

Keeping Information, Data & Services Accessible to All the Families We Serve

CITY AND COUNTY OF SAN FRANCISCO FAMILY AND CHILDREN SERVICES

Vision and Hearing Screenings for Newborns and Infants

Screening tests are an important part of a child's well-being and healthy development. It is through tests and examinations that doctors can identify potential health problems and certain conditions that hinder normal development. Many childhood health problems, if detected early on, can be corrected before they become more serious health problems carried into adulthood.

In general, doctors are required to conduct newborn screenings within the first 24 to 48 hours after a baby is born. While all states require newborn screenings for every infant, the number of conditions a doctor may screen for varies from state to state. In California, a doctor's screening includes blood tests and tests for hearing loss. Parents may request physicians to complete additional screenings. As part of your child's healthy development, ensure your child's doctor completes a vision and hearing screening within the first several weeks of their birth.



A Newborn's Vision

At birth, a newborn's vision is between 20/200 and 20/400. This means that they are extremely nearsighted and see objects that are further away from them as blurry. Their vision is best when objects are 8 to 15 inches away. Your newborn should be able to fixate on objects that are about a foot away, especially your face.

Newborn Vision Screenings

At birth, a doctor checks your child's eyes for a red reflex to ensure that the center of the eye does not look white or pale. In the first year of life, all infants should be routinely screened for eye health during checkups with their pediatrician. At around age 3½, your child should have eye health screenings and visual acuity tests, which measure the sharpness of your child's vision. Around age 5, your child should have their vision and eye alignment checked by a pediatrician. Those who fail either test should be examined by an eye doctor. After age 5, routine screenings should be conducted at school and the primary doctor's office, and if symptoms such as squinting or frequent headaches occur. Children who wear prescription glasses or contacts should have annual checkups by an eye doctor to screen for vision changes.

Continued on page 2

TAKE A LOOK INSIDE

- 3 Champions for Children Birthday Shout-Outs SFFPA Announcement
- 4 PPC News
- 5 PPC Calendar
- 6 News You Can Use
- 7 Transitioning to Adulthood Licensing Regulation
- 8 Ask K.I.D.S.! Activities for All



Check It Out!

Training Courses Schedule

Have you completed your training courses for this year? Resource families are required to complete a minimum of 8 hours of training each year. Check out pages 4 and 5 for the latest schedule of courses.

Take your test and survey online at <https://goo.gl/1Ze7BG>

Our January test winner is **Patricia Hoskins**

It is important for premature infants, and those with obvious eye irregularities, to be checked for other eye conditions such as retinopathy of prematurity. Retinopathy of prematurity (ROP) is a disease that occurs in premature babies. It causes abnormal blood vessels to grow in the retina, the layer of nerve tissue in the eye that enables us to see. This growth can cause the retina to detach from the back of the eye, leading to blindness. Some cases of ROP are mild and correct themselves, but others require surgery to prevent vision loss or blindness. ROP has no signs or symptoms. The only way to detect it is through an eye examination by a specialized eye doctor called an ophthalmologist.

Watch your child for signs of poor vision or crossed eyes. In a quiet environment, see if your child can follow the slow movement of your face or an object. Most people will coo or talk to the baby while moving their face in front of the child. In that case, the child may be following the voice instead of the face.

If you notice any eye problems, have your child examined right away so the problem does not become permanent. If caught early, eye conditions can often be corrected.

A Newborn’s Hearing

Newborns learn from the time they are born. One of the ways they learn is through hearing. Some parents think they would be able to tell if their baby could not hear. This is not always the case. Newborns may respond to noise by startling or turning their heads toward the sound. This does not mean they have normal hearing. Most newborns with hearing loss can hear some sounds but still not hear enough to develop full speaking ability.

If newborns have problems with hearing and do not receive the right treatment and early intervention services, they can develop speech, language and learning problems. Studies show that children with hearing loss who receive appropriate early intervention services by age 6 months usually develop good speech, language and learning skills.

Newborn Hearing Screenings

Newborns should be screened for hearing loss at birth before leaving the hospital. There are two types of screening tests that

may be used to detect newborn hearing loss. Both tests are quick, painless, and may be done while your child is sleeping or lying still.

