

DCF Credentialing Chronicle

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The National Nutrition Month® 2013 theme, "Eat Right, Your Way, Every Day," encourages personalized healthy eating styles and recognizes that food preferences, lifestyle, cultural and ethnic traditions and health concerns all impact individual food choices.*

Be a Healthy Role model for Children 10 Tips for Setting good examples

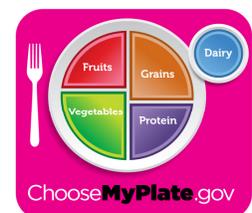
- 1. Show by Example** Eat vegetables, fruits, and whole grains with meals or as snacks.
- 2. Go food shopping together** Grocery shopping can teach your child about food and nutrition. Discuss where vegetables, fruits, grains, dairy, and protein foods come from. Let your children make healthy choices.
- 3. Get creative in the kitchen** Cut food into fun and easy shapes with cookie cutters. Encourage your child to invent new snacks. Make your own trail mixes from dry whole-grain, low-sugar cereal and dried fruit.
- 4. Offer the same foods for everyone** Stop being a "short-order cook" by making different dishes to please children. It's easier to plan Family meals when everyone eats the same foods.
- 5. Reward with attention, not food** Show your love with hugs and kisses. Comfort with hugs and talks. Choose not to offer sweets as rewards. It lets your child think sweets or dessert foods are better than other foods. When meals are not eaten, kids do not need "extras"—such as candy or cookies—as replacement foods.
- 6. Focus on each other at the table** Talk about fun and happy things at mealtime. Turn off the television. Take phone calls later. Try to make eating meals a stress-free time.
- 7. Listen to your child** If your child says he or she is hungry, offer a small, healthy snack—even if it is not a scheduled time to eat. Offer choices. Ask "Which would you like for dinner: broccoli or cauliflower?" instead of "Do you want broccoli for dinner?"
- 8. Limit screen time** Allow no more than 2 hours a day of screen time like TV and computer games. Get up and move during commercials to get some physical activity.
- 9. Encourage physical activity** Make physical activity fun for the whole family. Involve your children in the planning. Walk, run, and play with your child—instead of sitting on the sidelines. Set an Example by being physically active and using safety gear, like bike helmets.
- 10. Be a good food role model** Try new foods yourself. Describe its taste, texture, and smell. Offer one new food at a time. Serve something your child likes along with the new food. Offer new foods at the beginning of a meal, when your child is very hungry. Avoid lecturing or forcing your child to eat.



Goodbye Pyramid!

Hello Plate!

In June 2011, MyPlate replaced MyPyramid as the government's primary food group symbol. MyPlate is an easy-to-understand visual cue to help consumers adopt healthy eating habits by encouraging them to build a healthy plate, consistent with the 2010 Dietary Guidelines for Americans.





Go, Slow, and Whoa! A Kid's Guide to Eating Right



Lots of kids want to know which food to eat to be healthy or lose weight. Most kids don't need to be on diets, but there's something kids can do to eat healthier. Learn the difference between Go, Slow and Whoa Foods.

GO Foods – They are the healthiest ones!

SLOW Foods – They aren't off-limits, but they shouldn't be eaten every day. At most, eat them several times a week.

WHOA Foods – Whoa! Should I eat that? These are the foods which are the least healthy and the most likely to cause weight problems especially if a person eats them all the time! That's why Whoa foods are once-in-a-while foods!

