



SEPTEMBER 2010

- **Bridgette Boucher & James Sletten**,
Forest Lake (Adult)
- **Tracy & Chad Gartner**,
Oakdale (Kinship)
- **Danielle Thomas**,
Woodbury (Kinship)

OCTOBER 2010

- **Melissa & Matt Deckert**,
Oakdale (Kinship)
- **Kari Hochstetler**,
Woodbury (Child)

DECEMBER 2010

- **Stacy McCormick**,
Woodbury (Adult)

JANUARY 2011

- **Julie Glanz**,
Woodbury (Kinship)
- **Nanette Reiger-Houle**,
Forest Lake (Kinship)

FEBRUARY 2011

- **Vicki & Gary Kennedy**,
Forest Lake (Kinship)
- **Nancy & Phil Witucki**,
Scandia (Child)

MARCH 2011

- **Melissa Garcia**,
Cottage Grove (Kinship)
- **Amy & Richard Reeves**,
Cottage Grove (Child)

May is National Foster Care Month so to honor our licensed adult and child foster providers we invite you to the:



2011 FOSTER CARE RECOGNITION EVENING

May 5, 2010 • 6:00 pm • Lake Elmo Inn Event Center

The Recognition Evening celebrates, acknowledges, and thanks the foster care providers who care for our children and vulnerable adults. This is a night for you to dress up (business casual), leave the kids at home, and enjoy!

We hope to see as many licensed providers as possible to celebrate the joy of fostering! There will be delicious food, kindred socializing and meeting those who share your love of human kind, door prizes, and awards.

Please R.S.V.P. by calling Robbin Rosén at (651) 430-4169.



APRIL IS NATIONAL CHILD ABUSE PREVENTION MONTH

In the early 1980s, the U.S. Senate and House of Representatives made a commitment to identifying and implementing solutions to child abuse by proclaiming April to be National Child Abuse Prevention Month. Since then, child abuse and neglect awareness activities have been promoted across the country.

In 2009, 4,742 MN children were abused and neglected. Child abuse and neglect affect children of every age, race, and income level. Children who have been abused and neglected are more likely to perform poorly in school, get involved in criminal activities, and abuse or neglect their own children. Minnesota law requires child care professionals to make a child protection report if they know of or have reason to believe:

- A child is being neglected or abused, or
- A child has been neglected or abused within the preceding three years.

Anyone who reports child abuse or neglect in good faith is immune from civil liability. The reporter's name is confidential. It is accessible only if the reporter consents, by court order, or by court procedure. If you are required to report known or suspected abuse or neglect and fail to do so, you are guilty of a misdemeanor. Verbal reports must be made immediately (no longer than 24 hours). Written reports must be submitted within 72 hours (weekends and holidays are excluded).

Our children are future leaders, parents, and workers. Our state's future prosperity depends on their healthy development and growth. With the support of engaged communities and nurturing families, all of our children can thrive and have the opportunity to grow into caring, contributing, and healthy adults. For more information, see a Resource Guide for Mandated Reporters at: <https://edocs.dhs.state.mn.us/lfsrver/Legacy/DHS-2917-ENG>.



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.

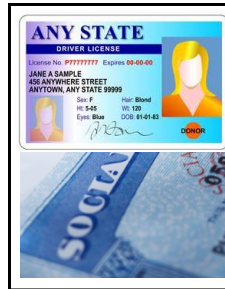
The next orientation is scheduled:

- **May 13 and 20, and June 3 - 9:00 a.m.—1:00 p.m.**
Washington County Cottage Grove Service Center
13000 Ravine Pkwy. S., Room 149/150

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

ADULT FOSTER CARE BEST PRACTICES TIPS FOR RECORD KEEPING

We suggest that you have copies of client's important documents such as their social security, medical assistance, driver's license, and state ID cards.



This way if the client loses their card you will still have the information. Remember this information is confidential and must be protected. The provider should have copies of any power of attorney, Do Not Resuscitate (DNR/DNI) orders, Guardianship papers, health care directives, and so forth. You are not required to have these copies but they can be helpful when dealing with a crisis and knowing who to contact and what to do.

We also suggest that you take a photo of clients. This is especially important if you have clients who may wonder away from the home or the group when in the community.

It's a good idea to give all your clients a wallet-sized card with your name, address, and phone number on it.



ADULT PROVIDERS—GET ORGANIZED

Help is coming! Tired of your licensur asking for some record or policy that you can't find or haven't heard of? The adult foster care program is planning a training to help new and veteran foster care providers organize their paperwork. The class will cover how to organize both client and provider paperwork.

- **June 21 - 10:00am—Noon**
Washington County Government Center
14949 62nd St. N., Stillwater, MN
3rd Floor Room 3599
RSVP: (by Friday, June 17)
Robbin (651-430-4169) or Donna (651-430-6550)



ADULT FOSTER CARE PROVIDERS & MEDICAL RECORDS

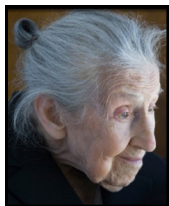
This is serious business! We are finding that providers are lacking in their documentation of their clients' medical information. Providers need:

- The name, address, and phone number of all the resident's medical, dental, and mental health providers.
- A health history record. Give residents a History and Physical form when they are going for their annual physical or ask for a copy of the clinic record.
- Information on any health risks. Provider should be giving residents a medical referral form when they are going to a medical provider, including psychiatrists, or getting a copy of the clinic record.
- Allergies documented.
- Currently prescribed medication. Providers should have

a current list of medications as well as the side effect information for all client medications even if they are not responsible for giving a client their medication.

