

# Orientation

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TO BECOME A CERTIFIED RESPITE PROVIDER

PARTICIPANT GUIDE



CHILD WELFARE FOSTER CARE PROGRAM | RESPITE CARE

## Table of Contents

Introduction to Orientation for Certified Respite Providers.....	3
Learning Objectives.....	3
Training Outline .....	3
Section I: Introduction to ODHS Child Welfare .....	4
Who We Are: ODHS Child Welfare .....	4
Child Welfare Vision for Transformation.....	4
Language Matters .....	5
Section II: Introduction to Respite.....	7
What is Respite Care .....	7
Senate Bill 5529 .....	7
The Value of Respite Care .....	8
The Process to Become a Certified Respite Provider .....	9
Your Role as a Certified Respite Provider.....	10
Who Are the Children and Young Adults in Foster Care? .....	12
What You Need to Know... .....	12
Privacy & Confidentiality.....	13
Social Media Guidelines.....	14
Section III: Trauma Informed Parenting.....	17
Trauma Informed Parenting Strategies .....	17
Trauma-Related Behaviors: The Three “E’s .....	17
Trauma Informed Parenting: Dr. Bruce Perry .....	18
The Emotional Container in Real Life.....	19
Discipline and ODHS.....	19
Section IV: Logistics, Emergencies & Mandatory Reporting.....	22
Travel .....	22
Seat Belts and Car Seat Safety.....	22
Sleeping Arrangements.....	23
What If There’s an Emergency? .....	25
Mandatory Reporting.....	25
How to Make a Report.....	26
When a Child Goes Missing .....	26
Allegations During Respite Care .....	27
Section V: Conclusion, Next Steps & Knowledge Check.....	29

Additional Resources .....	29
When to Contact Your Certifier? .....	29
What Comes Next? .....	30
THANK YOU! .....	30
Additional Questions I Have for an ODHS Child Welfare Employee:.....	31
Notes .....	32

# Introduction to Orientation for Certified Respite Providers

Welcome to the Orientation for prospective Certified Respite Providers in Oregon. This Orientation is designed to be applicable across the state of Oregon covering basic knowledge about partnering with the Child Welfare division within the Oregon Department of Human Services (ODHS), understanding the respite certification assessment process, and recognizing the expectations and role of respite providers. Completing this Orientation serves as the minimum required training hours necessary prior to becoming a Certified Respite Provider.

## Learning Objectives

Our goal with this Orientation is to enhance the knowledge, skills, and values necessary to be a Certified Respite Provider. Following this orientation, you should be able to successfully achieve the following:



### Knowledge

- Identify what respite care is, why it's needed and your role as a Certified Respite Provider.
- Recognize the rules and expectations for becoming a Certified Respite Provider and maintaining a respite provider certification.
- Understand more about trauma and how it impacts the children, young adults, and families supported by ODHS Child Welfare.

### Skills

- Be able to summarize the process to becoming a Certified Respite Provider
- Identify the respite providers' role as part of the ODHS Child Welfare team.
- Practice the trauma-informed parenting techniques discussed.

### Values

- Outline ways to partner with families of origin and Resource Parents for children and young people in foster care.
- Be able to affirm and support Oregon's children and young adults in care.

## Training Outline

- Section I: Introduction to ODHS Child Welfare (5 min)
- Section II: Introduction to Respite Care (20 min)
- Section III: Trauma Informed Parenting (35 min)
- Section IV: Logistics, Emergencies, & Mandatory Reporting (35 min)
- Section V: Conclusion: Next Steps and Knowledge Check (5 min)

## Section I: Introduction to ODHS Child Welfare (Video – 00:02:07)

### Who We Are: ODHS Child Welfare

The Oregon Department of Human Services, or ODHS, is Oregon's principal agency for helping people who live in Oregon to achieve wellbeing and independence through opportunities that protect, empower, respect choice, and preserve dignity, especially for those who experience challenges and barriers to meeting their own needs through various social service organizations, agencies, and community partners. ODHS provides direct services to more than 1 million people living in Oregon each year. These services provide a key safety net for those in our society who are most vulnerable or who are at a difficult place in their lives.

ODHS Child Welfare is one subagency that focuses on caring for the safety, health and wellbeing of children and young adults – serving children from birth to age 24. Child Welfare, in partnership with community providers, serves all 36 counties of Oregon, Oregon Tribal Nations, children and young adults, families of origin, and Resource Parents. Oregon Child Welfare has several programs to meet families' needs by addressing factors that contribute to child and family safety, permanency, and well-being. Today we will focus on learning more about Foster Care, the role of the certified resource families, and the role YOU can play as a Certified Respite Provider.

### We are Child Welfare

- Mission: to ensure every child and family is empowered to live a safe, stable and healthy life
- Part of a larger statewide social system that works to support children and families and communities

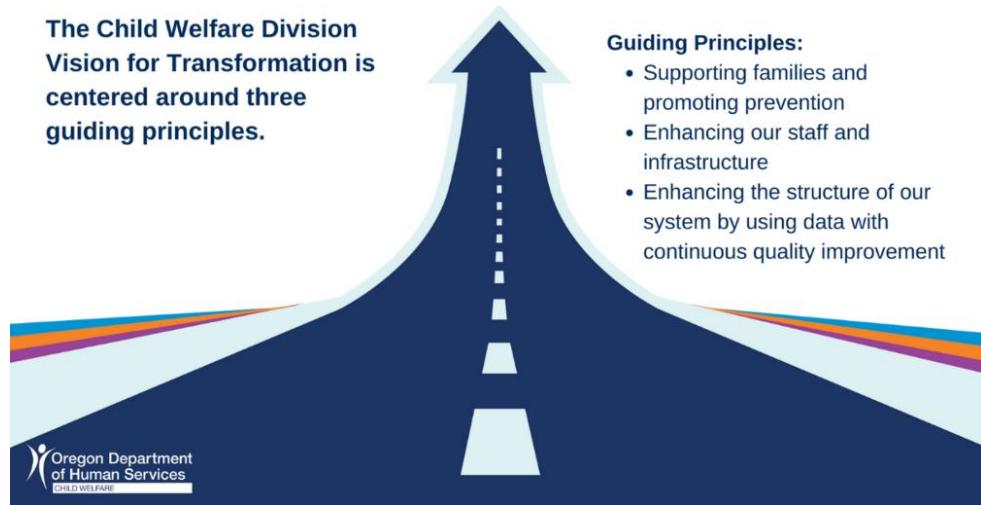


**Note:** For the purposes of this orientation, we will be using the language of "child" to refer to a child in foster care age 18 and younger and young adult to refer to an individual who is in ODHS foster care under age 24.

### Child Welfare Vision for Transformation

The [ODHS Child Welfare Vision for Transformation](#) was created in 2019 to guide the agency's strategic path towards working with families and individuals within the child welfare system. The vision centers equity and diversity in all that we do and recognizes that the child

welfare system has done significant harm to communities of color, Tribal Nations, and other marginalized and oppressed communities, and is committed to doing no further harm. Ultimately, the Vision for Transformation seeks for our children and young adults to experience less trauma and to experience increased wellbeing.



Our Vision for Transformation is based on a belief that children do best growing up in a family and on values related to honoring and supporting cultural wisdom, building community resilience and voice, and ensuring the self-determination of our communities of color.

