

Welcome New Providers:

JULY 2010

- **Tanika Brown,**
Woodbury (Kin)
- **Amro Hegazy,**
Woodbury (Adult)

AUGUST 2010

- **Justine Cary &
Reed Hermanson,**
Lake Elmo (Adult)
- **Michele & Donald
Vincent,**
Woodbury (Kin)

SEPTEMBER 2010

- **Dawn Flores,**
Woodbury (Kin)
- **Kathy Hein,**
Lakeland (Kin)
- **Deb & Jeff
Mischnick,**
Oakdale (Kin)

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 licenser or email us at:

ComSvsResource@co.washington.mn.us.

HOLIDAY GREETINGS

On October 26, 2010 we experienced a severe wind-storm, one which removed about one-third of the shingles from our home. We were up most of the night as, with almost every gust, we could hear more shingles tearing loose. Fortunately, we have decent insurance and the next morning we went to work to get the damage repaired – temporarily and permanently. It was comforting to know who we could call and even better to receive a quick, reassuring, and professional response when we did. All of this is not unlike what occurs when social workers make the call to you – specifically when a

child or special needs adult is in need of temporary or long-term care.

Ok, this may seem like a rather strange analogy, since my intention is to write a note extending Holiday Greetings and express my appreciation to you for yet another year of service to your community and its most vulnerable people. However, I can't resist telling you that, like the insurance company, we appreciate having responsive, trained, professional caregivers available when the "storm" hits. Sometimes the damage can be repaired quickly, other times repairs take a considerable amount

of time. Unfortunately, there are even times, and we all know this, that it seems the damage is irreparable.

Whatever the circumstances, you are there to care for the kids and those vulnerable adults – to support them, love them, and guide them. For this, I sincerely thank you. Please accept my sincere wishes for a very happy Holiday season and all the best in the coming year!



Daniel Papin

BALANCING CHANGE WITH APPRECIATION

Hardly a week goes by when I don't hear of a situation when a child or adult foster parent's actions still astound me. I hear a provider willingly accepting an emergency placement of a 4 month old failure to thrive baby over the Thanksgiving holiday, or a family opening their home

to a school-age child with unique behaviors and mental health needs, or the first elderly placement with a new adult provider that was handled with great care. These stories keep me coming to work every day and keep the foster care staff committed!

One sometimes wishes the placements came more consistently ("I was just thinking of closing when you called 'cause it has been so long"), involved adults and youth with fewer emotional scars

Continued on page 2

Click on the link below for Adopted/Fostered Youth Scholarship Info.:

www.nfpainc.org/content/index.asp?page=YOUTHSCHOLARSHIP&nmenu=4

and less daunting/challenging behaviors, and we could anticipate all the problems that may arise. Unfortunately that is not the reality of foster care. While the number of youth needing placement is down, the adults and youth in foster care today are being removed from their homes because the family/individual situations cannot be supported in the community and have their safety assured. Both the adult service staff and children service staff strive to work with families and community resources until it is clear a placement must happen.

This is why we provide Orientation training for both adult and child foster care. Pre-service training (see page 6 of the newsletter) for child relative/kin and non-kin alike, offer support groups and on-going training to both child and adult foster care providers. Our job as licensors is to work as hard as we can to prepare you for the challenge of respite or placement situations.

So as the title of the article suggests, all this work has been achieved in the midst of ongoing, yes, probably on-going change. Here are a few of the changes and observations at a point in time:

- We had licensing staff retire this year (Jan Estes) causing several child homes to have not one but three licensors over the course of this year during the transition.

Providers are generally assigned based on county geography with Cynthia in the north, Lindsay in the middle, and Debbie in the south.

- We had Lindsay transfer from adult foster care to child foster care (September), and we **welcomed** Donna Sloan as our new adult licensor working with Robbin. Donna generally has providers in the northern part of the county, and Robbin is more southern.
- Our biggest need in adult family remains serving individuals particularly the young adults with mental health issues.
- Our biggest need in child foster care remains respite for youth with mental health issues.
- We have recruitment campaigns going for children with mental health issues and child protection for children under age 8.
- We were fortunate to receive a recruitment grant December 2009 through the Department of Human Services; providers to serve youth ages 16-21, increasing the racial diversity of our foster provider pool, and child specific recruitment. **We still need homes for our teen male youth especially, need available homes spread throughout the county, and have more placement options for youth of different races.** Jean Gleason, contracted foster parent,

Woodbury, is the Recruitment Specialist for this initiative.

- Three potential individuals are interested in being licensed for Family Adult Day Services (FADS) serving functionally impaired individuals age 55 and over. This program is in their home but operates fewer than 24 hours a day. This is an exciting new program that we are all learning at the same time. There are only 12 FADS in the state at the present time!
- Continually looking at our good practices for child placement and maintaining family ties, and with increased expectations by the Courts, we will be expecting Emergency foster providers to allow family visits to occur in their homes for placements that last longer than 72 hours. Child Protection Workers and we, as your advocates, will always assess to ensure this is a safe situation. There are strategies to decrease the concern and intrusion into your home, with which licensors and case managers can help.
- The Fostering Connections initiative for the youth 16-21, to increase better independence outcomes expects providers to be actively involved in the Independent Living Plans of these youth. A recent article stated in the State of Washington, less than 30% of youth in foster care graduated from high school and less than 10% went on to college. While

we think the statistics are higher in Minnesota, this is why we need to be coaching and mentoring our teens. This will mean having the youth work with an Independent Living Skills (ILS) Worker, do the Casey Foundation skills assessment, transport them to ILS Group and have concrete ILS goals in your home that they need to achieve. Those youth remaining in care after 18 (which they can do now under the Fostering Connections legislation) will be required to:

