

Jenna Krehbiel

785-452-2034

1/13/2025

House Committee on Child Welfare and Foster Care

Joint Committee on Child Welfare System Oversight

My name is Jenna Krehbiel and I am a resident of Kansas. I am mother to three and previous foster parent. I have worked in the mental health field for over 18 years. I own a private practice in Salina, KS and have specialized in treating children of trauma for most of my career. I have been a licensed social worker for all my career.

I am testifying on the absolute failure and incompetency of the child welfare system. It is my opinion the statement, "Children in the foster system are being let down at every turn and left to fend for themselves in a broken system" (Center for the study of Social Policy) is 100% accurate as well as the system being grossly negligent. Not only do I have experience working alongside the child welfare system providing mental health services for youth in care; I also have experience as a foster parent working alongside the welfare system. I am specifically testifying about my experience as a foster mother to a young boy while in our care from October 2023 to July 2024.

The attached document details specific events and chronicles the frustrations of caring for a child in the welfare system.

I truly think the problems and issues that occurred while "L" was in our care, could have easily been managed had the welfare agency been consistent, improved communication, and had some standard of accountability not only for their work but also the birth parent of said minor. The policies and procedures of child welfare have no benefit when the standard is not applied across the board and/or is ignored by case teams.

Thank you for taking the time to read my testimony. I sincerely hope my testimony will impact the committee and that needed and necessary changes will be implemented in the welfare system. Your consideration of this is very much appreciated.

Jenna Krehbiel

12/16/2024

## JOINT COMMITTEE ON CHILD WELFARE SYSTEM OVERSIGHT

TOPEKA, KS

My family was approached on October 30, 2023, to take foster placement of a then two-year old boy, "L." He was placed into our care due to his biological mother being unable to care for him in addition to parental substance abuse. He had initially been placed into police protective custody (PPC) due to his mother, "S", being admitted to the hospital for psychiatric care. The DCF report stated mother had a "history of mental illness, emotional instability, legal charges, history of substance dependence, and lack of stable housing or employment." The PPC placement was a prior friend of the mother who could not care for "L" long term, and she mentioned concerns regarding the biological mother and alleged threats the mother had made. It was also noted mother had previously "given up" custody of two older children, two girls.

**Placement repeatedly asked "L" case team about where these siblings are and potential placement of "L" with them. There was never a response from his case team regarding these two siblings.**

Per the DCF referral and child functioning, "L" mother indicated suspicion of autism spectrum disorder, difficulty interacting socially with peers, understanding verbal and non-verbal cues, and aggression. The referral also stated "L" had a peanut allergy and carried an Epi-pen.

"L" arrived at our home with the clothes on his back, one blanket, and a backpack of various items. He did have an Epi-Pen in his bag, but it was just the pen, no box and no name on it. Our first week with "L" in our home was challenging. "L" had clearly not had experience sleeping in a bed, no understanding of a bedtime routine, and was observed to get up at all hours of the night and attempted to elope from our home in the dark early morning hours.

Our observations and experience with "L" and food was another challenge. We were told "L" had a peanut allergy and his birth mother requested he be given no fast food, no chips, no food dyes, no dairy products, and no juice. We did the best we could with these restrictions. We ultimately asked his case team to reach out to mom to find out what "L" would eat, because he was not eating anything we (or daycare) provided. The response provided to us, "chicken nuggets, applesauce, French fries." In our experience, "L" would only eat the above quoted foods and snack time/meals were extremely difficult as he had not been exposed to other foods. We observed countless meals where "L" would throw everything on his plate to the floor or across the room in demand of chicken nuggets, apples, and fries. "L" would refuse most meals at daycare as well. There will be further comments regarding his diet and nutrition in this letter.

"L" started at daycare and one requirement of daycare was to get his immunization history as well as a prescription box for the epi-pen that provided clear instructions of administration. Placement asked the case team to verify with mom where the prescription came from, who in turn stated the prescription was at Walgreens after an ER visit. We checked at Walgreens who had no record of this prescription. We asked case team to ask again, to which mom said it was the ER who gave it, only later to state it was from CVS. CVS had no record either. We were unable to get a definite answer on this and had to wait until he could see his new doctor in December 2023 for a new prescription. He was also behind on immunizations not having had any since infancy.

From the time "L" entered our home until February 2024, most if not all contact with his mother was via video. We were asked multiple times to supervise these video contacts despite our clear statement we were uncomfortable doing so. At the initial case plan mom claimed virtual visits would be "torture" and she would refuse. However, virtual visits did occur, though inconsistently.

November 2024, "L" had a developmental screen. He passed all evaluations and did exceptionally well on the academic part. There was no indication of Autism.

