



MAY 2011

- **Katie Cafferty,**
Woodbury (Child)
- **Natalie Evans,**
Woodbury (Kinship)
- **Michelle & Chad Lawrence,**
Woodbury (Kinship)

JUNE 2011

- **Beth Coppock,**
Stillwater (Adult)
- **Nisa & Lloyd David,**
Forest Lake (Kinship)
- **Melissa & James Garcia,**
Cottage Grove (Kinship)
- **Molly Stromme,**
Forest Lake (Adult)

JULY 2011

- **Becky & Jim Dibble,**
Forest Lake (Child)

AUGUST 2011

- **Cindy & Joe Radatz,**
Forest Lake (Child)

SEPTEMBER 2011

- **Susan & Jon Allery,**
Cottage Grove (Child)
- **Kathy & William Mathison,**
Cottage Grove (Kinship)

“FOSTERING CONNECTIONS” FOR YOUTH 18-21 SUCCESS STORY!

In 2008, practice changing federal legislation was passed titled “Fostering Connections for Success and Improving Adoptions Act”. The fostering connections for success was specifically focused on youth in foster care who are unable to return home or otherwise achieve permanency prior to age 18 or youth who desire to continue in foster care past their 18th birthday. A key provision of this act allows youth to remain in foster care up to age 21 if they meet certain eligibility criteria. These criteria are:

- Completing secondary education or a program leading to an equivalent credential; or
- Enrolled in an institution that provides post-secondary or vocational education; or
- Participating in a program or activity designed to promote or remove barriers to employment; or
- Employed for at least 80 hours per month; or
- Incapable of doing any of the activities described above due to a medical condition.

The article below is from one of our first young men in Washington County taking advantage of this legislation. We, as a county, are very excited to be able to offer services to youth 18-21. Their chances of succeeding in employment, education, and life are greatly enhanced as they continue to receive the support and guidance from their individual team (foster parents, case manager, therapist, employment counselor, skills worker, etc.) through those key transitional years. This is a wonderful testimonial for foster parents and illustrates that the challenging work you do day in and out, are well worth it!

PERSONAL STORY: TRANSITIONS FROM FOSTER CARE

In the beginning when I first started foster care I didn’t agree with my adopted parents that it was the right place for me; until I met the parents. I don’t think – I absolutely know that there aren’t enough words to describe their generosity, sincerity, and, above all, hospitality. I felt the warm welcoming that I never felt before which made me realize that maybe when I first got adopted; it should have been by them even though my adopted parents thought I was a lost soul. I didn’t feel the need to dwell on the situation that already occurred only to be hurting and so miserable. I entered the foster home with a plan of my own which was forget the past, make the best of the present, and focus on the future. I knew that was the greatest approach; after all, everything I needed my foster parents provided for me – most importantly consistency. I had rules that I was obligated to follow unlike before; I thought doing chores was a punishment. The routines were repetitive on a daily basis making it easier for me to remember the basics. The best part of this whole experience is that whenever I need someone’s honest opinion on a decision I have to make, guess who I call on? Yeah! You guessed it my foster parents! Their teaching is beyond extraordinary that they earned the title **Best Parents I’ve ever had!** My life now consists of studio time and work which I am obsessed with and can’t get enough of, especially the music part. In my case it’s the ultimate high. I don’t know if I would have survived without involving The Greatest Foster Parents in my life.

Personal Story by: David Barnes, Foster Youth



ADULT FOSTER CARE ORIENTATION TRAINING

Are you struggling with your paperwork? Don't know what forms should be in a client file? Aren't sure what policies you need to have? Don't know when to complete an incident report? Perhaps the Adult Foster Care Orientation Training is for you.

This training is required for new providers but is a good refresher for currently licensed providers. It is a 12 hour course divided into three sessions of four hours each. We review the adult foster care rule, explain policies and procedures, review vulnerable adult requirements, go over the referral process, and review client paperwork requirements.

The next orientation is scheduled:

- Oct. 28, Nov. 4, & Nov. 18 - 9:00 a.m.—1:00 p.m.
Washington County Cottage Grove Service Center
13000 Ravine Pkwy. S., Room 147/148

Contact your licensor with questions or to register. **You must register to attend.** Employees or substitute caregivers are welcome.



TAKE CHARGE OF YOUR ADULT FOSTER CARE PAPERWORK!

"This was great!" "Awesome!" "I feel so much more in control."
 "This training gave me a great way to organize my paperwork."
 "This year, I will know if something is missing before you ask for it!"
 "I am ready for you to come for my relicensing!"

In June and July, fourteen providers attended training to organize their paperwork. Each brought their paperwork for one resident along with their policies and any other paperwork required for licensing. The paperwork came in bags, boxes, and even a suitcase! We helped sort through the current papers, old papers, the duplicates, and extras. Lists were provided for each binder as well as examples of what was needed in each section. The piles became well organized files in three ring binders. Everyone who attended found it helpful, including the providers who have been doing this for years.

We will be doing another training in 2012. Watch for the announcement by email or at support group.