- Complete a Minnesota Youth in Transition Data base survey
- Sign a Voluntary Placement Plan and comply with the conditions set forth in the agreement (completing secondary education or equivalent, enrolled in institution that provides post-secondary education or vocational education, participate in program/activity to promote or remove barriers to employment or be employed for at least 80 hours a month)
- Complete a Health Directive
- Some really exciting mentoring and support is going on between child providers to keep things in balance and maintain placements. One male teen in Woodbury is being maintained in the community through

placement with a provider AND receiving respite from two other providers in the community. This brings a smile to my face, appreciation to the foster care and case management staff, and hopefully success to both youth and foster provider alike! It truly brings to mind the quote, "It takes a village to raise a child". We (YOU) are doing it in Washington County!

- Recognizing we have many more children with Reactive Attachment Disorder and other mental health issues, not to

mention the family of origin history, we have increased the utilization of in-home supports for foster parents (therapeutic support to foster parents). This is an opportunity for you to receive education and supports/skills in working with these hurting children and youth.

- We are continuing to enhance and refine our relationship with HSI and the Mobile Crisis Program staff who support adult and child providers to maintain placements during those critical times.

Please know our goal remains to have a safe, quality and successful placement/respite care situation for all involved. We know parenting and caregiving is the truly the hardest, most gut-wrenching job around. But when care is done well and one sees the minute changes, the head held high, having purpose, becoming part of the family, becoming an adoptive family, it is all worth it! I so thank each one of you for what you do! I wish you all a memorable holiday season and a healthy 2011!

Suzanne Pollack

ADULT FOSTER CARE PROVIDERS SUPPORT GROUP



The group meets the 4th Tuesday of every other month. The meetings dates are:

- January 25, 2011
Fetal Alcohol Syndrome
- March 22, 2011
Traumatic Brain Injury
- May 24, 2011
Talk about Drugs
with the Sheriff Office's Commander Brian Mueller
- July 26, 2011
Internet Safety
with the Sheriff Office's Investigator Sara Halverson
- September 27, 2011
VA Training

Potluck is at 6:00 p.m. and the training is at 7:00 p.m. Look for the flyers for location details.

Due to construction, locations may vary.



NEW ADULT FOSTER CARE LICENSOR—DONNA SLOAN

I came to the Resource Unit in September with a background in child protection from Steele and Clay Counties and a Masters of Social Work from the University of MN. I have enjoyed learning the process for licensing Adult Foster Care. I must say I like the 'people work' better than the

'paperwork.' I am looking forward to the day I can actually answer your questions rather than say, "I will get back to you on that."

In my free time, my husband and I drive our four children to activities. They are in that busy teen stage of life. We also threw a dog into the mix about a year ago! We like to watch movies, play

games, and visit family when we have a chance (another opportunity to ride in the car!)

I have enjoyed meeting both providers and residents. I look forward to meeting more of you as the year progresses.

Happy New Year!
Donna Sloan

ADULT FOSTER CARE INCIDENT REPORTS

Adult foster care providers need to complete an incident report when a client requires emergency care, when a police report of an incident involving a resident has been made, or when a vulnerable adult report has been made to the common

entry point. The rule does not define emergency care but we generally state that this is care for either an injury or illness which requires immediate treatment. Treatment could be from an emergency room,

urgent care clinic, or same day doctor's appointment. Emergency care can also be an individual with mental health issues needing to be hospitalized. Providers have to complete an incident report within 8 hours after

the operator has knowledge of the event. We ask that you call your licenser and case manager with the information about the incident and send a copy of the incident report as well.



SEASONAL AFFECTIVE DISORDER

If you notice periods of depression that seem to accompany seasonal changes during the year, you may suffer from Seasonal Affective Disorder (SAD). This condition is characterized by recurrent episodes of depression – usually in late fall and winter – alternating with periods of normal or high mood the rest of the year.

Most people with SAD are women whose illness typically begins in their twenties, although men also report SAD of similar severity and have increasingly sought treatment. SAD can also occur in children and adolescents, in which case the syndrome is first suspected by parents and teachers. Many people with SAD report at least one close relative with a psychiatric condition, most frequently a severe depressive disorder (55 percent) or alcohol abuse (34 percent).

What are the patterns of SAD?

Symptoms of winter SAD usually begin in October or November and subside in March or April. Some

people begin to slump as early as August, while others remain well until January. Regardless of the time of onset, most people don't feel fully back to normal until early May. Depressions are usually mild to moderate, but they can be severe. Very few people with SAD have required hospitalization, and even fewer have been treated with electroconvulsive therapy.

The usual characteristics of recurrent winter depression include oversleeping, daytime fatigue, carbohydrate craving, and weight gain, although a person does not necessarily show these symptoms. Additionally, there are the usual features of depression, especially decreased sexual interest, lethargy, hopelessness, suicidal thoughts, lack of interest in normal activities, and social withdrawal.