"L" arrived at our home with a rather large scar on his left leg. We asked his case team about this injury to which they stated, "mom told me he was climbing in the closet and fell on a mirror that was standing up and it shattered when he fell on it." Prior to "L" starting daycare in November 2024, it was required he have a physical. We took him to urgent care and the provider that saw him stated the scar looked like a human bite that had healed. Months later, "L" stated at dinner on 6/13/24, "my mommy bited me." He pointed to a large scar on his left knee. This specific incident was reported to St. Francis Ministries (SFM) and DCF. "L" subsequently began sharing this with nearly anyone he would meet. **DCF worker (W.C.) did interview "L" and shared with placement the worker would be referring for a forensic interview. This never occurred and the issue was seemingly dropped. Coincidentally, the local child advocacy center was going through staffing issues and had no director or interviewer available at the time. We were later informed by SFM his mother had blamed placement for this scar, followed by "L" therapist stating mom had shared an entirely different story with her about this scar. We were also informed by SFM (AS) that mother was attempting to convince "L" at a visit the scar on his leg was not from her.**

In December 2024, "L" saw our primary care physician to establish services. He was started on multi vitamin and melatonin. Additionally, he was referred for: speech therapist to address his feeding issues (i.e. feeding clinic) and occupational therapy for his tantrums. He also was referred to an allergist due to the alleged peanut allergy.

Placement set up individual play therapy for "L" at Wellspring Psychotherapy, LLC. We had asked his case team in late November 2023 to schedule play therapy with Ms. McMillen. He subsequently started therapy at Wellspring in January 2024, after placement scheduled the appointment. Ms. McMillen reached out to his case team and she requested mother schedule so Ms. McMillen could get background information and start family therapy. Our understanding is SFM ignored Ms. McMillen's requests for family sessions for quite some time. It was not until April 2024 that family therapy started, and those appointments were extremely difficult and ultimately Ms. McMillen suspended family therapy due to mother's inappropriate behavior and

poor boundaries. Ms. McMillen shared with placement "L" mother seemed to know multiple intimate details of our home. Ms. McMillen shared with placement mom brought in a document to show her our full name and full address. Additionally, mom had made comments about our home, livestock, play area, etc. Ms. McMillen shared with placement she was concerned about placement safety as well as "L" safety as mom appeared to be irrational, delusional, and poor boundaries. **Ms. McMillen shared her concerns with SFM who again, never responded to her, or us, regarding the safety issues.**

March 2024, SFM (AS) told us "L" would be visiting his mother in Missouri over Easter, for several nights, unsupervised. Up to this point, and even after, all visits were supervised. There were many concerns regarding the supervised contact. We contacted his GAL immediately to express our concerns over this as 1) out of state, 2) unsupervised, 3) SFM had not confirmed the location or safety of mother's home, impossible for a walk through as would typically be done. Our concern over this Easter visit went to court which in turn court made orders and did not give any permission for this visit to occur.

"L" saw the allergist in March 2024 and was started on several allergy medications. This doctor did confirm a peanut allergy. The allergist was pleased "L" had an ENT appointment pending. "L" saw an ENT physician in March 2024 as his speech therapist had recommended due to observations she made during feeding clinic. The ENT physician took an Xray and found "L" had enlarged adenoids and recommended they be removed. "L" has chronically poor sleep and snored most nights. He was very restless at night and was frequently up in the early morning hours. Additionally, he never would nap at placement or at daycare.

Through all this time, "L" suffered chronic and severe diarrhea primarily due to his diet. His primary care physician recommended he be dairy free, peanut free, and fruit free. "L" suffered explosive diarrhea for months on end and it was finally starting to be managed early May 2024. It was often obvious when he would have a reaction to food because his cheeks would turn bright red.

"L" did not start in person visits with mother until February 2024. Our experience from February to July 2024 was extremely difficult, disheartening, and frustrating. First, the visits were often

inconsistent. Some visits were via video, and some were in person in Topeka or Salina. We protested to the court about the inconsistency and court eventually ordered visits to be in person, in Salina, and supervised. That entire court order was a debacle as well. Placement attended the court hearing and wrote down the court orders. SFM (LM) sent an email out to his team following the court hearing with the same orders, but later rescinded her email and stated she was wrong, per her supervisor. Placement protested this and asked SFM to get a copy of the journal entry for clarification. SFM told placement "It would take too long to get it." Placement emailed the GAL directly who sent out the journal entry within a day. The orders were as placement heard. Placement notified SFM of the journal entry, and SFM asked the placement to send SFM the journal entry. Placement did not respond to the request, as it is not our job to get SFM the documents they need.

Despite this court order, our experience is the court had zero follow through, and visits continued to be inconsistent which further exacerbated the problems "L" already had. Additionally, "L" mom was adamant she would give "L" anything to eat she wanted at visits because she is "his mother and has the right" (per SFM AS). "L" would frequently come home sick and with diarrhea as mom would not follow doctor orders (peanut free, dairy free, fruit free) or even her own diet requests. It got so bad SFM requested placement create a list of food "L" could and could not have, and mom was to follow it. Placement spoke against writing this list as mom had the opinion, she would do what she wanted, and the case team demonstrated zero accountability for anything that transpired during supervised visits. Despite the frustration, placement did write a list of food, and this list was sent to "L" entire team and the SFM supervisor said visits would be stopped immediately if mom attempted to give him food not on the approved list. Again, zero accountability, and there were multiple instances mom was allowed to give him unapproved food. "L" would frequently tell placement what mom gave him and SFM (AS) would deny it, or say "L" was lying, or mom didn't give it.