## Language Matters

Many of us think of “foster parents” when we hear “foster care”. You may have heard use of the term “Resource Parent” and were not sure what that means. In 2021, Oregon Child Welfare began using the term “Resource Parent” to refer to our foster, adoptive, and relative care providers.

Changing our terminology from “Foster” to “Resource Parent” aligns with a core strategy in our Child Welfare Division Vision for Transformation—to ensure foster care is family based, time-limited, culturally responsive and designed to better stabilize families, rather than serving as a placement for children.

*“Resource” is defined as... a source of supply, support, or aid, especially one that can be readily drawn upon when needed.*

Resource Parents are affirming and supportive to both the child and their family of origin. Resource families ensure cultural and community connections for children and young adults. They support family preservation and reunification whenever possible and are partners in achieving best outcomes for families while also providing for the safety, health, and wellbeing of those they’re committed to caring for in their home.

Note: While the word “affirming” generally means “to support”, it is often used in the LGBTQI2-S community to speak more specifically to affirming gender identity, gender expression, and sexual orientation. More information can be found at the Federal Youth.Gov website at:

<https://youth.gov/youth-topics/lgbtq-youth/key-terms-and-concepts>

Other public resources available for download include the following:

- **Gender-Affirming Care and Young People (PDF, 2 pages)**  
This resource provides information on gender-affirming care, what it looks like, why it matters, and offers additional resources related to transgender and gender diverse children and adolescents. A glossary of common terms to know when providing gender-affirming care is also included.
  - **A Guide for Understanding, Supporting, and Affirming LGBTQI2-S Children, Youth, and Families – (PDF, 8 pages)**  
A guide published by the National Association of Social Workers (NASW).

## Writing Exercise:

What are ideas or concepts in the Vision for Transformation that spoke to you as a prospective Certified Respite Provider? What are ideas or concepts in the Vision for Transformation you still have questions about?



**Do you have any feelings or thoughts about the shift of language from “foster parent” to “Resource Parent”?**

## Section II: Introduction to Respite (Video – 00:06:50)

### What is Respite Care

Respite care is the temporary relief of a primary caregiver's responsibilities by another adult. It can be a planned or crisis-support arrangement, and it is a much-needed service for children and families, providing caregivers and parents with opportunities to take breaks, rest and renew, and avoid becoming overwhelmed by their many responsibilities.



### ODHS Certification Policy Definitions (subject to change):

***"Respite care"*** means an arrangement to relieve a certified resource family's responsibilities by a person temporarily assuming responsibility for the care and supervision of a child or young adult in the home of the person or certified resource parent.

***"Certified Respite Provider"*** means an individual issued a certificate by the Department to provide respite care to a child or young adult in the care or custody of the Department.

***"Informal Respite Care"*** means respite care provided by an individual known to the resource parent and/or the child or young adult in care when that individual is not a Certified Respite Provider.

**Note:** "Informal respite" is not certified and can only be provided when there is an existing relationship between the provider and either the child or young adult in care or the Certified Resource Family (including Relative Resource Parents). Situational approved "informal" respite providers cannot provide respite to child or young adults in care who are unknown to them.

### Senate Bill 5529

In 2021, the Oregon Legislature approved Senate Bill 5529, which included a funding allocation for ODHS Child Welfare to create a statewide Respite Care Program. Historically, certified resource families have identified their own respite providers from within their family/friend systems. ODHS Child Welfare recognized that there was a gap for some certified families in obtaining respite and sought financial support for a program for ODHS to recruit, train, and certify and connect respite providers with resource families. Additionally, this respite care program will be utilized for parents whose children remain in their care when historically this was not a resource they could access.



## The Value of Respite Care

The value of respite has been demonstrated through various programs across the country. The following excerpts are from materials created by “AdoptUSKids” ([www.adoptuskids.org](http://www.adoptuskids.org)), a national project working to ensure that children and teens in foster care get safe, loving, permanent families.

The purpose of respite care is twofold:

- 1) To provide thoughtful, safe, short-term care with enough structure, support, and nurturing to meet the needs of children and young adults, and
- 2) To provide caregivers with a needed break from the demands of caring for children and young adults.



Planned respite care is most effective if it equally serves the needs of both the children and the caregivers. Resource families and families of origin who find creative ways to schedule respite into their lives are often better able to handle the stress of parenting children and young adults with complex behavioral and mental health needs and keep their relationships healthy. Proactive, planned respite care can help keep relationships functional and even prevent a family crisis.

Research has demonstrated that respite services can achieve the following\*:

- Reduced risk of maltreatment and risk of an out-of-home placement,
- Reduced reported stress levels of caregivers and improvements in the quality of their relationships,
- Improved caregivers’ positive attitude toward their children,
- Improved family functioning,
- Improved support for caregivers to meet their children’s special needs,
- Improved relationships between parents and children,
- Prevention of placement disruptions, and
- Increased families’ ability to provide care at home for children with disabilities.

\*Source: *AdoptUSKids-Taking a break-Creating Foster, Adoptive, and Kinship Respite Care in Your Community*-Oct 2008 updated June 2013



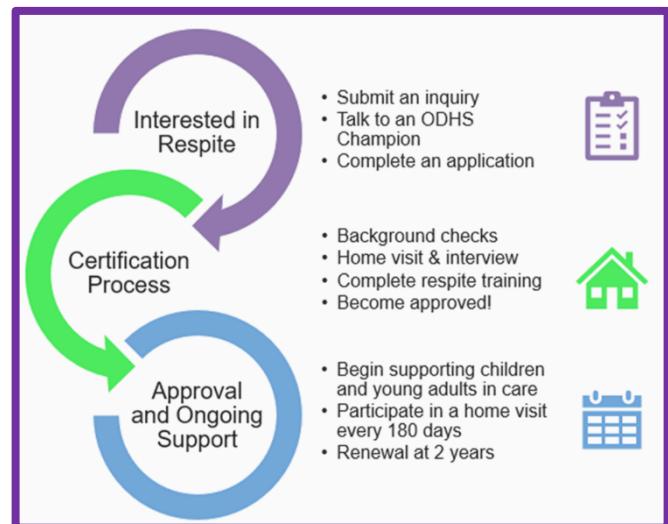
Children—especially those with attachment disorders or a history of multiple placements—should not feel like they are being sent away so their parents can have a break. Many children from foster care were not able to form strong attachments in their earlier lives and forming a bond to new families is extremely important to their psychological development.

It is most effective to present respite to children as something fun or rewarding; something that allows them to feel like a valued member of their family even though their parents may occasionally need time to themselves. Likewise, for respite care to work for caregivers, it must allow them time to relax, focus on other areas of their lives, and gain renewed energy so they are ready to face parenting challenges ahead.

## The Process to Become a Certified Respite Provider

The process of becoming a Certified Respite Provider begins when a prospective applicant inquires with ODHS Child Welfare. While these items do not have to fall into a specific order, some of the ways to get connected include:

- 1) Submitting an Inquiry through ODHS or a partnering organization,
- 2) Participating in the Certified Respite Provider Orientation (this training),
- 3) Speaking with an ODHS Recruitment/Retention Champion – These are staff who you may interact with in your community or at a local event, or
- 4) Submitting an application.



