



# Kinship Quarterly

## Strengthening Families

### July 2015

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STANDARD SUMMER RESOURCES

## Summertime Fun!

Children often count the days down to summer vacation, while caregivers are scrambling to find childcare, camps, and other activities to keep children busy. When caring for children in CPS care, there's the added complication of getting permission to participate in these normal childhood activities. This issue will explain a new law called, "The Prudent Parent Standard," and provide you with some great summertime resources!

### Letting Kids be Kids

We understand at times you may feel that caring for a child in CPS custody can be difficult. You may feel there are so many rules and requirements to follow and that getting permission to include your child in certain activities, such as sleepovers and Little League, is a long and complicated process. Many have found it so difficult that they have given up or shied away from trying. As a result, many children in foster care miss out on the developmental benefits, and especially, all of the fun of normal childhood activities. In order for children in foster care to have a more normal childhood, Congress passed the **Strengthening Families Act (H.R.4980)** on Sept. 29, 2014.

This new law is aimed at allowing children and youth in foster care more chances to participate in normal childhood activities by allowing kinship caregivers to make decisions using the "reasonable and prudent parent standard."



### What is the "Reasonable and Prudent Parent Standard"?

There are many ways to describe what a reasonable and prudent (careful or cautious) parent would do. Parents who are both reasonable and prudent will make decisions carefully, considering the benefits and the possible dangers, to come to a sensible decision that is in the child's best interest.

When using the "reasonable and prudent parent standard," caregivers must take "reasonable steps" to decide if an activity is a

good fit for a child based on the child's age, maturity, and abilities. There are many different ways to decide whether an activity is fit for a child in your care.

#### The following are a few examples of "reasonable steps" that a caregiver may take:

- Have information about the child in your care so you can make informed decisions. If you feel you do not have enough information, you are encouraged to speak with the child's caseworker.
- Think about the type of activity as well as the child's mental and physical health, and behavioral abilities.
- Think about where the activity will be held, who the child is going with, and when they should return.
- Think about the potential dangers of an activity and what safety issues and supervision may be needed during the activity in order to prevent possible harm to the child.
- Think about all the information you have gathered and ask the question: Is this an age-appropriate activity?

The law allows you, with the appropriate information and training, to make decisions that let kids just be kids. It is in effect now, so please find opportunities for the children in your care to join in activities that will allow them to enjoy their childhood! (Need ideas? Check out our resource section!)

## Good To Know

### Identifying Infants and Young Children with Visual Impairments

by Holly Cooper, Ph.D.

Deafblind Early Childhood Specialist, Texas School for the Blind and Visually Impaired

Did you know that vision is involved in 90 percent of the learning that occurs in early childhood? Babies and young children learn by looking at toys and objects, and watching what people around them are doing. They watch their own hands and feet, they look at pictures, and they imitate others. But what if a baby doesn't see well, or doesn't see at all? Having a visual impairment can slow a child's acquisition of skills and understanding of the world. But with special teaching techniques and tools, children with visual impairment can largely keep up with their peers. One of the most important things you can do to help a child is to recognize they have a vision problem so she can get treatment.

As a kinship caregiver, you are an important person in a child's life. Watching a baby's eyes can give you a lot of information about how the little one sees his world. Does the baby look at your eyes and face when you talk? Do the eyes look unusual? Does the baby squint or seem sensitive to light? Young children who rub their eyes, have excessive tearing, or tilt their head to look at something may have problems with their vision. Both eyes should look directly at a person or object by the time a baby is 3 or 4 months of age. When looking at something, the eyes should be still, and not drift or wiggle.

Infants and young children who have medical conditions or other health problems are at a higher risk for vision impairment. Babies who were premature or who had head injuries, strokes or other conditions that cause oxygen deprivation can lose vision or ability to cognitively process visual information. If a baby has cataracts or glaucoma, even if it has been treated, he may still have a permanent



loss of vision. Albinism or lack of pigmentation of the skin usually affects the pigmentation of the eyes, causing visual impairment and light sensitivity. Genetic syndromes can cause visual impairment; these include Down syndrome and CHARGE syndrome. Other conditions such as cerebral palsy and optic nerve hypoplasia often are accompanied by vision impairment. In some cases, children can have surgery or wear glasses and have their resulting vision corrected to the normal range. For others, treatment may improve their vision but still not result in typical sight.

#### Here are some vision milestones that happen in typical development:

##### At birth

- Focus on objects 8-10 inches away
- Have difficulty using both eyes together

##### At 3 months

- Visually follow moving objects
- Eyes are beginning to work together
- Shows the beginning of a visually directed reach

##### At 6 months

- Turns head to see objects
- Uses an accurate reach
- Has good color vision, may have a favorite color
- Sees at greater distances
- Picks up dropped toys

##### At 12 months

- Shows interest in pictures
- Points and gestures
- Places shapes in board

- Judges distances
- Recognizes own face in mirror

##### At 18 months

- Recognizes familiar objects
- Scribbles with crayons or pens
- Shows interest in exploring

If the child looks or behaves in a way that causes you to wonder if there is a problem with vision, talk to the child's doctor. You may need a referral for an eye examination and later educational testing. Even a child who wears glasses may still not see the way other children see and may benefit from special services. Early intervention is important. In the early years, every month counts. Children with vision problems often show delays in development. A child who is not identified in the early years may later have problems paying attention to the teacher in school, learning to read, and learning from what a teacher is writing on the board or screen, playing sports, and socially interacting with other children. A visual impairment is a significant disability, and helping a child and family access educational services during the earliest years can make a big difference in learning throughout childhood and later life.

