

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

CITY AND COUNTY OF SAN FRANCISCO FAMILY AND CHILDREN SERVICES

Healthy Beverage Habits: Every Sip Matters

Healthy habits begin in the earliest years and often start with choices presented by parents. Every beverage parents provide to children can either nourish their bodies or crowd out room for nutritious options.

For kids of all ages, water and milk are the best choices and are a key part of building healthy habits. Fruit juices, sodas, sport drinks, and other beverages often provide extra calories with few nutrients. They displace or leave less room in the diet for more nutritious foods and beverages. Additionally, they often contain excess sugar so drinking them is linked to poor oral health, cavities, and weight gain.

To avoid the problems associated with unhealthy drinks and to help ensure children have the nutrients they need for proper growth and development, it's best to keep kids from drinking them to begin with. If children learn to love beverages such as water and milk early in life, they have a better chance of maintaining these healthy habits as they mature. Make every sip count by providing healthy beverage options as a key part of your and your children's daily routine.



Water: Water is the best drink for infants over 6 months old and children. It is the most abundant compound in the human body and makes up about 70% of body weight at birth. Water keeps children healthy and does not contain any sugar. Additionally, in most communities, water from the faucet contains fluoride, which can help prevent tooth decay. Infants under 6 months usually get enough hydration from breast milk or formula and therefore do not need water.

Milk: Milk is a great drink for children. It provides calcium for healthy growth and development. Calcium is a key building block for strong bones and teeth. The American Academy of Pediatrics recommends that children age 12 months and over drink a ½ cup of whole milk 3 times a day. Children under 12 months should not drink milk because they cannot process the protein and salt contained in milk.

Once children turn 2 years old and are growing well, they can be switched to 2 to 3 cups of low or reduced fat milk daily. Because milk contains natural sugar, it is best to serve it only at scheduled meals and snacks.

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Check It Out!

Spring Cleaning

Birds are chirping, flowers are blooming, but is your house suffering from the winter blues? Freshen up your home with the spring cleaning tips on page 8. You'll be able to say good-bye to winter clutter before you know it.

Take your test and survey online: <https://goo.gl/T2Ny1w>

Our March test winner is
Alicia Robinson

Fruit Juice: All fruit juices contain sugar, whether they are naturally present in the drink or artificially added. Fruit juice is not a component of healthy beverage choices and should not be offered to children under 6 months old. As an alternative to fruit juices, parents can offer fresh fruit, which is high in fiber and a natural source of energy. If parents do decide to give their children fruit juice, it should be 100% fruit juice and no more than about a ½ cup per day.

Tea: Caregivers sometimes offer herbal teas to infants under 6 months old in the belief that the tea will relieve pain associated with colic and earache, prevent and treat colds and constipation, soothe irritation, or quench thirst. However, teas are not recommended for any infants because certain herbs may be toxic. Tea can also displace room for nutritious foods.

Sugary Beverages: Sugary beverages, such as sodas, sweetened water, sports drinks, energy drinks, sweetened bottled teas and coffees, and sweetened fruit drinks, contain added sugar without providing nutritional benefits.

Children who drink too many sweet drinks may be too full to eat healthy foods, gain too much weight, and be at greater risk of diabetes. Extra calories from added sugar—like those in sugary drinks—can and do contribute significantly to weight gain and obesity. In fact, sugary drinks are the largest source of added sugar in the American diet. For example, people may be unaware that a 20-ounce bottle of soda contains 17 teaspoons of sugar.

Sugary drinks are also linked to tooth decay. Limiting the number of times your children have a sugary drink during the day is a key way to prevent tooth decay. Sugar-free drinks, such as a diet soda, can also harm teeth. They contain acid that wears away enamel, the outer covering of teeth, making it thinner and more likely to decay.

Tips for Encouraging Healthy Beverage Habits

For busy parents, it can be hard to consistently maintain healthy beverage habits. But here are some tips to encourage your children to drink healthier drinks:

- Keep only healthful beverages in the house. For example, providing only water or milk in the home provides structure and helps kids know what to expect when they are home.