One type of screenings is called the Automated Auditory Brainstem Response (AABR) test, which measures how the brain responds to sound. A doctor plays clicks or tones through soft earphones into the baby’s ears and measures how the newborn responds. If your child does not respond consistently to the sounds, the doctor will suggest a follow-up hearing screening and a referral to an audiologist, a professional trained to evaluate hearing loss and other ear problems, for a more comprehensive hearing evaluation.

An Otoacoustic Emissions (OAE) test measures sound waves produced in a newborn’s inner ear. To complete this test, the doctor inserts a soft sponge earphone into the newborn’s ear canal that emits a series of sounds to measure an echo response. If there is no echo, it could indicate hearing loss.

If your newborn does not pass the hearing screening at birth, it does not necessarily mean he or she is deaf. In fact, most babies who do not pass the screening test have normal hearing. However, it is extremely important to seek further testing through a more comprehensive hearing exam and medical evaluation. These tests should be done before your newborn reaches 3 months old. Further tests can confirm whether your child’s hearing is normal or not.

Even though the screening tests are designed to detect hearing loss as early as possible, some children may not develop hearing loss until later in childhood. In those instances, resource families are often the first to notice. This means that, even if your child has passed the newborn hearing screening, resource families should still continue to look for signs of hearing loss.

For example, during the first year, notice whether your infant reacts to loud noises, imitates sounds, and begins to respond to his or her name. When your child is 2 years old, ask yourself whether he or she makes playful sounds with his or her voice, imitates simple words, and enjoys games like peek-a-boo. Any evidence of speech delay, even failing to making cooing sounds or nonsensical utterances means that your child needs a hearing screening complete right away. Or, if for any reason you think your child is not hearing well, talk to your child’s primary care physician.

BY AGNES BALLA, MPP



Published bi-monthly for San Francisco County foster parents, resource families, NREFMs and kin care providers. To suggest a topic, submit an article, promote an event, or provide feedback, email Sharon.Walchak@sfgov.org.

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City and County of San Francisco/Family & Children Services
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Helpful Phone Numbers

HSA Operator	(415) 557-5000
CPS Child Abuse Hotline	(800) 856-5553 or (415) 558-2650
Foster Care Ombudsman	(415) 558-2828
Transportation Duty Line	(415) 557-5376
Licensing/RFA/Recruitment Hotline	(415) 558-2200
Free Foster Parenting Respite Service	(415) 861-4060 x3035
Community Services	211
Non-emergency Government Services	311

FCS Agency Directory: www.sfhsa.org/174.htm

Newsletter Website: <http://www.sfhsa.org/1890.htm>



Tawn Coleman

San Francisco Family & Children Services is honored to announce Tawn Coleman as the February Champion for Children. Tawn has served as a resource parent for the past four years. During this time, she has welcomed seven children into her care.

Tawn's professional background has been focused on caring for children. For over 10 years, she has run her own daycare, providing a safe and nurturing environment for numerous children. But, as she explained, she did not originally envision herself as a resource parent. "I saw friends go through the experience of being a foster parent and witnessed how many kids out there needed help," she said.

Tawn's journey to become a resource parent was solidified during a difficult time in her life. "After I met my husband, we wanted children but I had a pregnancy that almost killed me," Tawn described. This experience challenged her but ultimately led Tawn to open her doors to children who needed a place to call home.

Tawn shows her dedication to being a resilient resource parent in many ways. Beyond her compassionate demeanor, she recognizes the importance of building relationships with biological families. One of her most memorable experiences of being a resource parent so far was getting to be a part of a family's reunification. "I had a little one who stayed in my care for 13 months and I got to watch her reunite with her family," said Tawn.

Tawn actively engages with children's biological parents. "I think it's important to maintain a relationship with biological family because it makes my relationship with a child easier," she said. She exemplifies that the role of a resource parent includes a partnership with birth parents of children in her care. This partnership allows children to feel more safe and develop a sense of permanency.

"It's easy to fall in love with a child in your care," Tawn said, "but you ultimately have to know what's best for the child." While she has been fortunate to have children feel safe in her care and to feel at

home with her, Tawn emphasizes that biological families have an important role to play in a child's life. She advises other resource parents to maintain good relationships with biological families for the sake of children in their care.

Tawn is grateful to the department for providing her with a supportive network that allows her to cultivate deeper relationships with kids in her care. She especially would like to thank Kristin Wilson and her social worker Brandee Gensler for assisting her throughout the adoption of her soon-to-be third child.