- It is important to make sure that you have a doctor's assessment of whether a client is able to take their medication independently or not. If you are giving a client their medication you should have a signed permission form.
- If providers are dispensing medication they must keep a record of the medication they dispense.

We are seeing providers being unaware of client's medical or dental needs and not keeping track of medications they are dispensing. This has lead to complaints and vulnerable adult reports. If you have questions about what you need in terms of records contact your licensur.



APRIL IS NATIONAL PARKINSON'S AWARENESS MONTH

10 Early Warning Signs of Parkinson's Disease

- 1) **Tremor or Shaking.**
What is normal? Shaking can be normal after lots of exercise, if you have been injured, or could be caused by a medicine you take.
- 2) **Small Handwriting.**
What is normal? Sometimes writing can change as you get older, if you have stiff hands or fingers or poor vision, but this happens over time and not suddenly.
- 3) **Loss of Smell.**
What is normal? Your sense of smell can be changed by a cold, flu or a stuffy nose, but it should come back after you are better.
- 4) **Trouble Sleeping.**
What is normal? It is normal for everyone to have a night when they 'toss and turn' instead of sleeping.
- 5) **Trouble Moving or Walking.**
What is normal? If you have injured your arm or shoulder, you may not be able to use it as well until it is healed or another illness like arthritis might cause the same symptom.
- 6) **Constipation.**
What is normal? If you do not have enough water or fiber in your body, it can cause problems in the bathroom. Also some medicine will cause constipation too. If there is no other reason such as diet or medicine that would cause you to have trouble moving your bowels, you should speak with your doctor.
- 7) **A Soft or Low Voice.**
What is normal? A chest cold or other virus can cause your voice to sound different but you should go back to sounding the same when you get over your cough or cold.
- 8) **Masked Face.**
What is normal? Some medicines can cause you to have the same type of serious or staring look, but you would go back to the way you were after you stopped the medication.
- 9) **Dizziness and Fainting.**
What is normal? Everyone has had a time when they stood up and felt dizzy, but if it happens on a regular basis you should see your doctor.
- 10) **Stooping or Hunching Over.**
What is normal? If you have pain from an injury or if you are sick, it might cause you to stand crookedly. Also, a problem with your bones can make you hunch over.

Source: www.Parkinsons.org



FAMILY ADULT DAY SERVICES HOME

We have a new program available to the residents of Washington County. Susan Hilpisch is the first person in Washington

County to be licensed to provide Family Adult Day Services or FADS. The FADS Program is a program operating fewer than 24 hours per day that provides functionally impaired adults with an individualized and coordinated set of services including health services, social services, and nutritional services that are directed at maintaining or improving the participants' capabilities for self-care. The client must be over 55 and may not have serious or persistent mental illness or

developmental disabilities. Like Adult Family Foster Care, the service is provided in the home. This program can be equated with Day Care for elderly adults. Like many who have chosen Adult Foster Care, Susan has a desire to help and care for the elderly in our community. She cared for her parents until their deaths and has a passion for providing a safe place for the elderly while their caregivers work or take a well deserved break. Susan and her family live in Baytown Township on 5 acres. She has a menu of activities for her clients to choose from: container gardening, mind works activities, and crafts to mention a few.

AT 101—Basics of Assistive Technology Training

Join us for an interactive training experience with hands-on equipment demonstrations, a chance to learn about life changing devices, services and supports, how AT plays a role in physical tasks and cognitive reminders, information on funding resources, and how to work with Assistive Technology Professionals to find the right tool for the right task!

- **May 6 • 8:30 a.m.—2:30 p.m.**
West St. Paul – Dakota Co. (Northern Service Center)
1 Mendota Rd. W., West St. Paul, MN

For more information and to register click on the following link: www.equipalife.org/programs/at-training-project/



BED BUGS

Bed bug infestations are increasing. Bed bugs are small, flat, parasitic insects that feed solely on the blood of people and animals while they sleep. Bed bugs are reddish-brown in color, wingless, range from 1mm to 7mm (roughly the size of Lincoln's head on a penny), and can live several months without a blood meal.

Where are bed bugs found?

Although the presence of bed bugs has traditionally been seen as a problem in developing countries, it has recently been spreading rapidly in parts of the United States, Canada, the United Kingdom, and other parts of Europe. Bed bugs have been found in five-star hotels and resorts and their presence is not determined by the cleanliness of the living conditions where they are found.

Bed bug infestations usually occur around or near the areas where people sleep. They hide during the day in places such as seams of mattresses, box springs, bed frames, headboards, dresser tables, inside cracks or crevices, behind wallpaper, or any other clutter or objects around a bed.

