

Wright County Human Services Child Foster Care

April 2014

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<http://www.co.wright.mn.us/department/humanservices/childfoster.asp>

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May is Foster Care Month!

We want to recognize you for your commitment to foster care.

Please come relax and share a laugh with us at the

2014 Foster Care Banquet

May 15, 2014, 5:30 p.m.

**Huikko's Bowling & Entertainment Center
1207 Hwy 25 N, Buffalo**

5:30 ~ Social Hour (Chair Massages Available)

6:15 ~ Dinner

7:30 ~ Comedian

Please RSVP

**to Tamara Romer by May 1
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(763)682-7488**

*"Fostering is the
hardest job you'll ever
love."*

~ Unknown

Ten Tips for Caring for Children Who Have Experienced Trauma

- 1. Don't be afraid to talk about the traumatic event, if the child brings it up.** If the child senses that you are uncomfortable talking about the event, they will not bring it up. Don't bring it up on your own, but when the child brings it up, don't avoid discussion. Listen to the child, answer questions as you are able, and provide comfort and support.
- 2. Provide a consistent, predictable pattern for the day.** Make sure the child has a structure to the day and knows the pattern. Try to have consistent times for meals, school, homework, quiet time, playtime, dinner, and chores. When the day includes new or different activities, tell the child beforehand and explain why this day's pattern is different. It is frightening for traumatized children (who are sensitive to control) to sense that the people caring for them are, themselves, disorganized, confused, and anxious.
- 3. Be nurturing, comforting, and affectionate, but be sure that this is in an appropriate context.** For children traumatized by physical or sexual abuse, intimacy is often associated with confusion, pain, fear, and abandonment. Providing hugs, kisses, and other physical comfort to younger children is very important. A good working principle for this is to be physically affectionate when the child seeks it. If the child walks over and touches you, return it in kind. Be aware that many children from chronically distressed settings may have what we call attachment problems. They will have unusual and often inappropriate styles of interacting. Do not tell or command them to "give me a kiss" or "give me a hug."
- 4. Discuss your expectations for behavior and your style of discipline with the child.** Make sure that the rules and the consequences for breaking the rules are clear. Make sure that both you and the child understand beforehand the specific consequences for compliant and non-compliant behaviors. Be consistent when applying consequences. Use flexibility in consequences to illustrate reason and understanding. Utilize positive reinforcement and rewards.
- 5. Talk with the child.** Give them age appropriate information. The more the child knows about who, what, where, why, and how the adult world works, the easier it is to make sense of it. Unpredictability and the unknown are two things that will make a traumatized child more anxious and fearful. Without factual information, children (and adults) speculate and fill in the empty spaces to make a complete story or explanation. In most cases, the child's fears and fantasies are much more frightening and disturbing than the truth. If you don't know the answer yourself, tell the child you don't know. Honesty and openness will help the child develop trust.
- 6. Watch closely for signs of reenactment (e.g., in play, drawing, behaviors), avoidance (e.g., being withdrawn, daydreaming, avoiding other children) and physiological symptoms (e.g., anxiety, sleep problems, behavioral impulsivity).** All traumatized children exhibit some combination of these symptoms in the acute posttraumatic period. Many exhibit these symptoms for years after the traumatic event. When you see these symptoms, it is likely that the child has had some reminder (trigger) of the event, either through thoughts or experiences. Try to comfort and be tolerant of the child's emotional and behavioral problems. Record the behaviors and emotions you observe and try to notice patterns in the behavior.

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Ten Tips for Caring for Children Who Have Experienced Trauma, continued

7. Watch for triggers related to the child's trauma history and try to limit them. Do not hesitate to cut short or stop activities that are upsetting or triggering for the child. If you observe increased symptoms in a child that occur in a certain situation or following exposure to certain movies or activities, avoid them.

8. Give the child choices and some sense of control. When a child, particularly a traumatized child, feels that they do not have control of a situation they will predictably get more symptomatic. If a child is given some choice or some element of control in an activity or in an interaction with an adult, they will feel safer and more comfortable.

9. Tune in to how you are doing. You may experience things that trigger your own history of trauma, if you have experienced traumatic life events yourself. Even if you have not experienced trauma yourself, the child's trauma history can cause you to experience secondary traumatic stress. Signs to watch for include: nightmares, flashbacks, feeling isolated, feeling hopelessness or depression, difficulty sleeping, lack of patience, etc. If things don't feel right, it may be time to give us a call to talk more about it.

