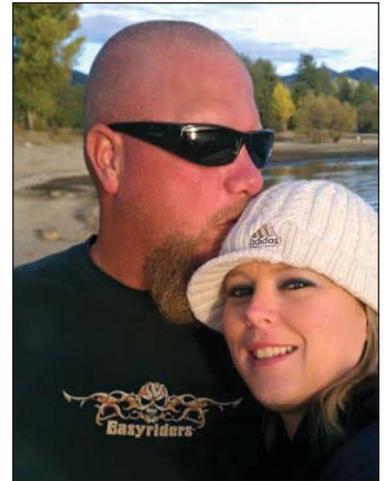




## Champions for Children



## Ryan & Melissa Hall

**R**yan and Melissa each had two biological children before they had met, but timing and God worked in miraculous ways for them. When Ryan met Melissa, he knew she was the woman of his dreams, but they were unable to have biological children together of their own. They had always been passionate about helping children, and Melissa had extensive training in caring for youth through her work as a senior care provider in a level 12 group home. Ultimately for Melissa and Ryan, family isn't defined by DNA but by the trust and love they build within their home.

Shauntique, a foster teen, was first placed with Ryan and Melissa in October 2017. He had a hard time in school, struggled with low grades, and felt that everyone was against him. But in Ryan and Melissa's care, he made lifestyle changes, brought his grades up, joined the school football team, and is learning to break down some of his walls. "Shauntique now wants to go into the medical field to give back to people," describes Ryan, "and seeing him succeed and have goals that he is working towards is the true reward for me."

### Resource Parent Quarterly Meeting

July 24, 2018 6-8 p.m.

3801 3rd St.

HSA will phase out the use of the Child Protection Center in the next few months. Find out how these changes affect resource parents like you! To use onsite childcare, contact Jillian Perillo at 415-557-5562 or email [jillian.perillo@sfgov.org](mailto:jillian.perillo@sfgov.org).

As Melissa explains, it isn't easy and it takes a lot of time. "We don't know everything that he has been through, but as parents we don't get to pick and choose what challenges our children bear. Regardless, we try as hard as we can and pray for the best outcome."

When Shauntique came into Ryan and Melissa's home, they worked together as a team to have consistency and structure in his life. They had to undo years of how Shauntique thought he had to carry himself. It helped Shauntique to have a father figure in his life that he didn't have before, and Melissa is properly trained in caring for troubled youth. She helped Shauntique utilize coping skills and to

take responsibility for his actions. The biggest reward for Melissa is being called mom. "After what he's been through, he trusts me to call me mom. This is the highest honor I could have because I know he trusts me enough to open up in that way."

Ryan and Melissa's advice for other parents is to be patient and to not be afraid to get hurt. "Everyone is different and you don't know their story right away. Let your children know they are truly loved, instead of loved for the sake of getting something in return. You are getting a child with a past and whatever that past that may be, give them a chance at life." For those parents who may need to let go of children in their care, Melissa says "know that you did your best while you had them in your care and that is something they will take with them into their lives and when they have a family."

The San Francisco Family & Children's Services and the Parenting for Permanency College salute Ryan and Melissa's tremendous work at ensuring a safe and healthy home for a teen with a hard past, making them our May Champion for Children.

# Learn All About Baby Eczema

**M**ost children get rashes at one time or another. But eczema is a chronic skin condition in which the skin is red, itchy, scaly, and sometimes has small, fluid-filled bumps that can become crusty and dry. The most common type of eczema is atopic dermatitis (sometimes called infantile eczema), which affects infants as well as older children. The word “atopic” describes conditions that happen when some-

one is overly sensitive to allergens in the environment. These include pollens, molds, dust, animal dander, and certain foods. “Dermatitis” means that the skin is inflamed, or red and sore. If you think your child may have eczema, consult with a doctor and learn more about it below.

As children get older, the rash is usually crustier than it was when the eczema first began, and the skin is extremely itchy and dry. These symptoms tend to improve over time, with occasional flare-ups occurring periodically.

Children often try to relieve the itching by rubbing the affected areas with a hand or anything within reach. But scratching can make the rash worse and eventually lead to thickened, brownish areas on the skin.

## How Long Does It Last?

For many children, eczema begins to improve by the age of five or six. In some children, the condition may improve but then symptoms return as they enter puberty, when hormones, stress, and irritating skin products or cosmetics are introduced. Some people will have some degree of dermatitis into adulthood, with areas of itching and a dry, scaly appearance. Eczema is not contagious, so there is no need to keep a baby who has it away from siblings, other kids, or anyone else. However, if the skin gets infected, it is important to keep the skin clean and avoid contact between children.