What are the signs and symptoms of a bed bug infestation?

One of the easiest ways to identify a bed bug infestation is by

the tell-tale bite marks on the face, neck, arms, hands, or any other body parts while sleeping. However, these bite marks may take as long as 14 days to develop in some people so it is important to look for other clues when determining if bed bugs have infested an area. These signs include:

- the bed bugs' exoskeletons after molting,
- bed bugs in the fold of mattresses and sheets,
- rusty-colored blood spots due to their blood-filled fecal material that they excrete on the mattress or nearby furniture, and
- a sweet, musty odor.

How are bed bugs treated and prevented?

Bed bug bites usually do not pose a serious medical threat. The best way to treat a bite is to avoid scratching the area and apply antiseptic creams or lotions and take an antihistamine. Bed bug infestations are commonly treated by insecticide spraying. If you suspect that you have an infestation, contact your landlord or professional pest control company that is experienced with treating bed bugs. The best way to prevent bed bugs is regular inspection for the signs of an infestation.

Article from:
The Centers for Disease Control and Prevention

EMERGENCY PREPAREDNESS

If your home has been affected by a natural disaster, please remember to contact your licensor.

Flooding

Once a river reaches flood stage, the flood severity categories used by the NWS include minor flooding, moderate flooding, and major flooding. Each category has a definition based on property damage and public threat.

- **Minor Flooding** - minimal or no property damage, but possibly some public threat or inconvenience.
- **Moderate Flooding** - some inundation of structures and roads near streams. Some evacuations of people and/or transfer of property to higher elevations are necessary.
- **Major Flooding** - extensive inundation of structures and roads. Significant evacuations of people and/or transfer of property to higher elevations.

The impacts of a flood vary from one river location to another because a certain river stage (height) in one location may have an entirely different impact than the same level above flood stage at another location. For more information: www.fema.gov/areyouready/flood

Fire - Escaping a Fire:

- Review and practice escape routes with your family from each room.
- Make sure windows are not nailed or painted shut and security gratings on windows have a

fire safety opening feature so they can be easily opened from the inside.

- Consider escape ladders if your residence has more than one level, and ensure that burglar bars and other anti-theft mechanisms that block outside window entry are easily opened from the inside.
- Teach family members to stay low to the floor (where the air is safer in a fire) when escaping from a fire.
- Clean out storage areas. Do not let trash, such as old newspapers and magazines, accumulate.

For more information: www.fema.gov/areyouready/fire

Tornadoes - What to do before a Tornado:

- Be alert to changing weather conditions.
- Listen to [NOAA Weather Radio](http://www.noaa.gov), commercial radio, or television newscasts for the latest information.
- Look for approaching storms
- Look for the following danger signs:
 - Dark, often greenish sky
 - Large hail
 - A large, dark, low-lying cloud (particularly if rotating)
 - Loud roar, similar to a freight train.
 - If you see approaching storms or any of the danger signs, be prepared to take shelter immediately.

For more information: www.fema.gov/areyouready/tornadoes

OUTCOMES FOR FOSTER YOUTH

Based on our professional experience, we have often thought foster youth do not fare as well as youth in general. Here are some recent statistics to support this fact:

Outcome Measures	Former Foster Youth at Age 23 & 24	Peers in Gen. Population at Age 23 & 24	Typical Causes Leading to Poor Outcomes for Foster Youth
Lack of High School Diploma or GED by Age 23 or 24	25%	7%	<ul style="list-style-type: none"> Likely to change schools several times Delayed enrollment due to inaccurate & lost school records More likely to need special education services
Completion of 2-Year or 4-Year Degree by Age 23 or 24	6%	19%	<ul style="list-style-type: none"> Lack of awareness of college or job training opportunities No housing options during holiday & summer breaks No emotional or financial support provided by a parent or caring adult
Median Yearly Earnings from Employment	\$8,000	\$18,300	<ul style="list-style-type: none"> Limited opportunities to learn about employment or careers Lack of adult role models to teach appropriate professional behavior Poor education outcomes Lack of caring & educated adults to help youth apply for available opportunities
Homeless at Least Once	24%	n/a	<ul style="list-style-type: none"> Often released from foster care without a place to live No responsible adults to stay with during the transition Lack of financial resources to afford housing Lack of opportunities to open a bank acct. & establish rental/credit history No adults to use as references or co-signers
Medical Insurance Coverage	57%	78%	<ul style="list-style-type: none"> Inability to navigate systems to transition into adult insurance options
Pregnant	77%	40%	<ul style="list-style-type: none"> Trouble seeking love or connection with others
Males Arrested by Age 23 or 24	81%	17%	<ul style="list-style-type: none"> Limited or no personal relationships with adults Disconnected from family & social networks

Source: Mark Courtney, Amy Dworsky, JoAnn S. Lee, and Melissa Raap, *Midwest Evaluations of the Adult Functioning of Former Foster Youth Outcomes at Ages 23 and 24* (Chicago: Chapin Hall at the University of Chicago, 2010), 4. Available at: www.chapinhall.org/sites/default/files/Midwest_Study_Age_23_24.pdf.