Light therapy, described below, is now considered the first-line treatment intervention, and if properly dosed can produce relief within days. Antidepressants may also help, and if necessary can be used in conjunction with light.

In about 1/10th of cases, annual relapse occurs in the summer rather than winter, possibly in response to high heat and humidity. During that period, the depression is more likely to be characterized by insomnia, decreased appetite, weight loss, and agitation or anxiety. People with such "reverse SAD" often find relief with summer trips to cooler climates in the north. Generally, normal air conditioning is not sufficient to relieve this depression, and an antidepressant may be needed.

In still fewer cases, a person may experience both winter and summer depressions, while feeling fine each fall and spring, around the equinoxes.

The most common characteristic of people with winter SAD is their reaction to changes in environmental light. People living at different latitudes note that their winter depressions are longer and more profound the farther north they live. People with SAD also report that their depression worsens or reappears whenever the weather is overcast at any time of the year, or if their indoor lighting is decreased.

SAD is often misdiagnosed as hypothyroidism, hypoglycemia, infectious

mononucleosis, and other viral infections.

What should I do if I think I have SAD?

If your symptoms are mild – that is, if they don't interfere too much with your daily living, you may want to try light therapy or experiment with adjusting the light in your surroundings with bright lamps and scheduling more time outdoors in winter.

If your depressive symptoms are severe enough to significantly affect your daily living, consult a mental health professional qualified to treat SAD. He or she can help you find the most appropriate treatment for you. To help you decide whether a clinical consultation is necessary, you can use the feedback on the Personalized Inventory for Depression and SAD at www.cet.org.

Reviewed by Michael Terman, Ph.D., Director, Winter Depression Program, New York State Psychiatric Institute at Columbia University Medical Center. New York City (Feb. 2004).



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Click on the link below for an article on Minnesota Seeing A Drop in Child Abuse Cases:

<http://minnesota.publicradio.org/display/web/2010/11/23/drop-in-child-abuse-puzzles-experts/>



ADOPTION TAX CREDIT FOR SPECIAL NEEDS ADOPTIONS

Most families that adopted foster children who receive adoption assistance between 2005 and 2009, and a few who adopted earlier, should be able to take advantage of the federal adoption tax credit, even if they had no expenses related to the adoption. A new law and guidance have now made the tax credit refundable for the first time. [For non-special needs adoptions (except step-parent adoptions, which do not qualify for the credit), parents can claim the credit with the same rules as below, except that they have to document qualified adoption expenses.]

Families who adopt a child with special needs from foster care can claim a federal adoption tax credit without needing to incur or document expenses. [For non-special needs adoptions (except step-parent adoptions, which do not qualify for the credit), parents can claim the credit with the same rules as below, except that they have to document qualified adoption expenses.] The per-child tax credit is \$13,170 for adoptions finalized in 2010.

Are We Eligible for the Credit?

To qualify for the credit without documenting expenses, families must:

- have adopted a child with special needs from foster care and
- have a modified adjusted gross income of a certain level.

Does my child have special needs? Children who are harder to place for adoption—older children, children of color, sibling groups, and children with medical conditions or disabilities—are often determined to have special needs. North American Council on Adoptable Children (NACAC) interprets the IRS instructions to mean that if a child receives adoption assistance (subsidy), the adoption assistance agreement (or application and agreement) is evidence that the state has determined that child has special needs. If your child does not receive adoption assistance, NACAC believes the state has not determined that your child has special needs and you will have to document adoption expenses to claim the credit.

Are we financially eligible for the credit?

How much, if any, of the credit you can use is based on your income. Families with a 2010 federal modified adjusted gross income above \$222,520 cannot claim the credit at all; families with 2010 incomes above \$182,520 can claim partial credit.

What do I do when the IRS asks for qualifying expenses?

You do not need to document expenses for children with special needs. See 2010 IRS tax instructions related to special needs adoption.

Child Tax Credit

Since the child tax credit and adoption tax credit interacted from 2002 to 2009, families must complete the Child Tax Credit Worksheet

in IRS Publication 972 to see what is the appropriate amount of the child tax credit to take. This may lead a family to take less or no child tax credit, instead taking that amount as an additional child tax credit (which is another refundable credit). You need to complete Publication 972 for each year you are amending to figure out the child tax credit and how much of the adoption tax credit you can claim in that year (and then how much you might carry forward).

If you already claimed the child tax credit, you will still need to work through Publication 972's Worksheet to figure out the amount of the adoption tax credit you can use for a given year. Claiming the adoption credit may affect whether you can claim the child tax credit. If your child tax credit is reduced because you claim the adoption tax credit, you should check to see if you can claim the additional child tax credit instead.

What If I Have Additional Questions?

If you receive adoption assistance (subsidy) for your child and have questions on whether it is taxable income or if you can claim that child as a dependent, read NACAC's fact sheet, *Tax Issues Related to Adoption Assistance and Adoption* — www.nacac.org/adoption/subsidy/factsheets/taxes.html.

If you have additional questions on the adoption tax credit or adoption subsidy, contact the North American

Council on Adoptable Children at 800-470-6665 or adoption.assistance@nacac.org.

Note: This fact sheet is NACAC's interpretation of the adoption tax credit; it is not intended as legal or tax advice. Each person's tax situation is unique.

