in advance. This makes it possible for us to reschedule your child's appointment and schedule someone else into the appointment you canceled. We would also like to know if your child will be unable to attend a group session.

We encourage you to meet with your child's therapist on occasion or when needed so you can be informed generally about progress with your child or discuss questions you may have. If any special issues or concerns come up between sessions, it will be helpful if you let the therapist know this before your child's next session.



## **Children's Program Therapy Contract**

*I agree to have my child, \_\_\_\_\_ participate in group sessions with other children and the Child Therapist at the House Of Ruth Maryland.*

*I agree to have my child receive individual therapy and to participate in \_\_\_ sessions. When these sessions are completed I will discuss with the therapist whether additional sessions are needed.*

I understand that I will receive general reports of my child's progress in therapy but the specific content of sessions between my child and the therapist is confidential.

I will do my best to make sure my child attends scheduled sessions. I will let the therapist know as soon as possible if I need to change the time of my child's appointment so it can be rescheduled.

I will keep my child's therapist informed of my plans for leaving shelter if my child is still receiving services, to allow for a final session to be scheduled and to discuss follow up services after we have left shelter.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date



**House Of Ruth Maryland Children's Program  
Community Counseling  
Comprehensive Assessment: Interview of the Caregiver**

Caregiver Name: \_\_\_\_\_  
Date of Interview: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Duration of Placement: \_\_\_\_\_  
Child's Name: \_\_\_\_\_

**Explain the assessment process to the caregiver, including individual interviews with parent and child. The goal of the process is to obtain as much information as possible in order to develop the best possible treatment plan for the child and family.**

**What is your primary concern about the child currently? (This should include a discussion of the domestic violence history and any direct victimization. If the parent/caregiver does not include this, therapist should ask about it.)**

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*What changes have occurred in the child's life subsequent to disclosure/allegations? What changes have occurred in your relationship to the child subsequent to disclosure/allegations? (If applicable)*

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*If child was physically abused where is the alleged perpetrator? Do you have any relationship to/with the perpetrator? If child was witness to DV where is the perpetrator?*

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**Description of the child's current functioning (probe for strengths and problems) according to the caregiver, specifically in the following domains: onset, frequency, duration, intensity, occurs in particular or general circumstances, identify precipitants or triggers.**

- Affect & mood

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- Behavior, acting out or withdrawal

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- Interpersonal with children/peers and adults

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- Cognitive process, e.g. intrusive thoughts, flashbacks, concentration problems, perseveration

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- Vegetative signs: eating, sleeping problems, lethargic, disinterested,

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- Regressive behaviors: wetting, soiling, clinginess, poor hygiene

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- Risk behaviors: suicide, fire setting, harm to others/animal, dangerous impulsivity, excessive aggression, indirect harm to self

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- Psychotic symptoms

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*Has the child's functioning changed in any of the above areas in the recent past?*

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*Developmental History (note milestones, concerns, changes, medical problems, substance abuse, and any significant crises in the child's life)*

- Pregnancy & birth

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- Infancy

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- Early childhood (2-4 yrs)

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- Middle childhood (5-11 yrs)

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- Adolescence (12 + yrs)

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**Family Background:**  
Genogram



- Do you feel that services would be helpful for the child/family? If so in what way?

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- Do you feel that the violence has impacted upon you? If so, in what way? In what way has your life changed?

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- Do you feel that the violence has impacted your parenting capacity? If so, in what way?

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- Explore whether the caregiver understands the importance of parental role/generational boundaries.

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- Explore whether the caregiver can demonstrate appropriate parent-child boundaries and interaction.

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**Capacity to establish safety**

- In what way(s) do you make choices to ensure the child's physical safety?

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- In what way(s) do you interact with the child to ensure that the child is emotionally safe?

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- In what way(s) do you make choices to ensure interpersonal safety for the child, e.g., is there ongoing contact with perpetrator?

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**Social Support Network:** Explore the degree to which the caregiver has a network and can mobilize this for support. Has this changed?