Once you've decided to submit an application to become a Certified Respite Provider you will participate in the following steps to become certified:

1

**Background Checks** – Criminal background and child abuse history checks for all adults in your household will be conducted. This includes a fingerprint based criminal records check of national crime information databases.



2

### **Home Visit and Interview**

**Home Safety Assessment Checklist** – An ODHS certifier will complete a safety assessment of your entire home and surroundings. This means that the certifier will do a physical walk-through of each room in your home and any surrounding outbuildings. The purpose of the safety assessment is to check for general health standards, safety of equipment and furniture, and safety of indoor and outdoor spaces. You may wish to ask for the list of items in advance so that you can prepare for this assessment.



**The Interview** – During the interview you will be asked a number of questions by an ODHS certifier to assess your ability to provide for the safety and well-being of children and youth in foster care. You may also be asked about specific skills and training relative to becoming a Certified Respite Provider. You'll also be asked to indicate your availability to provide respite. For example, are you only available to provide respite on weekends or certain days of the week or are you planning to provide respite only summer months?



3

**Confirmation of Training** – Your certifier will ensure you've fully completed the Certified Respite Provider Orientation (this training) and the post-orientation knowledge check. In addition, if you intend to provide respite for infants under 12 months of age, ensure you've completed the Safe Sleep Guided Self-study and submitted the knowledge check to your certifier.



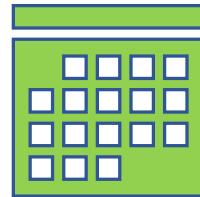
4

**Approval** – Once all information is gathered through background checks, the home safety assessment and interview have been completed, and your certifier has verified completion of the training requirements, they will make a recommendation to the certification supervisor as to whether to approve the application and issue a Respite Certificate of Approval. Approval is based on the applicant's ability to meet the qualifications and standards outlined in Oregon Administrative Rule.



**Ongoing Requirements:** Once approved for a Respite Certificate of Approval, you will participate in the following ongoing certification activities:

- **Ongoing Home Visits:** There will be one home visit conducted every 180 days which must include face-to-face contact with all certified individuals.
- **Renewal:** Renewal of your certificate must occur every 2 years. At this time you will again participate in background checks and complete the Certified Respite Provider Training to ensure you are up-to-date on the most current rules, policies, and best practices.



### Your Role as a Certified Respite Provider

Children in foster care may be infants, toddlers, preschoolers, grade-school age, teens, or young adults. They come from many backgrounds, cultures, and families. They have their own unique personalities, abilities, interests, cultures, and potential. It is critical that respite providers respect, accept and support a child or young adult's:

- race,
- spiritual and religious beliefs,
- sexual orientation,
- gender identity and gender expression,
- abilities and disabilities,
- national origin,
- cultural identities,
- immigration status, and
- socioeconomic status.



It is also expected that respite providers create opportunities to enhance the understanding of the child or young adult's heritage and provide overall support for maintaining the child's cultural identity and community connections while in respite care. Respite providers must be affirming, flexible, open to training & learning, patient, and kind. Respite providers must be able to take charge without dominating and relate well with children and adults.

Characteristics of respite providers who relate well to children and young adults include individuals who:

- genuinely love children,
- have the energy to relate to and supervise active children,
- understand a variety of special needs and can see beyond initial behaviors to possible reasons why a child may act out or feel angry or frustrated,
- know how to establish firm rules without appearing angry or mean,
- know how to laugh with children and encourage humor as way to help children get out of power struggles, side-step conflict, gain control, relax, and feel accepted, and
- know how to prevent problems by observing individual behaviors and interactions among children, intervening and preventing these problems by using techniques such as distraction, redirection, careful planning of developmentally appropriate activities, guiding children through transitions, and more.



It is also important that respite providers relate well to parents (including birth parents, guardians, relative caregivers, and Resource Parents). Providers who relate well to parents:

- are good communicators and value open dialog with parents,
- communicate reasonable expectations and demonstrate for parents how to be in charge and still establish a loving and accepting atmosphere,
- understand that no one knows the child better than the child's parent,
- never compete with the parent or undermine the parent's role with the child,
- ask questions when they need more information and share information they think the parent should know, and
- want the respite experience to be successful and show they do by following tips parents provide about working with their child.



## Who Are the Children and Young Adults in Foster Care?

It is important to remember that children enter foster care through no fault of their own. There are approximately 5,000 children and young adults in foster care daily in Oregon. The average number of resource homes to care for these children on a short-term or long-term basis is around 3,000.

Children experiencing foster care are like other children, each with their own personality, abilities, interest and potential. They come from many backgrounds, cultures, and families.

Many children experiencing foster care have been hurt by child abuse or neglect. They are children who may have higher needs related to these experiences, including the grief and loss of being removed from their families.

Children in foster care love their parents and want to go home. The length of time a child is in care is unknown. However, it is temporary with the goal of reunification with a parent. There are a variety of reasons that may bring a family to become involved with the child welfare system and no family's circumstance is exactly alike. Many of Oregon's children in foster care have experienced some type of neglect. Neglect is failing to provide adequate food, clothing, shelter, supervision, or medical care.

It is important to remember that children in foster care have experienced trauma. Removing a child from everything familiar to them is also traumatic. Children and young adults who have experienced trauma may struggle to communicate their feelings verbally, so the feelings may be communicated through behavior.

*Additional data and information about children and young adults who've experienced the Child Welfare System in Oregon can be found on the ODHS Website:*

<https://www.oregon.gov/dhs/children/child-abuse/pages/data-publications.aspx>



## What You Need to Know...

Supporting our children, youth, and families with respite is a critical role. To best serve our children and youth in care it is recommended that once matched as a potential respite provider for a Resource Family or family of origin that you participate in a meet and greet prior to assuming care for a child or youth you have not already supported with respite. This will provide an opportunity for you and the child or young adult to determine if respite care is a good fit for both of you.

Certified Respite Providers need to ensure that they know how to care for children with special needs. Such preparation can include one-on-one information provided by the ODHS

case worker and the parents whose children they will care for. To provide the best possible care, providers need information about each child in their care.

The first time you provide respite care for a child or young adult it is important to allow time to talk with the provider and share information that will ensure a successful respite experience. You should also keep talking with the parent as their child changes.

It is important to gather information on each child you may provide respite care for. Including, but not limited to the following:

- specific diagnoses and special healthcare needs,
- favorite activities, books, subjects, toys, etc.,
- behavioral challenges or triggers that might lead to dysregulation, including specific fears,
- tips for handling challenges or behaviors that may arise,
- information about relevant past experiences such as sexual abuse or violence,
- strategies and philosophy for discipline,
- background medical information, including allergies, medications, and health care provider information,
- recent successes or challenges the child or young adult has experienced,
- ways to encourage positive behaviors,
- coping strategies the child or young adult uses,
- special ways the child or young adult comforts themselves or will allow others to comfort them,
- any activities to avoid, and
- strategies for success if the child participates in a specific activity.



**Supervision Plans** – Some children and young adults in care may have a specific supervision plan based on their individualized needs. It will be important for respite providers to be aware of these plans prior to providing care. A child or young adult's supervision plan may include more detailed information about the following:

- Who the child or young adult can communicate with safely during respite,
- Whether there are unique behaviors or conditions to be aware of that could impact the safety of the child or youth in care, as well as other children, adults, or animals in the home,
- Whether the child or young adult can safely use electronic devices, access the internet, or engage with social media, and
- Contact information for service providers who may be able to assist if the child or young adult becomes dysregulated.