These outcomes provide background on at least some of the reasons the Federal, State, and Washington County are changing how we work and service our older teens. The Fostering Connections to Success and Increasing Adoptions Act of 2008 is a federal child welfare law designed to ensure greater permanency for and improve the well-being of children and youth served by the public child welfare system. Those of you who have or work with youth in this age group know that very few kids are ready to be on their own at age 18. Some have not finished high school, most do not have a job good enough to support themselves in an apartment, and many do not have the day-to-day life skills they need to be successful. Washington County is committed to increasing our youth in foster care chances of being successful in life. To achieve this goal here are a few of the changes we have or will be making where we need your support:

- Foster youth can continue in foster care past age 18 (up to age 21) if they:
 - Remain in school (high school, post-secondary institution or vocational or trade school) or
 - Participate in a program or activity to promote or remove barriers to employment or
 - Are employed at least 80 hours per month or
 - Are incapable of doing any of the employment or educational activities listed above due to a medical condition.
- Foster youth are given information by their case managers at least 6 months prior to turning 18 of this option.
- Foster youth are expected to participate in Independent Living Skills (ILS) services. If case managers include this in the case plan for the youth we expect you to support this plan.

- Foster youth are working on Independent Living Skills on a day-to-day basis in their foster placement. There are tools through the Casey Foundation webpage which can assess independent living skill level and help set goals.
- Foster youth attend Placement Team once they turn 18 as we acknowledge them being legal adults. We want to visibly support case managers, foster parents and the teen in their efforts to reach their goals.
- Recruite foster parents to be licensed to coach and work with the 18 - 21 year old youth and be a connection for holidays and tough times. We have wonderful foster providers who do this now, but we need more.
- Provide more training specific to fostering older teens and young adults.
- Provide more in-home skills and therapeutic support to foster providers to train and support you in working with complex and challenging young adults.

I know we have youth in Washington County who are successfully transitioning: one young woman over 18 has been accepted into college for fall 2011; and a young man, who was previously in foster care, realized he could not make it on his own so he requested to come back into care. These are two real examples of how the law is changing practice. Our goal is to have even more youth transitioning successfully out of care confident that they can truly make it on their own!

If you have ideas on what might be helpful and supportive to you or our youth, I would love to hear from you.

Suzanne



MAY IS FOSTER CARE MONTH HISTORY OF FOSTER CARE IN THE UNITED STATES

Some of the earliest documentation of children being cared for in foster homes can be found in the Old Testament and in the Talmud. These references establish caring for dependent children as a duty under law. Early Christian church records also show children were boarded with "worthy widows" who were paid by collections from the congregation.

It was English Poor Law, however, that led to development and eventual regulation of family foster care in the United States. In 1562, these laws allowed the placement of poor children into indentured service until they came of age. This practice was imported to the United States and was the beginning of placing children into homes. Even though indentured service permitted abuse and exploitation, it was a step forward from almshouses where children did not learn a trade and were exposed to horrendous surroundings and unsavory adults.

In 1636, less than thirty years after the founding of the Jamestown Colony, at the age of seven, BENJAMIN EATON became this nation's first foster child.

In 1853, Charles Loring Brace began the free foster home movement. A minister and director of the New York Children's Aid Society, Brace was concerned about the large number of immigrant children sleeping in the streets of New York. He devised a plan to provide them homes by advertising in the South and West for families willing to provide free homes for these children, whether for charitable reasons

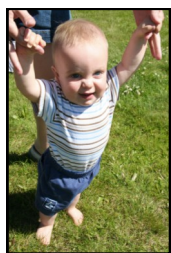
or whatever help these children could be to them. In many cases, these children were placed in circumstances similar to indenture. However, Brace's daring and creative action became the foundation for the foster care movement as it exists today.

As a result of the New York Children's Aid Society's placements, sectarian social agencies and state governments became involved in foster home placements. Three states led the movement. Massachusetts, prior to 1865, began paying board to families who took care of children too young to be indentured. Pennsylvania passed the first licensing law in 1885 which made it a misdemeanor to care for two or more unrelated children without a license. South Dakota began providing subsidies to the Children's Home Society after it was organized in 1893 for its public child care work.

During the early 1900's, social agencies began to supervise foster parents. Records were kept, children's individual needs were considered when placements were made, and the federal government began supporting state inspections of family foster homes. Services were provided to natural families to enable the child to return home and foster parents were seen as part of a professional team working to find permanency for dependent children.

Thank you for all of the support and guidance you offer the children and adults of Washington County.

Article from: National Foster Parent Association, <http://nfpainc.org/>



RESENTMENT

I love my grandson with all my heart and am so glad I have him with me. But I find I look forward more and more, to his daily naps, just so I can have an hour or two for myself. Even as I type this, he is on my lap!

I too, resent his mom. While she spends her money on important things, like getting her tongue pierced, I'm spending my money on diapers, clothes, and toys. I dress a toddler, pack a diaper bag with baggies of food, sippy cups, toys, diapers, wipes, and extra clothes, grab my keys, and go. She gets in her car and goes.