- Make healthy beverages accessible. Set up a station where children can get a drink of water when thirsty. It can be as simple as keeping a non-breakable water pitcher on a low counter or on a chair where your child can reach it when they are thirsty.
- Give them choices. Allow your children to choose healthier beverages in the form they enjoy. For example, they can choose plain water or water with lemon or other fresh fruit slices. Add fun ice cube shapes or use a special cup or a silly straw.
- Encourage children to finish their milk at their own pace. Children resent being forced to do something, so if they have not finished their milk during a mealtime, you can save it in the refrigerator and offer it later when they're thirsty.
- Plan ahead. When you know you'll be out and about, plan beverages ahead of time and pack water for toddlers and kids.
- Be a good role model. If the kids see you drink water, they know you are not asking them to do anything you would not do yourself.

Using Sippy Cups

Not only is providing health beverages a central component to healthy development, but how to give it is just as important. The American Academy of Family Physicians recommends that parents introduce sippy cups at 6 months old in preparation for weaning from the bottle at 12 months.

While the sippy cup is a great way to teach your children to be more independent or work on their coordination, the American Academy of Pediatric Dentistry explains that sippy cups should not be used for a prolonged period of time. Drinking from a sippy cup causes teeth to be continually bathed in liquids that help bacteria grow and collect around the teeth. This bacteria contributes to infant and toddler tooth decay.

Overuse of sippy cups can also contribute to speech difficulties. Because children suck on sippy cups the way they do bottles, overuse can change the position of the tongue and teeth, potentially causing lisps and articulation problems.

Parents should teach their children to drink from a cup as soon as possible, usually by 1 year of age or when they are able to hold objects in their hand. Drinking from a cup does not cause the liquid to collect around the teeth.

BY AGNES BALLA, MPP

K.I.D.S.

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>

Carmen Singleton

May's Champion for Children is Mrs. Carmen Singleton. Mrs. Singleton's willingness and commitment to go above and beyond is what makes her an extraordinary foster mother.

Mrs. Singleton has always been a caregiver. She helped raise her eight nieces and nephews, which ultimately led her to become a foster mother. Mrs. Singleton and her husband made the decision to become foster parents over 30 years ago when their nieces' social worker presented them with an idea that would change their lives forever. "My nieces' social worker persuaded my husband and me to become foster parents," explains Mrs. Singleton. "She set up the interviews, helped us work out other small details, and we have been foster parents ever since."

Although the Singletons already had a full house of four biological children of their own, Mrs. Singleton and her husband decided to adopt three children as well. "With adoption, you just know when they fit," said Mrs. Singleton. "We did not want to be without the children so we made the decision to make them a part of our family permanently. It was a perfect match. Our biological children love the kids that come into our care. We all treat them like our own and our kids treat them like little brothers and sisters."

Mrs. Singleton still maintains communication with the youth that have been in her care. "Even when the children go home to their parents," she said, "I still see a lot of them, including every year at the Family Builders picnic."

Mrs. Singleton had the following advice to new foster parents: "You have to be willing to give it your all. I cry when the children leave but that's part of being a foster parent. You provide for them



Carmen Singleton

and care for them while they are in your care. You have to love hard, but it is a very rewarding experience."

Mrs. Singleton would like to express her gratitude to her husband for all his support. She would also like to thank the social workers, especially Rose Willis, Oscar Lechado, and FCS Nurse Manager Kimberlee Pitters. She expressed her appreciation for the classes she took and how much they have helped her. Mrs. Singleton even became Triple P certified!

The Singletons have been so supportive of all the youth in their care and have treated every one of them like their own, and for that, we are thankful.

On behalf of San Francisco Family & Children Services and Parenting for Permanency College, we thank Carmen Singleton for her help, guidance, and dedication over the past 30 years.

BY HEATHER PRIEBE

Complete Your Spring Cleaning and Support SFFYF

Donate your gently used items to benefit the San Francisco Foster Youth Fund (SFFYF). Drop off items for charity #160 and the Community Thrift Store will give a portion of profits to the SFFYF. The Community Thrift Store is located at 623 Valencia Street. Please visit www.communitythriftsf.org for more information.



May and June

Birthday Shout-Outs!

Kelley Alford	Brenda D. Jackson
June Armstead	
Larry Brown	Charlene Major
Lessie Brown	Yvonne Mauroni
Charlesetta Burks	Diarra Reed
Magdalyn Cain	Alicia Robinson
Brian Cody	Charlene Woullard
Lorraine Hanks	

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

San Francisco Foster Parent Association Announcement

Join Us for Our Bi-Monthly Meetings!