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**Child Development Knowledge:** Can the caregiver distinguish between volitional and developmentally normative but challenging behaviors?

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**Caregiver Anger Management:** Discuss how the caregiver manages her or his own anger and frustration?

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**Conclude with discussion of treatment goals and who needs to be involved to be successful.**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

6/20/02



## HOUSE OF RUTH MARYLAND CHILDREN'S PROGRAM TREATMENT PLAN

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_

Mother's Name \_\_\_\_\_

Presenting Problem(s)

Clinician Assessment

### Short Term Goals

- 1.
- 2.
- 3.

### Intervention

- 1.
- 2.
- 3.

### Long Term Goals

- 1.
- 2.
- 3.

### Intervention

- 1.
- 2.
- 3.

Diagnosis (if appropriate)

---

Clinician's Signature

Date



## CASE NOTES D-A-P FORMAT

### *D*ATA

- What specifically took place in the session
- Interventions, behavioral/affective observations, test results, clinical statements, homework results
- Current confirmation of diagnosis
- Current stressors
- Current impairment
- Objective and subjective data included
- Conveys the course of therapy to another therapist reviewing the notes

### *A*SSESSMENT

- How do you evaluate the course of therapy
- How are treatment plan goals/objectives being pursued and are they being met
- What progress/setbacks have been experienced
- Where is additional work needed
- Evaluation of impairment
- Evaluation of treatment strategies

### *P*LAN

- Based on current assessment, what will be done to most effectively meet treatment plan goals
- Content of next session
- Homework assignments







Flat										
Irritable										
Appropriate										
<b>BEHAVIORS</b>										
Verbally Aggressive										
Physically Aggressive										
Manipulative										
Disruptive										
Agitated										
Impulsive										
Withdrawn										
Demanding										
Parentified										
Attention seeking										
Dependent										
Oppositional										
Provocative										
Appropriate										
<b>GROUP ROLE</b>										
Negative internal leader										
Positive internal leader										
Victim										
Scapegoat										
Gatekeeper										
Follower										
Clown										

**GROUP CLIMATE AND COMMENTS:**



**PLANNING:**

Clinician \_\_\_\_\_ Date \_\_\_\_\_

5/20/02



**HOUSE OF RUTH MARYLAND  
CHILDREN'S PROGRAM**

**CLOSING SUMMARY**

Child \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_

Mother's Name \_\_\_\_\_

Date Intake & Assessment \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Therapy Began \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Therapy Ended \_\_\_\_/\_\_\_\_/\_\_\_\_

Total # of Sessions \_\_\_\_\_

**Modality** \_\_\_\_\_

Progress Meeting Treatment Goals *(include individual and group treatment; describe in behavioral terms; define intervention strategies)*

Closing Summary *(include reason for termination and any treatment referrals)*

Unmet Goals for Future Services *(specify)*

\_\_\_\_\_  
**Therapist Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**



# House Of Ruth Maryland Children's Program Child Protective Services Report Form

Report Date \_\_\_\_\_

CPS Worker Contacted \_\_\_\_\_  
Name Telephone Number

Parent/Legal Guardian \_\_\_\_\_  
Name DOB

Address \_\_\_\_\_  
Street City State Zip Code

Telephone \_\_\_\_\_  
Home Work Cell

Child \_\_\_\_\_  
Name DOB

Address (if different than above) \_\_\_\_\_

Siblings Name/ DOB  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alleged Abuser \_\_\_\_\_  
Name DOB

Current Address \_\_\_\_\_  
Street City State Zip Code

Telephone \_\_\_\_\_  
Home Work Cell

Summary of Incident (use reverse side of form if additional space is needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_  
Person Making Report Date

Signature \_\_\_\_\_  
Staff Date



**HOUSE OF RUTH MARYLAND  
CHILDREN'S PROGRAM  
RELEASE OF INFORMATION FORM**

**TO:** \_\_\_\_\_

**RE:** \_\_\_\_\_  
Child's Name Date of Birth

I authorize release of the following information from my child's treatment records to the House Of Ruth Maryland:

*(Write YES next to the specific information to be released)*

- \_\_\_\_\_ *Narrative account of case history, diagnosis, progress, closing summary and recommendations for future counseling service*
- \_\_\_\_\_ Psychological/Psychiatric testing results

Other: \_\_\_\_\_

\_\_\_\_\_ I give my permission to the House Of Ruth Maryland to contact the above agency and/or person to disclose the following information for the purpose of treatment planning, coordination, and/or delivery *(write YES next to the specific information to be released)*:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that any disclosures authorized will be used for the purpose of receiving and coordinating therapeutic services for my child at the House Of Ruth Maryland.

This release will expire one year from the date signed unless I revoke it sooner in writing.

\_\_\_\_\_  
Parent or Legal Guardian Date

\_\_\_\_\_  
Minor Client Date

\_\_\_\_\_  
Therapist Date



**HOUSE OF RUTH MARYLAND  
CHILDREN'S PROGRAM  
AUTHORIZATION FOR USE OF A CHILDREN'S DRAWINGS**

Children's drawings are often visual expressions of how they see their world and how they make sense of the world. Children frequently use art to express and illustrate how they feel about their experiences and what has happened to them.

The House Of Ruth Maryland sometimes uses drawings by children in our programs to raise community awareness about domestic violence and to educate the community about how domestic violence affects children and families. We have used drawings in educational presentations and as artwork for House Of Ruth Maryland promotional material, publications, and cards.

Confidentiality is always maintained when a child's art is used. Neither the name of the child nor the child's family is disclosed. While a discussion about a drawing may make reference to the age and gender of the child artist, no other specific information is disclosed. Discussions focus exclusively on the general experience of children who witness domestic violence and common characteristics seen in these children

Your permission is needed for the House Of Ruth Maryland to use drawings of the child named below. Your signature indicates you were given the information on this form, that if you had questions they were answered to your satisfaction, and you give permission to the House of Ruth Maryland to use drawings made by your child for the purposes described.

This authorization is in effect unless you revoke it in writing.

Thank you.

\_\_\_\_\_  
Parent or Legal Guardian (print name)

\_\_\_\_\_  
Child

\_\_\_\_\_  
Parent or Legal Guardian (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff (signature)

\_\_\_\_\_  
Date



**House Of Ruth Maryland, Inc. Photo Release  
(Minor Children)**

I hereby acknowledge by my signature, authorization for the House Of Ruth Maryland or its designee, my free, absolute and unlimited right consent and permission, waiving all claims for any compensation or for damages, to reproduce in any way, without identification, my minor child's/children's photographic image. I further acknowledge that as a legal guardian I am authorized to grant this permission.

I waive any right that I may have to inspect or approve the finished product or products related to the use to which the image of my minor child/ren will be applied.

By my signature, I acknowledge that I have been fully informed as to the planned use of the photographic images of my minor child/ren. I understand that the planned use is for \_\_\_\_\_ . I further understand that the published photograph/s will / will not include images of my child's/children's face/s.

I hereby release, discharge, and agree to hold the House Of Ruth Maryland harmless from any claim or liability of any kind by virtue of blurring or other distortion of the image of my minor child/ren. Finally, I discharge the House Of Ruth Maryland without limitation from any claim or liability for libel or invasion of privacy related to reproducing the image of my minor child/ren.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Age of Minor Child/ren:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_





# Quality Assurance Plan



## **QUALITY ASSURANCE PLAN**

In order to ensure quality service delivery by our Children's Program, a Quality Assurance Plan has been developed and implemented. The plan is reviewed and revised annually or as needed.