## Privacy & Confidentiality

Confidentiality of your information as a respite provider and that of the Resource Parent, child and family of origin is crucial in ensuring privacy and safety for all.

To assure the legal parties have information related to a child placed in care, child specific information held within certification records is required to be shared on an ongoing basis. However, a respite provider's name, address, other identifying information, and information that is not specific to the child or the care of the child will routinely be removed from these records through a process called redaction. On a case-by-case basis, ODHS may determine that other information must be disclosed, consistent with state and federal law and ODHS administrative rules.

The respite provider's address and phone number are not shared outside of Child Welfare unless for the purpose of training and support for the respite provider or child, including any in-home/community providers who may be working with the child or young adult and will need access to the child or young adult to continue providing services while in respite. Respite provider contact information is not shared with the child's family without your permission.



! It is important as a respite provider that you do not share the child's personal information outside of the parties of the case, school/educational professionals, or other professionals that are working directly with the child. This includes the reasons the child entered foster care, the status of the child's case, and/or any information regarding the child's family, mental and physical health status, or education needs. If ODHS becomes aware that the respite provider is sharing confidential information outside of these limitations, this may be grounds for revocation of a certificate.

## Social Media Guidelines

In a day and age where social media presence is all around us, we have developed specific expectations for your use of social media when it pertains to sharing information about a child or young adult in foster care. Confidentiality is even more essential in this digital age.



Respite providers may post family pictures on social media sites that include a child or young adult, as long as the following conditions are met:

- 1) There are no safety issues related to the youth specifically described by the caseworker (e.g., for safety reasons, the youth's family cannot know where the youth is placed),
- 2) Talk to the youth and make sure they are comfortable with you sharing information about them on social media,
- 3) The youth may be identified by first name only and cannot be "tagged" in the photo,
- 4) The youth is not identified as a foster youth,
- 5) There is no discussion on the social media sites about case specific information about the youth or the youth's family, and
- 6) Privacy settings and location settings are secured.

Below is an image of a ODHS document provided to guide Resource Parents around the use of social media.

## Social Media: Conversations with Youth in Foster Care

### A guide for foster parents and relative caregivers

The Oregon Department of Human Services, Child Welfare recognizes that many youth in state custody utilize a variety of social media means for regular, every day communication with peers, family and the world. Unlike other forms of communication, social media use can become public and permanent.

As a foster parent or relative caregiver, it is important to understand how to help guide youth on the protection of their (and your) information online.

#### What is social media?

Social media includes various online technology tools that enable people to communicate easily via the internet to share information and resources. Commonly used social media tools (such as Facebook, Google+, Twitter, Instagram, Snapchat, YouTube and many others) as well as various mobile applications are important outreach and communication tools. These tools can encompass audio, video, images, podcasts and other multimedia communications.

#### What is my role as a foster parent or relative caregiver?

As a caregiver, it is important to become familiar with the various social media vehicles (what they are, how are they used) and promote healthy skills for online privacy. Given this digital age, the development of proper and safe information technology is imperative for youth to understand.

The goal is to raise youth to be empowered to make safe choices online as they enter adulthood.

#### Where do I find out more information about social media?

DHS Child Welfare offers a caregiver training, Parenting in the Digital Age. Speak with your certifier if you are interested in participating in this training.

[Child Welfare Information Gateway](#) also offers a page specific to [social media](#) with helpful articles.

#### Tips for safe social media use

- 1. Talk with the youth's caseworker.** Ask about any safety needs or concerns that may impact the youth's use of social media.
- 2. Discuss social media with the youth in your care.** Ask the youth which social media tools they use and how often they use them.
- 3. Have open discussions about monitoring social media use.** Balance monitoring with privacy — make opportunities for regular conversations about their online activities.
- 4. Settle on house rules early on in the placement.** When rules around internet usage are set up front, it makes the conversation easier to discuss what is acceptable.
- 5. Teach youth to keep personal information private.** Help youth to understand that posting their full name, address, phone number, school information and other identifying information puts them at risk for inappropriate contact, cyberbullying or child predators. Explain the need to be careful. Make sure youth understand that not everyone is who they say they are.
- 6. Discuss cyberbullying.** Help youth understand not to send, forward, or respond to mean or embarrassing messages or pictures. Contact the local school for information on cyberbullying or see [stopbullying.gov](#).
- 7. Mistakes happen.** When youth make a mistake, work alongside the youth on what to do next.



You can get this document in other languages, large print, braille or a format you prefer. Contact Child Welfare at 503-945-6912 or email [Brochure.Foster.Care@dhs.oregon.gov](mailto:Brochure.Foster.Care@dhs.oregon.gov). We accept all relay calls or you can dial 711.

CF 1085A (02/2018)

Available to download at: <https://sharedsystems.dhs.oregon.gov/DHSForms/Served/ce1085a.pdf>



**Writing Exercise:**

**What questions do you have regarding the Certified Respite Provider process?**

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**Consider the following:**

- 1) What does my support system look like?
- 2) Is my family in agreement with accepting a foster child into the home for respite care?
- 3) How will I support a child or youth in foster care whose cultural heritage and/or identity differs from mine?
- 4) How will I support a child or youth who is exploring their gender identity and/or sexual orientation if those identities differ from my own identities or beliefs?
- 5) What skills or qualities do I already have that will help me as a Certified Respite Provider?

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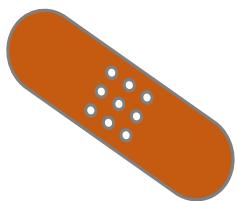
## Section III: Trauma Informed Parenting (Video – 00:26:00)

### Trauma Informed Parenting Strategies

Children and young adults who've experienced trauma often have more challenging behaviors, may “push your buttons” to test your commitment, and may be triggered unexpectedly. Our children and youth in foster care have experienced neglect and maltreatment and need to feel safe in your home. Therefore, no physical punishment is permitted.

Everything you do teaches a child something. Keep in mind that many of our children in care may hold beliefs such as the following:

- Big people hurt little people,
- They have little or no control,
- Adults cannot be trusted to keep them safe,
- They are not considered worthwhile or valuable, or
- They must not feel or talk about their feelings, or they'll be in trouble.



We want our children in care to instead learn the following:



- Big people DO NOT hurt little people,
- They have control over appropriate things in their lives,
- Adults will keep them safe,
- They are valuable and worthwhile, and
- Their feelings are valid and can be expressed without being discounted or getting in trouble.

Parenting a child or young adult who has experienced trauma will require more patience, more skills, and different techniques than parenting a child who has not experienced significant trauma. For support in managing challenging behaviors, we recommend the following:

- Talk to the child's caseworker or your certifier for support,
- Talk to the child's school – the school has staff trained in behavior modification strategies, or
- Research appropriate, trauma-informed parenting models such as Collaborative Problem Solving or Trust Based Relational Intervention.