TAX TIME

Adult Foster Homes must issue Certificates of Rent Paid (CRPs) to their "renters" (residents). You must give each renter (resident) a CRP by January 31 of each year. Individuals who have no income other than SSI and/or MSA/GRH are not eligible for rent refunds. Do not issue CRPs to them. Individuals who have other income are eligible only if some or all of that income goes for their rent. If none of it is used for rent, they are not eligible. Do not issue CRPs to them. However, residents with other income, such as Social Security (RSDI), wage income, or any other income other than supplemental assistance grants (SSI or MSA/GRH), may be eligible for a rent refund, as long as some or all of that income goes to pay their rent.

You can print off CRPs from this Minnesota Department of Revenue website. Here is a link to specific instructions for completing a CRP for adult foster care providers: http://taxes.state.mn.us/prop_refund/pages/other_supporting_content_crp_adult_foster.aspx



BURN WARNING

The Division of Licensing has previously issued alerts regarding hot water burns. Due to the efforts

of license holders and county licensors following the alerts, the Division of Licensing has seen a marked reduction in the number of reported incidents of consumers receiving burns from hot water. However, DHS is again asking licensors to remind license holders of this danger due to the severity and preventability of such incidents. In addition, burns from heating pads are discussed below:

Hot Water Burns

- Suggest that facility staff check the hot water heater at their site and install temperature control devices either at the water heater or faucet.

- Suggest that staff periodically check and document the temperature of the hot water coming out of the faucets at various times and location throughout the facility.
- Ensure that caregivers are trained to control water temperature when consumers are unable to do this for themselves. This may include filling bathtubs with water before the consumer enters the tub and/or the use of a thermometer to ensure that the water temperature is safe.
- Remember that even though specific water temperature is not addressed in Rule 203, we recommend that water temperature from the tap should not exceed 120 degrees. DHS strongly recommends that county licensors check tap water temperature with a

thermometer at initial licensing and relicensing and encourage providers to check it regularly. If you determine water temperature exceeds 120 degrees in an adult foster care home, you may be cited per Minnesota Rules, part 9555.6205, subpart 1, as this is a hazard that threatens the health and safety of residents.

Heating Pads or Items Warmed in a Microwave



These items can be dangerous to consumers who have decreased mobility and other health issues. Prolonged use on one area of the body can cause severe burn, even when heating pad is at a low temperature setting. The following may reduce the likelihood of this type of burn occurring:

- Ask caregivers to maintain the manufacturer's directions and inspect the heating pad before each use to ensure it is in proper working order.
- Ask caregivers to consider alternative treatments and only use heat application with a physician's order.
- Encourage using a removable cover on the pad during use.
- Stress the importance of placing the heating pad on top of, not underneath, the body part in need of heat (the temperature of a heating pad increases if the heat is trapped).
- Stress the importance of close supervision during heat application.

Visit the following link to view a video of a simple kitchen fire prevention idea: www.intlbarrier.com/fire_safety/KitchenOilFire.wmv

PRE-SERVICE FOSTER/ADOPTION/KINSHIP TRAININGS (REQUIRED FOR NEW PROVIDERS &/OR FOR THOSE WHO WANT REFRESHER)

Foster Program Note:

There are no easy kids in placement or respite care. We want providers to have education/skills they need to be successful! We expect you to sign up!

An experienced foster, adoptive, or kinship parent and an agency professional will guide participants through an interactive and informative training series filled with activities and learning opportunities. Each module, lasting three hours, builds a foundation for the next module.

- Module 3, 4 **Cultural Issues in Placement / Family Systems and Abuse & Neglect** April 2, 2011 LL Rm. 21
- Module 5 **Impact of Abuse & Neglect on Child Development** April 12, 2011 LL Rm. 21
- Module 6 **Attachment, Separation, & Placement** April 21, 2011 LL Rm. 21
- Module 7 **Discipline** May 10, 2011 LL Rm. 21
- Module 8 **Primary Families** May 17, 2011 LL Rm. 21
- Module 9 **Sexual Abuse** May 24, 2011 LL Rm. 20
- Module 10 **Effects of Caregivers on the Family** June 7, 2011 LL Rm. 20
- Module 11, 12 **Permanency Issues for Children / Permanency Issues for Families** June 18, 2011 LL Rm. 21

Trainers:

Janine Moore, M.S.W.
Laurie Sjodin-Ernste, L.S.W.

Times:

All trainings are from 6:00–9:00 p.m. on weeknights / 9:00 a.m.–4:00 p.m. on Saturdays

Location:

All trainings are held at: **Washington County Government Center** 14949 62nd St. N. Stillwater, MN 55082

Registration:

For additional information or to register, please contact: Debbie Steele (651) 430-6598 deborah.steele@co.washington.mn.us



HEALTHY REWARDS FOR CHILDREN

Editor's Note: Although this article was targeted at childcare providers, the content is very applicable to child foster care and even adult. Adults and youth alike might enjoy this recipe!

Why Healthy Rewards in Child Care

Children are offered foods as reward for "good behavior" in many settings. Often these foods have little or no nutritional value, but are easy and cheap such as candy and chocolate bars.