### **Children's Program**

- Incident/Accident Reports
- Child Protective Service Reports
- Satisfaction Survey

### **Therapeutic Program**

- Informed Consent
- Interviews
- Assessments
- Progress Notes

### **Child Care Program**

- Child Development Program Applications
- Lesson Plans
- Bleaching Toys
- Diaper Changing

### **Developmental Preschool**

- Denver Developmental II Assessments
- Developmental Preschool Applications



**CHILDREN'S PROGRAM**

<b>Program Component</b>	<b>Quality Indicator</b>	<b>Review Schedule</b>	<b>Person Responsible</b>
<b>Children's Program</b>			
Incident/Accident Reports	# of reports filed (by category: incident, accident, injury)	April, October	Children's Services Manager or designee
Child Protective Service (CPS) Reports	# of reports filed (physical or sexual abuse, or neglect; who report made against, report by child or adult) and CPS action.	April, October	Children's Services Manager or designee
Satisfaction Surveys	Client satisfaction (services, staff, hours of program operation, etc.)	April, October	Children's Services Manager or designee
<b>Therapeutic Program</b>			
Consent for treatment	Completed/in the child's chart w/in 1 week of treatment start date	May, November	Children's Services Manager or designee
Comprehensive Interviews w/ Mother and Child Assessments	Complete/in the child's chart w/in 2 weeks of interview	May, November	Children's Services Manager or designee
Progress Notes	Complete/in the child's chart w/in 2 weeks of assessment	May, November	Children's Services Manager or designee
	Signed progress note in child's chart for each appointment date	May, November	Children's Services Manager or designee
<b>Child Care Program</b>			
Child Care Applications	Child care application in appropriate binder for each child using child care.	April, October	Children's Services Manager or designee
Lesson Plans	Lesson plan w/ age appropriate activities filed for each week of the year	April, October	Children's Services Manager or designee
Bleaching Toys	Child development staff daily sign off that toys have been sanitized at end of day	April, October	Children's Services Manager or designee
Diaper Changing	Documentation of routine diaper changes at least 5 times per day	April, October	Children's Services Manager or designee
<b>Developmental Preschool</b>			
Preschool Applications	Preschool application in file w/in 1 week of child starting the Preschool program	January, May, September	Children's Services Manager or designee
Denver Developmental II	Screening completed and filed in the appropriate binder w/in 2 weeks of preschool enrollment	January, May, September	Children's Services Manager or designee



## Chart Review for Quality Assurance

### Children's Program: Shelter

Date: \_\_\_\_\_

Clinician: \_\_\_\_\_

Client: \_\_\_\_\_

The chart for \_\_\_\_\_ has been reviewed and the following item(s) are missing:

\_\_\_ Comprehensive Interview: Parent

\_\_\_ Comprehensive Interview: Child

\_\_\_ Consent for Treatment

\_\_\_ Therapy Contract

\_\_\_ Weekly Progress Note(s) for the following date(s) \_\_\_\_\_  
\_\_\_\_\_ and CIS has a record of a session occurring.

\_\_\_ Group Progress Note(s) for the following date(s) \_\_\_\_\_  
\_\_\_\_\_ and CIS has a record of a group occurring.

If this information is not correct please return this form to me with a brief explanation. Otherwise, please complete the necessary item by \_\_\_\_\_ and return this form to me.

Thank you for your cooperation,

Course of action taken:

\_\_\_\_\_  
Clinician's Signature and date



# Program Evaluation



## Why Evaluate?

It is important to evaluate your program for many reasons.

- Most funders will require some measurement of how effective the program is, and if you have evaluation tools in place from the beginning, you will have the data you need to show that your program is effective and well-run. Not only do funders expect you to evaluate what you do with their money, but past evaluations can help you get grant money in the future.
- Evaluation shows you where your program could use improvement. Regular review of assessment tools will show you if any of your objectives are not being met, and this gives you an opportunity to make changes and additions.
- Evaluation may give you insight into reasons your program is not attracting other individuals. The evaluation tools, particularly client satisfaction surveys, may show patterns of dissatisfaction that could also be barriers to increasing program enrollment.
- Evaluation tools help you to consider staff work patterns. If evaluations show patterns where certain tasks are often not completed, it may mean that you need more staff, or that staff time should be reorganized to meet those needs.
- Evaluation not only helps you to plan what changes to make to your program, but also shows you what happens after the changes are made. Regular evaluation is crucial to monitoring the effectiveness of your program.
- While creating or locating evaluation tools and getting a system in place may be time consuming, once you have an evaluation system set up, it can actually save you time and money by giving you good data about the effectiveness of your program.