Food Group	GO Almost anytime foods	SLOW Sometimes foods	WHOA Once in a while foods
Vegetables	Almost all fresh, frozen, and canned vegetables without added fat and sauces	All vegetables with added fat and sauces; ovenbaked french fries; avocado	Fried potatoes, like french fries or hash browns; other deep-fried vegetables
Fruits	All fresh, frozen, canned (in juice)	100 percent fruit juice; fruits canned in light syrup; dried fruits	Fruits canned in heavy syrup
Breads and Cereals	Whole-grain breads, including pita bread; tortillas and whole-grain pasta; brown rice; hot and cold unsweetened whole grain breakfast cereals	White refined flour bread, rice, and pasta. French toast; taco shells; cornbread; biscuits; granola; waffles and pancakes	Croissants; muffins; doughnuts; sweet rolls; crackers made with trans fats; calorically sweetened breakfast cereals
Milk and Milk Products	Fat-free or 1 percent lowfat milk; fat-free or low-fat yogurt; part skim, reduced fat, and fatfree cheese; low-fat or fat-free cottage cheese	2 percent low-fat milk; processed cheese spread	Whole milk; full-fat American, cheddar, Colby, Swiss, cream cheese; whole-milk yogurt
Meats, Poultry, Fish, Eggs, Beans, and Nuts	Trimmed beef and pork; extra lean ground beef; chicken and turkey without skin; tuna canned in water; baked, broiled, steamed, grilled fish and shellfish; beans, split peas, lentils, tofu; egg whites and egg substitutes	Lean ground beef, broiled hamburgers; ham, Canadian bacon; chicken and turkey with skin; lowfat hot dogs; tuna canned in oil; peanut butter; nuts; whole eggs cooked without added fat	Untrimmed beef and pork; regular ground beef; fried hamburgers; ribs; bacon; fried chicken, chicken nuggets; hot dogs, lunch meats, pepperoni, sausage; fried fish and shellfish; whole eggs cooked with fat
Sweets and Snacks		Ice milk bars; frozen fruit juice bars; low-fat or fatfree frozen yogurt and ice cream; fig bars, ginger snaps, baked chips; low-fat microwave popcorn; pretzels	Cookies and cakes; pies; cheese cake; ice cream; chocolate; candy; chips; buttered microwave popcorn
Fats/Condiments	Vinegar; ketchup; mustard; fat-free creamy salad dressing; fat-free mayonnaise; fat-free sour cream,	Vegetable oil, olive oil, and oil-based salad dressing; soft margarine; low-fat creamy salad dressing; low-fat mayonnaise; low-fat sour cream	Butter, stick margarine; lard; salt pork; gravy; regular creamy salad dressing; mayonnaise; tartar sauce; sour cream; cheese sauce; cream sauce; cream cheese dips
Beverages	Water, fat-free milk or 1 percent low-fat milk; diet soda; unsweetened ice tea or diet iced tea and lemonade	2 percent low-fat milk; 100 percent fruit juice; sports drinks	Whole milk; regular soda; calorically sweetened iced teas and lemonade; fruit drinks with less than 100 percent fruit juice

Source: U.S. National Heart, Lung, and Blood Institute, National Institutes of Health

Resources available for parents, school and the community:

- ✓ <http://teamnutrition.usda.gov/Resources/servinupmyplate.htm>
- ✓ <http://www.choosemyplate.gov/children-over-five.html>
- ✓ <http://www.eatright.org/NNM/content.aspx?id=6442470035>
- ✓ <http://www.choosemyplate.gov/preschoolers.html>
- ✓ <http://www.choosemyplate.gov/food-groups/downloads/TenTips/DGTipsheet12BeAHealthyRoleModel.pdf>



Child Maltreatment 2011

The U.S. Department of Health and Human Services has released *Child Maltreatment 2011*. This is the 22nd in a series of reports designed to provide State-level data from the National Child Abuse and Neglect Data System (NCANDS). The annual reports include information on screened-in referrals (reports) of abuse and neglect made to child protective services (CPS) agencies, the children involved, types of maltreatment, CPS responses, child and caregiver risk factors, services, and perpetrators.

Highlights of *Child Maltreatment 2011* show:

- During Federal fiscal year (FFY) 2011, child protective service agencies received roughly 2.4 million referrals.
- The national estimate of unique victims for FFY 2011 was 681,000, with 42 States reporting a decreased number of victims.
- Children from birth to 1 year had the highest rate of victimization.
- Boys accounted for 48.6 percent of the victimizations, and girls accounted for 51.1 percent of victimizations.
- The most common type of maltreatment was neglect (more than 75 percent), followed by physical abuse (more than 15 percent), and sexual abuse (less than 10 percent).

For a more comprehensive report, click on the link below
<http://www.acf.hhs.gov/sites/default/files/cb/cm11.pdf>

If you work with children and teens, you have a critical role in protecting children and creating a positive setting for children to be healthy and happy....You may be the only one who recognizes warning sign behaviors and is in a position to take steps to keep a child safe from sexual abuse.



April is National Child Abuse Prevention Month, a time to recognize that we each can play a part in promoting the social and emotional well-being of children and families in communities.

Prevention is the best hope for reducing child abuse and neglect and improving the lives of children and families. Strengthening families and preventing child abuse requires a shared commitment of individuals and organizations in every community.

Ten Ways to Help Prevent Child Abuse

1 Be a nurturing parent.

Children need to know that they are special, loved and capable of following their dreams.

2 Help a friend, neighbor or relative.

Being a parent isn't easy. Offer a helping hand take care of the children, so the parent(s) can rest or spend time together.

3 Help yourself.

When the big and little problems of your everyday life pile up to the point you feel overwhelmed and out of control – take time out. Don't take it out on your kid.

4 If your baby cries...

It can be frustrating to hear your baby cry. Learn what to do if your baby won't stop crying. Never shake a baby – shaking a child may result in severe injury or death.

5 Get involved.

Ask your community leaders, clergy, library and schools to develop services to meet the needs of healthy children and families.

6 Help to develop parenting resources at your local library.

7 Promote programs in school.

Teaching children, parents and teachers prevention strategies can help to keep children safe.

8 Monitor your child's television and video viewing.

Watching violent films and TV programs can harm young children.