There are many disadvantages to using unhealthy food as rewards:

- It teaches children to eat even when they are not hungry
- It sends the message that achievements should be marked by eating
- It may add unnecessary calories, sugar, and fat to the child's diet
- It can undermine healthy nutrition practices being taught at home
- It can establish poor dietary habits that may last a lifetime
- It brings about only short-term behavior change

Children learn and behave better when they eat well and are active!

Children respond to healthy rewards with improved behavior. Kids naturally enjoy eating healthy and being physically active. It is important for families, child care centers, homes, and communities to provide kids ample opportunities to develop lifelong habits for better health.

Choosing Healthy Rewards

The relationship and activity-based rewards listed below can help break the cycle of overweight and obesity by teaching children that unhealthy foods do not have to be a reward for academic success and good behavior. As a reward, the child can:

- Lead the after-lunch walk with the teacher
- Choose the book the teacher reads to the class
- Be the teacher's helper
- Have a special item on their table
- Use a special placemat for meals
- Pick a CD to listen to during lunch
- Sit next to the teacher at lunch
- Choose a LANA (Learning About Nutrition through Activities) recipe for snack for the next day
- Choose from a classroom treasure chest: items

such as pencils, stickers, or small toys

- Choose the art/creative activity
- Wear the "reward" button



If you must reward children with food, consider healthy options:

- a shiny red apple,
- crinkle-cut carrot sticks,
- string cheese, or
- low-fat chocolate milk

Bookworm Apple Bark



Preparation Time:
10 minutes

- 1 Granny Smith Apple
- 1 tablespoon peanut butter
- 2½ tablespoons golden or black raisins
- 1½ tablespoons dried, sweetened cranberries

1. Cut apple into four quarters, starting at the stem.
2. Remove the core by cutting away to leave a flat surface on the apple quarter. Be careful not to cut too

- much of the edible portion of the apple away.
- 3. Drop and slightly spread the peanut butter on apple quarters.
- 3. Mix together the raisins and dried cranberries then sprinkle on peanut butter.

Serves: 1
1 Cup of Fruit per Serving
Fruit and/or Veggie
Colors: Purple, Green, Red

Nutrition Information

per Serving:
Calories: 272;
Total Fat: 8.1g;
Saturated Fat: 1.5g;
% Calories from Fat: 25%;
% Calories from Saturated Fat: 5%;
Protein: 5g;
Carbohydrates: 50g;
Cholesterol: 0mg;
Dietary Fiber: 6g;
Sodium: 79mg.

Each serving provides an excellent source of fiber and a good source of Vitamin C.

Recipe was developed for Produce for Better Health Foundation (PBH) by Chef Mark Goodwin, CEC, CNC. This recipe meets PBH and Centers for Disease Control & Prevention (CDC) nutrition standards that maintain fruits and vegetables as healthy foods. Recipe from the Cool Fuel for Kids cookbook.

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
March 3 • 6:00–9:00 pm
Gov. Center, Stillwater, MN
LL Rm. 20

Session II
The Provider as a Team Player
March 17 • 6:00–9:00 pm
Gov. Center, Stillwater, MN
LL Rm. 20

Session III
House Rules & Professionalism
March 24 • 6:00–9:00 pm
Gov. Center, Stillwater, MN
LL Rm. 20

To RSVP please contact
Debbie Steele at
(651) 430-6598.



CHILD FOSTER CARE TRAINING

Child Passenger Restraint Systems Training

REQUIRED

This training needs to be completed every five years.

Many of you took the child passenger restraint class five years ago when the requirement was initially put in place in 2006. If you took this training five years ago please plan on taking this training in 2011 if you plan on having children in care under nine years old. If you took the training less than five years ago now is a good time to look at your training certificate to see when you need to take the training again.

245A.18 Child Passenger Restraint Systems

Subd. 2. Child passenger restraint systems; training requirement. (a) Programs licensed by the Department of Human Services under Minnesota Rules, chapter 2960, that serve a child or children under nine years of age must document training that fulfills the requirements in this subdivision. (b) Before a license holder, staff person, or caregiver transports a child or children under age nine in a motor vehicle, the person transporting the child must satisfactorily complete training on the proper use and installation of child restraint systems in motor vehicles. Training completed under this section may be used to meet initial or ongoing training under Minnesota Rules, part 2960.3070, subparts 1 and 2.

WASHINGTON COUNTY

- Feb. 22 • 6:00–9:00 p.m.
Washington County
Gov. Center–LL Rm. 21
14949 62nd St. N.
Stillwater, MN
- April 26 • 6:00–9:00 p.m.
Washington County
Gov. Center–LL Rm. 21
14949 62nd St. N.
Stillwater, MN

Registration:

Limited seating–NO walk-ins!
Registration form will be available soon via the Child Care Licensing section of the county website. Confirmation will be emailed upon receipt of \$30/person payment. (Can be reimbursed by foster care program.)

Questions:

Call Annie Walton
(651) 430-6539

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

This training needs to be completed every five years.
If you are a child foster care provider and took this training in 2006 it is time to renew the training requirement. This is a requirement for providers who take children five years old and younger. If you took the training less than five years ago now is a good time to look at your training certificate to see when you need to take the training again.

245A.144 Sudden Infant Death and Shaken Baby Syndrome for Child Foster Providers

(a) Licensed child foster care providers that care for

infants or children through five years of age must document that before staff persons and caregivers assist in the care of infants or children through five years of age, they are instructed on the standards in section 245A.1435 and receive training on reducing the risk of sudden infant death syndrome and shaken baby syndrome for infants and young children. This section does not apply to emergency relative placement under section 245A.035 although if you become licensed you will need to take it.

