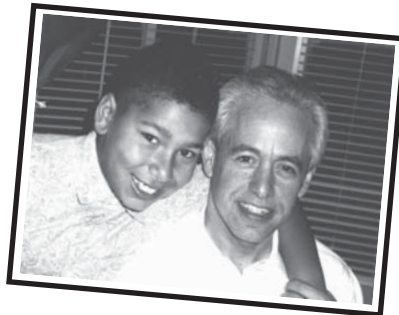




Illinois Department of
DCFS
Children & Family Services

FOSTER FAMILY HANDBOOK



DCFS SERVES CHILDREN AND FAMILIES



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HISTORY OF ILLINOIS CHILD WELFARE

In 1849, Illinois child welfare history began with the founding of the Chicago Orphan Asylum (now the Chicago Child Care Society) to care for orphans whose parents had died of bubonic plague in Chicago as they traveled west in search of gold.

Public Child Welfare in Illinois

State-supported child welfare began in 1865 at The Civil War Orphans' Home in Normal, Illinois. The Civil War Orphans' Home, later known as the Illinois Soldiers' and Sailors' Children's School, provided child welfare services only to the children of parents having "honorable" veteran's status. Local government and voluntary agencies had the responsibility for providing child welfare to other children. The generally accepted assumption and philosophy was that, when privately supported, volunteer agencies "took care of their own," and there would be little need for public funds to support child welfare services.

In 1869, the State Board of Commissioners of Public Charities was created to be responsible for monitoring and coordinating various social welfare activities. It was the first public agency in Illinois to collect information about the living conditions of dependent individuals, including children.

In 1899, the State Board of Commissioners of Public Charities was granted the authority to inspect private as well as public child welfare institutions. Later, with the help of Jane Addams and Julia Lathrop of Hull House in Chicago, Illinois was the first state to adopt a Juvenile Court Act which contained basic child protection procedures.

New Public Child Welfare Organization Emerges

In 1905, the Department of Visitation was established for the purpose of visiting children who had been placed in foster homes, inspecting publicly funded institutions and granting certificates to those that passed inspection. In 1917, it was incorporated into a new Department of Public Welfare. In 1919, state law required the Division of Visitation on Children to annually inspect and license "boarding" homes for children. In 1920, this division was expanded to be a general division of child welfare, upon recommendation of the Child Welfare Committee of 1920. Due to inadequate funding and staff shortages, the Child Welfare Division dealt mostly with administrative matters.

Formation of a Public/Private Partnership

Growing public awareness that private agencies were unable to be responsible for all children who required care produced a growing demand for a public governmental department to take primary responsibility for children. During the 1930's and 1940's, child welfare committees called for state functions to be unified and organized to improve service provision for children.

In 1951, the Illinois Commission on Children was created by the legislature to implement recommendations of the 1950 White House Conference on Children. The Commission office became a “think tank” and catalyst for those who were concerned about the inequities in services which excluded thousands of Illinois children in need of care. As a result, many bills were proposed in the legislature and, though none were passed, they did raise public awareness about the State’s limited resources for child welfare services.

The Birth of DCFS

It took until 1961 for the Illinois Commission On Children and members of the legislature to join in a thorough study of all aspects of services to children. This joint effort was undertaken by the Legislative Commission on Services for Children and Their Families.

On January 1, 1964, 99 years from the beginning of public child welfare in Illinois, the Illinois Department of Children and Family Services (DCFS) was created by the legislature. In creating DCFS, the State assumed the fundamental responsibility for safeguarding Illinois children by providing comprehensive child welfare services.

DCFS stands as a separate agency whose director reports to the Governor. DCFS has its own budget which enables the State, through the legislature, to focus on services that are determined as necessary for Illinois children and families.

DCFS Today

DCFS receives, investigates and acts on a report of child abuse or neglect every five minutes, child sex abuse every hour and the death of a child by abuse or neglect every day and a half. The department’s goal is to ensure safe, loving homes and brighter futures for Illinois’ children. For nearly 50 years, DCFS has worked with other government agencies, nonprofit child welfare partners and the private sector organizations to create successful initiatives that have often been a model for other agencies across the United States.

DCFS remains the largest child welfare agency to earn accreditation from the Council on Accreditation for Children and Family Services. From annual investigations involving more than 111,000 children, to the care of 15,000 youth, to the licensing of day care and other facilities that serve more than 290,000 children, the department is dedicated to providing unrivaled professional service at all levels in its ongoing mission to ensure that all Illinois children live in safe and loving homes.

DCFS MISSION AND VISION STATEMENTS

Mission Statement

The mission of DCFS is to:

- protect children who are reported to be abused or neglected and to increase their families' capacity to safely care for them;
- provide for the well-being of children in our care;
- provide appropriate, permanent families as quickly as possible for those children who cannot safely return home;
- support early intervention and child abuse prevention activities; and
- Work in partnership with communities to fulfill this mission.

Vision Statement

DCFS is committed to acting in the best interest of every child it serves, helping families by increasing their ability to provide a safe environment for their children, and by strengthening families who are at risk of abuse or neglect.

DCFS envisions a system in which children who have been abused or neglected:

- are served with respect, fairness and cultural competence;
- live in families that are safe and healthy;
- live safely at home or are placed for short-term care in capable, nurturing foster homes;
- have no unplanned placement disruptions;
- are quickly and safely reunified with their families through restorative services or are placed with adoptive families when reunification is not possible;
- are served by a comprehensive continuum of services providing options to best serve each child's individual needs;
- live in communities where partnerships between DCFS, which has immediate and direct responsibility for youth in its care, and other public and private agencies provide an effective array of services to meet the needs of children and families and prevent child abuse and neglect;
- are served by competent, highly trained staff who respond to every report of abuse or neglect and who act quickly and professionally to protect them and ensure their well-being;
- are served by a legal system that will promptly and efficiently adjudicate their cases and provide for an appropriate and expeditious disposition; and
- are served by a department that manages its fiscal and human resources effectively and with maximum efficiency.

DCFS AND ILLINOIS STATE GOVERNMENT

The Department of Children and Family Services (DCFS) is one of many departments within Illinois state government. Directors of many Illinois state government departments report directly to the Governor. For example, the DCFS director works directly for the Governor.

Illinois' major state governmental departments include:

- Aging
- Agriculture
- Central Management Services
- Children & Family Services (DCFS)
- Commerce and Economic Opportunity
- Corrections
- Emergency Management Agency
- Employment Security
- Environmental Protection Agency
- Financial and Professional Regulation
- Healthcare and Family Services (formerly Public Aid)
- Historic Preservation Agency
- Human Services
- Illinois Lottery
- Illinois Power Agency
- Insurance
- Juvenile Justice
- Labor
- Military Affairs
- Natural Resources
- Public Health
- Revenue
- State Police
- Transportation
- Veteran's Affairs

For the most current information on Illinois state government, go to the official state website at www.illinois.gov.



How DCFS is Funded: Illinois Budget Process

The Department of Children and Family Services is primarily funded through the State of Illinois budget and also receives funds from federal programs. The Illinois Constitution requires the Governor of Illinois to prepare and submit a state budget to the General Assembly (House and Senate) annually. The Governor's budget includes estimated funds available from taxes and other sources, as well as state debt and liabilities and recommended spending levels for state agencies, including DCFS.

How the Illinois and DCFS Budget Affect Children in Foster Care and Their Families

The Illinois annual state budget process determines:

- monthly payments to foster families for each child’s food, clothes, housing, and allowance (board check rates);
- funding to DCFS-sponsored support programs for children in foster care and families; and
Examples: Summer camps for children and training classes for caregivers
- funding for programs available to children in foster care and their families through other state agencies.
Example: Women, Infants and Children (WIC) nutritional program through the Department of Human Services

Illinois Budget Process

Fiscal Year: July 1-June 30

DCFS and other state agencies work closely with the Bureau of the Budget and the Governor’s staff to propose budget options for final decisions. Each year, the Governor presents a recommended budget to both the Senate and House by the first Wednesday in March. Appropriation committees in both the House and Senate review the Governor’s budget and may adopt amendments to present to their respective members for debate and a final vote.

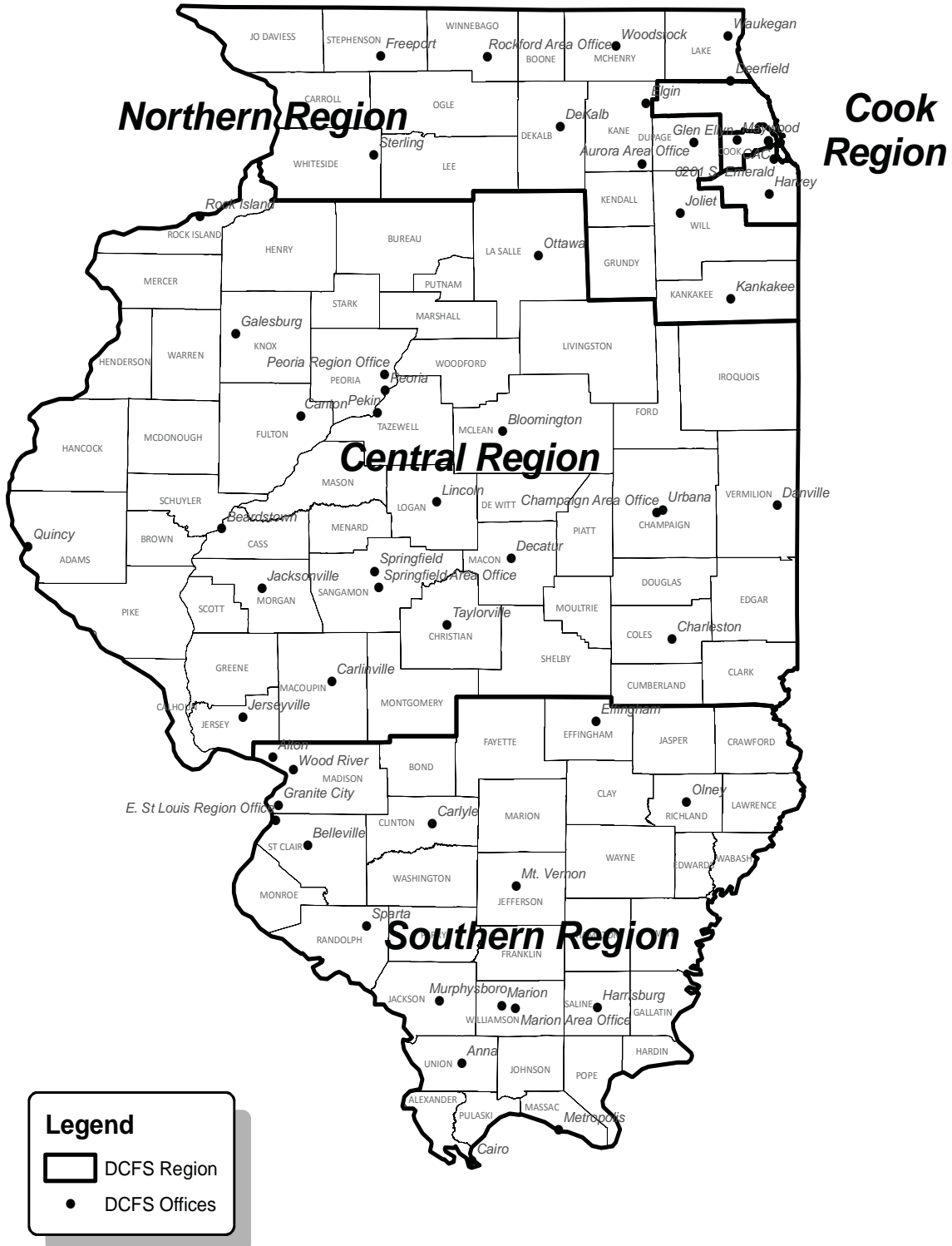
Changes made by either the House or Senate must ultimately be accepted by both chambers and be presented to the Governor. By statute, any proposed changes to the budget must be accompanied by a “Fiscal Note,” which describes the fiscal impact of the changes. Final budget approval by the Illinois Legislature usually does not occur until near the end of the legislative session, which is traditionally at or near the end of each May. The approved budget must then be sent to the Governor, who must take action before July 1 each year. The Governor can cut money from the budget or sign it as presented.

DCFS Budget Briefing Book

Each spring, DCFS prepares a program and budget briefing book providing details regarding current issues and requested appropriations for the next fiscal year.

DCFS GEOGRAPHIC ORGANIZATION

DCFS Regional Map



DCFS Area Offices

Below are addresses and phone numbers for DCFS area offices. For information about other local offices, call the nearest area office. Additionally, the DCFS website lists DCFS locations at www.DCFS.illinois.gov. The directory is under the "Contact Us" link.

Cook County Region	Phone	Fax
1911-21 S. Indiana, Chicago, 60616	312-808-5000	312-328-2107
1701 S. 1st Ave, 11th Fl, Maywood, 60153	708-338-6600	708-338-6714 / 6726
6201 S. Emerald, Chicago, 60621	773-371-6000	773-371-6101
15115 S. Dixie Highway, Harvey, 60426	708-210-2800	708-210-3729

Northern Region

8 E Galena Blvd, Station 300 & 400, Aurora, 60506 630-801-3476 / 3472		630-801-3400
200 S. Wyman, FL 2, Rockford, 61101	815-987-7640	815-987-7447

Southern Region

10 Collinsville Avenue, Rm 301, E. St. Louis, 62201 618-583-2141		618-583-2100
2309 W. Main, Suite 108, Marion, 62959	618-993-7100	618-993-5467

Central Region

5415 N. University Street, Peoria, 61614	309-693-5400	309-693-2582 / 5316
2125 So. 1st, Champaign, 61820	217-278-5300	217-278-5323
4500 S. 6th Street, Springfield, 62703	217-786-6830	217-786-6771

State Directory - ILLINOIS

312-793-3500

Find a DCFS caseworker or employee, DCFS department or office, or DCFS division, office or other unit statewide.

DCFS Abuse/Neglect Hotline

800-25-ABUSE

DCFS director's office, Springfield	217-785-2509	217-785-1052
DCFS director's office, Chicago	312-814-6800	312-814-1888

Call the DCFS Advocacy Office for Children and Families at 800-232-3798 with questions about policy, procedure, or help in obtaining services for children.

DCFS Functions and Responsibilities

In order to ensure safe, loving homes and brighter futures for youth, DCFS is organized into several core functions. These functions encompass directly serving families, supporting staff as they fulfill their roles and complying with federal and state guidelines. While the core mission remains the same, the department will periodically change its structure to respond to new demands or to incorporate improved child welfare practices.

The current organization chart is available on the DCFS website at www.DCFS.illinois.gov. Following are descriptions of the primary functions and responsibilities within DCFS that most pertain to caregivers. Check the DCFS website for the most current information.

Administrative Case Review

The Administrative Case Review unit fulfills the federal and state mandate for a review process that is independent of the caseworker and supervisor and ensures that case plans are family-focused and move children toward a safe, lifelong relationship. Caregivers should expect to receive notice of the semi-annual reviews and plan to attend to offer their input about the child.

Adoptions

Adoption staff and management work with families to move children toward permanency through adoption or guardianship, when other goals have been ruled out. The adoption staff located in the DCFS regions assist prospective parents and caseworkers through the process of matching, placement and finalization. Adoption staff serve as the primary liaison to adoptive parents by providing post-adoption and guardianship services, including financial subsidies, information and referral, parent education, counseling, intensive preservation services, and training. This function also ensures that the department takes full advantage of state and federal permanency programs and is in compliance with adoption-related mandates. Service areas under this function also include Matching for Adoptive Placements (MAP) and Interstate Compact.

Affirmative Action

The function of Affirmative Action is to assure agency compliance with civil rights rules and regulations, and ensure that the rights of all agency employees, applicants, clients and service providers are protected against unlawful discrimination. More specifically, Affirmative Action investigates complaints of discrimination, develops annual affirmative action plans, monitors service contracts for civil rights compliance, and conducts on-site compliance reviews of agency and private facilities under contract with DCFS.

Caregiver and Parent Support

To give caregivers a platform to stay engaged and informed, DCFS sponsors regional foster care advisory councils, the Statewide Foster Care Advisory Council and the Illinois Adoption Advisory Council. It also conducts Partnering with Parent councils for DCFS-involved parents throughout the state. The bi-monthly newsletter Illinois Families Now and Forever® keeps foster, adoptive and relative caregivers informed of child welfare and parenting news and issues.

Child Protection

Child Protection maintains a 24-hour, year-round child abuse and neglect hotline, and investigates all child abuse and neglect allegations. Child Protection also maintains the Emergency Resource Center, which receives all DCFS-involved children needing placement in Cook County and locates a relative or a foster care placement for them. Child Protection also oversees the Children’s Advocacy Centers, which are county-based programs that coordinate child sex abuse investigations among the department, law enforcement agencies and the State’s Attorney’s Office.

Clinical/Behavioral Support

DCFS develops, implements and coordinates diverse behavioral health activities under the Clinical Services umbrella. This includes consulting with caseworkers, psychiatrists and psychologists on the mental health needs of children and their families. The department also oversees specialized services such as the assessment and treatment of children with sexually problematic behaviors and support for children with AIDS.

Clinical Intervention for Placement Preservation (CIPP)

CIPP stands for Clinical Intervention for Placement Preservation. It is a model for team decision-making. The goal is to reduce placement disruptions by encouraging the engagement and support of the youth’s immediate and extended family, caregivers and case management team when developing specific, individualized, and appropriate interventions for the youth. Caregivers can request a CIPP meeting to help evaluate new resources to settle, support and preserve an unstable placement situation.

Communications

DCFS Communications handles all press inquiries for the department, and it creates and approves internal and external publications that describe and promote the services and programs managed by DCFS. Communications oversees special events and public service campaigns (including all advertising and marketing strategies, as well as adoption outreach and recruitment), maintains the department’s web and intranet sites and handles public requests submitted under the Freedom of Information Act. It also provides a variety of photography and desktop publishing services.

Foster Care Services

DCFS maintains foster care programs in each of the DCFS regions. Caseworkers and other direct service staff support foster homes where DCFS supervises the license. The foster care programs ensure that youth under DCFS custody are maintained in nurturing foster homes as their cases progress toward permanency goals set by the juvenile court. Private agencies provide similar foster care services, under contract with DCFS, to about 80 percent of the children in care. For DCFS foster homes, the department has a team of foster parent support specialists who are foster parents that work directly with other foster parents to provide various types of information and support.

DCFS Guardian

The DCFS Guardian serves as the legal guardian of youth placed in the care of DCFS. This function is responsible for securing appropriate legal services to protect the rights of children. The Guardian's office can also represent children in civil actions when they need to be defended or aided in judicial matters or financial matters concerning trusts. In addition, the DCFS Guardian exercises the consent-giving function regarding medical treatment decisions, admission to psychiatric hospital programs, administration of psychotropic medication, and the many legal decisions that parents would normally make involving the day-to-day life, care, and well-being of minors.

Health Services

Health Services provides medical consultation to support caseworkers and caregivers. This function also includes monitoring contracts for vision and dental services, serving as liaison for caregivers with questions about the state medical card, and keeping caregivers informed of public health concerns.

Inspector General

The Inspector General investigates allegations of malfeasance and violations of rules, policies and procedures by DCFS employees, foster caregivers and other contractors. The Inspector General also investigates incidents where abuse or neglect is the suspected cause of death for children who have current or prior involvement with the department.

Integrated Assessment

The Integrated Assessment Program is a process that coordinates case planning and decision making when a child initially comes into the child welfare system and provides support to caseworkers. Specially trained screeners meet with parents, caregivers and children to determine their needs, strengths and support systems. This results in a Client Service Plan with individualized tasks that must be submitted to the juvenile court. Foster families are also involved in the IA process to be certain they can support the child initially and as the case progresses.

Licensing

DCFS Licensing is responsible for many functions. In addition to licensing foster homes supervised by DCFS regional foster care programs, it licenses Purchase of Services agencies (POS) also called “private agencies” and monitors their compliance with various aspects of child welfare cases, including child endangerment risk assessment protocol, court proceedings and service delivery. Additionally, the function includes licensing of day care homes, day care centers, group day care homes, day care agencies, child welfare agencies (which may license private agency foster homes), child care institutions and maternity centers, group homes and emergency shelters.

Placement/Permanency Services

When out-of-home options for care need to be considered, DCFS provides placement and permanency services to address safety, permanency and well-being goals in the least-restrictive, most home-like environment that meets the needs for the child. These options include transitional/independent living, residential placement, psychiatric hospitalization, or services through Screening, Assessment, and Support (SASS)/System of Care (SOC).

Policy and Advocacy Offices

The DCFS Policy Office is responsible for establishing rules, procedures, policy guides and other policy documents for the department. This function also includes the Advocacy Office for Children and Families, which foster parents can call for assistance with matters that haven’t been resolved by going through the chain of command.

Training

The training function supports the educational needs of staff and caregivers. Training tracks the Child Welfare Employee Licensure credits for professional development. It also develops and presents curriculum for foster care pre-service training (PRIDE) and courses for specific developmental/situational needs children may have after a caregiver becomes licensed. Training is presented by skilled personnel in person and on-line. Caregivers can register for courses and track their credit hours through the Web-based Virtual Training Center (VTC).

Transition Services for Older Youth

DCFS provides many services and supports to help young people find education success and prepare for adulthood. This includes programs that assist families in school advocacy, teach youth to advocate for themselves, support students in college and vocational programs, teach life skills and encourage gainful employment.

DCFS POLICYMAKING

Administrative Rules

Confidentiality of Draft Rules

If you are a foster caregiver belonging to an advisory group, you may be asked to review DCFS policy drafts that are not yet ready for review by the general public. These policy drafts are not public information and should not be shared with persons who are not members of the advisory group.

DCFS' administrative rules affect the rights and entitlements of the public. Rules specify the manner in which DCFS will implement federal or state laws, court decisions, executive orders of the Governor, or administrative decisions of the DCFS director.

Like all Illinois state agencies, DCFS is required to submit its rules for the public to review prior to DCFS adopting the rules. DCFS' proposed rules are published in the *Illinois Register*. This publication begins a 45-day period in which the public may comment on them in writing or through public hearings.

After the 45-day comment period, DCFS submits the proposed rules to the Joint Committee on Administrative Rules (JCAR) for approval. This legislative committee determines, among other things, whether DCFS has the authority to adopt the proposed rules, whether the rules carry out the intent of the law, and whether DCFS followed the proper process. After JCAR completes its review and indicates that it has no objection to the rules, DCFS is free to adopt them by filing certified copies with the Secretary of State and again publishing the rules in the *Illinois Register*. This time they are filed as *adopted* rules. Rules may also be adopted by DCFS on an emergency basis when DCFS determines that a situation poses a threat to the public interest, safety, or welfare.

Rules adopted under the procedure described above are known as "administrative law" and have the same force and effect as laws enacted by the Illinois General Assembly. They are equally binding on DCFS and the public. Once adopted, rules are distributed to DCFS staff, agency service providers, and other interested parties. They are also posted online for public access.

Procedures

Most DCFS rules are accompanied by procedures. Rules detail the "what," with procedures detailing the "how to." Procedures specify the activities staff must complete to satisfactorily comply with the provisions of the rules. In addition to procedures that specify how rules are to be implemented, DCFS also has "administrative procedures" that guide its day-to-day management from an administrative or organizational perspective.

The full text of any rule or procedure can be obtained by visiting the DCFS website at www.DCFS.illinois.gov and selecting the link for "Policy and Rules."

CONNECTING CHILDREN AND FAMILIES WITH DCFS

DCFS services for children and families are initiated in a number of ways:

- a report to the statewide DCFS hotline (800-25-ABUSE) alleging that a child is abused, neglected, or dependent;
- a referral from an agency contracted by DCFS to provide services to the child or family; or
- a direct request for child welfare services from a family to:
 - keep the family together;
 - have a child temporarily removed from their care until a short-term crisis or problem is resolved (voluntary placement); or to
 - voluntarily surrender their child for adoption when an adoptive placement resource for that child is expected to be available within 90 days. If an adoptive resource is not readily available, DCFS will seek court ordered legal responsibility for the child.

Who is Eligible for Child Welfare Services?

Child welfare services, by law, must be provided to a child and his or her family if a court finds the child to be:

- *abused and/or neglected;*
- *dependent;*
- *delinquent* — over 13 years old and currently in DCFS care or under 15 years old and placed in DCFS care by the judge who presided over the delinquency case; or
- *MRAI (Minor Requiring Authoritative Intervention)*

More information about the legal definitions of abuse, neglect, dependency, delinquency, and MRAI connected to foster parenting are found in Section 2: Juvenile Court.

DCFS may also *elect to provide* child welfare services to other families requesting services, or to families identified by DCFS as needing and likely to benefit from services.

Child Welfare Services Defined

Child welfare services may be provided by DCFS staff or they may be purchased by DCFS from other agencies, organizations and individuals.

These services are directed toward the purpose of:

- protecting and promoting the health, safety and welfare of all children, including homeless, dependent and neglected children;
- preventing, remedying or assisting in the solution of problems that may result in the neglect, abuse, exploitation or delinquency of children;
- preventing the unnecessary separation of children from their families by identifying family problems, assisting families in resolving their problems and preventing breakup of the family where desirable and possible when the child can be cared for at home without endangering the child's health and safety;
- restoring to their families children who have been removed, by the provision of services to the child and the families when the child can be cared for at home without endangering the child's health and safety;
- placing children in suitable adoptive homes in cases where restoration to the biological family is not possible or appropriate;
- assuring safe and adequate care of children away from their homes, in cases where the child cannot be returned home or cannot be placed for adoption. At the time of placement, the department shall consider concurrent planning so that permanency may occur at the earliest opportunity. Consideration should be given so that if reunification fails or is delayed, the placement made is the best available placement to provide permanency for the child;
- providing supportive services and living maintenance that contributes to the physical, emotional and social well being of children for whom DCFS is legally responsible and to youth in care who are pregnant and unmarried; and
- placing and maintaining children in facilities that provide separate living quarters for children under the age of 18 and for children 18 years of age and older, unless a child 18 years of age is in the last year of high school education or vocational training, in an approved individual or group treatment program, or in a licensed shelter facility, or secure child care facility.

The department is not required to place or maintain children:

- who are in a foster home; or
- who are persons with a developmental disability, as defined in the Mental Health and Developmental Disabilities Code; or
- who are female children who are pregnant, pregnant and parenting or parenting; or
- who are siblings

in facilities that provide separate living quarters for children 18 years of age and older and for children under 18 years of age.

These services include but are not limited to: counseling, advocacy, protective and family maintenance day care, homemaker, emergency caretaker, family planning, adoption, placement, child protection, and information and referral.

Delivering Child Welfare Services

DCFS provides services directly or purchases services from private agencies and other organizations and individuals. Each family has an individual client service plan to meet its needs. The services provided are directed toward four primary service goals:

- family preservation;
- family reunification;
- adoption or attainment of a permanent living arrangement, such as guardianship; and
- youth development.

Child protection and well-being underpin all of this work.

Family Preservation

When family preservation is the goal, services are directed toward the child's development, safety and well-being in his or her parents' home and toward preventing placement away from the family. These families may have been reported to DCFS due to alleged neglect or abuse, or referred by community agencies. Services for these families may include:

- counseling/advocacy;
- emergency caretaker;
- homemaker;
- family planning;
- parent education;
- self-help groups;

-
- intensive family preservation services;
 - protective and family maintenance day care and child development;
 - referral for substance abuse treatment services;
 - referral for financial assistance and employment related day care;
 - referral for housing assistance or housing advocacy; and
 - referral for legal services.

Family Reunification

When family reunification is the goal, services are directed toward returning a child to his or her parents' home. The services help the child's parents achieve minimum parenting standards and insure the child's health, safety and well-being upon being returned home.

Services may include:

- counseling/advocacy;
- homemaker;
- protective and family maintenance day care and child development;
- foster family home care;
- relative home care;
- residential care;
- family planning;
- parent education;
- intensive family preservation services; and
- referral for substance abuse treatment services.

Adoption or Attainment of a Permanent Living Arrangement

When adoption is the goal for the child, services are directed at securing a new legal status in a permanent living situation for the child.

Services may include:

- counseling;
- adoption;
- subsidized guardianship;
- relative home care;
- foster family home care; and
- intensive family services.

Youth Development

These services are directed at helping youth live independently or assisting unmarried youth with planning for the birth or care of a child.

The services may be provided to:

- youth, 16 years of age or older, for whom DCFS has legal responsibility to help them live independently from adult supervision and achieve economic self-sufficiency;
- youth who are part of the Supporting Emancipated Youth Services program for former youth in care who reengage with the department and juvenile court;
- youth who are high school graduates and have been awarded scholarships; and
- unmarried, pregnant, and pregnant and parenting youth for whom DCFS is legally responsible.

Services for youth for whom DCFS is legally responsible may include:

- counseling/advocacy;
- day care for children of unmarried youth;
- homemaker;
- family planning; and
- maintenance of payments for foster family home, relative home or residential care payments, except that maternity home payment is limited to 90 days maximum.

DCFS/PRIVATE AGENCY PARTNERSHIP

Foster care in Illinois is often referred to as a “public/private” partnership between DCFS, which is a public agency, and the many private child welfare agencies contracted by DCFS to have foster care programs. DCFS provides some, but not all, services directly to children and families through foster care programs administered by DCFS regions. More often, DCFS contracts with other agencies, organizations and individuals statewide to provide needed services. Agencies contracted by DCFS are “private” agencies, because even though they work with the state’s child welfare system, they are separate entities with their own leadership structure that decides the business and practices of the specific agency. Recently, about 20 percent of children in foster care live with foster families supervised directly by DCFS regional foster care programs and about 80 percent of children in foster care live with foster families supervised by private agencies contracted by DCFS.

DCFS is responsible for:

- contracting with private child welfare agencies;
- issuing licenses to foster families;
- contracting with other service providers; and
- monitoring all agencies and service providers under contract.

Agency contracts are usually for one fiscal year (July 1-June 30). Contracts specify all services to be provided and the rate DCFS will pay for these services.

Private Agency Foster Care Programs

Private agencies, often referred to as POS (purchase of service) agencies, are contracted by DCFS to run foster care programs. These agencies:

- receive foster care cases from DCFS;
- work directly with the children and families in these cases;
- meet each child’s individual needs;
- report and document a family’s progress and a child’s health, safety and well-being or needs to the juvenile court;
- recruit, train and recommend licensure of agency foster parents to DCFS;
- implement the Foster Parent Law, which defines the roles and responsibilities of the parties involved in foster care. (See Section 8, pages 1-12); and
- supervise and support agency foster homes.

Each private agency develops and enforces its own policy about operating procedures and unique agency supports available to foster families and children, such as camp, after school care and support groups.

DCFS Foster Care Program

DCFS also directly recruits, licenses, trains, supervises and supports foster families for its own foster care program. Each DCFS region is responsible for recruiting, licensing and training, and must implement the Foster Parent Law within their region, just like private agencies.

Like each private agency, DCFS decides what supports will be available to foster families under its direct supervision. Therefore, supports available to Illinois foster families vary from agency to agency and from DCFS region to DCFS region.

ANSWERS TO COMMON QUESTIONS FROM FOSTER PARENTS

Q: If my foster parent license is issued and mailed from DCFS, how do I know if I'm a private agency or DCFS foster parent?

A: Ultimately the state of Illinois, through DCFS, licenses all foster homes. However, licensed foster homes are either supported directly by a DCFS regional foster care program or by one of many private agencies that have contracts to provide foster care services. DCFS foster families will have a licensing worker who is a DCFS employee. Private agencies support families with their own staff. As another reference point, if your board check comes from your agency, you are a private agency foster parent. DCFS foster parents receive board checks from the state.

Q: Is it better to be a DCFS or a private agency foster family?

A: Every agency with a foster care program, including DCFS, maintains supports for its own foster families which are unique to that agency. Agencies also have contracts with DCFS to provide different types of foster care (i.e. regular, treatment, specialized, etc.) Prospective foster families should talk to a number of agencies with foster care programs to make an informed decision as to which agency provides supports and programs which match their needs, interests and special skills.

Q: If I am a private agency foster parent, can I transfer my license to another agency or to DCFS?

A: Yes, but the new agency or DCFS must accept your transfer. Consider your reasons for wanting to transfer. If you are dissatisfied with services provided by the agency, be sure your complaints have been heard by the agency's administration, not just the caseworker. Additional help and advocacy is also available through the DCFS Advocacy Office for Children and Families (800-232-3798).

JUVENILE COURT



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OVERVIEW OF JUVENILE COURT

Illinois Court System

Supreme Court

The Illinois Supreme Court, the highest court in Illinois, has general administrative and supervisory authority over all courts in the state. The Illinois Supreme Court generally hears appeals from the Circuit and Appellate Courts, and may also act as a trial court in very limited circumstances.

Appellate Court

The Illinois Appellate Court hears appeals from the Circuit Courts. The Illinois Appellate Court *is not a forum in which to initiate a new case*. It is a court of review to determine whether or not the rulings and judgment of the court below were correct.

Circuit Court

The Illinois Circuit Court conducts hearings and trials in criminal and civil cases. It is comprised of circuit and associate judges. There are 24 judicial circuits. Cook, DuPage, Kane, Lake, McHenry and Will are single county circuits; the remaining 18 circuits contain multiple counties, ranging from two to 12. Each circuit has one chief judge elected by the circuit judges. The chief judge has general administrative authority in the circuit, subject to the overall administrative authority of the Illinois Supreme Court. Circuit judges may hear any case assigned to them by the chief judge.

Juvenile Court

In each Illinois county, juvenile court proceedings are a part of the Circuit Court branch.

Establishing Juvenile Court

First Juvenile Court in U.S. Created in Illinois

The Juvenile Court of Cook County was established on July 1, 1899, as the first juvenile court in the United States. The court was the result of a long and determined campaign spearheaded by reformers such as Jane Addams, her Hull House associates and the Chicago Women's Club.

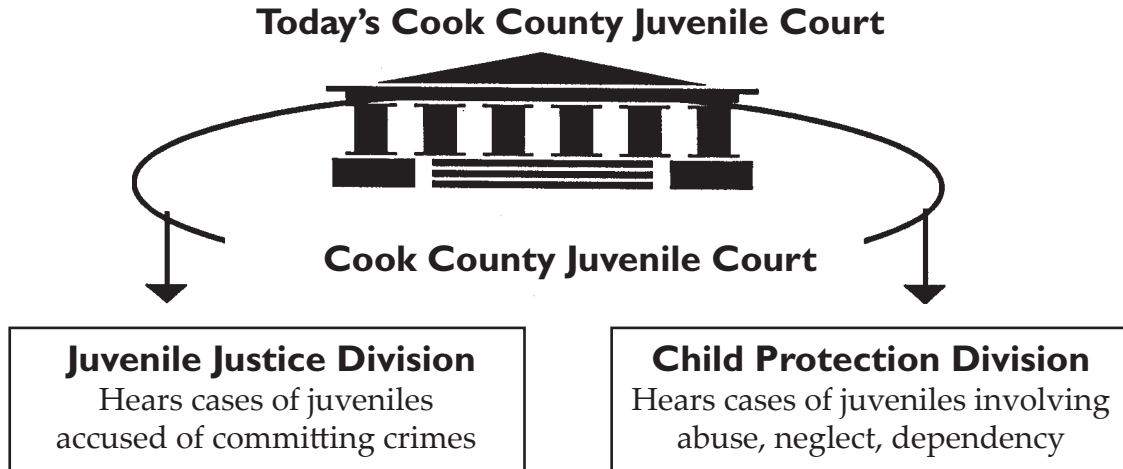
The original establishment of a separate court for juveniles was based on these beliefs:

- the State has the right and the duty to stand as the legal guardian of its children when their parent/s cannot, or will not, provide for them; and
- children who commit crimes should not be treated like adult criminals.

The establishment of the first juvenile court in Cook County revolutionized the legal treatment of children and set an example for the U.S. and the entire world.

Juvenile Court Today

Today, juvenile court proceedings are conducted in each of the 102 counties in Illinois. In Cook County, specific judges are assigned to hear only juvenile court cases. In some other Illinois counties, judges hearing criminal and civil matters also hear juvenile cases.



Juvenile court, in contrast to adult courts, is:

- less formal;
- less confrontational; and
- more focused on keeping children and families together during a crisis by providing community social services, whenever possible.

Children's cases are referred to juvenile court for the court to decide if a child:

Under 17 meets the legal criteria of being:

- delinquent.

or *Under 18* meets the legal criteria of being:

- abused, neglected, or dependent;
- truant (in counties with population under 2 million);
- addicted; or
- a Minor Requiring Authoritative Intervention (MRAI).

Children, *13 years old or older*, accused of felony crimes may be tried as an adult. These serious criminal cases may be heard in adult criminal court, not juvenile court. (See pages 38-40)

WHO'S WHO IN THE ABUSE/NEGLECT COURTROOM?

Judge

The judge makes decisions regarding the case according to the facts and the law, and also maintains an orderly courtroom procedure.

Parties are those individuals who have an interest in the court proceedings. In abuse/neglect/dependency hearings, the *parties* usually include:

- Assistant State's Attorney, representing the Office of the State's Attorney in that county and the people of Illinois;
- birth parents;
- attorneys for the birth parents;
- children;
- attorneys for the children, who may or may not also be the Guardian ad litem; and
- the child's Guardian ad litem (GAL).

Other people can be present at court hearings, not as parties, but to act as witnesses or support persons: foster caregivers, the child's caseworker, a CASA (Court Appointed Special Advocate) volunteer, as well as other private and professional witnesses and support people. Juvenile court cases are closed proceedings, so they are not open to the public.

State's Attorney (or Assistant State's Attorney)

As a representative of the People of the State of Illinois, the State's Attorney's Office first must decide whether or not to file a petition in Juvenile Court alleging that the minor child/ren are abused, neglected, or dependent. Then, the State's Attorney bears the burden of producing evidence and witnesses to prove the allegations stated in the petition.

Guardian ad litem (GAL or Public Guardian)

The court appoints a Guardian ad litem as an officer or agent of the court to protect the best interests of the child and represent the child in legal proceedings. The GAL appointed will usually remain the child's GAL throughout the entire court proceedings, including Permanency Hearings and Termination of Parental Rights.

Cook County: The Office of the Public Guardian is usually appointed to represent the child as both the Attorney and Guardian ad litem. When the Office of the Public Guardian has a conflict representing a minor, a private attorney or bar attorney is appointed to represent the minor.

Outside Cook County: The GAL appointed for the child may not always be an attorney. If not, the GAL shall be represented in the performance of his/her duties by an attorney.

Foster caregivers and GALs can be important partners in seeing that the child's best interests and wishes are fairly and accurately represented. By understanding exactly what the GAL is supposed to do, foster caregivers can help foster children through a very difficult period in their lives. Although the GAL is required to represent the "best interests" of the child in court, most of the GAL's work is done outside the courtroom.

Contact with Children

It may seem obvious, but a GAL cannot properly tell a judge what is in the child's best interests unless he or she actually knows the child. GALs are required to meet with the children assigned to them and have contact with the caregiver once before the adjudicatory hearing, once before the first permanency hearing and once each year thereafter.

Training

In many counties, GALs are required to be attorneys and to have specialized training to help them meet the needs of their assigned children.

Foster caregivers shouldn't wait for the ACR, court date, or a scheduled meeting to contact the GAL if their child's needs are not being met or they have other important information.

Administrative Case Reviews (ACRs) (See Section 3, pages 25-28)

GALs are invited to the ACR. Their participation gives them a clearer understanding of the goal and services the child and family will be addressing. GALs are allowed in the child's portion of the ACR. Birth parent/s have the right to ask that the GAL *not* be present for their portion.

What Can a Guardian ad litem (GAL) Do?

- seek protective court orders to protect children from harassment or limit visitation that is harmful;
- prepare children to testify in court and help them understand the court process;
- ask that the child not be called as a witness, if testifying would be too traumatic;
- provide legal intervention, if needed, and support foster parents in getting needed support services or proper assessments for the children;
- receive reports of abuse or neglect about the child;
- provide legal intervention, if needed, to help foster children:
 - visit with their parents, siblings, friends and relatives;
 - take advantage of community recreational programs, go to the church of their choice and engage in other activities that will make them happier and better adjusted;

-
- receive educational programs appropriate to their needs, such as speech therapy or special education classes; and
 - recover their toys, clothing and other personal property from home.
 - provide other legal interventions which they believe are in the best interest of the child or with an older child, present legal intervention at the request of the child; and
 - although the GAL cannot always accomplish what children or foster caregivers may want, he or she should always listen to them before recommending to the court what is in the child’s best interests.

How to Find Your Child’s GAL

- ask your caseworker for the name and phone number;
- call the circuit clerk of the court in your county;
- call the Office of the Cook County Public Guardian at 312-433-4300; and
- identify yourself as the child’s foster caregiver. **Know** the child’s birth date to verify the case.

COOK ONLY After each hearing, a letter is usually mailed from the GAL’s office to the foster caregiver. It states the name and phone number of the GAL, gives the next court date and court calendar number, and invites the caregiver to be present in court. The letter also invites the foster parent to call with information prior to the next court date. Foster caregivers should not expect a GAL letter notifying them of court hearings set on an emergency or short-notice basis.

Private Attorney/Public Defender/Bar Attorney

The child’s parents have the right to legal representation in Juvenile Court proceedings. They may hire a private attorney to represent their interests in Juvenile Court. If the parents cannot afford to hire an attorney, and they meet the income guidelines for free legal representation, the Office of the Public Defender or other counsel will be appointed to represent them.

DCFS Regional Counsel

The DCFS Regional Counsel is an attorney employed by DCFS who appears in court when DCFS requires legal representation. The DCFS Regional Counsel is often called upon to explain DCFS policies to the Court.

Caseworker

The private agency or DCFS caseworker assigned to the child's case must appear at the court hearings to provide information about the nature and progress of the case, the services needed by and provided to the family and about the welfare of the child.

Child

The child in care has a right to attend all court hearings regarding his or her case.

The judge or the GAL may request the child's attendance for specific hearings. If the child is over 12 years old and wishes to attend, you should have the child discuss the benefits of attending the hearing with his or her GAL. Sometimes, the other *parties* to the case (i.e. parent's attorney) may issue a subpoena requiring the child to be present in court to testify. **Foster caregivers should immediately notify the GAL if the child receives a subpoena.**

Parents

The child's parents have the right to attend all court hearings and to be represented by an attorney. The parents may testify at the hearings or may remain silent. They also may bring in friends, relatives, therapists, or other professionals as witnesses on their behalf or as a support system. Note: The judge has the right to limit who may attend a juvenile court proceeding and may exclude support persons if they may be called as a witness in the case.

Court Appointed Special Advocate (CASA)

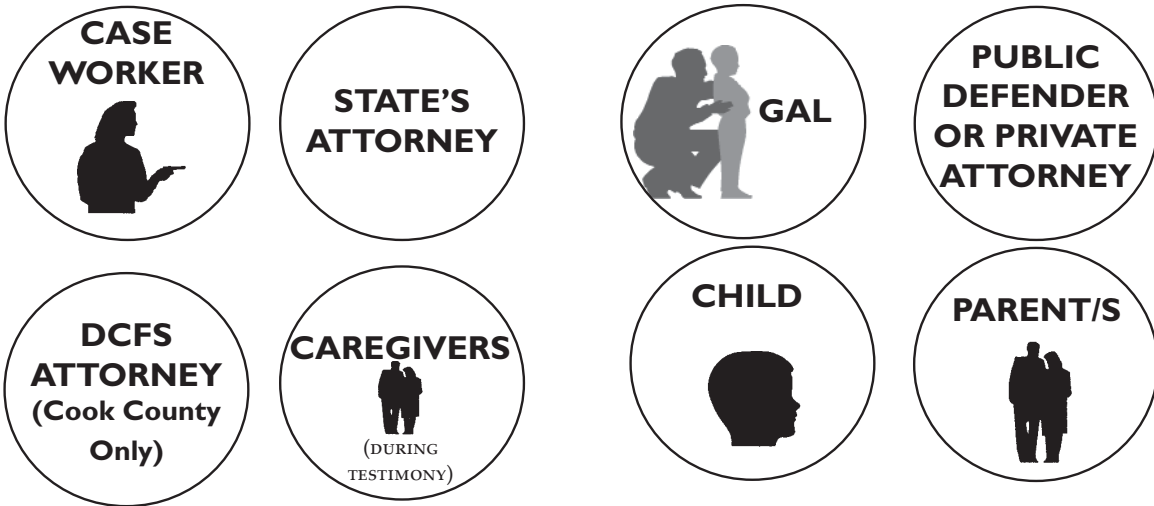
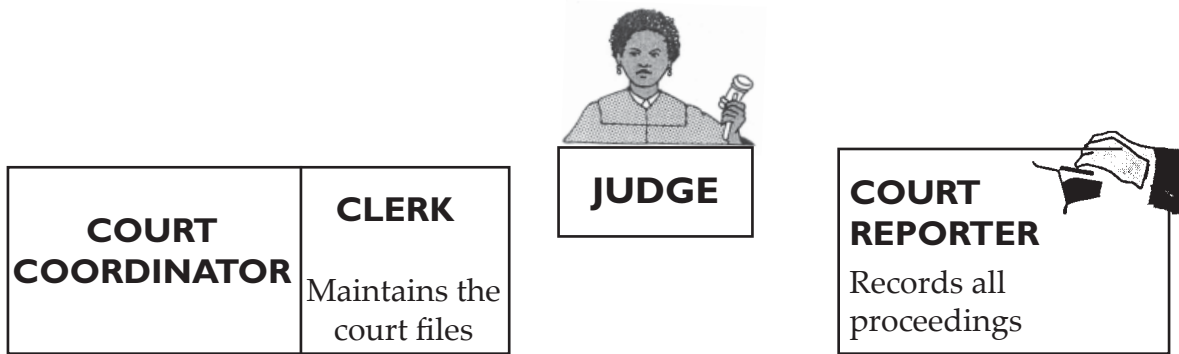
A CASA worker is a trained community volunteer who is appointed by a juvenile or family court judge to speak for children who are brought before the court. The majority of CASA volunteers' assignments are cases in which a child was removed from home for his or her own protection.

In some counties, the judge may appoint the CASA as the child's GAL.

As the child's advocate, the CASA volunteer has three main responsibilities:

- 1) to serve as a fact-finder for the judge by thoroughly researching the background of each assigned case;
- 2) to speak for the child in the courtroom, representing the child's best interests; and
- 3) to continue to act as a "watchdog" for the child during the life of the case, ensuring that the case is brought to a swift and appropriate conclusion.

COURTROOM DIAGRAM



NOTE: This is the seating order mandated in Cook County. Other counties differ in their seating according to the preference of the county.

Move to stand before the judge when called to testify.

WITNESSES

May be allowed to remain in the courtroom throughout the whole proceeding, or may be required to sit outside the courtroom until they are called in to testify.

CAREGIVERS
(seated while waiting to testify)

Right: To receive notice *of all hearings*

Right: To request to be heard

Caregivers may be asked to remain in the waiting area during testimony.

CAREGIVER ROLE IN JUVENILE COURT

Foster caregivers, *in practice*, usually take these two roles in either child protection proceedings (abuse/neglect/dependency) or in delinquency proceedings:

- supporter of a child during court appearances, when appropriate; and
- advocate for the child's best interests in court by providing important information about the child's history, need for services and/or temporary or permanent family placement.

Knowing and understanding juvenile court child protection proceedings and delinquency proceedings will enable you to fulfill both of these roles.

Foster caregivers also have several important rights and responsibilities in court. (See pages 10 and 11.)

Preparation for Testifying in Court

Whether you voluntarily go to court to provide information, are requested by the caseworker or GAL to appear, or are officially summoned by the court, being prepared is essential.

The Guardian ad litem (GAL) and caseworker are working for the child's best interests and, in effect, may become your teammates in court. If you wish to speak in court, they can be helpful in preparing you for what to expect and helping you know the best time to request to speak.

By talking to the GAL and caseworker *in advance*, you can:

- verify what type of hearing is being held to decide whether or not the information you wish to present is relevant to this type of hearing;
- gain their support for your testimony. (As a courtesy, inform the child's caseworker and the GAL that you intend to request to testify, instead of surprising him/her during the hearing.); and
- ask the GAL to inform the judge you would like to speak at the right point during the hearing.

Guidelines For Testimony

- expect to be nervous;
- your records may be very helpful. Bring originals (if you have them) and photocopies;
- dress conservatively;
- don't try to memorize what to say;
- speak slowly and clearly;
- use clear and appropriate language;
- avoid a tone or words which convey possessiveness toward the child or condemnation of the birth parent;
- if an attorney asks you a question, answer **ONLY** the question asked;
- don't guess. If you don't know, say so;
- state only what you remember. If you can't remember details, you may be allowed to review your notes;
- if an attorney makes an objection to a question being asked of you, do not answer—wait until the judge makes a ruling on the objection;
- if you don't understand, ask to have the question repeated and don't allow yourself to be rushed or intimidated; and
- be as descriptive as possible when testifying about the events or reactions of the child, so that the judge has a clear picture of what occurred.

Remember

Caregivers do not need anyone's permission to ask the judge to be heard. The judge may or may not grant your request to be heard, based on the relevance of your testimony to the hearing.

A foster caregiver, caseworker and GAL may not always agree on what is in the child's best interest.

If you are a witness, the judge may exclude you from the courtroom until you give your testimony.

Foster Caregiver Rights in Juvenile Court

The Juvenile Court Act, an Illinois law, governs all juvenile court proceedings. The following rights are given to foster parents under this Act.

Right: To be notified of ALL upcoming court dates

Caregivers have the right to receive notice of all court dates. Notification may be written or verbal, and is usually given about two weeks in advance to enable attendance. Note: Sometimes emergency or other court hearings can be set on very short notice. Foster caregivers, in these instances, need to understand the short notice given to them by the caseworker or other parties. Any foster caregiver not receiving notice of court hearings may contact the caseworker's supervisor or the agency, or may call the DCFS Advocacy Office for Children and Families for assistance at 800-232-3798.

Right: To request to be heard in court

Current and former caregivers of a child have the right to request to be heard in juvenile court. You should request to be heard in court if you have important information for the judge before an important decision about the needs or the future of the child and his or her family. After requesting to be heard, the judge will allow you to speak if he or she feels the information you came to share is relevant to the types of decisions being made at that hearing. If you wish, you may also bring an attorney, but it is not necessary.