## Helping Your Child

Even though eczema can be bothersome for children and parents alike, taking some precautions and following the doctor’s orders can help to keep it under control.

Start by preventing your child’s skin from becoming dry. Talk with the doctor about how often to bathe your child. Many experts now believe that daily bathing can be helpful for children with eczema. Avoid making the water too warm, because very warm water dries out the skin faster than lukewarm water.

Use an unscented mild soap or non-soap cleanser, and wash and shampoo your child at the end of the bath so he or she isn’t sitting in soapy water. Do not use shampoo suds to wash the child’s skin. As soon as you get your child out of the tub, pat – do not rub – excess water from his skin with a soft towel or washcloth. Then, while the skin is still damp, promptly apply a liberal amount of unscented moisturizer to your child’s skin.



## What Causes Eczema?

Typically, normal skin acts as a barrier; it holds water in while at the same time protecting what’s beneath from the outside world. But for those who have eczema, the skin is a faulty barrier. Moisture can escape, and irritants like scents and dyes can get in and turn on the skin’s immune cells. This is what triggers inflammation and leads to the itching and rash. Certain viruses and bacteria can also slip in, making babies and children with eczema more vulnerable to skin infections.

Children who get eczema often have family members with hay fever, asthma, or other allergies. Eczema is not an allergy itself, but allergies can trigger it. Some environmental factors, such as excessive heat or emotional stress, also can trigger the condition.

## Signs and Symptoms

About 1 out of every 10 children tend to develop eczema. Typically, symptoms appear within the first few months of life, and almost always before a child turns five. Signs and symptoms of eczema can vary widely during the early phases. Between 2 and 6 months of age, children with eczema usually develop

Moisturizers contain fats that soften the skin and seal in moisture to stop from it escaping. While coating a wiggly, fussy baby in greasy cream can be a struggle at first, it is one of the keys to controlling your child's eczema, and it gets easier with practice. Some have suggested turning moisturizing into a relaxing ritual, especially for babies, by making baby massage part of the package. If the moisturizer talk to your child's doctor about ointment formulations, While ointment can be even greasier, they are more effective than lotions or creams.

Dress your child in smooth natural fabrics, like cotton. Avoid wool and other scratchy materials, which can irritate very sensitive skin. Don't overheat your child by bundling him up more than necessary. If he or she gets hot and sweaty, that can trigger an eczema flare. Rapid changes in temperature can make eczema worse, so try not to let your child get too hot and then cool quickly, or vice versa.

Try to identify and minimize any stressors that may be triggering the eczema. Do what you can to help your child deal with stress (such as providing your little one with more quiet time or helping your grade-schooler prepare for a test). Avoid other possible triggers, such as pollen, mold, dust, animal dander, certain skin care products, perfumes, and colognes (particularly those that contain alcohol), and tobacco smoke.

### When to Call the Doctor

Children with eczema are prone to skin infections, especially with staph bacteria. Call your doctor immediately if you notice any of the early signs of skin infection, which may include fever, pus-filled bumps on or around affected areas, areas on the skin that look like cold sores or fever blisters or skin that is weeping or has yellow crusts. Also, call your doctor if you notice a sudden change or worsening of the eczema, or if your child's skin isn't responding to the doctor's recommendations.

## Parenting for Permanency College Trainings July-December 2018

You can register through your RFA worker or by contacting:  
 Bay Area Academy  
 Care Provider Registration Line  
 510-271-0951 x 117

**Join us in welcoming our newest Resource Family Participants.** The Parenting for Permanency College is excited to congratulate the latest participants from the April 2018 (English and Spanish) and May 2018 Resource Family Approval (RFA) Pre-Service training and Spanish SA/HIV Infant Training Programs. Participants dedicate time from their personal time to learn and develop their skills during RFA PreService training. This dedication is focus on providing a loving, safe and nurturing environment for San Francisco County's most vulnerable children and young adults. We welcome them to our network of dedicated Resource Families.



Warm regards,  
 Amabel Baxley, MSW  
 Work Force  
 Development Specialist



## K.I.D.S.

Published bimonthly for San Francisco County foster parents, resource families, NREFMs and kin care providers. To suggest a topic, submit an article, promote an event, or provide feedback, email Sharon.Walchak@sfgov.org.