On behalf of San Francisco Family & Children Services and Parenting for Permanency College, we thank Tawn for her continuous dedication, support, and love for our youth!

BY AGNES BALLA, MPP



Tawn Coleman

San Francisco Foster Youth Fund

The San Francisco Foster Youth Fund (SFFYF) believes no child should be deprived of essential life experiences, despite a family's financial situation. Through fundraising, SFFYF provides grants for music lessons, graduation related costs, family trips, and much more. Need help paying for activities for your child? Ask your caseworker or contact Arlene Hylton, Care Providers Liaison & Recruiter, at (415) 557-5067 or Arlene.Hylton@sfgov.org.



March and April

Birthday Shout-Outs!

Mary O. Adams	Anthony Miller
Deloris Betha	Mary Moorer
Mary Bryant	Jennifer Oulman
Gloria Carter	Andrew Stone
Valorie Eller	Angela True
Shirley Howard	Cristina Villatoro
Cathy Kornblith	Dorothy Ward
Joyce Lee	

Use the enclosed survey form to be added to the birthday list.

San Francisco Foster Parent Association Announcement

Join Us for Our March and April Meetings!

Next Meetings:

Wednesday, March 9, 2016 • 6 - 8 pm

Wednesday, April 13, 2016 • 6 - 8 pm

Light dinner served

Location to be determined

Please join us at our bi-monthly meeting on March 9 and April 13 to meet other foster parents. We are a stand-alone and member-run nonprofit organization to empower ALL foster, adoptive, relative and non-relative care providers. Our goal is for all care providers to come together to achieve high-quality care for the well-being of our children and youth.

If you have any questions or want to RSVP, please call Lorraine Hanks at (415) 756-5240. Returning and prospective members are all welcome!

Join Us in Welcoming Our Newest Resource Family Participants

The Parenting for Permanency College is excited to congratulate the latest participants to the Resource Family Approval (RFA) Pre-Service training cycle! Participants dedicate many weeks of their personal time to learn and develop their skills during the RFA Pre-Service Training. This dedication is to focus on providing a loving, safe and nurturing environment for San Francisco County's most vulnerable children and youth. Welcome to our network of dedicated Resource Families!

The Department of Family and Children Services and Parenting for Permanency College are extremely grateful to all our Resource Families for their dedication and passion in providing for children and youth in our community. We look forward to providing ongoing support and partnership!

AMABEL BAXLEY, MSW, PPC PROJECT TRAINING SPECIALIST



RFA Pre-Service Training Cohort #4



Recent graduates from SA/HIV Cycle 2

RFA PRE-SERVICE TRAINING SERIES

Cycle 5 Tues/Thurs Series plus 1 Saturday

March 8 - April 14, 2016

5:30 pm - 8:30 pm (TUES/THURS)

9:00 am - 5:00 pm (SAT)

170 Otis St, Born Auditorium

RFA PRE-SERVICE TRAINING SERIES

Cycle 2 (Spanish) Saturday Series plus one Wednesday and one Thursday

March 12 - April 16

9:00 am - 3:30 pm

Location TBD

SA/HIV INFANT PROGRAM TRAINING SERIES

Cycle 3 Saturday Series

March 5 - April 2, 2016

9:00 am - 5:00 pm

170 Valencia Street, Baha'i Center,
3rd Floor Dining Room

To register for trainings please call Heather at (415) 938-6555 or email hpriebe@csufresno.edu.

Please Welcome Amabel Baxley

I would like to introduce myself! My name is Amabel Baxley. I'm the new Training Specialist for the Bay Area Academy supporting the SF Parenting for Permanency College. I was raised in San Francisco and I have over 25 years of experience working with children and families in a variety of social services settings in the Bay Area, with over 16 years working with a Human Services Agency. I hold a master's degree in social work and a bachelor's degree in psychology from San Francisco State University. I look forward to working with and getting to know the wonderful San Francisco Resource Families community! Please feel free to contact me at abaxley@csufresno.edu.

Parenting for Permanency College Calendar



Parenting for Permanency: A Journey of the Heart

Training: to enhance care providers' knowledge base and skills. *Support:* to elevate care providers' spirits and to create bonds of positive and healthy relationships. Register for English and Spanish Support Groups with Michelle Barbary at (415) 557-5805 or michelle.barbary@sfgov.org. Location for all support group meetings is to be determined.