REMINDER-ADULT FOSTER CARE PROVIDERS SUPPORT GROUP

The group meets the 4th Tuesday of every other month. The upcoming meeting dates are:
Nov. 22, 2011, Jan. 24, 2012 and March 27, 2012

6:00-8:30 p.m. (unless otherwise specified)

Flyers will be sent out with future topics.

ATTENTION ADULT & CHILD FOSTER CARE PROVIDERS!

You recently received a letter from DHS requesting your MN tax ID # or social security number. This information will be provided to the Department of Revenue and is classified as private data. **The deadline for providing this information is November 1, 2011.**

The letter states that the information is voluntary but not providing the information may affect your ability to renew your license. If the information on your letter is incorrect or you have additional questions please contact the Department of Human Services, Division of Licensing at (651) 296-3971.



NUTRITION FOR OLDER ADULTS

Nutrition Facts

Older adults need the same nutrients as younger people, but in differing amounts. As you get older, the number of calories needed is usually less than when you were younger. This is because basic body processes require less energy when there is a decline in physical activity and loss of muscles. However, contrary to popular belief, basic nutrient needs do not decrease with age. In fact, some nutrients are needed in increased amounts. The challenge is to develop an eating plan that supplies plenty of nutrients but not too many calories.

This can be done by choosing nutritious foods that are low in fat and high in fiber like whole grain breads and cereals, fruits and vegetables. Also be sure to include moderate amounts of low-fat dairy products and protein foods like meat, poultry, fish, beans, and eggs. Sweets and other foods high in sugar, fat, and calories can be enjoyed from time to time but the key is to eat them sparingly.

The Food Guide Pyramid is a great guide for your daily food choices. Calorie needs vary depending on age and activity level but for many older adults 1600 calories each day will meet energy needs. Chosen carefully those 1600 calories can supply a wealth of nutrients. The recommended number of daily servings from each group in the Food Guide Pyramid, with a few additions of fats, oils, and sweets, will easily add up to 1600 healthful calories.

Calcium is important at any age and may need special emphasis as you grow older. Calcium is a mineral that builds strong bones and helps prevent osteoporosis. Many older adults don't eat enough calcium rich foods and the aging body is less efficient in absorbing calcium from food. In addition, many adults don't get enough weight bearing exercise, like walking, to help keep bones strong.

It is not too late to consume more calcium and reduce the risk of bone fractures. Eat at least 2-3 servings of calcium rich foods everyday. Low-fat milk, yogurt, and cheese are good choices. Some dark green, leafy vegetables, canned salmon with edible bones, tofu made with calcium sulfate, and calcium fortified soy milk can add a significant amount of calcium to your diet. In addition, do some weight bearing exercise like walking for a total of 30 minutes each day.

Special Considerations

The ability to smell and taste may decline gradually with age. When the sense of smell becomes dulled, it affects the sense of taste and makes food less appetizing.

To compensate for the loss of smell and taste, create meals that appeal to all the senses. Intensify the taste, smell, sight, sound, and feel of foods. Choose foods that look good and have a variety of textures and temperatures.

Dry mouth is another problem faced by many older adults. When it feels like your mouth is filled with cotton balls and your lips are parched and cracked, food just doesn't taste good. It can be difficult to chew and swallow because of lack of saliva.

To relieve dry mouth discomfort, watch out for spicy foods that irritate the lips and tongue. Eat soft foods that have been moistened with sauces or gravies. Try sucking on hard candies or popsicles and drink plenty of fluids.

Tooth loss or mouth pain can be an obstacle to good eating. Generally, people who wear poorly fitting dentures chew 75% - 85% less efficiently than those with natural teeth. Dentures should be adjusted for a proper fit. Softer foods are easier to chew. Drinking plenty of water or other fluids with meals may make swallowing easier.

Many older adults say they just aren't hungry. There are many factors that influence appetite including digestive problems, certain medications, depression, or loneliness. To encourage eating and appetite, keep portions small, allow plenty of time to dine, eat smaller meals more often, prepare attractive meals, play dinner music, eat meals with friends, and increase physical activity where possible. Consult a physician if the lack of appetite results in unwanted weight loss.

Constipation can be a chronic problem for many older adults. It can be caused by not getting enough fiber or fluids and by being physically inactive. To stay regular and avoid the strain of constipation engage in physical activity, drink plenty of fluids, and eat fiber rich foods such as whole grain breads and cereals, legumes, vegetables, and fruit. Fiber gives bulk to stools and fluids help keep stools softer making them easier to eliminate.

Some older adults have trouble digesting milk, even if it wasn't a problem in their younger years. The small intestine may no longer be producing the enzyme lactase which breaks down the natural sugar, called lactose, in milk. When the lactase enzyme is missing you may experience bloating, abdominal cramps, and diarrhea. Tolerance to lactose is variable. Try eating smaller amounts of these foods, eating them during a meal instead of alone, or having them less often (perhaps every other day).

Remember to follow your doctor's recommended diet.