Many caregivers are hesitant to attend court hearings due to conflicting work schedules or lack of training and experience with court procedures. Sometimes, caregivers are even told they do not have to attend. Remember: If you do not attend court hearings, important actions may be taken without your input.

Right: To intervene to request that the child be placed in your home

If, after the court makes a finding that a child is abused or neglected, the court considers returning the child home to the parent/guardian/legal custodian who abused or neglected him or her, certain caregivers may petition the court to intervene for the sole purpose of requesting that the child be placed with the caregiver.

To be eligible to intervene, the caregiver must be either the current caregiver or the former caregiver of the child, who had the child placed with them for one year or more, and not be the subject of any indicated report of child abuse or neglect.

Right: To file a writ of mandamus

If the caregiver requests to be heard at the court hearing, but is denied the right to be heard, the caregiver has 30 days to file a "writ of mandamus." The caregiver should have an attorney file the writ of mandamus on his or her behalf. If granted, this "mandamus" action allows the caregiver to be heard in court.

Foster Caregiver Responsibilities in Juvenile Court

Responsibility: To testify voluntarily or in response to a subpoena

Caregivers may informally be asked to testify in a case or may be served formally with a subpoena requiring them to appear at a court hearing. If you receive a subpoena for a child's court hearing, contact the attorney who sent the subpoena to you. The attorney will usually wish to speak with you prior to the court hearing about the testimony you will give at the hearing. The other attorneys on the case may also wish to meet with you prior to the hearing to discuss your testimony and have you answer some questions.

Responsibility: To contact the child's Guardian ad Litem, if you receive a subpoena for the child to testify in court

Subpoenas may also be issued for children to testify in court. If you receive a subpoena for the child to testify, immediately call the child's GAL and also notify the caseworker. The GAL may not want the child to appear or testify in court and will need to file a motion asking the judge to quash the subpoena (cancel) so the child does not have to appear or testify in court.

Responsibility: To sign a court waiver if you cannot or do not wish to appear in court

If the Public Defender or Guardian ad litem intends to file a motion affecting the status of the child, he or she may call the caregiver directly or ask the caseworker to have the caregiver sign a court waiver in advance of the hearing. By signing the court waiver, the foster caregiver acknowledges that he or she was notified of the court hearing and the court may proceed without them.

Not all counties use written foster parent waivers.

Caregivers who sign waivers still retain their right to appear and be heard.

Responsibility: To support a child who must appear or testify in court

If you feel afraid about going to court, imagine how the child feels. Your presence in court can be very reassuring to a child who must face a room full of strangers. Most children can benefit from the emotional support of their caregivers.

If you receive a subpoena, you must go to court unless the subpoena is withdrawn by the party issuing it or a motion to quash is filed and the judge grants it.

Common Questions Asked of Caregivers in Court

- How long have you been a caregiver?
- How many children have you cared for over the years?
- How many biological/birth children do you have?
- Have you ever adopted any children from foster care?
- Do you have any special training or experience in child care areas? (If you are a nurse, teacher, etc., tell them so.)
- How long has this particular child been in your care and what was the physical and emotional condition of the child at placement?
- Have there been any changes in the child's behavior or physical condition since placement? What were they? (positive and negative)

Examples: Changes in eating habits or how well the child interacts with other children and adults.

- Have there been any changes in the child's behavior before, during, or after visits or telephone contact with the parents?
- Have the child's parents had visits with the child? When have they taken place? How long did they last?
- What were the dates of the parents' telephone calls?
- Describe the interaction between the parent and child. How did the child approach the parent? What were the dates that you observed the interaction? Who else was present?
- Did the visits occur as scheduled? If not, how did the child react?
- Does the child ask or talk about the parent? What does the child say? When did these conversations occur? Who else was present?
- Does the parent give cards or gifts to the child on special occasions? What is the child's reaction?
- Does the parent ask about the child and does the parent play with the child on visits?
- Have you ever done anything that prevented a parent from visiting or talking with this child? If yes, please explain why.
- Did the parent ever appear to be under the influence of alcohol or drugs? If yes, when did this occur?
- Did the parent ever explain to you why he/she did not come for a visit? When?
- If the child becomes available for adoption, what are your intentions?

CHILD PROTECTION CASES IN JUVENILE COURT

Child protection cases referred to Juvenile Court involve the negative behaviors, or the negative impact of behaviors, of a child's parents or the person responsible for the child's welfare toward the child. Generally, these negative behaviors fall into these categories: physical abuse, sexual abuse, neglect, or dependency.

The Abused and Neglected Child Reporting Act (325 ILCS 5/3), commonly referred to as ANCRA, and the Juvenile Court Act (705 ILCS 405/2-3, 405/2-4) provide the following definitions of these four negative behaviors. DCFS policy and procedure provide the examples.

Physical Abuse

Physical abuse occurs when a parent or a person responsible for the child's welfare:

- "Inflicts, causes to be inflicted, or allows to be inflicted upon such child physical injury, by other than accidental means, which causes death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function."

Examples: bruises, human bites, bone fractures, burns, female genital mutilation

- "Creates a substantial risk of physical injury" likely to have the physical impacts listed above.

Examples include such incidents as:

- choking or smothering a child;
- shaking or throwing a small child; and
- violently pushing or shoving a child into fixed objects.

Other circumstances include incidents of domestic violence in which the child was threatened, violating an order for a known perpetrator to remain apart from the child, and a history of past sexual abuse which may place other children at risk.

- Commits "acts of torture."

DCFS defines this as "deliberately and/or systematically inflicting cruel or unusual treatment which results in physical or mental suffering."

- "Inflicts excessive corporal punishment."

Bruises and welts inflicted on a child are usually considered as meeting this definition. The behavior of the parent, immediate family member, or any person responsible for the child's welfare is the focus of this definition. Whether the caretaker has physically abused the child or did nothing to stop the abuse (acts of "commission and omission") is decided by the court.

Sexual Abuse

Sexual abuse occurs when a person responsible for the child's welfare commits any of the following acts with the child:

- Sexually penetrates a child;
This includes any contact between the sex organ of one person and the sex organ, mouth, or anus of another person. Typical acts include vaginal, oral and anal sex.
- Sexually exploits a child;
*DCFS definition: "sexual use of a child for sexual arousal, gratification, advantage, or profit." This includes such acts as explicit verbal enticements, child pornography, self masturbation in the child's presence and forcing a child to watch sex acts.

If parents or caretakers of a child are aware that the child is being physically or sexually abused by another person, they have a responsibility to take reasonable steps to stop the abuse. If they don't, they may be charged in either juvenile or criminal court or both.

- Sexually molests a child; or
*DCFS definition: "sexual conduct with a child when such contact, touching, or interaction is used for arousal or gratification of sexual needs or desires."
- Sexually transmits diseases to a child.
*DCFS definition: "diseases which were acquired originally as a result of sexual penetration or conduct with an individual who was afflicted."

– DCFS Procedure 300, Appendix B

Neglect

The behavior of the parent, immediate family member, or any person responsible for the child's welfare is the focus of this definition. Whether the caretaker is willing or unwilling to fulfill the parenting role ("acts of commission or omission") is decided by the court.

Neglect occurs when a person responsible for the child:

- abandons the child;
- deprives or fails to provide the child with adequate food, clothing, shelter, education or needed medical treatment;
- provides inadequate supervision of a child;
(Neglect can be alleged when children are left either unsupervised for an unreasonable amount of time and without regard for the health, safety and welfare of that child or in the care of someone unable to supervise due to his or her condition.)

-
- permits the child to be in an environment injurious to his or her welfare; or
 - gives birth to an infant whose blood, urine, or meconium contain any amount of a controlled substance, or a metabolite of a controlled substance. If the controlled substance is due to medical treatment given to the mother or the infant, the child is not deemed neglected.

Blatant Disregard

Children can suffer injuries that are the result of “blatant disregard” by parents or caretakers. In these cases, the blatant disregard by the parent or caretaker may be considered neglect.

“Blatant disregard is a situation in which the risk of harm to a child is so imminent and apparent that it is unlikely that any parent or caretaker would expose the child to such without taking precautionary measures to protect the child.”

— *DCFS Procedure 300, Appendix B*

Dependency

The behavior of the parent, guardian, or custodian is the focus. Whether or not the caretaker is willing, unwilling, or unable to fulfill the parenting role is decided by the court.

A “dependent” child is under 18 years old and:

- is without a parent, guardian, or legal custodian;
- is without proper care because of the physical or mental disability of his parent, guardian, or custodian;
- is without proper medical or other remedial care through “no fault,” neglect or lack of concern of the parent, guardian, or custodian
Term: “no fault” dependency; or
- has a parent, guardian, or legal custodian who, with “good cause”, wishes to be relieved of all parental rights and responsibilities, guardianship or custody.

Example of “good cause”: The child has severe health issues, and the parent, a teenager with mental health issues of his or her own, is unable to adequately care for the child.

If “good cause” is found by the court, the court will appoint a guardian for the child, which may or may not be DCFS.

How A CHILD'S CASE COMES TO JUVENILE COURT

**DCFS Hotline: 1-800-25-ABUSE (1-800-252-2873)
TDD 800-358-5117 (for hearing impaired)**

The DCFS Hotline is available to take reports of abuse or neglect 24 hours per day, seven days a week, from anyone who has relevant information. The job of the DCFS Hotline worker is to:

- talk with the caller to get as much information as possible about the alleged incident, the alleged victim/s and the alleged perpetrator; and
- determine whether the harm, as described by the caller, is considered to be abuse, neglect, or dependency under the law and DCFS guidelines.

If the Hotline call taker feels the caller's information meets the criteria for abuse, neglect or dependency, the call taker will take the report and transmit it immediately to the local DCFS Child Protection Investigation Unit.

Mandated Reporters

A mandated reporter is a person who is required by law to report suspected child abuse or neglect. Each mandated reporter must call the DCFS Hotline at 1-800-25-ABUSE (1-800-252-2873) if he or she has reasonable cause to believe that a child known to him or her, in his or her professional capacity, may be abused or neglected.

Foster Caregivers are Mandated Reporters

All foster caregivers are mandated reporters for children placed in their direct care and supervision ONLY. (See Section 8, page 32) Caregivers are not legally mandated to report suspected abuse or neglect of other children, but, as concerned citizens, should make a report.

The mandated reporters listed below must report ANY situation they become aware of where abuse or neglect of a child may be involved:

- medical personnel
- school personnel
- social service/mental health personnel
- child care personnel
- coroner/medical examiner personnel
- law enforcement personnel

Ideally, the person, or mandated reporter, with the most knowledge of the suspected abuse or neglect should make the actual call to the DCFS Hotline. Section 8: pages 31-33 give a detailed explanation of the responsibilities of a mandated reporter, hotline criteria for taking a report, how an investigation works and foster parents' rights if they are under investigation.

Caller's Confidentiality

The identity of all callers to the hotline is confidential and will not be released to the person/s who are investigated as a result of a report unless a court or administrative order is issued to release the caller's name. Anonymous caller's reports will also be taken, if the criteria for taking a report is met. Section 8, page 32 outlines how to make a hotline report.

Child Protection Investigation Specialist

The local child protection investigation specialist responds to the report transmitted by the Hotline by investigating the caller's allegations.

Unfounding a Report

If the investigator finds no credible evidence of abuse or neglect, he or she will show the allegations as unfounded in his or her report.

Keeping a Child Home

After investigating the allegations, the child protection investigation specialist, with supervisory approval, may decide not to remove the child or children from the parents if they are not in immediate danger and:

- the family voluntarily accepts DCFS services;
Families who need help may receive services from DCFS. DCFS opens an "intact" family case and works with the family. Intact family cases may not be screened into Juvenile Court by the intact specialist unless there is a need for additional monitoring or court intervention.

OR

- it appears that a court Order of Protection would enable the child or children to remain with the parents.

The investigation or intact specialist presents the case to the State's Attorney to determine whether the facts of the case support asking the judge to issue an Order of Protection. A court Order of Protection lists the services the family needs to participate in, and the actions the parents need to take or not take for the child or children to remain at home. The judge, after hearing the facts, may either issue the Order of Protection as requested, or may order the children to be taken into temporary custody, or may dismiss the case entirely if the facts of the case do not support keeping the court case open.

Note: If the judge closes the court case, DCFS may decide to keep the child welfare care case open to help the child and family.

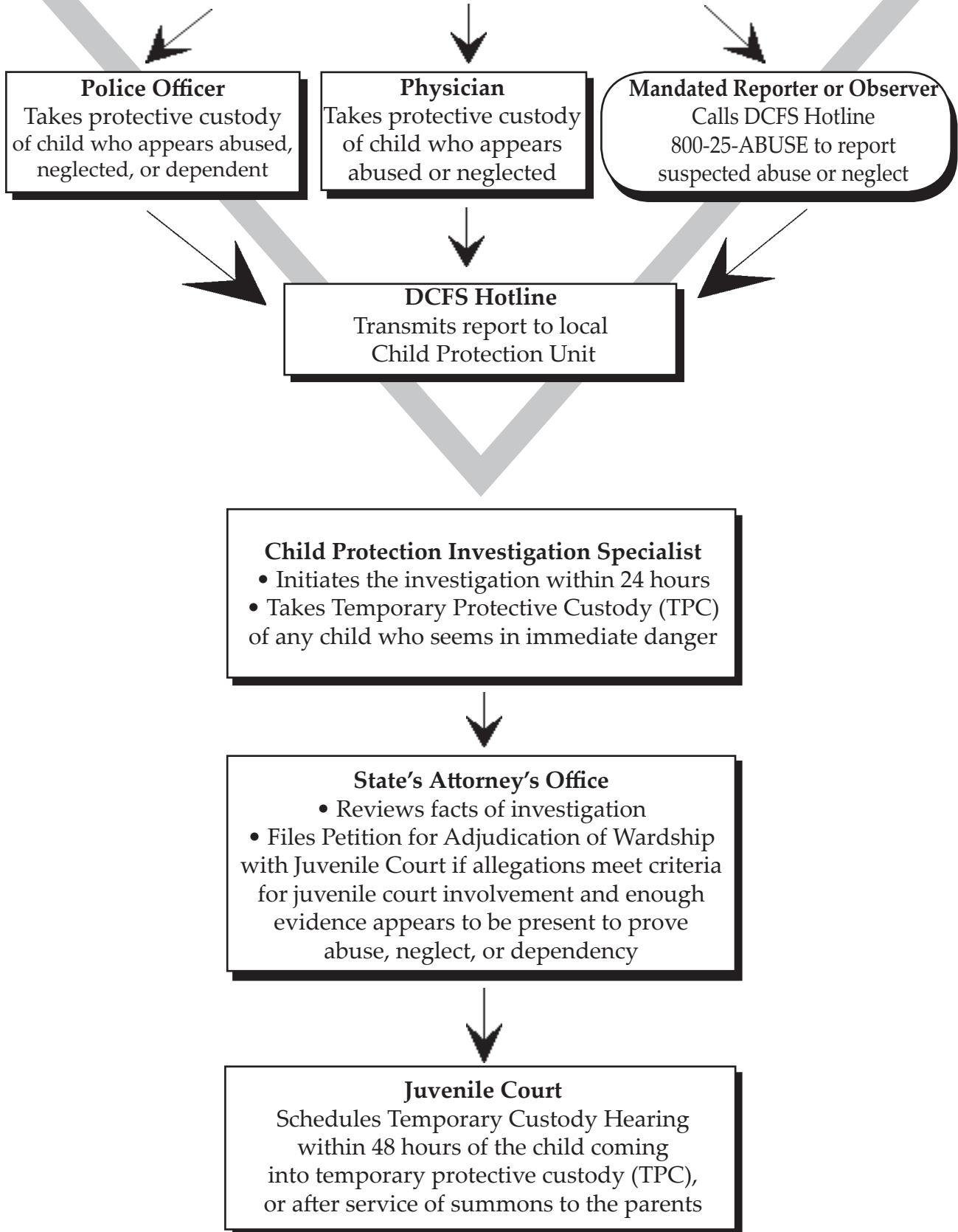
Removing a Child from Home

Investigators use an approach to assess the safety and protective needs of children called a Child Endangerment Risk Assessment Protocol (CERAP) to help them make decisions about whether or not the child is in immediate danger. The Investigation Specialist is authorized, and may decide, to take the child/ren into temporary protective custody if there appears to be "urgent and immediate necessity" to remove them from home for their own protection, and if their supervisor agrees.

In this case, a Temporary Custody Hearing (also called a Shelter Care Hearing) must be scheduled in Juvenile Court within 48 hours (excluding weekends and court holidays) of the child being taken into protective custody. Police officers and physicians may also take children into temporary custody if they believe the child is in immediate danger. After taking custody, they call the DCFS Child Abuse Hotline for further investigation.

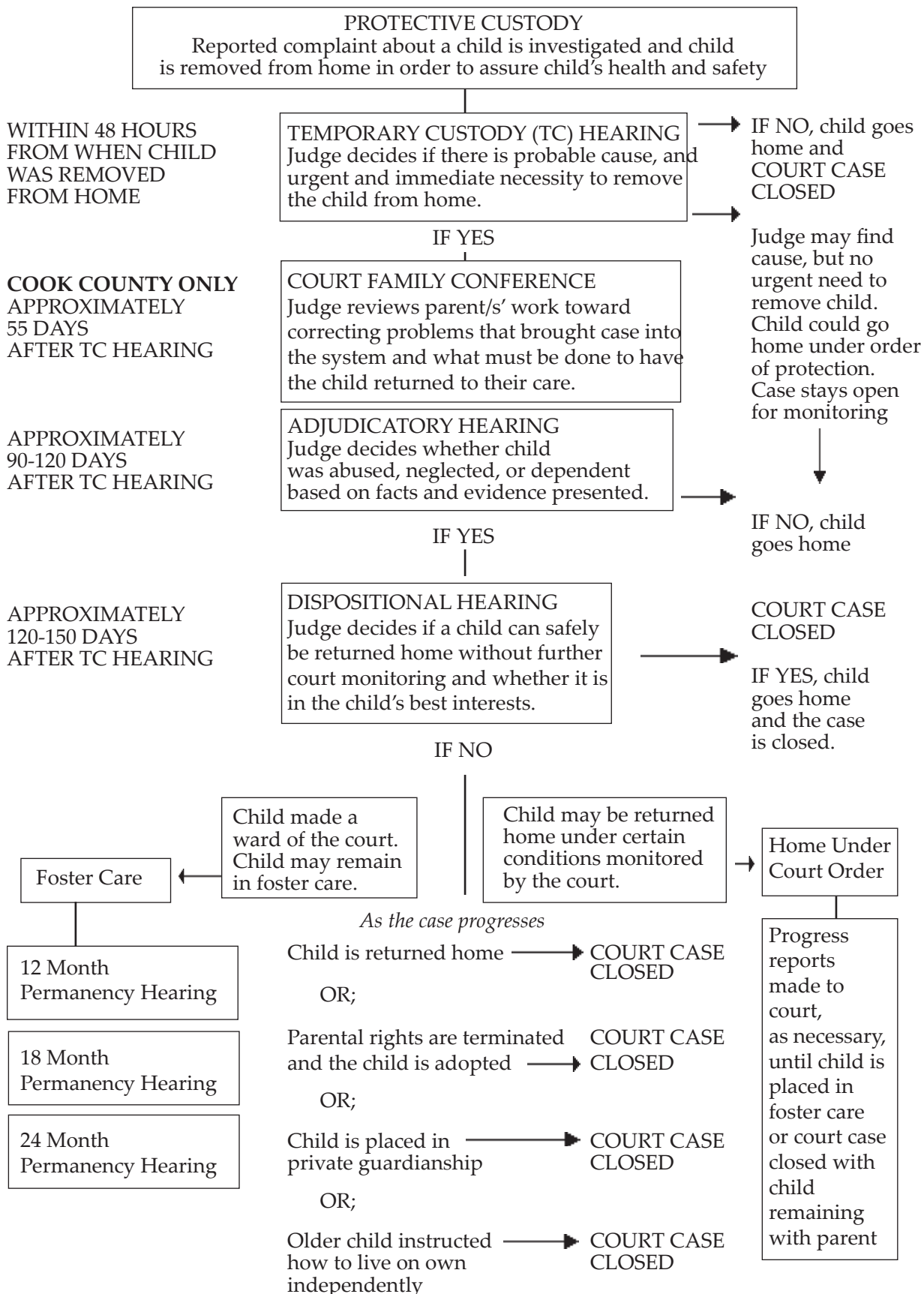
CASE PROGRESSION THROUGH JUVENILE COURT

Child Appears Abused, Neglected, or Dependent



Section 2
Juvenile Court

Timeline for Child Protection Proceedings



Temporary Custody/Shelter Care Hearing

Purpose

The judge decides whether there is probable cause to believe the child was abused, neglected, or is dependent, and if the child is at such immediate risk of serious injury that the child must be placed away from the parent or caretaker pending further juvenile court proceedings. The judge also decides whether DCFS made reasonable efforts to prevent the child's removal.

Time Frame

The hearing is held within 48 hours of the child being taken into protective custody, otherwise after notice to the parents. There may also be a 10-day rehearing if the parents did not receive adequate notice. If the child was not taken into protective custody, the hearing may be set for a future date, in Cook County, typically 21 days.

Caregivers Need to Know

Caregivers have a right to be present at this hearing, but are usually not asked to be present or to testify due to the purpose of the hearing unless he or she is a witness to the abuse/neglect/dependency that brought the case to court. In Cook County there may be Extended Temporary Custody conferences in which a caregiver may be asked to participate, especially if they are a relative and a support for the parent.

Possible Results

1) The child returns home if the court finds:

- there is no "probable cause" to believe that the child has been abused, neglected, or dependent and the case is dismissed. Criteria for "probable cause" is defined by law; or
- there is probable cause to believe that the child is abused, neglected, or dependent, but the Court has determined that the child may be returned home if consistent with the child's health, safety and welfare. Then a court date is set for an Adjudicatory Hearing.

2) The child remains outside the home if the court finds:

- there is "urgent and immediate necessity" to place the child away from his or her parents pending an adjudicatory hearing; or
- placement is in the best interests of the child.

The court appoints the DCFS Guardian as the temporary custodian of a child, with the right to place the child outside the home, pending an Adjudicatory Hearing. A child could go home with a non-custodial parent upon DCFS recommendation. *For example:* if the abuse happens in the mother's home, DCFS could recommend that the child go home with the father and the court could grant it. In Cook County, this would usually

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- be under an Order of Protection. The courts occasionally appoint another person to act as a private custodian instead of the DCFS guardian. This person is usually a close family member or friend. If this happens, the child is not under DCFS authority.
- 3) **If protective custody was taken of one child**, but another child still remains at home, the judge may decide to also remove the child remaining at home if the judge finds probable cause exists to believe that the child in protective custody is abused/neglected/dependent and there is urgent and immediate necessity to place the child at home away from the parent/s.

Court Family Conference

Purpose

The Court Family Conference brings together everyone involved in a family's court case. It is usually conducted as an *informal* conference held with a judge. Parts or all of the hearing may be held off the record. If the parents are not present, the conference will be held on the record.

Participants at the Court Family Conference may:

- discuss the service plan and progress to date;
- explain to the parties what results the court will expect to see prior to making decisions about whether to return the child home and whether to close the case;
- set a target date for the child to return if appropriate; and
- summarize the results of the Court Family Conference for the record.

Time Frame

55 days after child enters protective custody

Caregivers Need to Know

The judge may, or may not, allow caregivers to participate in this conference. The caregiver retains the right to be heard by the court before the end of the proceedings.

Possible Outcomes of the Court Family Conference

- 1) changes to identified services; or
- 2) change or no change to the recommended permanency goal based on facts presented.

The caseworker should explain the outcomes to caregivers.

Mediation Program

In Cook County, the Child Protection Mediation and Facilitation Program is available at the Cook County Juvenile Center. This program includes meetings during which family members and various individuals involved with the family come together to discuss and try to resolve issues that are impacting the family. Individuals trained in mediation and facilitation help the participants to have a thorough discussion. These services are available when a case is pending in juvenile court. The discussions are kept confidential and the facilitators remain neutral. The facilitators do not make decisions; it is up to the participants to decide how to resolve their disputes. Typically sessions result in a signed agreement. However, a signed agreement made during a mediation session is not a legally binding contract. The Child Protection Mediation and Facilitation Program can be contacted at 312-433-5259.

Adjudicatory Hearing

Purpose

The judge decides if the evidence presented shows that the child was abused, neglected, or is dependent. If the judge finds that the child was abused, neglected or is dependent, the judge must then determine whether the child was abused or neglected by the parent, guardian, or legal custodian, or is dependent.

Time Frame

The hearing is held within 90 days of the Temporary Custody Hearing, unless waived by the parent. The parties can ask for one continuance for up to 30 days or the court, on its own motion, can grant a continuance.

Caregivers Need to Know

Caregivers have a right to be present at this hearing, but are usually not asked to be present, or to testify due to the purpose of the hearing unless a caregiver is a witness to the abuse/neglect/dependency that brought the case to court.

Possible Results

- 1) The judge finds that the evidence does not support the facts and dismisses the case. **The child is returned to the parent/s**, if court finds that the child was not abused or neglected by the parent/s, or is not dependent;
- 2) The child remains in foster care until the next court hearing because either:
 - the parent/s abused or neglected the child; or
 - the child is found to be legally dependent.
- 3) The judge finds the child was abused or neglected, but decides to send the child home with services in place, if consistent with the child's health, safety and welfare.

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- 4) If the child remains in foster care, the Dispositional Hearing is set for the next court date.
 - 5) If the original petition requested or if an additional petition has been filed by the State's Attorney seeking termination of parental rights, the judge will also hear evidence of the unfitness of the parent/s alleged in the petition and will make a special finding of whether or not clear and convincing evidence exists to support one or more grounds for termination of parental rights.

Dispositional Hearing

Purpose

The judge considers testimony, caseworkers' reports, services provided, parent/s response to services and other evidence that may be presented in deciding whether a child can be safely returned home and whether it is in the child's best interest to do so, or whether the child should be made a ward of the court. If the child is made a ward of the court, the judge must then decide whether to appoint a private guardian or appoint DCFS as guardian of the child. (DCFS is usually appointed guardian).

Time Frame – *Must be completed within 120 days.*

The hearing is held within 30 days after the Adjudicatory Hearing with one opportunity for continuance not to exceed 30 days, if necessary, to complete the dispositional report.

Caregivers Need to Know

The judge's role at this hearing is to:

- consider reports submitted by the caseworker and other service providers;
- hear:
 - testimony regarding efforts made to reunify the child and family
 - evidence as to the services delivered or to be delivered under the family's service plan; and
 - evidence as to the placement alternatives (including return home) and the best interests of the child.
- decide if the parents are "unable," "unwilling," or "unfit" to care for the child at this time, and if it is in the child's best interest to return home or to stay in foster care;
- decide whether to make the child a ward of the court;
- appoint a guardian for the child/ren staying in foster care, usually DCFS, represented by the DCFS Guardian;

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- consider whether it is appropriate to pursue termination of parental rights of parents who are unknown, whose whereabouts remain unknown, or who have not responded by appearing in court after receiving service and notice of the court proceedings; and
 - set a future date for a Progress or Permanency Hearing.

Caregivers may request to be heard if they believe that they have relevant information needed before the judge makes a final ruling. The judge may either decide to allow the caregivers' testimony because it is in the best interest of the child or may deny the caregivers' request to testify if the judge feels it is not in the child's best interest or is not relevant to this hearing.

Possible Results

The judge may:

- return custody of the child to the parents and close the case;
- make the child a ward of the court and return the child home to the parents under an Order of Protection for further court monitoring. If so, then the judge shall order the parents to cooperate with DCFS and comply with the terms of an aftercare plan or risk the loss of custody of the child and possible termination of their parental rights;
- make the child a ward of the court and order that the child stay in foster care, with DCFS usually appointed by the court as guardian of the child. If so, then the judge shall order the parents to cooperate with DCFS, comply with the service plan and correct the conditions which require the child to be in foster care or risk termination of their parental rights;
- select "guardianship" as the appropriate dispositional alternative when the criteria established by DCFS for guardianship are met;
- enter an order terminating parental rights and appointing a guardian with power to consent to adoption, if the original petition requested, or an additional petition was filed requesting an expedited termination of parental rights and at adjudication the judge found "clear and convincing" evidence that one or more of the unfitness grounds exists;
- modify any prior orders entered in the case in the best interests of the child, for example, increasing or decreasing parental visits;
- enter any other orders necessary to fulfill the service plan, for example, ordering the children and/or parents to receive counseling; or
- review the current service plan and recommended permanency goal to see if it is appropriate. The court may find that the supervising agency should develop and implement a new goal and permanency plan. If this happens, the agency must enter a new service plan.

Permanency Hearing

Purpose

The judge (or in Cook County, the Hearing Officer) reviews the service plan and reports submitted by the caseworker and service providers; hears evidence regarding efforts made to reunify the child and family; reviews the services delivered or to be delivered under the family's service plan; considers placement alternatives (including return home); and determines the best interests of the child. Then, the judge determines the child's future status by setting a permanency goal.

Time Frame

The first permanency hearing must be held within 12 months of Temporary Protective Custody (TPC) and every 6 months thereafter, or more frequently if necessary. Time frames for permanency hearings are mandatory. A permanency hearing may not be delayed in anticipation of a report from any source or due to an agency's failure to timely file its written report (other than the service plan).

The court must also hold a permanency hearing within 30 days 1) after an expedited termination of parental rights (See Section 3, page 15) or 2) after granting a motion to terminate reunification efforts.

Caregivers Need to Know

The judge's role at this hearing is to:

- Review the client service plan. *Note:* The agency is required to file the most recent service plan prepared within the prior 6 months, at least 14 days in advance of the hearing date to allow for review prior to the hearing;
- review reports submitted by the caseworker and service providers;
- hear:
 - evidence regarding efforts made to reunify the child and family;
 - what services have been delivered or not delivered under the family's service plan;
 - placement alternatives (including return home); and
 - testimony about what is in the best interests of the child.
- set the first permanency goal for the family;
- consider these factors when setting the permanency goal:
 - age of the child;
 - options available for permanency;
 - current placement of the child and the intent of the family regarding adoption;
 - emotional, physical and mental status or condition of the child;
 - types of services previously offered and whether or not the services were successful and, if not successful, the reasons the services failed;

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- availability of services currently needed and whether the services exist; and
 - status of the siblings of the minor.

When the judge sets the permanency goal at this hearing, he or she must explain, in a written order, the goal selection and why other goals were ruled out.

Caregivers may be present and request to be heard in court.

Possible Results - Permanency Goals

In 1998, significant changes in Illinois law included eliminating “long-term” foster care as a goal. The law allows only specific goals to be selected. These permanency goals are part of the common language used by caseworkers, child welfare staff, and the juvenile court. Caregivers need to familiarize themselves with the permanency goals shown below.

During the first 12 months of the case, the agency assigned to the case and working with the family may work with a recommended permanency goal based on the facts of the case. At the 12-month permanency hearing, the judge selects a permanency goal, based on the evidence presented and the recommendation of the caseworker. *Once the court has set the goal, it can only be changed by the court.* The services in the service plan must always support the goal set by the court.

Permanency Goal Definitions

- (A) The minor will be returned home by a specific date *within five months*.
- (B) The minor will be in short term care with a continued goal to return home within a period not to exceed one year, where the progress of the parent or parents is substantial, giving particular consideration to the age and individual needs of the minor.
- (B-1) The minor will be in short-term care with a continued goal to return home pending a status hearing. When the court finds that a parent has not made reasonable efforts or reasonable progress, to date, the court shall identify what actions the parent and DCFS must take in order to justify a finding of reasonable efforts or reasonable progress. The court will also set a status hearing to be held not earlier than nine months from the date of adjudication and no later than 11 months from the date of adjudication, during which the parent’s progress will again be reviewed.
- (C) The minor will be in substitute care pending court determination on termination of parental rights.
- (D) Adoption, provided that parental rights have been terminated or relinquished.
- (E) The guardianship of the minor will be transferred to an individual or couple on a permanent basis provided that goals (A) through (D) have been ruled out.
- (F) The minor over age 15 will be in substitute care pending independence.

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- (G) The minor will be in substitute care because he or she can not be provided for in a home environment due to developmental disabilities or mental illness or because he/she is a danger to self or others, provided that goals (A) through (D) have been ruled out.
- (H) The guardianship of the minor will remain with the department and the minor will be in continuing foster care if all other permanency goals have been ruled out based on the minor's best interest; the minor has lived with the relative or foster parent for at least one year; and the relative or foster parent currently caring for the child is willing to provide, and capable of providing, the child with a stable and permanent environment for the foreseeable future.

Other Hearings

Status Hearing

- **Purpose:** To inform the court about the status of a particular aspect of the case.
- **Example:** Whether or not a parent who was not present at the Temporary Custody Hearing has been given notice about the court proceeding (case).
- **Time Frame:** Any time the court deems necessary.

Motion Hearing

- **Purpose:** One of the parties will file a motion asking the judge to do or refrain from doing something.
- **Example:** Public defender files a motion asking the judge to grant unsupervised visits to the mother.
- **Time Frame:** Any time the court deems necessary.

Progress Hearing

- **Purpose:** To inform the court about the progress of a case, including such matters as:
 - the parent or parents' progress toward being ready for the child to return home;
 - the caseworker's progress in getting a case prepared for termination of parental rights; or
 - a parent or parents' progress under an Order of Protection where increased contact with the child has been granted by the judge.
- **Time Frame:** Any time the court deems necessary.

Termination of Parental Rights

- **Purpose:** The judge decides, based on the facts and evidence presented, whether there is clear and convincing evidence to find the parent or parents unfit and whether it is in the child's best interest to terminate parental rights.
- **Time Frame:** This hearing can occur in conjunction with the Adjudicatory and Dispositional phase of the case or in a separate hearing after the Dispositional Hearing.

COMMONLY USED COURT TERMS

Adjudicatory Hearing	Court hearing which decides whether or not the child was abused, neglected, or is dependent based on the facts and evidence presented.
Admission	The voluntary acknowledgment of a party that certain facts do exist or are true.
ASA	Assistant State's Attorney (see State's Attorney).
Bar Attorney	An attorney in private practice who has offered his or her services to assist in Juvenile Court and is paid by the County. A Bar Attorney places his or her name on a court list and is appointed in cases where a conflict occurs necessitating the need for one of the parties to be represented by an attorney appointed from the list.
Best Interest of the Minor	The standard the judge uses in making decisions about the child's welfare in abuse/neglect/dependency cases.
Burden of Proof	The burden of persuasion. The attorney for each of the parties must persuade the court that the law and the evidence supports the outcome his or her client is seeking.
Calendar	A group of cases assigned to a specific courtroom.
Call	Cases scheduled to be heard on any given calendar on any given day.
Call List/Sheet	A printed list of cases scheduled to be heard on that day.
Dispositional Hearing	<p>Court hearing which decides whether it is in the best interest of the child to return home, or continue in out-of-home placement under the guardianship of DCFS, or be placed in private guardianship based on the evidence and facts presented.</p> <p>Sometimes, the Dispositional Hearing occurs on the same day as, and immediately following, the Adjudicatory Hearing. Usually, it is conducted on a later date in order for the court to receive and properly review written reports, evaluations and recommendations.</p>
Evidence	Testimony or documents formally presented in court to demonstrate or prove the existence or nonexistence of a fact at issue.

Guardian ad litem (GAL)	A GAL is an officer or agent of the Court who is appointed to protect the interests of the child and represent the child in legal proceedings. The GAL is usually an attorney, but, if not, the judge may decide to appoint a separate attorney to also represent the child.
Guardian	An officer or agent of the court who is appointed to protect the interests of minors or incompetent persons, and to provide for their care, welfare, education, maintenance and support. The DCFS Guardianship Administrator is usually appointed, but not always. The Guardian appointed for a minor may also be a private citizen.
Hearing	A court proceeding regarding a case that takes place in front of a judge.
Instanter	Hold a hearing immediately — on a matter not previously scheduled before the court.
Juvenile Arrest Warrant (JAW)	Warrant issued by the judge <i>in delinquency court cases</i> for the arrest of a minor.
Juvenile Protection Warrant (JPW)	(Also referred to as a Child Protection Warrant.) Warrant issued by the judge <i>in abuse and neglect court cases</i> to allow police officers to take the juvenile named in the warrant into protective custody whenever the juvenile is found. JPW is commonly issued when a juvenile has run away from a foster placement.
Legal Screening	Both of these processes:
Cook County Only →	<ol style="list-style-type: none"> 1) State’s Attorney decides whether enough evidence of abuse, neglect, or dependency exists to support filing a Petition for Adjudication of Wardship after consulting with the Child Protection Investigator; and 2) State’s Attorney decides whether the documentation and evidence within a case supports filing a motion to request termination of parental rights after consulting with DCFS legal staff, the GAL and the caseworker. Other counties have variations that may or may not include a State’s Attorney.
Minor	The general definition is anyone under 18 years old, but juvenile court cases in some circumstances remain open until 21 years of age.
Motion	An oral or written request by the State’s Attorney, Public Defender, GAL or other Attorney representing a party to the case asking the court to take or not take some specific action on a case.

Permanency Hearing (PH)	A hearing in which the judge selects a permanency goal; determines if services in the service plan have been provided and are appropriate, and whether reasonable efforts have been made to achieve the goal, and whether the plan and goal have been achieved. COOK COUNTY ONLY: First PH is conducted by a judge. Every six months thereafter, the PH may be conducted by a Hearing Officer who only makes a recommendation to the judge of which goal he or she should select.
Cook County Only →	
Petition	Document filed by an attorney alleging specific violations of the law and requesting judicial action. Example: Petition for the Adjudication of Wardship is filed by the State's Attorney alleging instances of abuse, neglect, or dependency and requesting court action.
Pre-Screening	Prior to a case being taken to LEGAL SCREENING for termination of parental rights in the State's Attorney's Office, DCFS Regional Legal Staff pre-screen the documentation for completeness.
Probable Cause	Reasonable grounds to believe that an action took place. Example: At the Temporary Custody/Shelter Care hearing, the judge must decide if there is "probable cause" to believe that the child is abused, neglected, or dependent in order to remove the child from the child's parents/guardian.
Protective Custody (PC)	A Child Protection Investigator investigating a DCFS Hotline report, a physician suspecting abuse or neglect, or a police officer responding to a call can remove a child from home or not allow the child to return home for his/her own protection.
Prove Up	An uncontested court hearing in which evidence sufficient to establish the factual basis of a court decision is read into the official court record.
Public Defender (PD)	The attorney appointed by the court to represent the parent or parents in an abuse/neglect/dependency case or the minor who cannot afford an attorney in a delinquency case. In counties other than Cook, the PD may also be appointed to represent the child in an abuse/neglect/dependency case as the child's Attorney and Guardian ad litem.
Shelter	A physically unrestrictive facility designated by DCFS or a licensed child welfare agency, or other suitable place designated by the court for a minor who requires care away from his or her home.
Shelter Care Hearing	See Temporary Custody Hearing. Counties other than Cook often use this term.

State’s Attorney	As a representative of the People of the State of Illinois in Court, the State’s Attorney (usually an Assistant State’s Attorney) first must decide whether or not to file a petition in Juvenile Court alleging that the minor child/ren is/are abused, neglected, dependent, MRAI, truant, addicted, or delinquent. He or she then bears the burden of producing evidence and witnesses to prove the allegations stated in the petition.
Stipulation	An agreement by the parties that certain facts are true. The stipulation is presented in court to the judge and the judge decides whether or not to accept it. If it is accepted, it relieves the parties of the burden of presenting evidence on those factual issues at a hearing.
Temporary Custody (TC)	The temporary placement of a minor out of the custody of his/her parent or guardian.
Temporary Custody Hearing	Court hearing where the judge decides whether there is probable cause and urgent and immediate necessity to remove a child from his or her home.
Temporary Protective Custody/Protective Custody (TPC or PC)	Custody of a child within a hospital or other medical facility or a place previously designated for such custody by DCFS, subject to review by the Court, including a licensed foster home, group home, or other institution. Such a place, however, may not be a jail or other place for the detention of the criminal or juvenile offenders.
Termination of Parental Rights (TPR)	Court hearing in which the judge decides whether to terminate the legal rights of the parent or parents to the child.
Trial	The Adjudicatory Hearing is sometimes referred to as the “trial.”
Urgent and Immediate Necessity	Legal standard used by the judge at the Temporary Custody Shelter Care Hearing to decide if the child should be removed from home for his/her own protection.
Ward of the Court	A minor who has been taken under the supervision of the court.

JUVENILE JUSTICE CASES REFERRED TO JUVENILE COURT

Child protection cases coming to juvenile court involve the behavior of the parent or parents or caretaker of the child; while *juvenile justice* cases coming to juvenile court involve the behavior of the minor.

Any caregiver who believes a youth may be at risk of *becoming delinquent, truant, addicted, or is considering running away or committing a crime* needs to know the facts about the consequences of these actions given on the following pages.

Being informed will help you talk to your youth openly about the potential consequences of his or her actions and help you understand your likely involvement as a foster caregiver.

Delinquency

A delinquent child is legally defined as “a minor, *under 17 years old*, who has violated or attempted to violate any federal, state or municipal law.”

Delinquency includes all acts that would be criminal offenses if committed by an adult, such as burglary, robbery, assault and battery.

What Can Happen to a Delinquent Child?

Of course, the facts of each case determine what happens to a child found delinquent by the court, but here are several possibilities not widely known by foster caregivers or by youthful children in foster care.

The court may decide to:

- appoint DCFS as guardian of a delinquent child *less than 13 years old*;
- remand a delinquent child *13 years old or older* to the Illinois Department of Corrections (DOC); or
- transfer a delinquent child age *10 or older* to the Illinois Department of Corrections (DOC) if an “interagency review committee” decides that DCFS does not have a facility to care for and rehabilitate the child. The interagency review committee has four members: DCFS representative, Department of Corrections representative, an educator and a qualified mental health professional.

Truancy (Outside of Cook County Only*)

Parents, caregivers and caseworkers are responsible for knowing if a child is chronically truant, and for making “good faith” efforts with the school to take action to discourage and prevent truancy. Chronic truancy of a minor may come before Juvenile Court if these efforts fail.

A “truant” child is legally defined as a minor, *under the age of 18 years old*, who doesn’t attend school and refuses prevention, diagnostic, intervention, remedial services, alternative programs and other school and community resources offered by continuing to be chronically truant.

What Can Happen to a Truant Minor?

The court can order:

- the minor to comply with an “individualized educational plan” (IEP) provided by the regional superintendent of schools;
- counseling or other supportive services be provided by a school district;
- the minor to perform reasonable public service work;
- the minor’s driver’s license to be suspended; and
- the minor to pay a fine of up to \$100 for each day of absence without valid cause.

Addiction

An “**addicted**” child is a minor, *under the age of 18*, who is an addict or an alcoholic as defined in the Alcoholism and Other Drug Abuse and Dependency Act (20 ILCS 301/1-1 et.seq).

“Addiction” means a disease characterized by the continued use of a specific psychoactive substance despite physical, psychological or social harm. The term also describes the advanced stages of chemical dependency.

(*Counties with a population under 2 million)

Temporary Police Custody

A law enforcement officer, *without a warrant*, may take temporary custody of a minor who:

- the officer has “reasonable cause” to believe is addicted. For example: the youth’s behavior resembles that of addicted person;
- is a ward of the court who has run away to avoid treatment ordered by the court. For example, the court has ordered addicted minor to complete rehabilitation at a center and the youth runs away from the center and is found by the police; or
- is found in any street or public place suffering from any sickness or injury which requires care, medical treatment, or hospitalization.

Taking a minor into temporary police custody under these circumstances is NOT an arrest and there is no police record.

NOTE: This provision is rarely used, but you should be aware of it.

MINOR REQUIRING AUTHORITATIVE INTERVENTION

Sometimes the behavior of both the child and caretaker/s come to the attention of the Juvenile Court. The court, in these cases, decides whether or not the child is a **Minor Requiring Authoritative Intervention (MRAI)**.

An **MRAI** is legally defined as a minor, *under 18 years old*, who is either:

- absent from home without consent of the parent, guardian, or custodian; or
- beyond the control of the parent, guardian, or custodian, constituting a substantial or immediate danger to the minor’s physical safety; and
- who after being taken into limited custody and offered interim crisis intervention services, refuses to return home after the minor and his or her parent, guardian or custodian cannot agree to an arrangement for an alternative voluntary placement.

MRAI Applied to a Child In “Limited Custody”

Sometimes, during a family crisis, the child may be moved outside the home by a crisis worker who feels that a short “cooling off” period would enable services to begin and the child to rejoin the family. This “limited custody” may only last up to 21 days without the child coming into DCFS guardianship.

The first time a child is taken into limited custody, the court *cannot* find the child to be a MRAI during the first 21 days of limited custody.

During a second, third and fourth time a child is taken into limited custody, the court cannot find the child to be MRAI during the first five days of limited custody.

What Happens to a Child Found MRAI?

The court may order medical, psychological, psychiatric, or social services evaluations and the family to be assisted in getting those services.

The court may find the minor to be “neglected”, and not MRAI, if the family refuses to accept the minor back home after limited custody (i.e., lockout).

WHO'S WHO IN THE DELINQUENCY, OR (IN COOK COUNTY) JUVENILE JUSTICE COURTROOM?

The *parties* having roles in the delinquency proceeding and the others present are different from the abuse/neglect juvenile courtroom.

In delinquency hearings, the *parties* usually include:

- the Assistant State's Attorney, representing the Office of the State's Attorney and the people of Illinois;
- the child;
- the child's attorney; and
- parents.

Other people present at delinquency court hearings involving a child in foster care may include: the child's guardian, other relatives, foster caregivers, probation officer, Guardian ad litem for the child, the DCFS regional counsel, the caseworker, police officer and other witnesses or support people.

Judge

The judge makes final decisions regarding the case according to the facts and the law and also maintains an orderly courtroom procedure.

State's Attorney (or Assistant State's Attorney)

As a representative of the People of the State of Illinois, the State's Attorney's Office first must decide whether or not to file a petition in Juvenile Court alleging that the minor is delinquent, truant, addicted, or a Minor Requiring Authoritative Intervention (MRAI). Then, the State's Attorney bears the burden of producing evidence and witnesses to prove the allegations stated in the petition.

Private Attorney/Public Defender/Bar Attorney

The child and parents are given the opportunity to hire a private attorney to represent the child's interests in Juvenile Court. If the child or parents cannot afford to hire an attorney for the child and they meet the income guidelines to receive free representation, the Office of the Public Defender will be appointed to represent the child as his/her attorney.

In the case of two minors responding to the same allegations, if there is a conflict between them, the Office of the Public Defender will be appointed to represent one minor and a "conflict" or Bar Attorney will be appointed to represent the other minor. The Bar Attorney is appointed from a list of attorneys who have offered their services to assist in Juvenile Court for reduced fees that are paid by the county.

Guardian ad litem (GAL or Public Guardian)

The court may appoint a Guardian ad litem as an officer or agent of the court to protect the best interests of the child and represent the child in legal proceedings.

The court may appoint a GAL for the child whenever it finds that there may be a conflict of interest between the child and his or her parents or other custodian or when it is in the best interests of the child to do so. If the GAL is *not* an attorney, legal counsel shall represent the GAL.

Note: In some counties, the GAL may be appointed by the court to represent the child in delinquency cases instead of a Public Defender or Bar Attorney. In this situation, the GAL would also be an attorney or would be represented by an attorney.

Probation Officer (PO)

A probation officer may be authorized or directed by the court to receive, investigate and evaluate complaints indicating dependency, requirement of authoritative intervention, addiction or delinquency. The probation officer can be helpful in determining or assisting the person or agency filing the complaint against the child (complainant) in determining if a court petition should be filed, or whether a referral should be made to an agency, association, or other person, or whether some other action is advisable.

The probation officer assigned to your foster child's case is available to counsel and, by order of the court, to:

- supervise the minor referred to the court;
- conduct indicated programs of casework, including referrals for medical and mental health services, organized recreation and job placement for wards of the court and, when appropriate, for members of the family of the ward;
- act as a liaison officer between the court and agencies or associations to which the minor is referred or through which he or she is placed;
- when so appointed by the court, to serve as guardian of the person of the ward of the court;
- provide probation supervision and protective supervision ordered by the court; and
- provide like services to wards and probationers of courts in other counties or jurisdictions who have lawfully become local residents.

The probation officer can also arrange for placements ordered by the court and can assume administrative responsibility for such detention, shelter care and other institutions for minors as the court may operate.

DCFS Regional Counsel

The DCFS regional counsel is an attorney employed by DCFS to represent the interests of DCFS (not the caseworker). The DCFS regional counsel appears in court when DCFS requires legal representation and is often called upon to explain DCFS policies to the Court. The DCFS regional counsel also assists caseworkers in court, particularly when there is a dispute regarding placements or services.

Caseworker

The private agency or DCFS caseworker assigned to the child’s case may be required to appear at the delinquency court hearings to provide information to the court about the nature and progress of the child’s abuse/neglect/dependency case, services needed by and provided to the family, and information about the welfare of the child. Information provided might include possible placement options.

Child

The child must attend a Juvenile Justice court hearing regarding his or her case, unless excused by the judge or probation officer.

Parents

The child’s parents have the right to attend all court hearings and to be represented by an attorney. The parents may testify at the hearings or may remain silent. They also may bring in friends, relatives, therapists, or other professionals as witnesses on behalf of the child or themselves or as a support system. Note: The judge may decide not to allow support persons into the courtroom who will or will not also be called as witnesses.

Court Appointed Special Advocate (CASA)

A CASA worker is a trained community volunteer who is appointed by a juvenile or family court judge to speak for children who are brought before the court. The majority of CASA volunteers’ assignments are cases in which a child was removed from home for his or her own protection.

In some counties, the judge may appoint the CASA volunteer as the child’s GAL; and, in other counties, as the child’s GAL, the CASA volunteer may be appointed to represent the child in delinquency court. If so, the CASA volunteer shall be represented by an attorney appointed by the court.

As the child’s advocate, the CASA volunteer has three main responsibilities:

- 1) to serve as a fact-finder for the judge by thoroughly researching the background of each assigned case;
- 2) to speak for the child in the courtroom, representing the child’s best interests; and
- 3) to continue to act as a “watchdog” for the child during the life of the case, ensuring that the case is brought to a swift and appropriate conclusion.