9 Volunteer at a local child abuse prevention program.

For information about volunteer opportunities, call 1.800.CHILDREN.

10 Report suspected abuse or neglect.

If you have reason to believe a child has been or may be harmed, call [DCF Hotline 1-800-842-2288](tel:1-800-842-2288) or your local police department.

If you suspect a Child has been abused...

Do

- Keep Calm.
- Tell the child you believe them.
- Show interest and concern.
- Reassure and support the child.
- Take action. It could save a child's life.

Don't

- Panic or overreact.
- Pressure the child.
- Confront the offender.
- Blame the child or minimize the child's feelings.
- Overwhelm the child with questions.

Preventing Child Maltreatment and Promoting Well-Being: A Network for Action 2013 Resource Guide supports service providers in their work with parents, caregivers, and their children to strengthen families and prevent child abuse and neglect. It focuses on the six protective factors, which have been proven to reduce the risk of abuse and neglect, and provides tools and strategies to integrate the protective factors into existing programs and systems.



ABUSE is a non-accidental injury to a child which, regardless of motive, is inflicted or allowed to be inflicted by the person responsible for the child's care which includes:

- any injury which is at variance with the history given
- maltreatment, such as, but not limited to, malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment or cruel punishment.

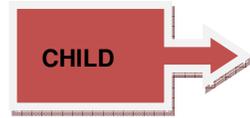
NEGLECT is the failure, whether intentional or not, of the person responsible for the child's care to provide and maintain adequate food, clothing, medical care, supervision, and/or education. A child may be found neglected who:

- has been abandoned
- is being denied proper care and attention physically, educationally, emotionally, or morally
- is being permitted to live under conditions, circumstances or associations injurious to his well-being
- is being abused.

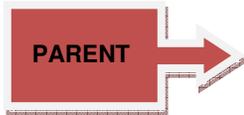
To learn more, please visit the
Child Welfare Information Gateway at

www.childwelfare.gov

Recognizing Child Abuse The following signs may signal the presence of child abuse or neglect.



1. Shows sudden changes in behavior or school performance
2. Has not received help for physical or medical problems brought to the parent's attention
3. Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
4. Is always watchful, as though preparing for something bad to happen
5. Lacks adult supervision
6. Is overly compliant, passive or withdrawn
7. Comes to school or other activities early, stay late, and does not want to go home



1. Shows little concern for the child
2. Denies the existence of - or blames the child for - the child's problems in school or at home
3. Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
4. Sees the child as entirely bad, worthless or burdensome
5. Demands a level of physical or a academic performance the child cannot achieve
6. Looks primarily to the child for care, attention and satisfaction of emotional needs



1. Rarely touch or look at each other
2. Consider their relationship entirely negative
3. State that they do not like each other

Types of Abuse

The following are some signs often associated with particular types of child abuse and neglect: physical abuse, neglect, sexual abuse, and emotional abuse. It is important to note, however, that these types of abuse are more typically found in combination than alone. A physically abused child, for example, is often emotionally abused as well, and a sexually abused child also may be neglected.

Consider the possibility of **PHYSICAL ABUSE** when the child:

Has unexplained burns, bites, bruises, broken bones, or black eyes • Has fading bruises or other marks noticeable after an absence from school • Seems frightened of the parents and protests or cries when it is time to go home • Shrinks at the approach of adults • Reports injury by a parent or another adult caregiver

Consider the possibility of **NEGLECT** when the child:

Is frequently absent from school • Begs or steals food or money • Lacks needed medical or dental care, immunizations, or glasses • Is consistently dirty and has severe body odor • Lacks sufficient clothing for the weather • Abuses alcohol or other drugs • States that there is no one at home to provide care

Consider the possibility of **SEXUAL ABUSE** when the child:

Has difficulty walking or sitting • Suddenly refuses to change for gym or to participate in physical activities • Reports nightmares or bedwetting • Experiences a sudden change in appetite • Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior • Becomes pregnant or contracts a venereal disease, particularly if under age 14 • Runs away • Reports sexual abuse by a parent or another adult caregiver

Consider the possibility of **EMOTIONAL MALTREATMENT** when the child:

Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression • Is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequently rocking or head-banging, for example) • Is delayed in physical or emotional development • Has attempted suicide • Reports a lack of attachment to the parent

“Warning sign” is really just another way of saying **“opportunity for prevention”** – a chance for caring adults to recognize possible risk and to take action to protect children.

**** StopItNow.org ****

In Connecticut...

Bill: A crime to not report child abuse

Officials including athletic directors and school principals could face criminal penalties if they fail to report suspected child abuse.

Read more:

<http://www.ctpost.com/local/article/Bill-A-crime-to-not-report-child-abuse-4272739.php#ixzz2MausUuiU>

Video Highlights: Helping Children in Foster Care Transition to Adulthood.

