

# Section 6: Foster Parent Resources





Family Support Services  
OF NORTH FLORIDA INC.

## Sulzbacher Village:



### **AFFORDABLE HIGH-QUALITY HEALTH CARE**

**FOR YOUR KIDS.** The Brentwood neighborhood and surrounding area on the Northside of Jacksonville has long been considered a "healthcare desert," primarily due to a lack of available, affordable healthcare options for residents particularly for children.

But not anymore. The Sulzbacher Village Pediatric Health Center accepts children from the surrounding community as patients.

**SERVICES.** The Sulzbacher Village Pediatric Health Center is a state-of-the-art, 7,000 sq. ft. facility sponsored by Florida Blue and operating in partnership with Wolfson Children's Hospital.

Services include: Primary Care • Vision Care • Behavioral Health • Dental Care • Developmental Screenings • Referral to Specialists

The Pediatric Health Center opened in September 2018. Now fully staffed, the health center is serving children and their families living at the Village as well as the entire surrounding community.

**AFFORDABLE ACCESS CARE.** The Sulzbacher Village Pediatric Health Center accepts Medicaid and all public or private insurance plans to assure that every child that needs care, gets care.

*For more information about how your child can become a patient at the Sulzbacher Village Pediatric Health Center, please call 904.394.4958.*



Sulzbacher Village is an award-winning national model for ending homelessness for women and families. Services include:

- Permanent Supportive Housing
- Emergency Housing
- Female Veterans Housing and Services
- Case Management and Rental Assistance
- Pediatric Health Center
- Therapeutic Early Learning Center (for children birth-5)
- After School Children's Program (ages 5-17)
- Job Readiness and Placement Services

### **CONVENIENT LOCATION, ONSITE SERVICES.**

All services are provided onsite in a 92,000 sq. ft. community located in the Brentwood neighborhood of Jacksonville. Sulzbacher Village is located on a major bus line and is within walking distance of North Shore Elementary School, retail shops and a grocery store.

*For more information about living at Sulzbacher Village, call 904.394.4950 or visit our website at [www.sulzbacherjax.org](http://www.sulzbacherjax.org).*



**SULZBACHER VILLAGE**

A Community for Women & Families

5455 Springfield Blvd. • Jacksonville, FL 32208

[Sulzbacherjax.org](http://Sulzbacherjax.org)



## Foster Closet:

The Foster Closet is a free resource for Northeast Florida's foster parents and relative, non-relative placements and Independent Living Teens to access clothing, children's accessories, toys and children's furniture and more, to help take care of the foster children entrusted to them. Foster Closet offers a simple, no-nonsense approach that provides immediate assistance without complicated procedures. Through the generous contributions of our community, Foster Closet's inventory is abundant and we rely on a vast network of volunteers and donors to access additional donations at a moment's notice.

### **OUR PROGRAMS:**

- \* Helping over 800 children a year with a free resource for their needed items.
- \* Helping teens as they age out of foster care, with delivery of furniture and household items.
- \* Helping foster families with a monthly support group & Parent's Night Out.

### **CONTACT US:**

Located at 8307 Beach Blvd Jacksonville, FL 32216

Phone: 904.629.2116

Email: [info@fostercloset.org](mailto:info@fostercloset.org)

Visit [www.fostercloset.org](http://www.fostercloset.org) for more information.



## Foster & Adoptive Parent Associations (FAPA):

- **NORTHEAST FLORIDA FOSTER/ADOPTIVE PARENT ASSOCIATION**

President: Lillie Blackshear  
(904) 502-7932  
blackshearqueenb@aol.com

Meetings are the 2<sup>nd</sup> Monday of every month on the North/Westside of Jax.  
Call and/or email for location, time and more information.

- **GREATER JACKSONVILLE FOSTER/ADOPTIVE PARENT ASSOCIATION**

President: Charnita (Lisa) Williams  
(904) 614-0650 (best contact through text)  
greaterjaxfapa@gmail.com

Meetings are the 4<sup>th</sup> Thursday of every month (3<sup>rd</sup> of Nov. & Dec.) in Arlington Area.  
Call and/or email for location, time and more information.

- **FIRST COAST FOSTER/ADOPTIVE PARENT ASSOCIATION**

President: Tammy McGuire  
(904) 629-2116  
[rsyp@fostercloset.org](mailto:rsyp@fostercloset.org)

Meetings are the 2<sup>nd</sup> Thursday of every month in Southbank downtown area.  
Call and/or email for RSVP, location, time and more information.