SITUATIONS REQUIRING TRANSFER OF VIOLENT JUVENILES TO ADULT COURT

Caregivers who believe a child or youth may be considering becoming involved with a gang or contemplating illegal behavior should inform him or her of the possible consequences. Many children and youths are unaware of the scope of the law holding them accountable for their actions, even as juveniles. Children and youth need to be aware that there are potentially life-defining consequences of any illegal action.

Generally, individuals under 17 years old who are charged with a crime in Illinois are tried in Juvenile Court (405 ILCS 405/5-3 (1)). However, juveniles who commit certain serious crimes will be tried in adult criminal court with the same range of penalties that are available for adults. All juveniles who are tried and convicted as adults are incarcerated separately from adult prisoners until they are sent to an adult prison at some point between their 17th and 21st birthdays. Convictions in adult criminal court become part of a juvenile's *permanent record*.

Juvenile Cases Transferred to Adult Court at the Discretion of the Judge

Age Group Eligible: Youth age 13 and above

Crimes: Any crime may be used as a basis for the State's Attorney's petition. A Juvenile Court judge must conduct a hearing and must determine that it is not in the best interests of the juvenile or the public to keep the case in juvenile court.

The judge's decision is based on nine factors:

- whether there is probable cause that the minor committed the crime;
- seriousness of the alleged offense;
- minor's history of delinquency;
- age of the minor;
- responsibility of the minor in committing the offense;
- whether the offense was committed in an aggressive or premeditated manner;
- whether the minor used or possessed a deadly weapon during the offense;
- the minor's history of services and his willingness to participate in available services; and
- the adequacy of the punishment or services available in the Juvenile Justice system.

The judge will give more weight to the seriousness of the offense and the minor's history of delinquency.

Source: 705 ILCS 405/5 4(3)

Mandatory Transfer of Juvenile Cases to Adult Court When Probable Cause Exists That the Allegations are True

Age Group Eligible: 15 and 16 year olds

Type of Transfer: Mandatory Transfer

The State's Attorney must file a motion requesting a transfer hearing.

These are the categories of eligible juveniles:

- Juvenile commits *forcible felony* in furtherance of gang activity and has a prior felony conviction;
Forcible felonies are: treason, 1st degree murder, 2nd degree murder, predatory criminal sexual assault of a child, aggravated criminal sexual assault, criminal sexual assault, robbery, burglary, residential burglary, aggravated arson, arson, aggravated kidnapping, kidnapping, certain types of aggravated battery and any other felony which involves the use of threat of force against any individual.
- Juvenile commits felony in furtherance of gang activity and has prior forcible felony conviction;
- Juvenile committing crime on presumptive category list (Class X felony or aggravated discharge of a firearm or being involved in drug dealing with a weapon) with a prior delinquency finding for a forcible felony; and
- Juvenile commits aggravated discharge of a firearm on or within 1000 feet of school property.

The Juvenile Court judge must conduct a hearing. If the judge finds there is probable cause to believe the allegations in the motion concerning the juvenile to be true, then the judge must transfer the case to adult court.

Type of Transfer: Presumptive Transfer

The State's Attorney must file a motion requesting a transfer hearing.

Only certain specified offenses may be transferred:

- Class X felony other than armed violence;
- Aggravated discharge of a firearm;
- Armed violence with a firearm where the predicate offense is a gang-related Class 1 or Class 2 offense;
- Armed violence with a firearm when the predicate offense is certain specified violations of the Illinois Controlled Substance Act; and
- Armed violence when the weapon involved is a machine gun, sawed off shotgun or bomb.

The Juvenile Court Judge must conduct a hearing and determine whether there is probable cause to believe that the allegations in the motion for transfer and delinquency petition are true. If so, there is a rebuttable presumption that the minor should be transferred and is not a fit and proper subject to be dealt with in juvenile court. If the judge finds probable cause exists, the law requires transfers to adult court unless the judge specifically finds that the minor is suitable for treatment in Juvenile Court. The judge is given factors similar to *discretionary transfer* to guide the decision.

Juvenile Cases Automatically Transferred to Adult Court

No juvenile court hearing is held. The case proceeds directly to adult court in situations where the minor is charged with the crimes listed below.

Age Group Eligible: 15 and 16 year olds

Crimes:

- first degree murder;
- aggravated criminal sexual assault;
- armed robbery or aggravated vehicular hijacking, committed with a firearm;
- certain weapons offenses committed on school grounds;
- delivery and possession, with the intent to deliver a controlled substance, on school or public housing property or on a public way within 1000 feet of a school or public housing; and
- escape or violation of bail while facing an adult charge.

If, after a plea of guilty or a trial, a minor age 15-16 is found guilty of a *lesser included offense*, and not the automatically transferable offense, the judge may still sentence the juvenile as an adult based on his or her discretion and on certain other statutory factors. *Lesser included offenses* include: 2nd degree murder, involuntary manslaughter, criminal sexual assault, robbery, possession of a controlled substance.

Age Group Eligible: 13 and 14 year olds

Crime:

Applies only to situations where the minor is charged with 1st degree murder during the commission of an aggravated criminal sexual assault, criminal sexual assault, or an aggravated kidnapping.

If the minor is charged with murder based on accountability (aided or assisted another in crime), the minor can only be transferred after a discretionary transfer hearing.

Source: 705 ILCS 405/5-4 (6)(a), (7)(a), (8)(a), (9)(a)

CAREGIVER INFORMATION FOR COOK COUNTY JUVENILE COURT

Notification to Caregivers of Court Dates

In Cook County, caregivers generally are notified of court dates in two ways:

- the caseworker and agency work with the caregivers to notify them of upcoming court dates verbally or in writing; and
- the Guardian ad litem (GAL) usually mails a letter to foster caregivers after each court hearing.

The GAL letter:

- gives the name and phone number of the child’s GAL;
- lists the next court date; and
- invites the caregivers to call if they cannot attend the next hearing

The letter also asks the caregivers to notify the GAL if they are no longer caring for the child. Caregivers should communicate with the GAL before the next court date to help the GAL represent the child. (See pages 3-4.)

Cook County caregivers can find the name of their child’s GAL by calling the Office of the Cook County Public Guardian at 312-433-4300.

Security at Both Entrances

Everyone who enters the Juvenile Court Building must go through security checkpoints – even children. Since the line may be long, make sure you arrive at security at the entrance *at least 1/2 hour before your scheduled court time*. You may have to wait outside, so make sure to dress for the weather. If children must come to court, be sure to explain the purpose of security and what to expect, before you arrive.

Once inside, look for “Men” and “Women” lines – look for the signs or wait to be directed by a Sheriff. Men and women must go into separate lines. Both men and women will be asked to empty whatever is in their pockets and will be instructed to walk through a metal detector. You may also be “patted down” by a Sheriff.

Do not bring these items into the court building. They will be taken from you.

microphones;
cameras;
tape recorders;
radios;
pepper spray/mace;
scissors/metal nail files;
glass bottles;
any type of weapon; or
cans of soda.

Locating Your Courtroom

To participate in court, you **MUST** allow enough time to get through security and get to your courtroom **on time**. The court building has escalators and elevators.

- Entering from HAMILTON (by parking garage): After security, go straight down the hallway through the big double doors to the left of the Clerk's Office. Past the Sheriff's desk, you will see the courtrooms, beginning with Courtroom A.
- Entering from OGDEN: the courtrooms will be in front of you.

Information Desk (near the Hamilton entrance): If you have been given a court calendar number, but no courtroom letter, or do not know which courtroom to go to, or need other information, ask at the Information Desk.

Courtrooms: West building (facing Ogden)

Courtrooms A-G: First Floor

Courtrooms H-N: Lower Level

Outside the Courtroom: Look for the caseworker and your child's Guardian ad litem (GAL) to tell them you are there. A Deputy Sheriff stands at the door of the courtroom to control who enters. The Deputy Sheriff will announce the case by the last name of the children to those waiting in the waiting area. Be prepared to wait. Even though your child's case is scheduled, the order of the cases called may change that day.

Inside the Courtroom: Judges do not allow those inside their courtroom to talk unnecessarily, chew gum, eat, or wear a hat. Children must be as quiet as possible.

Bringing Children to Court

Waiting area space outside each courtroom is limited.

Make arrangements to leave your children at home, if possible. Children in foster care do not have to attend court hearings unless the judge or GAL has requested their presence, or if a subpoena has been issued for the child to be present. If the caseworker asks you to bring the child to court, ask if the judge or GAL has requested it. The child's GAL will also be able to provide this information. Visits between children, parents and siblings, should take place in appropriate settings — not in court.

Vending Machine Area

West building, between Sheriff's Desk and large double doors, near the Clerk's Office. Drinks and snack foods are available in vending machines, but there is no cafeteria for complete meals. Appropriate food for young children and babies is not available. Diapers are not available in the court building.

Art and Nature Room

This room is close to the vending area. Children can stay there under supervision during court hearings, however, court personnel must give the caregiver a form allowing the minors to stay in this room. The room closes at 4 p.m.

DIRECTIONS TO THE JUVENILE COURT OF COOK COUNTY

If a child's family of origin lives in Cook County, all court hearings will be held at:

Juvenile Court of Cook County
2245 W. Ogden Ave.
Chicago, Illinois 60612
(corner of Ogden and Roosevelt)

Public Transportation instructions: Call RTA at 312-836-7000.

Driving instructions:

from WEST on 290 — Eisenhower Expressway
Exit at Damen Avenue — right on Damen
South on Damen to Taylor
Right (West) on Taylor, 2 blocks to Hamilton
Left on Hamilton to Parking Garage on left

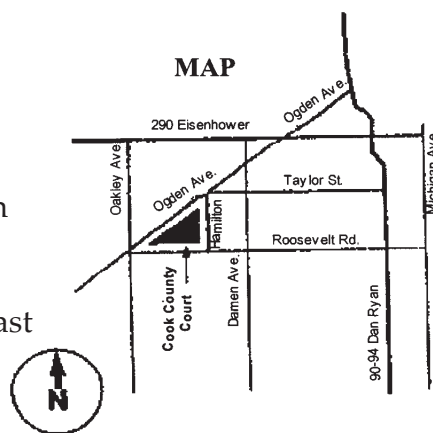
from NORTH on 90/94 — Kennedy Expressway East
Exit Ogden Avenue — Right on Ogden
South on Ogden to Taylor
Left on Taylor
Immediate Right on Hamilton to Parking Garage

from SOUTH on 90/94 — Dan Ryan Expressway West
Exit Taylor Street — Left on Taylor
West on Taylor to Hamilton
Left on Hamilton to Parking Garage

from LOOP — 290 West Eisenhower Expressway
Exit at Damen Avenue — Left on Damen
South on Damen to Taylor
Right (west) on Taylor, 2 blocks to Hamilton
Left on Hamilton to Parking Garage

Parking Garage: \$2, no time limit/Security/Elevator
Located on Hamilton, between Taylor Street and Roosevelt Road.
Street parking is also available.
Entrance to court building is across the street from the parking garage.

Building Entrances: Two entrances are available.
Ogden (between Taylor and Oakley) or
Hamilton (between Taylor and Roosevelt)



WORKING TOWARD PERMANENCY AS A TEAM

Why Work with Children and Families?



If you use your talents on behalf of children and families and enjoy your work, you will be motivated to do your best.

If you do your best, you will succeed more than you fail and be challenged to do your best over and over again.

If you do your best over and over again, your work will have the quality of excellence.

If your work has the quality of excellence, it is likely to become your life's work.

When your life's work is working for children and families, your life and the lives of everyone you serve will be worthwhile.

— Mary Ann Brownstein
Former foster parent

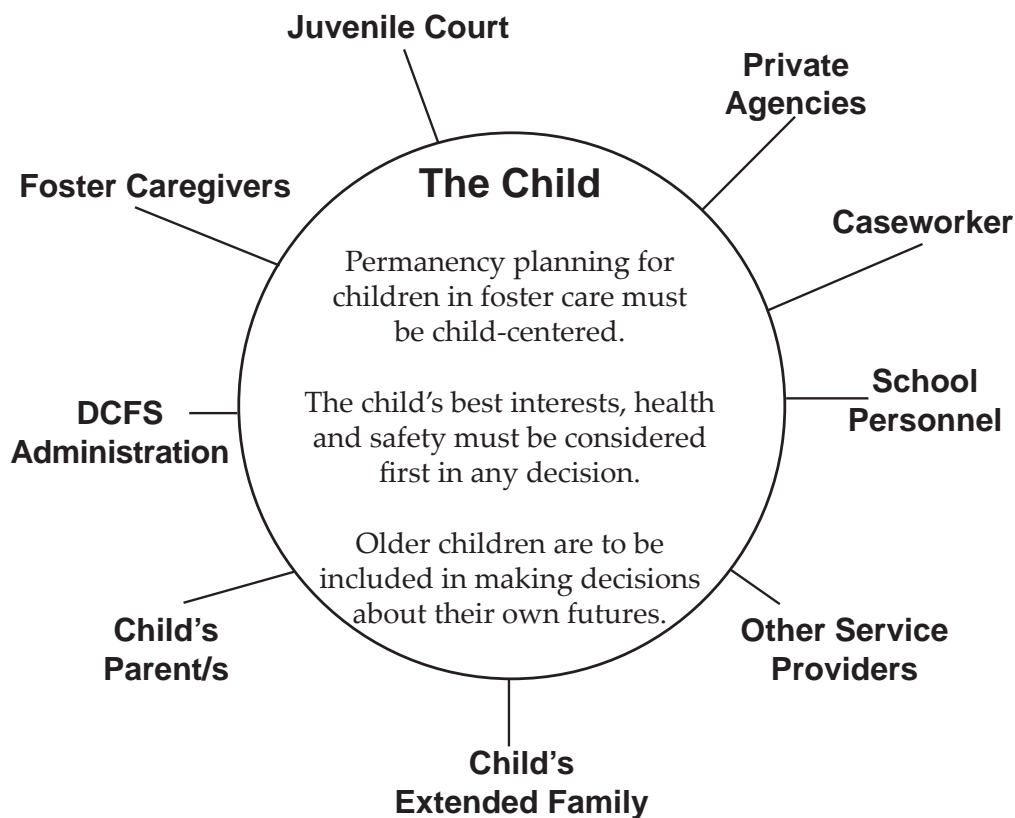


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WORKING TOWARD PERMANENCY AS A TEAM

Children are placed in to the temporary custody of DCFS due to abuse or neglect. Under these serious, traumatic circumstances, the adults involved in the care of the child have to operate as a team to minimize the lasting harm, help the child heal and maintain connections with siblings, family members and other important relationships. Foster care is not intended to be a permanent living arrangement. Instead, it provides a way to protect and nurture a child, until he or she can safely return home to parents who are ready to regain that responsibility. When that can't happen, foster families can help to establish permanency through adoption or guardianship or support an older youth moving toward independence. No matter the goal, it takes commitment and teamwork to make decisions that will lead to the best outcomes for a child. Foster caregivers are an important part of the team that has many team members.



The Child Welfare Team

Either directly or in collaboration with private child welfare agencies, DCFS maintains a professional child welfare team to work for the best interest of each child in foster care. This child welfare team might include parents, extended family, DCFS or private agency caseworkers, school personnel, counselors and foster caregivers. The team members work together to assist the family in correcting conditions that led to the child's placement into foster care.

What is a Team?

A **team** is two or more people who:

- share common purposes, goals, objectives and values;
- have a body of knowledge, a set of skills and values to meet the team's purposes, goals, and objectives;
- have complementary roles with individual expertise, knowledge and skills needed by the team to achieve its goals and objectives;
- make mutually agreed upon decisions and plans to achieve the team's goals and objectives;
- work together to implement the team's decisions and plans;
- have established methods for preventing and resolving conflicts, including having a team leader, captain, or coach;
- assess the achievement of their goals and objectives; and
- change their goals and objectives, as well as members on the team, decisions and plans, and ways to solve problems as needed.

Everyone on the team has specific knowledge and skills. Effective team members do the best job every time and show a dedication to what they are doing. Being on the child welfare team requires each member to extend respect to the other professional members on the team. Understanding the roles, responsibilities and authority of everyone on the team is the first step toward becoming a valued professional team member.

What is Teamwork?

Teamwork is a process that includes:

- determining shared goals and objectives;
- identifying and respecting the complementary roles of other team members and individual expertise;
- making and implementing decisions and plans;
- resolving conflicts in the best interests of the goals and objectives determined;
- assessing achievements and progress toward goals and objectives; and
- making new plans as needed.

The Child Welfare Professional Role

Under Illinois law, caseworkers, supervisors and administrators of DCFS and private agencies are considered to be “child welfare professionals” as defined by law and the educational and performance standards. Child welfare professionals are *employees* of DCFS or private agencies who are authorized by Illinois to act in a decision-making capacity for neglected and abused children and their families.

DCFS requires caseworker’s minimum qualifications to be either a bachelor’s degree in social work from a college with a program approved by the Council on Social Work Education, or a bachelor’s degree in a field related to social work from a recognized college or university with one year of related experience, and knowledge of the child welfare system. New caseworkers are also required to successfully complete a training program after they are hired. The way caseworkers work with children and families has changed. A more structured, clinically-based assessment and critical decision-making process is now in place for caseworkers, which matches the new, shortened permanency timelines.

Although foster caregivers need many professional skills as *volunteer caregivers*, they are not required to meet the same educational and performance standards the State of Illinois requires of “child welfare professionals.” That said, Illinois values the important role that foster families play in keeping children safe. The Foster Parent Law requires that licensed caregivers be treated as professional members of the child welfare team. While not in the statute, that umbrella of professional treatment also covers relative caregivers who may not be licensed.

Caseworkers (also called permanency workers or case managers) provide direct service to children in foster care, their parents and extended family, the foster caregivers and the juvenile court by:

- determining the placement of children in DCFS care;
- recommending a permanency plan and goal for each child in foster care, including termination of parental rights, if necessary;
- developing a Client Service Plan for the child and family, based on their strengths and needs, the permanency plan and goal for the child;
- developing treatment plans;
- developing the Visitation and Contact Plan and the Post Permanency Sibling Contact Plan to support the relationships between children and their siblings.
- participating in Administrative Case Reviews (ACRs);
- monitoring parent/s’ progress in following the service plan and agreements made during the ACR;

-
- providing direct service interventions to accomplish the permanency plans;
 - completing required forms documenting delivery of services;
 - preparing court reports and testifying in court; and
 - supporting foster caregivers.

The Foster Caregiver Role

Foster caregivers, who have the most daily contact and involvement with the child, have always played an important part in:

- protecting and nurturing the child;
- meeting the child’s developmental needs and addressing any delays;
- keeping the child connected to his or her family, culture and religion while in foster care;
- working as a member of the professional child welfare team; and
- helping to prepare older youth to live independently and supporting their transition to living on their own.

In recent years, foster caregivers have seen a renewed focus on permanency. Caregivers should expect children to stay in care a much shorter time and also expect to work directly with families to get children back home.

DCFS and private agencies are recruiting foster caregivers who are willing to:

- work directly with parents toward returning the child home, but are willing to adopt the child if return home is not possible;
- adopt children in their care who cannot return home;
- help recruit other families willing to foster specific children and children with specific needs and encourage children to build and maintain connections with siblings and other important relationships; and
- provide foster care while working with the child welfare team and with the parents to achieve permanency.

Caseworkers are required to make a structured assessment of the child and family’s strengths and needs. The foster caregiver role varies according to the caseworker’s recommendation for intervention with the family and the permanency goal. For example, fostering a child with a preferred goal of return home and a concurrent adoption goal takes competency in working with parents, coupled with emotional stamina. Foster caregivers must be willing and able to: 1) support the parents by working directly with them to model parenting 2) work as a professional member of the child welfare team and, 3) consider adopting if the child cannot return home.

UNDERSTANDING THE CHALLENGES OF TEAMWORK

Child welfare teamwork can seem difficult. Like professional sports teams, child welfare team members are asked to join a child's team according to their role, knowledge and skill. Team members come from different backgrounds and experiences, influencing the way they interact with each other. Understanding each other's roles, responsibility and authority and learning how to work together are the first steps to becoming accepted as a child welfare team member.

All team members may not have the same knowledge of the child welfare system or of the responsibilities of others on the team.

Every member of the child welfare team, including foster parents, must understand their role, the roles of others and the child welfare teamwork expected by Illinois law and DCFS rules and procedures. Teachers, counselors and medical providers giving particular expertise to the team have little or no knowledge of how child welfare works and usually no formal training. Continuously educating new team members to child welfare and DCFS rules can be tedious, but is necessary. Uneven knowledge and training among child welfare team members and professional experts can cause starts and stops and disagreements, slowing progress.

New teams need time to get acquainted, share expectations, decide how they can best work together, and respect each other's individual expertise.

Planning for a child's individual needs and for the child to move into a permanent family begins on the *first day* of foster care. Initially, time for caseworkers and foster caregivers, teachers and other members of the child's team to get to know each other seems very limited. Mutual respect and confidence is built on repeated positive experiences and takes time. The best foster caregiver/caseworker teams work at getting to know each other better to build a solid working relationship.

Foster caregivers, caseworkers and others may feel like they have different goals and objectives.

Caregivers are usually volunteers or relatives who became caregivers with a personal goal of making a difference in the life of a child – not having a job. Caseworkers, agency administrators, teachers, doctors and others are on the child's team due to their professional role in a particular job. They are likely to have chosen their profession, however, from a personal dedication to children and families. In order to be effective, child welfare team members must recognize that their mutual goal is the same – planning for the best interests of the child in foster care.

Making life-defining plans and decisions for human beings is emotional work.

Unlike other members of the child welfare team, foster caregivers who want to adopt and parents who want their child returned, have a personal and emotional stake in the outcome of permanency planning. Staff working closely with families and children may also feel an emotional stake in their success. Being able to separate emotions and remain objective isn't easy, but it's necessary to fairly represent the best interests of any child in foster care.

TEAMWORK IN CHILD WELFARE DECISIONS

Ongoing changes to Illinois law and child welfare practice affecting how the child welfare system and the juvenile court work with children and families have sought to prevent a child from growing up in foster care and to assist parents in taking more responsibility for their children's futures. Timelines for moving a child out of foster care and into a permanent family have been shortened.

Caregivers need to understand the timelines as they relate to foster parenting, child welfare and the juvenile court in order to continue to be effective advocates for children in their care while contributing to the team.

The Child Welfare Intervention Process

The ultimate goal of taking a child into temporary custody is to ensure his or her health, safety and well-being. The caseworker, in consultation with the child welfare team, which includes the birth family:

- assesses the needs of the children and family;
- plans for needed or desired supportive services;
- evaluates progress; and
- recommends case closure when permanency is achieved or safety issues are resolved.

From the beginning of the intervention process to the end, the caseworker makes recommendations to:

- place a child in substitute care;
- return a child to the care of his or her family; or
- move toward alternate permanency planning, such as adoption or guardianship.

All casework decisions are made in collaboration with the parents, the extended family, caregivers and any involved service providers (i.e. intervention team) according to the principles of sound social work practice.

Teamwork Activity: Clinically focused "family meetings" to assess what "reasonable efforts" have been taken to help the family and the family's progress are required at least quarterly and need to include the caseworker, supervisor, foster caregivers and the parent.

Making Placement Decisions

Keeping Children Home: Diligent Search for Parents and Relatives Required

If an allegation of abuse or neglect results in a child being removed from his home, caseworkers must take specific steps to immediately locate parents and relatives before the Temporary Custody Hearing (within 48 hours of the child being removed from the home). If the parents are not located within this time, specific further steps are required at 30 and 60 day intervals, with caseworkers reporting search findings to the court at the adjudicatory hearing. These early search requirements for parents and relatives give children a fair chance of staying inside their own family.

Foster Care Placement Criteria

If foster care placement becomes a necessary option to consider, it must be consistent with the best interest and special needs of the child. Children who need foster care must be placed:

- in the *least restrictive setting* appropriate for the child that most closely resembles a family;
- within *reasonable proximity to the child's home when the goal is return home*, and within the child's school district, whenever possible. The special needs of the child and family, the importance of maintaining stability in the child's educational and social relationships and the availability of the services needed for the child and family must be taken into account;
- with relatives, if possible;
- with siblings, unless the case falls into the exceptions listed in DCFS Rule 301.70;
- with foster or prospective adoptive parents who have the ability to meet the needs of the child and to encourage the relationships that are important to the child; and
- according to criteria described in 89 Ill. Adm. Code 307, Indian Child Welfare Services, if the child is of Native American heritage.

Using *Best Interests of the Child* in Decision-Making

The underlying principle in permanency planning is to make plans and decisions for foster children based on the *best interests of the child* — not the parents, foster caregivers, the agency, or anyone else. The Juvenile Court Act contains the following legal definition of *best interests of the child*.

Whenever a child’s “best interest” must be determined, the following factors shall be considered *in the context of the child’s age and developmental needs*:

- physical safety and welfare of the child, including food, shelter, health and clothing;
 - development of the child’s identity;
 - the child’s background and ties, including family and religion; and
 - the child’s sense of attachments, including:
 - where the child actually feels love, attachment and a sense of being valued (as opposed to where adults believe the child should feel such love, attachment, and a sense of being valued);
 - the child’s sense of security;
 - the child’s sense of familiarity;
 - continuity of affection for the child;
 - the least disruptive placement alternative for the child;
 - the child’s wishes and long-term goals;
 - the child’s community ties, including church, school and friends;
 - permanence for the child;
 - uniqueness of every family and child;
 - risks connected with entering and being in substitute care; and
 - preferences of the persons available to care for the child.
-

Discussion, debate and decisions made by the child welfare team in permanency planning must be based on and defended by the legal *best interests of the child* definition. Foster caregivers need to use this definition in advocating for the child’s needs and in discussing permanency goals with the child welfare team and the juvenile court.

CLIENT SERVICE PLANNING

The child in care and his or her parents are the “clients” served by the child welfare team. The caseworker (permanency worker), in consultation with other members of the child welfare team — the supervisor, agency, clients, caregivers and service providers — coordinates case planning for the family and facilitates key decision-making within the child welfare team. The family’s overall case plan is called the “Client Service Plan.” The Client Service Plan contains individualized tasks for each parent and child.

Integrated Assessment (IA) Program

DCFS created the Integrated Assessment Program to improve casework staff’s capacity to address not only critical safety and risk factors, but also the medical, educational, developmental, behavioral, and emotional needs of children and the adults who care for them. From the IA process, the child welfare team will determine a recommended permanency path and develop a client service plan.

New cases, called Standard Placement Cases, receive an assessment with the assistance of a clinical screener, a specifically-trained and licensed mental health professional. Screeners meet with the parents and caregivers to determine their needs, strengths and support systems. They also conduct clinical interviews with each child, identifying strengths, functioning levels and developmental and behavioral/mental health needs. The IA process depends on engaging significant family members including: the child, parents/ guardians, paramours, step-parents, caregivers and other relevant adults. Together, these individuals, along with the permanency worker (caseworker), supervisor and clinical screener, make up the IA team.

Throughout the interviews and screenings, they all share and discuss information, questions, concerns, impressions and recommendations as the team plans and identifies referrals. Additionally, specially-trained medical professionals complete an enhanced Comprehensive Health Evaluation for each child.

By 21 days from the date the court grants DCFS custody, all interviews/screens and the Comprehensive Health Evaluation (CHE) should be completed. Next, the screener drafts the Integrated Assessment Report and provides it to the permanency worker and supervisor to review. After review and revisions, the final report must be filed on the DCFS computer system (SACWIS). By day 40, the permanency worker and supervisor conduct a Family Meeting to discuss the recommendations and begin developing the Family Service Plan. By day 45, the final documents must be submitted to Juvenile Court.

Developing the Family Service Plan

One critical outcome of the IA process is the Family Service Plan. It includes tasks, services and resources to meet the medical, developmental, educational, and behavioral/mental health needs of families. It is developed in conjunction with the caregiver, parent, and child at a Family Meeting, and is reviewed periodically for progress. The caseworker and supervisor continue to assess the family's needs and strengths, updating the Integrated Assessment (IA) report and the service plan throughout the life of the case. These documents serve as the foundation for what is to come as the case moves to a satisfactory permanency conclusion. Throughout the life of the case, the permanency worker, guided by the supervisor, continues to engage the family, gather information, analyze findings, and update the Integrated Assessment Report and the Family Service Plan.

Role of the Foster Caregiver in the Integrated Assessment Process

Foster caregivers and other substitute caregivers are critical to the IA process. They have to provide continuous care in the home, so they know the children in placement better than the other professional team members.

With some variation, the caregivers' major responsibilities during the IA include:

- participating in the caregiver interview and screenings with the child as needed;
- taking children for their Comprehensive Health Exam (CHE), to the designated HealthWorks provider.
- acting as a professional team member, interacting and sharing information; and
- attending and participating in family meetings as appropriate.

Foster caregivers also provide ongoing care for children, which may include administering medication, monitoring conditions, and transporting for treatment, as part of the IA process.

PERMANENCY PLANNING PROCESS

Although foster care is a temporary solution to keeping a child safe, it does not offer the permanent, lifetime family that every child needs and craves. In past years, many children grew up in foster care. Now, planning for a child to leave foster care begins on the first day the child comes into DCFS custody. All planning revolves around finding a permanent family — his or her own parents, other family members or another family — for the child, , maintaining sibling and family connections and moving the child into permanency as quickly as possible.

Permanency planning for a child is a joint process involving:

- DCFS and the child welfare team, including foster caregivers;
- the child and his or her family; and
- juvenile court.

The permanency planning process considers all of these factors and others in making critical decision guidelines for children and their families:

- the health and safety of a child come first;
- the “Best interests” of a child control all decisions;
- a child’s sense of time governs the permanency timetable; and
- parents must make “substantial progress” in correcting the conditions that led to foster care.

Permanency Options for Children in Foster Care

The goal of permanency planning is for the child in DCFS care to exit foster care to a permanent family.

A child in foster care may find a permanent family by:

- returning home (Reunification);
- adoption; or
- guardianship.

DCFS is committed to finding a permanent family for all children under state care. Sometimes teens who cannot return home to their birth families choose not to move to adoption or guardianship. Sometimes we cannot find a permanent home for a teen. When return home, adoption and guardianship have been ruled out as a permanency option for a child that is at least 16, they may have a goal of independent living. When independent living is the goal, the child welfare system provides services to help the child learn to live independently.

Section 7, *After Foster Care*, explains adoption, guardianship and independent living. It also describes support services provided by DCFS.

The Pathways to Permanency

There are three paths that a child can take – Early Reunification, Concurrent Planning and Expedited Termination – and the child and family need a caregiver who is willing to support them based on the designated path.

The goal for every child entering foster care is to return home. When a child is removed from his family for protective care, the state is legally bound to make efforts to help the parents to correct the conditions that made it unsafe for the child to stay at home. Each child is placed on the pathway to permanency that best suits his or her needs. It is important to remember that no assessment, no matter how thorough, can predict with certainty what the future will hold. The child's path to permanency may change according to the parents' progress.

The Pathway of Early Reunification

Early reunification is the pathway for the child whose family is ready to begin working toward the changes needed to safely parent. The goal is to return the child home as soon as safety can be managed, which may be before the parent has completed treatment or services. Progress is the watchword, not perfection. The family will receive ongoing agency support after return home. The child on the pathway of early reunification needs a caregiver who will have a supportive personal relationship with his parents.

The Pathway of Concurrent Planning

Concurrent planning is the pathway for the child whose family has issues or conditions that make reunification especially challenging or who is not ready to start working on needed changes right away. Simply put, concurrent planning means the agency works toward two goals at one time, so that if one goal does not work out, the other can be implemented. For example, the child welfare team work to reunify a child with his or her family, while also exploring adoption. If the child is unable to return to the family, then adoption efforts will already be underway.

The concurrent planning process focuses on the parent's actual behavior rather than promises or intentions, allowing the case to move forward if reasonable progress has not been made by a specific time. Concurrent planning ensures decisions concerning permanency are based on a child's sense of time and urgency. To be done successfully, concurrent planning requires the respectful use of full disclosure, which is open, honest and complete communication between the parents, foster caregivers and child welfare workers.

The Pathway of Expedited Termination of Parental Rights

The pathway of expedited termination of parental rights is used only when a court determines that the abuse or neglect has been so severe that parental rights should be terminated without agency efforts to help the parents reunify the family. These are extraordinary cases of severe maltreatment that meet criteria set out in state and federal law. Very few situations meet these criteria. The child on the pathway of expedited termination of parental rights needs a caregiver who is committed to adoption or guardianship.

Permanency Goals

Permanency goals are part of the common language used by caseworkers, child welfare staff and the juvenile court. Caregivers need to familiarize themselves with the permanency goals shown below.

During the first 12 months of the case, the foster care program assigned to the case and supporting the family may work with a recommended permanency goal based on the facts of the case. At the 12-month Permanency Hearing, the judge selects a permanency goal, based on the evidence presented and the recommendation of the caseworker. Once the court has set the goal, it can only be changed by the court. The services in the service plan must always support the goal set by the court.

Permanency Goal Definitions

- (A) The minor will be returned home by a specific date within five months.
- (B) The minor will be in short-term foster care with a continued goal to return home within a period not to exceed one year, where the progress of the parent or parents is substantial, giving particular consideration to the age and individual needs of the minor.
- (B-1) The minor will be in short-term foster care with a continued goal to return home pending a status hearing. When the court finds that a parent has not made reasonable efforts or reasonable progress to date, the court shall identify what actions the parent and DCFS must take in order to justify a finding of reasonable efforts or reasonable progress and shall set a status hearing to be held not earlier than 9 months from the date of adjudication and no later than 11 months from the date of adjudication during which the parent's progress will again be reviewed.
- (C) The minor will be in substitute care pending court determination on termination of parental rights.
- (D) Adoption, provided that parental rights have been terminated or relinquished.
- (E) The guardianship of the minor will be transferred to an individual or couple on a permanent basis provided that goals (A) through (D) have been ruled out, or by order of the court.
- (F) The minor over age 15 will be in substitute care pending independence.
- (G) The minor will be in substitute care because he or she cannot be provided for in a home environment due to developmental disabilities or mental illness or because he/she is a danger to self or others, provided that goals (A) through (D) have been ruled out or by order of the court.
- (H) The guardianship of the minor will remain with the department and the minor will be in continuing foster care if all other permanency goals have been ruled out based on the minor's best interest; the minor has lived with the relative or foster parent for at least one year; and the relative or foster parent currently caring for the child is willing to provide, and capable of providing, the child with a stable and permanent environment for the foreseeable future.

FOSTER CAREGIVERS' ROLE IN THE PERMANENCY PLANNING PROCESS

Early Reunification

GOAL: Reunify child with family in 3 to 6 months

These may be cases where a family experiences a situational crisis, has no previous history of child abuse or neglect and accepts responsibility for the maltreatment. The maltreatment was not severe or life-threatening. The family shows a willingness to visit and continue parenting responsibilities and demonstrates the capabilities to meet their own and their child's needs.

Implications for Caregivers

Protecting the child's emotional attachment to the family and working closely with the caseworker is magnified. Facilitating visits and letting the parent share responsibility in parenting the child, as decided by the child and family team, are essential to reunifying the family within this short time frame. Visits occur more often — could be several times a week. Weekend and overnight visitation should start as soon as possible. Parents continue to be very involved in parenting the child by participating in such activities as school conferences, shopping and doctor's appointments.

Concurrent Planning

GOALS:

- Provide the family with reunification services relevant to the family's needs, involving family and extended family resources; and
- At the permanency hearing 12 months after the child comes into foster care, the court decides if the parents are making "reasonable progress." If the court believes the parents are making progress, the court may give them up to 12 more months, at which time a final court decision will be made.

Implications for Caregivers

Because a longer term working relationship between caregiver and caseworker may be needed, establishing communication and learning to work together take on even more importance, as do accessibility of services for children; logistics and supervision of visits; and the caregiver's ability to attend family meetings (if the parent consents) and Administrative Case Reviews and provide written documentation.

Expedited Termination of Parental Rights

GOAL: Free the child for adoption within six months

The child's case must be assessed anytime between case opening to 14 days prior to adjudication (about 90-120 days after temporary protective custody) to determine if grounds for parental unfitness exist or any of the factors exist identifying the possibility of adoption.

The caseworker **MUST SEEK *expedited termination of parental rights*** if the following unfitness grounds are present for both parents:

- extreme and repeated cruelty to the child;
- a finding of physical abuse and criminal conviction;
- a conviction of ANY of the following crimes:
 - first or second degree murder of a parent of the child to be adopted;
 - first or second degree murder of any child;
 - attempt or conspiracy to commit first or second degree murder of any child;
 - solicitation to commit murder of any child, solicitation to commit murder of any child for hire, or solicitation to commit second degree murder of any child;
 - accountability for the first or second degree murder of any child; or
 - aggravated criminal sexual assault.
- abandonment of a newborn infant in a hospital;
- abandonment of a newborn infant in a setting where the evidence suggests that the parent intended to relinquish parental rights; or
- incarceration of a parent as a result of a criminal conviction where prior to incarceration the parent had little or no contact with the child, or provided little or no support of the child, and the parent's incarceration will prevent the parent from discharging his or her parental responsibilities for the child for a period of two years after the filing of the petition or motion for termination of parental rights.

The caseworker **MUST CONSIDER *expedited termination of parental rights*** if these grounds are present for both parents:

- abandonment of the child (other than newborn infant);
- desertion;
- inability to discharge parental responsibility due to mental illness, mental impairment or developmental disability; or
- a subsequent substance exposed infant, after which the mother had the opportunity to participate in a drug counseling, treatment and rehabilitation program.

Implications for Foster Caregivers

- If you are waiting to adopt a child for whom one of the grounds appears to exist for expedited termination of parental rights, contact the caseworker and supervisor immediately and ask if the case meets the criteria to expedite terminating the parent's rights.
- Make sure you participate in the Administrative Case Review (ACR) and the other opportunities in which expedited termination of parental rights must be ruled out or in.
- If you are interested in adopting, tell your agency that you are interested in caring for children from expedited termination cases.
- Visits continue until parental rights are terminated. If safety is an issue, visits may be supervised. The visit's purpose is to help the child with the trauma experienced; the changing relationship with the parent; and with closing the birth family relationship and being free to enter a new family relationship. You need to plan with the caseworker to help the child with these issues.

Additional Factors that Could Lead to Adoption

Anytime during the case, these additional factors should be considered in identifying the possibility of adoption for a child:

- the parent or parents have signed or indicated a desire to sign a consent or surrender for adoption;
- the parent or parents have previously signed a consent or surrender for adoption for children who were subjects of abuse, neglect, or dependency petitions and/or parental rights have been terminated with regard to other children in the past, thus indicating there may have been risk of harm to other children in the parent/s care; or
- the parent or parents have made *unsatisfactory progress* in correcting the conditions that led to the removal of their children, resulting in a rating of unsatisfactory progress which may be indicative of parental unfitness, and return home to either parent is unlikely.

WORKING WITH FAMILIES WHOSE CHILDREN ARE IN FOSTER CARE

Each child is entitled to a caregiver who can support the family's efforts toward a successful reunification. The child welfare team acknowledges the child and parent as members of a family unit and helps the parent to remain in the parent role while the children are in foster care. Out of respect for the continuing nature of the parent-child relationship, it is important to continue to refer to the child's parents as parents rather than "birth parents" or "biological parents." The modifiers "birth" and "biological" may be used later if parental rights are terminated to distinguish the parents of origin from the pre-adoptive or adoptive parents. In the same vein, the families who offer care for the children are known as "foster caregivers" or "relative caregivers" rather than "foster parents."

Foster caregivers, like other members of the child welfare team, need to maintain an attitude toward the child's family that shows:

- respect as a person;
- nonjudgmental support;
- respect for, and attention to, their feelings;
- a genuine interest;
- understanding; and
- respect for culture.

Intervention with most families will be most successful when the child welfare team maintains this attitude and shares the belief that most parents want to meet the needs of their children and have the capacity to change and grow.

Rights of Parents

Parents retain some rights and responsibilities if their rights have not been legally terminated by the court, even if their children are in foster care. Parents have the right to:

- support the child;
- call the child;
- reasonable visitation, unless prohibited by the court;
- consent to the child's adoption;
- determine the child's religious affiliation (including the right to allow baptism);
- know information about the child;
- participate in making certain decisions about the child;
- correct conditions that led to the child's placement in foster care and regain custody of their child;
- have input on the child's hair care;

-
- attend doctor appointments for the child; and
 - be involved in the child’s education.

Match Your Family’s Skills and Desires to the Child’s Permanency Goal

Many caregivers come into foster care willing to adopt. Some families only want to provide foster care. Many foster families begin fostering without plans to adopt and then fall in love with a child who needs a permanent family. Currently, 95 percent of the children adopted out of foster care in Illinois are adopted by their foster caregivers. Knowing your family’s feelings about adoption and working with birth families to help children return home is important to deciding whether or not a prospective child is a good match for your family.

Each type of case intervention described on pages 14-16 carries a different amount of caregiver involvement in working with families, that could range from no contact to modeling parenting. Understanding which type of case relates to the children in your care will help you define DCFS and agency expectations of your involvement in working with parents or other family. Even if you do not have in-person contact with parents or extended family of the child, your child’s family of origin will always be present in his or her memory or imagination.

Caregivers have a choice in their role

Not every case will have a goal of reunification and not every caregiver will be suited to support a family with a reunification goal. Licensing workers will have discussions with caregivers about whether they want to be identified as a resource for a case where reunification is the goal. Those who choose to could then sign a self-assessment form and be listed as such in the Foster Home Availability Database. A caregiver who accepts a reunification case is also open to:

- meeting the parents, as soon as possible after the child has been placed;
- exchanging information about the child between the parent, caregiver and caseworker at initial placement and as the case moves forward;
- shared-parenting activities to allow the parent to fulfill certain parenting responsibilities while the child is in care;
- family visits in a family setting, where the caregiver can support or host visits between the parents and the child (in addition to the required sibling visits); and
- mentoring and modeling with parents, with the caregiver serving as a respectful helper and role model to parents on the road to early reunification.

When a placing worker calls, ASK what the permanency goal is for the child.

Know and understand the permanency plan and goal for the foster child before you say “Yes!” to a placement. Be realistic about what you want and can handle. If you want to foster only and the child is likely to need a permanent family, based on the permanency goal and the facts of the case, letting the child be placed with your family is not necessarily in the child’s best interests.

PERMANENCY PLANNING TOWARD REUNIFICATION

Permanency planning toward reunification is an approach to reducing the trauma of separation for children, building safe and stable families and achieving permanency for children with their parents. The focus on reunification is not new. The safety of children and strengthening of their families is the two-part mandate of the department. Families are strengthened so that children can go home.

Permanency planning toward reunification establishes a practice that identifies and builds on family strengths. It engages families of children in foster care immediately, directly and continually in planning for and working toward the return of their children. It respects the parent-child bond while assisting the parent to establish new attitudes and behaviors toward family safety and well-being.



Foster caregivers are rightfully proud of their contribution in providing safe protective homes for children in need. Permanency planning toward reunification offers them the opportunity to play a central role in strengthening families as well. The parent, caregiver and caseworker make a potent team for reunification. They work together like three legs of a stool. However, without all three supporting legs, reunification cannot stand strong. Each individual must work as a positive agent of change and as a helper, not a judge or jury. When a family must be separated, an emergency response is

needed. No one can wait to get started – not the parent, the caseworker or the caregiver.

Parents do the hard work of reunification:

- changing behavior;
- building relationships;
- enhancing skills; and
- improving conditions.

Caregivers help with:

- encouraging words;
- shared parenting; and
- visits between the parents and siblings.

Caseworkers assist the family in an immediate, active and ongoing way through:

- casework support;
- family meetings; and
- services and treatment.

Every caregiver for children whose parents are working toward reunification is expected to offer respectful support toward that goal. Shared parenting and visits in a family setting were important activities in the initial assessment period and they remain two of the most important elements in the caregiver role throughout the relationship of the caregiver with the child and family. They provide the framework for all of the other activities.

How do Caregivers Help in Reunification?

Meeting the parents as soon as possible

The caseworker introduces the child's parents and the child's foster caregiver to each other shortly after case assignment. Acceptance by the caregiver and assurance that the caregiver will not stand between the parent and child can go a long way to get the work of reunification off to a good start.

Exchange of information about the child

The parents help the caseworker and caregiver learn about their child. The parents share the "Let Me Tell You About My Child" document with the caregiver, telling the caregiver about the child's daily routines, habits, likes and dislikes. The caregiver talks with the parents about how the child is doing in foster care. This exchange of information about the child and shared concern for his well-being continues throughout the time that the child is in care.

Shared parenting

Shared parenting is both a right and a responsibility of the parent. With shared parenting the parent engages in certain parenting tasks together with the caregiver or caseworker. Shared parenting begins with the parent participating in the initial tasks of settling the child in to the new placement – the child health exam, any child psychological evaluations, and meetings at the child's school. The type and extent of shared parenting tasks grows as the parent becomes successful in changing the conditions that brought the child into care.

Family visits in a family setting

Child welfare research identifies family visits as a critical factor in the achievement of early, safe and stable family reunification. Family visits are most effective in a relaxed and private setting. Caregivers play an important role in successful family visits.

Mentoring and modeling with parents

Most parents look forward to the return of their child. Many, however, need the assistance of a caring, respectful helper and role model. In these cases the caregiver can provide a role model for caring relationships and family cooperation.

Safety is always a priority for the department. The safety of the foster caregiver and family is also important. No one is asked to enter a situation in which he or she feels in danger. CANTS and LEADS checks, in-depth assessment, and many experiences with the parent are the guide to safety. The caregiver, of course, will be the one to determine if they will go to a parent's home and whether the parent may come to their home.

That said, when a foster caregiver accepts the placement of a child new to foster care, he or she should come to the table with a good faith intention to be supportive of the parents' relationship with the child and to be helpful to the reunification process.

Building a relationship with the child's parents can be done in many ways. For all caregivers it should include:

- encouraging parents in their improved parenting skills and relationship with their child; and
- supporting the transition of responsibility from the caregiver to the parent.

Shared Parenting

Shared parenting opportunities that can be repeated over and over again as long as the child is in care include: school events, performances, sports activities, church events, community activities, social and family gatherings, meals, getting ready for nap or bedtime, going and coming from school, homework, hobbies and just relaxing together. The type and extent of shared parenting activities will grow as the parent is successful in changing the conditions that brought the child into care. A family or community setting provides the best opportunity for a parent to engage in ordinary parenting tasks with their children. Shared parenting may continue after the child returns home until case closure if the caregiver and parent agree.

Shared parenting helps the child

A child in foster care continues to need the care and attention of her parent even while in the home of the caregiver. Shared parent tasks and responsibilities reassure the child of the parent's role in her life and reinforce the child's continued membership in her family.

Shared parenting helps the parent

Shared parenting tasks provide opportunities for the parent to remain in the "parent" role, to grow in the relationship, to learn from the caseworker and caregiver and to practice new skills.

Shared parenting helps make the reunification decision

Parent participation in "normal" parent activities helps to predict how well the parent will handle responsibilities when the family is reunited.

Family Visits – the Heart of Reunification

Family visits benefit children in care in many ways. Research has found that children who are visited frequently by their parents are more likely to have a better sense of well-being and to adjust well to placement than children who are visited less frequently or not at all. Research has also shown that visiting is strongly associated with family reunification and with shortened length of stay in care and that there is an association between frequent visiting prior to return home and successful reunification.

Frequent Visits in a Family Setting

The impact of separation on children and parents is severe. Consistent visits can help children and their parents cope with the loss. An immediate visit engages the parent and reassures the child; frequent visits strengthen family bonds; and visits in a family setting provide a safe and effective opportunity to develop parenting skills. Support of early, frequent and consistent visits in a setting that is comfortable for both parents and children may be the most important contribution a caregiver can make to a family's efforts to get back together.

What is a Family Setting?

Family setting means the home of the caregiver, parent, relative, friend or a church or community institution that offers an appropriate environment for parenting activities such as help with homework, hobbies, meal preparation, grooming, chores, getting ready for nap or bedtime. If a parent is hospitalized, in a residential treatment facility or incarcerated, then a visit in the visiting room of the institution is a family setting for that parent and child.

Role of the Parent in a Visit in Your Home

A parent visiting a child in your home is there as your guest at your invitation and must comply with rules that you, the parent and the caseworker have agreed to before the visits in your home begin. Model rules are available to your caseworker on the DCFS D-Net. These rules may be modified to suit your particular situation.

Resources for Caregivers Working Toward Reunification

Caregivers can also expect to hear about the tools listed below. They were designed to help to keep the parent actively involved, provide a "common" language and set of expectations and help to identify areas of need and progress as he or she moves toward reunification.

Parent's Handbook for Permanency

Helps the family understand the "work of reunification" starting with understanding what needs to change.

Let Me Tell You About My Child

Gives the parent the opportunity to "teach" the caseworker and caregiver about the family's child through a discussion about the child's daily routines, likes and dislikes.

Readiness for Reunification

Helps identify areas of family strength while at the same time points out those areas of "safe" parenting that the family needs to work on.

Supportive Visitation

Helps the parent to identify areas to strengthen their relationship with their child while at the same time learning more effective parent skills.

The relationship between the caregivers and the parents will not happen immediately. It will develop over time—as all relationships do. There may be good relationships with parents and others that don't turn out well. Remember that the caseworker can help when you need additional support.

Family Reunification Special Service Fee

DCFS has devoted resources to help caregivers meet the responsibilities supporting reunification efforts. The Family Reunification Special Service Fee is a reimbursement made directly to the caregiver for reunification activities. It is a reimbursement that can cover expenses such as transportation, entrance fees, and food that are part of activities supporting foster children and their parents. Caregivers, parents and the caseworker can develop a monthly plan for activities that take place in a "family setting," such as homework help by the parent or a "choice" activity for participating in meetings or court. Based on the level of interaction with the parent, a caregiver could qualify for a reimbursement of up to \$400 each month.

Activities such as visits in a "family setting" count for reimbursement if the caregiver provides the location, supervision, mentoring and/or transportation. Other activities could include shared parenting tasks, meeting the caseworker and parents to plan activities, attending a court hearing with the parent, going to counseling with the family or continuing the same type of support after a return home. The reimbursement amounts follow four levels of activities for each month as the parent is progressing toward reunification.