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City and County of San Francisco/Family & Children Services  
 PO Box 7988 • 170 Otis Street, San Francisco, CA 94120

Newsletter Website: <https://www.sfhsa.org/newsletters>

### Helpful Phone Numbers

HSA Operator	(415) 557-5000
CPS Child Abuse Hotline	(800) 856-5553 or (415) 558-2650
Foster Care Ombudsman	(415) 558-2828
Transportation Duty Line	(415) 557-5376
Licensing/RFA/Recruitment Hotline	(415) 558-2200
Free Foster Parenting Respite Service	(415) 861-4060 x 3035
Community Services	211
Non-emergency Government Services	311

FCS Agency Directory: [www.sfhsa.org/174.htm](http://www.sfhsa.org/174.htm)

You can register for these and all PPC training through your RFA worker or by contacting:  
 Bay Area Academy  
 Care Provider Registration Line  
 510-271-0951 x 117

<b>RFA Pre-Service Approval Training</b>	
<b>Spanish RFA Pre-Service Training</b>	<b>July 14-21, 2018 (Saturdays) 9 a.m. - 3:30 p.m.</b>
English RFA Pre-Service Training	August 11-18, 2018 (Saturdays) 9 a.m. - 3:30 p.m.
English RFA Pre-Service Training	July 17-26, 2018 (Tues/Thurs) 5:30-8:30 p.m.
<b>Placement Training</b>	
English SA/HIV 40-hour Cycle	Aug. 18-Sept. 22, 2018 (Saturdays) 9 a.m. - 5 p.m.
English ABC's of Baby Care	Sept. 26, 2018 5:30-8:30 p.m.
<b>Ongoing Training</b>	
<b>Spanish RFA Advanced Training: Childhood Trauma</b>	<b>July 28, 2018 9 a.m.-Noon</b>
<b>Spanish RFA Advanced Training: Loss &amp; Transitions</b>	<b>July 28, 2018 12:30-3:30 p.m.</b>
RFA Advanced Training: Childhood Trauma	July 31, 2018 5:30-8:30 p.m.
RFA Advanced Training: Loss & Transitions	August 2, 2018 5:30-8:30 p.m.
RFA Advanced Training: Childhood Trauma	August 25, 2018 9 a.m.-Noon
RFA Advanced Training: Loss & Transitions	August 25, 2018 12:30-3:30 p.m.
<b>Spanish RFA Advanced Training: Childhood Trauma</b>	<b>Sept. 22, 2018 9 a.m.-Noon</b>
<b>Spanish RFA Advanced Training: Loss &amp; Transitions</b>	<b>Sept. 22, 2018 12:30-3:30 p.m.</b>

## Safe Sleep Environments

*Reducing Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Risks*

When getting the nursery ready for your little one, you may be tempted by some of the crib displays in stores and magazines. The cuddly toys and cozy blankets create a nice image, but they are not actually safe for your sleeping infant. In addition to always placing your baby to sleep on his or her back, good crib safety practice means keeping the crib free of any items while your baby is sleeping.

The RFA Written Directives require that an infant's bassinet or crib be free from all loose articles and objects. This means that soft toys, loose sheets, blankets, quilts, pillows, bumper pads or similar products attached to the side of the crib be kept out of the crib. Make sure that the crib sheet snugly fits the mattress (never use an adult sheet) and that the mattress fits snugly against the sides of the crib and there aren't big gaps between the mattress and the crib. Sticking to these rules for your baby's sleep area reduces the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death.

If you are worried about your child getting cold at night, dress him or her in no more than one layer of clothing more than an adult would wear to be comfortable at night. A one-piece sleeper, wearable blanket, or sleep sack is a great solution for this. Keep the room at a temperature that is comfortable for an adult.

Although bumper pads are widely used, their safety has been questioned. Studies have shown that crib bumpers can cause serious injuries and even death. Keeping them out of baby's cribs and bassinets is the best way to avoid these dangers.

### **SECTION 11-01: Home and Grounds**

- (6) Each infant, or child requiring a crib, shall be provided with an individual, safe, and sturdy bassinet or crib as appropriate to the age and size of the infant or child. The following shall apply to cribs:
- (A) Tiered or stacked cribs, or cribs with drop sides, may not be used.
  - (B) Crib slats may not pose the danger of an infant or child being trapped.
  - (C) A crib mattress shall be clean, comfortable, and fit properly in the crib.
  - (D) Linens shall include a fitted sheet that fits tightly on a crib mattress and overlaps the underside of the mattress so it cannot be dislodged.
  - (E) Linens shall be changed at least once per week or more often when necessary to ensure that clean linen is in use at all times.
  - (F) A bassinet or crib shall be free from all loose articles and objects.
  - (G) Objects may not hang above or be attached to any side of a bassinet or crib.
  - (H) An infant or child who can climb out of a crib shall be provided with an age appropriate bed.