- **NASSAU FOSTER/ADOPTIVE PARENT ASSOCIATION**

President: Mary Haight  
[Mary.haight@nassaufapa.org](mailto:Mary.haight@nassaufapa.org)

Meetings are the 2<sup>nd</sup> Thursday of every month in  
FSS Nassau Office 96016 Lofton Square Court Yulee, FL 32097

- **FOSTER CLOSET SUPPORT GROUP**

(904) 629-2116  
[jessica@fostercloset.org](mailto:jessica@fostercloset.org)

Meetings are the 1<sup>st</sup> Thursday of every month.  
Call and/or email for information.



## **QPI Myth Busters: Common Myths & Facts in FC:**

**Myth: Children and youth can never travel with their foster parents out of county or state.**

**Fact: They may travel out of county and/or state, however, this requires advance planning with the caregivers, the FSC and Children's Legal Services. The court order and individual circumstances must be carefully reviewed, and court permission may be required in certain situations. FAC 65C-13.029(6)(j)**

**Myth: Children and youth in foster care may not spend the night in unlicensed settings.**

**Fact: They may spend the night in unlicensed settings with the permission of their caregivers. However, this is intended for sleepovers with their peers (normalcy), not as babysitting/respice for another caregiver. FAC 65C-13.029; FS 409.145 (3)d**

**Myth: Parental/guardian permission is required prior to a foster child receiving a haircut.**

**Fact: There is nothing in statute, code or policy specifically related to the need for parent consent for haircuts. However, if their rights are still intact and in the spirit of maintaining a working relationship with the family, the licensed caregiver shall be sensitive to the parent's input regarding the types of activities in which the child can participate. The parents must be included, when practicable, in the decision making process regarding their child. FAC 65C-13.029 (1)(n)li**

**Myth: Caregivers and youth may not publicize or post photos of children in foster care.**

**Fact: In an effort to promote normalcy, children in Foster Care should be encouraged to participate in age appropriate activities that promote personal and social growth. This may include having their picture taken for newspaper or yearbook publication or for recognition of accomplishments. Care must be taken to ensure that they are not identified as Foster Children. Additionally, caregivers are permitted to post pictures of the children in their care on social media. However they may not use the child's last name or otherwise identify the child as residing in out-of-home care. Children have the right to self-disclose information about themselves on social media. However it is the responsibility of the caregiver to educate the children in their care about the potential impact about disclosure of sensitive and personal information. F.S 39.202 (4)(a); CFOP 170-11, Ch 6**



## **Board Payments & Allowance:**

When you initially went through the process of becoming a licensed foster parent, we informed you that you needed to have stable and sufficient income in order to meet your own needs without relying on the child's board payments. We also informed you that as a foster parent you would become a temporary volunteer caregiver for those who needed it the most, our children. You would be providing children with the needed love, guidance, and support they needed while in care. You would become their voice!

Notwithstanding, the state does provide a foster parent with a basic board rate payment that varies according to the age and specific needs of the children. The board rate allows for the child's basic needs to be met. Also, from the child's board rate, he/she is to receive a monthly mandatory allowance. If a child is too young and/or is not capable of managing an allowance, you must still set aside an amount each month for an allowance. You will also need to document the allowance amount as well as how it was spent. In the Forms section of this Handbook, there are two sample allowance logs that you can use. The allowance log should be kept in the Child Resource Record (Red Folder). DCF Allowance Memo, click [here](#).

***(NOTE: As a foster parent, you will not expect the child to use this allowance to purchase personal hygiene items, school supplies, clothing or other necessities. Allowances cannot be withheld as a form of discipline. The FSC will verify with the child when he/she conducts the face-to-face contact at the home – every 30 days – that the allowance is being given and used appropriately.)***

The child also receives [Medicaid](#) to cover his/her medical expenses. The state will also pay for child care services – totally or in part depending on the daycare facility.

Remember that the Board Rate for foster care is dependent on several things: (1) The legal status of the child; (2) The age of the child; & (3) The child's emotional, medical and behavioral issues. For additional information regarding the board rate assigned to a specific child, the timeframe for mailing out the board rate, clothing allowances, etc. please contact the child's FSC. If you cannot reach the child's FSC, please contact the FSC's supervisor.



## Board Payment FAQ's:

Below are a list of the FAQ's surrounding board payments. Should you not see your question addressed below the FSS Finance Department will try their best to assist with any issues of reimbursement or payments; However, if the issue stems from date or rate of a placement, you should begin an inquiry with the FSS Kids Central Placement Department first.