For more information on nutrition visit:

www.choosemyplate.gov

Article from: <http://gicare.com/Diets/nutrition-for-older-adults.aspx>



FAMILY VISITATION IN CHILD WELFARE HELPING CHILDREN COPE WITH SEPARATION WHILE IN FOSTER CARE

Introduction

Family visits may be valuable opportunities for children to heal and cope with the trauma of being separated from their families while in foster care. In fact, regular visitation can help children maintain continuity in family relationships, create a more positive parent-child relationship, and help families prepare to reunite (Weintraub, 2008). Given the primary goal of reunification with birth parents, visitation becomes the main vehicle for observing parental behaviors and therefore merits attention. The needs of the child must be at the forefront, while ensuring their safety. Visits between parents and their children can:

- Provide parents with an opportunity to learn new parenting skills, practice new skills, and/or demonstrate safe parenting skills.
- Increase the mutual enjoyment for parents and children during their interactions.
- Give the case worker an opportunity to observe and assess families and their progress.
- Support/satisfy reasonable efforts requirement (Adoption and Safe Families Act, 1997).
- Promote child welfare system goals of safety, child wellbeing, and permanency.

Research shows (Weinbraub, 2008) that children who have regular, frequent contact with their family while in foster care experience:

- A greater likelihood of reunification
- Shorter stays in out-of-home care
- Increased chances that the reunification will be lasting
- Overall improved emotional well being and positive adjustment to placement

In order to make the most of visits, families need to be prepared for the purpose of the visits, what is expected during the visit, and how visits may change over time in length and frequency. [This brief will look at best practices around visitation while children are in foster care.](#) It will look at factors that support visitation as well as challenges. This brief was written for Children's Administration and Washington State courts to provide a framework for best practice and opportunities to support and improve practice around visitation.

Levels of Supervision

All cases require that the level of supervision needed during visits be addressed. It should be thought of as

a continuum that ensures safety while allowing the most normal family interactions possible (Wentz, 2008). Factors to consider when determining the level of supervision required:

- Age of child
- Type of abuse the child experienced
- Parent's history of family violence
- Potential for abduction of child
- Emotional reaction of the child
- Where the visit will occur
- Who will be present at the visit
- Progress parent is making to improve parenting skills
- Parental issues such as addiction and mental illness

Progressive Family Visitation

Visits usually start supervised with many restrictions on location, activities, and frequency. When parents and child are interacting successfully during visits, the plan should change one element of the visit at a time, such as increasing the length of the visit or changing the location (Wentz, 2008). The goal is to slowly increase the parent's responsibility and move towards unsupervised visits in the parent's home while safely assessing the parent's ability. If there is a failure or repeated problems, go back to the last successful visit plan and determine what will make the visit more successful. Again, change only one element at a time even when there has not been a problem (Wentz, 2008).

Stages of Family Visitation

- *Preparation and Planning*
The preparation and planning stage of visitation is when the logistics of the visit are decided and agreed upon. This stage is not only critical to the success of the first visit, it's critical to the success of future stages (Holcomb, 2004).

Good preparation and planning cover the following and should incorporate case goals (Hess, 2003):

- Visitation schedule: dates, times, and location of visits
- Who will arrange visit place and time?
- Who will be present?
- What can be expected?
- Arrangements for monitoring, visit coaching, or supervision, if any
- Plan for handling emergency situations
- Procedures for handling problems with visitation
- Visit frequency

- Visit length
- Visit activities
- Transportation arrangements
- Visit do's and don'ts

- *The Visit*

This is the actual time the parent and child will spend together. It can either be formal or informal. Visits that are either supervised or semi-supervised can provide necessary guidance to help support a positive interaction between parent and child (Holcomb, 2004). The visit supervisor can assist by modeling appropriate interaction while empowering the parent to guide the visit.

- *After the Visit*

Each visit should be documented by the visit supervisor/case worker. Input should be sought from all parties involved, focusing on successes and challenges of the visit and desires and goals for future visits (Holcomb, 2004). This process can help the worker to refine the visitation plan to reflect obstacles, changes, and parental progress (Wright, 2001). If all is going well, visitation restrictions may be removed and visits lengthened. Documentation of visits should include the following (Children's Services Practice Notes, 2000):

- Who participated and in what activities.
- The time the parent arrived and the length of the visit.
- Interactions between participants (level of affection).
- Extent to which parent exercised role (setting limits, disciplining child, engagement with child).
- Whether the visit supervisor or case worker needed to intervene.
- How parent and child separated.
- What happened after the visit – both the parent and child's reactions.

Assessing reactions to visitation by participants is important to help them understand and handle their own reactions to visits appropriately (Wright, 2001). All participants – including the parent, child, foster parent, and others present – need to be educated about visitation and its emotional impact (Wright, 2001). If the feelings experienced by family members such as anger, sadness, and helplessness that are common to reunion and separation cannot be expressed, this will often create behavioral difficulties for the child (Hess & Proch, 1993). *It is important for foster parents to understand that behavioral reactions after visits may be expected and do not necessarily signify that visitation should be stopped*

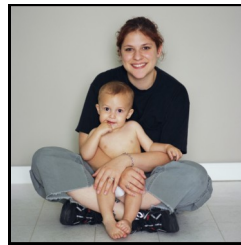
(Wright, 2001). By carefully evaluating participants' verbal and non-verbal reactions to visits, the case worker can determine whether (and what) changes should be made to the visitation plan (Hess & Proch, 1993).