### Trauma-Related Behaviors: The Three “E”s

Next, we'll watch a brief video with Dr. Bruce Perry, M.D, Ph.D. that goes over The Three “E”s of Trauma: <https://youtu.be/nTAFGbwaC4o>



Event

Experience

Effects



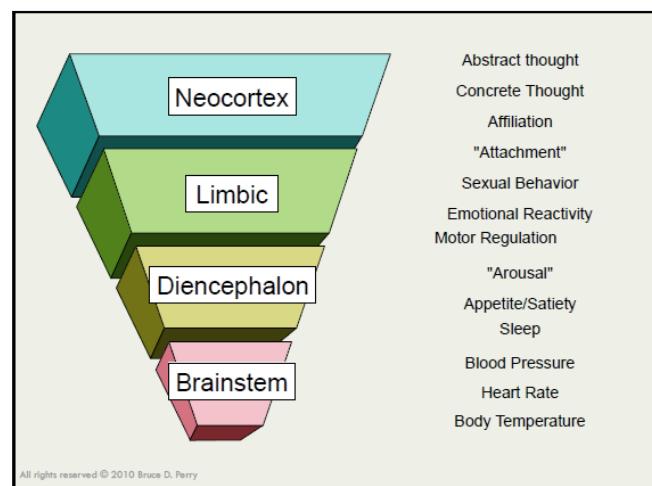
## Trauma Informed Parenting: Dr. Bruce Perry

Next, we will learn more about how trauma impacts children and young adults and parenting strategies to respond in a trauma-informed way by listening to a short podcast (approximately 20 minutes). Podcast available at <https://youtu.be/7iSgCffPYJw>

While listening to the “Trauma Informed Parenting” podcast with Dr. Bruce Perry, you may find the following images useful.

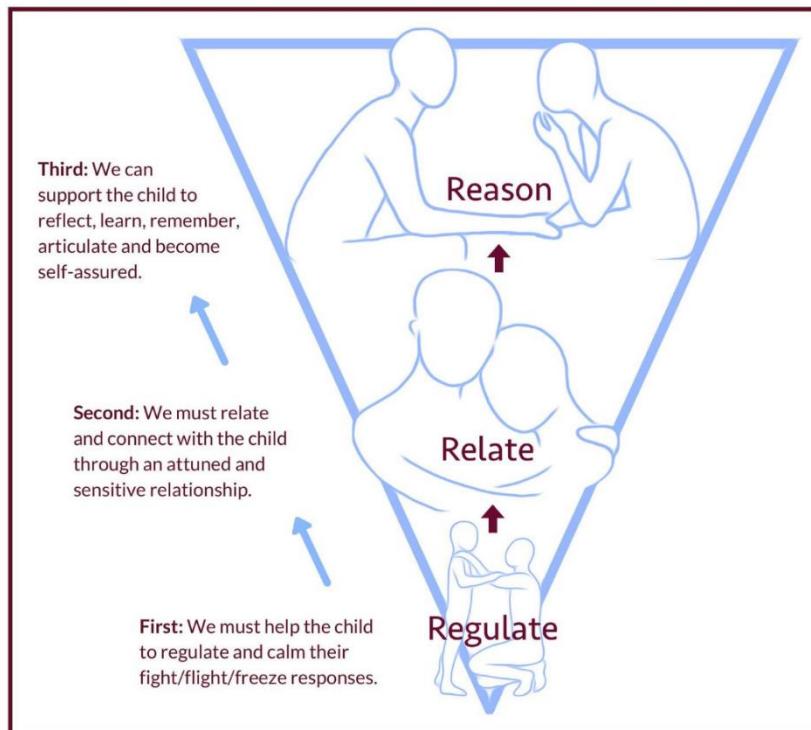
The first image (to the right) is a visual depiction of the “upside down triangle” of the brain that Dr. Perry discusses. This graphic shows the various parts of the brain and the areas regulated by those parts.

The second image (below) is a graphic depicting the “Three R’s” Dr. Perry discusses in the podcast: Regulate, Relate, and Reason.



### The Three R's: Reaching The Learning Brain

Dr Bruce Perry, a pioneering neuroscientist in the field of trauma, has shown us that to help a vulnerable child to learn, think and reflect, we need to intervene in a simple sequence.



Heading straight for the 'reasoning' part of the brain with an expectation of learning, will not work so well if the child is dysregulated and disconnected from others.

## The Emotional Container in Real Life



Finally, we will directly hear from a Resource Parent about how trauma may manifest with a real-life example in this brief podcast (approximately 4 minutes). Podcast available at: <https://youtu.be/ABcYC4Syllw>

Reflect on Diane's experience with Alex and how trauma may impact the way a child or young adult in foster care reacts to an adult in a caretaking role.

## Discipline and ODHS

Given the information you've heard regarding our children and youth in care and some of the impacts of trauma, you can understand why ODHS Child Welfare prohibits the use of physical discipline or punishments while in care. For this reason, Oregon Administrative Rule clearly outlines the types of discipline that are not allowed when interacting with children and young adults in the care of a Certified Respite Provider. This section is included below and a copy of all rules will be provided by your certifier.

### **Oregon Administrative Rule (OAR), Chapter 413, Division 205, Section 0050 Requirements Regarding the Discipline of a Child or Young Adult**

- (1) The *respite applicant* or *Certified Respite Provider* must demonstrate a willingness to understand the meaning of the behaviors and have the ability to develop and use appropriate discipline strategies to address challenging behaviors.
- (2) The *respite applicant* or *Certified Respite Provider* must not do any of the following to a *child or young adult* in the care or custody of the *Department* receiving care in the home:
  - (a) Use or threaten physical force;
  - (b) Use threats or intimidation;
  - (c) Withhold food or other items essential to protection, safety, or well-being;
  - (d) Discipline all *children or young adults* in the household for the misbehavior of one *child or young adult*;
  - (e) Use intentional infliction of physical force causing pain;
  - (f) Use derogatory remarks about the *child or young adult*, or the family characteristics, physical traits, culture, ethnicity, language, immigration status, sexual orientation, gender identity and expression, or traditions of the *child or young adult*;
  - (g) Deny, or threaten to deny, visits, telephone contact, or other types of contact with an individual authorized in a visit and contact plan, including contacts and visits with siblings;

- (h) Assign extremely strenuous exercise or work;
  - (i) Use or threaten the use of restraining devices. Restraining devices do not include a vehicle safety restraint such as a seat belt or age and size-appropriate safety seat, when used in accordance with the manufacturer's instructions;
  - (j) Impose a sanction, penalty, consequence, or reprimand for bed-wetting or during toilet training;
  - (k) Direct or permit a *child or young adult* to punish or discipline another *child or young adult*;
  - (l) Threaten removal from the *Certified Respite Provider's* home;
  - (m) Force or require a shower or bath as a sanction, penalty, consequence, or reprimand;
  - (n) Impose extreme isolation that restricts the ability to talk with or associate with others; or
  - (o) Lock in a room or outside of the home.
- (3) The *Certified Respite Provider* may use a time-out only for the purpose of giving the *child or young adult* in the care or custody of the *Department* receiving care in the home a short break from the situation. The *Certified Respite Provider* must take into consideration the age and developmental level in determining the length of a time-out.
- (4) A *restraint* must not be used by a *Certified Respite Provider* or in the *Certified Respite Provider's* home, unless one of the following circumstances exist:
- (a) Holding the *child or young adult's* hand or arm to escort the *child or young adult* safely and without the use of force from one area to another.
  - (b) Assisting the *child or young adult* to complete a task if the *child or young adult* does not resist the physical contact; or
  - (c) Using a physical intervention if:
    - (A) The intervention is necessary to break up a physical fight or to effectively protect a person from an assault, serious bodily injury or sexual contact; and
    - (B) The intervention uses the least amount of physical force and contact possible.
    - (C) Any time a restraint is used, the *Certified Respite Provider* must follow the reporting requirements in OAR 413-020-0236 and 413-020-0240.
- (5) Under no circumstance may the following types of *restraints* be used:
- (a) *Chemical Restraint*;
  - (b) Any *restraint* that includes the nonincidental use of a solid object, including the ground, a wall or the floor, to impede a child or young adult in care's movement;
  - (c) Any *restraint* that places, or creates a risk of placing, pressure on a *child or young adult* in care's neck or throat;