Secondly, SFM case team was a chaotic mess. The family support worker (AS) was almost always the individual responsible for supervision of the visits. We found her to be dishonest, inexperienced, and unethical. She would frequently comment about how inappropriate she found the mother to be, but visits were still allowed to continue and no accountability for the mother. We required our case worker to be present any time this worker was going to be in our

home due to the issues. This specific worker (AS) seemed to have an odd relationship with the mother. This worker would tell placement about all the strange and inappropriate things mother would do at visit with "L", but never would stop the visit or redirect the mother. This worker told placement mom would frequently blame placement for a whole host of issues such as: telling "L" placement was locking him in his room, breaking his toys, forcing him to sleep, using him as a farm hand, forcing him to drink from well water, physically abusing him, force feeding him, starving him, medical neglect, etc. This continued throughout the entire time "L" was in our home, and not once did SFM stop the mother, redirect her, or call her out. "L" was always present and hearing this nonsense. Despite us requesting SFM stop this behavior, SFM never bothered to.

The tipping point came in May 2024. On 5/20/24, placement went to Ms. McMillen's office to pick up "L" around 6:30pm, after a family therapy session. Upon arrival, placement immediately observed "L" to appear miserable, bloated, and extremely uncomfortable. Placement asked Ms. McMillen what was going on and she stated "L" had repeatedly asked his mother for food and he had been given "pizza" (NOT on the approved food list) during their visit while at "The Alley." Ms. McMillen also reported "L" cheeks were bright red when he arrived at her office which is indication he has been given a food he is not to have. Placement stated to Ms. McMillen that "L" cannot decipher between hunger pain and stomach pain, and thus he very likely had a stomachache considering his physical appearance. Ms. McMillen stated "L" mother gave him multiple snacks prior to their family session (SFM staff left them unsupervised), and it was food the mother had allegedly told Ms. McMillen he could not have during a prior session. Ms. McMillen stated there was multiple wrappers in her waiting area and was under the belief "L" had eaten several packages of each snack. Ms. McMillen shared mom frequently would make negative statements and/or leading statements regarding "L" placement and she was constantly having to redirect the mom. Ms. McMillen was concerned about safety and asked placement to pick "L" up in a different location to avoid the mom seeing us or our vehicle.

Following the visit and therapy on 5/20/24, "L" arrived home and immediately went to bed. He was restless and uncomfortable throughout the night. The following morning, placement let his preschool teacher know he did not appear to be feeling well but had no fever. His preschool teacher immediately noted "L" appeared to be in a "fog" or "dazed" and this was observed for

several days. It was reported by preschool "L" did not eat well Tuesday or Wednesday of that week, which was atypical for him. On Wednesday, 5/22, "L" experienced a serious episode of explosive diarrhea the teacher reported was extremely foul smelling and much more intense than they had observed from him ever before. "L" did not eat much at placement either on Tuesday or Wednesday following the visit. It took "L" at minimum five days to get his stomach calm again and for him to eat normally. Preschool did send a letter to SFM about their concerns and observations following that visit, as they had noted "L" was perfectly fine and healthy prior to him leaving for that specific visit. **It took nearly three weeks for placement to be informed cheese was on the pizza his mother had given him at the 5/20/24 visit. Placement repeatedly asked case team to confirm or not if cheese was on the pizza, so placement was aware if his reaction was due to dairy exposure. His case team chose not to respond to these requests. SFM was aware of the food restrictions and physician ordered diet.**

On 5/20/24, SFM case manager (LM) emailed placement the court ordered a second opinion for "L" regarding his recommended adenoid surgery. SFM indicated mother requested "L" see a "pediatrician who could determine if "L" needed a referral to an ENT." Placement had taken "L" to all required appointments and screenings and provided documentation to SFM. This is a guideline placement is required to follow per SFM and DCF rules. **SFM reported "L" mother had conflict or issue with every single provider placement took "L" to see.** Mother was known to contact all providers to dispute the placement reports and frequently would blame the placement for all medical issues. Despite placement best efforts, "L" mother remained convinced placement was neglecting his medical care and lying to providers. Placement had a phone call with SFM following this email to ask questions. **SFM indicated "L" mother has medical authority to choose any provider, for any service, within the state of Kansas for any service or appointment she deems necessary.** Placement was uncomfortable with this as it would be possible for "L" to see dual providers for dual services, and further confuses him on additional providers and unnecessary appointments. Placement related concerns regarding potential liabilities and allegations (that could trickle down on placement) made by "L" mother stemming from additional medical provider involvement if placement is excluded from any of "L" medical appointments, as we are responsible and accountable for his medical care. SFM