No more staying up or sleeping in as late as I want. I go to bed when he does and I wake up when he does. (If I don't, I can't keep up with him!) She brags about taking naps during the day. I have to turn a blind eye on the mess my house has become, because if I cleaned, I wouldn't be able to spend as much time with him. Her place is spotless, because she's never there except to sleep. I have more pain in my knees now, because he prefers me to stay at his level, which is on the floor.

She sees him for one to four hours, every three or four weeks and complains that he wears her out. BUT...when I wake up in the morning, the first thing I get to see is an angelic smiling face instead of an empty bed. My days are filled with a child's laughter; warm hugs and sticky kisses. When I go somewhere, I am the one who hears what a beautiful boy I have. I have the honor of being the one to kiss his boo-boo's and my arms are the ones he runs to when frightened by a strange noise. Early in the afternoon, he climbs in my lap and wants to "wocky" to sleep and I am the one who holds his soft little body close to my heart when he sleeps.

I took in a child who was underweight and sick all the time. I took in a child who was abused and neglected. I took in a child who desperately needed love. I gave him nutritious meals, doctor visits, medicine, lots of love and attention. What I got back is priceless. Resentment for what I have lost or don't have? Yes, it's there. But when it comes to unconditional love, I get it every day, all day long and I wouldn't trade it for anything else in the world!

Written by: Anonymous grandparent
www.grandsplace.org



SELF-TALK: THE FACTS

The link between thinking and feeling
Have you ever worried about something that upset you for a few days, only to realize that if you change how you think about the problem, you can start to feel better?

Changing the way you think will change the way you feel
Things go wrong at times. People let us down. We make mistakes and can become disappointed. Whether we get upset about it and how upset we become depends largely on the way we think about those situations. Sometimes we can make ourselves feel pretty miserable even when our situation is not that bad, simply by thinking in a negative, self-defeating way.

What is self-talk?

As we go about our daily lives, we constantly think about and interpret the situations we find ourselves in. It is like we have an internal voice that determines how we perceive every situation. We call this inner voice our “self-talk,” and it includes our conscious thoughts as well as our unconscious assumptions and beliefs.

Much of our self-talk is reasonable, for example: “I’d prepare for that exam,” or “I’m really looking forward to that game.” But sometimes our self-talk is negative, unrealistic, or self-defeating, for example: “I’m going to fail for sure,” or “I didn’t play well. I’m hopeless.”

Negative self-talk

Negative self-talk often causes us to feel bad, and can make us feel hurt, angry, frustrated, depressed, or anxious. It can also make us behave in a self-defeating way. For instance, thoughts like “I’m going to fail for sure” might discourage you from working hard when you are preparing for your exams, and you might actually fail as a result.

Remember: The way you interpret events has a huge impact on the way you feel and behave.

The ABCs of self-talk

The relationship between your thoughts, feelings, and behavior can best be explained by looking at the ABCs of your self-talk.

A is for activating situation

The activating situation is a situation that causes you to feel bad. An activating situation could be a party where you don’t know a lot of people, a stressful time in school when you’re overloaded with essays and assignments, or a time when you made a silly comment that you might later regret.

B is for beliefs

Beliefs make up self-talk, thoughts, and assumptions that we make about a situation. Identifying self-talk can sometimes be tricky. This is because it is so automatic that you might not even be aware of what’s going on in your own mind.

C is for consequences

The consequences of our beliefs are how we react to them, including feelings and behaviors.

Feelings are emotions like sadness, anxiety, guilt, anger, embarrassment, joy, excitement, or stress.

Behaviors are the actions that stem from those feelings, like communication, withdrawal, asking for help, going for a run, staying in bed, or raiding the fridge.

We often blame ourselves when things go wrong, compare ourselves to other people in a way that makes us feel inferior, exaggerate our weaknesses, focus on failures, and predict that the worst will happen. Thinking negatively about situations makes you feel bad, and it can also cause you to behave in an unhelpful way.

Negative self-talk can also affect your self-esteem. When you feel down, it is likely that you’re hard on yourself, and you might criticize and judge yourself unfairly. The worse you feel, the more negative your self-talk is likely to become.

What you can do to prevent the cycle of negative self-talk

The best way to understand the connection between A, B, and C is to see how it applies to your own situations. Why not give it a try?

Think of a situation in the last two weeks when you have found yourself feeling bad. You might have been feeling upset, stressed, angry, sad, depressed, embarrassed, or guilty. Describe the situation in a “stress-log,” and make sure you cover the ABCs.

One of the most important skills you can develop to deal with stressful situations is to identify your self-talk. A “stress-log” covering the A, B, and C of the situation is a useful tool to help you challenge the negative or unhelpful aspects of your thinking, and replace them with more reasonable and helpful thoughts.

Acknowledgment:
Taking Charge! A Guide for Teenagers: Practical Ways to Overcome Stress, Hassles and Upsetting Emotions.
By: Dr Sarah Edelman and Louise Rémond [Foundation for Life Sciences](http://www.foundationforlifesciences.org) (2005)

Click on the link below for more info. on challenging negative self-talk or visit www.reachout.com:

<http://us.reachout.com/facts/factsheet/challenging-negative-self-talk>



CHILD FOSTER CARE TRAINING REQUIREMENTS

Non-kin/relative foster providers (including those providers doing respite care) must attend **24 hours** of training per year. This would be per 2 person household. Both providers are encouraged to attend training. A one person household is required to have 18 hours of training per year. Orientation (pre-service training) of 12 hours is required before placements occur.