At Level 1, a caregiver who engages the parent in three activities that month (at least two in a family setting and one could be another eligible activity from the choice list) would be reimbursed \$75. Working with parents in up to 12 activities in a month would make the caregiver eligible for Level 4 reimbursement at \$400. Caregivers of children with a return home goal should document all of the reunification activities that are eligible for reimbursement. Date and describe each activity on the Family Reunification Special Service Fee Log (CFS 1042-L). Details on eligible activities and documentation are included with the log. The caregiver and the parent each sign the log as the event happens. At the end of the month the caseworker should review the document, sign it and obtain a

supervisor signature. Check with your caseworker to make sure your planned activities are reimbursable.

It is the caseworker's responsibility to submit the completed and signed form to the Central Payment Unit. Don't wait to submit several forms at once. Caregivers should make a copy of the forms for their records. They can also follow-up with the caseworker to be certain that the signed form was turned in for payment.

Preparing for Return Home

Parents' progress in assuming parenting responsibilities and correcting the conditions that required the child to come into foster care will lead to unsupervised day visits. Success with unsupervised day visits pave the way for unsupervised overnight visits. When safety and responsibility have been demonstrated in overnight and weekend visits and progress continues in services, it is time to prepare for a permanency staffing. A permanency staffing will be held by nine months in all cases.

When the parent is prepared to assume full time parenting responsibilities, a reunification support plan will be put together with the participation of service providers and the Child and Family Team. Safety assessments immediately before and shortly after return home will be accompanied by frequent in-person contact of the caseworker with the family and service providers. Caregivers may be part of this team. The case must remain open for the provision of stabilization services and safety monitoring for at least six to eight months after return home.

After the Child Returns Home

Continuing the relationship after return home may be especially important for early reunification families. These families will have increased visits from caseworkers and other supports as their children return to them. Cases may be open for as long as a year after the families reunify.

Caregivers who have worked closely with the family toward reunification celebrate the return of the children with the family, but the celebration may be bittersweet as loss of the children in their home may be difficult for caregivers who have become attached to the children. The work that they have done together may point the way to an ongoing role for the caregiver in the stabilization of the newly reunified family.

If Return Home is Not Possible

To learn about what happens when safe reunification is not possible and the permanency goal is changed to prepare for adoption, guardianship or independent living, refer to the After Foster Care section in Chapter 7 of this handbook.

CHECK POINTS TO SUPPORT FAMILIES ON THE PATHWAY TO PERMANENCY

Supervisory-Clinical Staffings

An important change was made in how foster care programs monitor and staff cases. All plans for clinical intervention and social work or specialty services, and recommendations about permanency now happen at supervisory-clinical staffings. For example, a mental health crisis, serious disciplinary problems, or other situations that might arise requiring consultation and planning among those involved in the child's care would prompt the need for a clinical staffing. The purpose of the staffing is to identify clinical issues and address them using the team approach. Supervisory-clinical staffings are *clinically-focused* staffings involving the caseworker, supervisor, clinical experts, child, family, caregiver and service providers. Foster parents, as caregivers and members of the child welfare team, should expect to be invited to the supervisory-clinical staffings.

Administrative Case Review (ACR)

Administrative Case Review (ACR) is the independent review process for Illinois required by federal and state law. The purpose of the review is to assure the case plans are family-focused and move children toward a lifelong relationship that ensures safety and provides for their well being. DCFS Rule 316 outlines the ACR process.

The case review is conducted by an Administrative Case Reviewer, *who is independent* of the supervisor and caseworker and, therefore, not responsible for the case direction, management or the delivery of services. The reviewer may raise issues not addressed in the service plan. These issues may be family services or system obstacles that are hindering progress in the case. Based on the caseworker's response to these issues and best social work practice, the reviewer may advise the caseworker to include or delete information and/or services in the service plan.

Foster Caregiver Role in the ACR

Foster caregivers can and should make every effort to attend the ACR to add to the discussion, stay informed and advocate as needed. Caregivers usually have important firsthand information about:

- the wishes and opinions of children under 12 years old who are not usually asked to attend, or older children who cannot attend;
- the quality of services being provided;
- services in the service plan not being provided;
- the need for new services not in the service plan; and
- whether or not the above information was used by the caseworker to develop the service plan.

Timing of ACRs

Temporary Custody Hearing

1st ACR ————— 90 days
(Within 6 months of the Temporary Custody Hearing)

Following the 6-month review, ACRs are conducted every 6 months thereafter.

Foster caregivers will receive a notice of the date for an upcoming ACR. If that date or time is not one where the caregiver could attend, ask for another option. The caregiver's input is needed in the child's portion of the ACR for the reviewer to have an accurate view of the case. Caregivers may be present during the child's portion of the review, but, due to confidentiality, cannot be present for the parent portion of the ACR without the parent's consent.

What is Reviewed at the ACR?

- whether DCFS' continuing intervention is necessary;
- whether services, including placement services, are necessary, relevant, coordinated and appropriate, and whether they address the health and safety needs of the child;
- whether or not other services are needed, but are not being provided to the child or family and the reasons why they are not being provided;
- the disability status of a child to ascertain the need for and/or appropriateness of specialized services;
- the appropriateness of the child's educational placement and the child's educational progress;
- the child's health information and family health information which could impact the child;
- special physical, psychological, educational, medical, emotional, or other needs of the child or his family that are relevant to a permanency or placement determination;
- programs or services for any child 16 or over that will enable the child to prepare for independent living;
- compliance of DCFS, service providers, the family, the caregiver (or other substitute care provider) with the service plan and, if they are not complying, whether changes in the service plan or goals are needed;
- whether there is progress to resolve the child's and family's problems, whether the progress is satisfactory and whether the child can safely return home;
- whether the projected month for achieving the permanency goal is realistic; and
- the appropriateness of the permanency goal and recommended changes to the goal, if appropriate.

Outcomes of the ACR

The outcomes of each ACR are:

- an objective, independent evaluation of progress towards permanency;
- an objective, independent review of the service plan for the next period; and
- report of the findings and recommendations regarding the case progress toward permanency for the child.

After reviewing the case, the administrative case reviewer reports their findings and recommendations to those persons who can implement changes in the case and/or the child welfare system.

The report includes:

- any issues not addressed in the service plan that were discovered during the review;
- family service problems or system issues that are hindering the progress and/or permanency of the case; and
- systemic issues identified in the child welfare system.

The program operations supervisor is responsible for addressing problems presented in the administrative case reviewer's report on specific case issues.

The reviewer may not change a permanency goal established by the court.

Who Participates in ACRs?

The caseworker and/or supervisor with case responsibility for the children and/or the family are required to attend.

Others who may attend are:

- parents and their representatives (Unless they are known to be violent and potentially dangerous to other participants in the ACR or their rights have been terminated by the court);
- children 12 years or older, with consideration given to the material in the review and the benefits of having them present. Younger children may attend if the caseworker and supervisor determine that the child can benefit from participating;
- foster caregivers or relative caregivers (child's portion only);
Foster caregivers or relative caregivers may be able to participate in other segments of the review involving the child's family if the information being presented at the review is essential for understanding the needs of the child and to caring for the child. When a positive relationship exists between the caregiver and the child's family, the child's family may consent to disclosure of additional information.

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- child’s Guardian ad litem (GAL) or legal representative;
 - DCFS regional nurses and/or medical case managers, if the child has complex medical issues; and
 - other service providers.

Decision Review: Disagreeing with the Service Plan

If a caregiver disagrees with *any portion* of the service plan, including any amendments made by the Administrative Case Reviewer, he or she may request a decision review *within five working days* after the ACR by sending a written request to:

DCFS Deputy Associate Director
1921 S. Indiana, Ave., 2nd Floor
Chicago, IL 60616
Fax: 312-328-2749

Note: Amendments to the service plan resulting from court decisions at the permanency hearing or any other court order may not be the subject of a decision review.

A decision review conference will be held within 10 working days after the receipt of the request.

A final decision will be made within 10 working days after the conference. Implementation of the service plan will be stayed until the decision review conference is held, except when an issue affects compliance with a court order or the residual rights of parents.

If changes to the service plan are required by the decision review, copies of the changes will be sent to all those who are entitled to a copy of the service plan with a notice of the specific changes made, and the reason for the changes.

CIPP (Clinical Intervention for Placement Preservation)

When a child’s foster care placement may be in jeopardy of disrupting or may require a change in the type of placement, DCFS has means of deciding the right course of action. CIPP, which is pronounced like “sip,” replaces the process formerly known as the Child & Youth Investment Teams (CAYIT). CIPP stands for Clinical Intervention for Placement Preservation. It is a model for team decision-making. The goal is to reduce placement disruptions by encouraging the engagement and support of the youth’s immediate and extended family, caregivers and case management team when developing specific, individualized, and appropriate interventions for the youth.

Sometimes, even with time and effort it can seem like a placement is just not going to work out. A CIPP meeting can help evaluate new resources to settle the situation and support the placement. With a CIPP meeting, the youth’s caseworker brings together key people in the youth’s life with the assistance and support of a trained facilitator, who leads a discussion process that is sensitive to the motivation and capacities of the youth. Participants are encouraged to offer their assessment of the youth’s wishes, needs and strengths and to generate ideas on how those needs can be best addressed, ideally in the youth’s current home. If it is determined that the youth’s needs are best met at a higher level of care (e.g. residential treatment), caregivers will be encouraged to participate in the youth’s treatment and to remain a placement and/or visiting re- source for the youth upon discharge.

The caseworker or child’s current caregiver can call CIPP Intake to schedule a meeting. All efforts will be made to swiftly schedule meetings at times and locations that will support involvement by the youth, their family and caregiver, and minimize school disruptions. When receiving calls from caregivers, CIPP Intake will contact the caseworker to schedule a meeting. Caregiver-initiated referrals to CIPP are only for purposes of identifying services and supports needed to preserve the current placement, not to change a placement. Requests for placement changes and/or complaints will be redirected to the assigned caseworker and supervisor for follow-up. CIPP is designed to streamline the decision-making process and to find consensus on what resources can be brought to bear to bring stability to the situation and to plan for positive outcomes.

For more information on the CIPP referral process, call 312-814-6800 or send an email to CIPPIntake@illinois.gov.

RESPONDING TO CHILDREN'S EMOTIONAL NEEDS

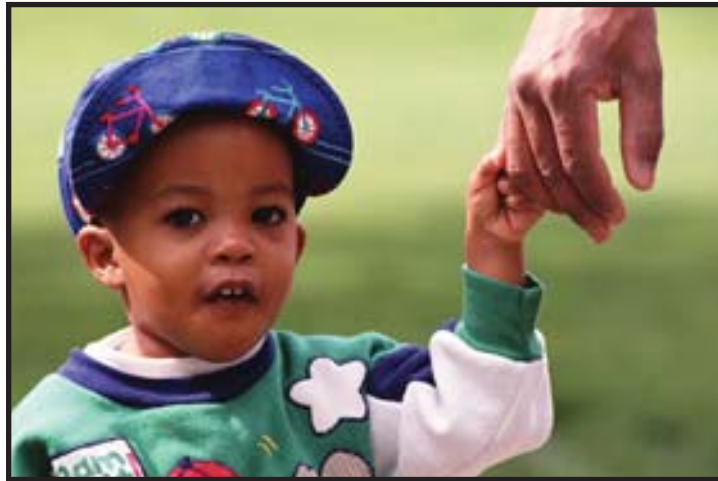
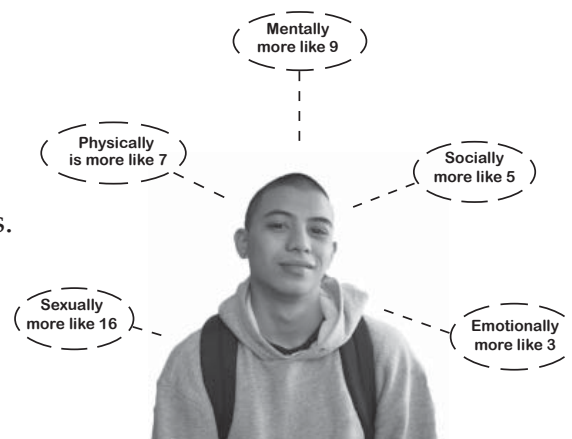


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DISCOVERING WHAT A CHILD R-E-A-L-L-Y NEEDS

Every child is born with enormous potential and specific characteristics and traits. Some of these are shared by all human beings and some of these traits come from genetic links inherited from birth parents and family members. After a baby is born, development proceeds in stages. No stage can be skipped and each stage is an important building block for the next one. For example, children often crawl and pull themselves up on furniture before they begin to walk. Although each child may go through similar growth and developmental stages, the successful negotiation of each stage depends on several factors, particularly the presence of loving caregivers to help the child with each new phase of learning.



If there are no developmental delays and the child has lived in an environment where the parents have been available and emotionally healthy enough to meet the needs of their children, then we can assume that normal developmental processes will occur. Even so, we must look beyond the child's chronological age. If, however, the child has been in an environment where they may have experienced highly stressful or traumatic events and the parents have been largely unavailable to provide support, the normal developmental process is likely to be drastically impacted. According to the National Institute for Mental Health, trauma is defined as *"The experience of an event by a child that is emotionally painful or distressful which often results in lasting mental and physical effects."* Repeated exposure to trauma and stress can delay developmental growth and progress. Some children may actually regress to earlier stages of behavior in response to the stress they have or are currently experiencing. For example, children who have been potty trained may start wetting their pants or wetting the bed during sleep. This kind of response could be related to something as serious as being removed from their family or as seemingly joyful as a new baby entering the family.

Being slow to reach a particular stage, and even the experiences of trauma and stress, does not mean that a child will not eventually reach the next stage of growth and development. But, to make the difference it will take a lot of care and patience from foster caregivers who need specific knowledge and skills, as well as an understanding of when to bring in professional help.

The charts at the end of this section provide a quick guide to "Common Characteristics of Children Age Birth to 19." If a child's development seems delayed, ask the child's doctor or caseworker about getting help.

UNDERSTANDING DEVELOPMENT FROM A TRAUMA-INFORMED PERSPECTIVE

Children entering foster care can be particularly vulnerable to behavioral and physical symptoms related to their exposure to stress or situations that rise to the level of trauma. In 2004 DCFS decided that in order to provide the best possible services for children and families, the system needed to become more trauma informed. By developing an understanding of trauma and its potential impact on child development and behavior, child welfare professionals and foster caregivers are in a better position to respond to the needs of children and families who may have experienced a high level of stress associated with trauma.

Becoming trauma informed also means being able to recognize and understand when a child's behavioral issues could be related to previous stressful or traumatic experiences. It is extremely important for caregivers to observe the children in their care for behavioral symptoms that might be related to trauma. When children do not have the words to explain feelings, they may attempt to communicate by behaving in ways that may seem strange or abnormal to adults. It is vital for caregivers to understand that a child's unusual behavior may be a normal response to a very abnormal or stressful situation. The following responses to stress or trauma could be observed during various stages of development:

- Even before birth during the third trimester, consistent violence can affect the infant through the mother. Infants born to stressed mothers had a higher heart beat and difficulty with regulation and soothing.
- Infants are sensitive to caregivers' emotional state and behavior. Infants read the facial expression of the caregiver and respond to stress with increased crying, over stimulation, and/or apathy.
- Infants and toddlers exposed to trauma may avoid eye contact, smile less, lack directed vocalizations (won't engage with others when babbling), or maintain frozen watchfulness (as if they are waiting for something to happen).
- Witnessing family members being hurt is especially stressful to toddlers who are struggling with developmental concerns regarding safety, competency, and body integrity.
- Trauma can result in impairment of ability to play. Play offers the opportunity for self-discovery, mastery, and problem-solving.
- Exposure to trauma can disrupt the child's ability to achieve what is called "narrative coherence," for example, be able to tell a story about their day with a beginning, middle, and end.

-
- School age children exhibit increased anxiety, depression, guilt, hypervigilance, loss of interest and return of old fears.
 - The experience of trauma sometimes impairs ability to regulate emotions, and may be seen in a school-age child having difficulty expressing feelings.
 - Trauma experience can disrupt the brain's function of using visual information to assist in language development.
 - Adolescents affected by trauma can have difficulties with acting out, identity, eating, suicidality, substance abuse, hypersexuality, delinquency, and truancy.
 - Children who have experienced trauma tend to experience an accelerated thrust toward self-sufficiency and engage in activities beyond their developmental capacity.
 - Exposure to trauma heightens the need to identify with a peer group and use it for a sense of safety.

COPING WITH CHILDREN'S COMMON REACTIONS TO PLACEMENT

After a child is placed in foster care, the question is not *whether* he or she will react to placement, but *how* and *when* the child will react. Here are some general comments on normal reactions.

All children in foster care will have some angry and sad feelings due to past experiences, or low self-esteem and will be in the process of grieving at being separated from their families. These feelings may come out in behaviors directed at you simply because you are there. Don't take misbehavior personally. It is important to remember that any child placed in any foster home is:

- dealing with feelings about having been a victim of abuse or neglect;
- working through the separation from family or other foster family;
- coping with the separation from friends, relatives, neighbors, and, sometimes, a neighborhood community;
- adjusting to a new foster family;
- having concerns about going to a new school; and
- worrying about making new friends.

Putting yourself in the child's shoes can help you understand when a little extra attention and support might be just what is needed to help the child adjust. How would you react to being separated from all of your natural supports—home, job, family and friends—overnight? Your feelings of sadness, nervousness about your new living arrangement, uncertainty about new roommates, stress related to moving your belongings, and apprehension about a new job are much the same as what a foster child feels moving into a new foster family.

Many children have a relatively mild reaction to their new placement. They may be shy and withdrawn, or slow to warm-up to your kindness and help. Or, they may react by being overly friendly and compliant. There may be occasional verbal outbursts in response to frustration, and they may resist going to school or taking part in activities. But, this child will typically respond to your consistent parenting skills, caring attitude, support and understanding. Other children, especially children who have experienced previous foster care placements, are more likely to show their reaction to being placed in foster care with behaviors that will test your patience and parenting abilities. Based on past experiences, these children may enter your home with an expectation that this placement may not work either and that they may fail. They may also anticipate that sooner or later you will reject and get rid of them. When you respond to their behavior with kindness and understanding, they may test you by pushing limits and creating situations which are intended to make you act in a way which they expect, based on their past experiences.

Typical Patterns of Behavior at Placement

Behaviors at placement can follow two typical patterns. For instance, the child may start off with problematic behavior and, generally, after a fairly short period of time, the caregivers will see both the *frequency* and *intensity* of the behavior starting to decline.

As a second pattern, the child is withdrawn at first, and then begins to act out after a few days, so his or her behavior actually gets worse. Younger children may have emotional outbursts, run around like a hurricane, or be withdrawn or crying in a corner. The older child may be more subtle or more angry and may be focused on intentionally trying to destroy something or aggravate someone.

Not understanding why they are separated from their family, experiencing a feeling of loss or loss of control in their lives, or just being afraid and reacting angrily can create either of these patterns or other problematic behavior at placement. Many of these children will eventually respond to your patient and consistent parenting and adjust to being placed with your family. It just might take a little longer.

Tips To Help Decode a Child's Behavior

Understand Normal Behavioral Development

Even experienced parents often forget the normal social, emotional and behavioral patterns of children at different ages. Pages 28-43 of this handbook section provide a quick reference.

Uncover the Child's History

Talk to the child's caseworker about the child's behavior. Ask about the child's previous history before coming to your family. Understanding where a child came from and his or her previous reactions and behavior in that environment can provide clues about the current behavior.

Look At Your Home Environment

A safe, nurturing, and *predictable* home environment is what every child needs. This type of home environment will go a long way to help any child overcome fear, anxiety, loss, grief and other emotional trauma. *Predictability* will also help the child who neurologically cannot predict, or whose previous environment was not predictable, understand the "cause and effect" of his or her behavior — "when I do this, I can expect that to happen."

Understand Your Reactions to Problem Behavior

We all have a tendency to think a child's misbehavior in our presence is directed at us. We take it personally. Then we get angry. . .and then we get locked into an emotional power struggle which frustrates everyone involved. Many children in foster care often act out angrily because, in their previous environment, acting out angrily is the only thing that got a *consistent* response. When they were being good and fairly well-behaved, they were being ignored. Once any caregiver realizes that the child is not personally out to make them angry — it's just the child's attempt to create some "cause and effect" — the caregiver can stop reacting emotionally.

Not taking it personally allows the caregiver to be a good observer of what triggers the child's behavior and allows him or her to work with the child objectively. Think about your own history and try to identify circumstances and specific behaviors that serve as triggers for your anger. Acknowledge that the child may act out in a specific way because he or she knows what response it will elicit from you. Taking a moment to separate feelings about matters unrelated to the child's behavior will make it easier to observe and learn from the child's reaction.

Identify What "Triggers" Problem Behavior

There is always a reason for problem behavior. Usually the reasons can be identified by a good observer. When a child displays problem behavior, think about what was happening before the behavior took place. Look for a pattern. For example, you may see a pattern of destructive behavior following visits or a phone call from the child's relatives. Or, your child may always react to going to school or to bed. Sometimes, the "triggers" occur just before the bad behavior

happens. Other times, the “trigger” may be more remote, like the day or week before. Being a good observer can help you make a good guess about the “trigger” to the bad behavior.

Bring Trigger Events to Your Child’s Attention — Listen to Every Explanation

Remember: not every “trigger” to behavior is readily observable. For example, a child may be emotional after hearing a song on the radio that evokes a memory. This type of “trigger” is very difficult to spot and usually can only be identified when the child talks about it. After the event, ask the child about what “triggered” the behavior. Questions like, “What were you thinking right before you got angry?” may allow the child to connect his or her feelings with the behavior and give you helpful information. After a behavioral outburst, when things are calm, discuss the behavior with the child. Point out your observation about what “triggered” the bad behavior and ask him or her to share in finding a solution. Example: “I’ve noticed that when I say to you that it’s bedtime, you usually seem to have a hard time. Is there anything we can do together to help you when it’s time for bed?”

By bringing these observations to the child’s attention, you are helping the child understand the cause and effect of his own behavior. You are also showing your desire to help. By asking the child why bedtime is difficult, you are getting information which will help solve the problem. In this example, it could be as simple as the child being afraid of the dark, with a night-light being a solution to the problem.

Try Not to Label a Child’s Behavior

It is easy to slip into the habit of using labels to describe a child. For example, you may think a child is “depressed” and communicate that to a therapist. “Depressed” has different meanings to different people. If you can observe behavior, and describe it to the intervention team or therapist, it is more helpful. Example: “Darryl seems withdrawn and overly shy. He stays in his room for most of the day and doesn’t have a good appetite. He acts sad and doesn’t want to play with other kids.” will be more helpful than saying “Darryl is depressed.”

Log Behavior to Help Pinpoint the Problem

Keeping a log of your observations of a child’s behavior can help identify what triggers the problem. Record the circumstances under which your child’s problem behavior occurs over time. Your behavioral log will help you and any therapist or counselor more quickly separate “common” behavior associated with the trauma of abuse, neglect and foster care from behavior related to severe emotional disturbance.

A log is also helpful in measuring progress. If a child starts by acting out 15 times a day, and through logging events you see that the behavior has dropped to five times a day, you are clearly making good progress. This specific information is also much more helpful to a therapist instead of commenting, “He does this all day long!”

PROTECTING AND NURTURING CHILDREN

Normally, the bonding between mother and child, and the child's attachment, love, and commitment to the entire family provides a nurturing environment for healthy development. **Attachment** is defined as *an affectionate and emotional tie between two people that continues indefinitely over time, even if distances separate people*. Children learn their family's language and vocabulary, preferences in food, feelings about other people, and ways of handling problems. Their identity is forged in their families. Feeling protected and nurtured allows children to push forward and explore new things, feeling firmly secure and connected to their family foundation.

Supporting Children New to Foster Care

Children lose their personal foundation for growth and development, however shaky, when the bond with mother and attachment to family is broken by foster care.

Myth: Children coming into foster care feel relieved and, perhaps, grateful to be leaving an abusive or neglectful family situation.

Fact: Most children remain very attached to siblings, extended family, and even parents who have abused or neglected them. Children may feel protective of their birth families, as well as guilty and/or disloyal about living in the foster home.

Children in care often see their family's behavior as normal. Even children who know their family may live differently than other families, often find their family's behavior reassuring because it is dependable. Leaving a dependable situation and the only family you have ever known, while receiving the message that your family is "bad," may seem like a much worse trade-off to a child than enduring abuse or neglect. The child may also be left questioning his or her own adequacy and worth in being part of a family with problems.

How much a child's life is impacted by separation from family depends on:

- the age when they entered foster care;
- the types and number of losses and separations they have experienced;
- their personal capacity to cope with the situation; and
- help and support they receive at the time.

Foster caregivers have the right to know specific information about children and their families. See Section 8, page 20 for a list.

Getting all available information about a child new to your home is very important to understanding her feelings, helping the child adjust to your family and getting the services needed.

Stages of Grief Impact Children's Behavior

Losing a family member or best friend is a serious loss to anyone. Even losing a small thing, like keys, can lead to feelings of self-doubt and anger. Children in foster care often have experienced multiple serious losses. They did not ever expect to be separated from parents, brothers and sisters, extended family, friends, pets, schools, or neighborhoods. Some children have lost their health and an opportunity for normal growth, development, and a normal education due to past abuse or neglect. Children, like adults, react to losses by expressing their feelings through behavior that is very similar to the human grieving process.

Stage 1 Shock and Denial
"I don't believe this could have happened to me!"

When a child is first placed with your family, he or she may be very eager to please, be cooperative, and be generally enjoyable to be around. Experienced foster families recognize these symptoms of shock and denial as the "honeymoon" stage. Enjoy this time and realize that the child's true self and feelings have not likely emerged. Other children in shock and denial may have difficulty eating or sleeping or revert to behavior of a much younger child, such as wetting the bed or sucking fingers.

Stage 2 Bargaining
"If I could just go home and be a better son,
I know everything would be OK!"

Children in this stage will do everything he or she can think of to get back home. Many children think that if they are "good," then they can go home. They may also decide to be "bad" so the foster family will not want them and will send them home. Or, their bargaining may be somewhere in the middle. For example, a child may ask if he can go home if he goes to school and makes good grades.

Stage 3 Anger
"Why did this happen to me and my family?
Someone doesn't understand and is picking on us!
I hate these people. Help! Let me out of here!"

When bargaining does not appear to work, anger sets in. Most children have trouble expressing their feelings, so they simply act them out. A child may come to you in the anger stage. She may break things, attempt to run away, refuse to wash or brush teeth, or find ways to hurt herself. The anger stage is often the most difficult stage for foster families because it is difficult to cope with the behavior, understand what the child is feeling, and feel adequate in being able to support the child. Anger is the stage in which many caregivers give up and request the removal of the child. When this happens, the child is likely to be even angrier with the next foster family.

Stage 4 Despair

“Now what will I do?
How will I get home?
I’ll never find them!”

Eventually, reality sinks in. Sometimes the child gives up fighting and his or her behavior changes dramatically to depression. This stage can be dangerous, as the depressed child may also be self-destructive. Watch for symptoms of depression: loss of appetite or sleep, being withdrawn or listless, or trying dangerous or risky behaviors without thought of personal consequences. For example, becoming sexually promiscuous, using drugs, attempting suicide, and self-harm are all examples of a child in this stage. Younger children may seem to express *no fear* of doing unusually dangerous acts for someone of that age.

Stage 5 Managing Loss: Understanding and Coping

“It looks as if there is nothing that I can do.
My mom really needs to clean up her act.
Being here is better than being scared all the time.
My foster family seems willing to help.
I guess I should try to get along here for now.”

At this stage, children begin to form new friendships, especially with adults. They may accept the caregiver’s role and begin to enjoy their new teacher or being part of the school band. They will be able to move into new situations more easily and will act less frustrated. Clues from children transitioning into this stage may range from talking about the foster family auto as “our car” to calling an unrelated child living in the home “my brother.”

Each person works through the grief process at his or her own rate. It may take days, weeks or even years depending on the number of losses experienced, the seriousness of each loss, and whether or not the person has ever learned to deal with loss in the past. Children in foster care often move from one stage of grief and then back, or even appear to display the despair and anger stages of grief at the same time.

Understanding that the child is grieving, and then trying to determine the child’s stage of grief can help you and your family to better understand what he is feeling and why his behavior might vary and seem unpredictable.

SEPARATING “PROBLEM” BEHAVIOR FROM EMOTIONAL DISTURBANCE

Sometimes the traumas suffered by children, coupled with the emotional adjustment to foster care, make it difficult to exactly define when normal behavior crosses the line to emotional/behavioral disturbance or mental illness.

One way to think about the signs of emotional or behavioral disturbance is to think of a child’s reaction that *lasts too long, is exaggerated, or is consistently inappropriate for the situation or stage of the child’s development.*

Examples of separating behavior from emotional or behavioral disturbances:

- it is appropriate to get angry when someone calls you a name, but plotting to seriously hurt someone because of an insult is not;
- it is not unusual for 2-year-olds to throw themselves on the floor in a temper tantrum, but it would be unusual for teenagers to behave in the same way;
- it is normal to panic and flee from a fire, but not from a working elevator;
- it is appropriate to cry at a funeral, but not to break out crying at school every day for six months;
- it is not unusual for us to talk to ourselves on occasion, but it is unusual for us to hear voices talking to us...and especially to act on the direction of those voices; and
- it is usual for babies to wet the bed but not for adolescents, unless there is a medical problem.

When to Ask for Help

Prior to Placement

A Mental Health Screening for *every child over 5* is included in the Comprehensive Health Evaluation, which is required during the first 21 days in foster care. A “Developmental Screening” is done for every child under 5 years of age. The results of this evaluation should be in the child’s case file. Asking for information about a child’s behavior is important in matching your family’s skills and time to the child’s personal needs and need for behavioral services. If you accept a child with a history of receiving behavioral health services prior to placement in your home, consult with the caseworker to make sure you know exactly what services he is receiving now and what to do if you or the child needs further help.

Also consider seeking additional training. Several classes are offered in the classroom setting or in digital format to help caregivers increase their skills for taking care of children impacted by trauma or with developmental concerns.

When Nothing You Try Works

With some children, nothing seems to work. This is not an indication of failure as either a parent or a foster caregiver. The child will persistently “test” your family, the rules of the house, and your patience. Ask yourself, “Is this behavior something I’ve seen before?” and, “Do I feel comfortable managing this behavior on my own?” If the answer is “no,” you should immediately ask the caseworker for services for the child and consultation for yourself. Every child is different. **Caregivers should never be afraid to ask for help if the child’s behavior is unusual or something they have never seen before.** Getting help for the child before a crisis develops will help everyone succeed.

Helping Children Move Forward

Self-esteem is our feeling of self-worth — the picture of ourselves we carry in our heads. Children in foster care, and even children who have been adopted, may have very low self-esteem. They have been hurt physically and emotionally by abuse or neglect and not being able to be with their family. Children in care often feel worthless and powerless. Parents and other adults, in general, may seem unreliable, unresponsive and rejecting. The child may lack information about why he has been separated from his family. When a person lacks information, it is very difficult to feel worthwhile and competent and act responsibly. Without understanding “why,” it is difficult to know who to trust or who to blame. Children who have been in multiple placements may be confused, angry and insecure. Or, they may experience developmental delays due to abuse, neglect, or being separated from significant others. Temporary delays can cause frustration at lack of success or satisfaction related to accomplishing physical, emotional, social and intellectual tasks. For example, a dip in schoolwork causing a child to repeat a grade can add to the child’s low self-esteem.

Low-self esteem affects a child’s behavior. Closely observing your child’s behavior can give you clues to his level of self-esteem. One of the first ways to build a child’s self-esteem is to work at developing healthy communication. As self-esteem improves, the child’s ability to control his behavior also improves.

Although observed difficulties should be reported to the assigned child welfare professional as soon as possible, the immediate response of the caregiver is also an essential part of the child’s recovery process. There are many things that a caregiver can do to help the children in their care to manage and eventually overcome many of the behavioral or emotional symptoms related to trauma.

HEALTHY COMMUNICATION

Are you an adult who thinks that the main purpose of communication is to get information to your children? Communicating is not telling children to eat their green beans and reminding them to not talk to strangers. That is sending information *one-way* about diet and safety. Communication is a *two-way* bridge connecting you and your child's feelings. Healthy communication does more — it builds a strong relationship between you and your child, enabling your child to develop a healthy concept and good relationship with you and others.

Building healthy communication helps a child:

- feel secure, cared for and loved;
- believe he matters and is important to you;
- feel safe and not alone with his worries; and
- learn to tell you what he or she feels and needs directly in words, instead of behavior.

Be Available. Children need to feel that their parents are available to them. This means being able to spend time with your child. When does your child really want to talk to you? After school? Before bed? In the car when it is just you and the child? Children rarely talk about feelings on command. Parents need to be available when children want to talk.

Show Empathy. Tune in to how your child is feeling, even if you don't agree with him. Empathy is about appreciating feelings — not about who is right or wrong.

Be a Good Listener. Even when you can't do anything to fix a problem, being a good listener makes your child feel loved. Ask your child for his or her ideas and feelings before talking about yours. Try to understand exactly what he or she is saying to you. What your child is trying to say is important, even if it doesn't seem important to you. You don't have to agree to be a good listener. When you listen first, the child can calm down and be ready to listen to you later.

Listen First — Then, Be a Good Sender. If a child feels heard first, she will be more receptive to listening to you. Make sure that your tone of voice, body language and words all send the same message. For example, if you say "NO!" and laugh, the child will be confused about what you really want. Use *words* to communicate directions about what you want a child to do. Use *feeling words* when you praise behavior and the word "you." For example, "You really did a good job taking that phone message from the doctor's office. I would have forgotten your sister's appointment day and time if you hadn't taken such a complete message."

Self-esteem affects a child's self-concept and motivates behavior. Healthy communication will help you understand the feelings driving your child's behavior and will also build your child's self-esteem and confidence in you.

Be a Good Role Model. Children will copy your way of communicating. Young children learn better from copying what adults do than by being told. If you use many feeling words, it will help your child learn to use feeling words to express himself. When adults use feeling words instead of screaming, doing something hurtful, or calling someone a name, children learn that using feeling words is a better way to deal with strong feelings. Saying feelings, rather than acting on them, helps children control themselves.

Essential Messages: Tips for Talking With Infants, Toddlers, and Preschoolers

Children need to know that there will always be someone there to take care of them.

What you can say:

"Scary things have happened to you, but you are safe now. You are with me and I will take care of you."

Children miss their parents, even if their parents have been abusive or neglectful.

What you can say:

"I know you miss your mom and dad. They broke some rules when they [hit you, or left you alone or a simple phrase that describes the child's experience]. There are grown-ups who are helping them learn to follow the rules so you can be safe with them. Right now, you are with me, and I will take care of you."

Children need to know that it is not their fault they were taken away.

What you can say:

"You didn't do anything wrong. You didn't deserve to be hit. She is trying her best to learn how to [not hit/take care of children] so you can be safe with her. Right now, you are with me, and I will take care of you."

Children need to know that their parents love them and want to take care of them.

What you can say:

"Your mom and dad love you very much, but they have problems and sometimes they don't know what a little boy or girl needs to be safe and healthy. People are helping them learn how to take care of you, and grown-ups are helping them get better. Right now, you are with me, and I will take care of you."

Other things you can do:

- remember that even babies who cannot speak understand much more than they can say. They are listening to you. Talk to them in simple words. Explain, as best you can, what is happening;
- set limits, explain them, and enforce them. It is comforting for children to have structure;
- let little children stay near you as much as possible. Little children who seem clingy are communicating a need for closeness. It is comforting for children to be close to adults. Once they feel more secure, they will be able to explore more on their own;
- have special songs, prayers, or stories that you share. It is comforting for children to have rituals;
- always tell children the truth. If you don't know what is going to happen, be honest about that, but reassure them that there will always be someone to take care of them; and
- help children develop a sense of self by helping them build the stories of their lives. There are several ways to do this with little children:
 - build picture books that show pictures of the houses where they've lived and the people who cared for them. It would be good if the book could include a description of a small ritual or other comforting custom that occurred in each home so that the child can have a sense of really having been cared about and cared for in that home;
 - if you can't build a book, tell children the story of the places they've lived and the people who have cared for them and loved them; and
 - make sure that children have comforting objects (including special toys or blankets and their life story books) that can go with them from home to home.

Books you can use:

1. Laura McAndrew, *Little Flower*. (Suitable for any child old enough to sit still and listen to a story).
2. Jennifer Wilgocki and Marcia Kahn Wright, *Maybe Days: A Book for Children in Foster Care*. Magination Press. (Children 4 – 10)
3. Geraldine and Paul Blomquist, *Zachary's New Home: A Story for Foster and Adopted Children*. Magination Press (Children 3 – 8)
4. Janice Levy, *Finding the Right Spot: When Kids Can't Live With Their Parents*. Magination Press (children 6 – 10).
5. Jill Krementz, *How it Feels to be Adopted*. (Children ages 10 – 15).
6. Katherine Paterson, *The Great Gilly Hopkins*. (Children ages 9 – 15).

The DCFS Lending Library also has resources that caregivers can borrow. Visit the DCFS Virtual Training Center website at www.DCFSTraining.org or call the DCFS Office of Training at 877-800-3393 during regular business hours.

Tips for Talking to School-Age Children and Adolescents

The same communication rules apply to older children and adolescents as apply to young children, but the language, style of conversation, and the approaches shift according to the child's developmental (not necessarily chronological) age.

Essential messages:

What Happened

Children need to hear a clear message about the neglect, abuse, and violence that led to placement in words that are honest but not too frightening. The words need to be adapted to the developmental age of the child.

Placement is Never a Child's Fault

It is very common for children to blame themselves for what happened to them and what happened to their family. Validate the child's response to trauma as a normal reaction to what happened. It sometimes helps to have children think about how old or how big they were when the trauma took place that led to placement and that they were too young or too small to really make a difference. Begin to gently help the child understand that while they may want to believe that they could have prevented the trauma or saved their mother, father, siblings, etc., even the grown-ups in their family weren't able to do this.

Help for Parents

Children need to hear how their parents are being helped to do whatever is necessary to reunite and provide the safety, nurturance, and guidance all children need. If parents are missing, children need to hear how service providers are working to search for them and help them once they are found.

Involvement in Service Planning

Older children can participate in information gathering and the service planning process. They need clear messages about progress, or how parents or guardians are being helped, what they are doing, the back-up/concurrent plan if parents or guardians can't or won't do what's necessary, time frames, and what children need to be doing day-to-day and in the next few weeks.

Time Frames

Older children need to hear a clear message of the time frame for working to make their families better, including the timelines dictated by child welfare policy related to the search for permanency.

Capacity for Change

Older children are busy trying to figure out who they are and how they fit in the world. They need to understand that their experience with trauma, especially chronic, early trauma that takes place within the context of their family, does not mean that they will grow up to be "just like" those who have hurt them or their family. For example: Just because a child was hit doesn't mean that he or she will hit their own children.

MESSAGES AND STRATEGIES FOR DEALING WITH CHALLENGING BEHAVIOR

Frightening or Threatening Behavior

When children hurt themselves or someone else, they must be stopped. But it is not enough to tell them that the behavior is “not acceptable” or “not appropriate.” Again, children need words to help them understand their experience. Children who are threatening need to be told the following messages in simple words:

1. it is not safe for you to hit. It hurts people. It is my job to keep you safe, and I’m not going to let you hurt me or yourself or anyone else;
2. someone hit you (or you have seen people hit), but that was wrong. Hitting isn’t the way to solve problems. It hurts and makes people angry and afraid;
3. you didn’t deserve to be hit. No one deserves to be hit, no matter what they do; and
4. it is okay for you to be upset or angry. You can come to me. I will help you. But you need to find some way to tell me that you are upset and angry that doesn’t hurt. You need to use your words or draw a picture or show me how you are feeling with dolls or puppets.

Hitting and Biting in Young Children

Avoid encouraging children to hit an object as a substitute for hitting a person. The very act of hitting the object can make them more angry, more aroused, and more difficult to calm down.

With very young children who bite, substituting a teething ring or other object can be useful. Say to the child, “You can’t bite (yourself, or me, or your brother). Biting hurts. If you need to bite, bite this.”

Use a game with puppets to help children problem-solve about hitting or biting. Have the puppet come to the child and say that it has a problem – it hits, or it bites, and it is getting into trouble all the time. The puppet can ask the child for ideas about how to stop. This strategy distances the problem from the child a little bit, and lets the child think through ways to stop hitting.

DISCIPLINE AND SELF-ESTEEM

When we feel competent and good about ourselves, it is much easier to be self-disciplined. Discipline is a learning experience that teaches children how to discipline themselves by controlling their behavior.

Discipline teaches children:

- rules of the family and society;
- how to get their needs met without hurting themselves, others or property;
- how to get along with other children and adults;
- how to feel good about themselves; and
- how to feel good about the person disciplining them.

Punishment is not discipline. Punishment means “to pay for.” Punishment includes spanking, ridiculing the child, threatening, grounding, isolating and removing privileges. Punishment does not give the child the chance to be in control. Adults are in control when they hand out punishment.

Discipline sends a lasting lesson to a child that includes responsibility, respect and fairness. Punishment may be part of discipline, but is never the main ingredient.

Disciplining Children in Foster Care

No parents were born knowing how to effectively discipline children. Most use the techniques used by their parents. If their parents used spanking, they are likely to include spanking as a punishment for their children. This won't work and *is not allowed* in disciplining children in foster care, per DCFS Licensing Standards. Often, new foster caregivers struggle with using different punishments for their children by birth and children in care and become frustrated with the extremely challenging behavior of children in foster care.

Children may be reacting to placement or stages of grief in losing their family and life as they knew it, or they may have experienced little or no discipline, harsh punishments or multiple caregivers with different expectations. Spanking and corporal punishment are not allowed because they send the wrong message to children who already suffer from low self-esteem and powerlessness due to abuse and/or neglect.

Learning other discipline techniques and when to use them is crucial to any caregiver's success. Effective discipline training is available from DCFS and agencies. Your local school district may also offer classes for parents. Even experienced caregivers need new ideas when challenged by new children. Remember: If it doesn't work – get new ideas – get help – BEFORE it becomes a crisis! Professional help *is available* in assessing what the child needs. Talk to the child's caseworker.

Threatening Behaviors from Older Children and Adolescents

Older children need to hear the same messages about threatening behavior as just described. Caregivers must:

- take a gentle but firm stance emphasizing that the foster home does not allow violence by anyone, towards anyone, verbal or physical;
- let children and adolescents know that while you understand that unfortunately they were in situations where people's arguments became physical, you will be taking steps to make sure that everyone is safe;
- label and validate children's and adolescent's emotions after their behavior has been out of control;
- use a direct, honest, and calm approach, using humor when appropriate, and language that's "real" and not condescending or "too young." At the same time remember that a teen in foster care may emotionally be much younger than their years; and
- when things are calmer, be sure to point out any positive behaviors, anything that went well and/or validate their emotions or needs. Positive behavior might include NOT doing something like not hitting after they cursed someone out.

Messages and Strategies for Helping Children Feel More in Control

Children's behavior will improve when they feel more in control. The best ways for caregivers to help children feel more in control are:

- have predictable routines and rituals that the child can depend on;
- work with teachers or others in the child's life to establish similar kinds of expectations and consequences across environments;
- explain things to the child. Let him know what will be happening throughout the day. This will make the world feel more predictable to him and, therefore, more controllable;
- let the child make developmentally appropriate choices. For very young children, such choices may be limited to what shirt to wear or which breakfast cereal to eat. Older children can be allowed to choose when during the day they will do certain chores, or even what chores they will be expected to do. Adolescents who have been responsible may be given choices in what time their curfew will be;

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- make the rules of your house very clear, and enforce them calmly and consistently;
 - praise children for things that they do well. Make sure that in your praise, you include a description of exactly what the child did that you liked. Praising good behavior is the best way to achieve behavioral change. It is much more effective than punishing bad behavior;
 - don't make promises you can't keep;
 - prepare children for important occasions such as visits with a parent or major changes in routine. Let them know what will be happening. Talk together about what the child is looking forward to, and what she or he may be worried about;
 - if parents don't follow through with visits, comfort the child. Empathize with the child's feelings. Don't condemn the parent. Just understand the child's frustration and pain, and reassure the child that it is not his fault that the parent didn't visit;
 - help children anticipate that there will be problems between you, and that you understand that problems are a normal part of life and that they can be solved;
 - be steadfast. Understand that you will have to do all of these things over and over again;
 - use self monitoring techniques. Teach children to rate their personal stress and self control on Self Monitoring Thermometers or other scales;
 - have some fun. Use games to make skill development enjoyable. Practice day to day self control. Activities like taking turns, tolerating frustration, or losing the game with grace offer opportunities for learning and practice; and
 - remember that practice is crucial for learning new behaviors, especially practice geared to reminders that trigger traumatic responses.

TIPS TO NURTURE CHILDREN - FROM EXPERIENCED FOSTER CAREGIVERS

- Every day, point out something your child does well. Genuine praise helps a child feel good about himself and tells him or her you care enough to notice.
- Explain “house rules” to all children as they come into your home, including why people and things work the way they do. If you can’t explain a rule, ask yourself why you really need it.
- Demonstrate appropriate behavior and have other children help you. Actions speak louder than words.
- Plan time alone for positive attention with every child. Remember: The oldest needs just as much one-on-one time as the youngest. Realistically, limit the number of children in your family to ensure quality, not quantity, parenting according to your time and energy.
- Anticipate problems and discuss consequences before problems come up. Get the child’s history from the caseworker and strategize the “If this happens, then we’ll do this. . .” together.
- Talk to the child in words and terms appropriate for his age or developmental level.
- Respond to the child’s feelings and your feelings first — then to the behavior. For example, a child crying hysterically needs you to respond to her feelings. After she calms down, you both can talk about her behavior in the grocery store when she had angry tears.
- Try to recognize when you are upset or stressed about something else. Respond, don’t react, to the child’s behavior. His behavior may be a reflection of your mood or lack of attention.
- Give the child a chance to learn from his mistakes. Unless it is dangerous or too costly, let the child learn the consequences of his or her actions.
- Be realistic with your expectations. Give yourself and the child time to change. Keep a behavioral log. If the child was throwing temper tantrums every day and now it’s down to twice a week — that’s progress.
- Let your child know when he or she controls behavior well. Reinforce — reinforce — reinforce!

TRAINING RESOURCES FOR CAREGIVERS

Virtual Training Center (VTC)

The VTC is the new training system for the child welfare community. The VTC is available either through the Internet or the DCFS internal D-Net. It houses the most up-to-date class schedules, registration information, transcripts, training announcements, and resources. The VTC offers caregivers several benefits:

- 24 hour availability: the VTC can be accessed from either a work or home computer using a secure personal logon and password, 24 hours a day, every day;
- user friendliness – easily search for training events by date or by course name; and
- instant access to records – view and print your own transcript anytime.

Visit the on-line Virtual Training Center (VTC) anytime at www.DCFStraining.org or call 877-800-3393 during regular business hours.

Adoption/Guardianship Conversion Course

Licensed foster parents who are adopting a child already placed with them in foster care can take a nine-hour training to answer questions and concerns during the transition to adoption. Participants have to be referred to this training by either their licensing or adoption worker.

Adopt Only Training

Families that do not foster and are only interested in adopting a child under DCFS care who is legally free or adopting a child through an adoption agency must complete nine-hours of adoption training arranged by the adoption agency. One additional hour of training related to the needs of the specific child must also be completed through the adoption agency.

Prospective Foster Parent Training

Persons interested in becoming licensed foster parents must complete the 27-hour PRIDE Pre-Service Foster Parent Training. To attend this training, the prospective foster parent(s) must be referred by the agency or DCFS licensing worker. These classes are offered regularly throughout the state.

Related caregivers must complete the 6-hour Related Caregiver PRIDE Pre-Service Training as part of the licensing process to foster children related to them. This training is offered in classroom or DVD training and requires the referral of the licensing worker. If a related caregiver desires to provide foster care to unrelated children, they must be referred to and complete the 27 hours of PRIDE Pre-Service Foster Parent Training.

In-Service Training for Licensed Foster and Adoptive Caregivers

Foster and adoptive caregivers who already have a license can self-enroll for any of the Foster PRIDE classes listed below by registering through the Virtual Training Center or calling the Registration Line at 877-800-3393. There are other in-service classes and courses, so check the VTC for availability.

PRIDE Modules

1. Foundation for Meeting the Developmental Needs of Children at Risk (12 hours)
2. Using Discipline to Protect, Nurture and Meet Developmental Needs (9 hours)
3. Addressing Developmental Issues Related to Sexuality (3 hours)
4. Responding to the Signs and Symptoms of Sexual Abuse (6 hours)
5. Supporting Relationships Between Children and Their Families (9 hours)
6. Working As A Professional Team Member (9 hours)
7. Promoting Children's Personal and Cultural Identity (6 hours)
8. Promoting Permanency Outcomes (9 hours)
9. Managing the Impact of Placement on Your Family (6 hours)
10. Understanding the Effects of Chemical Dependency on Children and Families (15 hours)
12. Understanding and Promoting Pre-Teen and Teen Development (6 hours)

PRIDE Online: Computer-based Training for Licensed Caregivers

In addition to the classroom courses, the PRIDE In-service modules have been revamped and are available for online training. Foster caregivers and adoptive or guardianship parents who already hold a foster care license can take the web-based versions of PRIDE On-line modules. The on-line courses offer convenience and flexibility, since they are available 24/7 via a computer or mobile device that can access the Internet. Caregivers can still get training credit hours toward licensing when they complete the course. PRIDE Online is also an easy way to get a refresher of a specific topic or to make up a missed classroom session.

To access the PRIDE Online courses caregivers must have an account on the Virtual Training Center. After completing the log-in there will be instructions for the first-time set up for PRIDE Online. Call the Registration Unit at 877-800-3393 with questions.

The PRIDE Inservice Modules are also available on CD for users want to do the coursework on a computer without accessing the Internet. This version of Digital

PRIDE doesn't have the newest features, but does cover the same material. To borrow the CDs for a module, contact the licensing worker or call the DCFS Registration Unit at 877-800-3393.

PRIDE Digital Curriculum – At Home Training Using a Computer

Caregivers may contact the DCFS Registration Unit to request any of Modules 1 through 9 to complete at home. Caregivers need a computer with a CD drive, speakers and a printer. Instructions are included with the CD, which is mailed to the home.