Watch a brief video of speakers, including youth in foster care, at the (Connecticut Voices for Children) December forum addressing how we can help children in foster care to make a successful transition to adulthood and independence.

Foster Care and Adoption

Open House Schedule

http://www.dir.ct.gov/dcf/FASU/Events/FASU_Events_Calendar.asp?fosteradoptNav



There are over to 4,000 children in the care of the state of Department of Children and Families due to abuse, neglect or abandonment. CAFAP and DCF work together to recruit foster families to provide safe, caring homes for children as DCF and the courts plan for the children's futures.

STATISTICS: Children in foster care as of Feb 2012

STATEWIDE

Children in placement
Foster care 1,953
Congregate care 1,221
Relative care 996
Special study 184
Independent living 131
Trial home visit 30
TOTAL: 4,515

"My foster mother taught me how to love and trust again. She saved my life. She is my hero. She gave me a sense of family that I will forever treasure. If you ask me, that is a priceless gift."

Jessica, Former Foster Child

MYTH: You cannot be a foster or adoptive parent if you are (1) not married (2) gay (3) lesbian

FACT: Everyone is welcome.

The journey to becoming a foster parent often involves many of the same steps you would take to become an adoptive parent. There are many things to consider prior to making the decision, so it's good to take your time and make sure this is the right fit for your family.

Your marital status usually won't disqualify you from becoming approved to be a foster parent. You don't need to own your own home, have children already, be young, wealthy, or a stay-at-home parent to foster.

Characteristics needed to be a good foster parent include:

- Being stable, mature, dependable, and flexible
- Having the ability to advocate for children
- Being a team player with your family or child welfare worker

For more information about becoming a foster or adoptive parent please call 1-888-KID-HERO, or e-mail: kidHero@cafap.com

Resources:

<http://www.adoptuskids.org/for-families/how-to-foster/deciding-to-pursue-fostering>
http://www.ct.gov/dcf/lib/dcf/foster_care/pdf/foster_care_and_adoption_myths.pdf
<http://www.ct.gov/dcf/cwp/view.asp?a=2552&q=314442>
<http://www.fc2success.org>
<http://www.fostercaremonth.org/>



Congress Passes Key Foster Care Education Bill

The year 2013 started with both houses of Congress passing a bill focused on improving the educational outcomes of foster youth.

Read more:

http://www.huffingtonpost.com/daniel-heimpel/congress-passes-key-foste_b_2388712.html

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Casey Life Skills Training – Now ONLINE!

Casey Life Skills (CLS) is a free tool that assesses the behaviors and competencies youth need to achieve their long term goals. It aims to set youth on their way toward developing healthy, productive lives.

CLS is designed to be used in a collaborative conversation between an educator, mentor, case worker, or other service provider and any youth between the ages of 14 and 21. It is appropriate for all youth regardless of whether they are in foster care, live with their biological parents, or reside in a group home.



Learn more about Casey Life Skills

http://lifeskills.casey.org/clsa_learn_provider

DCF Mandated Reporter Training

Mandated reporters are required to report or cause a report to be made when, in the ordinary course of their employment or profession, they have reasonable cause to suspect or believe that a child under the age of 18 has been abused, neglected or is placed in imminent risk of serious harm. (Connecticut General Statutes §17a-101a)

DCF will provide Mandated Reporter Training for any provider in the state that wishes to receive it.



Mandated Reporter Training Online

DCF is happy to announce that Mandated Reporter Training is now available **ONLINE** for school employees and community providers. Please use the link in the section below that corresponds to your agency, organization, or facility to register for and view the video.

For “School Employees”

http://www.ct.gov/dcf/webForms/survey_BLANK.asp?domainid=1665&loginid=101192&surveySet=1189

For “Community Provider”

http://www.ct.gov/dcf/webForms/survey_blank.asp?domainid=1665&loginid=101192&surveySet=1192

The material in the presentation will be updated on a regular basis. DCF request that this registration link be used each time the video is viewed to ensure that you are receiving the current material.

For more information please visit: <http://www.ct.gov/dcf/cwp/view.asp?a=3483&Q=413540>

Who Must Report Suspected Child Abuse and Neglect?

Connecticut law requires certain citizens to report suspected child abuse and neglect. These mandated reporters are people in professions or occupations that have contact with children or whose primary focus is children. The law requires that they report suspected child abuse or neglect.

Learn **What Mandated Reporters Need to Know:**

<http://www.ct.gov/dcf/cwp/view.asp?a=2556&Q=314384>

Credentialed Provider Meeting

Are you a currently approved DCF Provider?

Attend the quarterly Community Program Review Meetings for program updates and valuable information. Meetings are held at the **Albert J. Solnit Center, South Campus** (Riverview Hospital), Silvermine Training Center 915 River Road, Middletown CT 06457.