### FAQ's:

**1. What should I expect for my first reimbursement/board payment?**

If the FSS Finance Dept. does not receive your direct deposit or bank card registration form before your first reimbursement is dispersed, your first payment will be mailed to your home in the form of a check. Included with that check will be information for direct deposit or bank card options.

**2. When should I expect my reimbursement/board payment?**

Reimbursements are released on the 7<sup>th</sup> day of every month. When the 7<sup>th</sup> day occurs on a weekend or holiday, the payment will be released on the next business day. Checks are mailed using the same procedure.

**3. Will I receive a separate bank card for each child?**

No, there will only be one card issued per foster home.

**4. My bank card is lost/stolen, how do I replace it?**

Please call 1-855-282-6161. After hearing the prompt for card number, press # until you receive a live operator.

**5. How do I change my banking information?**

FSS will not accept the new banking information over the telephone. Please use the Direct Deposit/Bank Card form provided in Form Section of this handbook.

**6. Where is my check/I didn't receive my check, what do I do?**

FSS's first question to you would be: have you recently moved? Your Licensing Counselor tries to update us of any change in address, but sometimes that information can slip through the cracks. In the meantime, FSS will note your information and the status of the missing check, we will have to wait until the check is returned to our office before we can issue a new check.

**7. I provided Respite Care for a child but I don't know their name or dates of care provided. When will I receive payment?**

Contact the FSS Placement Dept. to inquire into dates of care provided, to ensure they submitted the correct payment forms.

**8. What is the daily board rate for my placement?**

Contact FSS Placement to inquire into this information.

**9. My reimbursement/board payment is incorrect?**

Please multiply the rate by the number of nights in the home. If the number of days are incorrect, you will need to contact FSS Placement for clarification.

Another solution to the above question: If the child was out of your home for respite, Baker Act, or DDC, this may have a direct effect on your payment amount. Contact FSS Placement for clarification.

**10. What is respite policy, why did I fill a W-9 and why did I receive a 1099 tax form?**

Each foster parent is given a total of twelve (12) days of respite each fiscal year (July 1 to June 30), this is NOT per child, this is per home. Any foster parent that exceeds the allotted twelve (12) days in a fiscal year, will NOT receive board rate for each day their child is in respite care.

For any home that provides respite care, the board rate is considered taxable income. This is why you completed a W-9.

If you receive \$600.00 or more within the calendar year for providing respite care, you will receive a 1099 tax form for claiming this income on your taxes.

**11. My respite provider did not get paid. What do I do?**

Your respite provider must call FSS Finance Department directly. FSS cannot discuss payments with anyone but the payee.



## **Transportation:**

Foster parents are expected to provide routine transportation for children in their care. Foster Parents and the FSC should work in close partnership to make necessary transportation plans. Examples of routine transportation include, but are not limited to:

- Medical/mental health appointments;
- Dental appointments;
- Visitation with birth family and other destinations of a routine nature.

Foster parents are expected to transport foster children as if they were their own children. In the event of an emergency or conflict in which the foster parent is unable to transport for some unforeseen reason, FSS would highly urge our foster parents to utilize their identified back-up or respite provider and notify the FSC as soon as possible to explain the change in plans.

**Signed copy of Transportation Agreement on file with FSS, this is your copy for reference.**





## Compassion Fatigue:

### **Secondary Trauma & Foster Parents: Understanding its Impact and Taking Steps to Protect Them**

#### **Introduction**

Foster Parents work daily, 24 hours a day, 7 days a week, with children who have been traumatized. They listen to their stories and feel their hurt. Empathy is often the most important tool foster parents bring to helping the children in their care. Unfortunately, the more empathic they are the greater their risk for internalizing the trauma of their foster children. The result of this engagement is secondary traumatic stress.

#### **What is secondary traumatic stress?**

According to Dr. Charles Figley, author of *Compassion Fatigue, Coping with Secondary Traumatic Stress Disorder*, secondary traumatic stress is “the natural consequent behaviors resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person”. Until recently, when we spoke about persons being traumatized we were speaking only of those people who were directly exposed to the trauma. We referred to their condition as post-traumatic stress disorder. Examples of such persons were Vietnam War veterans and/or victims of domestic violence.

In the last 15 years, we have come to recognize that people, who work with, listen to and try and help children and adults who have been traumatized are at risk for internalizing their trauma. This condition is called secondary traumatic stress. The only difference between post-traumatic stress disorder and secondary trauma is that with secondary trauma you are “a step away” from the trauma. The symptoms of primary or secondary trauma can be exactly the same!