Transracial Parenting Training

Licensed foster and adoptive parents can register for the nine-hour Transracial Parenting course, developed for parents who have or may consider adopting or fostering a child of another race, culture or ethnicity. Additionally, Effective Black Parenting is 45-credit-hour course that is offered over 15 weeks. It covers the many complex cultural considerations specific to parenting Black children.

Educational Advocacy Training

It is **mandatory** for one caregiver in each family to attend this training in order to be licensed or re-licensed. This six-hour training covers information foster and adoptive parents need to know so that they can advocate for their foster or adopted children's educational rights and needs.

Reunification Training

Licensed caregivers gain greater understanding of the purpose of the child's connections to the birth family and learn skills to help facilitate reunification with the child's family.

Child Trauma Training for Caregivers

Provides information to help caregivers understand, recognize and respond appropriately to behaviors related to child trauma.

USING A LIFE BOOK CAN ANSWER THE PAST AND PRESERVE THE PRESENT

The “life book” is an account of a child’s life in words and pictures, similar to a “scrapbook,” but more therapeutic. Starting a life book for a child new to foster care, or continuing a life book started by another caregiver, can help a child cope with feelings of grief, loss and separation from family and his former life. The child’s lifebook should be his to keep if he leaves your home. Classes on life books are available online and in the classroom. Check with your licensing worker or the DCFS Office of Training.

Rebuilding the Past

“Who am I? Where did I come from? What was my first word? What did I look like in kindergarten?” are questions every child asks. For caregivers, answering these questions may not be easy. Working with the child to record past life history in a life book gives her the opportunity to tell you about her family and you a chance to record what she says. This insight to the child’s feelings can be very helpful in understanding her current behavior.

If parents, grandparents or other relatives are available, talk to the caseworker about gathering information and items for the child’s life book related to his past, including: earlier photos, information about his birth (weight, length, day of the week, etc.), photos of his parents, siblings and extended family, first words, age when he took his first step and other developmental milestones. Your notes and gathering of important items and people together in one place may reassure your child that he will not “forget” his family and former life while he is in foster care.

Recording the Present

Do not forget to save the present, while you, the foster child and the caseworker are recapturing the past. Ask the child what he wants to save in the life book. Then, make sure you save additional things you know will be important to him later in life. Anything that records events in a child’s life can be kept in a life book. Categories of information and items commonly kept in life books follow.

<i>Help the Child Remember. . .</i>	<i>Examples</i>
developmental milestones	first tooth; first step, riding a bicycle, braces
injuries, illnesses, or hospitalizations	broken arm, copies of immunizations, photo at hospital
special occasions: birthdays, graduations, vacations, award ceremonies, holidays, including visits with family	records of who was present, photos, invitation or announcement
favorites: toys, pets, friends, neighbors	anecdotes about happenings, photos, including year
current and former caregivers	photo, names and information used <i>with the family’s consent</i>
special activities: scouts, plays ,volunteer work, clubs, camping, Sunday school or church	Girl Scout camp photos, program from a play

— Make sure to date and write a sentence or two about each item in the life book. —

FAMILY VISITING

Planning and making successful family visits happen are difficult teamwork tasks for caregivers and caseworkers, but some of the most important. Research has repeatedly confirmed that family visiting is the key to family reunification. If you are fostering a child whose permanency goal indicates a certain, or possible, return home to family, visiting will be an important part of the Service Plan for the family. Visitation as part of reunification is detailed in Chapter 3. Although complicated arrangements and emotions do not make visits easy, the results speak for the value of family visiting.

Visits are important to consider for all permanency goals. Visits strengthen the connections to the important people in the child's life. With guidance from caregivers, therapists and caseworkers, visits can help the child sort through complicated feelings and prepare him for emotional changes as he grows older.

Why Visits Work

When a child is removed from home, both the parents and the child feel like failures. Parents frequently feel inadequate and children may feel that somehow the breakup of the family is their fault. When someone from outside the family removes the child, there is trauma and a feeling of loss of control. Visits help to heal the feelings of failure and inadequacy and lay the groundwork for building a better parent-child relationship.

Dealing with Expectations and Emotion

Even though everyone wants visits to happen, all parties involved in the visit have different expectations. The feelings surrounding each person's expectations make emotional balance difficult for everyone — including caseworkers and caregivers.

Children want to visit family to:

- be reassured they are still loved and lovable;
- know that the parents, siblings and extended family are okay;
- receive permission from the parents to be happy where he or she is living until returning home is possible; and
- ease the pain of separation, loss and grief.

Parents want to visit children to:

- be reassured that the child is cared for;
- reassert their commitment to the child;
- know that the child has not forgotten them;
- be informed about the child's growth and development; and
- become better at parenting.

Caregivers attending visits expect to:

- keep in touch with changes in the family impacting the permanency plan;
- better understand the child's relationship to the parents, to better understand the child; and
- provide support to the child in his or her effort to understand the situation and to help the child cope.

Caseworkers have the primary responsibility in making visits happen by:

- working with the parents, caregivers, and child, when appropriate, to set up a visitation schedule that follows DCFS rules and the case plan;
- supervising the visit or making arrangements if supervised visits are necessary;
- recording clinical observations of what happened during the visit, such as parent-child interaction, etc.; and
- reporting about visits to the juvenile court.

Sometimes visits do not go well and children return to the foster home disappointed. If the visiting plan or the visit doesn't satisfy everyone's hopes and expectations, emotions are likely to be running high. The caseworker has the stress of dealing with everyone's emotions, while caregivers may be left with a very disappointed, sad and/or angry child acting out his feelings. Even if the results of a visit do not seem positive at the moment, every visit is a positive step toward the child reaching a permanent family.

Place, Frequency and Length of Visits

When the permanency goal is return home, a visiting plan must be established within three working days after placement outside the home unless the placement was an emergency. In emergency placement, the visiting plan must be established within 10 working days after placement.

Parents are expected to visit at least weekly unless there is a documented reason. Visits are to be in the parents' home if consistent with the safety and well-being of the child. If visits cannot be in the parents' home, they are to be in the most homelike setting possible. Length of visits should increase unless specific harm to the child is caused by the visits. Small children may need more frequent visits to remember parents. Older children may need longer visits to see their parents as an important part of their lives.

Sometimes visits take place at foster homes, if the caseworker agrees and the caregiver is willing to host the visit.

Sibling Visits

The caseworker must file a sibling visitation and contact plan with the court within 10 days after the child enters substitute care. Caregivers should help develop the sibling visitation and contact plan. The plan should specify the frequency of visits and approved contact beginning immediately after the children come into DCFS care. The children can also participate in developing the plan. This plan is included in the children's case plan.

Foster caregivers, DCFS and agencies may not reduce or ask a court to reduce the frequency of visits based on the unavailability of a supervisor for the visits or as a form of discipline.

The visitation and contact plan should specify how long each visit should last, include the location and supervision to be provided for visits, list approved contact that the children may have between visits and times of day when that contact may occur (for example, after school, etc.). A brief statement of the reasons for selecting the frequency and length of the visits and type of approved contacts should also be recorded in the case plan.

DCFS or agencies are responsible for scheduling and providing visits among all siblings placed apart at least twice per month, *beginning no later than two weeks after the child comes into temporary custody*, unless:

- a court has ordered that sibling visits occur less frequently or not at all; or
- one sibling may physically, mentally, or emotionally harm another during the visit and supervision could not prevent the risk of such harm. This should be determined by prior observation or documentation of their interaction as recorded in the child's case file and the risk must be documented in the child's case file.

The caseworker will identify the child's siblings and add them to the visitation and contact plan. The child's siblings may include children/youth:

- living in intact families;
- living in substitute care, including out of state placements;
- in an ILO/TLP, Youth in College, or Placement Alternative Contract living arrangement;
- who are hospitalized;
- residing in group homes or residential placements;
- who have been adopted, even when birth siblings are not adopted together or when one or more siblings remain in care;
- who are under legal guardianship, even when birth siblings are not adopted together or when one or more siblings remain in care;
- who are emancipated; or
- who have attained adulthood.

Supervising Sibling Visits

Visits give the caseworker time to make clinical observations necessary to making decisions about services and permanency recommendations. If a caseworker decides not to supervise a visit and supervised visits are required in the case plan, he or she is responsible for obtaining other staff to supervise. Caregivers may be asked by the caseworker to supervise visits if the caseworker feels it is appropriate. The caseworker's supervisor must approve any person other than the caseworker supervising visits. Caregivers are encouraged to become acquainted with the child's siblings. This can be easily accomplished by supervising sibling visitation when possible. Caregivers are not required to supervise visits and should agree when they feel comfortable with the situation and know the supervisor has approved. Caregivers can be reimbursed for supervising short and overnight visits. (See Section 9, page 7) Caregivers are encouraged to host sibling visits whenever possible. A reimbursement fee for activities during the visit is available. (See Section 9, page 7)

Transportation

The caseworker has the primary responsibility for arranging transportation for visits. Caregivers are encouraged to provide transportation for the children to visit. Reimbursement for mileage may be available. (See Section 9, page 7)

Grandparent Visits

DCFS encourages visits between grandparents or great-grandparents and children in foster care if it is in the best interest of the child. In cases where the grandparents or great-grandparents have been granted visiting privileges by a divorce court in accordance with the Illinois Marriage and Dissolution of Marriage Act (750 ILCS 5/607) DCFS will allow the visits.

Confidentiality of Foster Caregiver Information

A foster caregiver's name, address and phone number cannot be disclosed without prior written notice to the caregiver, according to Illinois law (CFSA 535.3, effective 7-24-98). The caregiver may request the caseworker not release this information to the child and also has the right to seek a Section 2-25 Order of Protection from the court. A person who has been told the name, address and phone number of the child's caregiver who knowingly and willfully re-discloses this information is guilty of a Class A misdemeanor, according to the new law mentioned above.

AGES AND STAGES OF CHILD DEVELOPMENT

As the child's caregiver, you know him better than anyone. You know when something is great; as well as when something seems a bit different or not quite right. If you have a concern, start by checking these charts to help you determine whether the child's development and behavior are consistent with what the chart shows for his age. If they are not, call the caseworker and together decide if he needs to be seen by his doctor.

Birth to Six Months

	CHARACTERISTICS	PARENTS SHOULD
P H Y S I C A L	<p>Develops own rhythm in feeding, urinating, bowel movements and in sleeping.</p> <p>Grows rapidly.</p> <p>Gains early control of eye movement.</p> <p>Develops motor control in orderly sequence. Watch for these developmental milestones</p> <ul style="list-style-type: none"> • balances head • rolls over • pulls self to sitting position • sits alone momentarily 	<p>Adapt schedule to baby's rhythm as much as possible.</p> <p>Supply adequate food. Change baby's position frequently.</p> <p>Exercise baby's arms and legs as you bathe and change him/her.</p> <p>Supply visual stimuli, such as mobiles.</p>
M E N T A L	<p>Begins to grasp objects.</p> <p>Learns through senses. Discriminates mother from others; is more responsive to her.</p>	<p>Let baby grasp your fingers as you pull him up.</p> <p>Provide objects to see, hear, grasp. Encourage shared play activities with child.</p>
S O C I A L	<p>Coos and vocalizes spontaneously. Babbles in two word syllables.</p> <p>Imitates movements. Gazes at faces. Smiles to be friendly.</p> <p>Likes to be played with, tickled and jostled.</p> <p>Smiles at self in mirror.</p>	<p>Talk to her a great deal.</p> <p>Play pat-a-cake and peek-a-boo.</p> <p>Bounce her on your knee.</p> <p>Provide a mirror toy.</p>
E M O T I O N A L	<p>Plays with hands and toes.</p> <p>Shows excitement through waving arms, kicking, wriggling.</p> <p>Shows pleasure with anticipation of bottle or being picked up.</p> <p>Cries in different ways when cold, wet, or hungry. Don't be afraid of spoiling him/her. A cry is a baby's main way of communicating needs.</p> <p>Fears loud or unexpected noise; strange objects, situations, or persons; sudden movement, pain.</p>	<p>Allow freedom for hands and legs.</p> <p>Show facial expressions of smiling or frowning.</p> <p>Learn to "read" his cries.</p>

Six Months to One Year

	CHARACTERISTICS	PARENTS SHOULD
P H Y S I C A L	<p><i>Large muscle:</i> 8 months on — crawls.</p> <p>9 months on may begin to walk.</p> <p><i>Small muscle:</i> Learns to let go with hands.</p> <p>Puts everything in mouth.</p> <p>Begins to have teeth come in.</p> <p>Cannot control bowels.</p>	<p>Be sure dangerous objects are out of reach.</p> <p>Provide experiences that give leg and arm exercise.</p> <p>Play “dropping things” game to help him/her understand the world.</p> <p>Provide foods he/she can eat with hands and other activities which exercise fingers.</p> <p>Have special patience and things to chew on. Child may be cranky.</p> <p>Refrain from trying to potty train.</p>
M E N T A L	<p>Learns through senses — especially mouth, seeing, smelling, tasting and touching.</p> <p>Likes to put things in and take things out.</p> <p>Likes to do things over and over.</p> <p><i>Language:</i> Begins to understand such familiar words as “eat”, “mama”, “bye-bye”, “doggie”.</p> <p>Likes to hear you name objects.</p>	<p>Provide toys and games that involve hearing.</p> <p>Encourage shared play activities.</p> <p>Be sure there are not toys with small or loose parts.</p> <p>Repeat words and activities.</p> <p>Say the names of objects as the child sees or uses them.</p>
S O C I A L	<p><i>With Adults:</i> Finds mother or mother substitute extremely important.</p> <p>Will “talk” using babbling sounds.</p> <p>Will start to imitate.</p> <p>Has eating as a major source of social interaction.</p> <p><i>With peers:</i> Will not play with other infants — will poke, pull, push, etc., instead.</p>	<p>Have one person be in charge of most of the child's care.</p> <p>Talk to the baby.</p> <p>Do things you want the child to do.</p> <p>Realize the child may not want to play with others.</p>
E M O T I O N A L	<p>Needs to be held and cuddled, warmth and love.</p> <p>Needs to feel sure someone will take care of him.</p> <p><i>Personality Traits:</i> Becomes unhappy when mother leaves. Draws away from strangers.</p> <p>Same fears as before.</p>	<p>A special person should provide physical comfort. Needs of hunger, cleanliness, warmth, holding, sensory stimulation, and interaction with an adult should always be met. <u>Don't be afraid of spoiling him.</u></p> <p>If mother must leave, a special person should provide care. Proceed slowly in introducing the child to new people.</p>

One to Two Years

	CHARACTERISTICS	PARENTS SHOULD
P H Y S I C A L	<p><i>Large Muscles:</i> Begins to walk, creep up and down stairs, climb on furniture, etc.</p> <p>Enjoys pushing and pulling toys.</p> <p><i>Small muscles:</i> Begins to feed self with a spoon and can hold cup.</p> <p>Can stack two or three blocks. Likes to take things apart. Likes to put in and take out things.</p> <p>Takes off pull-on clothing.</p>	<p>Provide large, safe space for exercising arms and legs.</p> <p>Provide push or pull toys to help with balance in walking.</p> <p>Fix easily eaten food. Allow child to feed self at times. He/she will be messy.</p> <p>Provide toys or games he/she can take apart, stack, squeeze, pull, etc. Encourage shared play with the child.</p> <p>Let the child try to dress him or herself.</p>
M E N T A L	<p>Cannot control bowels.</p> <p>Learns through senses.</p> <p>Is curious — likes to explore — pokes fingers in holes.</p> <p><i>Language:</i> Can say the names of some common objects.</p> <p>Uses one-word sentences — “no”, “go”, “down”, “bye-bye”. Can point to common body parts and familiar objects. Can understand simple directions such as “get your coat”.</p> <p><i>With Adults:</i> Finds mother still very important.</p> <p>Enjoys interaction with familiar adults. Imitates — will copy your behavior.</p> <p>Demanding, assertive, independent, waves bye-bye.</p> <p><i>With Peers:</i> Plays alone, but does not play well with others the same age.</p>	<p>Do not try to potty train.</p> <p>Have toys or play games which make sounds or have different “feels”, colors, shapes, etc.</p> <p>Be sure area is safe. Allow child to explore.</p> <p>Talk to child often. Say names of objects child sees you use. Talk about activities during bathing and dressing.</p> <p>Teach names of body parts.</p> <p>Have a special person provide most of the care.</p> <p>Be sure to do the things you want the child to do.</p> <p>Although the child likes other children, he/she may want an adult close by.</p>
E M O T I O N A L	<p>Needs the love, warmth and attention of a special adult to develop trust — the feeling that someone will take good care of him/her.</p> <p><i>Personality Traits:</i> Reaches a peak of thumb sucking at 18 months.</p> <p>May throw temper tantrums.</p> <p>General emotion is “happy.” Anger chiefly aroused by interference with physical activity. Cries because he/she cannot put wishes into words.</p>	<p>Have a special, caring adult look after the child.</p> <p>Ignore thumb sucking. Calling attention to it will only make it worse.</p>
M O R A L	<p>Conscious of adult approval and disapproval.</p>	<p>Temper extreme responses to the child and maintain consistent responses to the child's behavior.</p>

Two to Three Years

	CHARACTERISTICS	PARENTS SHOULD
P H Y S I C A L	<p><i>Large Muscle:</i> Runs, kicks, climbs, throws a ball, jumps, pulls, pushes, etc. Enjoys rough and tumble play.</p> <p><i>Small Muscle:</i> Can turn some doorknobs, scribbles, eats easily with a spoon, helps dress and undress self. Can build a tower of six to seven blocks.</p> <p>Can begin to control bowels. Bladder control comes slightly later.</p>	<p>Provide lots of room and many experiences in which the child uses arms and legs.</p> <p>Provide activities that use fingers: clay, finger paint, pick-up objects, stacking objects, large crayons for scribbling. Share in these activities with the child.</p> <p>Gradually start toilet training. Consult an authority if unsure of methods.</p>
M E N T A L	<p>Continues to learn through senses.</p> <p>Still is very curious.</p> <p>Has a short attention span.</p> <p><i>Language:</i> Uses three to four word sentences.</p>	<p>Provide sensory experiences.</p> <p>Allow child to explore. Have as few “no-no’s” as possible.</p> <p>Do not make child do things for more than a few minutes.</p> <p>Talk often with the child. Explain things simply.</p>
S O C I A L	<p>Begins to enjoy simple songs and rhymes.</p> <p><i>With Adults:</i> Considers mother still very important. Does not like strangers. Imitates. Dawdles.</p> <p>Helpful with adults.</p> <p><i>With Peers:</i> Enjoys playing alone.</p> <p>Enjoys having other children near, but does not play with them much.</p> <p>Pinches, kicks, bites and pushes when angry — usually caused by interference with physical activity or possessions.</p>	<p>Sing songs that have repetition, are low in key and have short range.</p> <p>Allow time to do things for self. Allow time to explore.</p> <p>Provide opportunity for uninterrupted play.</p> <p>Do not force children to play together.</p> <p>Do not allow children to hurt each other.</p>
E M O T I O N A L	<p>Begins to develop sense of self. Needs to do some things for self. Enjoys praise.</p> <p><i>Personality traits:</i> Tests powers — says “no” often. Shows lots of emotion — laughs, squeals, throws temper tantrums violently, etc.</p> <p>Fears loud noises, moving quickly or to high places, large animals, mother’s departure.</p>	<p>Provide simple experiences in which the child can successfully do things for him/her self. Praise him/her often.</p> <p>Be firm in following through with your instructions, but do not punish the child for cries expressing feelings and independence.</p> <p>Avoid sudden situations involving these fears. Do not force or ridicule the child.</p>
M O R A L	<p>Child usually appears self-reliant and wants to be good, but is not yet mature enough to be able to carry out most of his/her promises.</p>	<p>Maintain realistic expectations of what the child can do.</p>

Three to Four Years

	CHARACTERISTICS	PARENTS SHOULD
P H Y S I C A L	<p><i>Large Muscle:</i> Runs easily and jumps.</p> <p>Begins to climb ladders. Can start to ride tricycles. Tries everything. Is very active.</p> <p><i>Small Muscle:</i> Dresses self fairly well. Cannot tie shoes.</p> <p>Can feed self with a spoon and fork. Likes to play with mud, sand, finger paints, etc. Can begin to put together simple puzzles and construction toys.</p> <p>Takes care of toilet needs more independently — can stay dry all day but may not stay dry all night. Sex: becomes very interested in his/her body and how it works.</p>	<p>Carefully supervise opportunities for large muscle activity.</p> <p>Set limits for distances. Child tends to wander too far.</p> <p>Provide many opportunities for child to practice small muscle skills.</p> <p>Encourage those activities which strengthen and coordinate small muscles.</p> <p>Explain all body parts without judgement. Questions about body functions should be answered simply and honestly.</p>
M E N T A L	<p>Continues to learn through his/her senses.</p> <p>Uses imagination a lot — starts dramatic play and role playing.</p> <p>Begins to see cause and effect relationships.</p> <p><i>Language:</i> Likes to learn simple songs and rhymes, likes to play around with sounds, knows more than he/she can say in words. Is curious and inquisitive.</p>	<p>Provide many sensory experiences.</p> <p>Provide props for dramatic play.</p> <p>Point out and explain common cause and effect relationships — how rain helps flowers grow, how dropping makes glass break, how hitting makes a person hurt.</p> <p>Explain things to the child, answer questions honestly and help him put feelings into words.</p>
S O C I A L	<p><i>With Adults:</i> Can leave mother for short periods of time though she is still very important. Begins to notice differences in the ways women and men act. Imitates adults.</p> <p><i>With Peers:</i> Starts to be more interested in others, begins group play — likes company. Is not ready for games or competition — has loosely organized group.</p>	<p>Be a positive role model. At the start of sex-role development, he/she will act as he/she sees you act.</p> <p>Provide enough materials so that several children can use them together. Help the child find out socially acceptable ways of dealing with others.</p>
E M O T I O N A L	<p>Is anxious to please adults and is dependent on other approval, love and praise.</p> <p>May strike out emotionally at situations or persons when he/she has trouble.</p> <p>Is sensitive to the feelings of other people toward him/her self.</p> <p>Is developing some independence and self-reliance.</p> <p>May have fear of unusual people, the dark, animals.</p>	<p>Give your approval through facial expressions, gestures and verbal response. Avoid negative remarks about the child. Emphasize the teacher's and family's love for the child.</p> <p>Offer love, understanding and patience. Help him/her work with and understand his/her own emotions.</p> <p>Develop a warm relationship with him/her. Express and show love for and confidence in him/her.</p> <p>Encourage the child to do things for him/her self.</p> <p>Do not force the child to participate in frightening activities and don't ridicule.</p>
M O R A L	<p>Begins to know right from wrong.</p> <p>Finds others' opinion of him/her are important. Increases self control and shows less aggression. Uses verbal threats such as "I'll kill you".</p>	<p>Provide clear limits — enforce them consistently but not harshly.</p> <p>Praise the child whenever you honestly can.</p>

Four to Five Years

	CHARACTERISTICS	PARENTS SHOULD
P H Y S I C A L	<p>Average height — 40.5 inches. Average weight — 36 pounds.</p> <p>Is very active — consistently on the go. Is sometimes physically aggressive.</p> <p>Has rapid muscle growth. Would rather talk or play than eat.</p>	<p>Provide plenty of play space both indoors and out. Provide for rest — she will tire easily.</p> <p>Child needs ample protein in diet. Nutrition is important.</p>
M E N T A L	<p>Has large vocabulary — 1,500 to 2,000 words. Has strong interest in language.</p> <p>Is fascinated by words and silly sounds.</p> <p>Likes to shock adults with bathroom language.</p> <p>Has insatiable curiosity. Asks innumerable questions — incessant talker.</p> <p>Can reason a little, but still has many misconceptions.</p>	<p>Provide interesting words, stories. Play word games.</p> <p>Ignore bad language.</p> <p>Answer questions patiently.</p> <p>Provide experiences that will expand his reasoning ability, such as riddles and guessing games. Clarify misconceptions.</p>
S O C I A L	<p>Really needs to play with others. Has relationships that are often stormy. Has tendency to exclude some from group.</p> <p>Likes to imitate adult activities. Good imagination. Loves to pretend.</p> <p>Relying less on physical aggression.</p> <p>Is learning to share, accept rules and take turns.</p>	<p>Send him/her to a good nursery school or play group, if possible.</p> <p>Provide props for dramatic play.</p> <p>Help her learn positive social behavior without punishing or scolding.</p> <p>Expect her to take simple responsibilities and follow simple rules such as taking turns.</p>
E M O T I O N A L	<p>Exhibits a great amount of demanding, threatening or name calling.</p> <p>Often is bossy, belligerent. Goes to extremes — bossy, but then shy. Frequently whines, cries, complains.</p> <p>Often tests people to see who she/he can control.</p> <p>Is boastful, especially about self and family.</p> <p>Has growing confidence about self and world.</p> <p>Beginning to develop some feelings of insecurity.</p>	<p>Keep your sense of humor.</p> <p>Provide outlets for emotional expression through talking, physical activity, or creative media.</p> <p>Establish limits and stick to them.</p> <p>Provide opportunities for talking about self and family.</p> <p>Strengthen his positive self concept by pointing out the things he can do for himself.</p> <p>Assure him of your love and the love of his parents.</p>
M O R A L	<p>Is becoming aware of right and wrong; usually has desire to do right. May blame others for wrongdoings.</p>	<p>Help her learn to be responsible for actions and behavior, and teach the importance of making right choices.</p>

Five to Six Years

	CHARACTERISTICS	PARENTS SHOULD
P H Y S I C A L	<p>Can dress and undress self. Has tendencies to be far sighted — may cause hand/eye coordination.</p> <p>Prefers use of one hand or the other.</p> <p><i>Toileting:</i> Is able to care for own toilet needs independently.</p> <p><i>Sex:</i> Knows difference in sexes – interest lessening: more modesty, less bathroom play. Interested in babies and where they come from.</p> <p><i>Eating:</i> Has bigger appetite. May have stomach aches or vomiting when asked to eat disliked foods.</p> <p>Prefers plain cooking, but accepts wider choices of foods.</p>	<p>Do not try to teach skills that require continued eye coordination such as reading.</p> <p>Do not force child to change hands.</p> <p>Offer simple, accurate explanation.</p> <p>Offer appealing variety in food without force. She is more sensitive to spicy food than adults.</p>
M E N T A L	<p><i>Language:</i> May stutter if tired or nervous.</p> <p>Will follow instructions and accepts supervision. Knows colors, numbers, etc. Can identify coins. May be able to print a few letters.</p>	<p>Do not empathize — it's only temporary. Begin group experiences on half day basis.</p>
S O C I A L	<p><i>With Adults:</i> May fear mother won't return. Mother is the center of his or her world. Copies adults. Likes praise.</p> <p><i>With Peers:</i> Plays with boys and girls. Is calm and friendly. Is not too demanding in relations with others. Can play with one child or a group of children.</p> <p>Likes conversation during meals.</p> <p>If doesn't like school, may develop nausea and vomiting.</p> <p>Is experiencing an age of conformity. Is critical of those who do not conform.</p>	<p>Avoid leaving until child is prepared. He or she needs mother's reassurance of return.</p> <p>Encourage child to find activities at school she/he enjoys. Offer comfort. Provide a secure noncritical environment</p> <p>Help child learn the value of individual differences.</p>
E M O T I O N A L	<p>In general, is reliable, stable, well adjusted.</p> <p>Though not fearful, may show some fear of dark, falling, dogs, or bodily harm.</p> <p>If tired, nervous, or upset may develop tension. Outlets of nail biting, eye blinking, throat clearing, sniffing, or nose twitching.</p> <p>May still suck thumb.</p> <p>Is concerned with pleasing adults.</p> <p>Is easily embarrassed.</p>	<p>Try not to appear overly concerned. Deal with cause of tension, not the habit it creates. Increases in temporary nervous habits are normal. Offer distractions.</p> <p>Understand the child may still need rest or quiet times.</p> <p>Show your love.</p> <p>Be sensitive to things that embarrass him/her.</p>
M O R A L	<p>Is interested in being good. May tell untruths or blame others for wrongdoing because of desire to please and do right. Is aware of right and wrong.</p>	<p>Help him know right from wrong. Don't be shocked if he tells an untruth, but help him learn to accept responsibility for actions. Teach right behaviors and attitudes that can be incorporated into daily living.</p>

Six to Seven Years

	CHARACTERISTICS	PARENTS SHOULD
P H Y S I C A L	<p>Is vigorous, full of energy, has general restlessness. Is clumsy; poor coordination. Is in an ugly duckling stage.</p> <p><i>Toileting:</i> Rarely has accidents — may occur when emotionally upset or over excited. May need reminders.</p> <p><i>Sex:</i> Has marked awareness of sexual differences. Investigates others.</p> <p>Engages in sex play and show.</p> <p>May play doctor and hospital.</p> <p>Begins to suppress masturbation.</p> <p><i>Eating:</i> Has unpredictable preferences and strong refusals. Often develops a passion for peanut butter. Uses fingers and talks with mouth full.</p> <p>Has more colds, sore throats and other diseases.</p> <p>Should have been inoculated for chicken pox, measles, whooping cough, diphtheria, German measles, mumps.</p>	<p>Accept accidents calmly. Child may be embarrassed.</p> <p>Recognize that children will be able to accept idea that baby grows in womb. Know that child is gathering information.</p> <p>Not worry. Understand that it's usually just curiosity.</p> <p>Give honest, simple answers in a calm manner.</p> <p>Be a role model for good habits.</p> <p>Be aware of disease symptoms. Ill health may result in crankiness. Child needs plenty of rest and balanced meals.</p>
M E N T A L	<p><i>Language:</i> May develop stuttering when under stress. Wants all of everything. Finds it difficult to make choices.</p> <p>Begins to have organized, continuous memories.</p> <p>Can read and write.</p>	<p>Not offer excessive choices, but provide opportunities for making choices. Symptom is temporary and may disappear of own accord.</p>
S O C I A L	<p><i>With Adults:</i> Blames mother for everything that goes wrong. Identifies more strongly with father. Doesn't like to be kissed in public. Expands outside the family. Considers teacher important.</p> <p><i>With Peers:</i> Friendships are unstable. Is sometimes unkind to peers. Gives negative response often. Is a tattletale. Must be a winner — changes rules to fit own needs. In school, may develop problems if over placed; can't keep mind on work: fools around, whispers, bothers other children.</p> <p>When eating, makes meals difficult because of perpetual activity. Is not a good meal finisher.</p>	<p>Help the child to see adults care about her but do not attempt to replace parents.</p> <p>Give guidance in making and keeping friends.</p> <p>Give help in learning to be a good loser. Allow time for peer interaction.</p> <p>Allow extra time for morning meals.</p>

Continued on p. 36

Six to Seven Years (cont.)

	CHARACTERISTICS	PARENTS SHOULD
E M O T I O N A L	<p>Feels insecure as result of drive toward independence. Finds it difficult to accept criticism, blame, or punishment.</p> <p>Is the center of his/her own world and his/her main concern. Is boastful.</p> <p>Generally is rigid, negative, demanding, unadaptable, slow to respond; exhibits violent emotional extremes; tantrums reappear. If not winner, often makes accusations of cheating.</p>	<p>Allow needed time, leeway, more chances. Child requires patience and understanding.</p> <p>Understand that the child needs support for independence and opportunities to do things for self while attempting self-identity.</p> <p>Set reasonable limits, offer explanation of limits and help child stay within the limits. Be consistent. Avoid games that designate a winner.</p>
M O R A L	<p>Is very concerned with good and bad behavior, particularly as it affects his/her family and friends. Sometimes blames others for wrongdoings.</p>	<p>Teach child to be concerned and responsible for own behavior and how to perfect it. Assure him/her that everyone makes mistakes. Teach simple repentance.</p>

Seven to Eight Years

	CHARACTERISTICS	PARENTS SHOULD
P H Y S I C A L	<p><i>Large Muscle:</i> Drives himself until exhausted.</p> <p><i>Small Muscle:</i> May have permanent pout on face. Has minor accidents. Loves pencils instead of crayons.</p> <p><i>Sex:</i> Is less interested in sex. Drop in sex play and experimentation. Can be very excited about new babies in the family.</p> <p><i>Eating:</i> Has less appetite. In general; has fewer illnesses, but may have colds of a long duration.</p> <p>May develop nervous habits or assume awkward positions.</p>	<p>Distract child before point of complete exhaustion.</p> <p>Know: Child has well-established hand-eye coordination now.</p> <p>Be patient with annoyances and do not draw attention to awkwardness.</p>
M E N T A L	<p>Is eager for learning. Uses reflective, serious, thinking. Thoughts beginning to be based on logic and she/he can solve more complex problems. Attention span is good.</p> <p>Enjoys hobbies and skills. Likes to collect things and tell about things she/he has worked on, such as projects, writings and drawings. Favors reality.</p> <p>Likes to be challenged, to work hard and to take time completing a task.</p>	<p>Ask many thought provoking questions. Stimulate his/her thinking with open ended stories, riddles, thinking games, discussions, etc. Give opportunities for decision making and selecting what she/he would do in particular situations.</p> <p>Encourage the pursuit of hobbies and interests.</p> <p>Allow plenty of time to accomplish a task. Most stories and situations should deal with reality. Give challenges right for his/her level of ability.</p>

Continued on p. 37

Seven to Eight Years (cont.)

	CHARACTERISTICS	PARENTS SHOULD
S O C I A L	<p><i>With Adults:</i> Will avoid and withdraw.</p> <p>Has strong emotional responses to teacher — may complain teacher is unfair or mean.</p> <p>Likes more responsibility and independence. Is often concerned that she or he will not do well.</p> <p><i>With Peers:</i> Participates in loosely organized group play. Concerned with self and how other people treat him/her. May fight or battle out problems.</p> <p>Starts division of the sexes. (Girls play with girls and boys play with boys.)</p> <p><i>School:</i> May fear being late; has trouble on the playground; “kids are cheating” or “the teacher picks on me” are often said.</p>	<p>Show understanding and concern.</p> <p>Assign responsibility and tasks she/he can carry out, and then praise her/him for effort and accomplishment. Help him/her assume responsibility for wrongdoing.</p> <p>Provide peace and quiet.</p> <p>Attempt to prevent conflicts before they get to fighting stage.</p> <p>Help child see his or her interactions realistically.</p>
E M O T I O N A L	<p>Complains a lot: “nobody likes me” or “I’m going to run away”.</p> <p>May not respond promptly or hear directions — may forget. Is easily distracted.</p> <p>May stay on the edge of the scene in an attempt to build a sense of self through observation. Is attempting to control nervous habits, but blinking, scowling, headaches and dizziness appear.</p> <p><i>Visual fears:</i> night, scary places, people.</p> <p>Is less domineering and less determined to have own way.</p> <p>Dislikes criticism; is eager for peer approval. Wants to please peers and be like age group.</p> <p>Is more sensitive to own and others’ feelings. Is often self critical and a perfectionist. Is often dreamy, absorbed and withdrawn. More inhibited and cautious. Is less impulsive and self centered.</p>	<p>Give reasonable sympathy.</p> <p>Remind and check. Offer personal support and reassurance.</p> <p>Continue to help the child develop social skills. Give praise for positive behavior such as waiting his/her turn, sharing, and giving other children a chance to express their ideas.</p> <p>Build her confidence; instead of criticizing, look for opportunities to give approval and affection. Accept need for peer approval and need to belong.</p> <p>Offer love, patience and sensitivity. Let the child know she has progressed, and continue to encourage her and give confidence. Accept moods and aloofness. Encourage the child to express herself and turn interest to others.</p>

*If a child lives with approval,
he learns to live with himself.
— Dorothy Law Nolte*

Eight to Nine Years

	CHARACTERISTICS	PARENTS SHOULD
P H Y S I C A L	<p>Is busy, active, speedy, has frequent accidents. Makes faces.</p> <p><i>Toileting:</i> May need to urinate in connection with disagreeable tasks.</p> <p><i>Sex:</i> May handle genitals if worried. Tells dirty jokes — laughs, giggles. May peep at each other and parents. Wants more exact information about pregnancy and birth. May question father's part.</p> <p><i>Eating:</i> Has good appetite; wolfs down food. Belches spontaneously. May accept new foods.</p> <p><i>In General:</i> Has improved health and few short illnesses.</p>	<p>Continue to be available to answer questions.</p>
M E N T A L	<p>Wants to know the reason for things.</p> <p>Often overestimates own ability.</p> <p>Often cries if fails — "I never get anything right."</p>	<p>Direct child toward attempting what she/he can accomplish, but still provides a challenge.</p> <p>Stress what the child has learned, not the end product.</p>
S O C I A L	<p><i>With Adults:</i> Demands close understanding with mother.</p> <p><i>With Peers:</i> Makes new friends easily, works at establishing good two-way friendships. Enjoys school; doesn't like to miss school and tends to talk more about school. Develops close friend of own sex — separation of the sexes. Considers clubs and groups important.</p> <p><i>Eating:</i> Is not as interested in family table conversation; will want to finish meal and go on with own business. May become sensitive to the killing of animals for food.</p>	<p>Provide opportunity for peer interaction not only on a personal level, but also on a group and club basis.</p> <p>Offer simple explanation for the killing of animals for food. Remain understanding of his feelings.</p>
E M O T I O N A L	<p>Has more "secrets". May be excessive in self criticism; tends to dramatize everything; is very sensitive.</p> <p>Has fewer and more reasonable fears; may have some earlier tension patterns, but will be less persistent.</p> <p>May argue and resist requests and instructions, but will obey eventually.</p> <p>Could want immediate (cash) reward.</p> <p>Is usually affectionate, helpful, cheerful, outgoing, and curious; but can also be rude, selfish, bossy, and demanding — variable.</p> <p>Is sometimes giggly and silly.</p>	<p>Provide the youth with a locked box or drawer. Praise; do not criticize. Encourage efforts and let child know you see his/her progress. Teach that others also make mistakes.</p> <p>Keep directions simple and avoid unnecessary urging in order to avoid the "I already know" responses.</p> <p>Guide her toward overcoming negative emotions and developing positive ways of showing interest and enthusiasm.</p> <p>Let her enjoy humor when appropriate and be patient with giggling.</p>
M O R A L	<p>May experience guilt and shame.</p>	<p>Do not compare one child with another. Praise and build self confidence.</p>

Nine to Ten Years

	CHARACTERISTICS	PARENTS SHOULD
P H Y S I C A L	<p>Active, rough and tumble play is normal, especially for boys. Great interest in team games.</p> <p>Has good body control. Is interested in developing strength, skill and speed. Likes more complicated crafts and shop work.</p> <p>Girls are beginning to develop faster than boys.</p>	<p>Provide many activities to sustain interest. Include team games.</p> <p>Give opportunities for developing skills such as handicrafts and active games. Include many activities in which the child uses hands and has an opportunity to use small muscle skills.</p> <p>Do not compare boys to girls or force them to interact.</p>
M E N T A L	<p>Has definite interests and lively curiosity; seeks facts. Capable of prolonged interest. Can do more abstract thinking and reasoning on his own. Likes to memorize. Individual differences become more marked.</p> <p>Likes reading, writing and using books and references.</p>	<p>Give specific information and facts; use the children's interests. Do not give all the answers; allow time to think, meditate and discuss. Respect and be aware of individual differences when making assignments and giving responsibilities.</p> <p>Provide opportunities for reading, writing and checking references; however, do not tire the child.</p>
S O C I A L	<p>Likes to collect things.</p> <p>Boys and girls differ in personalities, characteristics and interests. Is very group and club oriented, but is always with same sex. Sometimes silly within the group.</p> <p>Boys especially, begin to test and exercise a good deal of independence.</p> <p>Absorbed by friends and activities. Likes group adventures and cooperative play.</p>	<p>Help with hobbies.</p> <p>Accept natural separation of boys and girls. Recognize and support the need they have of acceptance from peer group.</p> <p>Be warm, but firm. Establish and enforce reasonable limits.</p> <p>Encourage friendships and help children who may have few or no friends.</p>
E M O T I O N A L	<p>Worries. May have some behavior problems, especially if he is not accepted by others.</p> <p>Is becoming very independent, dependable and trustworthy.</p> <p>Is very conscious of being fair. Is highly competitive. Argues over fairness.</p> <p>Has difficulty admitting she behaved badly or has made a mistake; but is becoming more capable of accepting her own failures and mistakes and takes responsibility for own actions.</p> <p>Is clearly acquiring a conscience.</p> <p>Is well aware of right and wrong; wants to do right, but sometimes overreacts or rebels against an overly strict conscience.</p>	<p>Use positive guidance, let him know you accept him even though you do not approve of his behavior.</p> <p>Provide many experiences for exercising independence and dependability. Praise these positive characteristics.</p> <p>Be fair in dealings and relationships with her. Give opportunities for competing, but help her learn to be a good loser.</p> <p>Do not ridicule or tear her down for wrongdoings, but help her learn to take responsibility for her own behavior.</p> <p>Express your love and support for him often.</p>

Ten to Eleven Years

	CHARACTERISTICS	PARENTS SHOULD
P H Y S I C A L	<p>Girls are concerned with style. Girls may begin rapid increase in weight.</p> <p>Boys are more active and rough.</p> <p>Has motor skills well in hand.</p> <p>Has 14-16 permanent teeth.</p>	<p>Help with nutrition.</p>
M E N T A L	<p>Is alert, poised. Argues logically. Begins to use fractions. Likes to read.</p> <p>Has rather short interest span.</p> <p>Begins to show talents.</p> <p>Concerned with facts.</p>	<p>Use reasoning. Provide books geared to interests.</p> <p>Provide lessons for music, art, or other interests. Good time to discuss drug abuse.</p>
S O C I A L	<p>May develop hero worship.</p> <p>Is affectionate with parents. Finds mother all important.</p> <p>Is highly selective in friendship — may have one best friend.</p> <p>Has great pride in father.</p> <p>Important to be “in” with the group.</p>	<p>Spend time with the child.</p> <p>Spend time with the child.</p>
E M O T I O N A L	<p>Is casual and relaxed. Likes privacy.</p> <p>Girls maturing faster than boys.</p> <p>Seldom cries but may cry in anger. Not typically an angry age. Anger, when it comes is intense and immediate.</p> <p>Main worry concerns school and peer relationships.</p>	<p>Provide cupboard or box for “treasures” and a “Keep Out” sign for door.</p>
M O R A L	<p>Has a strong sense of justice and a strict moral code. More concerned with what is wrong than with what is right.</p>	<p>Maintain consistency. Be aware that children at this age will be very concerned with behavior that they see as hypocritical. Model behavior that you want to see the child imitate.</p>

*Children need love especially when
they do not deserve it.*

—Harold Shulbert

Eleven to Twelve Years

	CHARACTERISTICS	PARENTS SHOULD
P H Y S I C A L	<p>Girls begin to show secondary sex characteristics.</p> <p>Boys are ahead of girls in endurance.</p> <p>Is increasingly aware of body.</p> <p>Has increase in muscle growth. May show self consciousness about learning new skills.</p>	<p>Explain menstruation.</p> <p>Let child take initiative. Rapid growth may mean large appetite, but less energy.</p>
M E N T A L	<p>Challenges adult knowledge. Has increased ability to use logic.</p> <p>May have interest in earning money.</p> <p>Is critical of own artistic products.</p> <p>Is interested in world and community.</p>	<p>Let child try a paper route or other job, if she wants.</p> <p>Let child participate in community drives they may be interested in.</p>
S O C I A L	<p>Is critical of adults. May be quiet around strange adults. Strives for unreasonable independence.</p> <p>Has intense interest in teams and organized, competitive games. Considers membership in clubs important.</p>	<p>Provide for organized activities in sports or clubs.</p>
E M O T I O N A L	<p>Anger is very common. Resents being told what to do.</p> <p>Rebels at routines. Often is moody. Dramatizes and exaggerates his/her expressions, ("worst mother in the world").</p> <p>Many fears, many worries, many tears.</p>	<p>Let child help set the rules and help decide on own responsibilities.</p> <p>Be understanding.</p>
M O R A L	<p>Has strong urge to conform to group morals.</p>	<p>Keep the lines of communication open.</p>

*Don't limit a child to your own learning,
for he was born in another time.*

—Rabbinical saying

Twelve to Fifteen Years

	CHARACTERISTICS	PARENTS SHOULD
P H Y S I C A L	<p>Onset of adolescence is usually accompanied by sudden and rapid increases in height, weight, and size.</p> <p>Girl has gradually reached physical and sexual maturity. Boy is beginning physical and sexual maturity.</p> <p>Development is rapid. Acne.</p> <p>Physical strength increases greatly.</p> <p>Concerned with appearance.</p>	<p>Understand child will need more food.</p> <p>Explain to child what is happening — not to worry if not like all the rest.</p> <p>Consult a physician. May need special diet and/or medication to treat acne.</p>
M E N T A L	<p>Thrives on arguments and discussions.</p> <p>Ability to memorize usually increases.</p> <p>Able to think logically about verbal positions.</p> <p>Developing ability to introspect and probe into his own thinking.</p> <p>Able to plan realistically for the future. Idealism.</p> <p>Reads a great deal.</p>	<p>Do not let discussions become arguments.</p> <p>Do not put down his or her ideas, for they are truly the child's, but do help him to see the reality.</p> <p>Understand child needs to feel important in the world, to know they have something to believe in, a cause to fight for.</p>
S O C I A L	<p>Withdraws from parents who are "old fashioned".</p> <p>Boys usually resist any show of affection. Usually feel parents are too restraining. Needs less family companionship and interaction. Rebels.</p> <p>Has less intense friendships with those of the same sex. Usually has a whole group of friends. Girls show more interest in opposite sex than do boys.</p> <p>Annoyed by younger siblings.</p>	<p>Do not feel hurt or take it personally. Remember you still are important, but not in the same way as when they are children.</p> <p>Understand his or her need to be independent.</p>
E M O T I O N A L	<p>Sulking is common.</p> <p>Fewer anger responses, but main ones are verbal retorts and then may leave.</p> <p>More worried than fearful about grades, appearance, popularity.</p> <p>Withdrawn, introspective.</p>	<p>Do not take it personally.</p> <p>Fitting in with friends and searching for identity as a person is important to him or her.</p>
M O R A L	<p>Knows right and wrong.</p> <p>Tries to weigh alternatives and arrive at decisions by himself.</p> <p>Is concerned about fair treatment of minorities.</p> <p>Is usually or reasonably thoughtful.</p> <p>Isn't likely to lie, but doesn't always tell the whole truth.</p>	<p>Give opportunities.</p> <p>Be available.</p>

Fifteen to Nineteen Years

	CHARACTERISTICS	PARENTS SHOULD
P H Y S I C A L	Has essentially completed physical maturity. Physical features are shaped and refined.	Understand youth needs less food.
M E N T A L	May need some special testing to help determine future educational plans. If she/he reads, tends to read exhaustively. Prefers the books and magazines of adults.	Help arrange testing at school. Encourage talking about the future.
S O C I A L	Can maintain friendly relations with parents. Sometimes feels parents are too “interested”. Dates actively — varies greatly in maturity. Some are uncomfortable with opposite sex while others talk of marriage. Enjoys activities with friends of the opposite sex. Usually has many friends and few confidants. May have a job.	Try not to pry.
E M O T I O N A L	Worried about the future — what to do. Anger responses less frequent. Still worries about appearance.	Be available to talk <u>and</u> listen.
M O R A L	Knows what is right and wrong, but doesn't always do right. Thinks more like his or her parents. Takes blame well and is not so likely to blame others without just cause. Wants to find the meaning of life and feel secure in it.	Be positive and encouraging.

*Telling a teenager the facts of life
is like giving a fish a bath.*

— Arnold H. Glasow

HEALTH SERVICES



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UNDERSTANDING HEALTHWORKS

A child's physical health is a large part of their overall well-being. Caregivers and caseworkers not only have to insure that health needs are met, they are also responsible for keeping thorough records of exams and medical issues.

HealthWorks is the comprehensive system of health care developed by DCFS for all Illinois children in foster care to make sure they have:

- access to quality health care;
- routine and special health care they need; and
- documentation of health needs and care readily accessible to foster caregivers, other health care providers and DCFS.

All children who receive foster care services must be enrolled in HealthWorks.

HealthWorks is a collaborative effort of three Illinois governmental departments:

- Department of Children and Family Services (DCFS);
- Department of Healthcare and Family Services, formerly known as Public Aid; and
- Department of Human Services (DHS).

The HealthWorks Program is administered by 20 lead agencies which cover all the counties throughout the state of Illinois. (See page 3.)

HealthWorks provides access to and referrals for:

- primary health care physicians;
- initial health screenings;
- Comprehensive Health Evaluations;
- well-child examinations; and
- immunizations.

Call HealthWorks to:

- ask any questions about the HealthWorks program or how to get care for the children placed with you;
- find a HealthWorks primary care physician or request an exception to use another physician;
- verify the child is enrolled with HealthWorks; and
- verify that the physician listed in the child's Health Passport is registered with HealthWorks.

Enrolling in HealthWorks

All children in DCFS care must be enrolled in HealthWorks. Enrollment is easy — just call your local HealthWorks agency. (See page 3.)

Selecting a HealthWorks Physician

Each child must have a primary care physician registered with HealthWorks. DCFS has asked HealthWorks to keep records of each child and the name of his or her HealthWorks primary health care physician.

A primary care physician enrolled with HealthWorks:

- understands the health issues of abuse and neglect;
- specializes in caring for children;
- has agreed to record a child's ongoing medical history and treatment;
- provides all routine checkups and treats the child when sick; and
- makes referrals to specialists.

If you are interested in taking a child to a doctor who is *not* a HealthWorks physician, call HealthWorks and ask HealthWorks to contact the doctor to discuss enrolling. If the doctor is not willing to be enrolled with HealthWorks, you *must* find another doctor who is enrolled with HealthWorks or contact your local HealthWorks agency to request an exception. HealthWorks will review your request and either approve it or help you select a HealthWorks physician in your community.

In order to avoid a potential conflict of interest, DCFS prohibits foster parents and relative caregivers or their immediate family members who are health care providers (e.g., medical, dental, nursing, behavioral, etc.) from treating or examining children in their care who are in DCFS custody or guardianship.

Internal medicine physicians should not be providing services to or be the primary care physician for children under the age of 16.

