

# 2015 LICENSING REPORT

## Executive Summary



Licensing



Non-Relative Foster Care



Kinship Care

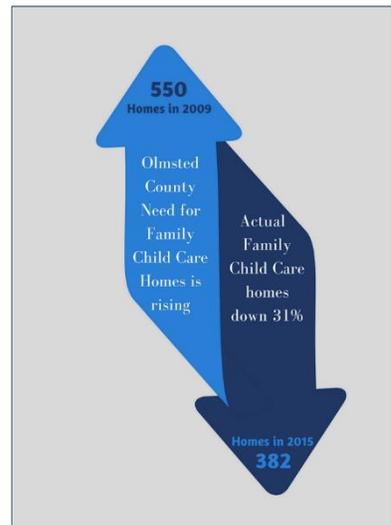
Minnesota's Department of Human Services (DHS) delegates to counties the responsibility for licensing and monitoring of Family Child Care and Family Child Foster Care. DHS performs onsite rule compliance visits to each county once every four years, with Olmsted County due for another review in 2017. Olmsted County Child and Family Services Licensing consults with and makes recommendations to the DHS Licensing Division related to negative licensing actions.

Olmsted County has two licensing teams: Child Foster Care and Family Child Care. Social workers on these teams conduct public information sessions, training orientations, background studies, home interviews, safety checks, investigations, make recommendations regarding licensure, negative actions (such as fines or revocations) and support providers in meeting the health and safety needs of children in their care.

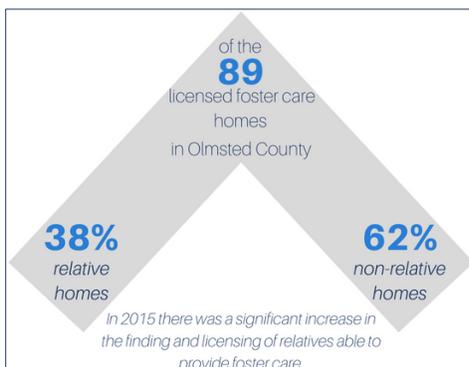
### Family Child Care

Nationally, approximately 75% of children age 5 and younger spend time in care outside of their family home. Of these children, 7 million are served in center based programs, 3 million in family/home-based care, and 4 million are cared for by an unpaid caregiver.

There is a dramatic shortage of infant space in family/home based child care. Expecting parents are searching for family child care 6 months prior to the birth of their child. The lack of infant care capacity is primarily being filled by center based providers. County Licensing teams are able to grant short-term variances for providers to exceed capacity limits, particularly for the infant of a sibling already established in a family child care home. The Child Care Licensing team's primary role is to support, educate and assure providers are delivering care that is safe, stable and nurturing by being in compliance with all requirements and rules.



### Child Foster Care

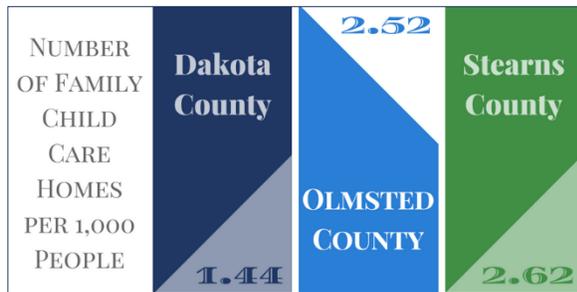


In 2015, 195 youth spent time in an out-of-home placement. The average placement stay was around 180 days. Placement numbers due to "child's behavior" have remained consistent since 2012. The majority of youth placed by Olmsted County Child and Family Services were placed in licensed foster homes.

When a county licensed foster home is not available, children may be placed in a privately licensed foster home. The licensing of these homes is managed by an outside agency.

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## Populations Served



Child Care home licenses have been on a steadily decreasing arc since a period of stability in 2010 and 2011 when there were 477 homes. In 2015, Olmsted County had 397 licensed homes, a decrease of 17% since 2010.

2015 Population Estimates

<http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

## Family Child Care Licenses

Affordable and accessible child care continues to be a major concern in Olmsted County. Family child care is a small business that can produce a modest income, however, it is usually a 50-60 hour a week commitment, along with wear and tear on your own property and no benefits (sick/vacation days, health insurance, etc.). The majority of persons closing their license report it is due to retirement or that they have accepted employment (with benefits, especially health insurance). There are community groups that are meeting to address the shortage of child care. Local employers are citing that it is harder to recruit new employees if the potential employee is unable to find affordable child care.