ENGLISH SUPPORT GROUPS

Held every 3rd Tuesday of the month

March 15, 2016	April 19, 2016
5:30 pm refreshments served	5:30 pm refreshments served
6 - 8 pm meeting	6 - 8 pm meeting
Presenter: Karen Cox	Presenter: Pam Grimm

SPANISH SUPPORT GROUPS

Held every 3rd Thursday of the month

March 17, 2016	April 21, 2016
5:30 pm refreshments served	5:30 pm refreshments served
6 - 8 pm meeting	6 - 8 pm meeting
Presenter: Natalia Estassi	Presenter: Yudy Larraburro

City College of San Francisco

FREE CPR & First Aid Training Schedule

Wed	3/16/16	8:30 am - 12:30 pm	CPR	John Adams Room 44
Wed	3/16/16	1:00 pm - 5:00 pm	First Aid	John Adams Room 44
Sat	3/19/16	9:00 am - 1:00 pm	CPR	Ocean Campus MUB TBD
Sat	3/19/16	1:30 pm - 5:30 pm	First Aid	Ocean Campus MUB TBD
Wed	4/20/16	8:30 am - 12:30 pm	CPR	John Adams Room 44
Wed	4/20/16	1:00 pm - 5:00 pm	First Aid	John Adams Room 44

San Francisco Foster Parents **MUST** register by calling (415) 267-6523 or emailing fcs-training@ccsf.edu.



MARCH - APRIL 2016 SCHEDULE

City College of San Francisco

Child Development & Family Studies Department

Foster & Kinship Care Education

CCSF Evans Campus • 1400 Evans Avenue, Room 107, San Francisco

All classes meet the requirements for Continued Education for Licensed Foster Parents and Kinship Care Providers and specifically meet the mandated 8 hours of Continued Education. Certificates of Completion issued at the end of each session. Please register early by calling Brenda at (415) 452-5605.

TALK TIME TUESDAYS AT EVANS CAMPUS

March 1	March 5 (Saturday)	March 15	March 22	April 5	April 19	April 26
10 am - 1 pm	10 am - 1 pm	10 am - 1 pm	10 am - 1 pm	10 am - 1 pm	10 am - 3 pm	10 am - 1 pm
Adolescent Development	Rights of Foster Parents	Effective Communication	Collaborating w/ CWW	The Reunification Process	Accessing Summer Resources	Special Health Needs: HIV/ Diabetes

ADOLESCENT WEDNESDAYS AT EVANS CAMPUS

March 2	March 9	March 16	March 23	April 6	April 20	April 20 (Evening)	April 27
10 am - 1 pm	10 am - 1 pm	10 am - 1 pm	10 am - 1 pm	10 am - 1 pm	10 am - 1 pm	6 pm - 9 pm	10 am - 1 pm
Tips On Behavioral Management	Effects of Domestic Violence On Youth	Avoiding Power Struggles	Working with Probation, Kids and the Law	How to Talk to Youth About Saying "No" to Alcohol & Drugs	Foster Youth Rights	Foster Youth Rights	Sexually Abused & Exploited Youth

Reasonable and Prudent Parent Standard

Many of us can recall doing these “typical” activities during our youth: going to a friend’s house, taking a school trip, working an after-school job, joining a club, attending prom, or learning to drive. But imagine telling your foster children they could not participate in these typical activities until, for example, their friends’ parents get fingerprinted.

Over 10 years ago, state law and regulations prohibited youth from participating in short-term extracurricular and other activities unless certain requirements were met. Now, however, with the reasonable and prudent parent standard, these restrictions no longer apply.

While there are many definitions for what could be considered a reasonable and prudent parent standard, the general concept is that parents are often, if not daily, faced with decisions regarding their child’s health and safety, which require them to make certain judgments. Parents who are both reasonable and prudent will make decisions carefully, weighing benefits against potential risks, to come to a sensible decision that is in the best interest of the child. While there are special considerations needed for children in foster care, resource families are allowed, with the appropriate information and training, to make these decisions to

create normalcy for youth in their care.

Section 10-12 of the RFA Written Directives empowers resource families to decide whether to let their child participate in activities based on their own assessment and without needing prior approval from the child’s social worker or other officials. Additionally, chaperones, friends, and friends’ parents are no longer required to complete background checks. And, with the reasonable and prudent parent standard, resource families do not have to be reluctant to sign permission slips for children in their care.