Foster providers who want to do concurrent planning or adopt through child protection must take all Pre-Service training to prepare for the challenges of these placements.

Mental Health Training:

All providers are required to have a minimum of 2 hours of mental health training prior to accepting their first non-emergency placement. The provider must complete a minimum of one hour of approved mental health training each year.

Car Seat Training:

If the provider plans to care for children 9 years old or younger the provider must complete Child Passenger Restraint Training every 5 years and prior to placement.

SIDS/ Shaken Baby Syndrome Training:

If the provider plans to care for children 5 years old or younger the provider must complete SIDS/Shaken Baby Syndrome Training every 5 years and prior to caring for the young.

The follow categories are approved for training:

cultural competence and transcultural placements; adoption and permanency; crisis intervention, including suicide prevention; sexual offender behaviors; children's psychological, spiritual, cultural, sexual, emotional, intellectual, and social development; legal issues including liability; foster family relationships with placing agencies and other service providers; first aid and life-sustaining treatment such as cardiopulmonary resuscitation; preparing foster children for independent living; parenting children who suffered physical, emotional, or sexual abuse or domestic violence; chemical dependency, and signs or symptoms of alcohol and drug abuse; mental health and emotional disturbance issues; Americans with Disabilities Act and Individuals With Disabilities Education Act; caring for children with disabilities and disability-related issues regarding developmental disabilities, emotional and behavioral disorders, and specific learning disabilities; privacy issues of foster children; physical and nonphysical behavior guidance, crisis de-escalation, and discipline techniques, including how to handle aggression for specific age groups and specific issues such as developmental disabilities, chemical dependency, emotional disturbances, learning disabilities, and past abuse; birth families and reunification; effects of foster care on foster families; home safety; emergency procedures; child and family wellness; sexual orientation; disability bias and discrimination; management of sexual perpetration, violence, bullying, and exploitative behaviors; medical technology-dependent or medically fragile conditions; and separation, loss, and attachment.

WASHINGTON COUNTY

Child Passenger Restraint Systems Training

- **June 23 • 6:00–9:00 p.m.**
Cottage Grove Service Center
13000 Ravine Parkway S., Rm. 149/150
Cottage Grove, MN
- **Oct. 4 • 6:00–9:00 p.m.**
Washington County Government Center
14949 62nd St. N., 4th Floor Rm. 436, Stillwater, MN

Registration:

Limited seating–NO walk-ins! Click on the link below to access the registration form or call your licenser:
www.co.washington.mn.us/asset/2501b6/Child-Passenger-Restraint-Systems-Flyer-Registr-Form2011.pdf

Cost:

\$30/person (Can be reimbursed by foster care program.)

Questions:

Call Annie Walton (651) 430-6539

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

- **May 9 • 6:30–8:30 p.m.**
Washington County Government Center
14949 62nd St. N., 4th Floor Rm. 436, Stillwater, MN
- **July 12 • 6:30–8:30 p.m.**
Washington County Government Center
14949 62nd St. N., 4th Floor Rm. 436, Stillwater, MN
- **Oct. 10 • 6:30–8:30 p.m.**
Washington County Government Center
14949 62nd St. N., 4th Floor Rm. 436, Stillwater, MN

Registration:

Registration is required. Seating is limited! Click on the link below to access the registration form or call your licenser:
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

Continued on next page

Click on the link below for a video on Children's Mental Health:

www.co.scott.mn.us/HelpingPeopleHealth/children/Pages/FosterCare.aspx

Continued from Child Foster Care Training from previous page

Foster, Adoption, & Kinship (Pre-Service) Training

- Module 7 - Discipline
May 10, 2011 • 6:00–9:00 p.m. • Rm. 3599
- Module 8 - Primary Families
May 17, 2011 • 6:00–9:00 p.m. • Rm. 3599
- Module 9 - Sexual Abuse
May 24, 2011 • 6:00–9:00 p.m. • Rm. 3599
- Module 10 - Effects of Caregivers on the Family
June 7, 2011 • 6:00–9:00 p.m. • Rm. 3599
- Module 11, 12 - Permanency Issues for Children /
Permanency Issues for Families
June 18, 2011 • 9:00 a.m.–4:00 p.m. • Rm. 3599

Trainers:

Laurie Sjodin-Ernste, L.S.W.

Location:

Washington County Government Center
14949 62nd St. N., Stillwater, MN 55082

Registration:

Lindsay Brekke (651) 430-6485

lindsay.brekke@co.washington.mn.us

Engaging the Disturbed Child...

Dragons & Monkeys: They are Everywhere!

- May 6 • 9:00 a.m.–Noon
Century East Campus–Rm. 2561
3300 Century Ave. N., White Bear Lake, MN

Registration: www.century.edu/continuinged

Cost/Credit: \$65/person / 3 hrs.