Next Meetings:

Wednesday, May 11, 2016 • 5:30 – 7:30 pm

Wednesday, July 13, 2016 • 5:30 – 7:30 pm

Light dinner served

170 Otis St., 6th Floor, Conference Room 2, San Francisco

Please join us at our bi-monthly meeting on May 11 and July 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!

AMABEL BAXLEY, MSW, PPC TRAINING SPECIALIST



SA/HIV-Cycle 3 Graduates



Our newest Resource Families

RFA PRE-SERVICE TRAINING SERIES

Cycle 6 Saturday Series plus 1
Thursday

May 7 – June 18, 2016

9:00 am – 3:30 pm

5:30 pm – 8:30 pm (THURS)

1650 Mission St, San Francisco

SA/HIV INFANT PROGRAM TRAINING SERIES

Cycle 4 (Spanish) Saturday Series

May 21, 2106 – June 18, 2016

9:00 am - 5:00 pm

Location TBD

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

SPECIAL ANNOUNCEMENT

City & County of San Francisco
Human Services Agency,
Foster Care Licensing and
Resource Family Approval Program
and
the Parenting for
Permanency College

invite you to attend the Annual FCS
Resource Family Appreciation and
Training Event

“Monte Carlo Night”
So. San Francisco
Conference Center
Friday, May 20, 2016
6:30 pm – 10 pm

Please join us for an evening of
dinner, dancing and games as we
celebrate and show appreciation to
our wonderful Foster Parents and
Relative Care Providers.

To register please contact Heather
Priebe at (415) 938-6555 or email
hpriebe@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

May 17, 2016

5:30 pm refreshments

6 – 8 pm meeting

Presenter: Gwen Mazer

June 21, 2016

5:30 pm refreshments

6 – 8 pm meeting

Presenter: Judith Lefler

Topic: Grief and Loss

SPANISH SUPPORT GROUPS

Held every 3rd Thursday of the month

May 19, 2016

5:30 pm refreshments

6 – 8 pm meeting

Presenter: Natalia Estassi

June 23, 2016

5:30 pm refreshments

6 – 8 pm meeting

Presenter: Natalia Estassi

City College of San Francisco

FREE CPR & First Aid Training Schedule

Class #	Day	Date	Time	Class	Location
CPR200e	Wed	5/11/16	8:30am – 12:30pm	CPR	John Adams Rm 44
FA200e	Wed	5/11/16	1:00pm – 5:00pm	First Aid	John Adams Rm 44
CPR200f	Wed	6/15/16	8:30am – 12:30pm	CPR	John Adams Rm 44
FA200f	Wed	6/15/16	1:00pm – 5:00pm	First Aid	John Adams Rm 44

San Francisco Foster Parents **MUST** register by calling (415) 267-6523 or emailing fcstrain@ccsf.edu. Include the class number of the training session you would like to enroll in. Pre-registration is required; class size is limited.



MAY 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

May 3	May 10	May 17	May 24
10 am – 1 pm	10 am – 1 pm	10 am – 1 pm	10 am – 1 pm
From Boys to Men	Youth Related Depression & Mental Health Concerns	Caretaker Co-Dependence	Activities Promoting Attachment & Bonding for Children

ADOLESCENT WEDNESDAYS AT EVANS CAMPUS

May 4	May 11	May 18	May 25
10 am – 1 pm	10 am – 1 pm	10 am – 1 pm	10 am – 1 pm
From Girls to Women	Summer Safety	Emotional Development	Activities Promoting Attachment & Bonding for Adolescents

Understanding Childhood Trauma

Early childhood experiences can affect children's development and have a lasting effect on their lives. Hurtful experiences can cause children to see and react in different ways. What is traumatic for one child may not be seen as traumatic for another child. It can be hard to tell what will affect a child. All children need homes that are safe and full of love. Children who have experienced a traumatic event may need more.

An event is traumatic when it threatens the child or someone the child depends on for safety and love. Abuse may be traumatic, but trauma may take other forms. It includes neglect, separation, violence, natural disaster, or an accident. A frightened child may feel out-of-control and helpless. When this happens, the body's protective reflexes are awakened. This can make a child's heart pound and blood pressure rise.