Resource families can also apply the reasonable and prudent standard when making decisions about a short-term babysitter. A short-term babysitter is a caregiver who watches a child on an occasional basis for less than 24 hours at a time. The regulation exempts babysitters from having to complete a health screening, CPR certification, and other trainings. Resource families apply the prudent and reasonable standard to carefully and sensibly make decisions that maintain the child’s health and safety.

The reasonable and prudent parent standard recognizes the importance of normalizing the lives of foster youth and promotes participation in extracurricular



activities. The emphasis on normalcy that comes with the reasonable and prudent parent standard means that while resource families always keep their child’s safety in mind, they allow them to experience a full range of activities just as other parents do for their biological children. Participation in these types of activities is important to the child’s well being, not only emotionally, but also in developing valuable life-coping skills.

HEALTH ADVISORY

Zika Virus

Zika is a mosquito-borne virus that causes mild fever, skin rashes, pinkeye, muscle and joint pain, or headaches in approximately 20% of those who become infected. While anyone can contract Zika, pregnant women are at higher risk for negative health impacts due to the suspected link between Zika and abnormal brain development of their fetuses.

The U.S. Centers for Disease Control and Prevention (CDC) advises pregnant women to consider postponing travel to affected locations, and for all travelers to take strict precautions to avoid mosquito bites. There is no vaccine or medicine for Zika. Individuals who are concerned about Zika virus should talk to their medical provider. For more information, see the CDC Zika webpage at <http://www.cdc.gov/zika>.

RESPITE CARE

Family Support Services of the Bay Area provides FREE occasional childcare to give parents relief to keep important personal or medical appointments, spend time with friends or family members, or get some rest. Contact Bruce Williams at (415) 861-4060 x3035 or Katrina at (415) 861-4060 x3032 for information about respite care or to schedule time with a respite care provider.

Protecting Youth from Identity Theft

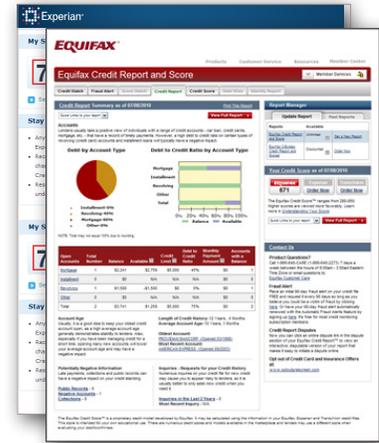
Every year, an estimated 26,000 children across the nation, usually when they turn 18 years old, age out of the foster care system. And every year, about 5% of foster youth learn for the first time that they are victims of identity theft. Identity theft holds youth back from establishing independence by years of accumulated bad credit in their names. Bad credit can prevent newly emancipated foster children from renting an apartment, getting a cell phone, receiving a student loan or even getting a job.

Children and youth in foster care are particularly vulnerable to identity theft because their personal information is shared among various care providers, service providers and schools. Each time a foster child moves to a new home, their personal information go with them, further exposing data that should be kept private. The misuse of a child's identity may not be

discovered until the youth exits the foster care system and applies for credit.

To protect children from identity theft, Congress enacted a law in 2011 called the Child and Family Services Improvement and Innovation Act. This bill included a provision requiring child welfare agencies to provide all foster youth ages 16 and up with free credit checks and help interpret and resolve inconsistencies before they age out of the system. Before this federal legislation, California and several other states had already passed similar bills.

Children under the age of 18 generally do not have credit reports because minors do not usually have the legal capacity to sign a contract or apply for credit on their own. Therefore, if a credit report does exist for a person younger than 18, whether in foster care or not, it may be due to error, fraud or identity theft. When a credit



report does exist for a youth, it indicates that there is likely a need to correct information and take action to protect the identity and future credit of the youth.

For more information about credit reports, contact your PSW.



Licensing Regulation

Training Requirements

In order to be a certified resource parent, each adult who takes in a child must successfully complete training courses as specified in the Resource Family Approval (RFA) Handbook. While most resource parents are proactive about completing their initial training requirements, some RFA parents, according to RFA/Licensing Unit Acting Supervisor Kristin Wilson, forget they must also maintain their training every year.