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.” (Rachel Remen, Kitchen Table Wisdom)

#### **Why are foster parents at risk for developing secondary traumatic stress?**

There are several reasons why foster parents are at risk for developing secondary trauma. Listed below are just a few of those reasons.

- 1) **Empathy**: Empathy is an important tool we use to help children and families who have been traumatized. Our clients, and children in particular, feel valued and heard when we empathize with them. However, if we over empathize or over-identify with our clients we place ourselves at risk of internalizing their trauma.
- 2) **Insufficient Recovery Time**: Foster parents often listen to their foster children describe some horrific events they have experienced. In addition, foster parents often hear the same or similar horror stories over and over again. With children in their home 24 hours a day, 7 days a week, they are often deprived of the “time off” they need to heal or to get some distance from what they have heard. Secondary trauma is cumulative, so listening to these stories over and over again can have a negative effect on even the most compassionate and resilient foster parents.
- 3) **Unresolved Personal Trauma**: Many foster parents have had some personal loss or even traumatic experience in their own life (e.g., loss of a family member, death of a close friend, physical or emotional abuse). To some extent, the pain of their own experience(s) can be “re-activated” when they hear the child describe a traumatic situation similar to the one they experienced. Unless the foster parent has healed from their own trauma they are at increased risk for internalizing the trauma of their foster child.
- 4) **Children are the Most Vulnerable Members of Our Society**: Young children are completely dependent on adults for their emotional and physical needs. When adults maltreat children, it evokes a strong reaction in any person who cares about children. As the primary caretakers for vulnerable children, foster parents are at increased risk for having a strong emotional reaction to what they hear and learn about from these children. The inability of the foster parents to change the situation can make them feel even more vulnerable.



**How do you know if you are suffering from secondary traumatic stress?**

One of the most difficult tasks for a foster parent is to recognize if they are suffering from secondary traumatic stress. Every person reacts differently and copes differently with their reaction to adversity. What one person finds helpful may not be helpful for another person and vice versa. All people must remember to call on the coping mechanisms that work best for them. There are, however, several "individual indicators of distress" which can tell us that we are at increased risk for developing secondary trauma. A key indicator is when you find yourself acting and feeling in ways that don't feel normal to you. It is normal for all of us to have a range of emotions that include anger, sadness, depression or anxiety. However, when these emotions become more extreme or prolonged than usual, it is a potential indicator of distress (see table below).

When you begin to see or feel, in yourself, emotional or physical indicators of extreme distress, it is time to step back and evaluate yourself. Are there specific images or cases that keep coming into your head again and again? Are there situations with children that provoke anxiety that you are trying to avoid? Are there situations or people that remind you of a particularly distressing case? If you are experiencing some of these indicators, on a consistent basis, you should reach out and ask for help from another foster parent or from your caseworker. If the trauma symptoms become severe and last for more than a few days, you should consider seeing a therapist who specializes in trauma work.

<u>Emotional Indicators</u>	<u>Physical Indicators</u>	<u>Personal Indicators</u>
Anger	Headaches	Self-isolation
Sadness	Stomach aches	Cynicism
Prolonged Grief	Back aches	Mood swings
Anxiety	Exhaustion	Irritability

**Self-Care Strategies for Combating Secondary Trauma Stress**

Understanding your own needs and responding appropriately is of paramount importance in combating secondary traumatic stress. For foster parents it is critically important to find ways to "get a break" from parenting. To avoid feeling overwhelmed by feelings of frustration and sadness it is important to engage in activities you consider fun and playful. Any person working with maltreated or traumatized children needs to set aside time to rest, emotionally and physically, and to engage in activities that restore their sense of hope.

Remember, in the end, our ability to help children who have suffered depends upon our ability to care for ourselves....physically, emotionally, socially and spiritually, so we can be there for them when they need us.

**About the Author**

David Conrad has been a social worker for over 30 years. He has worked as a child protection caseworker and supervisor. He currently serves as a Senior Instructor with JFK Partners/Department of Pediatrics at the University of Colorado Health Sciences Center in Denver, Colorado. To learn more about secondary trauma or to talk with him about providing secondary trauma training, please contact him at Conrad.David@tchden.org or at 303-861- 6183.