ensured we can attend and/or participate by phone. We again reiterated our concern of being excluded from appointments due to our work schedules (appointment scheduled on mom's schedule) and concern we would be given medical information on "L" third party, or potentially not at all. We expressed deep concern for the potential of miscommunication, lack of communication, misinterpretation, etc. As a result of this confusing situation, placement asked SFM if it would be possible to schedule all medical appointments on scheduled visit days so mother can attend and take responsibility for these appointments and have more control and input. SFM indicated that was a great option. We requested we participate by phone for all medical appointments and medical documents provided to us for record keeping. SFM agreed and was hopeful this would alleviate the constant allegations the mother was making against placement.

Provider asked SFM (AS) on 6/10/24 about "L" mother taking him to his next play therapy appointment per our arrangement. SFM AS reported "L" mother requested a new play therapist so was unsure the status of appointments. His play therapy appointment on 6/17 was cancelled due to a medical appointment in Osage City made by his mother. SFM (LM) contacted placement on 6/14/24 and notified placement to take "L" to all play therapy appointments until told otherwise, despite the agreed upon plan.

On 6/3/24, "L" had a follow up appointment with the allergist. The prior arrangement with case team was SFM (AS) would call placement to participate by phone as mother (and SFM) was taking "L". Our worker, SFM (DG) confirmed via text message the morning of 6/3/24 with SFM (AS), regarding contacting placement (and our worker) to participate by phone. **Placement (nor our worker) was never contacted and therefore excluded from this medical appointment.** Placement waited for two hours by the phone. SFM (LM) later stated SFM (AS) "had forgot to call." Placement never received a phone call, text message, or any follow-up regarding this appointment until placement contacted SFM (LM) the following day. **Placement was told third party by Ms. McMillen, as SFM (AS) had asked her to deliver the message of how "L" appointment went.** SFM AS worker told Ms. McMillen, "I didn't know placement was supposed to participate."

On 6/4/24, SFM (LM) let placement know "L" was scheduled to see a "pediatrician, Dr. Buckman, in Osage City for his second opinion on 6/11/24, scheduled by mom." Placement asked for contact information to ensure the office had our contact information. Placement contacted the office on 6/10 to confirm the appointment and let the office know we would participate by phone. The office informed us "L" mother had cancelled the appt with Lindsay Buckman, physician assistant, and rescheduled for 6/17 with Dr. Jenks. Placement was notified on 6/16/24 by SFM the appointment for 6/17/24 was cancelled and a referral to an ENT physician in Topeka was sent.

Meanwhile, "L" was to be participating in OT and feeding clinic weekly. **These appointments never occurred despite SFM agreeing to the plan.**

On July 15, 2024, "L" had a medical appointment with an ENT in Topeka, KS regarding second opinion for adenoid removal. His mom and SFM (AS) transported him. SFM (AS) called placement to put on speaker phone for the appointment and AS stated mother had taken "L" to the restroom (unsupervised) so mom was unaware placement would be on the phone. The mother was rude, disrespectful, and directly blamed placement for all of "L" medical issues. She adamantly denied any prior health concerns. The mom stated "L" had zero medical issues prior to placement and placement was solely responsible for his issues. Mom stated she would not "ever consent" to adenoid removal and especially not while he is in placement. Placement provided details of "L" symptoms and history, to which the physician stated it was his opinion adenoid removal was the most logical next step. Mom again reiterated she would not ever consent to this surgery and requested another Xray because "placement lied about the first xray." The physician declined the Xray request mom asked for and stated it was not appropriate to subject "L" to more radiation. Mom requested any other alternative for surgery and physician agreed to try a nasal spray for 30 days. SFM told placement to go ahead and schedule the adenoid removal despite placement stating mom was declining the surgery and SFM stated they were sure the judge would go ahead and order the surgery. The Judge did not in fact sign an order for removal and to date "L" still has enlarged adenoids, which we know the current placement will speak on.

Around this same time, "L" mother asked SFM (AS) to ask placement why he had blisters on his feet. Placement was unsure as there was nothing wrong with his shoes or socks, but perhaps it was from water play at school if his shoes got wet. One day, placement noticed a different pair of shoes at daycare. Placement asked daycare about the shoes who informed us "L" came back from a visit with the shoes and was told the mother wanted him to wear these shoes. The shoes were two sizes too small and thus the blisters. SFM (AS) never informed placement of the shoes. Daycare shared with placement that the following visit day, SFM (AS) switched "L" shoes prior to the visit so as "not to anger mom."