**CAREGIVERS MUST CALL HEALTHWORKS
TO ENROLL A CHILD IN YOUR CARE
AND TO SELECT THE CHILD'S PHYSICIAN.**

HealthWorks Lead Agency Phonebook

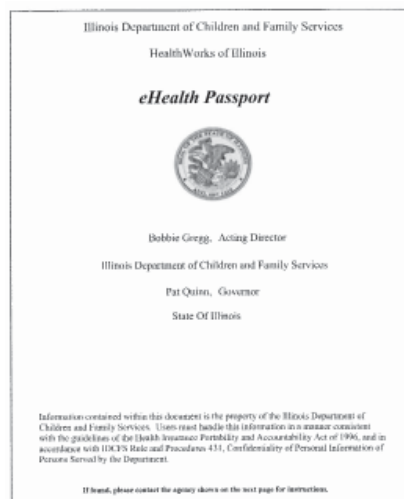
DCFS Region	Counties Served	Phone
	Cook	800-KID-4345
N	Kankakee	815-802-9324
N	McHenry	815-334-4510
C	Adams, Brown, Calhoun, Greene, Hancock, Jersey, Pike, Schuyler	217-222-8440
C	Champaign, Ford, Iroquois, Vermilion	217-531-4000
C	Logan, Cass, Christian, Fulton, Macoupin, Mason, Menard, Montgomery, Morgan, Sangamon, Scott, Tazewell, Woodford	217-735-2317
C	Macon, Clark, Coles, Cumberland, Douglas, Edgar, Shelby, Moultrie	217-423-6953
C	McLean, DeWitt, Livingston, Piatt	309-888-5461
C	Peoria, Marshall	309-673-3769
C	LaSalle	815-433-3366
N	DuPage, Kane and Kendall	630-682-7979
N	Lake	847-377-8070
C	Rock Island, Bureau, Henderson, Henry, Knox, McDonough, Mercer, Putnam, Stark, Warren	309-588-2922
N	Will, Grundy	815-727-8863
N	Winnebago, Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside	800-355-8909
S	Effingham, Clay, Crawford, Edwards, Fayette, Hamilton, Jasper, Jefferson, Lawrence, Marion, Richland, Wabash, Wayne	217-342-9237
S	Jackson, Perry, Franklin, Williamson, Gallatin, Saline, White	618-684-3143
S	Alexander, Hardin, Johnson, Massac, Pope, Pulaski, Union	618-634-9405
S	Bond, Clinton, Madison, Monroe, Randolph, St. Clair, Washington	618-332-8917

The lead agencies listed here were correct at the time of printing. Because each agency listed is contracted to HealthWorks, changes may occur. If any entry listed here has changed, please contact the DCFS Office of Health Services at 217-557-2689 for the correct HealthWorks phone number.

C = Central N = Northern S = Southern

Health Passport Documents

The Health Passport is a summary of a child's medical records and history, as recorded by health care providers who have examined the child. This digital file is maintained on the SACWIS computer system at DCFS. The child's caseworker or the HealthWorks provider can provide a printed copy for the foster parent as requested. Caregivers should take the Health Passport to all medical appointments for medical care so that the provider has the most current information. The notes from that appointment will update the Health Passport when the claim is submitted to the medical card program.



If a child moves to a new foster home placement, the Health Passport moves with the child.

If the child is coming from another placement, the Health Passport should reflect the health history and medical care of the child while in DCFS custody. Such history and medical care should include information about the Comprehensive Health Evaluation, immunizations, health visits, medical history and the child's physician(s) and dentist(s).

The placing worker and the prospective foster family should discuss the child's health needs prior to placement to determine if the family has the willingness, skills and current capabilities to meet the child's immediate and ongoing health needs.

Expect a Call

When a child initially comes into custody of DCFS, HealthWorks staff work to obtain the child's previous health care history within the first 45 days. These staff will also contact the child's caregiver to ensure:

- a HealthWorks primary care physician is selected; and
- the child has a Comprehensive Health Evaluation scheduled or completed.

After the 45 days, children under the age of six will be assigned to a medical case manager who will work with the child's caseworker and caregiver to monitor the child's health care to verify:

- the child is current on immunizations and well-child exams; and
- referrals to specialists are followed up.

For children six and older, this monitoring function is performed by the child's caseworker.

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES MEDICAL CARD

All children in foster care are eligible for healthcare through the Illinois Department of Healthcare and Family Services medical card. Each child will receive his or her own medical card. Caregivers must use health providers who will accept the state medical card. To locate providers, call your HealthWorks Lead Agency shown on page 3.

The medical card must move with the child when the child moves to another foster placement. The card is only replaced if it is lost or stolen.

Foster caregivers should expect a temporary medical card from the placing caseworker when a child who has newly entered foster care is placed with them. The ongoing medical card will be mailed to the foster family, replacing the temporary medical card, within 10 days.

The ongoing medical card is designed to last for a year. The new annual card will be sent to the foster family home. The foster caregiver should always take the medical card to appointments, pharmacy visits, etc. as it will be needed to verify coverage each time.

If you do not receive the Illinois medical card

Notify your caseworker when you have not received an ongoing medical card if:

- the temporary medical card will expire within 15 days of the expiration date shown on the temporary medical card; or
- the placing caseworker did not bring a medical card at placement for a child who is not new to foster care.

You may also call the DCFS Medical Card Hotline at 1-800-228-6533.

If you receive a medical card for a child not living with you

Notify the caseworker immediately, Do NOT throw the card away. Another caregiver is waiting for this card.

If the medical card is lost or stolen

Call the child's caseworker to request a replacement card as soon as possible. You may also call the DCFS Medical Card Hotline at 800-228-6533.

HEALTHCARE DOCUMENTS AND DISCUSSION WHEN A CHILD IS PLACED

The placing caseworker should bring:

- a medical card for each child being placed;
- medication or prescriptions;
- health-related equipment or monitoring systems needed by the child (i.e. Apnea monitor, inhalers, wheelchairs); and
- a completed Consent for Ordinary and Routine Medical and Dental Care and a HealthWorks Encounter Form to be taken to the Comprehensive Health Evaluation for children new to DCFS.

The placing caseworker and foster caregiver should review:

- the child's current medical/health status;
- any known health conditions, such as asthma or allergies;
- pending health/medical appointments;
- use of medications, health-related equipment, monitoring systems and health procedures, as needed by the child;
- other needs of the child that may influence health, such as infant formula or dietary restrictions; and
- the name and number of the HealthWorks physician for the child.

If, for some reason, the placing caseworker does not bring all health documents or equipment at the time of placement, caregivers should follow up with the caseworker or supervisor the next day. If you believe needed information, documents, or equipment is being unnecessarily delayed and is endangering your child's health, contact the DCFS Advocacy Office for Children and Families for assistance at 800-232-3798.

Documents to be Given to Caregivers Upon Placement of a Child

Children NEW to Foster Care:

- Initial Health Screening Encounter Form and the medical record of the screening;
- medical card (temporary); and
- a Consent for Ordinary and Routine Medical and Dental Care and a HealthWorks Encounter Form to take to the child's Comprehensive Health Evaluation.

Children NOT NEW to Foster Care:

- Health Passport;
- medical card (ongoing); and
- previous health care documents.

REQUIRED TIME LINES FOR HEALTH CARE

Initial Health Screening

Within 24 Hours of Child Entering Foster Care

A caseworker takes the child for an Initial Health Screening to determine his or her immediate health needs before a child is placed with a foster family. The Initial Health Screening provides information for the caseworker and the foster family about any conditions needing immediate attention and should help in making a good placement decision.

Primary Care Physician Selection

When a Child is Placed in Your Home for Foster Care

Call the HealthWorks Lead Agency to tell them the child is in your home and which HealthWorks physician you have selected, or ask for help in finding a HealthWorks physician. (See list, page 3.)

Comprehensive Health Evaluation

Within 21 Days of Child Entering Foster Care

If a child is placed with a foster family within this 21-day time frame, the foster caregivers are responsible for taking the child to a HealthWorks primary health care physician for the Comprehensive Health Evaluation. The child's caseworker should inform the caregiver, prior to the Comprehensive Health Evaluation, of the child's health history that has become known up to that point in time.

The child's primary health care physician is shown in the Health Passport. If a primary health care physician is not noted in the child's Health Passport, the foster caregiver must call HealthWorks to find a HealthWorks primary care physician who can give the child a comprehensive health evaluation within the 21-day time frame.

The Comprehensive Health Evaluation Includes:

- *an unclothed, physical exam;*
- *vision, hearing and dental screenings;*
- *needed immunizations;*
- *lab tests;*
- *developmental assessment;*
- *a health history assessment;*
- *health education; and*
- *mental health (age 5 and over).*

and, if needed, these screenings:

- *drug;*
- *alcohol; and*
- *Sexually Transmitted Diseases (STDs).*

TAKING A CHILD TO THE COMPREHENSIVE HEALTH EVALUATION

HEALTHWORKS of Illinois - HEALTH SERVICES ENCOUNTER FORM

Please use 1 form for each child. Please see instructions on the reverse side. PLEASE PRINT.

Child Name (Last, First, MI) _____ Date of Birth _____ Sex _____ Race _____ Ethnicity _____ Language Spoken _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ Relationship _____

Phone _____

Health Problems Identified / Suspected per Initial Health Screening _____

Follow-up Care & Evaluations Required / Recommended: _____

PHYSICIAN: Please Indicate Placement Recommendation _____

Signature of Parent/Guardian _____ Date _____

#1 ENCOUNTER FORM
Yellow copy to be retained with Health Passport

DCFS 415
94 Department of Children and Family Services

CONSENT FOR ORDINARY AND ROUTINE MEDICAL AND DENTAL CARE

I, custodian/guardian for _____, in that date, _____, hereby consent for the administration of ordinary and routine medical and/or dental care to be provided to this child by:

Name HEALTHWORKS OF ILLINOIS

Address _____

Telephone _____

Ordinary and routine medical and/or dental care includes, but is not limited to, physical and dental examinations, remedial treatment for minor illnesses, immunizations and related diagnostic laboratory tests, including HIV testing per criteria list on reverse side of this form.

This consent is not valid for hospital admissions, surgery, anesthesia, blood transfusions, tooth extractions, the administration of psychotropic medications or HIV testing or related HIV treatment.

Consent for treatments other than that which are described as ordinary and routine can be obtained Monday through Friday at the number listed below.

Consents for other treatments can be obtained during weekends, holidays and after regular office hours by calling 312-889-3450 or 217-782-8533.

This consent is valid until _____ August 4, 1998.

I further consent that the above-named care provider may release and furnish to any DCFS employee both written and verbal reports concerning services provided to the above-named child pursuant to this consent.

D. Jean Ortega-Pierson
D. JEAN ORTEGA-PIERSON
DCFS Guardianship Administrator

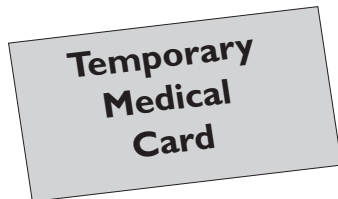
Date August 4, 1997 by _____ Authorized Agent

Address 160 North LaSalle Street - 1st Floor
Chicago, IL 60601

Signature of Clients 12 Years and Over _____

Telephone (312) 814-8600

#2 CONSENT FORM (CFS-415)



#3 MEDICAL ELIGIBILITY CARD

Examples of an Encounter Form and Consent Form are shown above and on page 9.

Caregivers taking a child for a Comprehensive Health Evaluation should:

- give information to the doctor about the child's behavior since the child has been in their care;
- listen to the doctor's instructions about taking the child to other specialists or experts he or she believes the child needs to see for further evaluation; and
- follow-up with the caseworker to discuss the child's health status and involve the caseworker in the process of completing the referrals and recommendations that resulted from the Comprehensive Health Evaluation.

Examples: Consent and Encounter Forms

CFS 415
Rev 4/2010

State of Illinois
Department of Children and Family Services

CONSENT FOR ORDINARY AND ROUTINE MEDICAL AND DENTAL CARE

As the legal custodian/guardian for the individual minor, _____ whose birth date is _____, I am authorized to act, pursuant to 705 ILCS 405/2-11 or 705 ILCS 405/2-27, on behalf of the minor in making health care related decisions, and I hereby consent to the administration of ordinary and routine medical and/or dental care to this child by:

Name: _____

Address: _____

Telephone: _____

Ordinary and routine medical and/or dental care includes, but is not limited to, physical and dental examinations, remedial treatment for minor illnesses, immunizations and related diagnostics laboratory tests, including HIV testing when risk factors on reverse side of this form are present.

This consent is not valid for hospital admissions, surgery, anesthesia, blood transfusions, tooth extractions, the administration of psychotropic medications or any kind of medical research.

Consent for treatments other than that which are described as ordinary and routine can be obtained from the Authorized Agent Monday through Friday at the number listed below. Consents for other treatments can be obtained during weekends, holidays and after regular office hours by calling 773-538-8800 (Cook County) or 217-782-6533 (Downstate).

This consent is valid until: _____

DCFS Guardianship Administrator

By: _____
Authorized Agent

Date: _____

Address: _____

Telephone: _____

Distribution: One copy to Service Provider One copy to Case Record One copy to Substitute Caregiver

Medical/Dental Consent Form (CFS 415)

Encounter Form

HEALTHWORKS of Illinois- HEALTH SERVICES ENCOUNTER FORM

Please use 1 form for each child - Please see instructions on the reverse side
PLEASE PRINT!

Child's Name (Last, First, MI):		Sex:	Age:	D.O.B.:	Current Case Worker Name:		Case Worker ID #:
Ethnicity:	Language Spoken:	Patient Social Security # (if known):			Telephone #:	Region/Site Field:	
Mother's Name:	Mother's Phone#:	Current or Planned Placement Street Address:			DCFS Child Case #:	Prot. Custody Date:	Prot. Custody Time:
City:		St.:	Zip Code:	Placement Location Phone#:	Temp. IDPA Medical Card Serial #:	Date Temporary Custody Awarded:	
Placement Type:	Name of Adult Contact at Placement Location:			Apt. #:	Child's IDPA Recipient #:	Child's I.D.P.A. Case #:	
Exam Date:	Time IN: AM/PM	Time OUT: AM/PM	Exam Type:	Initial Health Screening Comprehensive Eval.	# of Children in Group:	Provider Site Name:	
Name of Adult Escorting Child to Exam:				Careworker:	Provider Street Address:		
Who gave consent for examination/treatment:				Phone #:	Care Taker:	City:	
				Supervisor:	St.:	Zip Code:	
				Parent/Guardian:	Provider Phone #:		

Caseworker or Adult Escorting Child must complete the top portion of this form. Medical Provider completes bottom portion of form.

Health Problems Identified / Suspected per Initial Health Screening: Mental Health Status: _____ Substance Abuse: _____ Physical Abuse: _____ Sexual Abuse: _____ Immunization History: _____ Communicable Diseases: _____ Other Health Problems: _____	Follow-up Care & Evaluations Required / Recommended: _____ _____ _____ _____ _____	With 24 hrs.	With 72 hrs.	Primary Care MD

Lab/Test Results Pending-Please call	Phone #:
Referral for follow-up medical care made to:	Phone #:
PHYSICIAN: Please Indicate Placement Recommendation	
No Medical Restrictions on Placement _____	
Hospitalization Required - Admit to _____ Hospital _____	
Ongoing Supervision By Health Professional Required-see plan above. _____	
Communicable Disease / Conditions: _____	
Behavioral Concerns-Please Explain: _____	
Other-Please Explain: _____	
Examining Physician's Name	Examining Physician's Signature/Date:
PLEASE PRINT!	
Time:	

CFS 603a (2/96)
ILCS 41-6/6037

WHITE COPY: Healthworks • YELLOW COPY: Retain with Health Passport • PINK COPY: DCFS • GOLD COPY: Provider Records

WELL-CHILD CHECKUP AND IMMUNIZATION SCHEDULES

Responsibilities of Foster Caregivers

1. **Obtaining medical consents from caseworkers.** The child's physician and dentist must have a medical consent, signed by an authorized agent of the DCFS guardian, on file in order to treat him or her. You must obtain this consent from the child's caseworker prior to medical appointments. See page 11 for additional information.
2. **Taking children for checkups and immunizations, according to age.**

HEALTHY KIDS Checkup Schedule

In order to stay healthy, your child needs the number of HEALTHY KIDS checkups shown below. (Children can receive more checkups if needed.) The checkups can also be used for Head Start, school, camp, day care, sports programs and WIC.

Birth to 1 year (7 checkups)	2 weeks	1 month	2 months	4 months	6 months	9 months	12 months
1 to 2 years (3 checkups)	15 months	18 months	24 months				
2 to 18 years	Yearly Check-Ups						

Recommended Childhood Immunization Schedule

Vaccines are listed under routinely recommended ages. Bars indicate range of recommended ages for immunization. Any dose not given at the recommended age should be given as a "catch-up" immunization at any subsequent visit when indicated and feasible. Ovals indicate vaccines to be given if previously recommended doses were missed or given earlier than recommended minimum age.

Age▶ Vaccine▼	Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	24 mos	4-6 yrs	11-12 yrs	14-18 yrs
Hepatitis B	Hep B #1		Hep B #2			Hep B #3				Hep B		
Diphtheria Tetanus, Pertussis		DTaP	DTaP	DTaP		DTaP				DTaP	Td	
H. influenzae type b		Hib	Hib	Hib	Hib							
Inactivated Polio		IPV	IPV	IPV						IPV		
Pneumococcal Conjugate		PCV	PCV	PCV	PCV							
Measles Mumps, Rubella					MMR					MMR	MMR	
Varicella					Var						Var	
Hepatitis A										Hep A - in selected areas		

3. **Making appointments with specialists or experts and taking children as soon as possible after the primary care physician's referral.** The child's HealthWorks primary care physician may refer him to a specialist to meet his individual health or medical needs. Be sure to make an appointment immediately and take the child as soon as possible. Update the caseworker on the child's health status; obtain any consents needed for additional evaluations; and request assistance from your child's caseworker, as needed.

ON-GOING HEALTH RESPONSIBILITIES

Administrative Case Review (ACR) Input

Caseworkers need to be informed about a child's medical and health needs as they occur, but a foster caregiver's firsthand review of the child's health and medical history can be very helpful at the six-month ACR.

Caregivers should always bring the Health Passport and other health records to every ACR.

The caregiver should also discuss the child's health or medical needs with the caseworker to allow the caseworker to accurately discuss the child's health needs at the ACR.

ACRs give caregivers an opportunity to:

- report on the child's health;
- request medical or health services;
- request health-related equipment; and
- plan transportation to appointments.

Medical Consents

DCFS, as the legal guardian of children in foster care, must give consent for medical treatment. The child's physicians and dentist must have a medical consent on file, signed by an authorized agent of the DCFS guardian, in order to treat him or her. A separate consent is required for ordinary routine medical care, major medical care and psychotropic medications. Consents are time-

limited and must be updated, as needed.

Except in medical emergencies, consents are obtained by contacting your child's caseworker who is responsible for requesting the proper consent for the health service. It is important for the caregiver to provide the caseworker with as much advance notice as possible when requesting a new consent to allow the caseworker sufficient time to get the consent from an authorized agent of the DCFS guardian.

Caregivers cannot refuse any health services, including immunizations, for any child in DCFS custody or guardianship. The power to consent or to refuse to consent to any health services, including immunizations, rests with the child's parent or legal guardian.

CPS 415
Rev 4/2010

State of Illinois
Department of Children and Family Services

CONSENT FOR ORDINARY AND ROUTINE MEDICAL AND DENTAL CARE

As the legal custodian/guardian for the individual minor, _____ whose birth date is _____, I am authorized to act, pursuant to 705 ILCS 405/2-11 or 705 ILCS 405/2-27, on behalf of the minor in making health care related decisions, and I hereby consent to the administration of ordinary and routine medical and/or dental care to this child by:

Name: _____
Address: _____
Telephone: _____

Ordinary and routine medical and/or dental care includes, but is not limited to, physical and dental examinations, remedial treatment for minor illnesses, immunizations and related diagnostics laboratory tests, including HIV testing when risk factors on reverse side of this form are present.

This consent is not valid for hospital admissions, surgery, anesthesia, blood transfusions, tooth extractions, the administration of psychotropic medications or any kind of medical research.

Consent for treatments other than that which are described as ordinary and routine can be obtained from the Authorized Agent Monday through Friday at the number listed below. Consents for other treatments can be obtained during weekends, holidays and after regular office hours by calling 773-538-8800 (Cook County) or 217-782-6533 (Downstate).

This consent is valid until: _____

DCFS Guardianship Administrator
By: _____
Authorized Agent

Date: _____
Address: _____
Telephone: _____

Distribution: One copy to Service Provider One copy to Case Record One copy to Substitute Caregiver

Medical Consent

HANDLING MEDICAL EMERGENCIES

Obviously, the hospital emergency room is no substitute for a HealthWorks primary care physician and good routine medical care. But, when a medical emergency occurs, seeking immediate emergency care is crucial to the child's health.

Guidelines for Seeking Emergency Room Treatment

Take the child's medical card and Health Passport to the emergency room.

You should:

- be able to list any medications your child is taking;
- notify your agency, according to the agency's after-hours procedure; and
- keep any paperwork given to you from the emergency room for future reference.

Tip from experienced caregivers: If you have an accident report from a pre-school, school, or following a traffic accident, take it to the emergency room to explain the injuries and avoid any suspicion or allegations of abuse.

Only an authorized agent of the DCFS guardian can consent to medical treatment. If a child has a medical emergency, the physician has the right and responsibility to treat the child without consent of the DCFS guardian. If the physician determines that the child needs care but it is not an emergency, a consent must be obtained prior to treatment. The child's caseworker must obtain this consent.

After business hours, on weekends and holidays consents for emergency medical treatment are provided to medical personnel, in Cook County, by contacting 773-538-8800, or outside of Cook, 217-782-6533.

Emergency Treatment Away from Home

Caregivers taking children out of state or the country must first obtain a signed, written consent from the child's caseworker. Take it with you when you travel.

Be sure to pack: the child's medical card; the child's Health Passport; your agency's day and after-hours phone and fax numbers; and adequate supplies of medications.

The caregiver should follow the same process outlined above in "Guidelines for Seeking Emergency Room Treatment" to obtain urgent medical consent when traveling out of state or out of the country.

HEALTH-RELATED RESPONSIBILITIES OF FOSTER CAREGIVERS

Caregivers of youth in foster care are responsible for:

- alerting the caseworker and agency *immediately* to:
 - significant medical issues
 - shanges in the child's health status
 - trips to the emergency room or hospitalization;
- ensuring each child has a medical card;
- selecting and using a HealthWorks-enrolled primary care physician for each child in their care;
- maintaining the Medication Log (CFS 534) for all prescription and nonprescription medications given to the child;
- taking each child for regular health and medical appointments, according to their age and individual needs;
- keeping each child's immunizations up-to-date;
- taking each child to any specialist, or for any special service, from a referral made by the child's primary health care physician;
- carrying out all recommendations and instructions made by the child's primary care physician and/or specialists;
- bringing the child's Health Passport to each medical visit;
- keeping each child's Health Passport and other documentation on health and medical care services provided and recommended;
- bringing copies of the Health Passport and other health records, to each Administrative Case Review (ACR) to be copied for the child's file, or make these records available to the caseworker for copying prior to the ACR; and
- sending the medical card, Health Passport and other health records with the caseworker if the child leaves your home.

MEDICAL SUPPORTS AVAILABLE FOR CAREGIVERS

DCFS Nursing Staff: Each DCFS region has nurses who are directly available to DCFS and private agency caregivers and staff for consultation on children's medical issues and obtaining services. The DCFS nurse can help caregivers access needed health or specialized health care services, understand the actions of medications or interactions of multiple medications a child may be taking, find help in managing specific health conditions in the home, or advocate for in-home services or equipment needed to meet a child's specific needs. To find your DCFS nurse, call your child's caseworker or your DCFS regional office.

Routine Dental Care and Braces: DentaQuest (888-286-2447) can refer caregivers to dentists and orthodontists statewide who take the child's medical card. If a child needs braces, he or she must be referred to an orthodontist by a dentist, and both must be Medicaid providers.

Vision Screening and Obtaining Eyeglasses: A child's vision should be checked at the Comprehensive Health Evaluation during the first 21 days in foster care and periodically thereafter, at well-child checkups. Often schools also test vision. To find information on vision providers that accept the Medicaid card, call the AllKids hotline at 800-226-0768 and select Option 2. AllKids is a state program offering health insurance premiums based on family income and other eligibility requirements. The child's HealthWorks primary care physician will refer the child to an eye care specialist, if needed.

Medicine: Medicine prescribed by a doctor is available for children through any pharmacy registered as a Department of Healthcare and Family Services provider. Take the Illinois medical card with the doctor's prescription. The pharmacy needs the child's Illinois medical card as proof of eligibility to receive medicine paid for by the state. The pharmacy will fill the prescription and bill DHFS. Nonprescription medicine, such as aspirin or cough syrup, is not covered by the medical card. Caregivers should pay for this by using the monthly board payment they receive.

Exception: **Psychotropic medication** is prescribed for the purpose of altering mood, emotion, thought processes, or behavior. Example: Ritalin. When a physician prescribes a psychotropic medication, the caregiver must notify the child's caseworker. The caseworker is responsible for securing consent for the specific psychotropic medication. The psychotropic medication should not be administered until the consent is approved. Consents for psychotropic medications are valid for no more than 180 days.

Medical Billing Help: Caregivers should not receive bills for medical services provided by HealthWorks physicians or other Medicaid providers. If bills are sent in error, contact the child's caseworker and agency for help. Be sure to

provide them with copies of the bill, as well as any other useful documentation. Your caseworker and agency will contact the DCFS Office of Health Services, 217-557-2689, for assistance. Use of a Medicaid-enrolled provider usually eliminates billing problems.

Support from Private Agency Foster Care Programs: The foster care private agency should give foster families the agency’s policy and procedure about how to report a child’s emergency and ongoing health and medical needs to the caseworker and agency. Caseworkers and agencies are responsible for taking care of the health/medical needs of each child whose case they manage. Therefore, if the agency cannot find a way to meet the child’s health/medical needs, the agency must ask DCFS for help in obtaining health-related equipment or services for the child.

BEHAVIOR/MENTAL HEALTH SUPPORT SERVICES

Consultation to caregivers concerning day-to-day parenting of children in DCFS care is available at all levels from a variety of professionals. The caseworker and agency can also request behavioral health services for children and families. Caregivers should expect to be full participants in the planning for, and delivery of, behavioral/mental health services both prior to placement and after placement of the child in their home.

Determining appropriate services may often begin with the use of a variety of behavioral and mental health screenings. In addition, Level of Care screenings are used to determine which services are appropriate to assist children with special needs.

On the following pages you will find descriptions of the support programs and services available to you and the children placed in your care.

Counseling

Abuse, neglect and placement in foster care can cause a child to have *adjustment problems* in various areas of his/her life. Some examples of adjustment are:

- getting along in the foster family;
- fitting in at school;
- acting inappropriately for his age; and
- getting along with family and friends.

Counseling can help a child get through adjustment problems more quickly. Counselors can provide a foster family with specific strategies to help the child work through his feelings and personal problems. Professional counselors or therapists can also separate adjustment problems from problems caused by severe emotional disturbance.

To Request Counseling

Call the child's caseworker. Private agencies are responsible for providing counseling and therapy for children and their parents. Counseling services for children placed with foster families through private agencies are either provided through subcontracts with outside community agencies, or by the private agency's own treatment staff. Counseling services for children in DCFS-supervised foster homes are provided through contracts with community agencies.

If Your Request for Counseling Services is Denied

Caregivers who disagree with the child's caseworker and supervisor about the child's need for counseling or mental health assessment should continue up the agency's chain of command until you reach the administration. A caregiver may also file a service appeal through the DCFS appeal system. (See Section 8, pages 26-29)

DCFS System of Care (SOC) Program

What is SOC?

SOC stands for System of Care. It is a community and outreach-based service system that focuses on stabilizing children whose placements are at risk due to emotional or behavioral issues.

SOC serves:

- a child in a home of relative or traditional foster care placement who needs clinically intensive services to stabilize the placement; or
- a child in a more restrictive placement who needs additional services to step down to a foster home.

System of Care (SOC) providers will work with the caseworker to help deliver and coordinate services, including:

- individualized assessments;
- 24-hour crisis intervention;
- Child & Family Team meeting facilitation and wraparound planning;
- individual and family counseling/therapy;
- placement stabilization support;
- linkage to community resources; and
- assistance in obtaining services/goods (as necessary) that will help stabilize the placement.

How do I get SOC services for my child?

- talk to the child’s caseworker about your concerns and what you think you need to help keep the child with you. Any caseworker who has a child residing in a foster home can make a referral for SOC services by completing the SOC referral form and forwarding it to the local SOC agency assigned to the neighborhood in which you and the child live; and
- caregivers and caseworkers can call the CARES line at (800) 345-9049 to request immediate crisis intervention services from SOC.

How long will SOC be involved?

It is important to know that SOC does not take the place of your caseworker and is only going to be involved for as long as the placement is at risk. For some children, that might mean a month or even less - for other children it could be much longer. Each child is different and SOC will work with you and the caseworker to figure out what is best for your child.

SASS: Screening, Assessment, and Support Services

DCFS has contracts with community-based agencies statewide to provide mental health Screening, Assessment and Support Services (SASS) for children who appear to be ready to harm themselves or others. In addition to providing crisis intervention services to stabilize a child, SASS can provide counseling and case management services designed to link the child with ongoing care.

Referrals to SASS may come from:

- caregivers calling the CARES 24-hour line (800-345-9049);
- the child’s caseworker;
- Placement Stabilization;
- System of Care (SOC); and
- teachers.

SASS Inpatient Services for Children in Psychiatric Hospitals

If a SASS evaluation indicates that the child should be hospitalized, the child will be admitted for inpatient treatment. Caregivers should be fully involved in the treatment and discharge planning for these children. They have critical information concerning the history of problems which led to the admission of the child to the hospital. This key information must be shared with the treatment team to plan for the child’s care. Additionally, it is critical that the caregivers remain involved with the child, as this generally helps the child make progress.

Input from the caregiver is also important in deciding on a discharge plan which meets both the child’s and family’s needs. If the child cannot return to the same family after discharge, it is important for the caregivers, SASS worker and child’s caseworker to plan a meeting prior to discharge for the caregivers to say good-bye and the child to be told where he or she will go to live after leaving the hospital.

Supports Available to Facilitate Caregiver's Involvement

SASS has the primary responsibility of facilitating a caregiver's involvement while a child is in the hospital. SASS can help with transportation, child care and other support which will allow foster caregivers to participate. If you need assistance in participating while the child is in a psychiatric hospital, ask the SASS agency.

SASS can also connect you with a Family Resource Developer (FRD), which is someone who has also had a child involved in a social service system. The FRD can offer you support and encouragement, and can also help you identify resources.

CHILDREN AND YOUTH WITH SEXUALLY PROBLEMATIC BEHAVIORS

Few events cause as much concern, alarm and bewilderment as sexual misbehavior by a child. For many of us, it can sometimes be difficult to tell the difference between sexual behavior that is normal and sexual behavior that is developmentally unexpected. Behavior which is not usual or expected for the child's age or level of development requires our attention; it is usually a child's distress signal about previous sexual abuse, about the loss or separation from parents or siblings, or other difficulties that children encounter in substitute care.

Appropriate intervention and treatment are essential for children who exhibit sexual behavior problems. If untreated, a small number of children will progress to sexual behaviors which may be harmful to other children. Caregivers need to alert the child's caseworker to any unusual sexual behavior of a child in care. Caseworkers can ask for a professional assessment of the child's behavior. Getting help early can help the child and protect others living in the home. As a mandated reporter for children living in the home, caregivers are required to call the DCFS Hotline if they have reason to believe a child living with them sexually abused another child.

Normal Sexual Behavior of Children

Sexuality in Young Children

It is natural for young children (ages 0-5) to be sexual. They are curious about their bodies and what their bodies do. Small children may playfully engage in many different activities as a means of sexual exploration and learning. Some examples include interest in bathroom activities, touching their genitals, interest in seeing and touching genitals of others or playing "doctor." Very young children usually do whatever they want to do at any given time and in any particular place. Children depend on adults to guide them in their sexual behavior. Without our help, they cannot learn. Fortunately, at this age they also don't have a very long attention span. When their behavior is inappropriate, they can usually be directed to other activities without too much difficulty. Example: It would not be unusual for a 4-year-old girl to lift her dress in church to proudly show off her panties. However, most children at this age will respond to redirection of their behavior and accept the adult's explanation of their behavior being inappropriate in public.

Sexuality in Elementary School-Age Children

As children start school, they become more social. As this happens, their sexual interest increases. However, they become more shy and embarrassed about their behavior. They no longer want adults around when they are in the bathroom or getting dressed. They may touch themselves sexually, but this usually occurs in private. They become interested in looking at pictures of bodies, using sex

words and telling dirty jokes. You may even see them holding hands or “play kissing” other children. This occurs between children of the opposite sex as well as children of the same sex, and usually with friends and peers rather than strangers. Most importantly, sexual exploration is usually only one of many activities in which they are interested and they can be easily redirected.

Sexuality in Teenagers

Teenagers can engage in a wide range of sexual behaviors. Some of these activities may be playful, such as “mooning” or “streaking” their friends. Or, they may be involved in more serious sexual activities with their peers. It is not unusual for teenagers to engage in deep kissing or “petting”, fondling, “dry rubbing” or “humping” behaviors, or even intercourse. While we may not like it, or think it is “right,” these behaviors are not unusual for some children during adolescence. Some teenagers will also engage in sexual activity with members of the same sex. However, once again, these activities usually occur with friends in their own age group.

Usual Sexual Development Expected in Children

PRESCHOOL	LATENCY (5-10)	ADOLESCENCE & TEENS
Limited peer contact	Increased peer contact	Increased peer contact
Discovers genitals; pleasure in random self-touching	Experimentation with self-discovery evolves into masturbation	Puberty and rapid physical changes; increased sexual intensity
Interest in difference between boys and girls	Attracted to and also repulsed by opposite sex	Same-sex and opposite sex attraction
Uninhibited, interest in showing off their own body	Need for privacy; modest in bathing/dressing; secrecy w/self-touching	Playful “exhibitionism” such as “mooning” or “streaking”
Interest in bathroom activities; verbal play around elimination	Interest in sex words and dirty jokes; looks at nude pictures	Looking at sexual photographs and “soft” porn
Curious to see and touch genitals of others	Sexual game-playing; “you show me and I’ll show you”	Sexual touching and experimenting with others
Play house/doctor	Kissing/holding hands w/same and opposite sex; “adult kissing”	Petting: deep-kissing, fondling, rubbing, humping
Short attention span easily redirected	Intermittent interest in sexual areas and other play	Increased focus on sexuality

Signs of Sexual Behavioral Problems

Any caregiver who observes any of the behaviors listed below, or any other type of worrisome behavior, should talk to the caseworker. These sexual behaviors may be indications of problems which need immediate attention. The child's caseworker will assist you in obtaining appropriate treatment for the behavior problems.

While you are waiting for assessment of the child's sexual behavior problem, you should provide closer supervision – especially in the bathroom and at night. This child should not be left unsupervised with other younger, smaller, or less mature children until the treatment provider approves doing so.

Classroom and digital training are both available on this topic. The PRIDE course, Module 4: The Sexual Development of Children, addresses the physical and emotional expectations as youth mature. A new course called Promoting Healthy Sexual Development helps caregivers have discussions with youth in order to prevent or delay pregnancy and reduce the risk of sexually transmitted diseases. The course descriptions and schedules are available on the DCFS Virtual Training Center website at www.DCFSTraining.org or call the DCFS Office of Training at 877-800-3393 during regular business hours.

- **A child's sexual behavior is different than the behaviors of other children in the same age group.** Example: It is not unusual to see a 3-year-old girl rubbing between her legs as she sits on the couch watching television. However, we would not expect this in a 16-year-old girl.
- **A child's sexual activity appears too advanced for his or her age.** Example: We would not expect to discover a 7-year-old engaged in anal intercourse. This behavior would be of concern to us because we would wonder how a child so young would even have knowledge of this kind of activity.
- **A child continues to engage in sexual activities in public.** In this case, the specific activity of a child may be okay, but it is behavior that should occur only in private. Example: It may not be unusual for a 17-year-old boy to masturbate, but we would not expect him to do it publicly in a shopping mall.
- **Sexual behavior occurs with other children who are not the child's friends or peers.** Children and youth usually choose other children who they know and have an on-going relationship with when they explore or engage in sexual activities. It is unusual for children to engage in sexual activities with strangers or those they do not know well.
- **A child is preoccupied with sex to the exclusion of other activities.** If sexual activities seem to be the central part of the child's life or the child appears to be "driven" to engage in sexual acts, this needs attention.

-
- **A child’s sexual activity causes physical or emotional pain to self or others.** Example: We expect a 6-year-old may masturbate, but it is not usual to do this until he or she bleeds.
 - **A child engages in sexual activity with children who are younger, smaller, less mature, or somehow more vulnerable.** We expect healthy sexual activity to be among friends or peers of the same age, size, developmental level, etc. If a child is in any position to take advantage of another child for sexual gain, this is a concern. Example: A child who is baby-sitting for another younger child may have power over the younger child because the baby-sitter is “in charge” and the younger child is expected to obey them.
 - **A child’s sexual behaviors continue after clear and consistent attempts by an adult to intervene or redirect the child to other activities.** If the behavior seems to be out of the child’s control, or if they refuse to change their behavior, this may be a sign of a problem.
 - **Expressions of anger frequently accompany a child’s sexual behavior.** Children with sexual behavioral problems often learn to use sex to express their anger. Patterns of expressing anger through sex are scary and dangerous and need to be stopped.
 - **A child uses tricks, games, promises, threats, or force to get another child to be sexual.** Sexually abusive children can be very clever at getting another child to cooperate with them and have sex. They will fool them into going along with them or threaten them if they try to tell anybody.

DCFS Support Program for Sexually Problematic Behavior

Most of the time, the behavior you report to the caseworker will involve children acting out sexually toward other children. When you report this behavior to the caseworker or DCFS Hotline, the caseworker or hotline staff person makes an “unusual incident” report to DCFS. If the sexual acting out constitutes a criminal act, the police will be notified. Legal action can be taken as needed and appropriate.

Criteria for Identifying a Sexual Behavior Problem

Sexual behavior problem is very simply defined: children or youth who exhibit sexual behavior that is unusual or unexpected for their age or who have acted out sexually. The term describes a broad range of behaviors including those that are and those that are not harmful to others.

Children with sexual behavior problems may exhibit “no contact” behaviors, where they have not touched anyone else, or “hands-on” behaviors like fondling another child, rubbing against them, or simulating intercourse. Without treatment, the child may progress to more problematic sexual behaviors like

tricking or bribing other children and, in rare cases, forcing them to engage in sex. Once you have reported the behavior to the child’s caseworker, the child will be referred to a treatment provider specializing in children’s behavior problems or disorders. The treatment provider will be able to give you detailed information about the nature of the problem, the level of supervision the child needs and the issues that will be addressed in treatment.

DCFS Policy: Safety

Within 24 hours of the report of the sexual misbehavior, the child’s caseworker will conduct a review of the incident, the child’s need for supervision and whether other younger, smaller, less able children in the home might be at risk. In many cases, the sexual behaviors go away after four to five months of treatment.

In order to protect all children, the department requires the following:

- the child with sexual behavior problems should not share a bedroom with other children who may be vulnerable;
- the caseworker must develop a written plan for supervision describing how the child will be supervised and who is responsible; and
- the caregiver must evaluate his or her ability to provide the child with an appropriate level of supervision.

A written plan for supervision will be completed by the caseworker within 24 hours of receiving the Unusual Incident Report, and will describe:

- how the child will be supervised during contact with other children or possibly vulnerable persons; and
- how others will be informed of the child’s behavior problem, on a “need-to-know” basis, and in keeping with confidentiality requirements.

While the caseworker is responsible for developing the plan for supervision, others must also be involved: the child, if age 12 or older; the primary caregiver; the caseworker’s supervisor; the DCFS sexual behavior specialist; the counselor, if the child is already receiving treatment; and others responsible for supervision of the child. Every person involved in making the plan for supervision will receive a copy of it.

Staffing: Determining Services

Within three weeks of the report to the DCFS hotline and the completion of the unusual incident report to DCFS, there will be a multidisciplinary staffing to evaluate the child’s behavior and treatment needs from a developmental perspective. The department requires the participation of others who know the child, such as the caseworker, the foster caregivers and therapist, if there is one. As appropriate, children over the age of 12 may be asked to participate.

Services and Treatment

If a determination is made at the staffing that a child's behavior needs further evaluation or that the child has treatment needs, the caseworker will make the referral for clinical services as recommended at the staffing such as those provided by a psychologist or a social worker. Usually, the first step is an orientation for evaluation and treatment, which will occur within 15 days of the date of referral. This is an informal meeting, and it should include discussion with the child, the parent/s, caregivers, caseworker and anyone the child considers to be important in his life.

Treatment begins with an evaluation of the child's overall functioning. There will be tests and interviews with the child to determine treatment needed, and a plan will be developed. The goal is for the child to "successfully" complete treatment.

Most people consider treatment of the behavior problem "successful" when the child no longer exhibits the behavior.

If the Child Moves to a New Foster Family

The caseworker will give the new caregivers information about the child's sexual behavior problem. The department requires caseworkers to inform foster parents of all such problems. It also requires the caregiver to sign a new plan for supervision.

Confidentiality

The child's plan for supervision will list the adults responsible for supervising the child. These persons could include school personnel, child care providers, church staff, recreational leaders and others who have a need to know. The caseworker (not the caregiver) is responsible for informing others who need to know about the child's behavior problem and his or her need for supervision. DCFS' Guardian or designee must give signed consent for this information to be shared. Anyone who is informed of the child's behavior problem will also be informed of confidentiality requirements, including not sharing the information with anyone else without the department's consent.

If anyone responsible for the care and supervision of the child does not agree to provide appropriate supervision, other arrangements for the child will be made.

The therapist working with the child, the child's caseworker, caregivers, sexual behavior specialist and members of the multidisciplinary team will determine when the child no longer needs a written plan for supervision. In children under the age of 13, this is usually after six months have passed without an incident of sexual misbehavior. Older children or youth are more likely to have more complex behaviors and treatment needs. Removal of the plan for supervision will occur upon recommendation of the therapist and the multidisciplinary team.

KEY ISSUES IN FOSTERING CHILDREN OF CHEMICALLY DEPENDENT FAMILIES

The behavior of children coming into foster care is often rooted in their former environment. This is particularly true of children from chemically involved families. Here's what caregivers may see:

- lack of trust — They often have learned they cannot trust others and may not trust their own feelings and perceptions;
- attachment disorders — Many children come into foster care with no past history of healthy attachments to their caretakers;
- low self-esteem — Children may feel they are unworthy and unlovable. They often feel guilt and shame;
- role confusion — Children often feel responsible for meeting their parents' needs or develop the role of being "the family caretaker" in response to messages they receive from their parents. Many children assume responsibilities for the care of younger brothers and sisters and have responsibilities inappropriate for their age and ability. Example: A nine-year-old who becomes "mom" to her one and three-year-old brothers;
- children may assume dysfunctional roles in response to the demands of their family's system. Example: a child who becomes the "scapegoat" of all family members when they are angry; and
- chemical involvement — Because several generations in their family may be chemically dependent, children, particularly adolescents, may come into foster care involved with alcohol or other drugs.

Implications for the foster family: When a child from a chemically-involved family comes into foster care, his or her behavior may seem inappropriate to you. He or she may be confused about your expectations and may not immediately know how to be a member of your family. Talk to your caseworker immediately about getting your child the help he or she needs. Here's what your family can do to help.

Tips for Parenting Children from Chemically Dependant Families

Below are tips for parenting children from chemically dependent families.

- demonstrate to children how healthy families organize themselves. Create consistent routines. Involve the child in family activities and planning of celebrations;
- help children take more control of their own lives. Encourage them to make choices. Set reasonable limits on their behavior. Help them to develop appropriate expectations of themselves. Remember: they need time to develop these skills;

- lying is often common in chemically dependent families. Children may need help in learning it is OK to tell the truth;
- many children of substance abusers have been verbally abused. It is also highly likely they may have been neglected and physically or sexually abused. Touching of any kind may be threatening;
- children may feel they have no right to their feelings because their parents denied or minimized feelings. They may look for approval by being compulsively helpful and may need help in understanding they have value as a person; and
- expressions of strong feelings such as love may have occurred only during periods of parental substance abuse. Children, especially adolescents, may seek expressions of feelings through the use of chemicals.

Source: PRIDE Training

Caregivers should immediately notify and seek help from the caseworker if a child is suspected of being a substance abuser or if drug paraphernalia is found. Consultation and help is available at all levels for children and families. Most local school districts have access to or provide substance abuse prevention services. The caregiver should work in concert with the caseworker to access these services.

Talking With Your Children About Substance Abuse

Many youth think using drugs, alcohol and inhalants will make them happy or popular, or help them learn the skills they need when they grow up. All children need to know abusing substances can cause them to fail at all of those things and may even cause their death. If children think “everybody’s doing it”, they need to know they’re wrong, and there is no one better to tell them than YOU.

Talking Can be Hard, But it is Important

Surveys show drug use is less among kids whose parents “warn” against it, than whose parents never discussed it. “Warning” is not

yelling. Talking with youth at a level they can understand shows them you care, as well as where you stand on the issue. Many parents don’t know how to bring up the subject or feel like youth know more than they do. Adolescents or teens may resist efforts to talk. Some parents think their child is too young to know about drugs. Don’t hesitate— start talking!

Be Realistic

A child cannot get through childhood, adolescence, or their teen years without running into drugs. To many children in care, family drug use is “normal.” Don’t try to compare today’s world with the one you lived in at the same age. Farm, city, or suburbs — drugs are everywhere. Children will assume that if they’ve tried a drug once and nothing bad happened, they will be OK the next time. Today, over half the students in high school have experimented with drugs before they finish high school. Since the drug culture of the 1960’s, drug use has not only increased, but drug variety and potency has increased too.

Set a Good Example

Examine your own use of drugs and alcohol. Do you tell children not to drink and then celebrate important occasions by getting a “buzz”? Do you need prescription drugs to “relax”? Children know what’s going on. It is important to practice what you preach.

Know the Facts

Educate yourself about drugs. PRIDE Training Module 10, available to all caregivers, covers substance abuse and fostering children from chemically dependent families. Information about drugs and alcohol is available at your local library or health department and through the Internet.

Plan What to Say and Where to Say It

Look for a calm time, like riding in the car, where you can both talk without being interrupted. Know exactly how you feel. Make sure other adults living in your home feel the same way, so children won’t receive “mixed” messages. Review ahead what you want to say. Don’t wait for the crisis — start talking NOW!

When the Talking Time Comes

Don’t lecture. Let your child talk, too. Listen. Be respectful of her right to talk and have an opinion.

Clarify family rules about substance abuse. If you don’t know the answer to a question, say so. Suggest that you both find the answer together. Discuss situations in which your child may be pressured to use drugs or alcohol and how to say “No”! Keep the conversation going from childhood to adulthood. Keeping communication lines open and taking time to talk whenever possible will help your child in making choices when you aren’t there.

Warning Signs of Substance Abuse

- changes in mood or behavior — depression, anxiety, being irritable, withdrawing from family, school or social activities, spending increased time alone, impulsiveness;
- changes in friends — no longer associates with friends and is reluctant to bring friends home, or to have you meet them;
- changes in school behavior — cuts classes, gets lower grades, loses interest in school or extracurricular activities; and
- injuries — falls, bruises, accidents. Any unexplained injury (unlike a sports related injury) is a serious warning.

Drug Paraphernalia

Products designed for use with controlled substances, “paraphernalia,” are legally sold in various types of stores that youth may frequent. A few examples are: rolling papers, roach clips, stash cans, bong, frisbees with attached pot pipes and cocaine spoons.

Every day items may also be associated with drug use. The following items are used with the corresponding drugs and may be found in closets, under beds, in the hem of curtains and in various hiding places:

- marijuana: rolling papers, plastic baggies, stash cans, pipes, bong, roach clips;
- PCP: tin foil;
- inhalants: cleaning rags, empty spray cans, tubes of glue, soft drink cans, ping pong balls;
- Codeine: Cough syrup bottles, needles, syringes;
- heroin and morphine: needles, syringes, cotton balls, teaspoons, medicine droppers;
- cocaine: glassy surfaces, mirrors, single-edged razor blades, rolled-up paper tubes, straws, nasal sprays; and
- crack: pipes, small glass vials, colored stoppers, pyrex tubes, small screens.

For parents who suspect a child is using drugs, finding any of these items may be cause for alarm. If found, it is time to frankly discuss drug use with the youth and also to seek professional help.

Substance Abuse Support Organizations

Federal Substance Abuse and Mental Health Services

Administration

P.O. Box 2345

Rockville, MD 20847-2345

301-468-2600 or 800-729-6686

www.health.org

Alanon/Alateen

Family Group Headquarters, Inc.

800-356-9996 (literature)

800-344-2666 (meeting referral)

www.al-anon.alateen.org

National Council on Alcoholism and Drug Dependence

800-NCA-CALL (referral to local treatment)

National Inhalant Prevention Coalition

800-269-4237

www.inhalants.org

Inhalant Abuse: “Huffing”

Inhalant abuse or “huffing” can kill suddenly, and it can kill those who sniff for the first time. Every year, young people in this country die of inhalant abuse. Hundreds also suffer severe consequences, including permanent brain damage, loss of muscle control and destruction of the heart, blood, kidney, liver and bone marrow. Today, more than 1,000 different products are commonly abused. One in five American teenagers have used inhalants to get high, according to a 1996 report from the National Institute on Drug Abuse. Many youngsters say they began sniffing when they were in grade school. They start because they feel these substances can’t hurt them, because of peer pressure, or because of low self-esteem. Once hooked, these victims find it a tough habit to break. These questions and answers will help you identify inhalant abuse and understand what you can do to prevent or stop this problem.

“Huffing” is the deliberate inhalation or sniffing of common products found in homes and schools to obtain a “high”, such as:

- glues/adhesives;
- nail polish remover;
- marking pens;
- paint thinner;
- spray paint;
- butane lighter fluid;
- gasoline;
- propane gas;
- typewriter correction fluid;
- household cleaners;
- cooking sprays;
- deodorants;
- fabric protectors;
- whipping cream aerosols; and
- air conditioning coolants.

How can you tell if a young person is an inhalant abuser?