## **Children's Program Evaluation**

We are in the implementation phase of evaluating three components of the Children's Program. Therapeutic Services, Developmental Preschool and the Parenting Support and Education Group.

### **Therapeutic Services**

Our evaluator is an Associate Professor of Pediatrics, Director of Research, University of Maryland Center for Families.

Our goals for all children in shelter are to give them the therapeutic and educational services they need to begin to recover from the trauma of DV and to adjust to the dislocation associated with having to suddenly leaving their homes and schools of origin.

### **Steps for Evaluation**

- All children will have an initial screening. Children ages 3 and older will attend a domestic violence specific, psychoeducational group and children who are struggling with exposure to DV or other emotional issues will receive individual or family therapy.
- Parents will complete a Comprehensive Parent Interview form for each child regardless of age. All children age 3 and older will complete, with the assistance of children's program staff, a Comprehensive Child Interview form. These forms will be completed within the first five days in shelter.
- During the initial interview session with the mother, symptom inventory/measurement tools (pre-test) will be administered. The parent will complete the Child Behavior Checklist, Parent Report of Post-Traumatic Symptoms (PROPS), Brief Symptom Inventory (BSI), Everyday Stress Index (ESI), Social Support Questionnaire (SSQ 20) and the Parenting Stress Index (PSI short form). If the child is age six or older, the child will complete the interview with staff and then he/she will complete the Test of Nonverbal Intelligence (TONI), the Child Report of Post-Traumatic Symptoms (CROPS), Children's Exposure to Violence (CEV) questionnaire, Culture-Free Self-Esteem Inventories, Global Assessment of Functioning (GAF) and the Conflict Tactics Scales (CTS).
- If the symptom inventory/measurement tools indicate a need for treatment, a therapist, along with the parent, will develop a treatment plan for the identified child. The plan may include a referral to a community agency, individual or family therapy.
- The progress notes that the House Of Ruth Maryland child therapists will use for group and individual therapy will be able to be used as interim measures to track progress in treatment between the pre and post-tests.
- If a child is in individual therapy the parent and child will complete the PROPS and CROPS weekly.
- At the completion of a group or the end of individual therapy the child will complete a satisfaction survey.



- At exit from shelter the mother will complete a satisfaction survey that will include questions for all children's services.
- At exit from shelter/treatment the symptom inventory/measurement tools will be administered again (post-test).
- All information will be entered into the Statistical Program for Social Services (SPSS) for analysis.

## **Developmental Preschool and Parenting Education and Support Group**

Evaluators from Towson University, Department of Early Childhood Education will evaluate both the Developmental Preschool and the Parenting Education and Support Group

### **Developmental Preschool**

All children between the ages of 2 and 5 are encouraged to attend our preschool program, Monday through Friday, 9:00-11:30am. Our goals for children attending preschool are that they will attain developmental milestones appropriate for their age; they will experience an improvement in school readiness, social skills, and self-control.

#### **Process:**

- The Lead-teacher or child therapist will administer the Denver Developmental II screening tool in the two first weeks that a child attends preschool (pre-test). It will be administered again when that child exits shelter or the preschool program to attend school (post-test). Appropriate referrals will be made to community agencies if any delays are indicated by the screening tool.
- Attendance records will be entered into the database

### **Parenting Education and Support Group**

All mothers in shelter, whether their children are living with them or not, will attend an 8 session Nurturing Parenting Group. In this group, there will be home assignments, practical application and feedback of techniques and skills, informal individual coaching and modeling from the facilitator as well as other House Of Ruth Maryland staff.