- (d) Any *restraint* that places, or creates a risk of placing, pressure on a *child or young adult* in care's mouth;
  - (e) Any *restraint* that impedes, or creates a risk of impeding, a *child or young adult* in care's breathing;
  - (f) Any *restraint* that involves the intentional placement of hands, feet, elbows, knees or any object on a *child or young adult* in care's neck, throat, genitals or other intimate parts;
  - (g) Any *restraint* that causes pressure to be placed, or creates a risk of causing pressure to be placed, on a *child or young adult* in care's stomach, chest, joints, throat or back by a knee, foot or elbow; or
  - (h) Any other *restraint*, the primary purpose of which is to inflict pain.

(6) The *Certified Respite Provider* must notify and request assistance of the *Department* when the challenging behavior of a *child or young adult* in the care or custody of the *Department* placed in the home may be beyond the ability of the *Certified Respite Provider* to discipline in a positive manner.

Note: *Italicized* words are defined within Oregon Administrative Rule (OAR), 413-205-0000 through 413-205-0085.

## Writing Exercise:

**Reflecting on the video and podcasts you heard regarding trauma, what information really resonated with you? What topics would you like more information on?**



**Having had the opportunity to review the Oregon Administrative Rules (OAR) regarding discipline, what questions do you have for your certifier?**

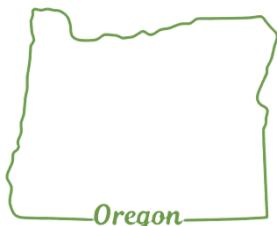
## Section IV: Logistics, Emergencies & Mandatory Reporting (Video – 00:56:28)

### Travel

Respite providers and other individuals who transport a child, must have a valid driver's license, proof of insurance, and ensure that the child is using an appropriate safety seat and/or seat belts according to Oregon State law.



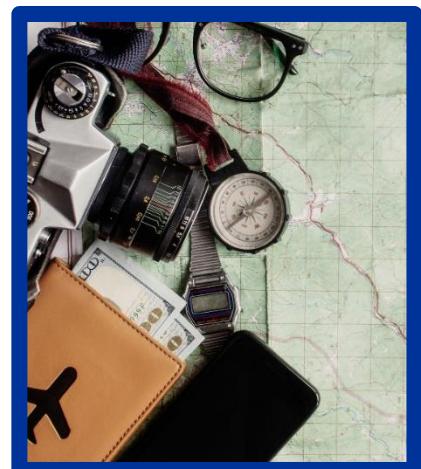
#### In-state travel:



In-state travel with a Certified Respite Provider does not need preapproval from ODHS. However, planning trips or appointments during a family visitation time negatively impacts the path to reunification. Therefore, if a child is going to be traveling during a scheduled visitation or other appointment, the caseworker needs to know beforehand to help plan or inform decision making. It is also recommended that, as a Respite Provider, you take time to build a relationship with a child or youth in care before planning travel too far from the child's community. Respite Providers should also take into consideration the safety and supervision needs of the child(ren) in care when planning any day or overnight trips.

#### Out of State Travel:

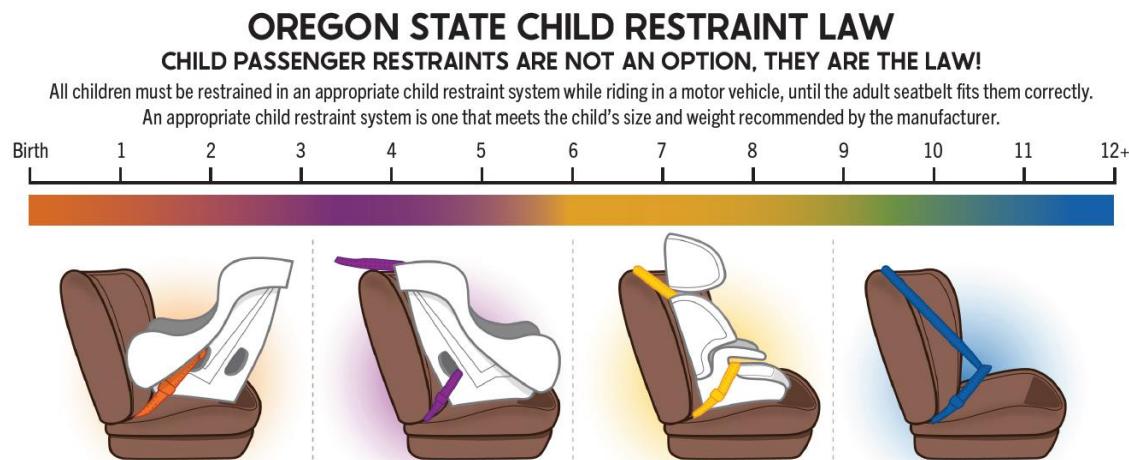
Children in foster care cannot travel outside of the State of Oregon without prior authorization. This includes any travel across state lines or internationally. A Consent for Travel form must be completed by the caseworker and processed through Child Welfare for approval prior to any out of state travel within the US. Any planned travel that is international must also be approved by the court. If you intend to travel out of state with a child in foster care whom you're providing respite care for, you must inform the caseworker as soon as possible to allow for enough time to process the necessary paperwork and obtain required approvals. For those providers who live near the border of another state, talk to your certifier about the process to access any routine trips to the other state.



### Seat Belts and Car Seat Safety

Oregon law requires all drivers and passengers to properly wear a safety belt. If a child is 8 years old or younger AND is under 4'9", Oregon law requires that you use a child restraint system. An appropriate child restraint system is one that meets the child's size and weight recommended by the manufacturer.

Car seats have been proven to save lives and reduce injuries. Please refer to the Oregon Department of Transportation Safety Belts and Child Seat page for the most up to date information.



Recommended age ranges for each seat type vary to account for differences in child development, growth and height/weight limits of car seats and booster seats. Use the car seat or booster seat owner's manual to check installation and the seat height/weight limits, and proper seat use. If a child is eight years old or younger AND is under 4'9" tall, Oregon law requires that you continue to use a child restraint system.

This flyer, along with additional information from the Oregon Department of Transportation can be found at: <https://www.oregon.gov/odot/Safety/Pages/Belts-Seats.aspx>

## Sleeping Arrangements

The Certified Respite Provider's home must have adequate space, including space for safe and appropriate sleeping arrangements, for each member of the household.