If the child is suspected of or diagnosed with a vision problem, call your local Early Childhood Intervention (ECI) program. Find a local ECI program at this link:

[www.dars.state.tx.us/ecis/searchprogram.asp](http://www.dars.state.tx.us/ecis/searchprogram.asp).

#### Additional Vision Resources

Texas School for the Blind and Visually Impaired, Infant and Toddlers with Visual Impairment

<http://www.tsbvi.edu/outreach/4083-infants-toddlers-preschoolers-vi>

Texas School for the Blind and Visually Impaired, Infant and Toddlers with Deafblindness

<http://www.tsbvi.edu/outreach/4058-infant-preschool-services-db>

Blind Babies Foundation fact sheets

<http://www.blindbabies.org/learn/diagnoses-and-strategies/>

Perkins Scout: Visual Impairment in Early Childhood

<http://www.perkinselearning.org/scout/early-childhood>



Region 11- Meet and greet between CVS and KIN sister units. On the menu were ice cream floats, sundaes and banana splits.



## Community Engagement

Above – In May, Kinship workers Teresa Greenburg and Jacqueline Bingham had a kinship support group at the pool in Lampasas to teach water safety. A presenter and four lifeguards taught both the caregiver and the children about water safety. They talked about concerns inside and outside the pool. They intend to make this a yearly kinship group and offer this information to as many kinship homes as possible.

## Kinship Unit Spotlight

### Unit KA from Dallas



Supervisor Summer Massingill: I would like to brag on my staff! They are powering through the changes. Most people in my unit are up to 20-30 home visits a month. Despite that, they are still working hard to get families the services they need in a timely manner.

One member in the unit participated in a pilot program. They still manage to see their families, get the needed services, communicate and solve issues that arise, keep kids safe, and meet documentation deadlines. They are always willing to answer questions and help out the new staff. We make an effort to support each other, even helping out with home visits when others in the unit ask for help. We celebrate birthdays and life events.

**Lindsay Savage** does a great job of having a positive attitude despite all the changes. Even when she has over 20 visits to accomplish, she meets deadlines and makes sure her caregivers are taken care of. She keeps it low key, so I only know the amount of time and effort she puts into things because I read her narrative.

**Temica Wiggins** requests beds through one of our resources. When they can't deliver, she has gone up to their warehouse with a truck on a Saturday and delivered those beds herself. **Sharon Gordon**, my human services technician (HST), helps out the neighboring investigations unit that doesn't have an HST in between delivering items and transporting for our Kinship families. She has a positive and professional attitude and strives to help out where she can. Sharon has had the extra work of assigning HA for the region to help out while my administrative assistant is out on medical leave.

## LINKS TO RESOURCES

- [Free Summer Lunch Program](#)
- [Summer Camp for Children with Disabilities](#)
- [Summer Camps](#)
- [Free Music Lessons](#)
- [10 free things to do with your kids during the summer](#)

## SIGNS OF HEAT OVEREXPOSURE

- Heavy sweating – though if heat stroke sets in, the body can no longer compensate and stops sweating.
- Pale skin.
- Muscle cramps.
- Feeling tired and weak.
- Altered mental status (confusion or disorientation).
- Headache.
- Becoming semi-conscious or passing out.
- Nausea or vomiting.

For more information, click on this link: [First Aid: Heat Illness](#)

## WATER SAFETY

- NEVER LEAVE YOUR CHILD ALONE. IF YOU HAVE TO LEAVE, TAKE YOUR CHILD WITH YOU
- ENROLL CHILDREN 3 AND OLDER IN SWIMMING LESSONS, BUT REMEMBER THAT LESSONS DON'T MAKE YOUR CHILD "DROWN-PROOF"
- LIFEGUARDS AREN'T BABYSITTERS; ALWAYS KEEP YOUR EYES ON YOUR CHILD
- DON'T LET CHILDREN PLAY AROUND DRAINS AND SUCTION FITTINGS
- DON'T UNDERESTIMATE THE POWER OF WATER; EVEN RIVERS AND LAKES CAN HAVE UNDERTOWS
- ALWAYS HAVE A FIRST AID KIT AND EMERGENCY CONTACTS HANDY

# Kinship Quarterly Strengthening Families



We all have the **power** to stop child abuse.



Report abuse, neglect, or exploitation of children, the elderly, or people with disabilities at  
(800) 252-5400 or [www.txabusehotline.org](http://www.txabusehotline.org).



Please visit us at  
[www.facebook.com/TexasKinshipCaregivers](https://www.facebook.com/TexasKinshipCaregivers)  
and don't forget to like us!