When something scary happens, the brain makes sure you do not forget it. Traumatic events are remembered in a special way. They are often experienced as a pattern of sensations with sounds, smells, and feelings mixed together. Any one of these things can make a child feel like the whole traumatic event is happening again. These sensations are called triggers. Children may have a hard time pinpointing what triggers their reactions. Triggers can be smells, sounds, places, postures, or tones



of voice. Even emotions can be a trigger. For example, being anxious about school may bring up the memory of being anxious about violence at home.

Remembering a traumatic event may cause children to have “fight, flight, or freeze” reactions. A “fight or flight” reaction may disguise itself to look like a tantrum. It might also look like the child is overreacting, defiant, or anxious. Many children who have been abused or neglected go through life always ready to fight or to flee. A “freeze” reaction may cause a child to avoid serious relationships

or withdraw from social participation. The child may fear rejection because it can reawaken feelings of distress experienced early on.

Every child experiences trauma differently. Children who are always on guard may have trouble concentrating. This is called hyperarousal. They may experience frequent episodes of anxiety and be overwhelmed with emotions. Children who have experienced trauma may have trouble with the unexpected. Their need for control may be seen as always wanting things done their way. Going from one activity to another may be hard. Some children may not know that adults can help or that they can be trusted. They may resist the help of others. Not trusting adults can be mistaken as disrespect for authority. This can cause problems at home and at school. It can also make learning harder.

Supportive, caring adults can help a child recover from traumatic events. However, parenting children exposed to trauma is not always intuitive. Caregivers should not pressure their children to talk about the traumatic event but should be prepared to discuss it when the child is ready. Children who sense their caregiver is uncomfortable with or upset about the event may avoid talking about it. When the child begins talking, the caregiver should listen, avoid overreacting, answer questions, and provide comfort and support.

Be Active for Health

May is National Physical Fitness and Sports Month! This is a great time to renew your commitment to a healthy, active lifestyle. The Physical Activity Guidelines for Americans recommends 30 minutes of physical activity a day for adults and 60 minutes for children, at least five days a week. Look for ways to increase your heart rate during your daily routine. Walk or cycle instead of driving, or take the stairs instead of the elevator. Consult your physician before starting a new activity program. If you haven't been active in a while, start slowly and build up.

RESPIRE CARE

Do you need a break? Do you have an important appointment to attend? Try FREE respite care with the Family Support Services of the Bay Area. Family Support Services provides specialized child care to give parents and caregivers a break from the daily demands of caring for their children. Respite care is available day or night in your home or at the home of a licensed family day care provider. For more information about respite care or to request a respite caregiver, contact Bruce Williams at (415) 861-4060 x 3035 or Katrina at (415) 861-4060 x 3032.



Health Care For Foster Youth Under ACA

The Patient Protection and Affordable Care Act (ACA), signed into law by President Barack Obama on March 23, 2010, has a prevailing impact on youth who have aged out of foster care. A provision in the ACA requires states to provide youth under age 26 with free health care if they were in foster care at age 18.

The provision in the ACA extends Medicaid (known as Medi-Cal in California) coverage to former foster youths until they turn 26, regardless of where they live or how much they earn. The only requirements is that youth must have been in foster care when they turned 18 and have previously received Medi-Cal. This provision is intended to ensure that young people can have health insurance without interruption until they are 26 years old.

Before the implementation of the ACA, former foster youth in many states would lose access to Medi-Cal services as soon as they turned 18 years old. The new provision mirrors a similar Medi-Cal expansion for young adults to stay on their parents' private health insurance until age 26.

Medi-Cal is a state run health insurance program that provides funding for medical and health services to some low-income adults, families and children, pregnant women, and people with disabilities. In California, the Medi-Cal program offers services for medical, dental, vision, substance abuse treatment, and mental health coverage that foster youth may access for free. Once enrolled in Medi-Cal, foster youth stay covered until age 26 without having to reapply

each year. They continue to keep their Medi-Cal coverage until age 26 even if they start earning more money, change jobs, or graduate from school.

Additionally, youth enrolled in Medi-Cal qualify for fee-for-service coverage, which means they can go to any doctor, clinic, therapist or hospital that accepts Medi-Cal. Fee-for-service Medi-Cal allows foster youth to access care from anywhere they need it, sometimes including out of the state. This is critical given that children and youth in foster care are an inherently transient population, moving from one home to another.

To learn more about Medi-Cal for foster youth, visit the Coveredtil26 website at <http://coveredtil26.childrennow.org>.