#### **Process**

- Every parent who has a child living in shelter will complete the Parenting Stress Index (PSI) during the initial Comprehensive Interview.
- Parents who do not have children in shelter will complete the PSI before the first session of the group.
- At the beginning of the first group session, parents will complete the assessment tool developed by the evaluators.
- At exit from shelter or the termination of the parenting group, parents will complete the screening tools again (post-test).





# HOUSE OF RUTH MARYLAND CHILDREN'S PROGRAM

## Parent Satisfaction Exit Survey

*Thank you for taking the time to complete this survey. Your responses give us feedback about the services provided by the Children's Program and make it possible for us to improve our program to better meet the needs of parents who use it in the future. **This is an anonymous survey. Please do not put your name on this form.***

1. How many children do you have? \_\_\_\_\_
2. What are the ages of your children? \_\_\_\_\_

## Preschool Program

3. Did your child(ren) participate in the preschool program?      YES      NO      (circle answer)

4. If no, why not? \_\_\_\_\_

5. If yes, how satisfied were you with the following (circle your answer for each of the items listed below):

	<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Neither Satisfied Nor Dissatisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>
a. program goals	0	1	2	3	4
b. program staff	0	1	2	3	4
c. program times/schedule	0	1	2	3	4
d. progress your child(ren) made	0	1	2	3	4

6. If you circled 0 or 1 for any of the items in #5 above, please provide a brief explanation of your answer:

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## Therapeutic Services

7. Did your child(ren) participate in therapeutic services?      YES      NO      (circle answer)

8. If no, why not?

---



9. If yes, how satisfied were you with the following (circle your answer for each of the items listed below):

	<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Neither Satisfied Nor Dissatisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>
a. goals of services	0	1	2	3	4
b. therapeutic services staff	0	1	2	3	4
c. service times/schedule	0	1	2	3	4
d. progress your child(ren) made	0	1	2	3	4

10. If you circled 0 or 1 for any of the items in #9 above, please provide a brief explanation of your answer:

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### Parenting Support and Education Group

11. Did you participate in the parenting support and education group? YES NO (circle answer)

12. If no, why not?

---

13. If yes, how satisfied were you with the following (circle your answer for each of the items listed below):

	<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Neither Satisfied Nor Dissatisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>
a. goals of the group	0	1	2	3	4
b. group staff	0	1	2	3	4
c. group times/schedule	0	1	2	3	4
d. relevance of information	0	1	2	3	4

14. If you circled 0 or 1 for any of the items in #13 above, please provide a brief explanation of your answer:

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### Enrichment Program

15. Did your child(ren) participate in an enrichment program(s)? YES NO (circle answer)

16. If no, why not?

---

17. If yes, which enrichment program(s) did your child(ren) participate in? (circle all that apply)



- a. Tutoring      b. Port Discovery      c. KIDSPACE      d. Afterschool Program

18. If yes, how satisfied were you with the following (circle your answer for each of the items listed below):

	<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Neither Satisfied Nor Dissatisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>
a. goals of the program	0	1	2	3	4
b. program staff	0	1	2	3	4
c. program times/schedule	0	1	2	3	4
d. progress your child made	0	1	2	3	4

19. If you circled 0 or 1 for any of the items in #18 above, please provide a brief explanation of your answer:

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20. Overall how satisfied are you with the children's services program? (circle answer)

<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Neither Satisfied Nor Dissatisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>
0	1	2	3	4

21. Of all the children's services, what was most helpful? Why?

22. Of all the children's services, what was least helpful? Why?

23. What help did you/your child(ren) want that was not provided by the Children's Program?



24. Do you think other parents and children who come to the shelter will find the Children's Program and services helpful? (Please provide a brief explanation of your answer.)

25. Is there anything else you would like us to know about your experiences with the House Of Ruth Maryland Children's Program?