Child Restraint Systems Training

- May 19 • 6:30–9:30 p.m.
Resources for Child Caring
10 Yorkton Court, St. Paul, MN

Registration: (651) 641-3549 / www.mnstreams.org

Cost/Credit: \$40/person / 3 hrs.

ADHD & the Predictably Maddening Effects on Parents & the Family

- June 10 • 9:00 a.m.–Noon
Century East Campus–Rm. 2561
3300 Century Ave. N., White Bear Lake, MN

Registration: www.century.edu/continuinged

Cost/Credit: \$65/person / 3 hrs.

CHILD FOSTER CARE & ADOPTION SUPPORT GROUPS

Washington County Child Foster Care Support Group

- 1st Tues. of each month • 10:00 a.m.–Noon
June 7/July 5/Aug 2/Sept 6/Oct 4/Nov 1/Dec 6
Washington County Government Center
14949 62nd St. N., 3rd Floor Rm. 3599, 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+)

- Meets 2nd Monday of each month • 7:00–8:00 p.m.
The Recovery Church
253 State Street, Dr. Bob Room, 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

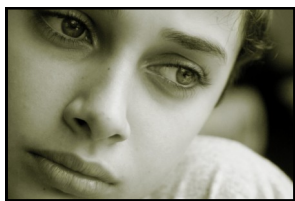
For more information:

Mary McGowan (612) 570-1394 / marymcgowan@nacac.org

Continued on page 10

Click on the link below to access the St. Andrew's Community Resource Center website:

www.saintandrews.org/community_resource_center.aspx



THE EFFECTS OF COMPLEX TRAUMA ON CHILDREN IN FOSTER CARE

Children that come into care may have histories of complex trauma, including multiple or prolonged traumatic events, may demonstrate impairment in many of the following areas:

- *Attachment:* Traumatized children feel that the world is uncertain and unpredictable. Their relationships can be characterized by problems with boundaries, as well as distrust and suspiciousness. As a result, traumatized children can become socially isolated and have difficulty relating to and empathizing with others.
- *Biology:* Traumatized children demonstrate biologically based challenges, including problems with movement and sensation, hypersensitivity to physical contact, and insensitivity to pain. They can have problems with coordination, balance, and body tone, as well as unexplained physical symptoms and increased medical problems (e.g., asthma, skin problems, and autoimmune disorders).
- *Mood regulation:* Children exposed to trauma can have difficulty regulating their emotions, as well as difficulty knowing and describing their feelings and internal states. They can have difficulty appropriately communicating wishes and desires to others.
- *Dissociation:* Some traumatized children sometimes experience a feeling of detachment or depersonalization, as if they are “observing” something happening to themselves that is unreal. They can also withdraw from the outside world or demonstrate amnesia-like states.

- *Behavioral control:* Traumatized children can demonstrate poor impulse control, self-destructive behavior, and aggression against others. Sleep disturbances and eating disorders can also be manifestations of child traumatic stress.
- *Cognition:* Children exposed to trauma can have problems focusing on and completing tasks in school, as well as difficulty planning and anticipating. They sometimes have difficulty understanding their own contribution to what happens to them. Some traumatized children demonstrate learning difficulties and problems with language development.
- *Self-concept:* Traumatized children can experience the lack of a continuous, predictable sense of self. They can suffer from disturbances of body image, low self-esteem, shame, and guilt.

As a resource family you will see children who have experienced trauma. Resource families have some of the most challenging and emotionally draining roles in the entire child welfare system. They must be prepared to welcome a new child into their home at any hour of the day or night, to manage a wide array of emotions and behaviors, and to cope with agency regulations, policies, and paperwork. They are expected to provide mentoring support and aid to birth families while at the same time attaching to the children and youth in their care. They also have to simultaneously prepare youth in their care for reunification with their family or for the possibility of adoption or legal guardianship.

*Child Welfare Trauma Training Toolkit:
Trainer's Guide—1st Edition 39—March 2008*

Continued from *Child Foster Care & Adoption Support Groups* on page 9

Parenting African American Children Adoptive Parent Support Group (via Adoption Support Network)

- 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:

Amy Ames (612) 390-1508 / amyames@nacac.org or
Alicia Griffin (612) 570-2000 / aliciagriffin@nacac.org

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, MN

For more information:

Amy Ames (612) 390-1508 / amyames@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 and times
Christ Lutheran Church
641 89th Ave. N., Blaine, MN

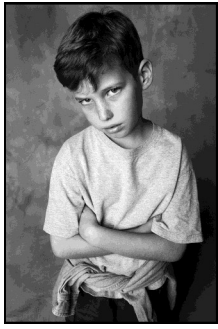
Roseville Lutheran Church
1215 W. Roselawn, Roseville, MN

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

For more information:

Sarah (612) 874-7063
Free dinner provided/ Free groups & childcare

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



POWER STRUGGLES

What is considered typical?

Anyone who spends time with toddlers and preschoolers knows about power struggles. Quite often they are signs that a child has realized that by saying no, they can control when and how things happen.