Licensing Regulation

Resource Family Approval Annual Update

The Resource Family Approval (RFA) Program assesses all families who wish to provide care for children in out-of-home placement. In order to provide a safe home and environment for children, resource families must receive an initial approval and complete an update every year. The annual update is a reassessment of care providers and the care provider's home to ensure that they remain in compliance with the RFA Program requirements.

An update takes place within 60 days prior to the anniversary date the family received their RFA. It may also take place if there are circumstances that warrant an update, for example, when a resource parent has a change in marital status, significant change in health, moves to a new location, or has a new adult living in the home.

The annual update has several components, including an annual home visit, verification of background clearance, and a determination whether the care provider's training is current and up-to-date. The training piece is a critical component of the review.

To prepare for an annual update, resource families should ensure that they have completed their 8 hours of post-approval training every year and maintain their certificates as proof of training hours. The training classes must include CPR and First Aid courses, as well as classes appropriate to the age and needs of a child. The classes can cover topics on crisis intervention, trauma informed care, and the effects of drug and alcohol abuse on children. For a schedule of upcoming classes, please refer to page 5.

LICENSING REGULATION

16519.5(G)(6) ANNUAL UPDATE, APPROVAL TRAINING, AND RESCINDING APPROVAL

All Resource Family homes are required to have an annual update (based on their approval date) to maintain compliance with Resource Family Approval.

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.

My child is going on a field trip and the school wants me to sign a photo release paper. Can I sign one?

In general, pictures of children cannot be taken without written permission from a parent or legal guardian. In the case of foster children, resource families, as legal guardians, have the right to sign a consent form to allow pictures of the foster children to be taken. However, if a photo of your child will be printed or published on a website, your child cannot be identified by name or as a foster child.

For example, it is unacceptable for your child's photo to appear on the school website with the following caption: Picture taken from a picnic for foster children. It

is acceptable though for your child's photo to appear without his or her name printed and with a general caption such as volleyball team photo. If someone asks you to give consent to release information about your child but you are not sure whether you can share it, do not release any information. Instead, direct the person to the child's Protective Services Worker (PSW).

I know my child needs an annual physical, but the insurance requires me to have it one year and one day after last year's, and that makes me get out of compliance. What should I do?

The Child Health and Disability Prevention Program (CHDP) is a preventive program that delivers health assessments and services to children in foster care. Children above the age of 2 are required to have annual exams with a CHDP provider. If the insurance requires you to have an exam one year and one day after last year's exam, you would



not be out of compliance. Annual health exams with a CHDP provider should be completed in a reasonable period of time normally not to exceed 30 days. If you have any questions, contact your Public Health Nurse (PHN) or the Nurse of the Day (NOD) line at 415-558-2656.

We want to hear from you! This is a new section of the newsletter, so send us your questions.

Activities for All

Spring Cleaning

With the spring season upon us, there is no better time to get the whole family involved in a healthy dose of spring cleaning. Spring cleaning is the practice of thoroughly cleaning your home and de-cluttering it of old and unsafe items.

While some of us may get excited about the opportunity to purge old items and reorganize, others may dread the heavy duty tasks at hand. But never fear! If broken down into steps, spring cleaning can be manageable and very rewarding. Start by enlisting the help of your children. You may be pleasantly surprised to see what an asset they can be in assisting you to complete spring cleaning goals.

Start with a plan and set a goal for each member of the family. Everything runs smoother when you have a plan. Discuss as a family some of the tasks that you would like to accomplish. Make sure that each task is age-appropriate for your children. It may be filling up one bag or box of old toys to donate or getting rid of old clothes sitting in the closets that don't fit anymore. Perhaps as a family you want to clean out the garage to make room for a

children's play area during rainy days. From your list of tasks, identify items that are very important to the entire family. Start with your identified tasks first.

Break projects up into small parts. You may have "clean the living room" as one of your tasks, but it can seem overwhelming to clean an entire room. Instead, start with a small part such as organizing the bookshelves. Cleaning the kitchen can start with clearing out the refrigerator of old food and items that no one in the house eats. Being able to complete several small tasks will give you and your children a sense of accomplishment and encouragement to complete the next task.

Lastly, reward your family for their hard work and dedication to completing tasks. This could include a trip to the library, maybe a visit to the local movie theater, or possibly an outing to your family's favorite restaurant for dinner.

Spring cleaning doesn't have to be a drag. Take this opportunity to have some fun with your family and enjoy a clean house.