**Thank You, We Appreciate Your Feedback!**



**HOUSE OF RUTH MARYLAND CHILDREN'S PROGRAM  
CHILD THERAPY SATISFACTION SURVEY**

***Thank you for giving us feedback about the therapy services you received from staff at the House Of Ruth Maryland!***

What is your therapist's name? \_\_\_\_\_

About how many times or how often did you see her? \_\_\_\_\_

***Please respond to the following statements:***

**[Write Yes or No on Each Line]**

- \_\_\_\_\_ 1. I felt comfortable with my therapist.
- \_\_\_\_\_ 2. I learned about feelings.
- \_\_\_\_\_ 3. I learned about appropriate ways to show my feelings.
- \_\_\_\_\_ 4. I learned about domestic violence.
- \_\_\_\_\_ 5. I learned about safety planning.
- \_\_\_\_\_ 6. My ideas about families have changed
- \_\_\_\_\_ 7. I know the violence in my family was not my fault.
- \_\_\_\_\_ 8. I feel safer now that I have talked to a therapist.

***Do you think you act differently since you started seeing the therapist? Can you describe the difference?***

***Is there anything you wish the therapist had done or would do differently? Can you describe it?***

Thank you for completing this form. Please return it to Pia May, Children's Services Manager



## Sample Memorandum of Understanding

### I. Statement of Agreement

This agreement between [Project liaison name] of the University Department of Early Childhood Education and the House Of Ruth Maryland specifies areas of coordination and cooperation necessary to conduct the research study, "Children's Program Evaluation."

### II. Goals

The overall goal of this research is to evaluate the Developmental Preschool and the Parenting Support and Education Group. More specifically, the proposed evaluative project will provide shelters in general and the House Of Ruth Maryland in particular with information to make the delivery of service programs more effective in addressing the developmental needs of children and the parenting support and educational needs of battered women.

### III. University staff [insert names] agree that they shall:

1. Conduct the above described research study and co-write articles generated by this study, with the House Of Ruth Maryland. **Include IRB approval information.**
2. Maintain confidentiality of clients and shelter location. All identifiers from survey instruments will be removed. A study ID will be assigned and only the Children's Services Manager at the House Of Ruth Maryland, will have access to the code used to link identifying information to the study ID, and this information will be kept at the House Of Ruth Maryland in a locked file cabinet and computer file that is password protected. The survey instruments will be kept at Towson University Department of Early Childhood Education in separate locked file cabinets and separate computer files that are password protected.
3. The faculty investigators will consider the House Of Ruth Maryland's comments in presentations, framing, and discussion of study results. The faculty investigators will be responsible for the scientific conclusions arising out of the study.
4. Obtain written permission from the Executive Director before using the name "House Of Ruth Maryland" in published reports. Otherwise, the House Of Ruth Maryland will be identified only as a shelter for battered women and children in Baltimore City.
5. Scholarly publications from this study will be co-authored by Towson University faculty and House Of Ruth Maryland clinicians.

### IV. House Of Ruth Maryland agrees that they shall:



1. Designate a staff liaison to work with faculty investigators on the research study.
2. Enroll study participants and obtain informed consent according to the procedures approved by the Towson University Institutional Review Board (IRB) and administer agreed upon screening/evaluation instruments.
3. Provide faculty investigators access to a locked cabinet to store forms and materials related to the research study.
4. Provide status reports for funding agency **[dates]**.

**V. Administration**

Towson University Department of Early Childhood Education, faculty investigators and House Of Ruth Maryland Director of Programs, or their designees shall monitor the implementation of this agreement and facilitate resolution of problems or issues that arise during the study.

This agreement is in effect from **[date]** to **[date]** and may be extended and/or amended by mutual agreement in writing, signed by both parties. Either party may terminate this Agreement by sending written notice of termination to the other party thirty (30) days before the effective date of such termination.

**ACCEPTED FOR:**

\_\_\_\_\_  
Executive Director  
House Of Ruth Maryland, Inc.