## Kinship Child Foster Care

Child Protection based foster care placements are increasingly more family/kin inclusive. Currently 60-65% of Olmsted County child protection placements are with a relative/kin. Ideally, all children that cannot be safely cared for by their own parents would be cared for and raised by family. "Overall, research to date supports kinship care as a placement that overwhelmingly results in more positive outcomes for youth in out-of-home care, from improved safety and stability, to increased sense of belonging and connection and greater social and emotional well-being." -Amanda Miller, A Research Brief (2015)

## WHY ARE FAMILY CHILD CARE CENTERS CLOSING?

The following is a list of why 93 Family Child Care Centers closed between August 14, 2015 and December 31, 2015

### 30 EMPLOYMENT OUTSIDE

Nearly one-third of the Family Child Care providers have closed their doors to pursue employment outside of the home.

### 25 RETIRING/PHYSICAL HEALTH

More than 25% of Family Child Care providers close due to reaching retirement age or declining physical health.

### 16 MOVING OUT OF COUNTY

Another large amount of Family Child Care providers move out of the county and are no longer able to care for Olmsted County children.

### 10 LICENSE REVOKED

Less than 11% of Olmsted County Family Child Care providers have their license revoked, requiring them to close.

### 6 UNKNOWN

We just don't know why these homes closed their doors and ended their work as a Family Child Care center.

### 4 FURTHERING EDUCATION

Few Family Child Care centers stop providing in order to pursue furthering education.

### 2 DO LEGAL UNLICENSED

These last couple of Family Child Care centers choose to provide family child care to fewer children, not requiring licensure with Olmsted County.

## Trauma-Informed Child Protection/Foster Care

Children who have experienced **trauma** may exhibit the following symptoms:

- Avoidance
- Numbing
- Arousal
- Attachment Issues
- Attention/concentration issues
- Impulsivity
- Oppositional Behaviors

Foster parents receive training and ongoing supports to understand trauma. Parenting a child who has experienced trauma requires a shift in the way one thinks about childhood development, as well as the way we communicate with and provide support for the child in care. Becoming trauma informed opens up a new way of thinking about and acting on the behaviors experienced in the foster home. It can also assist in reducing power struggles and therefore begin to make genuine strides toward improvement.

Early childhood trauma has been associated with reduced size of the brain cortex which is responsible for many complex functions including memory, attention, perceptual awareness, thinking, language, and consciousness. These changes may affect IQ and the ability to regulate emotions.



### Foster Care Crisis:

- Increased demand for foster care due to parental alcohol and/or drug abuse
- Decreasing number of persons willing to become foster parents
- Children placed in foster care have traumatic experiences
- Northstar Care for Children dramatically reduced financial reimbursement for daycare costs

The Northstar Care for Children Act is a state law in effect as of January 1, 2015. This law made significant changes to program funding by creating a uniform set of benefits and processes for children. This includes children age 6 and older in foster care, former foster children whose legal custody has been transferred to a relative, and former foster children who have been adopted. Children age 5 and younger also fall within the benefits and processes of the program, although they are not uniform in nature. Northstar Care for Children assists the families caring for children and supports permanency for foster children. Previous programs will continue for children who entered care prior to Northstar Care for Children and will be phased out over time.

Northstar Care for Children dramatically changed the way counties determined foster care rates, adoption assistance rates, and any benefits for a transfer of custody. Northstar Care for Children sets a maximum reimbursement rate, which in-turn affects the amount that a County can claim for Social Security Title IV-E Foster Care reimbursement. These reimbursements do not tend to cover the typical daycare expense for a child. When the stipend provided by Northstar Care for Children is not sufficient to cover the cost of childcare, the county must pay any remaining child care expenses.

## Build the Community

### Family Care Recipients Safe from Harm: Medication Monitoring

On any given day nearly **1 in 4** children in foster care is taking at least one psychotropic medication - more than **4x** the rate for all children.

Nearly **HALF** of children living in residential treatment centers or group homes take psychotropic medications.