- Jan. 10 • 1:00–3:00 p.m.
Washington County
Gov. Center–LL Rm. 21
14949 62nd St. N.
Stillwater, MN
- March 10 • 6:30–8:30 p.m.
Svc. Center–Rm. 149/150
13000 Ravine Parkway S.
Cottage Grove, MN
- May 9 • 6:30–8:30 p.m.
Washington County
Gov. Center–LL Rm. 21
14949 62nd St. N.
Stillwater, MN

Registration:

Registration is required.
Seating is limited!
Click on the link below for the registration form:
www.co.washington.mn.us/client_files/documents/css/Child_Care_Forms/SIDS-Shaken_Baby_Trng_Flyer_Registr_Form-201111-24-10_2.pdf

Annie Walton

(651) 430-6539
Confirmation will be emailed upon receipt of \$10/person payment. (Can be reimbursed by foster care program.)

Diffusing Crisis Situations Safely and Sanely

This workshop helps participants understand anger as an unmet need, identify the stages of a developing crisis, and build corresponding de-escalation skills. Participants will build their confidence about dealing with angry individuals. Participants will learn to recognize the role of body language and personal space in diffusing tense situations. They will assess how their values, expectations, responses to anger, and personal temperament can diffuse a situation or contribute to even greater escalation.

- March 3 (Part I)
- March 10 (Part II)

6:00–9:00 p.m.
Washington Co.
Government Center
14949 62nd St. N.
LL Rm 20 & 21
Stillwater, MN

Trainer:

Duane M. Dutrieuille, M.Ed.

Registration:

Deb Steele
(651) 430-6598
deborah.steele@co.washington.mn.us

FREE

Life Books

For children and teens who are in foster care, Lifebooks offer a place where memories are held and experiences can be processed and better understood. A Lifebook is a combination of baby book, scrapbook, journal, calendar, photo album, social history,

Continued on next page

CHILD FOSTER CARE SUPPORT GROUPS

Child Foster Care Support Group

1st Tues. of each month
10:00 a.m.—Noon

- Jan. 4 & Feb. 1
Washington Co. Gov. Ctr.
14949 62nd St. N.
Public Health's
Conf. Rm. B (4th floor)
Stillwater, MN
- March 1/April 5/May 3/
June 7/July 5/Aug 2/Sept
6/Oct 4/Nov 1/Dec 6
Washington Co. Gov. Ctr.
14949 62nd St. N.
LL Rm. 20 (lower level)
Stillwater, MN

For more information:
Debbie Steele
(651) 430-6598
deborah.steele@co.washington.mn.us

Adult Adoptees Affected
by Chemical Dependency
(AAABCD)
*(Based on the 12-step model;
for adult adoptees 18 years
and older)*

Meets 2nd Monday
of each month
7:00—8:00 p.m.

The Recovery Church
Dr. Bob Room
253 State Street
St. Paul, MN

For more information:
David B. Bohl
(651) 295-7820
dbbohl@gmail.com

FASD Adoptive Parent
Support Group
(Fetal Alcohol Spectrum Disorder)

Meets 1st Thursday
of each month
7:00—8:30 p.m.

HSI Building
7066 Stillwater Blvd. N.
Oakdale, MN

For more information:
Amy Ames
(612) 390-1508
amyames@nacac.org

LGBTQ Adoptive Parent
Support Group
*(Lesbian/Gay/Bisexual/
Transgender/Questioning)*

Meets 4th Wednesday
of each month
6:30—8:00 p.m.

McRae Recreation Center
907 47th St. E.
Minneapolis, MN

For more information:
Mary McGowan
(612) 570-1394
marymcgowan@nacac.org

Parenting African American
Children Adoptive Parent
Support Group

Meets 4th Monday
of each month
7:00—8:30 p.m.

NACAC Office Building
970 Raymond Ave., Ste. 106
St. Paul, MN

For more information:
Alicia Griffin
(612) 570-2000
aliciagriffin@nacac.org

Raising Relative's Children
Support & Education Groups
*For Children, Youth,
and Those Who Raise Them*

Help for Healing
from Violence or Neglect
Tuesdays—call for dates

Lutheran Social Services
2400 Park Ave. S.
Minneapolis, MN

For more information:
Sarah
(612) 874-7063

Free dinner provider
Free groups & childcare

Washington County
Adoptive Parent
Support Group

Meets 2nd Monday
of each month
6:30—8:30 p.m.

Family Means
1875 Northwestern Ave. S.
Stillwater, MN

For more information:
Amy Ames
(612) 390-1508
amyames@nacac.org

**Make sure you get a training
certificate to verify your atten-
dance for training hours.*

Continued from Child Foster Care Training from page 8

and case record. Creating a Lifebook together with a trusted adult is one of the most meaningful therapeutic experiences that exist for the young person. This session helps foster parents and children/youth to understand the critical importance of Lifebooks, and provides many resources to help participants get started on

their own Lifebook projects. **Children 10 years and older are invited to attend this session** together with their foster parent. There will be an opportunity to make Lifebook pages, so bring pictures or memorabilia the child/youth would like included. This session is a good time to bring less intense items, such as school photos or recent photos with

friends. *Please use caution when selecting items to bring to this session, as the 'classroom' environment will make it difficult to process intense emotions that very personal items may raise for youth.*

- February 15
6:00—9:00 p.m.
Washington Co.
Government Center

14949 62nd St. N.
LL Rm 20 & 21
Stillwater, MN 55082

Trainer:
Joy McAfee, B.S.