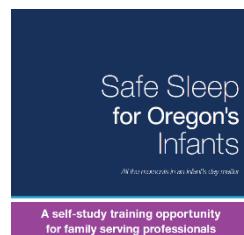


Department staff must consider the age, gender, gender expression, and gender identity, culture, special needs, behavior, and history of abuse of the child or young adult in the care or custody of the Department, when determining appropriate sleeping arrangements.

Children in respite care do not necessarily need their own bedroom, however each child or young adult in the care or custody of the Department must have access to their own bed and may not share a bed with an unrelated person.

### ! Additional Training Requirements to Care for Infants

For respite providers intending to provide care for infants under 12 months of age, there is an additional training component required. This is a Guided Self Study Course and the link to this course is included below. Respite providers who will not provide respite for infants under 12 months of age are not required to complete this training.



A self-study training opportunity for family serving professionals

Oregon Department of Human Services

Health

Link to training page: <https://www.oregon.gov/DHS/CHILDREN/CIRT/Pages/Sleep.aspx>

## How to complete the “Safe Sleep for Oregon’s Infants” self-study\*:

\*Excerpt from *Safe Sleep for Oregon’s Infants*, Page 2:

### 1) Watch the lived experience video at <https://youtu.be/Xx0Yfv42rOg>

This video is on YouTube. The title is “Sudden Infant Death Syndrome (SIDS)” and it is provided by St. Elizabeth Healthcare. The five-minute video is an opportunity to hear from parents who have experienced the sleep-related death of an infant. These individuals present the importance of safe sleep practices. While this video is powerful and moving and can be used as a tool with parents and caregivers, please prioritize your self-care when deciding whether to watch.

### 2) Read the self-study information and complete all the activities. (Your responses are private.)

This document contains the self-study information and related activities.

### 3) Complete the knowledge check. The knowledge check includes 10 questions, and the answer key is in this document.

### 4) Complete the survey. Once you complete the self-study, there is a link within this document to an online survey and opportunity to provide feedback related to the self-study materials.



Consider printing or saving these materials for future reference. Also consider discussing what you learned with your peers and practicing having conversations about safe sleep.

If you have questions or need assistance with the self-study, please email: [CW.Prevention@dhsoha.state.or.us](mailto:CW.Prevention@dhsoha.state.or.us).

## Submitting Your Safe-Sleep Knowledge Check

Once you’ve completed this guided self-study course, **complete and provide pages 36 and 37 of the course guide to your certifier** (see images below of these 2 pages). These can be provided electronically as an attachment to an email.

- If you are completing the knowledge check as a printed document, please write your name, and the date you completed the course, on page 36.
- If you are completing the knowledge check as a fillable PDF (i.e., the version posted online) and sending it via email, you can either:

1. Use the PDF “Fill & Sign” feature to add a text box with your name and the date on Page 36, or
2. Include this information (name and date) in the fillable text box under “Professional Action Plan” before typing in your answer.

**Part 4: Wrap up**  
You have learned about a safe sleep environment this week! This is the final part to the safe sleep self-study. In this section you will:

- Complete the professional action plan
- Complete the knowledge check
- Complete the survey, and
- Review the resources.

**Professional action plan**  
Fill out your action plan here:  
As a result of this self-study, I will do the following things to share the information with families who have infants:

**Knowledge check**  
Answers are provided

Question	Answer options	Write the letter(s) that match your answer
1. What is the age range for an infant?	A. Under 2 years B. 0-12 months C. 0-6 months D. 0-3 months	
2. Safe sleeping is an acceptable and safe sleep position for an infant	A. True B. False	

**Questions**      **Answer options**      **Write the letter(s) that match your answer**

1. Sleep infants SUID safe rooms in the adult's crib.	A. True B. False	
2. What is a good time for an infant to transition to sleep in their own bed?	A. One month B. One month C. 2 months D. 3 months	
3. What doesn't one do as an infant sleeping in a crib?	A. Be very quiet B. Sleep in a flat, firm sleep space C. Sleep in the crib D. Sleep in a baby swing	
4. It is better for a parent to co-sleep or to have an infant sleep in their own bed? Why?	A. True B. False	
5. Community partners for a safe sleep campaign are engaged parents, and	A. Parents to sleep in a motorized car seat B. Parents to sleep in a motorized car seat C. Parents to sleep in a motorized car seat	
6. Examples of unsafe behaviors include the following:	A. Infants to sleep in a motorized car seat B. Infants to sleep in a motorized car seat	
7. Placing an infant on their back in the same room as a smoking parent can increase the risk of SIDS.	A. True B. False	
8. It is recommended that infants sleep in a separate room from parents, but not in a separate sleep location.	A. True B. False	

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## What If There's an Emergency?

The best way to prevent emergencies is through proactive communication and preparation. However, despite our best efforts sometimes unexpected emergencies arise. Emergencies may include, but are not limited to:

- Injury or illness of a child or young adult while in respite care,
- A child or young adult in care runs away or is missing,
- Medical emergencies that impact your ability to safely care for a child or young adult, or
- Natural disasters.



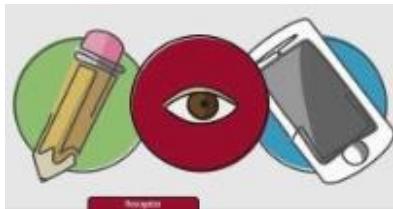
Here are some helpful tips about children and young adults in care in the event of an emergency:

- All children and young adults in foster care are provided with medical coverage through the Oregon Health Plan (OHP) to cover medical, dental, and behavioral health needs. You will want to be sure you have a copy of a child or young adult's medical card in the event of an emergency during respite.
- All medications given to a child or young adult in care, whether over the counter or prescribed by a healthcare provider, must be documented on the child or young adult's Medication Log.
- In the event of a major emergency or disaster that requires evacuation, ODHS asks you to call 2-1-1 within 24 hours of a state emergency or disaster to report your family's status and location if you are providing care to a child or young adult in foster care:
  - If you must evacuate your home, make sure you take important contact information, each child's medical card, and each child's prescribed medications and related supplies.
- You must also ensure that your emergency contact information with ODHS is current. Contact your certifier if you need to update it.
- Finally, keep a list of important contact information for the following:
  - The child or young adult's parent/guardian or certified Resource Family,
  - Your ODHS Child Welfare Certifier,
  - The ODHS Permanency Caseworker for each child or young adult you're providing respite for,
  - Any service providers working with the child or young adult who have been listed as emergency contacts in a crisis,
  - The child or young adult's Primary Care Physician (PCP), and
  - The number to the Oregon Child Abuse Hotline (ORCAH)
    - 1-800-503-SAFE (7233)

## Mandatory Reporting

Certified Respite Providers are also mandatory reporters of child abuse and neglect. To learn more about what it means to be a mandatory reporter we'll watch a video next.





The mandatory reporting video is approximately 28 minutes long. If you don't believe you'll be able to complete this video in its entirety, you may wish to pause here and note the stopping time of this video so you can fast forward to this location to finish the training later.

This video can also be accessed online at the following link: <https://youtu.be/iO4uRPbI4YQ>

## How to Make a Report

An important role of being a Certified Respite Provider is mandatory reporting. Certified Respite Providers must protect all children or young adults in foster care when caring for them. You must report to the caseworker any abusive situations the child or young adult may tell you about. Additionally, Certified Respite Providers are mandatory reporters and are required by law to report any suspected abuse or neglect to the Oregon Child Abuse Hotline. This applies even if you do not have children or young adults currently receiving respite care in your home.