It was typical for SFM (AS) to message placement during visit time between "L" and mother. It was always an insinuation from mother that placement was neglecting or abusing "L". One time, "L" came home with Vaseline in his hair. The mother alluded placement was not washing his hair or putting lotion on him, thus she put Vaseline on his scalp. That was extremely difficult to remove from his scalp. Placement requested SFM (AS) interject or redirect mother from negative talk about placement while in a visit with "L" present, that a better time is during a parent meeting, or any time "L" was not present. This request was dismissed by SFM. It created a difficult and confusing environment for "L" that was completely unnecessary and lazy on the part of SFM.

On June 28, 2024, we submitted our disruption notice for "L" and it is attached to this letter. A TDM was scheduled due to the disruption and several individuals were present on the zoom meeting, including the new placement. We received a copy of the TDM summary via email and was appalled several concerning things were left out. Placement responded to the email summary and requested these be added including: The SFM supervisor, (LM) and case team making specific statements about mother's behavior, in particular how difficult she has been to work with, the accusations she has made and continues to make, the lack of accountability from mom (as well as SFM); more specifically, the comments the supervisor made stating "L" mother is *willing and capable of making "L" sick or otherwise harm him*, in effort to put blame on the placement and/or daycare; placement concern we requested for multiple weeks to know what "L" consumed at the 5/20/24 visit and SFM refusing to respond; and lastly placement being intentionally excluded from the medical appointment on 6/3/24 despite that case worker being reminded the very same morning just hours before the appointment to contact placement. The

response from the TDM facilitator was dismal. "Thank you for your feedback on the summary that was submitted following our recent Team Decision Making meeting. I appreciate your input and am glad to hear that you found the summary to be a helpful representation of the discussion that took place. While the summary did not include direct quotes from participants, it was intended to provide a concise overview of the key points and reasons behind the final decision that was made. I believe that it accurately captured the main points of our discussion and decision-making process. I will make sure to include your feedback in our Client Management System for future reference. Please feel free to reach out if you have any further questions or concerns."

The new placement asked several hard questions for TDM team. One specific question asked by the new placement is who makes the medical decisions and appointments for "L". Without delay, the SFM (LM) supervisor quickly stated it is strictly up to the foster placement to schedule, transport, and follow recommendations. The only time the parent has more authority is when it comes to a surgical recommendation or a more serious medical event. I'd like to know why that was not offered to us and why we had to go through months of turmoil to get "L" the medical care he needed, which SFM failed at immensely. Safety was also discussed in this meeting, and it was decided the new placement would only use the SFM address and phone number to assist in preventing mom from locating the new placement. The new placement was encouraged to create a new email address specific to "L" as an additional layer of security as well as acquire security cameras around her residence.

Pertaining to the placement change, we are close friends with "S" and spend much time with the new placement. During the TDM, a professional who commented on similarities between our placement and the new placement, had the audacity to make a statement of how good for "L" to be switching placement, and the "only thing changing for him is where he lays his head at night." I thought, "Did I really just hear a social worker say that?" New placement heard the exact same thing and was shocked.

Placement reached out to the assigned GAL and county attorney regarding our decision to disrupt and sent them the email thread of the dispute about the TDM documentation. Placement indicated if they were interested in meeting to discuss, placement would be more

than willing to meet and provide more specific details about concerns. They both did request to meet. Placement met with GAL and county attorney on July 15, 2024. Both indicated SFM had not informed them of the disruption and if they had been informed about the safety concerns, a protection order could have been put in place to prevent mom from lurking around our rural property. Placement did not mince words during this meeting and made it crystal clear to these two individuals "L" has and continues to be at risk of safety due to his mother, and the complete ignorant, unethical, incompetent behavior of SFM staff. Placement in fact stated if something doesn't change, and now, "L" is likely to be a statistic and will be on the state child death review board. They thanked placement for meeting and the investment into LG care. They did encourage us to be alert and cautious over the following weeks to month due to mother's behavior.

July 16, 2024 was the last email sent to his case team. We never received a response. The day before (7/15/24) he had a visit with his mom in Topeka, supervised by SFM (AS). "L" reported to placement sibling "mommy gave me lots of grapes." SFM (AS) reported "L" was given only pepperoni slices at the visit. While placement took "L" to daycare following the visit, he reported, "mommy took pictures of my butt" and pointed to his bottom. He then stated, "library doesn't have bathroom, only doctor." This was the day he saw the ENT as mentioned above. Yes, the visit where SFM (AS) allowed mom to take "L" to the restroom unsupervised. Grapes are not on the approved list, pepperoni is.

Placement has been a licensed social worker for over 17 years providing mental health services. Placement has extensive knowledge, experience, and education in child development. Placement worked nearly exclusively with foster children for a large chunk of career and is extensively trained in treating children of trauma. It is mind boggling and unacceptable how SFM has managed this case. They have been negligent, unethical, lazy, dismissive, and incompetent. As a result of this case, we closed our foster care license as we refuse to work in a system of such incompetence and negligence. We firmly believe if something bad had happened to "L", SFM would have had no problem throwing us entirely under the bus which was a risk we refused to take.