In order to maximize visitation resources, it is likely that others will be involved in supporting visitation such as foster parents, relatives, and volunteers.

- *Factors that Support Visitation*

The following have been found to increase the likelihood of visitation by parents (Children's Services Practice Notes, 2000):

- Case worker is committed to visitation.
- Case worker has empathy for parents.
- Foster parents/kin are committed to visitation.
- Agency requires written plans for frequent visits.
- Agency has resources that promote visitation, such as a visitation room with comfortable furniture, age appropriate toys, and/or activities for families.



Conclusion

The primary goals of visitation are to meet the developmental needs of the child and to mitigate the trauma of placement. Additionally, visitation supports familial relationships as well as provides a means for case workers to assess parents' progress toward correcting deficiencies. Given the critical role of visitation in family reunification efforts, more attention should be directed to this important service both by social workers and researchers alike. Additionally, more information on what constitutes quality visitation is needed as well as standardized ways to evaluate visits and their impact on children. Thoughtful planning should go into visitation plans and should be changed over time as the parents demonstrate change. Birth parents should also be given more support in problem-solving the challenges – both emotional and physical – to participating in visitation. The juvenile court can also play an important role in ensuring that visitation services remain a supported priority in reunification efforts. The importance of connection to family is too important to children to not be a priority, whether the child is able to return home or not.

Article from: www.partnersforourchildren.org



FIVE TIPS ON HOW TO BE A PURPOSEFUL PARENT OF ADOLESCENTS

1. **Take time to listen.** Adolescents do not always want advice. Parents can discuss solutions rather than deliver lectures and use reassurance, encouragement, and support. It is not helpful when parents respond to their adolescent’s concerns by minimizing what the young person is feeling or saying “you’ll get over it.”
2. **Be aware of where adolescents are and what they watch.** When adolescents are not at home or school, it is a good idea for parents to know where they are. Also, restricting adolescents’ viewing of R-rated movies, which frequently glamorize alcohol and tobacco use, is an effective step parents can take to reduce the likelihood that their adolescent will abuse substances.
3. **Take concrete steps to help adolescents avoid illicit drug use.** Being home at key times of the day (such as in the morning, after school, at dinner time, and at bedtime) and reducing access to illegal substances in the home both help. Parents can also:
 - Explain why drug use is harmful
 - Communicate their expectations and rules relating to the use of drugs
 - Check in with their adolescent on a regular basis
 - Get to know their adolescent’s friends; and
 - Communicate with their adolescents to find out whether he or she is making healthy choices
4. **Eat dinner as a family.** By eating meals with their adolescents and helping them stay active, parents can help teens to eat a nutritious diet and to exercise regularly. However,

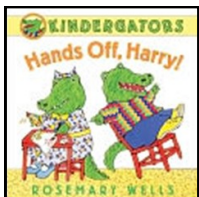
eating dinner as a family has also been linked to a host of positive outcomes for youth, including higher academic performance and improved mental health, compared to adolescents who did not have family meals.

5. **Pay attention to your own wellbeing.** Parents, especially if they are single parents, must pay attention to their own care. They can include physical activity, a healthy diet, and plenty of sleep into their daily routine. Parents can also arrange time to do activities they enjoy alone or with close friends.

Additional Resources for Parents

- The Centers for Disease Control and Prevention (CDC) have information about developmental milestones and mental health changes in early adolescence and middle or older adolescence, including tips and links to other resources for parents. www.cdc.gov
- www.stopalcoholabuse.gov contains links to alcohol prevention materials for parents, as well as a number of other different stakeholders.
- Parents looking for strategies to prevent or stop illicit drug use by their adolescent can visit www.TheAntiDrug.com, the website of The National Youth Anti-Drug Media Campaign, managed by the Office of National Drug Control Policy (ONDCP).
- Beginning in September, check out OAH’s new website for tips on how parents can better communicate with their adolescent around sex and other tough-to-discuss topics. www.hhs.gov/ash/oah

Article from: *The Office of Adolescent Health*



TEACHING KIDS THROUGH READING

Hands Off Harry!

By Rosemary Wells

Harry has trouble keeping his hands off

his classmates until Tina thinks of the perfect piece of gym equipment to teach him about personal space.

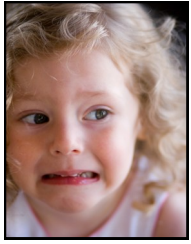


FREE SCHOOL LUNCHES FOR CHILDREN IN FOSTER CARE

The Healthy, Hunger-Free Kids Act of 2010 (Public Law 111-296) makes foster children categorically eligible for free school meals.