Registration:
Deb Steele
(651) 430-6598
deborah.steele@co.washington.mn.us
Deadline: February 4

FREE



GRIEF AND LOSS

Overview:

Loss can be defined as the effectual state that an individual experiences when something or someone of significance is withdrawn.

Adopted and foster children experience loss in dozens of ways. The death of a parent or siblings, termination of parental rights shortly after birth or later, multiple placements in foster homes or switching from foster to adoptive homes, and separation from siblings or other loved ones are all losses these children cope with.

Lois R. Melina, author of "The Adopted Child" newsletter, says, "Loss is a feeling that runs through the lives of children who have been adopted." She says the full impact of this loss is initially felt when children are between the ages of 7 and 12. The grief process continues at intervals throughout the life of an adoptee. It is important that parents and caretakers recognize and validate children's feelings of loss so that these children can take positive steps toward self-reliance and building positive self-esteem.

The Nature of Grief

Grief can be described as the process of experiencing the emotional, psychological, social, physical, and spiritual reactions in order to recover from a loss. Bereavement is the state of having suffered a loss, and mourning is the outward expression of grief

and bereavement. Mourning is sometimes described as "grief gone public".

Grief expresses itself in four major ways: through feelings, physical sensations, behaviors, and cognition. The following are examples of each:

Feelings:

- Sadness
- Anxiety
- Shock and numbness
- Yearning for the one who died or was lost
- Helplessness
- Irritability and frustration
- Anger, even rage
- Guilt
- Shame
- Fatigue, even exhaustion
- Victimization
- Loss of self-esteem
- Love
- Joy
- Gratitude

Physical Sensations:

- Hollowness in the stomach
- Tightness in the throat, difficulty swallowing
- Tightness in the throat, difficulty breathing
- Pain in the heart area
- Over-sensitivity to noise
- Sense of de-personalization
- Muscle weakness
- Dry mouth
- Heart palpitations
- Nausea
- Dizziness
- Trembling
- Damp hands
- Startle complex
- Sensation of weight
- Empty hums

Behaviors:

- Crying
- Inability to sleep
- Loss of appetite
- Eating too much
- Eating inappropriately
- Absent-mindedness
- Social withdrawal
- Unusual dreams, nightmares

- Searching behavior, calling out
- Restless overactivity
- Linking behaviors
- Unusual need to talk
- Unusual silence

Cognitions:

Responses in children may include:

- Magical thinking to explain reason for loss (often ego-centric or self-blaming)
- Confusion
- A developed world view that incorporates experience of loss
- Lack of trust
- Loss of control

Responses in adolescents and adults may include:

- Confusion
- Preoccupation (with the one lost, with oneself, with anything)
- Sense of presence
- Auditory "hallucinations"
- Visual "hallucinations"
- Embracing or rejecting religious traditions or practices
- Searching for meaning

Making Sense of Loss

Parents may need to take the initiative in getting their children to express their feelings of loss, pain, and anger. It may help for parents to assure their children that they recognize the difference between feelings of loss over families that couldn't be and their own adoptive families. Parents may need to acknowledge their own pain over losses and then remind their children, "Despite our losses, I still love you and I'm glad you're my child."

For foster families, the issues may be more complicated. If their children move to another foster home, are reunified with their birth families, or move into an adoptive or kinship place-

ment, the foster family must help the children make sense of their losses to that point and facilitate the transition. They must also recognize the losses for the children and for their own family when the children must move, while creating opportunities for children to feel a sense of continuity—through Life-books, continued contact, etc.

When children experience anger, they should be encouraged to talk about it rather than turn it inward. When children are taught to hide anger they may conclude that it's bad. Once children have cooled down from angry bursts, parents will benefit from taking the time to help him or her realize that it is perfectly acceptable to be angry at something that has happened to you, rather than to someone. Often "I" messages help in dealing with anger issues. Teach children that rather than acting out with behavior or lashing out with "You don't understand..." messages, they can clarify why they're angry by saying, "I feel..." and "I want...". As children mature, their understanding of their losses changes, and they may need to revisit grief in order to come to terms with their new understandings.

Assisting Growth

The following is a list of ideas for assisting growth for your foster or adopted children in your home, in their schools, or with their biological parents:

- Let them talk when ready; allow silence.
- Allow expression of feelings/emotions and validate

Continued on next page



CARBON MONOXIDE

Carbon monoxide is a tasteless, colorless, odorless gas that interferes with the delivery of oxygen throughout the body. Sources of carbon monoxide include:

- Unvented kerosene and gas space heaters
- Leaking chimneys and furnaces
- Back-drafting from furnaces
- Gas water heaters
- Woodstoves and fireplaces
- Gas stoves
- Automobile exhaust from cars in attached garages

Fetuses, infants, elderly people, and people with anemia or with a history of heart or respiratory disease can be affected more quickly by carbon monoxide. At lower levels, carbon monoxide can cause flu-like symptoms: headaches, dizziness, weakness, and fatigue. At higher

levels, or with prolonged exposure, it can cause confusion, disorientation, impaired vision and coordination, brain damage, coma, and death.