Power struggles are usually about a child exploring the healthy boundaries you provide for them. Your child may be thinking, "You asked me to wear the blue dress, but I want to wear my swimsuit to school." Young children have very little control over their lives. Recognize this and give your child control in some areas—they may surprise you. For example, your child may suggest that she wear the suit under her dress—crisis averted!

What strategies are helpful when managing a power struggle?

A big piece of power struggles is clear expectations. Ask yourself if your child understands what is expected? Another factor is whether your child is developmentally able to do what is being asked. For example, expecting a 3-year-old to sit still through a formal dinner is probably not realistic.

When power struggles do occur, remember that it takes two. When the parent is the other person, they sometimes need to let go of some of the control. That doesn't mean that children should be allowed to decide what to do, how to do it, and when to do it. But it does mean that children should have some chance to express their individuality. For example, some children want to choose their clothes but it takes too long and they sometimes pick things that aren't practical. A little planning (have your child select clothes the night before) and organization (separate play clothes from school clothes) can avoid a struggle that could take longer than it would take to choose the clothes.

What if a child is in danger?

Sometimes power struggles arise when a parent is trying to ensure a child's safety. Even then, there is usually an opportunity to allow choice. Here's how it might sound: "I see that you hit Jordan with the truck; trucks are for driving, hauling, and racing but not hitting—you're all done with that truck now. You may read a book or play with the blocks instead. You may try again later to play with the truck." Allowing a second chance helps the child maintain their sense of independence.

Are there times to be concerned about power struggles?

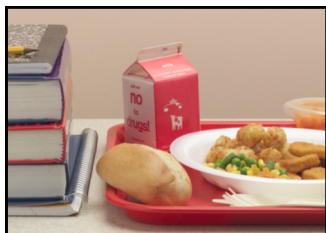
If power struggles happen repeatedly or if you become concerned about your child's power struggles, keep a log of how often they happen and how intense they are. Also make a note of how your child acted. If you do talk with someone about managing power struggles, the more information you have, the better chance you have of figuring out how to avoid them.

In some cases, your physician may refer you and your child to a mental health professional for counseling, support, and training on how to work out power struggles. The mental health professional will also be able to tell you whether the power struggles are an indication of a more significant emotional problem in the child or even in the adult.

Helpful Tips

- Don't become part of the struggle—identify the problem and help find a solution.
- Give second chances.
- Set clear expectations.
- Speak calmly and respectfully.
- Offer choices and follow through.
- Use an interested voice, not a punishing voice.

Source: MN Association for Children's Mental Health
www.macmh.org



FREE SCHOOL MEALS FOR FOSTER CARE CHILDREN

The Healthy, Hunger-Free Kids Act of 2010 makes any foster child categorically eligible,

without the necessity of an application, for free school meals if their "care and placement is the responsibility (of an agency that administers a state IV-B or IV-E plan)" or if a "court has placed (the child) with a caretaker household".

All a local educational agency needs to receive is documentation from an appropriate state or local child welfare agency

indicating that a child is a foster child under state responsibility or has been placed in a caretaker household by a court. These provisions are effective as of 10/1/10.

As the new provisions of the law read, in addition to all foster children placed by a child welfare agency being eligible (regardless of whether they are IV-E qualified), a child placed by a court into a kinship home or other "caretaker" household would also be eligible.



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
Mon., May 30
& Mon., July 4

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
donna.sloan@co.washington.mn.us
- Jean Gleason (Contracted Recruitment Specialist) (651) 430-6522
jlg321@q.com
- Lindsay Brekke (Child Foster Care)..... (651) 430-6485
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/

SAVE THE DATES! TOMORROW'S LEADERS OF TODAY CONFERENCE (TLT)

For youth 16-20 years old.

- August 3–5 (219 N. 6th Ave. E., Duluth, MN)

*Talk to the youth's social worker to get registered (or sponsored) for this conference.

Cost:

Early Bird (before 6/30/11): \$195/person

Regular (after 7/8/11): \$220/person



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.

Click on the link below for info. on Sun Safety:

www.sunsafetyalliance.org/pdfactivities/SSA%20Pamphlet.pdf

ON THE MOVE...

Not that we get many visitors, but just in case you were thinking of dropping in; we've moved! Due to a remodeling project at the Government Center in Stillwater, all the licensors are now in other offices. **This is a temporary move for the next 8 months.** All phone numbers and email addresses remain the same! You can still drop paperwork off in Stillwater and it will be routed to us. Here are the new locations:

- **Cottage Grove Service Center:**
Robbin Rosén and Debbie Steele
13000 Ravine Parkway, Cottage Grove, MN 55016
Fax: (651) 430-4193
- **Forest Lake Service Center:** Cynthia Shypulski, Donna Sloan, and Suzanne Pollack (supervisor)
19955 Forest Road N., Forest Lake, MN 55025
Fax: (651) 275-7263
- **Woodbury Service Center:**
Barbara Chase and Lindsay Brekke
2150 Radio Drive, Woodbury, MN 55125
Fax: (651) 430-6639

Click on the link below for info. on the MN Lyme Walk/Run:

www.mnlyme.com/