The child’s foster parent/caretaker or caseworker must complete the form. The child’s caseworker must sign and therefore “certify” the child’s foster care status. The caseworker or foster parent/caretaker then should take the form

to the local school and give it to those in charge of the school nutrition program or those who maintain student records. The foster household does not need to submit an Application for Educational Benefits to the school to qualify for school meal benefits on behalf of the foster child(ren). Also, the form can be provided to a child care provider of the foster child if the provider participates in the Child and Adult Care Food Program. If you have questions, contact the child’s case worker.



TRAUMA-INFORMED CARE FOR CHILDREN EXPOSED TO VIOLENCE TIPS FOR PARENTS AND OTHER CAREGIVERS

What happens when children are exposed to violence?

Children are very resilient – but they are not unbreakable. No matter what their age, children are deeply hurt when they are physically, sexually, or emotionally abused or when they see or hear violence in their homes and communities. When children see and hear too much that is frightening, their world feels unsafe and insecure.

Each child and situation is different, but exposure to violence can overwhelm children at any age and lead to problems in their daily lives. Some children may have an emotional or physical reaction. Others may find it harder to recover from a frightening experience. Exposure to violence – especially when it is ongoing and intense – can harm children’s natural, healthy development unless they receive support to help them cope and heal.

What are some of the warning signs of exposure to violence?

Children’s reactions to exposure to violence can be immediate or appear much later. Reactions differ in severity and cover a range of behaviors. People from different cultures may have their own ways of showing their reactions. How a child responds also varies according to age.

Young Children (5 and younger)

Young children’s reactions are strongly influenced by caregivers’ reactions. Children in this age range who are exposed to violence may:

- Be irritable or fussy or have difficulty calming down
- Become easily startled
- Resort to behaviors common to being younger (for example, thumb sucking, bed wetting, or fear of the dark)
- Have frequent tantrums
- Cling to caregivers
- Experience changes in level of activity
- Repeat events over and over in play or conversation

Elementary School-Age Children (6-12 years)

Elementary and middle school children exposed to violence may show problems at school and at home. They may:

- Have difficulty paying attention
- Become quiet, upset, and withdrawn
- Be tearful and sad and talk about scary feelings and ideas
- Fight with peers or adults
- Show changes in school performance
- Want to be left alone
- Eat more or less than usual
- Get into trouble at home or school

Teenagers (13-18 years)

Older children may exhibit the most behavioral changes as a result of exposure to violence. Depending on their circumstances, teenagers may:

- Talk about the event all the time or deny it happened
- Refuse to follow the rules or talk back with greater frequency
- Complain of being tired all the time
- Engage in risky behavior
- Sleep more or less than usual
- Increase aggressive behaviors
- Want to be alone, not even wanting to spend time with friends
- Experience frequent nightmares
- Use drugs or alcohol, run away from home, or get into trouble with the law

What can you do?

The best way to help children is to make sure that they feel safe (for example, creating a predictable environment, encouraging them to express their feelings by listening and hearing their stories) and ensuring they know that whatever happened was not their fault.

If your child’s behavior worries you, share your concerns with your licensor or the child’s caseworker.

Other ways you can help children cope with the impact of exposure to violence include:

- Remaining calm and reinforcing a stable and safe environment
- Keeping a regular schedule or routine for meals, quiet time, playtime, and bedtime
- Helping children prepare for changes and new experiences
- Spending more time together as a family
- Being patient and letting children identify and express feelings
- Providing extra attention, comfort, and encouragement

With a younger child, it is helpful to provide comfort with frequent hugging and cuddling, following the child’s lead (for example, wanting to be held, being clingy, or wanting to talk).

School-age children should be told that most people have many feelings when confronted with violence and it is normal to be upset, scared, angry, sad, or anxious.

Continued on page 8

Teenagers should not be forced to talk about the event, but they should have factual information if they request it and an opportunity to provide their perspective on the violent act. It helps for caregivers to be understanding of teenagers' moodiness, fears, and the need to be with peers.

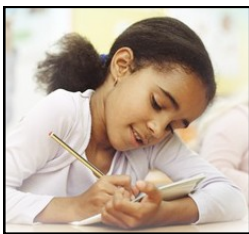
How do you know if more help is needed?

Remember that when something frightening happens everyone has difficulty, including children. This is normal and may go away. If your child continues to experience problems after a few weeks or starts having more problems, you may want to talk to someone about how to help your child cope.

Do not ignore warning signs! It is natural to hope that your child's reactions will go away on their own if given enough time, but it is best to take positive action to help your child regain a feeling of safety and trust.

If a child is going to disclose a traumatic event it is best to have them talk to their case worker for first hand reporting. Do not ask the child questions if they choose to disclose information to you.

Article from: www.safestartcenter.org



STATE OF LEARNING DISABILITIES: FACTS, TRENDS, & INDICATORS

The National Center for Learning Disabilities (NCLD) released its biennial report: *State of Learning Disabilities: Facts, Trends, and Indicators*. This publication provides the authoritative national and state-by-state snapshot of learning disabilities (LD) in the United States.