Multiple individuals and professionals involved in "L" case have contacted The Office of Victim Advocate, and to date, it does not appear they have done anything, other than continue to collect data and notate concerns.

"L", in our opinion, is being abused and continuously neglected while in state custody.

I am not hopeful this letter will change anything and have no expectation for it to. In the very least, it is further documentation we did everything within our power to ensure this little boy is safe. We desperately pray for "L" and that he remains safe and the powers at be step in to do their job. "L" should have a voice in this, and his voice is spoken through his foster home, his therapist, his CASA worker, and his teachers, the individuals that spend the most time with him!! Yet, even collectively, none of our experiences, observations, concerns have given SFM, GAL, or the court reason to step back and think maybe we know a thing or two. We have nothing to gain by speaking out. This little boy has a whole world to gain.

"The only thing necessary for the triumph of evil is for good men to do nothing." Sir Edmund Burke

SINCERELY,

JENNA KREHBIEL

## JENNA AND JOSH KREHBIEL

Salina, KS 67401 | |

6/28/2024

St. Francis Ministries  
225 W Euclid  
Salina, KS 67401

Re: [REDACTED], DOB [REDACTED]

**Dear St. Francis Ministries:**

Due to recent events, we have made an extremely difficult, and necessary, decision to disrupt [REDACTED] placement in our home. The liability to continue to care for him is too great. We believe his medical and dietary needs are not being fully addressed, and at times neglected, which puts [REDACTED] at risk. This occurs out of our control, despite our frequent discussions regarding his dietary/medical requirements. Additionally, it has been brought to our knowledge that [REDACTED] mother is often irrational with unpredictable behavior, and apparently knows where we live and intimate details of our home. We are uncomfortable with this and firmly believe [REDACTED] and our immediate family, as well as our livestock, are at risk.

We consulted with [REDACTED] play therapist, [REDACTED], as we do not want to add more stress on [REDACTED] due to a disruption in the event he has surgery soon. [REDACTED] indicated she believes [REDACTED] would do ok moving to a different home, especially if the move is with someone he knows, is knowledgeable about his medical and dietary needs, and would be willing to keep a connection with us.

We would ask SFM to consider asking S██████████, to be a potential placement for ██████████. S██████████ is aware of his dietary and medical needs. She resides only ████████ miles from our home, and our families spend quite a bit of time together. ██████████ would be able to continue with his same providers, same daycare, and in a physical location he is familiar with, as well as continue to spend time with us.

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We do not take this disruption lightly, and as stated, this was a heartbreaking decision for us to make.

Sincerely,

**Jenna and Josh Krehbiel**

**PLACEMENT TDM  
SUMMARY REPORT**



For youth needing day program/hub supports please complete ALL highlighted sections below and send to [KansasScreeners@st-francis.org](mailto:KansasScreeners@st-francis.org)

**THIS MUST BE COMPLETED PRIOR TO DAY PROGRAM/HUB SUPPORTS BEING UTILIZED**

The remaining portion of the document will be completed by the TDM Facilitator during the scheduled TDM.

**Referral Date:** 10/30/2023

**Staffing Date:** 7/8/2024

**TDM Type:** ☐ Routine ☐ ER ☐ Planned Move ☒ Planned Disruption (14 – 30 days)

<b>TDM Facilitator:</b> Desiree Brown	<b>Home Office:</b> Emporia
<b>Client Name:</b> [REDACTED]	<b>DOB/Age:</b> [REDACTED] years / months
<b>Home County:</b> Saline	<b>Case Plan Goal:</b> Reintegration
<b>Current Placement:</b> Joshua & Jenna Krehbiel	<b>Address:</b> Salina KS
<b>Phone:</b> [REDACTED]	<b>E-mail:</b> [REDACTED]
<b>Permanency Specialist:</b> [REDACTED]	<b>Supervisor:</b> [REDACTED] LBSW
<b>FSW:</b>	<b>Kinship/FC:</b> [REDACTED], FCHW
	<b>Congregate staff:</b> [REDACTED], FCH Supervisor

**PARTICIPANTS**

Name	Relationship to Child	Name	Relationship to Child
S. [REDACTED]	Respite	Ashley [REDACTED]	Case Manager
Lisa M. [REDACTED]	Supervisor	Deanna [REDACTED]	Foster Care Homes Worker
Ember W. [REDACTED]	DCF		Placement
Megan H. [REDACTED]	Foster Care Homes Supervisor	Sheri A. [REDACTED]	Placement Coordinator

**SERVICES**

<b>Level of Care (LOC):</b>			
<input checked="" type="checkbox"/> Individual Therapy	<input checked="" type="checkbox"/> Family therapy	<input type="checkbox"/> Medication Management	<input type="checkbox"/> Drug/Alcohol
<input type="checkbox"/> Case Management	<input type="checkbox"/> Psychoeducational Group	<input type="checkbox"/> Waiver Services	<input checked="" type="checkbox"/> Other
<b>CMHC and/or Private Providers:</b> [REDACTED] Play therapist			
<b>CDDO and TCM:</b>			