## When A Foster Parent Should Call:

The child's FSC will keep in touch with you frequently, especially during the initial stage of a placement. Once the child has settled, there may be less contact. Below are sample situations when you will want to telephone the child's FSC for non-emergency calls:

1. **NON-EMERGENCY CALLS** are to report incidents. For instance, you are planning to move across town or the family composition is changing. Non-emergency calls also report any changes in the behavior of the child or any concerns you might have of a general nature about the child.
2. **PLANNING AHEAD CALLS** when you know that you will have to be away from the family and have arranged for substitute care or before taking the child out-of-state or allowing the child to go on a trip; before making any significant change in the child's life (i.e., a change in schools or a new job).
3. **CAUSE FOR CONCERN CALLS:** When something about your foster child seems as if it might develop into trouble---perhaps they are associating with children who exhibit questionable behaviors, or have unexplained items that they are unwilling to talk about, or slipping back to their old gang, or you think the child has more money than they should have. The child's FSC would rather be in at the beginning of a problem than to wait until you are worn out from struggling with it alone and the situation has reached the point of no return.

### Emergencies when the caseworker should be contacted immediately are:

1. If the child shows signs of depression, changes in eating habits, withdraws from family and friends, talks about suicide, excessive statements about self-worth, preoccupation with death and sudden proneness to accidents.
2. If the child has run away. You should give the child reasonable opportunity to come home. Call friends where he/she might be. Contact local law enforcement. This will mean you will have to go to the station or have an officer visit your home to file a police report giving age, description and possible whereabouts.
3. If the child has a sudden serious illness or accident or dental problem.
4. If there is serious trouble with police, juvenile authorities or the school; or if the child is skipping school.
5. If anyone, including the child's own relatives, tries to take him from your home, school, child care, or other organized institutions without prior arrangements by the child's FSC.
6. If there is an emergency in your own family which makes it impossible for you to care for foster children for a certain period of time.

In all emergencies, take the common sense steps that any parent would in order to deal with the immediate situation, then notify the child's FSC, FSC Supervisor or the on-call FSC. Please remember the FSC has many other children in his or her caseload. Consequently, he or she must be out of the office much of the time in order to ensure their safety and well-being too.



Family Support Services  
OF NORTH FLORIDA INC.

## Safe Baby:



**CHOOSING A SAFE CAREGIVER**  
Take your time choosing your baby's caregiver. Even if the person is a close friend, partner or family member, he or she may not be prepared to care for your baby.

- Check references by speaking to people who know the caregiver better than you.
- Look into the caregiver's background for a criminal record or violent past. Visit [www.healthystartcoalition.org](http://www.healthystartcoalition.org) to learn more about background checks.
- Make sure the person has patient, nurturing qualities and experience caring for young children.
- Prepare the caregiver with details on how to meet your baby's needs. He or she should know about your baby's feeding, changing, playing and sleeping routine.
- Be sure the caregiver will not smoke or use drugs or alcohol around your baby.

**Before you leave your baby with a caregiver, ask yourself:**

- Is your caregiver as dedicated to your baby's safety as you are?
- Is your caregiver asking you questions and showing an interest in the safety and well-being of your child?
- Do you trust this caregiver with your baby's life?



Protect your baby.  
Visit [www.HealthySafeBaby.org](http://www.HealthySafeBaby.org)



**HEALTHY START COALITION**  
All Duval County  
*We Are Here*  
2006 N. Armenia Ave., Suite 100  
Tampa, FL 33607  
Phone: 813-233-2800  
[www.healthystartcoalition.org](http://www.healthystartcoalition.org)



**Children's Board**  
DUAL COUNTY  
[www.ChildrensBoard.org](http://www.ChildrensBoard.org)

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Safe Baby educates and empowers parents and caregivers with information to keep babies safe from the top three preventable causes of infant death in our community. Follow these life-saving tips to protect your baby.

**PREVENTING SHAKEN BABY SYNDROME**  
All babies cry. However, we know that crying can trigger a caregiver to become extremely frustrated and lose control. Shaken Baby Syndrome occurs when a baby is violently shaken or thrown. Shaken Baby Syndrome causes severe head trauma, which can lead to death or life-long disabilities. Plan ahead on how you and other caregivers will cope with your baby's crying to prevent this tragedy from occurring.

**SOOTHING A CRYING BABY**  
Crying is normal. Crying may peak during your baby's second month. Sometimes crying occurs for 30 minutes or longer.

- Check that your baby's basic needs are met. Is your baby hungry, tired, hot or cold? Does the diaper need to be changed? Does your baby need to be burped? Your baby may also cry for attention, wanting to be held or touched.