The report looks at the impact of learning disabilities on the educational success and employment of individuals with LD and also clarifies what is, and what is not, a learning disability.

Key findings of the report include:

- 2.5 million public school students have learning disabilities and are eligible to receive special education—representing 42% of the 5.9 million students with disabilities, down from a high of over 50% a decade ago.
- Learning disabilities do not include conditions such as Attention Deficit/Hyperactivity Disorder, intellectual

disabilities, autism, deafness, and blindness yet such conditions are often confused with LD.

- More students with LD are graduating with a regular high school diploma (64%) than only a decade ago (52%) and fewer students with learning disabilities are dropping out of school (22%) than in 1999 (40%).
- Students with LD attend post-secondary education at lower rates than their non-disabled peers. Only 10% of students with learning disabilities enrolled in a 4-year college within 2 years of leaving high school.
- Adults with learning disabilities still struggle to find employment (55% employed) compared to their non-disabled peers (76%) employed with 39% of adults with LD not in the workforce.

For more information visit the National Center for Learning Disabilities website: www.nclid.org/stateofld

Article from: www.pacer.org/newsand_events/



DID YOU KNOW? SAFE SLEEPING REQUIREMENTS FOR INFANTS

- Per Minnesota Statute (245A.1435), infants need to sleep on their back unless there is approved documentation from the county, signed by the parent, of an alternative sleeping position.
- Infants must sleep directly on a firm mattress with a fitted crib sheet that cannot be dislodged by pulling on the corner of the sheet.
- There must not be pillows, quilts, comforters, sheepskin, pillow-like stuffed toys, or other soft products in the crib.

- These sleeping practices apply to any foster provider serving infants up to and including 12 months of age.
- Per foster care law (245A.144), you must complete SIDS and Shaken Baby Syndrome Training once every 5 years.
- Per foster care rule, if the training is not provided by the county it must be approved by the county in order to meet the training requirement.

Remember to check www.cpsc.gov for the latest crib safety information, including crib recalls and new standards to improve infant safety.



CHILD FOSTER CARE TRAINING

WASHINGTON COUNTY

Sudden Infant Death Syndrome (SIDS) & Shaken Baby Syndrome (SBS) Training

- December 6 • 6:30–8:30 p.m.

Washington County Government Center
14949 62nd St. N., Lower Level Rm. 16, Stillwater

Registration:

Registration is required. *Seating is limited!* Click on the link below to access the registration form or call your licensor: www.co.washington.mn.us/asset/43n3kz/SIDS-Shaken-Baby-Trng-Flyer2011.pdf

Cost:

\$10/person (Can be reimbursed by foster care program.)

Questions:

Call Annie Walton (651) 430-6539

Child Foster Care Orientation

All newly licensed Child providers MUST attend these three sessions before providing foster care for children. As of January 2004, it is mandatory that all Kinship providers attend Session I and it is highly recommended that kinship providers attend all Orientation Sessions.

- Session I - Co. Orientation & Overview
October 20 • 6:00–9:00 pm
- Session II - The Provider as a Team Player
November 3 • 6:00–9:00 pm
- Session III - Rules & Professionalism
November 17 • 6:00–9:00 pm

Location:

Washington County Government Center
14949 62nd St. N., Lower Level Rm. 13, Stillwater

Registration:

Please RSVP by contacting your licensor.

Resource Family (formerly FAK Pre-Service) Training

Concurrent providers are expected to attend all the training sessions. All providers, whether non-kinship homes or kinship/relative providers, are highly recommended to attend in order to be prepared and skilled to meet the needs of kids in care. There are no easy situations and one can connect, learn, and vent with others who share your commitment to fostering!

- Module 3 - Cultural Issues in Placement
January 12, 2012 • 6:00–9:00 p.m.
- Module 4 - Family Systems and Abuse & Neglect
January 19, 2012 • 6:00–9:00 p.m.

- Module 5 - Impact of Abuse & Neglect on Child Development
January 26, 2012 • 6:00–9:00 p.m.
- Module 6 - Attachment, Separation, & Placement
February 2, 2012 • 6:00–9:00 p.m.
- Module 7 - Discipline
February 9, 2012 • 6:00–9:00 p.m.
- Module 8 - Primary Families
February 16, 2012 • 6:00–9:00 p.m.
- Module 9 - Sexual Abuse
February 23, 2012 • 6:00–9:00 p.m.
- Module 10 - Effects of Caregivers on the Family
March 1, 2012 • 6:00–9:00 p.m.
- Module 11 - Permanency Issues for Children
March 8, 2012 • 9:00 a.m.–4:00 p.m.
- Module 12 - Permanency Issues for Families
March 15, 2012 • 6:00–9:00 p.m.

Location:

Washington County Government Center
14949 62nd St. N., Lower Level Rm. 16, Stillwater

Trainers:

Janine Moore & Laurie Sjodin-Ernste

Registration:

Lindsay Brekke (651) 430-6485
lindsay.brekke@co.washington.mn.us

SPECIALTY TRAINING

- Supporting Children Exposed to Domestic Violence
February 7, 2012 • 6:00–9:00 p.m.