**Team Discussion (to include reason for TDM Occurring)**

A TDM meeting was held to discuss the reasons for the disruption notice submitted by placement. Placement reports that a disruption notice was submitted due to safety concerns. The placement family is concerned about their liability over accusations being made about things they can not control. It has come to the families attention that [REDACTED] mother

is providing him foods that he should not consume, causing [REDACTED] to become ill. [REDACTED] has significant dietary needs. Medical providers recommend that [REDACTED] not consume dairy, peanuts and fruit. [REDACTED] reported to placement and his respite provider, that his mother gives him pizza and ice cream. [REDACTED] will adamantly argue with his caregivers that he is allowed to eat these foods, although he shouldn't be, because his mother is providing them to him at visits. Placement is concerned that the case team is not addressing his dietary needs during visits. Due to this concern, placement feels they can no longer provide care for [REDACTED]. Placement is concerned that the medical concerns could arise to a liability on their part. Placement's ability to provide proper medical care has been hindered by mom intervening and asking to seek out providers for him. [REDACTED] has not been attending his occupational therapy and feeding clinic appointments due to the placement provider being told that mom will be obtaining new providers. A medical provider recommended that [REDACTED] have his adenoids surgically removed. Mom has put a halt to this surgery and would like to have a second opinion and is seeking out a new medical provider. Since mom was provided the opportunity to seek out new medical providers she has not obtained any to this day. Placement reports that she was provided information that mom has obtained her home address from [REDACTED] medical records. Placement is bothered by this due to interactions with mom not being positive.

Respite provider, [REDACTED], attended this meeting and is interested in being placement for [REDACTED]. [REDACTED] has knowledge of [REDACTED] dietary needs and he does well in her home. [REDACTED] would ask that any of her personal information be redacted from any medical records or documents that mom can obtain. [REDACTED] would like to continue with respite care while [REDACTED] remains in placement's home awaiting a move to her home, to help him transition smoothly.

A decision was made to move [REDACTED] to a new placement provider. The case team will schedule an Ice-Breaker meeting between mom and [REDACTED]. Visits with mom will remain supervised. The case team will ensure mom is following [REDACTED] dietary needs. If the case team observes mom providing [REDACTED] with foods he should not be consuming, the visit will end due to her non-compliance. Placement will have the ability to ensure that all of [REDACTED] medical needs are provided and resume occupational therapy and feeding clinic appointments. Decisions for medical needs will be made by the placement provider. If significant medical decisions need to be made (surgery), mom will be included. [REDACTED] medical appointments will be attended by the placement provider, and mom will be provided with written or verbal results of the appointment. Placement will provide Saint Francis Ministries address to medical records for [REDACTED] so that their personal address is not compromised. The current placement provider is willing to provide respite for the new placement provider. [REDACTED] will be moved to his new placement home no later than August 1, 2024.

<b>Team Decision</b>	<input type="checkbox"/> Remain in CURRENT placement	<input checked="" type="checkbox"/> Move to LATERAL placement
	<input type="checkbox"/> Move to MORE restrictive	<input type="checkbox"/> Move to LESS restrictive

**Additional Participants Invited but Not in Attendance:**

Name	Relationship to Child	Name	Relationship to Child

**Next Steps Supporting Decision (action steps, persons responsible, completion dates)**

Final Recommendations: Disruption will remain- Move before August 1

[REDACTED] will move to the [REDACTED] home

Case Team Tasks: Ensure mom is following medical recommendations for [REDACTED] at visits, schedule an ice-breaker meeting for [REDACTED] and mom

Placement tasks: resume OT and Feeding clinic appts

**MENTAL HEALTH AND MEDICAL**

<b>Child's Diagnosis:</b>	Unknown currently-asked therapist			
<b>Child's Medications:</b>	<del>XXXX</del> was prescribed melatonin but isn't taking it on a normal basis as he is sleeping better but does wake up at night crying. He does have an epi pen that was prescribed to use when needed for his allergies to food. <del>XXXX</del> also takes multivitamins each day to ensure health. <del>XXXX</del> was prescribed Imodium to be taken two times a day when his stools are loose. <del>XXXX</del> has an albuterol inhaler and is taking Zyrtec for his allergies.			
<b>Needs Filled:</b>	<input type="checkbox"/> Immediately	<input type="checkbox"/> 7 Days	<input type="checkbox"/> 14 Days	<input type="checkbox"/> N/A
<b>Child's Medication Provider:</b>				
<b>Child's Mental Health Provider(s):</b>				
<b>CDDO:</b>				
<b>Drug Use/Drug of Choice:</b>	None			
<b>Services Receiving:</b>	<input type="checkbox"/> Individual Therapy	<input type="checkbox"/> Family Therapy	<input type="checkbox"/> Medication Management	
	<input type="checkbox"/> Drug/Alcohol	<input type="checkbox"/> Case Management	<input type="checkbox"/> Waiver Services	
	<input type="checkbox"/> Psychoeducation Group	<input type="checkbox"/> Other		
<b>Child's Medical Completed:</b>	<input type="checkbox"/> Immediate Assessment	<input type="checkbox"/> KBH	<input type="checkbox"/> Vision	<input type="checkbox"/> Dental
<b>Child's Primary Care Physician:</b>	<del>Dr. Kahan / Mower / Chik</del>			
<b>Any Known Medical Conditions:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, please list:				
<b>Food/Drug/Environmental Allergies:</b>	Allergic to peanut butter and Red Dye's – There is an official food list to be followed- no dairy, peanuts or fruit			
<b>Child Height/Weight:</b>	38lbs and 33 inches tall			
<b>Section Updated:</b>	<b>Updated By:</b>			