- Make sure your baby does not have a fever. Call the pediatrician if you think your baby may be ill.
- Many babies love motion. Try cooing, rocking, swaying, riding in a stroller, or using an infant swing.
- Safe swaddling with a light blanket can help calm a fussy baby.
- Try playing soft music, singing, humming or making a "shh" sound.
- Try dimming the lights or offering a pacifier.
- If your baby continues to cry, safely place your baby in a crib on his or her back to cry it out. Check on your baby every 5-10 minutes.
- It is OK to ask for help. Call a trusted friend, relative, or neighbor and ask them to watch the baby and give you a break.



**SLEEPING SAFELY**  
Sudden Unexpected Infant Death (SUID) is a term used when an infant dies suddenly and unexpectedly. Sudden Infant Death Syndrome (SIDS) is a type of SUID in which there is no identifiable cause of death. The best way to keep your baby safe during sleep is to place your baby on his or her back in a safety-approved crib or bassinet.



- Always place your baby on his or her back to sleep. The American Academy of Pediatrics made this "Back to Sleep" recommendation in 1992. This practice has reduced the rate of SIDS by more than 50 percent.
- Your baby should always sleep alone. Sharing a sleep space with your baby increases the chance of accidental suffocation and strangulation.
- Place your baby in a safe crib, bassinet or cradle. Be sure it has a firm mattress and a well-fitted sheet.
- Remove all bumpers, pillows, blankets and toys from your baby's crib because these items can block your baby's breathing.
- Never place a baby on adult beds, chairs, sofas, pillows, or cushions to sleep.
- Dress your baby lightly for sleep so that he or she does not get overheated.
- Smoke exposure can increase the risk of SIDS. Do not allow people to smoke near your baby. Clothing and furniture can also carry chemicals from cigarette smoke.
- Breastfeeding has been linked to reducing a baby's risk for SIDS.
- Place a fan in your baby's room to increase air flow.
- Use a pacifier to decrease the risk of SIDS.



## Health & Safety Tips for Foster Parents:

As it relates to ensuring our children's safety and well-being at all times, the governing licensing statute requires that you have an environmental health and safety inspection completed yearly.

Don't forget that you will also need to have the following ready for DOH and/or FSS Licensing:

- (1) Current copy of your pet's vaccinations (for dogs, cats and ferrets);
- (2) Floor Plan;
- (3) Evacuation and Disaster Preparedness Plan; and
- (4) Fire Drill Log. A minimum of two should be done per year or whenever a new child is placed.

### *Additional Health and Safety Tips...*

- Vehicle to be smoke-free when transporting children.
- If you own a swimming pool, you will need to take water safety training. To assist you in ensuring our children's safety and well-being at all times, we have attached guidelines for swimming pool safety.
- If your home is adjacent to any body of water or a swimming pool, you must instruct the children in water safety, as appropriate for their age.
- No standing water shall remain in wading pools when not in use.
- A total of two radon tests shall be completed for each home, the initial test and a 5 year re-test.
- The evacuation plan to be posted in a visible place in the home. The plan to be shared with all children as appropriate to their age and level of understanding upon placement in the home.

## Florida Child Car Seat Laws:

It is the responsibility of the supervising adult to ensure that any child under 5 years old is seated in a federally-approved child car seat. Failure to do so could result in a \$60 fine and 3 points against your driver's license.

Florida law states:

- **Children 5 years old or younger** must be secured in a federally approved child restraint system:
  - **Children 3 years old and younger** must use a separate car-seat or the vehicle's built-in child seat.
  - **Children 4 through 5 years** must sit in either a separate car seat, a built in child seat or a seat belt, depending on the child's height and weight.
- **Children 6 through 17 years old** must be in a seatbelt.

Though not required, the DHSMV recommends children **12 years old** and under to ride in the back seat of the vehicle when possible. This is due to safety concerns for air bag deployment, which can be dangerous for young children.



## **Swimming Pool Safety Guide:**

Although swimming pools can be fun, drowning has become the leading cause of accidental death in the homes of children under five years old. In order to ensure the continued safety and well-being of our children while they are near, around, or in a pool or body of water, the following guidelines are being provided in order to help caregivers provide children with the needed protection they deserve.