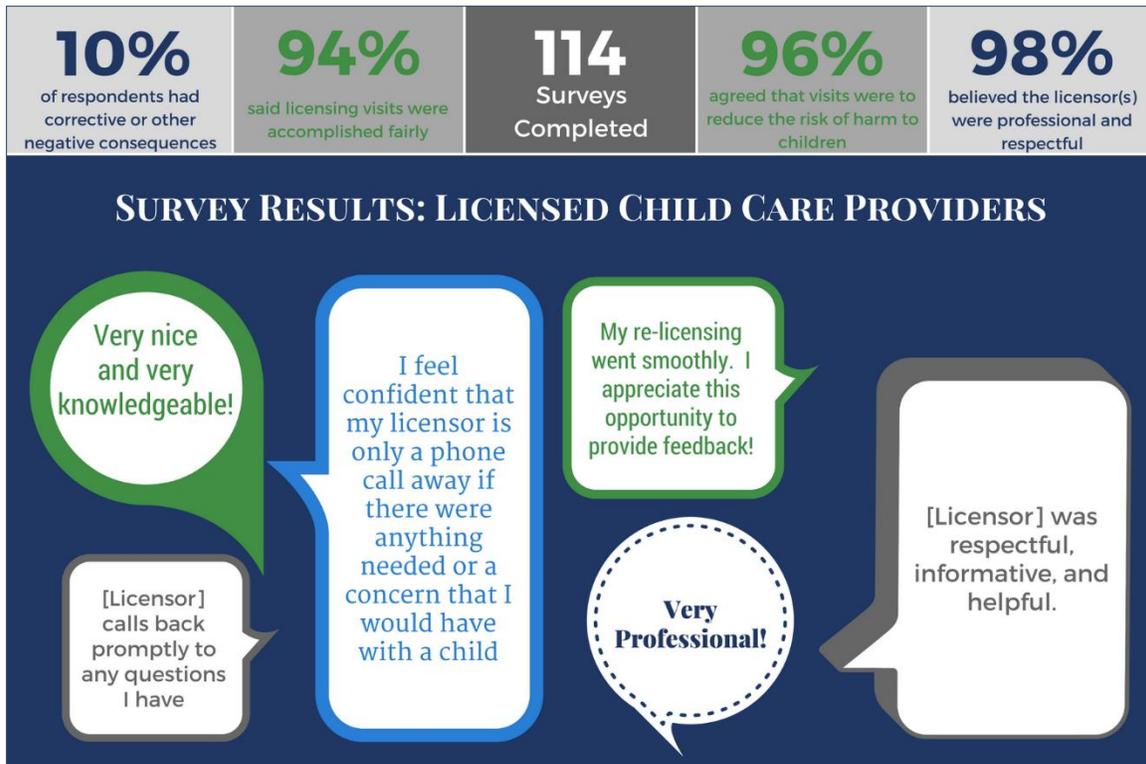
Children in foster care are more likely to be prescribed multiple psychotropic medications at very high doses, although research shows higher doses can result in serious side effects.

When caring for children/youth under the age of 14, all medications (prescribed and over the counter) must be locked. Approved locking mechanisms are: a keyed lock, a digital lock, or a child proof magnetic lock.

When caring for youth age 14 and older, providers should consider the youth's individual needs when storing medication. Social workers **MUST** review any concerns regarding medication with the foster parent. For example, if the youth is a suicide risk (prescription and over the counter medications should be locked), if the youth does not take medications as prescribed (foster parent must administer all medications), etc. Lifesaving medications should be stored on a high shelf but do not need to be locked.

There are increasing requirements related to tracking, monitoring, and involving social work staff when working with a youth in placement that has been prescribed a psychotropic medication.

### Surveying of Licensed Child Care Providers



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## Next Steps

### Family Child Care Licensing

**Public Information Sessions:** Continue monthly public information sessions in order to encourage and engage interested persons in becoming licensed child care providers.

**Professional Approach:** Continue a professional approach to supporting quality child care practice while ensuring regulatory compliance.

**Implementation of Requirements:** Ongoing annual inspection visits for both licensed and unlicensed programs. This includes piloting a new web-based home inspection checklist. Licensors will receive required trainings and supervision, maintain reasonable caseloads, and eventually, a one-time finger-print based background check system will be implemented.

### Family Child Foster Care:

**Recruit and Support:** Continue efforts towards recruiting and supporting relatives/family/kin in providing care. Relatives/family/kin typically need additional financial support to become licensed, such as Fire Marshal required safety modifications to the home (i.e. egress windows).

**Learning and Training Opportunities:** Continue providing learning and training opportunities for staff and foster parents. The basic removal of a child from his primary caretaker(s) is traumatic, which will be a targeted area for training.

**New Responsibilities:** In 2016 the county child welfare agency becomes responsible for any additional education-related transportation costs as a result of the child's placement. Foster care staff will be responsible for coordination related to a foster child's school attendance.

## Licensing Contact Information

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