10. Ask for help. Caring for children who have been traumatized is not an easy task. You are our number one resource to our children in foster care. We want to provide you with the resources and supports that you need. These might include: additional training regarding trauma, more services for the child, therapeutic services to you and your family, etc. Our agency's team of in-home therapists may be able to provide you with further support and resources. Talk to your social worker about how to access these resources.

*Information compiled by Christine Treichler, MSW, LICSW, Wright County Human Services Agency In-Home Therapist
Source: fosteringperspectives.org*

April is Child Abuse Prevention Month

“National Child Abuse Prevention Month is a time to acknowledge the importance of families and communities working together to prevent child abuse and neglect, and to promote the social and emotional well-being of children and families.”

Thank you for being part of the community that supports the children of Wright County!

Resources for Foster Parents

<https://www.childwelfare.gov/fostercaremonth/resources/parents.cfm>

Parenting a Child Who Has Experienced Abuse or Neglect

https://www.childwelfare.gov/pubs/parenting_CAN.cfm

Parenting a Child Who Has Been Sexually Abused: A Guide for Foster and Adoptive Parents

https://www.childwelfare.gov/pubs/f_abused/index.cfm

Helping Your Foster Child Transition to Your Adopted Child

https://www.childwelfare.gov/pubs/f_transition.cfm

Long-Term Consequences of Child Abuse and Neglect

https://www.childwelfare.gov/pubs/factsheets/long_term_consequences.cfm

Important Statute Changes

Legislation affecting the care of infants was signed by Governor Dayton on May 23, 2013. Official interpretation and implementation directions from the MN Department of Human Services (DHS) will take effect this summer.

The following are pieces that affect Child Foster Care providers.

- Name change: SIDS is now **Sudden Unexpected Infant Death (SUID)**
- Name Change: Shaken Baby Syndrome is now **Abusive Head Trauma (AHT)**
- Licensed providers must have a **Physician's** statement for an alternate infant sleep position (other than their back).
- If an infant is to be swaddled, written **parental** permission must be obtained.

Both of these forms have been developed by DHS and must be kept in the child's records. If this applicable to your situation, please contact Marisa or Kris.

- Training for SUID/AHT for Child Foster Care providers must be taken every five years and must be at least one hour in length (MN Statute 245A.144).
- If a provider is found out of compliance with the SUID standards, DHS has directed Wright County Human Services to recommend a \$200 fine for the provider.
- Please review MN Statute 245A.1435 to familiarize yourself with infant sleep standards.

Knowing the regulations that pertain to providing care is an essential responsibility to keep infants safe and ensures you are in compliance with the latest requirements.

245A.1435 REDUCTION OF RISK OF SUDDEN UNEXPECTED INFANT DEATH IN LICENSED PROGRAMS.

(a) When a license holder is placing an infant to sleep, the license holder must place the infant on the infant's back, unless the license holder has documentation from the infant's physician directing an alternative sleeping position for the infant. The physician directive must be on a form approved by the commissioner and must remain on file at the licensed location. An infant who independently rolls onto its stomach after being placed to sleep on its back may be allowed to remain sleeping on its stomach if the infant is at least six months of age or the license holder has a signed statement from the parent indicating that the infant regularly rolls over at home.

(b) The license holder must place the infant in a crib directly on a firm mattress with a fitted sheet that is appropriate to the mattress size, that fits tightly on the mattress, and overlaps the underside of the mattress so it cannot be dislodged by pulling on the corner of the sheet with reasonable effort. The license holder must not place anything in the crib with the infant except for the infant's pacifier, as defined in Code of Federal Regulations, title 16, part 1511. The requirements of this section apply to license holders serving infants younger than one year of age. Licensed child care providers must meet the crib requirements under section 245A.146.

Important Statute Changes, continued

(c) If an infant falls asleep before being placed in a crib, the license holder must move the infant to a crib as soon as practicable, and must keep the infant within sight of the license holder until the infant is placed in a crib. When an infant falls asleep while being held, the license holder must consider the supervision needs of other children in care when determining how long to hold the infant before placing the infant in a crib to sleep. The sleeping infant must not be in a position where the airway may be blocked or with anything covering the infant's face

(d) Placing a swaddled infant down to sleep in a licensed setting is not recommended for an infant of any age and is prohibited for any infant who has begun to roll over independently. However, with the written consent of a parent or guardian according to this paragraph, a license holder may place the infant who has not yet begun to roll over on its own down to sleep in a one-piece sleeper equipped with an attached system that fastens securely only across the upper torso, with no constriction of the hips or legs, to create a swaddle. Prior to any use of swaddling for sleep by a provider licensed under this chapter, the license holder must obtain informed written consent for the use of swaddling from the parent or guardian of the infant on a form provided by the commissioner and prepared in partnership with the Minnesota Sudden Infant Death Center.