Should you need to make a report, Oregon has a centralized child abuse hotline, that takes reports of child abuse and neglect for the entire state of Oregon, 24 hours a day, 365 days per year. To reach the Oregon Child Abuse Hotline, please call 1-855-503-SAFE (7233). Mandatory reporters are vital to keeping Oregon children safe. Most reports made to the Oregon Child Abuse Hotline come from mandatory reporters.



When making a report, be prepared to provide as much information as possible.

## When a Child Goes Missing

**National Center for Missing and Exploited Children**

**24-hour call center:**  
1-800-THE-LOST  
(1-800-843-5678)

To report child sexual exploitation, use  
[www.CyberTipline.org](http://www.CyberTipline.org)

When a child or young adult placed in foster care goes missing, immediate action must take place in order to report, notify the appropriate parties, and take action to locate the child or young adult. Resource Parents must notify their local Law Enforcement Agency (LEA) and the National Center for Missing and Exploited Children (NCMEC) by calling the Hotline Number 1-800-THE-LOST (800-843-5678).

This notification will often fall on the Resource Parent, as the Resource Parent is generally the first to know, the person with the most information surrounding the incident, and one of the last people to have contact with the child or young adult. However, if this occurs during respite care, the respite provider will likely have the most accurate information.

When contacting your local Law Enforcement Agency and the National Center for Missing and Exploited Children, having the following readily available will assist with making the report:

- a physical description of the child or young adult including approximate height/weight, hair/eye color, glasses, tattoos and piercings
- a description of what the child or young adult was wearing when seen last, and
- a description of personality traits and any information about the child/young adult's routine, friends, activities, social media presence.

Commercial Sexual Exploitation of Children (CSEC) refers to a range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value (including monetary and non-monetary benefits) given or received by any person. A child who goes missing may be at risk for being sexually exploited – your role is crucial in making a report.

### **Allegations During Respite Care**

Unfortunately, at times, abuse occurs while a child or young adult is in foster care (including respite care). Child Protective Services (CPS) is responsible for investigating allegations of child abuse or neglect, and this includes allegations of abuse by a Certified Respite Provider. If an investigation occurs, be open and honest, remain professional and contact your certifier to get support from other certified families during the assessment process.

The assessment process can be stressful, but there are ways to minimize the likelihood of allegations. It is important that you develop quality relationships with ODHS Child Welfare staff and others involved with the child.



You can best protect yourself against an abuse allegation by doing the following:

- **GOOD COMMUNICATION:** Assure important information is shared and transmitted. Notify the Resource Parent and caseworker right away of any injuries to the child and how they happened.
- **CLEAR EXPECTATIONS:** Understand the various roles & responsibilities of the child's team and legal parties.
- **DOCUMENTATION:** Keep records and track pertinent information, activities, and any issues/concerns.
- **SUPPORT:** Take care of yourself and ask for help when needed.
- **ONGOING TRAINING:** Participate in continued learning opportunities to develop your knowledge and skills as it relates to caring for foster children and young adults.

When there is an allegation of abuse involving a Certified Respite Provider, the Certified Respite Provider must be placed on Inactive Referral Status and may not be utilized for respite. If the allegation is founded, the Department must proceed with revocation of the

respite certificate approval unless the respite provider voluntarily terminates their certificate of approval.

**Writing Exercise:**



**What accommodations might you need to make to ensure children and youth in care have adequate sleeping arrangements while in respite?**

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**What questions do you have about your role as a mandatory reporter?**

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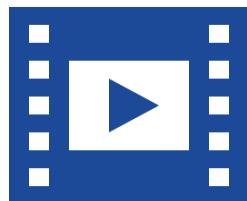
## Section V: Conclusion, Next Steps & Knowledge Check (Video – 01:38:58)

### Additional Resources



You may find following this training that you'd like to learn even more about caring for children and young adults who've experienced trauma. The following link includes links to several additional online resources, videos, and information. You can also reach out to your certifier about additional ongoing training activities available.

- [True Insight Parenting](#) Video
- [ReMoved](#) - A powerful short film/video through the eyes of a young girl in foster care.
- [Child Welfare Information Gateway: Parenting a Child Who has Experienced Trauma](#) (Fact Sheet)
- [NCTSN: Families and Caregivers Resources](#)
- [Trust Based Relational Intervention \(TBRI\)](#)
  - [TBRI videos](#)
- [Child Trauma Academy](#)



### When to Contact Your Certifier?

Once you've become approved as a Certified Respite Provider, there will be times you'll need to make sure you reach out to your certifier.

Make sure to **ALWAYS** contact your certifier **BEFORE** the following:

- If you move to a new home – as a new safety walk-through will need to be scheduled within 10 days,
- When someone joins or leaves the household – this includes any overnight guests that may be in the home while providing respite,
- If you plan to make any structural changes to the home,
- If you apply to do in-home childcare or another similar job,
- Whenever you are providing respite care to a child or young adult in care, or
- If you are giving notice to end your Respite Certificate of Approval.



You'll also need to contact your certifier **AS SOON AS POSSIBLE** if:

- Any household member is arrested,
- An allegation of abuse is made against a household member – Although your certifier is unable to talk with you about specifics related to the allegation, they can offer support to you,
- Your driver's license is suspended,
- There is any significant change to physical or mental health of a household member,
- Another agency wants to use your home to care for a child or adult, or

- You have any other significant change that could affect the safety or well-being of a child or young adult in care.

## What Comes Next?



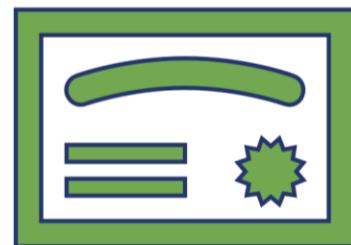
Congratulations! You've reached the end of this Certified Respite Provider Orientation. To receive credit for this training, please go to the following link: <https://forms.office.com/g/r24H2fiJAf> or use your smart phone to access the survey via the QR Code to the right.

Please complete the Knowledge Check by answering the questions and submitting. If you've followed along in your Certified Respite Provider Orientation Participant Guide you should find all the information needed to obtain a passing score (80%).



If you do not pass the post-orientation Knowledge Check you will be notified within 10 business days to retake the exam and submit it again. Once you've successfully passed the post-orientation Knowledge Check you will be sent a copy of your Certified Respite Provider Orientation Certificate of Completion within 10 business days.

If you've already been assigned an ODHS Child Welfare Certifier, they will also receive a copy of your certificate for your application file. If you have not yet been assigned a Certifier an ODHS employee from your local area will contact you within 2 weeks to gather more information, answer any questions you may still have, and provide information on next steps if you're ready to begin the certification process.



## THANK YOU!

Thank you for your time and commitment to learning more about the process of becoming a Certified Respite Provider for the Oregon Department of Human Services, Child Welfare, Foster Care Program. Respite is a valuable support to our resource families, as well as the child, youth, and families we serve. We appreciate YOU!



## Additional Questions I Have for an ODHS Child Welfare Employee:

## Notes