- unusual breath odor or chemical odor on clothing;
- slurred or disoriented speech;
- drunk, dazed, or dizzy appearance;
- signs of paint or other products where they wouldn’t normally be, such as on the face or fingers;
- red or runny eyes or nose;
- spots and/or sores around the mouth;
- nausea and/or loss of appetite; and
- chronic inhalant abusers may exhibit such symptoms as anxiety, excitability, irritability, or restlessness.

What could be other tell-tale behaviors of inhalant abuse?

- sitting with a pen or marker near nose;
- constantly smelling clothing sleeves;
- showing paint or stain marks on the face, fingers, or clothing; and
- hiding rags, clothes, or empty containers of the potentially abused products in closets and other places.

CARING FOR YOUTH WITH HIV/AIDS

AIDS stands for “acquired immune deficiency syndrome.” It is caused by a virus called the “human immunodeficiency virus” (HIV). HIV is a communicable infectious disease, but it *is not* easily transmitted. Transmission requires the exchange of infectious bodily fluids during some intimate or invasive activity. Only certain body fluids and activities have been identified as modes of transmission for HIV.

Youth with HIV may present caregivers with new challenges in following treatment recommendations and reducing the behavioral risks of transmitting the disease to others. The DCFS AIDS Project and treatment providers may provide assistance in managing these issues.

Most children with HIV disease can survive in reasonably good health for many years. Unpredictable and serious problems can occur in the course of daily living, but foster families need not feel alone in addressing these issues. The DCFS AIDS Project and other community programs offer support to families fostering children with HIV.

DCFS AIDS Project: 312-328-2150

The AIDS Project is a statewide specialty service in the DCFS Division of Clinical Practice and Development. Their services include:

- providing consultation about HIV testing, risk reduction, treatment, resources, and policies;
- assisting with placement of HIV-exposed and infected children;
- providing training and on-going consultation about HIV medical, psychosocial, and policy issues; and
- facilitating support services to birth and foster families affected by HIV.

HIV Transmission Sources

Infectious

- blood and blood products
- semen
- vaginal fluids
- breast milk
- pericardial fluid

Possibly Infectious

- cerebrospinal fluid
- synovial fluid
- pleural fluid
- peritoneal fluid
- amniotic fluid

Non-Infectious

- saliva
- tears
- perspiration
- urine
- feces
- sputum
- nasal secretions
- vomitus

Routes of HIV Transmission

- sexual intercourse;
- anal, vaginal, or oral (fellatio and cunnilingus) sex;
- exposure to blood;
- transfusion of blood or blood products;
- sharing intravenous needles, syringes or “works;”
- occupational needle stick or mucous membrane exposure;
- perinatal; and
- from mother to child during pregnancy, intrapartum, and postpartum (via breastfeeding).

HIV is **Not** Transmitted Through

- casual contact;
- coughing or sneezing;
- eating or sharing food;
- touching or shaking hands;
- hugging or kissing;
- insect bites;
- donating blood;
- swimming or bathing;
- sharing clothing or towels; or
- sharing bathroom facilities.

Make sure you and your children understand that HIV cannot be spread through casual contact with someone who has AIDS or is HIV infected. Fear and wrong information about HIV and AIDS have caused much suffering to those who have been infected with HIV, especially children.

What to Teach Children About HIV/AIDS

Children need to learn about HIV and AIDS at a very early age. By the time your children are 3 or 4 years old, make sure you have clearly explained the following:

- cover cuts and sores with bandages or gauze pads to avoid contact with any kind of germs.
- never touch needles or syringes. If they see someone who is bleeding or if they find a needle or syringe, they should tell an adult. Remind your children never to touch a needle or syringe if they find one in the garbage or on the ground; and
- AIDS cannot be caught by playing with HIV-infected children.

By grade-school age, your child should begin to have a better understanding of illness and body parts. He or she should begin to learn more about how HIV can and cannot be spread.

Sex

Adolescents and teens need to know that the best way to protect themselves against HIV and AIDS is not to have any type of sexual intercourse. Reassure the

child that it is all right to postpone sexual intercourse until he or she is married or in a long-term, mature relationship. If adolescents or teens do not postpone having sexual intercourse, then regular and proper use of *latex* condoms and limiting the relationship to one partner will help them avoid HIV infection. This will also lower the risk of getting other sexually transmitted diseases (STDs) such as syphilis, gonorrhea, chlamydia infection and genital warts. Adolescents should also know about other types of birth control. However, it should be emphasized that other forms of birth control do NOT prevent HIV infection or other STDs.

Drugs

Adolescents need to know about the extreme risk of being infected with HIV if they use drugs, especially intravenous (IV) drugs that are injected with needles. Sharing a needle or syringe spreads blood from one person to another. A non-drug user who has sexual intercourse with an HIV-infected drug user can be infected with HIV. Sharing needles for non-drug use, such as for tattoos, ear piercing, purposely scarring or cutting oneself with needles or razors, or injecting drugs including steroids, can also spread HIV.

Talk to your adolescent about drugs to make sure he or she understands that using any drugs, including alcohol, is not healthy. The risk of getting HIV increases even when non-IV drugs, like alcohol or cocaine, are used because these drugs affect a person's judgment and may lead to risky behaviors — such as having sexual intercourse without a latex condom or having sex with multiple partners.

Testing for HIV: These factors apply to all children and youth

DCFS Policy

Testing a child in foster care requires the consent of a parent or the DCFS Guardian. The Guardian's consent may be obtained through DCFS' authorized agents. DCFS must have temporary custody or guardianship to authorize testing.

HIV testing should be encouraged as a matter of routine health care when any of the following risk factors are present:

- a child with HIV-related symptoms;
- a child born to a parent with HIV;
- a child born to a parent with a history of drug use, transfusions, or multiple sexual partners;
- a child who is sexually abused;
- a child born with positive drug toxicology;

The DCFS AIDS Project should be informed if any child/youth tests HIV positive in order to be linked with a qualified specialist and to provide training, consultation and resources for the family.

-
- a child with hemophilia or a history of blood transfusions;
 - a youth with a history of drug use;
 - a youth who is sexually active; and
 - a child for whom a complete medical history cannot be obtained.

Child's Right to Consent

Any child over age 12 may consent to testing. Pre- and post-test counseling should be provided. Treatment requires the consent of the guardian or authorized agent.

Physician's Right to Test

A physician may test a patient *without consent* in order to provide appropriate diagnosis and treatment. The physician should, however, provide counseling and inform the guardian.

Symptoms Suggesting Testing May Be Needed

Talk to the child's HealthWorks primary care physician and the caseworker if your preteen or teen is or may be using drugs or alcohol, or is or may be involved in risky sexual behaviors. He or she may be at higher risk of HIV infection.

Symptoms suggesting a need for HIV testing include:

- persistent fevers;
- poor weight gain or rapid weight loss;
- frequent diarrhea;
- recurring or unusual infections;
- chronic lymph node swelling;
- persistent or recurring extreme tiredness or lethargy;
- white spots in the mouth; and
- loss of appetite.

Caregivers may also get confidential information and advice from the DCFS AIDS Project (See page 34) about working with any child/youth who may be at risk of HIV and AIDS.

Caregivers Have a Need to Know About HIV Test Results

If DCFS knows of a child's exposure to HIV or HIV infection, the DCFS AIDS Project should be notified immediately. Additionally, the caseworker should tell the caregiver about the child's status *prior to placement* in order to prepare the family to make an informed decision about taking care of the child.

The realities of foster care are that sometimes, initially, the history is unknown until after the child is placed into the foster home. In this case, foster families may be notified of the child's HIV status after the fact. In either case, the AIDS Project would provide training and on-going support services about HIV issues.

Babies Under 18 Months Old

Caregivers taking a baby under 18 months old should ask the caseworker if the baby has been tested for HIV. Children under 18 months who are known to have been exposed to HIV are followed by a qualified HIV clinic for further diagnosis and treatment. The AIDS Project will help make this linkage.

Studies have shown that the majority of children exposed to HIV in their mother's womb, or at the time of birth, have not contracted the HIV virus. New protocols for delivering and treating the baby and the mother have reduced the national perinatal infection rate from 25 percent to just 2 percent. Many babies who initially test positive in infancy lose their mother's antibodies and will test negative by 18 months because they are not infected.

Adolescents

More of the infected children in foster care will be of adolescent age. Youth 12 and older should be included in the decision to test for HIV according to the risk factors. Youth 12 and older should also be consulted about any disclosure of their HIV status and consent should be sought for the release of information.

Confidentiality of HIV Status

The Illinois Human Rights Act protects persons infected with HIV as "handicapped" individuals who have the right to equal access and opportunity without discrimination. Confidentiality of information surrounding an adult or child's status is written in the AIDS Confidentiality Act and in DCFS rules and procedures.

Who "needs to know" about HIV status?

Release of information about the HIV status of a child in foster care is based on the person's "need to know." Those with a need to know include: birth parents, guardian, **caregivers**, relative caretakers, directors of child care facilities, staff who provide direct personal care, medical providers of direct personal care, other persons who need to know in order to provide services.

*When HIV status is released to caregivers, or others who "need to know", these individuals are expected to **keep this information confidential**. They may not redisclose this information to others without permission of the parent or the DCFS Guardian. For youth 12 years of age and older, they must be asked to give consent.*

DCFS Policy: Disclosing HIV Status

DCFS is not authorized to release the HIV status of persons for whom DCFS is not legally responsible, including parents. Parents are responsible for informing service providers of their family's HIV status, or they may sign consents for DCFS to release this information.

If a child is known to have been exposed to the HIV virus or tested HIV positive, the caseworker or agency must inform the child's caregivers.

If a teacher, caretaker, or someone else may need to know about the child's HIV status, consult with the caseworker or DCFS AIDS Project. Caregivers should NOT communicate this information themselves, but should ask the caseworker to communicate what needs to be known. The Illinois Department of Healthcare and Family Services informs the school superintendent, who may inform the principal, teacher and school nurse, if necessary. If the court needs to be informed, the information should be shared by attorneys or caseworkers privately with a judge, in chambers.

HIV status should not be written where it can be seen by people who do not have a need to know. The dates of HIV testing may be written on the child's Health Passport. However, the results of HIV testing must be kept in a separate and confidential section of any case record. Disclosure of positive HIV information requires the consent of the DCFS Guardian and youth 12 years of age and older.

Special Health Considerations

In a foster home setting, the only potential mode of HIV transmission is infected blood or semen penetrating beneath the skin into the body tissues.

Three universal precautions to be used by the whole family are:

- 1) use a cloth barrier or wear gloves when caring for bleeding wounds, nosebleeds, bloody diarrhea and diaper changes;
- 2) clean surfaces exposed to blood with a bleach solution (ratio of 1 cup of bleach to 1 gallon of water); and
- 3) consistently wash hands (and teach children to wash hands) with soap and warm water.

Children in the home should not share teething toys, feeding bottles or toothbrushes, as some bleeding may occur from the gums at the time the child is teething or losing baby teeth.

Adults and youth should not share razors or syringes.

Biting and other aggressive behavior on the part of all children should be discouraged, but it has not been known to lead to HIV infection.

All foster families should use these universal precautions as a matter of good hygiene. Please see the following section for more information on disease prevention.

OTHER COMMUNICABLE AND INFECTIOUS DISEASES

How Do Germs Spread?

Everyone can be exposed to germs that can make them ill. Each of us can also spread germs that have the potential to make others ill. This exposure can occur anywhere, for example, in the home, school and public places.

We don't see germs. Germs can be spread from the skin of one person directly to another, usually through touching. Germs can also be spread to you by touching an object with germs already on it (example: a bathroom faucet, doorknob, tabletop) and then touching your eyes, nose, or mouth. Other examples include but are not limited to:

- hands of one person touch a germ-infected area on another person or a germ-infected object, and then touch other people without washing their hands; and
- shared items in the home, such as telephones or toys, are germ-infected then touched by other people who then touch their own eyes, nose or mouth.

Some germs can be spread through the air and may be breathed in. These germs can survive in the air for some time and travel far from the infected person. Tuberculosis, measles and chicken pox are spread this way.

When someone coughs or sneezes, for example, germs are sent into the air in droplets. Colds, flu, pertussis (whooping cough), and most forms of bacterial meningitis are diseases spread by droplets. Germs for hepatitis B, hepatitis C, and HIV/AIDS are spread through contact with human blood, body fluids (example: urine), or body substances (example: feces and saliva). Germs for West Nile virus and Lyme Disease are spread by insect bites.

The Illinois Department of Public Health has prepared a series of short informational documents, called *Health Beat Fact Sheets*, that explain more about the diseases mentioned in this section. The *Health Beat Fact Sheets* are available on the Internet at <http://www.idph.state.il.us/public/hbhome1.htm>.

Reducing the Spread of Germs

There is no perfect way of preventing the spread of germs. However, universal precautions, cleaning/disinfecting and frequent hand washing are effective in stopping the spread of most germs. Universal Precautions is an approach to infection control that involves the use of disposable gloves or other items to block the spread of germs when cleaning up or touching blood, body fluids or body substances. HIV/AIDS, hepatitis B, hepatitis C and other blood-borne illnesses can be spread through blood, body fluids or body substances.

Caregivers should know about Universal Precautions and other ways to reduce the spread of germs so that they can protect their family's health. If precautions such as the ones listed below are regularly followed, caregivers and their families can reduce the chance of being infected or spreading germs.

- 1) The Illinois Department of Public Health recommends frequent hand washing with soap and water for at least 20 seconds. Hand washing should always occur before and after food preparation and eating, and after toileting. The scrubbing action will remove most germs from your hands. Liquid soap is considered more hygienic than bar soap. Liquid hand sanitizers (e.g., those containing alcohol) and disinfecting wipes kill most germs and can be handy when soap and water are not available.
- 2) Children need to be taught to wash their hands. When supervising a child, help or encourage the child to wash his or her hands. Adults caring for very young children should also wash hands before and after diaper changing, and after helping young children who are potty training.
- 3) After thorough cleaning with soap and water, cover open cuts and injuries with bandages.
- 4) In the home, shared items such as a phone or keyboard should be disinfected.
- 5) Wash toys, stuffed animals, blankets and things children put in their mouths with soap and water. Toys that children (particularly infants and toddlers) put in their mouths should be washed and sanitized between uses by individual children. Toys for infants and children should be chosen with this in mind. If you can't wash a toy, it probably is not appropriate for an infant or toddler. When an infant or toddler finishes playing with a toy that has been placed in their mouth, the toy should be removed from the play area and put aside for washing and sanitizing before reuse by other children.

To prepare a bleach sanitizing solution, mix one tablespoon of bleach with one gallon of water (or ½ tablespoon of bleach with ½ gallon of water). Use within 24 hours.

To wash and sanitize a hard plastic toy:

- scrub toy in warm, soapy water;
- rinse toy in clean water;
- immerse toy in bleach sanitizing solution and allow it to soak for ten minutes. If the toy cannot be immersed, spray with bleach sanitizing solution ensuring that all surfaces are dampened for ten minutes contact time;

-
- remove toy from bleach sanitizing solution and rinse well with cool water. Use cool water to rinse non-immersed, sanitized toys; and
 - air dry on a clean surface.
- 6) Items such as teething toys, feeding bottles, toothbrushes, razors or syringes should not be shared.
 - 7) Eating, drinking, applying cosmetics, and handling contact lenses should only be done with clean hands and in clean places.
 - 8) Clean surface areas and clothing that have been exposed to blood or body fluid with a mild bleach solution (1 part bleach to 9 parts water). This solution should be freshly prepared, as it will lose its germ-killing power if stored. (See instructions below) Wash hands after the clean-up.
 - 9) All contaminated sharps (e.g., needles) should be placed in a “sharps container” or a heavy plastic bottle or jar for disposal.
 - 10) Use disposable gloves when it is necessary to have direct contact with any blood, body fluids, or body substances. Place the used gloves in tightly sealed bags and dispose of properly. Always wash hands after removing gloves.
 - 11) When disposable gloves are not available, other items can serve as a protective barrier between hands and unknown or questionable blood, body fluids and body substances (examples: plastic grocery, garbage or storage bags, disposable diapers, etc.) Double bag all objects used to touch or clean-up and tightly seal the bags. Wash hands after the clean-up.
 - 12) Mouth-to-mouth resuscitation without current, appropriate training and a CPR Micro Shield (mouth shield used for mouth-to-mouth resuscitation) is discouraged.

In addition to the precautions listed above, caregivers should follow the advice of health care professionals when extra precautions are needed.

Practical tips for germ protection:

- Mosquitoes can spread West Nile virus. Use insect repellent to prevent mosquito bites.
- Ticks can spread Lyme disease. Use insect repellent to reduce tick bites. Check children for ticks after spending time outdoors.
- Remember to reapply insect repellent as needed. Swimming and perspiration can cause repellent to wear off.

-
- Always use tissues when coughing and sneezing, and dispose of properly. Wash hands afterwards.
 - One way to help children wash their hands thoroughly is to have them sing “Happy Birthday” while hand washing.
 - Germs easily collect under long fingernails and in long hair. To avoid this:
 - keep fingernails trimmed short or use a nailbrush to clean under them; and
 - wear long hair in a ponytail or bun when cleaning or working with blood or body fluids.
 - Avoid touching eyes, nose, mouth, other items, or surfaces with contaminated hands (gloved or ungloved).

Procedure for making and using bleach disinfecting solution:

1. Assemble necessary supplies: water, bleach, spray bottle, disposable protective gloves, paper towels, and two plastic garbage bags.
2. Prepare a bleach disinfecting solution by mixing one-part bleach with nine-parts water in spray bottle. Be careful not to spill solution on your skin.
3. Put on gloves before using the bleach disinfecting solution.
4. Wipe up the spill using paper towels. Use sufficient paper towels to soak up the spill and to ensure gloves do not become visibly soiled. Discard the paper towels in a plastic garbage bag. If gloves become visibly soiled, carefully remove and discard them in a plastic bag (see instructions below) taking care that hands do not become visibly soiled. After removing gloves, immediately wash hands with soap and water for 20 seconds, dry hands and put on a clean pair of gloves. Gloves that are not visibly dirty or bloody do not need to be changed.
5. Clean the surface by spraying it with bleach disinfecting solution and wiping it with paper towels. Repeat until the surface is free of dirt or blood. Place paper towels in a plastic garbage bag.
6. Disinfect the surface by re-spraying it with bleach disinfecting solution. The surface should be sufficiently moist to allow 10 minutes of contact time. Allow the surface to air dry.
7. While the surface is drying, safely remove gloves and place them in a plastic bag (see instructions below). Double bag and then secure the second bag before placing it in a trash container.
8. Immediately wash hands with soap and water for 20 seconds.

Procedure for safe removal of protective gloves:

1. Always consider the outside surface of gloves to have germs.
2. Grasp the outside of glove with opposite gloved hand; peel off.
3. Hold removed glove in the gloved hand.
4. Slide fingers of the ungloved hand under remaining glove at wrist.
5. Peel the glove off over first glove.
6. Discard both gloves in a plastic bag. Double bag and then secure the second bag before placing it in a trash container.
7. Immediately wash hands with soap and water for 20 seconds.

Role of Illinois Department of Public Health

IDPH has authority to require quarantine or isolation of persons who have been exposed to or diagnosed with certain dangerously communicable diseases (e.g., tuberculosis, Severe Acute Respiratory Syndrome (SARS), pandemic influenza) when those persons pose a serious public health risk. IDPH does not have rules governing head lice, scabies, ringworm or impetigo. There are Health Beat Fact Sheets about these conditions available at <http://www.idph.state.il.us/public/hbhome1.htm>.

To find a local health department recognized by IDPH in your county/vicinity, go to this website: <http://www.idph.state.il.us/local/alpha.htm>. For counties that do not have a health department recognized by IDPH, contact IDPH Division of Infectious Diseases at 217-782-2016. The local Public Health office may be contacted for additional information if needed.

Resources:

- **For all medical emergencies, call 9-1-1**
- **Health Beat Fact Sheets (IDPH):** <http://www.idph.state.il.us/public/hbhome1.htm>
- **Communicable Disease Guide (2002)**, Illinois Department of Public Health http://www.idph.state.il.us/health/infect/comm_disease_guide.pdf
- **Management of Chronic / Infectious Diseases in School Children (2003)**, Illinois State Board of Education and Illinois Department of Public Health <http://www.idph.state.il.us/health/infect/chronicinfectiousdiseases2003.pdf>
- **Reportable Infectious Diseases and Conditions in Illinois (IDPH)** <http://www.idph.state.il.us/health/infect/reportdis.htm>
- **Local Health Department Alphabetical Listing (these are the local health departments recognized by IDPH):** <http://www.idph.state.il.us/local/alpha.htm>. In areas without a health department recognized by IDPH, contact IDPH Division of Infectious Diseases at 217-782-2016.

EDUCATION



*The kind of world we live in
tomorrow depends —
not partially — but entirely
upon the type and quality of
education of our children today.*

—Martin Vanbee



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EDUCATIONAL SERVICE PLANNING CHILD'S HISTORY + PROFESSIONAL ASSESSMENT + SERVICES

Health and life experiences influence every child's growth and development. Abuse, neglect, being separated from family, and in some cases, poor health can negatively affect a child's ability and readiness to learn. Luckily, most developmental and educational delays are only temporary. If addressed, experts confirm that early identification of delays, coupled with support services, can help children bounce back to reach their intellectual and educational potential.

DCFS Educational Services Procedures 314 requirements reflect the research on the educational needs of children in foster care. The educational planning process and policy given in this section summarize DCFS Educational Services Procedures. Information about Special Education and educational support programs available to children in foster care is also provided.

Gathering Information to Make Informed Decisions

The caseworker has the primary responsibility in educational planning for a child. He or she must meet definite deadlines set for the educational planning process. Information sharing and teamwork among the caregivers, the caseworker and the school is essential to the planning and decision making process. Caseworkers must complete an educational plan for a child *within 30 days of court-ordered temporary custody* using the information described below:

Medical History

In addition to looking for health and medical needs, the caseworker also reviews the child's Health Passport and other medical records to determine if *a child age three or older* may be eligible for special educational services, or a child under three may need Early Intervention Services.

Children three and over may be eligible for *special education* if they have any of these impairments: autism, deaf-blindness, deafness, emotional disability, hearing impairment, cognitive disability, multiple disabilities, orthopedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment.

Developmental delays or risk of delays may be noted by medical providers in the child's Health Passport. All *children under three* receive an Early and Periodic Diagnostic Screening during the Comprehensive Health Evaluation, required within 21 days of the child entering foster care. Results of the screening should also be noted in the child's Health Passport.

Educational History

New School

Within 10 days of the child's enrollment, the caseworker is required to contact and interview the child's new teacher to discuss the child's educational strengths and weaknesses, and whom to call if problems begin to occur.

Implications for caregivers: Caregivers are not automatically included in this meeting. If you would like to have input or join in this meeting, talk to the caseworker.

Former School

The caseworker asks the former school to complete the child's educational history via an Educational Report form. *Within 10 days of the child leaving the former school, the caseworker contacts the former school by phone or in-person to interview the child's most recent teacher and discuss the completion and return of the Educational Report form. The caseworker also reviews other school records: Individualized Educational Plan (IEP) for a child receiving special educational services, report cards gathered from the child's former school or caregiver, and attendance and discipline reports.*

Other Interviews

The caseworker is also required to interview the child, the child's birth parents and caregivers to gather additional information about the child's educational history and current needs.

Timelines for Developing Educational Plans

Understanding caseworker deadlines is very important for caregivers to be able to have input into educational planning. There are specific DCFS forms that must be completed and kept in the child's case file. Form numbers are included here for your convenience in discussing the educational plan with the caseworker and in making requests for information.

Initial Educational Plan: Within 45 Days of Temporary Custody

An initial client service plan (CFS 497) must be completed within 45 days of temporary custody. In order to develop the service plan, all children entering DCFS care receive an Integrated Assessment, which includes an initial educational assessment, within 30 days of temporary custody. The caseworker is responsible to complete the initial educational assessment and document it on the CFS-407-4 within 30 days of placement. The CFS 407-4 is then used to develop the initial educational plan (CFS 497, Part III) which will be reviewed at the first Administrative Case Review (ACR) within 45 days of custody.

In some cases, it will be necessary to obtain professional educational assessments to determine the unique needs of the child. When professional evaluation reports

or assessments are not available within 30 days, the caseworker may develop an interim assessment using the CFS 407-4 to be incorporated into the initial educational plan.

Implications for caregivers: Any child placed with you after the first 45 days in foster care must have an educational plan in place. Reviewing the child's current educational plan with the caseworker prior to placement can help your family decide if your skills, time and energy can meet the child's educational needs, and the need for any necessary supports, such as special education services. After the child is placed in your care, you should be involved in developing an educational plan along with the caseworker and teachers.

Annual High School Plan: Within 30 Days of Temporary Custody

If the youth is attending high school when custody is taken, the assigned caseworker should conduct the Annual High School Academic Planning Meeting using the CFS 407-HS Annual High School Plan within 30 days of temporary custody. This will be used in completing the CFS 407-4, Education Profile (Assessment), as well as Part III of the Service Plan (CFS 497). If the youth is taken into custody during the months of April through June, the Annual High School Academic Planning Meeting will be waived until August of the following academic year.

Implications for caregivers: Any youth of high school age placed with you must have an Annual High School Plan completed in August of each high school academic year. The Annual High School Plan provides a method of planning for high school graduation and post-secondary goals. It is important that you support your high school student's participation in the plan in order to ensure their goals are considered. The Annual High School Plan is an invaluable tool to help you ensure that your student graduates from high school by tracking credits earned toward graduation.

Client Service Plan: Within 60 Days of Temporary Custody

The caseworker will finalize the initial client service plan (CFS 497) within 60 days of temporary custody. By this time, the caseworker will have determined the child's academic, social and extracurricular interests, strengths, goals and needs and will have documented them in Part III of the CFS 497. If additional educational assessments of the child were determined to be needed within the initial 30-day assessment period, reports should be available by now. If the reports are not available within 60 days, the caseworker will document an initial assessment on the CFS 407-4.

Implications for caregivers: Caregivers should be given copies of the child's portion of the service plan at placement and after each ACR. Therefore, if a child has been in foster care 60 days or longer, the child's needs in all of these areas can be easily discussed prior to placement with a new foster family.

Resources for Educational Support and Advocacy

Education Advisors

Education advisors are located in each DCFS region and are responsible for the overall coordination of educational issues within the regions. Education advisors provide ongoing technical assistance and training for caseworkers, education liaisons, school personnel and foster families.

Caregivers whose foster care licenses are supervised by DCFS can reach an education advisor by calling the office near their home.

Chicago North	312-328-2607
Chicago Central	773-292-7732
Chicago South	773-371-6028
Cook Suburbs – North and Central	773-292-7725
Cook Suburbs – South	708-210-3051
Northern Region	815-967-3750 (Rockford) or 815-730-4342 (Joliet)
Central Region	217-557-3985 (Springfield) 309-730-7952 (Peoria) or 217-875-6797 (Decatur)
Southern Region	618-583-2125 (E. St. Louis) or 618-993-7134 (Murphysboro)

Education Liaisons

Private foster care agencies employ education liaisons to provide support to caregivers, caseworkers and school personnel with education issues that affect only the children served by their individual agency. Caregivers whose licenses are supervised by a private agency should call their agency to reach an education liaison.

Any caregiver seeking statewide information may call the DCFS/NIU Center for Child Welfare and Education Office at 815-753-8543 (Fax 815-753-0993).

Training

Foster caregivers are required to take the Educational Advocacy class, which provides extensive information on special education. Check with your licensing representative or the DCFS Office of Training at www.dcfstraining.org.

SPECIAL EDUCATION

In 1975 Public Law 94-142, the Education for all Handicapped Children Act, guaranteed that all children, including disabled children have a right to a “free and appropriate public education.” Federal special education law is reauthorized every four years. Today the former PL 94-142 is known as the Individuals with Disabilities Education Improvement Act (IDEA) and can be found at 20 USC 1400 et seq. Implementing regulations can be found at 34 CFR Part 300, as amended 8/14/2006.

Special Education means specially designed instruction, in order to provide access to a free and appropriate public education and to meet the unique needs of children with disabilities from the ages of 3 through 21.

Who Provides Special Education Services?

Community agencies are contracted to provide special education services called Early Intervention Services for infants and toddlers, ages zero to three, and their families. (See pages 11-12.) Public school districts and schools directly provide or contract for special education services for children age three through 21.

Which Children are Eligible?

Children with the following disabilities may be eligible for special education services:

- mental impairment;
- specific learning disability;
- emotional disturbance;
- speech/language impairment;
- hearing impairment;
- visual impairment and blindness;
- orthopedic impairment;
- autism;
- traumatic brain injury;
- other health impairment;
- deafness;
- deaf-blindness;
- developmental delay; and
- multiple disabilities.

Instructional services may include special teaching techniques, materials, equipment, facilities and services. All special education services are to be provided at no cost to foster families.

Role of Foster Caregivers in Special Education

What is the Role of the Foster Caregiver?

A foster caregiver is defined as a “parent” in both the federal Individuals with Disabilities Education Act (IDEA) and Illinois’ special education regulations. What this means is that federal and state law assign the foster caregiver with the authority and responsibility to serve as the “parent” in all matters regarding special education. An Educational Surrogate Parent (ESP) is required when a child is placed in residential care. Foster caregivers are encouraged to serve as the ESP for children in their care who move into residential care. When reunification is the goal, the foster caregiver and the child’s parent can share in the educational responsibilities.

The caregivers have the responsibility to ensure that the school provides the student with a free, appropriate public education by:

- understanding the child and his or her educational needs, including the child’s strengths, interests and abilities;
- requesting case study evaluations;
- signing consents for case study evaluations, the initial educational placement and educational re-evaluations;
- attending educational meetings, eligibility conferences and Individualized Education Plan (IEP) meetings;
- negotiating for appropriate special education services;
- requesting complaint investigations, mediation and/or impartial due process hearings;
- participating in due process hearings related to the child’s needs;
- seeking legal advice, when necessary, to advocate for the child’s needs; and
- communicating with the student’s caseworker regarding the student’s educational needs.

Caregivers must also:

- within two days after placement, enroll the child in school or if needed, pursue early intervention services for children three and under;
- attend school meetings and participate in early intervention services;
- talk to the child’s teacher or others involved on a regular basis;
- work as a team with the child’s caseworker; and
- represent the child in a positive manner.

Becoming a Surrogate for Other Children

Caregivers may also volunteer to be an educational surrogate for children who are in residential care or in the Department of Corrections, up to a maximum of 10 students a semester, providing those students are educated in facilities or schools in close proximity. To volunteer, call the surrogate parent coordinator, Illinois State Board of Education, at 217-782-5589.

Legal Supports for Caregivers: Special Education Law Project

DCFS contracts with the Legal Assistance Foundation to provide legal services to caregivers and caseworkers. Caregivers and caseworkers advocating with school districts should discuss these services with their education advisor or liaison before contacting their local Legal Assistance subcontractor listed below to ask for services, which are *free*.

Special Education Law Project Services

Technical Assistance in Obtaining Special Education Services

Caregivers, educational surrogates and caseworkers have to be assertive and understand their rights in requesting special education services and how to disagree within the special education system. The Special Education Law Project can legally advise caregivers, educational surrogates and caseworkers and may also participate with them in early intervention mediations and due process hearings, if appropriate.

Training on Law and Issues Related to Special Education and Early Intervention

Foster caregiver groups and individual agencies may request speakers and training through this program on the legal aspects of advocating for a child’s special educational needs.

Participation in Mediation and Due Process Hearings

Advice and support to caregivers and educational surrogates on how to appeal Individualized Educational Plans, as well as on-site support during mediation and due process hearings are available. Legal representation for the child is also available, if needed.

Special Education Law Project Phonebook

For information, training, legal assistance and to request representation, call your local Special Education Law Project office:

<u>County</u>	<u>Phone</u>
Cook	312-341-1070
Boone, Bureau, Carroll, DeKalb, DuPage, Fulton, Grundy, Henderson, Henry, Iroquois, Jo Daviess, Kane, Kankakee, Kendall, Knox, LaSalle, Lake, Lee, Livingston, McDonough, McHenry, McLean, Marshall, Mercer, Ogle, Peoria, Putnam, Rock Island, Stark, Stephenson, Tazewell, Warren, Whiteside, Will, Winnebago and Woodford	815-965-2134
All remaining counties of Illinois	618-394-7300

Speaking the Language of Special Education

Free Appropriate Public Education means special education and related services that 1) Are provided at public expense, under public supervision and direction, and without charge; 2) Meet the standards of the Illinois State Board of Education; 3) Include preschool, elementary school, or secondary school education; and 4) Are provided in conformity with an Individualized Education Program (IEP).

Home School is the school a child would attend if he did not have a disability. It is the school the child's brothers, sisters and neighbors attend. For preschoolers, it is the preschool, community center or other community environment.

Inclusion usually means placing a child in the neighborhood school with appropriate supports, aides and curriculum adaptations so that he can participate in classes with children without disabilities.

Individualized Education Program (IEP) IDEA requires each student with a disability to be provided with an Individualized Education Program (IEP). The IEP is the blueprint for a child's daily school program and is reviewed each year by the child's caregiver, teachers and the specialists involved in his or her education. Caregivers, as the educational surrogates, are strongly urged to be involved in this process.

Individualized Family Service Plan is a written plan for children from birth through two years of age who are eligible for early intervention services under IDEA.

Integration involves taking a child out of a special education environment and placing him or her in a general education classroom for part of the school day.

Least Restrictive Environment (LRE) IDEA states that each student with a disability be placed in the "Least Restrictive Environment" (LRE). This means the student should participate in the general education setting with their typical peers during academic, nonacademic and extra curricular activities, with services and supports. The general education setting is preferred and the starting point for discussions on the student's needs for services and supports. Because of individual needs, some students may need a more restrictive environment. Considerations discussed at each IEP meeting should include the supports and services a student would need to be successful in the general education curriculum.

Mainstreaming means placing a student in a general education academic classroom.

Supplementary Aids and Services are defined by IDEA as supports a student requires in a general education classroom. They can be as simple as moving a child's desk so he can see the blackboard better or as complex as providing a student with an electronic communication system.

PRESCHOOL CHILDREN AND EDUCATION

All children aged birth to five years receive a developmental screening upon entering foster care. The purpose of the screening is to identify any developmental delays quickly and connect the child to local preschool support programs. Developmental programs for children aged zero to five are aimed at helping them be ready and able to learn.

Children aged birth to three years whose screening indicates a developmental delay must be immediately referred by the caseworker to the Illinois Early Intervention Program for an evaluation to determine if services are needed. If the infant or toddler needs services, the caregiver and caseworker team must arrange for the child to attend services. Infants and toddlers without developmental delays may be able to attend an Early Head Start program if available in your community.

Children aged three to five years must be enrolled in an early childhood education program. For children with disabilities, they must be enrolled in early childhood special education if eligible. Children without disabilities need to be enrolled in Head Start, if available in your community. Children at risk of school failure may be enrolled in a pre-kindergarten at-risk program if offered by your school district. If no publicly funded preschool program is available in your area, DCFS will pay for attendance in an accredited preschool program.

Children who have *developmental delays* are not learning new skills in a timely manner. Babies develop at different rates, but all babies do things that show they are developing normally, such as beginning to walk at about 12 months. Observing the way babies talk, if they remember things and people, how they play and the interactions with those around them tells us if they are developing normally or if they need some extra help.

How Do Caregivers Know If a Preschool Child Needs Developmental Help?

There are three ways developmental delays may be detected:

- 1) the child's medical and/or educational history may show a need for preschool or other services;
- 2) the HealthWorks physician may refer the child for further developmental screening; and
- 3) caregivers take a preschooler for a developmental screening after sensing or observing possible delays in development, after the initial placement in DCFS care.

What Preschool Services Are Available?

If a developmental screening shows your preschooler needs help in being ready for preschool or school, five types of developmental programs are available:

- early intervention services (ages 0-3);
- early Head Start (ages 0-3);
- pre-kindergarten (pre-K) for children at risk of academic failure (ages 3-5);
- preschool special education (ages 3-5); and
- Head Start (ages 3-5).

Information about these services follows on pages 11-12.

Educational Responsibilities of Caregivers of Preschool Children

Caregivers must:

- take a child for a developmental screening if she:
 - has just entered foster care; or
 - is referred by the HealthWorks primary physician; or
 - seems somewhat behind in development.
- work with the caseworker to enroll the child in a preschool support program, if needed;
- support the child’s participation in home-based or community-based programs; and
- participate in the development and implementation of an Individualized Family Service Plan (IFSP), if the child is found eligible for early intervention services or an IEP if the child is eligible for pre-special education services.

According to DCFS Policy, all children aged three to five years old must be enrolled in a preschool program. The first choice of programs for children should be the Head Start program. DCFS and Head Start have entered into an agreement to give children in foster care priority enrollment. Children with disabilities or at risk of school failure should be enrolled in Early Childhood Special Education or a pre-K at-risk program through the local school district. Check with your caseworker for availability of programs. If no publicly funded program is available, check with your caseworker about getting payment for an accredited preschool program.

Early Intervention (EI) Services (Ages Birth to 3)

Caregivers should routinely take a new baby or toddler placed with their family for an EI screening to ensure that the baby’s development is on target.

Child and Family Connections Links Babies Birth to Three to EI Screenings and Services

The Child and Family Connections program is available to identify Illinois babies ages birth to three who have developmental delays and who will benefit from special help in getting ready for preschool and kindergarten.

Your local Child and Family Connections staff listed below can:

- answer questions about the child’s development;
- schedule an appointment to identify what, if any, type of special services may be needed, including hearing and vision testing;
- tell you where to take the baby for services, if needed; and
- follow up with you to see how the baby is doing.

County	Number	County	Number
Chicago North	800-289-7990	Logan/Mason/Menard/Sangamon	888-217-3505
Southeast	800-862-1912	Clark/Coles/Cumberland/	800-758-2705
Southwest	866-266-7167	Dewitt/Douglass/Edgar/Macon/	
Central/West	888-283-2329	Moultrie/Piatt/Shelby	
Cook: Suburbs		Bond/Christian/Clay/Crawford/	888-459-5437
North	800-585-1953	Effingham/Fayette/Jasper/	
Central	888-566-8228	Lawrence/Macoupin/Montgomery/	
South	800-597-7798	Richland	
West	800-637-7181	Clinton/Franklin/Jefferson/	800-661-0900
Dupage	800-637-7181	Marion/Washington/Williamson	
McHenry	888-376-8828	Alexander/Hardin/Jackson/	888-340-6702
Kane/Kendall	888-282-0997	Johnson/Massac/Perry/Pope/	
Lake	888-939-3033	Pulaski/Union	
Grundy/Kankakee/LaSalle/Will	888-329-0633	Adams/Brown/Calhoun/Cass/	888-222-9592
Fulton/Hancock/Henderson/	866-426-2160	Greene/Jersey/Morgan/	
Knox/McDonough/Mercer/		Pike/Scott	
Rock Island/Schuyler/Warren		Madison/Monroe/Randolph/	888-594-8364
Boone/Bureau/Marshall/	800-921-0094	St. Clair	
Ogle/Putnam/Winnebago		Edwards/Gallatin/Hamilton/	800-463-2759
Carroll/Dekalb/JoDavies/	888-297-1041	Saline/Wabash/Wayne/White	
Lee/Stephenson/Whiteside			
Henry/Peoria/Stark/	888-482-4300		
Tazewell/Woodford			
Champaign/Ford/Iroquois/	800-877-1152		
Livingston/McLean/Vermilion			

An updated list of EI programs can also be found through the HELP-ME-GROW line at 800-323-4769 (TDD 800-547-0466). After calling your local screening program, if you still have questions about services for a child under 3, call the DCFS Early Childhood Services director at 312-814-1864.

Eligibility of Children

Children aged birth to three with certain conditions may be eligible for EI Services. The condition and also the percentage of delay are used to determine eligibility for services. Contact your nearest child and family community office to determine if your child is eligible.

Early Intervention Services

If a baby is determined through an assessment to be delayed or eligible for early intervention services, he may be entitled to receive these services:

- assistive technology/devices and services
- audiology services
- family training, counseling & home visits
- health services
- medical diagnostic services
- nursing services
- nutrition services
- occupational therapy
- psychological services
- service coordination
- social work services
- special instruction (developmental therapy)
- speech/language pathology
- vision services
- physical therapy
- transportation to services

An Individualized Family Service Plan (IFSP) is developed around the EI needs of each baby. EI services may be provided either inside or outside the home.

Early Childhood Special Education (Age 3-5)

Children ages three to five with certain disabilities may be eligible for special education services through the public school district. A list of eligibility categories may be found on page 5 of this section. The caseworker or caregiver can refer the child to the responsible public school district for an evaluation to determine the child's eligibility for special education services. (See page 11.)

Pre-Kindergarten (Pre-K) (Age 3-5)

If a three- to five-year-old child is not eligible for preschool special education, she may be eligible for a pre-kindergarten program offered by your local public school district. School districts are not required to offer pre-K, but many of them do. Pre-K programs include screening, evaluation, education and parent involvement. A history of significant neglect and/or abuse may place a child at risk for school failure and qualify the child for pre-K. The child's caseworker or caregiver will make a referral to the school district.

Head Start (Age 3-5, and sometimes, under 3)

Head Start is a government funded preschool program designed especially for disadvantaged children. The program's goal is to prepare these young children for success in grammar school. Some young children need additional structure and exposure to ideas, people and activities, and Head Start programs can provide these experiences. National research has shown that children who participate in Head Start are more likely to stay in school and graduate.

Head Start programs meet children's emotional, social, health, nutritional and psychological needs. Children with disabilities are also entitled to participate in Head Start programs. Early Head Start programs also serve children under three.

SCHOOL AGE CHILDREN AND EDUCATION

Educational Responsibilities of Caregivers of School Age Children

Caregivers must:

- enroll the child in school *within two school days of placement*. If the child is not attending school by the third day, contact the caseworker;
- provide information and have input into educational planning;
- keep personal information confidential and, when there are questions, consult with the caseworker about what school personnel need to know before disclosing information;
- assist with homework as needed;
- attend parent/teacher conferences;
- pick up and sign report cards;
- alert the caseworker to school, disciplinary and attendance problems, including truancy;
- encourage children to participate in school-related and extracurricular activities;
- understand who can give consents for school-related activities and request consents from the caseworker, if you do not have the authority;
- support the concept of the importance of a good education in word and action;
- act as educational advocates for children and youth in their care with the school, the caseworker and DCFS; and
- be familiar with the educational support and advocacy resources discussed on page 4.

Enrollment in School

Age Requirements

Children aged five or older by September 1 are required by DCFS policy to be enrolled in school. Every child in foster care, at a minimum, is expected to be enrolled in school or training until he or she graduates or reaches age 18. Special educational services are available until the child reaches age 22, if necessary. (Students may, by law, attend school until age 21 or until they receive a diploma.)

Enrollment Deadlines

Caregivers must enroll a child in school as soon as possible after placement or within two days after placement. If the child is not attending school within two days, caregivers must ask the caseworker for help on, or before, the third day following placement. If the caseworker cannot enroll the child by the fifth day after placement, he or she is expected to notify their education advisor or liaison.

School Choice

Usually a child will attend the caregiver’s local neighborhood public school, but not always. For those school districts that offer school choice, the caregiver and caseworker team should make choices based upon the best educational and personal interests of the child. In the case of disagreement over school attendance, the caseworker has the responsibility for determining best educational interests of the child.

Moving Outside the District — Remaining in the Current School

Caseworkers may decide, after careful study, that it is in the child’s best interest to remain in the same school after moving outside the school district. For example: The caseworker of a 17-year-old may decide to keep the student in the same high school and neighborhood where he has lived his whole life to give him a greater chance of graduating.

Tuition

Under the School Code, if the caseworker and DCFS determine that continuing the child’s current school is in her best interest, the school district cannot charge the tuition normally charged to children who do not reside in the district.

Implications for Caregivers:

Clarify which school the child will be attending and the transportation arrangements with the caseworker prior to placement. Work to encourage a team approach with the caseworker for educational decision making.

Transportation

If the caregiver/caseworker team determine that the child should remain at the current school, the caseworker should ask the school district to provide transportation. Unfortunately, the School Code does not require the school district to provide transportation in these cases. Therefore, if the school district refuses to transport, the caseworker must work with you to arrange transportation. The decision of the school district is not subject to appeal.

Private Schools

Students who may be eligible for scholarships, and want to attend private grade or high schools, should discuss their desire with the caseworker. Caregivers who are interested in a child attending a *private school* through a scholarship or by paying tuition themselves on behalf of the child should consult with the caseworker. DCFS does not pay private school tuition, uniform costs, or transportation to and from school. If the caregiver wishes to enroll a child in a religious-based school, consent by the parent for religious instruction must be obtained on the appropriate DCFS form.

Home Schooling

Children in foster care generally may not be home schooled.

Obtaining Records for Children New to Foster Care

The caseworker is responsible for requesting a child's records from the former school or preschool program *within five days after DCFS has assumed custody of the child*. According to the Illinois School Code, the former school has 10 days after receipt of the request to send the child's school record to the new school. If the child is receiving special education services, the caseworker must also see that the child's most recent Individualized Educational Program (IEP) is made available to the new school.

Caregivers will need to obtain the following minimum information from the caseworker in order to enroll their foster child within two days of placement:

- DCFS 906 form;
- certified copy of the child's birth certificate;
- transcript from former school;
- ISBE Student Transfer form from previous school;
- immunization records;
- proof of dental and vision exams;
- a copy of IEP if child is in special education; and
- a copy of the medical card.

Addressing Adjustment/Emotional Problems Early

When a child is having difficulty adjusting within your family or at school, problems can occur in attendance, schoolwork or homework, or behavior at school. Don't wait! Request assessments for the youth from the caseworker if the child's adjustment or emotional problems appear to be causing him/her any type of problem at school.

School Attendance

School-age children must attend school *every day school is in session*, unless they are too ill to attend or have a contagious disease, per DCFS policy.

A child or youth may not be kept out of school:

- as a form of discipline;
- due to behavior problems;
- because he is moving to a new foster family or changing foster placement;
- for the caregivers' convenience, such as baby-sitting younger children or leaving early on vacation;
- for the convenience of the caseworker or agency, such as arranging a visit during the school day to avoid driving in traffic after work or to avoid paying overtime rates; or
- for other reasons not related to their physical or clinical condition.

Exception: Children may be absent from school to attend Administrative Case Reviews (ACRs) and court hearings, if necessary. In either case, the child’s attendance should be to have input and be heard – not to visit with parents or siblings.

Caregivers must:

- make sure school-age children attend school every day, unless they are ill;
- report absences due to illness immediately to the school office;
- request daily classwork and homework assignments, and help the child make them up;
- obtain excused absences from the school, in accordance with school policy;
- request tutoring for ill children from the school district and caseworker during an extended absence;
- notify the caseworker whenever the child has an unexcused absence;
- request all daily class work and homework assignments and assist the child in their completion if the child is suspended for disciplinary reasons. Notify the caseworker and education advisor or liaison immediately; and
- contact the caseworker immediately to request assistance if the child is expelled from school for any reason.

**Not Permitted: Denying Visits
or School Activities
as Punishment**

Children cannot be denied visits or contact with their family by phone, mail, or in person as punishment for school performance. Access to school activities, such as field trips or performing in a school play, cannot be used as a means of punishment for school-related problems.

Attending school every day is very important for a child’s self-esteem and social and educational development.

Truancy

If a caregiver suspects, or is notified by the school that the child in their care is truant, the caseworker must be notified immediately for help in addressing this issue. The caseworker is responsible for tracking and addressing truancy with the involvement of the caregivers.

Homework

Children are given increasing responsibility for homework with each grade level. Make sure you understand how and when your child's teacher assigns homework.

Be sure to:

- check daily to see if the child has homework, has completed it, or needs help;
- help each child with homework, or get him or her the help needed; and
- enforce a “no TV until completing homework” rule.

Parental Notification

Unless parental rights have been terminated, parents have the right to continue to be involved in their child's education and participate in school events. Parents may be notified of disciplinary reports, report cards, school reports, teacher conferences, field trips, honors and awards ceremonies, extracurricular activity performances, school graduation and other school-related activities which are appropriate for any parent's participation.

Responsibilities of Caregivers of Children in Grades K-8

Caregivers should:

- know the school's disciplinary policies and where and how to call in absences;
- regularly communicate with the child's teacher;
- check the child's book bag for notes, homework and things that should not be taken to school. Weapons, or objects that could be perceived or used as weapons, should never be taken to school;
- obtain school supplies or uniforms required by the school or ask the caseworker for help;
- determine the before and after-school activities that the child is interested in and help and encourage her to enroll and attend regularly;
- keep school photos, artwork, report cards and mementos in a Lifebook or file for each child;
- attend parent-teacher conferences and school programs in which the child participates;
- pick up report cards as required by the school and share them with the caseworker; and
- check with the caseworker about tutoring, summer school or a referral for a special education Comprehensive Case Study Evaluation (CSE), if the child is failing one or more subjects or is below grade level.

Responsibilities of Caregivers of High School Students

Caregivers should:

- advocate for the youth's current and future educational needs with the teachers, counselor and school district;
- help the youth enroll in the correct high school classes/programs that:
 - are required for graduation;
 - meet the youth's interests and plans for the future; and
 - match the youth's abilities and fit with his or her goals.

Caregivers of college-bound students should help identify:

- which courses are required for admission to college;
- which courses and activities will most likely help the student get a scholarship; and
- which foreign languages are available.

Caregivers of students who are below grade level in reading or math, should clarify with the school whether or not remedial courses count toward graduation.

Transfer Planning

Enrolling in high school or transferring to a new high school requires careful planning. Caregivers need to be involved with the youth and caseworker in the annual high school plan process.

Caregivers should get written information from the high school, including:

- descriptions of classes or programs offered;
- graduation requirements, including specific required classes and number of credits;
- dress code, showing what is required and/or allowed;
- a list of school fees;
- driver's education requirements and enrollment guidelines;
- disciplinary policies: tardiness to school or classes; truancy from school or cutting classes; disturbances in classrooms, corridors, or on school property; infractions of rules or other behavior problems; and
- where and how to call in absences due to illness.

Caregivers should also help the student determine:

- which credits received at the former school count, or do not count, toward graduation, and plan additional courses so she does not have to lose a year. Or, determine if any substitutions are allowed for any of these requirements;
- whether the student can continue the same foreign language, if desired;
- available elective courses; and
- after these consultations, how many credits are necessary for graduation and when the student will graduate — by age 18, 19, 20, or 21?