NEW Supplemental License Application

The MN Department of Human Services (DHS) has developed a new supplemental license application for Child Foster Care providers. You will receive this application with your relicensing packet.

1. All individual license holders/applicants ARE the controlling individual. You are required to provide tax identification information.
2. The new application requires providers to complete a workers' compensation insurance verification form. This form can be found at: <http://www.dli.mn.gov/WC/PDF/mnlic04.pdf> or at the end of this newsletter. DHS is now monitoring this information to ensure that license holders are in compliance with MN Statute 176.182 that states the proper insurance must be in place.

Please see the DHS handout at the end of this newsletter as a guide to completing the workers' compensation form.

3. Please note that the application requires each license holder's notarized signature. You will only be required to have one application notarized. If you are re-licensed in 2014, when you are re-licensed again in 2016, a notary will not be required.

Marisa and Kris are both notaries and will notarize your application at the time of your re-licensing visit. Please **DO NOT** sign your application until you are in front of a notary. You will be required to show proof of identification.

Please keep this information for reference when you receive you relicensing packet!
Call Marisa or Kris with questions

Communication Surveys

During the mandatory meeting in January 2014, we introduced the "Evaluation of Agency by Foster Home". These evaluations are for foster parents to complete regarding their experience working with Wright County social workers. We asked for providers to fill out the evaluations within two weeks of attending the mandatory training and will be sending them out quarterly.

Your feedback is essential for us to monitor the communication between the agency and foster parents. Even if you have no concerns, please still fill out the evaluation. Noting successes is often the best way to motivate teams to stay focused on long-term goals. We always welcome your feedback, so send them in as often as you'd like.

Without your feedback, we cannot continue to make improvements. Maintaining the lines of communication allows everyone to meet the needs of the children in your care. You can access the evaluation on the website under the *Provider Corner*.

Ideas, Thoughts, Comments?

Do you have anything you would like to see covered in the next Child Foster Care newsletter?

Is there a piece of valuable information and experience that you would like to share with other providers?

Do you have any questions for the licensing team?

We are looking for newsletter topics and would appreciate any ideas you have. Please contact Marisa or Kris with ideas, thoughts, or comments.

No matter how long the winter, spring is sure to follow.

~ Proverb

Act as if what you do makes a difference. It does.

~William James

Guide to completing the workers' compensation form

Public funding reimbursement includes the following:

- Child care assistance
- Federal food programs In child care programs
- GRH funding in AFC
- Medical Assistance if you are or will be enrolled as a Minnesota Health Care Program (MHCP) provider*

* If you are not or will not be an enrolled MHCP provider, you do not have to designate a compliance officer

Workers' Compensation Insurance Verification:

All applicants/license-holders must complete and submit the Certificate of Compliance Minnesota Workers' Compensation Law

It is your responsibility to complete the form and comply with the requirements at application end at renewal of your license

- You must provide accurate information. If the licensing agency determines that the information is inaccurate or incomplete, they may not recommend licensure to DHS until compliance is met
- if there are changes in the status of employees that requires you to obtain workers' comp insurance during the licensing period, it is your responsibility to provide the information to your licensing agency

Workers' Compensation Information for Family Adult Foster Care, Child Foster Care, & Family Child Care

How to determine if you are exempt from having workers' compensation insurance:

First, review the information on the Family Systems license application regarding a general description of who is an employer and who are employees in the Workers compensation insurance verification section. Then look at this information on the application:

3.1 License holder name(s)/Controlling Individual(s)/Authorized Agent(s)

The license holder is the business entity that is responsible for the license. An "individual" license holder is generally a **sole owner or sole proprietorship** where the business is owned and run by one individual and in which there is no legal distinction between the owner and the business.

Next, look at this information from the Certificate of Compliance to see if any of the exemptions apply. Reason for exemption from workers' compensation insurance:

1. I have no employees. (See Minnesota Statutes, section 176.011, subd, 9 for the definition of *an* employee.)
2. I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
3. I have employees but they are not covered by the workers' compensation law. (See Minnesota Statutes section 176.041 for a list of excluded employees.) Explain why your employees are not covered...

For Item #3, the following is the exemption in Minnesota Statutes, section 176.041 that may apply:

Minnesota Statutes, section 176.041 Excluded Employments; Application, Exceptions, Election of Coverage. Subd. 1
Employments Exclude:

This chapter does not apply to any of the following:

- (4) a sole proprietor, or the spouse, parent, and child, regardless of age, of a sole proprietor.

Remember, even if you are exempt, you must still complete the Certificate of Compliance

Taken from 2/24/14 DHS Handout