Washington County Government Center
14949 62nd St. N., Lower Level Rm. 16, Stillwater

Trainer:

Brenda Bussey

- The Significance of Substance Abuse on Families
April 12, 2012 • 6:00–9:00 p.m.

Washington County Government Center
14949 62nd St. N., Lower Level Rm. 16, Stillwater

Trainer:

Kirk Fjellman

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Continued on next page

METRO TRAINING OPPORTUNITIES

PACER Training:

- **Skills for Effective Parent Advocacy**
October 27, 2011 • 7:00–9:00 p.m.
Pacer Center Metro Locations
- **Is Your Child a Target of Bullying?**
November 17, 2011 • 7:00–9:00 p.m.
Pacer Center Metro Locations

Registration: www.pacer.org/workshops/

Child Restraint Systems Training

- **November 10 • 6:30 p.m.–9:30 p.m.**
Resources for Child Caring, St. Paul
- **December 3 • 9:00 a.m.–Noon**
Resources for Child Caring, St. Paul

Registration:

www.century.edu/continuinged

Cost/Credit:

\$40 / 3 hrs.

SIDS/Shaken Baby Syndrome: Reducing the Risk

- **October 20 • 7:00 p.m.–9:00 p.m.**
Resources for Child Caring, St. Paul
- **November 17 • 7:00 p.m.–9:00 p.m.**
Resources for Child Caring, St. Paul

Registration:

www.mnstreams.org or call (651) 641-3549

Payment MUST accompany registration.

Cost/Credit:

\$25 / 2 hrs.

CHILD FOSTER CARE & ADOPTION SUPPORT GROUPS

Washington County Child Foster Care Support Group

- **1st Tues. of each month • 10:00 a.m.–Noon**
Nov 1 / Dec 6
Washington County Government Center
14949 62nd St. N., 3rd Floor Rm. 3599, Stillwater

For more information:

Cynthia Shypulski (651) 430-7259

cynthia.shypulski@co.washington.mn.us

Thriving with your Teen

Is your teen pushing your buttons? Not sure how to handle it? Parents and caregivers are encouraged to attend.

- **October 20 & 27 (attend both) • 6:30–8:30 p.m.**
Cottage Grove Middle School, Cottage Grove
Cost: \$15 per person or \$20/couple
Registration: www.cecool.com or call (651) 458-6607

SAVE THE DATES!

2011 Minnesota Foster Care Association Conference

- **October 29 • 9:00 a.m.–8:30 p.m.**
Holiday Inn–Minneapolis Northwest, Elk River

Qualifies as 8 hours of training.

For more information: www.minnesotafostercare.org

Youth Intervention Program Association Annual Fall Conference

You are Your Best Tool: Don't Forget it!

- **November 4 • 8:30 a.m.–4:00 p.m.**
Minneapolis Park & Recreation Board Headquarters, Minneapolis
Presenters: Joseph B. Washington & L. Read Sulik, M.D.
Cost: \$90 for non-YIPA members / \$75 for YIPA members /
\$20 for Promise Fellows

Click on the link below for more information :

[www.kintera.org/site/c.8hKQI8MF1eIOE/b.7670691/k.2E75/You are Your Best Tool Dont Forget It.htm](http://www.kintera.org/site/c.8hKQI8MF1eIOE/b.7670691/k.2E75/You+are+Your+Best+Tool+Dont+Forget+It.htm)

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**Make sure you get a training certificate to verify your attendance for training hours.*

Washington County Adoptive Parent Support Group (via Adoption Support Network)

- **Meets 2nd Monday of each month • 6:30–8:30 p.m.**
Family Means
1875 Northwestern Ave. S., Stillwater

For more information:

Amy Ames (612) 390-1508 / amyames@nacac.org



MN ADOPT ASSISTANCE: PRE & POST ADOPTION

Who are Minnesota's children needing adoptive families?

Minnesota Waiting Children are under the supervision of the Department of Human Services.

Minnesota Waiting Children

- are of all ages and races
- typically are older than six and many are teenagers
- they may have siblings and need to be placed with their sibling group
- await permanent, stable, and loving families

What is MN ADOPT?

MN ADOPT is a program contracted by the Department of Human Services through the Minnesota Adoption Resources Network (MARN). The program is committed to supporting the right of every child to a permanent, nurturing family.

Since 1980, MARN has been dedicated to the recruitment of adoptive families for Minnesota Waiting Children, advocating on behalf of adoptive, kinship, and foster families.

What We Provide

MN ADOPT is dedicated to supporting and sustaining the families who adopt Minnesota Waiting Children by providing online resources and referrals to therapeutic, and crisis services, support groups, adoption information, and comprehensive training opportunities.

Questions?

MN ADOPT welcomes inquiries about how to begin and prepare for the adoption process, adoptive assistance and expenses, and how agencies and counties facilitate adoption of Minnesota Waiting Children. Contact them at 1-866-303-6276 or email at info@mnadopt.org.