The RFA Handbook states that resource parents are required to complete pre-certification training (Pre-Service). Additionally, Section 89405 of the Licensing Regulations and also the RFA Handbook state that resource parents and licensed foster parents must maintain 8 hours of training annually to keep

their RFA certification or license active. Care providers should take classes that are appropriate to the age and needs of their children. Care providers must also remember to keep copies of their unexpired first aid and CPR certificates.

First aid and CPR classes are offered by Family & Children Services on a routine basis and are provided at no cost to care providers. However, care providers may take classes from other organizations, including the American Red Cross, the American Heart Association, a training program approved by the State Emergency Medical Services Authority, or a course offered by an accredited college or university.

To see upcoming classes, check out pages 4 and 5 of this newsletter.

LICENSING REGULATION

89405 TRAINING REQUIREMENTS

(b)(1) Every licensed foster parent shall complete a minimum of 12 hours of foster parent training before the placement of any foster children with the foster parent. In addition, a foster parent shall complete a minimum of eight hours of foster parent training annually. No child shall be placed in a foster family home unless these requirements are met by the foster parents.

Common Questions from Resource Families

Whether you're a seasoned pro or just starting out, Resource Families have questions. Here is your opportunity to get them answered. Send us your questions and we'll provide you with our best advice.

It's getting harder to find dentists in San Francisco who accept Denti-Cal. Where can I take my child to the dentist?

If you are having trouble finding an affordable dentist, reach out to your child's public health nurse or call the Nurse of the Day line at (415) 558-2656. Public health nurses work with your child's Protective Services Worker (PSW) to coordinate health services, including dental and medical services.

I think my child is getting teased at school. What should I do?

When a child experiences teasing, it is important to see the problem from the

child's point of view. Sit down and listen attentively to your child in a non-judgmental way. Ask your child to describe the teasing. Where is it happening? Who is the teaser? Understand your child's feelings. It might be helpful to relate your own experience of teasing as a child. At times, it may also be important to reach out to your child's teacher if the teasing persists.

Children cannot control what others say. However, they can learn to control their own actions. Teach your child strategies that will empower him or her and reduce feelings of helplessness. For example, teach your child to visualize words "bouncing off" him or her. This provides him or her with the image of not having to accept what is said.

My preschool-aged child has asthma. I've spent a lot of time with her teacher going over her care plan and how to administer my child's medicine. Now her



teacher is on leave and there is a new teacher for the rest of the year.

It is important for your child's new teacher to understand her medical needs. Make an appointment with the new teacher and review the information with her as soon as possible. It might be helpful to also share this information with the front office staff.

We want to hear from you! This is a new section of the newsletter, so help us come up with a title for a chance to win a gift.



Make Your Own Jigsaw Puzzle

Jigsaw puzzles provide hours of entertainment and make for a great rainy day activity. Puzzles are great for developing analytical, spatial and focusing skills. Making puzzles adds a manual dexterity and creativity to the list. For a child not so interested in puzzles, making one is a great way to pique their interest in doing one.

Step One: Select a picture. You can use an enlarged family photo, pictures of buildings, landscapes, or animals. You may also consider using one of your child's drawings. Make sure to keep a second copy of the picture so you have a reference to look at when you're trying to solve the puzzle.

Step Two: Mount your photo to a suitable backing. Heavy cardboard backing, such as from a cardboard box or cereal box, works well and can keep its shape to resist breaking or tearing. You can also use foam instead of cardboard so the pieces are soft. Make sure your backing is sturdy enough but still easy to cut through. Use white school glue or paste, and thinly coat the entire backside of your picture. You can use a paintbrush for this, to help

spread the glue evenly. After the glue is evenly distributed, flip your picture over, center it on your cardboard backing, and press it down. Smooth your picture from one end to the other.

Step Three: When your mounted picture has dried completely, turn your picture over and use a pencil and ruler to lightly trace a grid of squares onto the back of the board. When the entire back section has been turned into a grid of even-sized squares, use your pencil to create the little interlock shapes between each piece. Make them unusual sizes or individual shapes. Don't make the pieces too small, as you will need to cut them and work with them when it's time to assemble your jigsaw.

Step Four: When you have completed outlining your pieces with pencil, cut out your shapes. You can use a sharp utility knife to cut your pieces. Follow the pencil lines you've drawn on the back and cut carefully so you don't tear the picture on the front.

Step Five: Break the cut pieces apart, scramble it up and put it back together!