Ways to Reduce Risk

- Keep gas appliances properly adjusted.
- Consider purchasing a vented space heater when replacing an unvented one.
- Use proper fuel in kerosene space heaters.
- Above gas stoves, install and use an exhaust fan that is vented to outdoors.
- Be sure flues are open when fireplaces are in use.
- Choose properly sized woodstoves that are certified to meet EPA emission standards. Make certain that doors on all woodstoves fit tightly.
- Have a trained professional inspect, clean, and tune-up your central heating system (furnaces, flues, and chimneys)

annually. Repair any leaks promptly.

- Do not idle car inside the garage.

Are There Warning Devices Available?

A variety of carbon monoxide detectors, both plug-in and battery-powered, are available at hardware, home, and discount stores. Read packages carefully and compare features. Look for information stating that the detector is Underwriters Laboratories (UL) listed. Read the owner's manual completely and be sure to follow the manufacturer's instructions regarding installation.

Minnesota law requires that all single family and multi-family dwellings install an approved carbon monoxide alarm within 10 feet of each bedroom. The law was effective January 1, 2007 for all newly constructed homes and apartment buildings for which building permits were issued on or after that date; August 1, 2008 for all other

single family homes, and will go into effect August 1, 2009 for all other apartment buildings and multifamily homes.

What to do if the Carbon Monoxide Alarm Sounds

If the alarm sounds and anyone is feeling symptoms of carbon monoxide poisoning, your home may have a potentially dangerous level. Leave the house immediately. Call the fire department, local emergency medical services, poison center, or local utility company from a neighbor's home. If the alarm sounds and no one is feeling any symptoms of carbon monoxide poisoning, ventilate the home by opening windows and doors and turning on fans. Turn off any combustion appliances immediately. Then call an appliance repair technician to find the cause of the alarm.

Source:

www.minnesotasafetycouncil.org

Continued from Grief and Loss on page 10

- without condemnation.
- Relate to child with consistency and honesty.
- Find out what their interests are and build on them.
- Attend school activities.
- Be repetitive, consistent, stable, and provide security.
- Encourage kids to share school projects/achievements with biological parents.
- Give responsibilities and rewards.
- Encourage outside involvement; not so self-centered.
- Hug, hold, play with, and read to young children.

- Nurture, touch (safe touch) teens.
- Demonstrate responsible behavior.
- Praise at any level so they can take/accept consequences for negative behavior.
- Be accepting of current emotional state.
- Work on self-esteem, give opportunities to succeed and stay in contact with support systems.
- Teach them to take care of themselves—coping mechanisms, resources, how to be safe.

- Teach independence, self-esteem, and honesty.
- Model respect and love by praise and encouragement.
- Use word exchanges—model—hold them.
- Role play.
- Teach communication skills.
- Be willing to wait until the child is ready to share.
- Play, work, and laugh together.
- Incorporate family customs into foster home from biological home and into adoptive home from foster home.
- Set limits without crisis—create boundaries

- and rules.
- Use a visual chart for decision making to teach acceptance/consequences for behaviors.
- Trust unconditionally.
- Be socially involved to be part of society and learn appropriateness.
- Create and maintain Lifebooks and memories.
- Use positive reinforcement, verbalize strengths, and build on those strengths.

Source:

Adoption Resources of Wisconsin



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
Dec. 23, 24, & 31

WASHINGTON COUNTY FOSTER CARE STAFF

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Visit us on the Washington County website at:

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

HELPING RAISE CHILDREN IN FOSTER CARE

iFoster.org is now LIVE, FREE, and exclusively for the Foster Care Community!

At iFoster, we believe those who open their hearts and homes to children in foster care are unsung heroes. You shoulder the responsibility of raising over 500,000 of our most vulnerable children. And you do so despite a system that often provides less than half of what it costs to raise a child.

iFoster is here to help. Our programs provide financial relief as well as opportunities for growth and learning that have too often been unat-

tainable luxuries for children in foster care.

Join us and save! Our first program can save the average household over \$4,500 a year with free discounts at national and local retailers, grocery stores, healthcare providers (medical, dental, vision), restaurants, movie theatres, and attractions. We've brought the benefits program used by Fortune 500 companies to the foster care community. If you are a family (foster, resource, kin, guardian, adoptive), a transition age youth (16-21), or organization (e.g. group home, transitional housing,

CASA) supporting children in foster care, we invite you to join for free!

We will continue to expand our discounts and negotiate the deals that are of particular interest to you. And coming soon, we will be launching our program to provide clothing, school supplies, and basic necessities through our virtual depot and online marketplace.

Sign up at www.iFoster.org today and save! And you can help us by spreading the word; the bigger we get the more you can save. Some of our discount

partners include:

- Abenity Groceries
- AMC Theatres
- AT&T
- Barnes & Noble
- Costco Wholesale
- Dell
- DentalPlans.com
- Glasses USA
- Macy's
- Office Depot
- Restaurant.com
- Six Flags
- Southwest Vacations
- Sprint
- Target
- Walt Disney World



Click on the link below for an article on Stress:

<http://www.wifostercareandadoption.org/library/1062/stressedout.pdf>