**SCHOOL AND DAY SUPPORTS**

<b>School of Attendance:</b>	YMCA Daycare		
<b>School Address:</b>	<del>XXXXXXXXXX</del> Salina, KS 67401		
<b>Grade:</b>	Pre K		
<b>Educational Interventions:</b>	<input type="checkbox"/> IEP	<input type="checkbox"/> 504	<input type="checkbox"/> Speech
	<input type="checkbox"/> Mainstream	<input type="checkbox"/> Special Education Classroom	
<b>School Transportation Plans:</b>	Needs transport to and from		
<b>School Times:</b>			
<b>Parent/Ed Advocate:</b>			
<b>Daycare Information</b>	<input checked="" type="checkbox"/> Attends Daycare	<input type="checkbox"/> Needs Daycare	<input type="checkbox"/> N/A
<b>Daycare Provider:</b>			
<b>School/Daycare Concerns:</b>			
<b>Upcoming School Events/Days Off:</b>			
<b>Attended Day Program/Hub Previously:</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>Been Dismissed from Day Program/Hub Previously:</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>Alternative Options From Day Program/Hub:</b>			
<b>Other Youth in Day Program/Hub who Impact This Youth:</b>			
<b>Child's Daily Routine:</b>	Gets up, eats, goes to YMCA, home to placement, feeds animals on farm, dinner, bed		
<b>Special/Behavioral Needs:</b>	ICD did not recommend any services,  <del>XXXX</del> attends Heartland Pediatrics for feeding clinic weekly and OT. He also sees <del>XXXX</del> for individual therapy		

<b>Identified Supportive Adults:</b>	Placement, Mom, therapist
<b>Section Updated:</b>	<b>Updated By:</b>

# CHILD SPECIFIC

<b>Level of Supervision Needed:</b>	Supervised	
<b>Child's Likes/Dislikes/Hobbies:</b>		
<b>Child's Strengths:</b>	WWW recognizes colors, shapes and letters. He is potty training currently and working on socialization skills in pre-school. He also has an alarm clock that has colors light up when he goes to bed, and when he can get up.	
<b>Behavioral Triggers:</b>		
<b>Specific De-escalation/Positive Reinforcers for the Child:</b>		
<b>Who/What Best to Calm the Child:</b>		
<b>Any Problematic Time of Day (Transitions):</b>		
<b>Hygiene Concerns</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>Specific Concerns:</b>		
<b>Specialized Supervision/Safety Plan:</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If YES, please attach current plan		
<b>Suicidal Ideation or Attempts</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If YES, please describe		
<b>Self Harm</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If YES, please describe		
<b>History of Aggression</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If YES, please describe		
<b>Prior Criminal Charges</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If YES, please describe		
<b>Sex Offender Registration Requirements</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If YES, please describe		
<b>History of Inappropriate or Sexualized Behaviors</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please describe		
<b>History of being absent</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please describe		
Has run off and out of the house in middle of the night		
<b>No run ordered in place</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If YES, please attach a copy		
<b>Other court orders:</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If YES, please attach a copy		
<b>Restrictions (Ex: No electronic Device):</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If YES, please describe:		
<b>Approved/Unapproved Contacts:</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>What keeps child from going home:</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Section updated:</b>	<b>Updated By:</b>	

**PLACEMENT SPECIFIC**

<b>Previous Successful Placements:</b>		
<b>Room Share</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> With Caution
<b>Specific Concerns:</b>		
<b>Child Self Identifies as:</b> _____		
<b>Description on LGBTQ+</b> _____		
<b>Pets OK:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Specific Concerns:</b>		
<b>Other youth who this youth should NOT be placed with:</b>		
<b>Self-Care Time:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please describe		
<b>Human Trafficking Concerns</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please describe		
<b>Need Clothes/Hygiene</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Items Needed:</b>		
<b>Section Updated:</b>		<b>Updated By:</b>

**UPCOMING APPOINTMENTS**

<b>Appointment Type</b>	<b>Child</b>	<b>Date/Time</b>	<b>Location</b>
<b>Section Updated:</b>		<b>Updated By:</b>	