MN ADOPT Services

- An online, searchable database listing children in Minnesota who are available for adoption
- A slate of pre-adopt orientations and trainings offered by private and county agencies throughout the state
- Support services offered by private agencies, counties, tribes, and individuals for families who have adopted Minnesota Waiting Children
- Information about adoption assistance and parenting children with special needs

- Online and in-person trainings for parents and professionals, and a calendar of post-adopt training events statewide
- Events celebrating diversity and recruitment
- Short-term therapeutic services for adoptive parents



MN ADOPT is expanding its services to include post-adoption clinical services for adoptive families in crisis through a system of statewide therapists and mental health professionals.

Minnesota Help Line for Adoptive Parents (HELP) provides short-term interventions that may include:

- Referral to therapeutic services
- Available full-time clinical specialists
- IEP Assistance
- Professional guidance and support
- Tools and resources to reduce crisis
- Assisting mental health practitioners to achieve adoption competency

You are not alone as adoptive parents. Count on MN ADOPT HELP to provide the support you need. Contact them at 1-855-670-HELP or (612) 746-5137, Monday–Friday, 9:00 a.m.–5:00 p.m.

Contact MN ADOPT for training opportunities, support groups, referrals, short-term therapeutic services, and parenting questions.

Minnesota Adoption Resource Network

430 Oak Grove St., #404
Minneapolis, MN 55403
1-866-303-6276
(612) 861-7115
info@mnadopt.org

View profiles of waiting youth at: www.mnadopt.org



A program funded by the
Minnesota Department of Human Services





Washington County
Community Services
Government Center
14949 62nd St. N.
P.O. Box 30
Stillwater, MN 55082-0030

The county offices
will be closed on
Nov. 11, 24, & 25
& Dec. 23 & 26

WASHINGTON COUNTY FOSTER CARE STAFF

Barbara Chase (Gen. Recruitment/Respite Care/Out of Co. Kin Coord.)... (651) 430-6492
barbara.chase@co.washington.mn.us

Cynthia Shypulski (Child Foster Care)..... (651) 275-7259
cynthia.shypulski@co.washington.mn.us

Debbie Steele (Child Foster Care)..... (651) 430-6598
deborah.steele@co.washington.mn.us

Donna Sloan (Adult Foster Care)..... (651) 430-6550
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lindsay.brekke@co.washington.mn.us

Robbin Ann Rosén (Adult Foster Care)..... (651) 430-4169
robbin.rosen@co.washington.mn.us

Suzanne Pollack (Supervisor)..... (651) 430-6476
suzanne.pollack@co.washington.mn.us

Visit us on the Washington County website at:

www.co.washington.mn.us/info_for_residents/community_services/foster_care_licensing/

THANK YOU DEBBIE STEELE!

It is with very mixed feelings that we officially announce the retirement of child foster care licensor, Deborah Steele. She came to Washington County in 2001 from Sibley County as a Child Protection Worker. Prior to that time she had worked in Riverside County, CA as a Child Protection Worker. Based on this background, Debbie initially was unsure if licensing was her niche. She was responsible for adult corporate and child foster care licensing during her first couple of years. Fortunately, for Debbie as well as all the other licensors, we redesigned the foster license unit to make staff responsibilities more specialized (as the laws and rules weren't getting any less complicated) and she transitioned to a total child foster care caseload. As one of three child foster care licensors, Debbie has been an exemplary team player for social workers, licensing staff and foster parents alike. She feels the pain and shame, of the kin and relative providers. This enhances her ability to connect with them, allowing her to educate and support them through the licensing process and throughout the placement challenges.

Debbie has been willing to be "stretched" as she calls it when several years ago her supervisor suggested that doing recruitment and the child foster care information meeting might be a good performance goal. Debbie, although skeptical at the time, took it in stride and has become a very competent public

speaker. She is truly an advocate for foster providers and is always there for them if they need to report a difficult situation, next day follow-up contact after an emergency placement or being candid and respectful related to compliance concerns.

So after working as a foster care licensor and truly mastering the art of licensing from recruitment calls on the phone, to an upset provider, to clarifying expectations with the foster care placement worker of the foster provider, to training in new licensing colleagues, Debbie will be retiring on October 28, 2011. I'm not sure how she will deal with the lack of emergency placements on Friday afternoon or meeting relative or non-kin providers for the first licensing visit, but I know one thing, everyone in the Resource Unit and most foster providers will miss Debbie's quick wit, attention to detail and desire to do things right! Debbie may you have a stimulating, fun and healthy retirement!

(We have been approved to replace Debbie's child foster care position and will communicate future changes through email and regular correspondence). Please feel free to contact Suzanne Pollack if you have any questions.



DO WE HAVE YOUR CURRENT CONTACT INFO?

Please notify us with your current cell phone number, home phone number, and/or email address if you have changed them recently. Contact your licensor or email us at:
ComSvsResource@co.washington.mn.us