\_\_\_\_\_  
Date

\_\_\_\_\_  
[Faculty] of Towson University

\_\_\_\_\_  
Date

\_\_\_\_\_  
[Faculty] of Towson University

\_\_\_\_\_  
Date



## **Children's Program Evaluation**

We are in the implementation phase of evaluating three components of the Children's Program. Therapeutic Services, Developmental Preschool and the Parenting Support and Education Group.

### **Therapeutic Services**

Our evaluator is an Associate Professor of Pediatrics, Director of Research, University of Maryland Center for Families.

Our goals for all children in shelter are to give them the therapeutic and educational services they need to begin to recover from the trauma of DV and to adjust to the dislocation associated with having to suddenly leaving their homes and schools of origin.

### **Steps for Evaluation**

- All children will have an initial screening. Children ages 3 and older will attend a domestic violence specific, psychoeducational group and children who are struggling with exposure to DV or other emotional issues will receive individual or family therapy.
- Parents will complete a Comprehensive Parent Interview form for each child regardless of age. All children age 3 and older will complete, with the assistance of children's program staff, a Comprehensive Child Interview form. These forms will be completed within the first five days in shelter.
- During the initial interview session with the mother, symptom inventory/measurement tools (pre-test) will be administered. The parent will complete the Child Behavior Checklist, Parent Report of Post-Traumatic Symptoms (PROPS), Brief Symptom Inventory (BSI), Everyday Stress Index (ESI), Social Support Questionnaire (SSQ 20) and the Parenting Stress Index (PSI short form). If the child is age six or older, the child will complete the interview with staff and then he/she will complete the Test of Nonverbal Intelligence (TONI), the Child Report of Post-Traumatic Symptoms (CROPS), Children's Exposure to Violence (CEV) questionnaire, Culture-Free Self-Esteem Inventories, Global Assessment of Functioning (GAF) and the Conflict Tactics Scales (CTS).
- If the symptom inventory/measurement tools indicate a need for treatment, a therapist, along with the parent, will develop a treatment plan for the identified child. The plan may include a referral to a community agency, individual or family therapy.
- The progress notes that the House Of Ruth Maryland child therapists will use for group and individual therapy will be able to be used as interim measures to track progress in treatment between the pre and post-tests.
- If a child is in individual therapy the parent and child will complete the PROPS and CROPS weekly.
- At the completion of a group or the end of individual therapy the child will complete a satisfaction survey.





- At exit from shelter the mother will complete a satisfaction survey that will include questions for all children's services.
- At exit from shelter/treatment the symptom inventory/measurement tools will be administered again (post-test).
- All information will be entered into the Statistical Program for Social Services (SPSS) for analysis.

## **Developmental Preschool and Parenting Education and Support Group**

Evaluators from Towson University, Department of Early Childhood Education will evaluate both the Developmental Preschool and the Parenting Education and Support Group

### **Developmental Preschool**

All children between the ages of 2 and 5 are encouraged to attend our preschool program, Monday through Friday, 9:00-11:30am. Our goals for children attending preschool are that they will attain developmental milestones appropriate for their age; they will experience an improvement in school readiness, social skills, and self-control.

#### **Process:**

- The Lead-teacher or child therapist will administer the Denver Developmental II screening tool in the two first weeks that a child attends preschool (pre-test). It will be administered again when that child exits shelter or the preschool program to attend school (post-test). Appropriate referrals will be made to community agencies if any delays are indicated by the screening tool.
- Attendance records will be entered into the database

### **Parenting Education and Support Group**

All mothers in shelter, whether their children are living with them or not, will attend an 8 session Nurturing Parenting Group. In this group, there will be home assignments, practical application and feedback of techniques and skills, informal individual coaching and modeling from the facilitator as well as other House Of Ruth Maryland staff.

#### **Process**

- Every parent who has a child living in shelter will complete the Parenting Stress Index (PSI) during the initial Comprehensive Interview.
- Parents who do not have children in shelter will complete the PSI before the first session of the group.
- At the beginning of the first group session, parents will complete the assessment tool developed by the evaluators.
- At exit from shelter or the termination of the parenting group, parents will complete the screening tools again (post-test).