1. No matter what the child's age or skill level, direct adult supervision is required at all times when children are in the area of or using the swimming pool, spa, or hot tub. There should always be at least one non-swimming adult available for direct supervision.
2. The swimming pool must have a barrier on all four sides of at least four feet in height. The barrier can be in the form of a chain link, wooden, ornamental, thick hedges, etc.
3. All access through the barrier must have one of the following safety features: alarm, key lock, self-locking doors, or bolt lock that is not accessible to children. Alarm triggers are recommended as they trigger loud sounds to warn the parent or guardian.
4. When the swimming pool is not in use, make sure that ALL entry points are securely locked.
5. Steps or ladders leading to above ground pools must be secured, locked, or removed when the pool is not in use.
6. Hot tubs and spas are required to have a non-penetrating safety cover that is locked when not in use.
7. Swimming pools must be equipped with one of the following life-saving devices: ring buoy, rescue tube or other appropriate flotation device with a rope attached that is sufficient in length to cover the area. All rescue equipment should be placed near the pool in a clearly marked and readily accessible spot. Periodically check and keep all safety equipment in good condition.
8. A rope and float line is recommended and should be placed across the pool to alert swimmers of the separation of the deep end from the shallow end of the pool.
9. Children who are not proficient in swimming must wear a life jacket or approved floating device when in the pool area.
10. All caregivers who have a swimming pool must complete a basic water safety and CPR course.

In addition to these guidelines, it is always good to have a first aid kit in a safe and convenient location. Periodically check to make sure that your kit is well-stocked with all the needed essentials. A cordless phone is also convenient and a good idea especially if you need to call for help or information quickly and without leaving the pool area. As we live in an area wherein there are many sunny days, remember to use the needed level of sunscreen protection that is right for you. Even on cooler, cloudy days, the sun's ultraviolet rays can burn and damage skin cells. With these safety tips, we can all enjoy countless hours of fun and enjoyment!

## Sex Trafficking and Sexual Exploitation:

Many parents have a limited understanding of the issue of sex trafficking and sexual exploitation and how it might show up within your family. As the parent of a teen, you are constantly required to navigate your child's behavior, progress at school and keep a watchful eye for warning signs that could indicate your child is headed down a dangerous or destructive path or in trouble.

Most adolescents spend more time at school than anywhere else. Certain behaviors that take place before, during and after school, as well as on weekends and breaks are important for parents to monitor. Parents can begin to recognize warning signs and changes in behavior and appearance that may indicate underlying problems with teens in their care.

Daily interaction with teens gives parents the opportunity to prevent, identify and respond to sexual exploitation appropriately.

Sex trafficking, much like other forms of child abuse, can be difficult to detect because victims often hide their victimization and are reluctant to come forward and tell a parent or trusted person at school.

Also, common myths and stereotypes about sex trafficking can affect a parent's judgment and response. The reality is that anyone, regardless of race, age, gender, sexual preference or socio-economic status can be a victim of sex trafficking.

For sex trafficking to occur, there are two primary actors- the victim and the abuser. The abuser can be a traditional sex trafficker or a pimp. Or the abuser can be someone who has traded anything of value for sexual favors from an underage minor. Police report instances where perpetrators have offered expensive clothing, cell phones, electronics, accessories and even food in exchange for sex acts.

While there is no commonly accepted profile of a sex trafficking victim, certain populations are more vulnerable than others:

- **Runaway:** Pimps/traffickers target runaway or "throwaway" (A throwaway teen is one who has been forced out of the home by the parent or guardian) teens or those who are having trouble at home. These youth are at an increased risk for predators as they have few resources, may not be old enough to legally get a job, and are often running away from difficult situations.
- **Foster Care:** Youth in foster care may move around a lot, and are prone to victimization because they may not have someone looking out for them or making sure they are safe. They may crave the attention and consistency a pimp can provide.
- **Gangs:** Increasingly, gangs are using prostitution as a means of income, much like selling drugs or guns. While drugs or guns can be sold just once, a human body can be sold over and over. Some girls are told they must sell their bodies as part of gang membership or initiation, for protection, or as their contribution to the gang.
- **Juvenile Justice System:** Youth who have been arrested or are currently on probation may be at a higher risk for trafficking. Juveniles are most commonly arrested for related crimes such as loitering, curfew, runaway or minor in possession of drugs or alcohol.





## **Sex Trafficking and Sexual Exploitation (cont'd):**

### **Top 10 ways to protect your children from becoming a sex trafficking victim:**

1. **Listen and be proactive:** Talk to your teen and ask questions about how they feel about their peers and other people around them.
2. **Encourage extracurricular activities and hobbies:** These help your child build their self-esteem, self-worth and to develop empathy.
3. **Teach media literacy:** Teach your teen how to identify, analyze and evaluate media messages and TV shows, movies, song lyrics, apps, slogans or social media posts.
4. **Know who is reaching out to your child:** Knowing who your teen is talking to regularly or spending time with will help protect them and allow you to give them guidance about negative influences.
5. **Know it's OK to say "NO":** Teach your teen that it is always ok to say "no" and there is no situation that is so terrible that you would not be there to help them.
6. **Teach your child about sex:** By reinforcing and supplementing what your teen learns in school, you can help your teen develop important attitudes and information about healthy sexuality.
7. **Spend time with your teen:** Teens require quality time with your parents (without distractions) so they can talk about what is going on in their daily lives and so you can assure them you are there.
8. **Know where and how your teen gets new things:** Sex traffickers will use the things that your teen wants to lure them. Take notice and regular inventory and ask questions when you see expensive electronics, clothes, makeup, nails, etc. that you did not pay for.
9. **Teach your teen about sex trafficking and sexual exploitation:** What it is, how it happens and what could potentially happen down the road.
10. **Get counseling if it's needed:** If your child's symptoms of depression or anger are disrupting school or home life, get professional help.

### **For parents who think their child might have been a victim of human trafficking:**

1. **Call the police.** Report your suspicions with as much supporting evidence as possible.
2. **Learn all you can about your child's rights as a victim** and continue to offer nonjudgmental support.
3. **Have your child tested** for sexually transmitted infections right away.
4. **Seek long-term counseling** with a trusted provider who is trauma informed and has experience working with victims of sex trafficking.
5. **Think about psychological safety.** You can help your child feel safe by helping them identify things that instill the feelings of safety.
6. **Monitor social media or consider a break from all social media.** Monitor internet usage and website/data history.
7. **Be prepared to deal with drug addition, PTSD, depression, anxiety, low self-esteem and feelings of worthlessness during the recovery process.** Avoid blaming your child for his/her role in the abuse.
8. **Find support in your local community with a peer monitoring program.** Peer support and group therapy is helpful and sex trafficking victims can be coached to feel less like a victim and more like a resilient survivor.

If you suspect Human Trafficking, call the National Human Trafficking Hotline at **1-888-3737-888**

For more information, please contact:  
Office of Sex Trafficking Intervention Research  
Phone: (602) 496-0093  
Email: [Dominique.Roe@asu.edu](mailto:Dominique.Roe@asu.edu)  
<http://www.sextraffickinghelp.com>





## Ongoing Training Requirements for Foster Parents:

### **Training Requirements:**

- All traditional foster parents are required to complete a minimum of 8 hours of training annually, more hours are always welcome!
- Each person named on the license is required to complete 8 hours of training individually.
- Several opportunities are provided for completing these hours within the licensing year, see below.

### **Training Opportunities:**

- **Tri-annual Training:** FSS hosts 3 tri-annual trainings in various locations throughout Duval & Nassau Counties. The location and topic will change for each training offered. Information is mailed and emailed out weeks in advance and RSVP is required for space and child care purposes. These trainings offer 2 hours of training towards the required 8 hours of annual training for re-licensing. Refer to your Licensing Counselor for more information.
- **Online Training:** There are numerous training opportunities offered online. A couple of benefits to these opportunities are you may complete them at your leisure and you may choose the topic of training to fit your needs. Please follow this link for information on online training opportunities:  
<http://www.fssjax.org/portal/foster-parent-training>

\*Certificates must be provided to your Licensing Counselor immediately after completion to receive credit for your time. Refer to your Licensing Counselor for more information.

- **Association Meetings:** The local Foster Parent Associations offer training opportunities at some of their meetings. Refer to the contact information provided for these associations for more information.
- **Misc.:** Any other training opportunities you may encounter (through your employer or school, i.e. DCPS Parent Academy) may count towards your re-licensing requirement but they must be relevant to child care and/or child protection and a certificate of completion must be turned into your Licensing Counselor immediately to receive credit. Refer to your Licensing Counselor to confirm if training will count towards your annual requirement if it is provided by an outside source other than the ones listed above.

FSS will e-blast additional upcoming training opportunities as information becomes available. Please continue to check your email for these opportunities.

**DCF enforces a strict 3 day rule that FSS is contractually obligated to enforce.  
Training must be entered in the State database within 3 days of completion to receive credit.**



## Contact Us.....

Do you have any suggestions for additional items to be added to your handbook?

If so, please email suggestions to Birdie Carlisle, Licensing Supervisor with FSS Licensing.  
[Roberta.carlisle@fssnf.org](mailto:Roberta.carlisle@fssnf.org)

Thank you again for making a difference in the lives of our children!