General Educational Development (GED)

The high school diploma is preferred. Youth in foster care may only be enrolled in a GED program if they are ineligible to be enrolled in a public school district. A youth is ineligible for regular school enrollment when he or she has been expelled or is over age 19 and cannot graduate by age 21. If your student fits this description, consult with your caseworker and educational personnel about enrolling in an Illinois State Board of Education (ISBE) certified GED program.

Planning for the Future

If the permanency goal for your high school student is independent living or self-sufficiency, educational planning or vocational planning should begin no later than age 14. There are many resources, including DCFS sponsored scholarships, available to children and families to assist students in preparing for educational opportunities after high school. See Section 7, pages 22-29 for DCFS-sponsored Independent Living and Youth Development programs for high school and college youth. The DCFS website www.youthincare.illinois.gov outlines many resources for youth transitioning to adulthood.

SCHOOL EXPENSES

Food and Textbooks

All children in foster care are eligible for the Free School Lunch Program and certain school fee waivers. It is important to request an application for the Free School Lunch Program for each of the children in your care. Once an application for a child in DCFS care is completed, the child must be provided with **free**:

- lunch (including milk) and breakfast (if offered); and
- required textbooks and instructional materials.

Each school district and/or the caseworker can assist you in obtaining these free items or programs.

Common School Fees

School districts have individual policies regarding the waiver of other common school fees, such as:

- graduation;
- yearbooks;
- field trips;
- driver's education;
- school health services;
- prom tickets;
- musical instrument rentals;
- lab fees;
- activity fees; and
- other fees.

If you need help in obtaining or understanding the school district's policy about these, or any other school fees, ask your caseworker and/or agency for help. **The caseworker should clarify the policy and make an appropriate request for reimbursement from the school district, your private agency or DCFS. Ask!**

Summer School Enrollment and Book Fees

If the child in your care is required by the school district to attend summer school, or needs summer school to graduate or advance to the next academic grade level, or is behind, ask the caseworker to request that the school district waive summer school fees for the child. If the school district refuses the caseworker's request, the caseworker should submit a request to DCFS for payment with a copy of the school district's refusal notice.

School Clothes and Supplies

The monthly foster care payment reimburses caregivers for a child's clothes, including school clothes and/or uniforms. DCFS caregivers receive \$50 for school supplies each school year. Private foster care agencies have individual policies about helping caregivers obtain school supplies.

Transportation To and From School

The child's caseworker is responsible for working with the local school district to ensure appropriate transportation to and from school. The child's personal allowance, or any other portion of the foster care payment, is NOT to be used to pay for school transportation.

FREE = Distance

Most school districts are mandated to provide school transportation for students who live 1½ miles or more from their school and who live one mile or more from public transportation.

FREE = Hazardous Conditions

If traffic conditions constitute a serious hazard to the safety of the walking student living within 1½ miles of the school, local school districts may provide *free* transportation. The child's caseworker can ask the local school district to submit an "Application for Determination of Serious Safety Hazard" to the Illinois Department of Transportation (IDOT) to obtain this reimbursement to the school district, thus providing the student free transportation.

FREE = Students with Disabilities

The local school district must provide whatever transportation is necessary for a child with a disability when that transportation will enable the child to benefit from school. Students with disabilities who have "transportation services" included in their Individualized Education Program (IEP), or their Section 504 plan, are to be provided transportation free of charge regardless of the student's distance from school or to public transportation. When transportation services are not provided or the child does not qualify for these services, caregivers are reimbursed for school transportation costs incurred for the child. Caregivers are not required to use board payments or the child's allowance to pay for school transportation for youth in their care.

Tutoring

Sometimes tutoring is needed for children who are having difficulty maintaining satisfactory progress in school, or who miss school due to a temporary condition such as extended illness. *School districts are not mandated to provide tutoring unless tutoring is part of the Individualized Educational Program (IEP) for children receiving special education services.*

If you believe the student needs tutoring, *after consultation with the teacher*, talk to the caseworker. If the caseworker and/or the supervisor disagrees, ask the caseworker to talk to the teacher. The caseworker must request tutoring from the school district. If the school district refuses, the caseworker may request that DCFS purchase tutoring services, upon written recommendation from the teacher. DCFS will pay for tutoring services only after all other resources (i.e. school districts, volunteer programs) have been exhausted.

Caregivers have typically requested tutoring when the child has:

- changed schools and needs remedial help;
- received one or more failing grades;
- been retained one or more academic years;
- had an extended absence from school; or
- been recommended for tutoring by the school.

EDUCATIONAL RECORDS

DCFS requires the caseworker to keep the following educational records in each child's file:

- school report cards or progress notes;
- Education Profile (assessment) (CFS 407-4);
- Scholastic Summary (education plan) section of the Client Service Plan;
- completed Education Report form and Education Records Transfer Request (CFS 407-2);
- Education Report (CFS 407);
- Eligibility Conference reports;
- Individualized Education Program (IEP) (children in special education);
- Individualized Family Service Plan (IFSP) (children aged zero to three in early intervention programs);
- Educational Surrogate appointment letters for children in residential care or the care of the Department of Corrections; and
- Annual High School Academic Plan (CFS 407-HS)

If you have questions about educational plans for the child, ask the caseworker to see the records. Caregivers can be helpful to caseworkers in providing input about children and should be aware of the child's educational plan.

Caseworker Updates

Within 10 days after the child's enrollment and prior to each six month Administrative Case Review (ACR) the caseworker will meet (via phone or in person) with the school, early childhood education program or early intervention program. During this contact, the caseworker will review the instructions for the Education Report Form (CFS 407) and its quarterly completion. The caseworker will also update the education records in the child's case file, discuss any anticipated problems, and facilitate a working relationship with the school.

Implications for foster caregivers: If you would like to be included in these meetings with the school talk to your caseworker. Make sure the caseworker has your input about your child's educational needs.

Confidentiality of Information

Personal information about a child and his or her family is confidential and should be shared only with school personnel and other parties who "need to know" to meet a child's educational needs. Teachers or other school personnel often try to gather as much information about the child as possible to make educational decisions about what the child needs, but much of this information may really not be necessary for them to work with the child. Be sure to discuss and come to a conclusion with the caseworker about what the teacher and school needs to know. Avoid disclosing information that the caseworker feels is confidential. General confidentiality guidelines are contained in Section 8, pages 20-23.

AFTER FOSTER CARE

RETURN HOME



INDEPENDENT LIVING

GUARDIANSHIP

ADOPTION

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OPTIONS FOR CHILDREN AFTER FOSTER CARE

Every foster family's situation and every child's situation is different. A foster family faces an important decision when a child in their care needs a permanent family. Is adoption the way to go? Is becoming a guardian an option? Realistically, caregivers need to understand adoption and guardianship in order to make an informed decision about offering their home as a choice for a permanent family. For some older children, adoption or guardianship may not be possible or preferable. Even caregivers who never intend to adopt or become guardians need to understand all of the options so they can participate as a well-informed member of the child welfare team.

Permanency planning during the time a child is in foster care concludes with the agency or DCFS member of the child welfare team making final recommendations to the juvenile court about the child's "permanent family" when he or she leaves foster care. The juvenile court makes the final decision about who will be the child's permanent family.

The permanent family chosen may be either:

- one or both of the child's birth parents; or
- a relative who will adopt the child or become the child's legal guardian; or
- the child's foster family who will adopt or become the legal guardian; or
- a new unrelated family who will adopt the child.

Returning Home

Being able to safely return home to the family of origin is almost always the preferred permanency option for any child in foster care. Foster families play an important role in helping this happen. Children are returned home by the juvenile court when the parents have corrected the conditions which led to the child being removed. DCFS must provide services for at least six months following the return home to help the family remain stable.

Adoption

If a child is unable to return to the parents, adoption should be considered as the next best permanency option. Adoption gives a child a lifelong family relationship. Adoptive parents are the legal parents of a child, with the same rights and responsibilities as if the child had been born to them. Financial support for eligible children and families is available through an "adoption subsidy." Families who receive adoption subsidies receive financial support

from the state until the child reaches age 18, or until age 19 if still in high school. The department may continue the agreement until the child's 21st birthday if it determines that the child has a physical, mental or emotional disability that is "chronic lifelong," thus warranting the continuation of assistance. Adoptive families may also choose not to receive financial assistance.

Guardianship

Permanent legal guardians, unlike adoptive parents, are not the child's legal parents. Guardians are appointed by the court to make important decisions in the child's life without DCFS being involved in the care, supervision, or custody of the child. Guardianship lasts until the child is 18 years old. Guardians who are eligible for financial assistance receive financial support from the state until guardianship ends at age 18, or age 19 if still in high school. The department may continue the agreement until the child's 21st birthday if it determines that the child has a physical, mental or emotional disability that is "chronic," thus warranting the continuation of assistance. Guardians who qualify for financial assistance may also choose not to receive financial assistance.

Preparation for Independent Living

For older youth, adoption or guardianship may not be the answer. Some teens feel so connected to their birth family that they do not want to be adopted or have a guardian. Pregnant and/or parenting youth may feel ready to have their own family living situation. In these cases, helping a teen prepare for independent living and supporting the transition may be in his or her best interests. Caregivers can be indispensable role models and helpers in guiding these teens through key decisions affecting their futures. Programs preparing youths to live independently are available through DCFS. (See pages 23-31.)

MAKING THE DECISION TO BECOME A CHILD'S ADOPTIVE FAMILY

Overview of Adoption

What is adoption?

Adoption means that the court makes you, or you and your spouse, the legal parents of a child. As the adoptive parents, you have the same rights and responsibilities for your adopted child as you would your birth child. Once a child is adopted from foster care, DCFS is no longer involved or responsible for the care, supervision, or custody of the child. As an adoptive parent, you assume all rights and responsibilities to make important decisions for your adopted child including the right to consent to major medical care and treatment, to marriage, to enlistment in the armed services, etc. Post adoption services are available to adoptive families and are described in detail on pages 7-9.

Who is eligible for adoption?

Children are "*eligible*" for adoption when the court rules that they cannot be returned safely to their birth parents due to parental unfitness on one or more grounds designated by law, and parental rights have been terminated.

Sometimes, the birth parents may decide to voluntarily surrender their parental rights, or consent to adoption, making their child eligible for adoption. In other cases, the parents may be deceased, or after diligent search cannot be located.

What factors are considered in selecting an adoptive family?

In selecting an adoptive family, the caseworker will consider all relevant factors, including but not limited to:

- 1) the wishes of the child;
- 2) the interaction and interrelationship of the child with the applicant to adopt the child;
- 3) the child's need for stability and continuity of relationship with parent figures;
- 4) the child's adjustment to his or her present home, school, and community;
- 5) the mental and physical health of all individuals involved;
- 6) the family ties between the child and the child's relatives, including siblings;
- 7) the background, age, and living arrangements of the applicant to adopt the child;
- 8) a criminal background report of the applicant to adopt the child.

Sibling considerations

Connections to siblings are important to a child's development and the successful transition to the adoptive home. The need for connections often intensifies as the child gets older and those connections can be especially valuable in his or her adult life. Prospective adoptive parents should keep siblings contact at the forefront and be able to provide support for the child and his or her siblings.

When a child is in need of an adoptive placement, the caseworker will attempt to determine whether a sibling has been adopted or placed in private guardianship after being in DCFS care. If so, the caseworker will make a good faith effort to locate the sibling's adoptive parents or guardians to inform them of the child now available for adoption. That family can apply to adopt the child and be considered as a possible placement.

If an adoptive placement with the sibling is not feasible, it still may be in the child's best interest to develop or maintain a relationship with his or her sibling. The caseworker will bring the families together to facilitate a discussion regarding future sibling contact. From that discussion the families will develop the Post Permanency Sibling Contact Agreement. This is a voluntary, non-binding agreement that documents a plan for contact among siblings, and could include siblings who become known after the adoption. The parties may request that the Agreement be modified or terminated at any time. Any and all terms may be modified by agreement of the parties.

Any licensed foster parent who has cared for a child for a year continuously *shall be given preference and first consideration over all other applicants* if the child becomes eligible and they apply to adopt. However, if they do not sign a Permanency Commitment by Foster Parent (CFS 1443), then they do not have standing.

The *court's* final decision about who shall adopt the child must be based on the welfare and best interests of the child, considering, but not being limited to, all of the factors listed above.

What is adoption assistance?

Adoption assistance means that after you adopt a child in your care who is eligible, the state continues to contribute financial and medical assistance for the care of that child. This financial assistance is also called an "adoption subsidy."

Who is eligible for adoption assistance?

Most children who are under the care of DCFS and available to be adopted are eligible for adoption assistance. In order for a child to be considered eligible, DCFS must first have determined that the child cannot or should not be returned to the home of his or her parents, as shown by a court finding that there is at least probable cause to believe that the child has been abused, neglected, or is dependent and that the child is likely to suffer further abuse or neglect, or will not be adequately cared for if returned to his or her parents.

To qualify for adoption assistance the child must also meet certain “special needs” criteria. Children under DCFS care prior to the adoption must:

- be one year of age or older and
- have an irreversible or non-correctable physical, mental, or emotional disability.

or:

- have physical, mental, or emotional disabilities correctable through surgery, treatment, or other specialized services;

or:

- be a member of a sibling group being placed together when at least one of the siblings meets one or more of the above criteria;

or:

- be a child being adopted by adoptive parent/s who have previously adopted, with adoption assistance, another child or children born of the same mother or father.

You may also ask for copies of documentation noting pre-existing conditions from the child’s file for future reference.

Becoming an Adoptive Parent

What do I need to do to adopt a child?

If you believe that the best permanency option for the child in your care is adoption, you should discuss adoption with your child’s caseworker. If the decision is made that it is in the child’s best interest to be adopted by you, the child’s caseworker will tell you what steps need to be taken. The child’s caseworker will give you all of the necessary paperwork to apply for adoption assistance if the child has special needs or otherwise fits the eligibility criteria. You will also have to go to court to have a hearing to legally finalize the adoption. You will need to choose your own attorney to represent you as you adopt a child who is under the guardianship of DCFS. DCFS and private agency staff are not permitted to refer adoptive parents to specific attorneys. However, caregivers may select from a list of attorneys who meet certain qualifications set out by DCFS and who are paid directly by DCFS for serving as adoption attorneys. Ask your worker if you would like a copy of this list. Caregivers who desire to adopt a child from foster care must complete the Adoption/Guardianship Certification Training. The caseworker or the adoption worker will make the referral for the training.

Can I adopt a child not placed in my home?

Caregivers, like anyone interested in adopting a waiting child, should contact the Adoption Information Center of Illinois, 800-572-2390 inside Illinois or 312-346-1516 outside Illinois. Photo listings of waiting Illinois children who are legally free for adoption are available. Like other prospective adoptive parents,

caregivers will be referred to the waiting child's caseworker for more information about the child. Caregivers who are interested in a waiting child living with another caregiver who is unable to adopt, should contact the child's caseworker to get more information and discuss the possibility of adoption.

What background information about the child will I have prior to adopting?

The adoption process attempts to match the individual needs of a waiting child with the skills and abilities of a prospective family. Prospective adoptive parents for a child will be given more and more information about the child as the adoption process progresses.

Ultimately, Illinois law requires that adoptive parents be given background information and medical and mental health histories *prior* to a child being placed with them for adoption. The following information, if known, will be given to adoptive parent/s *in writing*:

- age of birth parents;
- their race, religion and ethnic background;
- general physical appearance of the birth parents;
- their education, occupation, hobbies, interests and talents;
- existence of any other children born to the birth parents;
- information about the birth grandparents; reason for emigrating into the U.S., if applicable, and country of origin;
- relationship between the birth parents;
- detailed medical and mental health histories of the child, the birth parents and their immediate relatives; and
- the actual date and place of birth of the adopted person.

The Adoption Disclosure form (CFS 470-H) must be given to the prospective adoptive parent prior to signing off on any commitment forms. This form will confirm the information that the adoption worker has shared with the prospective adoptive parents.

None of this information will include the last known address of the birth parents, grandparents, the siblings of the birth parents or any other relative of the adopted child. Names, social security numbers and other identifying information about the birth family will remain confidential.

After Becoming an Adoptive Parent

How will my responsibilities and rights change after adoption?

As the child's adoptive parent you will make all decisions in matters having an effect on the life and development of the child, just as you would for a child who came to you by birth.

How will the birth parent/s be involved in the child's life?

The birth parents' rights are legally terminated prior to the adoption. Therefore, the birth parents have no legal rights to the child. Any further contact between birth parents and the child is up to you, as the child's adoptive parents. You and the adoption worker should discuss how to manage the connection to the child's family in a manner that will benefit the child and your new family. You will be asked to consider keeping the child connected with any siblings after the adoption has been finalized.

How will the child's siblings be involved after the adoption?

If the adoptive family developed a Post-Permanency Sibling Contact Agreement, they will follow that plan. It may include visits with siblings placed with other adoptive parents or adult siblings. The Agreement can also be changed if all parties agree to new circumstances. Adoptive families may be contacted and considered for placement if a new sibling comes to the attention of DCFS. The goal is not to dictate, but to cooperatively and proactively protect the connections that are vital to a child's emotional development.

Will I receive services from DCFS after I adopt?

Illinois provides extensive post adoption and guardianship services to families. The department wants families to not just survive, but to thrive. The booklet on post adoption and guardianship services describes the services available. Your caseworker should provide you with a copy. You may also ask your post-adoption worker for a copy of the booklet.



You will receive the following services when you adopt a child from DCFS:

- the services and payments specified in the adoption assistance agreement; and
- available post adoption services, which include: crisis intervention, a toll-free information and referral number, individual and family therapy, family and child support groups, adoption and guardianship preservation services, non-identifying information, search and reunion services, advocacy and other specialized services needed by the family to ensure that the adoptive relationship is maintained.

These services are detailed on pages 15-16 of this section.

What kind of financial assistance will I receive as an adoptive parent?

If you enter into an adoption assistance agreement, you will receive the services and payments listed in the adoption assistance agreement.

Types of adoption assistance payments and services include:

- non-recurring expenses such as legal fees and court costs to complete the adoption may be paid directly or reimbursed;
- counseling or therapy costs not payable through private insurance, Medicaid or other publically funded resources;
- a Medicaid card for the child;
- payments for physical, emotional and mental health needs that are not paid for under Medicaid through public resources or private insurance for conditions whose onset was established prior to the adoption;
- regular day care up to age three;
- therapeutic day care;
- an ongoing monthly payment of the same amount that would have been received if the child stayed in foster care, until the child reaches age 18, or 19 if the youth is still in high school. The department may continue the agreement until the child's 21st birthday if it determines that the child has a physical, mental or emotional disability that is "chronic lifelong," thus warranting the continuation of assistance; and
- DCFS Scholarship: Your adopted child is eligible to apply. (See page 27).

What if I have a problem with the amount of adoption assistance?

When an ongoing monthly payment is part of the adoption assistance received by the adoptive family, the payment shall be the same amount that would be received if the child was in foster care. Adoption assistance payments may be adjusted based on qualifying and properly-documented changes in the child's needs, but payment will not be decreased. The payment will follow the amounts set for the type of substitute care that would be appropriate for the child if he or she were still in foster care. Adoptive parents' income and any benefits the child receives after the adoption, such as inheritance, scholarships, or income from a part-time job are not to be considered in determining the amount of the payment.

Because the adoption assistance agreement will be reviewed every year, you will have the opportunity to discuss any problems you have with the assistance being provided by DCFS. Requests for a review can be made by the adoptive parents at any time by calling the Adoption Support Line as listed on page 15.

When can the adoption assistance be reissued or transferred?

When a child for whom adoption assistance was being received is orphaned due to the death of his or her adoptive parents, or when a court terminates an adoptive parents' parental rights, an adoption agreement can be entered into with new adoptive parents. The child continues to be eligible for adoption assistance if adopted again. However, it is important to realize that the subsidy must be approved before the adoption is finalized.

What if I find that I need help with the child?

Because counseling or therapy can be part of an adoption assistance agreement, they can be used when difficulties arise. These services can be paid through Medicaid, private insurance or as negotiated by the agency business office. DCFS may pay for physical, emotional and mental health needs not wholly payable through public or private insurance or other public resources. However, these must be needs associated with or resulting from a medical condition/s whose onset has been established prior to the adoption. In addition to health benefits payable through the Medicaid card, DCFS may pay for counseling or therapeutic day care for the child, if agreed to prior to the adoption.

Your case will be assigned to an adoption unit at DCFS that will review the subsidy agreement. You will be able to contact this unit when you encounter difficulties with private health insurers, community resources and/or Medicaid.

What if there is a problem with the adoption later on?

The adoption of a child establishes lifelong rights, duties and obligations. Adoption creates a legal relationship like the parental relationship established when a child is born into a family. Adoption is not to be entered into lightly and without thought. DCFS may assist you with difficulties that arise in the future and refer you to appropriate resources. You must weigh your decision to adopt carefully before making a lifelong commitment to your child.

If there is a problem that cannot be resolved through the provision of post-adoptive services, then court action may become necessary. You need to understand that once you become the adoptive parent, it is as though your child had been born to you. Therefore, your adoptive child would have to be found by the court to be abused, neglected, or dependent in order to have DCFS again assume legal responsibility for the child.

Adoption is a permanent, lifelong commitment to a child.

MAKING THE DECISION TO BECOME A CHILD'S GUARDIANSHIP FAMILY

Overview of Guardianship

What is guardianship?

Guardianship means that the court appoints you as the child's legal guardian. It differs from adoption because the birth parents' rights do not have to be terminated in order to appoint a guardian. When you are appointed guardian of the child, DCFS will not be involved in the care, supervision or legal custody of the child. However, the court will retain jurisdiction until the child reaches the age of 18. As guardian, you assume the rights and responsibilities to make decisions in matters having an effect on the life and the development of the child. Families becoming guardians of children in the care of DCFS may receive subsidies that include financial assistance, as well as services and resources described in detail on pages 13-14.

Guardianship lasts until the child reaches the age of 18 years. The permanency options of return home and adoption must have been ruled out for a child to be considered for guardianship. The child's parent(s) may consent to the guardianship arrangement and if they do not consent, they will be given notice of their opportunity to object in court unless their parental rights have been relinquished or terminated.

Who is eligible for guardianship?

Guardianship can be considered for children who have been living in the home of a licensed relative foster family for a period of six consecutive months. The relative home must have been licensed for the entire six month period. The goals of return home and adoption must also have been ruled out prior to pursuing a goal of guardianship.

The child should have a strong attachment to the potential guardian and the guardian should have a strong commitment to the child. Children of all ages may be considered for guardianship if they have lived with a licensed relative foster family for six months. Siblings who otherwise would not be eligible for guardianship may also qualify if they have a brother or sister in the same home that does meet the criteria.

For children living with foster families that are not relatives, with documentation and approval, DCFS could determine that subsidized guardianship is in the best interest of a child who is 14 years or older. The child 14 years and older must also have been living with the licensed non-relative for a period of six consecutive months for the guardianship to be considered.

There is a sibling exception for the siblings who otherwise would not be eligible for guardianship, if they live in the same house as a brother or sister who is

eligible for guardianship. However, the exception only applies for siblings living in relative foster homes.

What is subsidized guardianship?

In 1996, the State of Illinois received special permission from the federal government (called a waiver) to institute a subsidy for guardians in certain circumstances. Subsidized guardianship means that you become the **permanent legal guardian** of the child in your care as described above and **the state contributes financial assistance** (a subsidy) for the care of the child. The subsidy continues until the child reaches 18, or 19 if still in high school. The department may continue the agreement until the child's 21st birthday if it determines that the child has a physical, mental or emotional disability that is "chronic," thus warranting the continuation of assistance.

Experiences of guardianship families in Illinois and the early pilot subsidized guardianship resulted in federal legislation called the Fostering Connections to Success and Increasing Adoptions Act of 2008. This legislation ended the waiver demonstration project and launched the program KinGAP (Kinship Guardianship Assistance Payment) which Illinois implemented in November of 2009.

Important differences of KinGAP from the original waiver program:

1. KinGAP is available to any child in licensed, relative homes, while the Subsidized Guardianship waiver randomly selected children to be in a demonstration group to be eligible for subsidized guardianship, regardless of the licensing status of the proposed guardian;
2. a child must have lived in a licensed relative home for six consecutive months versus the 1 year requirement of the subsidized guardianship waiver, which had no licensing requirement; and
3. KinGAP is restricted to relative homes according to the federal government, however, Illinois is making an exception for youth 14 years of age and older to be considered for guardianship with licensed non-relatives.

Becoming the Legal Guardian

What do I need to do?

If returning home and adoption have been considered and determined not to be the best match for permanency and you would consider becoming a legal guardian, contact the child's caseworker to discuss the possibility of guardianship.

If you and the caseworker agree that it is best for you to become the child's legal guardian, the caseworker will tell you what steps must be taken. The final step is going to court with the child for a hearing to legally transfer the guardianship from DCFS to you.

How will my responsibilities and rights change as the legal guardian?

You will have more responsibility for decision-making in those matters having an effect on the life and development of the child, including the right to consent to marriage, major medical treatment and enlistment in the armed services. If the birth parent/s' rights have not been terminated, they retain the rights to visit the child and to consent to the adoption of the child. DCFS will no longer be involved. However, post guardianship services are available throughout the state for guardianship families. These services are highlighted on pages 13-14.

How will the birth parents be involved in the child's life after guardianship?

If the birth parents' rights have not been terminated, they have the right to visit their child, unless a court orders against visits. Birth parents also have the right to petition the court to have the child returned to them.

The guardian will have input into how the visits are structured, but cannot prevent visits from happening. The visitation schedule can be worked out between the birth parents and you. If the guardian and the parents cannot work out a visitation schedule, one of the parties may wish to seek court involvement. If you believe that it is in the child's best interests not to visit the birth parents, you should address this during the court proceedings naming you the legal guardian of the child.

It is your responsibility to ensure the child's safety and well-being during parental visits. It will be up to you to determine if parental visits need to be supervised or whether or not the child can be alone with the parent/s. You and the child's caseworker should alert the court prior to your appointment as the child's legal guardian if you have concerns about your ability to control or supervise parental visits. Please understand that, as guardian of the child, you are responsible for the child and if abuse or neglect occurs during a parent's visit, a child abuse/neglect report can be made and you may be held responsible. A good relationship with the birth parents can be of great benefit to you and to the child. Children who continue to have contact and a relationship with their birth parents generally have a strong loyalty to them.

In addition to the right to visit and to petition the court for a return home, birth parents have the right to consent to any subsequent adoption of their child.

How will the child's siblings be involved after taking guardianship?

If a placement with the sibling is not feasible, it still may be in the child's best interest to develop or maintain a relationship with any siblings. As the case moves toward completing the guardianship, the caseworker will bring the prospective guardian and other relevant adults together to facilitate a discussion regarding future sibling contact. From that discussion the families will develop the Post Permanency Sibling Contact Agreement. This is a voluntary, non-binding agreement that documents a plan for contact among siblings, and could include siblings who become known later. The parties may request that the Agreement be modified or terminated at any time. Any and all terms may be modified by agreement of the parties.

After Becoming a Guardianship Family

Will I receive services from DCFS after becoming a guardianship family?

Illinois provides extensive post adoption and guardianship services to families. The department wants families to not just survive, but to thrive. The booklet on Post Adoption and Guardianship Services describes the services available. Your caseworker should provide you with a copy.

After taking guardianship of a DCFS child you will receive the following services:

- the payments and services specified in the guardianship subsidy agreement; and
- available post guardianship services, including: crisis intervention, a toll-free information and referral phone number, family therapy, family and child support groups, adoption and guardianship preservation services, non identifying information and search and reunion services, advocacy and other specialized services needed by the family to ensure that the guardianship relationship is maintained.

Details of these services are described in the Post Adoption and Guardianship Services booklet, referenced above.

What kind of financial assistance will I receive as a guardian?

If you enter into a subsidized guardianship agreement, the subsidy amount can be up to the same amount that would be received if the child was in foster care. Because the subsidy amount will be reviewed every year, you will have the opportunity to discuss any problems you are having with the resources being provided by DCFS.

- payment for legal expenses to transfer the guardianship from DCFS to you;
- counseling or therapy costs not payable through private insurance, Medicaid or other publicly funded resources;
- a Medicaid card for the child;
- payments for physical, emotional and mental health needs not paid for under Medicaid, through public resources or private insurance for conditions whose onset was established prior to the guardianship;
- regular day care for children up to age three;
- therapeutic day care;
- an ongoing monthly payment of up to the same amount that would have been received if the child stayed in foster care, until the child reaches age 18, or 19 if the youth is still in high school. The department may continue the agreement until the child's 21st birthday if it determines that the child has a physical, mental or emotional disability that is "chronic," warranting the continuation of assistance; and

-
- when the guardianship ends at age 18, the child can still apply for the DCFS Scholarship. (See page 25). Children who are receiving subsidized guardianship assistance may apply for a four-year college scholarship awarded by the department on a competitive basis. A limited number of scholarships are awarded by the department each year to high school or high school equivalent graduates. Youth who enter into subsidized guardianship or are adopted from foster care after attaining age 16 are eligible to enter the Education and Training Voucher (ETV) Program.

What if I have a problem with the subsidy?

Guardianship subsidies may be increased based on changes in the child’s needs, but payments will not be decreased. The subsidy amount will be up to the same amount that would be received if the child was in foster care. The guardian’s income as well as any benefits the child receives after entering guardianship, such as inheritance, scholarships, or income from a part-time job are not to be considered in determining the amount of the payment.

The subsidy will be re-certified annually. On the re-certification notice, which comes by mail, there is a place where caregivers can indicate if any changes have occurred. In addition, parents are encouraged to contact the Adoption Support Line at the number listed on page 15 any time a child’s service needs change. Subsidies can be amended to add additional services, such as counseling or day care. If there is a need for broader review, caregivers can request a review by the Post-Adoption and Guardianship Services Review Committee. You will have the opportunity to discuss any problems you are having with the amount being provided by DCFS. Requests for a review can be made by the guardian at any time by calling the Adoption Support Line listed on page 15.

**Subsidized Guardianship:
Additional Help for Your Family**

What if I find I need help with the child?

Because counseling or therapy can be part of a subsidized guardianship agreement, they can be used when difficulties arise. DCFS may pay for physical, emotional and mental health needs not wholly payable through public or private insurance or other public resources. However, these must be needs associated with or resulting from a medical condition/s whose onset has been established prior to guardianship and identified in the subsidy.

In addition to health benefits payable through the Medicaid card, DCFS may pay for counseling or therapeutic day care for the child, if agreed to prior to the transfer of guardianship.

Your case will be assigned to an adoption and guardianship unit at DCFS that may review the subsidy. You can call this unit at anytime if you have questions or problems regarding the subsidy. You can also contact this unit when you

encounter difficulties with private health insurers, community resources and/or Medicaid. Additionally, adoption and guardianship preservation services may be available if you encounter problems which threaten the continuation of the guardianship arrangement.

What if there is a problem with the guardianship arrangement later on?

Depending on your family's circumstances, it is possible you may encounter a problem that cannot be resolved through post-guardianship services. You need to understand that once you become the guardian, you are solely responsible for the well-being of the child in your care. A child for whom you have been appointed guardian would have to be found by the court to be abused, neglected, or dependent in your care in order to have DCFS again assume legal responsibility for the child, or you would have to petition the court to be relieved of your responsibilities as guardian.

What if I change my mind about being the guardian of the child?

Subsidized guardianship is considered a permanent living arrangement. It should not be entered into lightly. Though the court and DCFS may assist you when and if difficulties arise after you are named the child's legal guardian, you should carefully weigh the decision to become the child's guardian before making the commitment to the child in your care.

Services Available to Adoptive and Guardianship Families

Families wanting to adopt or become guardians often wonder what services will be available to them and their children after they become legally responsible for foster children. Some families may have even heard that services are available, but may not know how to request them. This section highlights what types of services are available and how to find them. The Post Adoption and Guardianship Services booklet describes these services in detail. Your caseworker should provide you with a copy. It is also available on the DCFS website: www.DCFS.illinois.gov.

Families that adopt or move to guardianship can also call the DCFS Adoption Support Line. The Adoption Support Line allows all adoption-related calls to come to a centralized location. During the move to adoption, a caregiver may be in close contact with the adoption worker. After finalization, sometimes years down the road when there is a question about a subsidy or a new need for services, caregivers may not know who to call. Now they can call support line for answers. Trained responders with adoption experience will be able to answer questions or direct calls for follow up.

The Adoption Support Line has extended hours so caregivers can call outside of the regular business day. Operating hours are from 8:30 a.m. to 8 p.m. (Monday through Thursday) and 8:30 a.m. to 5 p.m. on Fridays.

Adoption Support Line: 888-96-ADOPT

Calls requiring a normal response will be routed to the assigned caseworker and supervisor for follow-up to occur within 24 business hours.

Subsidies

Subsidy agreements are entered into prior to the adoption or the approval of guardianship and begin after the adoption is finalized or guardianship is transferred. After the adoption or guardianship is finalized, families are eligible for other types of services provided through DCFS.

Information on an existing adoption or guardianship subsidy can be obtained from the subsidy worker at these DCFS offices.

Information on the Birth Family

Non-Identifying Information and Search and Reunion Services

Adult adoptees, adoptive parents of children under 21 and birth families can contact the Midwest Adoption Center at 847-298-9096 for non-identifying information from their adoption files and/or to seek search and reunion services.

Adoption Registry

The Illinois Department of Public Health operates an Adoption Registry for adult adoptees and birth parents to record their names with the Registry for the purpose of sharing identifying information. For information to be shared, both the adult adoptee and the birth parent must be registered. The Adoption Registry includes a Medical Exchange. If a medical information form is completed by any party to the adoption, the \$40 registration fee is waived. Call the Midwest Adoption Center at 847-298-9096 for information.

Education Resources

Youth formerly under DCFS care who are now adopted or living with guardians are eligible to apply for the DCFS Scholarship program. See page 25 for more information. More information is available in Section 6, page 4. Additional information is available on the DCFS “Get Goal’d” website, www.youthincare.illinois.gov, dedicated to older youth.

Preservation Services

Sometimes, families may feel they need support in resolving child or family-related issues that are threatening the adoption or guardianship. “Preservation services” are available statewide to assess a family’s needs. They offer crisis intervention, individual and family therapy, family and child support groups, advocacy and other specialized services aimed at preserving the adoption or guardianship. Families who privately adopted a child or adopted through another adoption agency may also be eligible for these services. The agencies that provide preservation services are listed in the Post Adoption and Guardianship Services booklet. For more information, call the Adoption Support line at 888-96-ADOPT.

ADOPTION OR GUARDIANSHIP?

Which is Better for the Child and Our Family?

Children need to feel secure to develop in a healthy way. Two important ways that children can feel more secure are through their family's ability to operate independently without feeling that someone could easily disrupt the family and by providing certainty that they will remain together as a family for life—having a *permanent* family and home. Without permanency, children often experience doubt, uncertainty and hesitancy about where they belong and who is going to care for them. A secure home and a family committed to caring gives the child a sense of attachment which is needed to promote healthy growth and development.

Even if you are willing to raise the child in your care until adulthood, unless you have *legal* responsibility for the child, your family situation cannot be considered “permanent.” For example, if the child welfare system continues to maintain *legal* responsibility for the child instead of you, then the child's caseworker must continue to monitor the care of the child. The court will continue to review your case, and there is always the possibility that the child will be removed from your family. Legal permanency allows the child welfare system and the court system to close the child's case and allows your family to raise the children and make important decisions for them without state intrusion. With *legal* permanency, children feel a sense of security.

In order for a child to be adopted, the birth parents' rights must be legally terminated or surrendered. This means that the birth parents' rights are *permanently* taken away. If you choose to become the legal guardian of the child, the birth parents' rights do *not* have to be terminated and the child could someday be returned to them.

Not every foster family adopts children or becomes a legal guardian, but many do. In fact, the majority of the children adopted in Illinois are adopted by their foster family. While adoption and guardianship provide you with many of the same rights (for example, enrolling the child in school, consent to major medical care, etc.), adoption is a lifelong legal relationship. The legal relationship with guardianship ends when the child turns 18 and is considered an adult. However, both adoption and guardianship allow for lifelong emotional ties and relationships.

Your caseworker and the rest of the child welfare team can help determine what is the best permanent home arrangement for the child in your care. The best way to help make this decision is to tell your caseworker everything you know about the child and keep in mind what you truly believe to be in the child's best interest for future care.

The following pages may help you and your family decide your role in the future of the child in your home.

The following series of questions may help you think through what might be best for the child in your care:

	Yes	No
1. If the child/ren cannot return home to their parent/s, the best long range plan is for them to stay with me.	<input type="checkbox"/>	<input type="checkbox"/>
2. I am interested in caring for the child/ren without caseworker intervention.	<input type="checkbox"/>	<input type="checkbox"/>
3. I am capable of caring for the child/ren without caseworker intervention.	<input type="checkbox"/>	<input type="checkbox"/>
4. I have the support from family, friends, community, etc. that I need to raise the child/ren.	<input type="checkbox"/>	<input type="checkbox"/>
5. I am willing and able to work with the school to address the child/ren's needs.	<input type="checkbox"/>	<input type="checkbox"/>
6. I am willing and able to manage visits/relationships between the parent/s and child/ren to ensure the child/ren's safety. (Note: This is only a consideration for <i>guardianship</i> when parental rights have not been terminated. When a child is adopted, the adoptive parents may decide if a child will have contact with their biological parents.)	<input type="checkbox"/>	<input type="checkbox"/>
7. I am willing and able to continue providing a safe and stable home environment for the child/ren.	<input type="checkbox"/>	<input type="checkbox"/>
8. I am confident in my ability to manage family issues such as illness and child-rearing problems.	<input type="checkbox"/>	<input type="checkbox"/>
9. I do not have health conditions that would significantly limit my ability to care for the child/ren.	<input type="checkbox"/>	<input type="checkbox"/>
10. I am willing to accept the subsidy payment in lieu of my current payment/s.	<input type="checkbox"/>	<input type="checkbox"/>
11. I am aware of the services available in the subsidy agreement and am willing to accept those services to meet the child's needs.	<input type="checkbox"/>	<input type="checkbox"/>
12. The child is well integrated into my family.	<input type="checkbox"/>	<input type="checkbox"/>
13. I am willing to pursue adoption for the child/ren.	<input type="checkbox"/>	<input type="checkbox"/>

- If your answers to all of the previous questions were "yes," then *most likely* you should discuss adopting the child with your caseworker.
- If you answered "no" to number 13, then you should discuss being named the child's legal guardian with or without receipt of a subsidy.
- If several of your answers were "no," your caseworker will discuss other options for the child.

Please also consider the following if your answer to number 13 was “no”.

- | | Agree | Disagree |
|---|--------------------------|--------------------------|
| 1. The child does not want to be adopted (age 14 and over). | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I do not want the birth parents’ rights to be terminated. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I am separated and do not want to obtain a divorce.* | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I am uncomfortable with changing our family relationships. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I do not want the child to be my heir. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I feel too old to adopt. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I am hopeful that the birth parent/s will ultimately get the child back. | <input type="checkbox"/> | <input type="checkbox"/> |

Your caseworker can discuss your answers to the above statements and help you determine whether adoption would be best for the child.

* If you are separated, but not divorced, you may be eligible to adopt a child if you have been separated more than one year (*DCFS Procedure 402*).

What Are the Differences Between Adoption and Guardianship?

	Adoption	Guardianship
Legal Status	<p>Birth parent/s' rights are voluntarily relinquished or involuntarily terminated.</p> <p>The adoptive parent/s is given all the rights and responsibilities that once belonged to the birth parent/s.</p> <p>When the adoptive parents are married, both spouses must adopt unless separated for more than a year.</p> <p>Adoption is a permanent, lifelong, legal relationship.</p>	<p>Birth parent/s' rights may or may not be voluntarily relinquished or involuntarily terminated.</p> <p>Guardian is given legal responsibility for the child and assumes the rights of care, custody, and supervision of the child.</p> <p>When married, either one or both spouses may be named guardian.</p> <p>The birth parent/s retain "residual rights" when parental rights have not been relinquished or terminated. These rights include: visitation, consent to adoption, choice of religion and the right to claim the body of a deceased child.</p> <p>The court makes all decisions regarding the transfer of guardianship, but the birth parent/s can request that guardianship be taken away from the caregiver and that the child be returned to their care if parental rights have not been terminated.</p> <p>If the birth parent/s' parental rights are terminated the guardian may legally adopt the child with DCFS' help.</p>
Decision Making	<p>All decisions are made by the adoptive parent/s.</p>	<p>Major decisions regarding school, medical treatment and consent for most other major life decisions are made by the guardian.</p> <p>Birth parent/s retain important rights, e.g., choice of religion, visitation and consent to adoption when parental rights have not been relinquished or terminated.</p>

	Adoption	Guardianship
Financial Assistance	<p>The adoptive parent/s, whether receiving a subsidy or not, are financially responsible for the support of the child. Financial assistance is available for the adoption of many department children. See page 8 for details.</p> <p>Note: Adoption assistance and subsidized guardianship ongoing monthly payments are the same as the foster care board payments that were received while the child was in foster care.</p>	<p>A guardian, whether receiving a subsidy or not, is financially liable for the support of the child. Financial assistance is available for eligible children. See page 13 for details. The guardian is responsible for financially supporting the child until DCFS stops the subsidy payment and the court vacates guardianship (whichever event happens last). If the birth parent/s' rights have not been terminated they can be held responsible to contribute to the financial support of the child.</p>
Relationship with the Birth Parent/s	<p>The adoptive parent/s have the right to determine if the child will have any relationship with the birth parent/s.</p>	<p>If the birth parent/s' rights have not been terminated, they have the right to visit the child unless a court orders no visits. The guardian will have input into how the visits are structured, but can not prevent visits from occurring. If the guardian and the parent/s can not work out visitation scheduling, one of the parties may wish to seek court involvement. Birth parent/s also have the right to petition the court to have the child returned to them.</p>
Child's Legal Name	<p>The adoptive parent/s determine the child's legal name.</p>	<p>Usually the child retains his/her own legal last name.</p>
Inheritance	<p>An adopted child has all of the same rights as birth children when the adoptive parent/s does not have a will. Otherwise, inheritance rights are established through a valid will as they are for birth children.</p>	<p>The child has no rights of inheritance from the guardian unless the child has been included in the guardian's will.</p>
Consent of the Child	<p>A child who is 14 years of age or older must consent to his/her own adoption.</p>	<p>A child who is 14 years of age or older must consent to the transfer of guardianship from the department to an individual. In addition, a child who is 13 years of age or older can petition for a change of guardianship.</p>

	Adoption	Guardianship
Death of Adoptive Parent/ Guardian or Termination of Adoption/ Guardianship	A child adopted with adoption assistance remains eligible for adoption assistance when he/she is orphaned due to the death of his/her adoptive parent/s or when a court terminates the adoptive parent/s parental rights. He or she can continue to receive adoption assistance if adopted by someone else.	A child that moves to subsidized guardianship under KinGAP does not retain eligibility for a subsidy in a subsequent guardianship.
Returning a Child to DCFS	An adopted child would have to be found by the court to be abused, neglected or dependent in order to have DCFS again assume legal responsibility for the child.	A child for whom an individual has been named guardian would have to be found by the court to be abused, neglected or dependent or other good cause must exist in order for DCFS to again assume legal responsibility for the child. Or the guardian or other interested party would have to petition the court to have the guardian relieved of the responsibility of guardianship.
<p>Both adoption and guardianship are evidence of strong commitments to children. The commitment entered into by adopting a child is one that lasts for a lifetime. Although guardianship legally ends when the child reaches adulthood, most legal guardians enter into this commitment intending it to be a lifetime relationship. Thus, adoption and guardianship are commitments to be taken seriously by caregivers.</p>		

PREPARING YOUTH IN FOSTER CARE FOR INDEPENDENT LIVING

Overview of the Independent Living Option

Why would “independence” be chosen for a foster youth, instead of adoption or guardianship?

A permanent family for older foster youth may not be possible, or in the best interests of the youth. Independence can be chosen for a youth over age 15, only after returning home, adoption and guardianship have been ruled out. Sometimes, older youth do not want to be adopted or have a guardian because they are very connected to their own family. Pregnant and/or parenting teens may feel ready to establish their own family living situation.

Specific guidelines for choosing “independence” for a youth over age 15 are:

- return home, adoption and guardianship have been ruled out; and
- the youth shows that he or she is capable and willing to care for him or herself, become economically self-sufficient and/or is establishing a family of their own; or
- a child who has a physical or mental disability demonstrates the ability, capability and willingness to care for themselves with proper support; and
- the child demonstrates the ability to achieve and maintain progress towards independence through continued cooperation with the service plan; or
- the court has ordered a permanency goal of independence, where the minor over age 16 will be in substitute care pending emancipation.

What can caregivers do to help transition youth to independent living?

Youth face many challenges in leaving foster care. Caregivers can help kids make the transition between foster care and being independent less scary and lonely by providing personal help and support to youth in making key personal and educational decisions. Experiences provided in the home can help and support youth in learning skills they will need to live independently. Caregivers can also be helpful in connecting foster youth to agency or DCFS-sponsored support programs and scholarships, as well as other educational or personal supports offered outside the child welfare system. Several PRIDE In-Service training modules are available to caregivers to help them parent teens in foster care. Contact the DCFS Office of Training at www.dcfstraining.org.

Caregivers can also encourage youth to develop and maintain family relationships. If the young person has siblings in DCFS care, he or she will be included in developing the Visitation and Contact Plan when it is clinically appropriate. The caseworker will assist the youth in connecting with siblings who are not in DCFS care and help obtain transportation for sibling visits.

What services will youth receive from DCFS or the private agency?

When a youth reaches the age of 14, the DCFS or private agency caseworker will meet with him or her to complete a life skills assessment. The life skills assessment is a tool designed to help caseworkers review a youth's knowledge and skills related to subjects such as money management, health and safety, job seeking and retention, nutrition, housing, education and similar activities.

Based on the results of the assessment, a transition plan is developed to guide the youth and the caregiver on what the youth can do to improve knowledge and skills needed to live on her own. This plan becomes part of the youth's overall client service plan and will be reviewed at future administrative case reviews.

A wide variety of supportive services are available to youth depending on his or her needs either directly through the department or through a referral to a community resource, including the following:

- **Life Skills Class:** available for youth who require more structured skills training; generally appropriate for youth aged 16 or older. Some of the areas covered include renting an apartment, seeking legal advice, shopping for the best bargain and choosing a roommate. Decision-making skills are also emphasized;
- **Educational Supports:** tutoring, GED preparation, scholarships;
- **Job-related Services:** vocational training, job placement, etc.;
- **Recreational Events and Workshops;**
- **Support Groups:** Youth in Care Network, Youth Advisory Board; and
- **Independent Living Placements:** Supervised Independent Living Program, Youth in Transition Program, Youth in College Program.

DCFS-Sponsored Youth Development Programs

Youth in Transition (YTP)

The Youth in Transition Program (YTP) provides transition services and cash maintenance stipends to youth who are in the care of the department, capable of living on their own, and age 17 or over (16 with a high school diploma or GED). They must also be approved for either the Youth in Employment (YIE) or the Youth in College Program (YIC). The purpose of these programs is to motivate and empower youth in transition into economic independence and maturity.

Eligibility for YIE

- the youth must be 17 years of age, but not yet 21;
- the department must have court-ordered legal responsibility for the youth;
- no room and board payments are being made on their behalf;

-
- the youth must have received basic independent living skills training and achieved minimal readiness for independent living as demonstrated through a Daniel Memorial Life Skill Assessment administered within six months prior to the youth applying for the YIE;
 - all other monetary benefits for which the youth is eligible must be applied for; and
 - youth must be employed and working a minimum of 20 hours per week.

Cash Benefits to the Youth

The Youth in Employment Program provides transition services and a cash maintenance stipend each month. Youth in Employment Program services and stipend will be terminated when the youth is legally emancipated, has completed 24 months in the program, reached 21 years of age, has successfully completed service agreement tasks and achieved the permanency goal, or fails to meet continued requirements of the program. See Appendix F of Procedures 302 for program financial provisions. Contact your caseworker or agency about the YIE program. Details may also be found on the DCFS-sponsored website: www.youthincare.illinois.gov.

Youth in College/Vocational Training Program

The Youth in College Program (YIC) provides supplemental services and cash maintenance payments to youth for whom the department is legally responsible and who are enrolled full-time in college or other post-high school education programs.

Benefits:

- youth may choose to attend an accredited vocational school, four-year college or community college;
- a monthly grant in the amount of \$471 is provided each month for up to four (4) years. Direct deposit is strongly recommended;
- medical cards are provided to Illinois students until participants reach 21;
- reimbursement is available for books not covered by financial aid;
- transition managers are available for assistance;
- benefits are available until the earlier of four (4) years, or the semester of the youth's 23rd birthday; and
- the youth is eligible for a one-time start up funding in the amount of \$200 to be used for initial living expenses.

Eligibility Requirements:

To be eligible, the youth must:

- be under DCFS' guardianship;
- have high school diploma or GED certificate or be enrolled as a full-time student in an accredited university or a vocational training program;
- complete the CFS 449 (Youth in College/Vocational Training Program application);
- be at least 16 years old and not yet 21;
- maintain at least "C" average each semester;
- maintain full-time status (12 hours fall & spring, 6 hours in summer, or an approved summer internship). Enrollment will be verified through the National Student Clearinghouse;
- submit class schedule at the start of each semester and grades at the end of each semester;
- report any change of address promptly to the Business Office by fax at 309-693-5433; and
- apply for financial aid every year to cover tuition or room and board costs.

Community College Payment Program

The Community College Payment Program allows youth under DCFS guardianship enrolling in an Illinois community college the opportunity to have their in-district tuition, fees, and books paid for by DCFS if they are not paid by financial aid grants. Payment requests can be submitted for vocational training programs that are part of the community college curriculum. **Requests for out-of-district and prior fiscal years' tuition will not be approved.**

Benefits:

- payment of in-district community college tuition, fees, and books not covered by financial aid grants for a maximum of 4 semesters; and
- services and assistance as required from the caseworker and/or department education advisors.

Eligibility Criteria:

To be eligible, the youth must:

- be under DCFS' guardianship;
- be accepted for enrollment by an in-district community college;
- not use his/her four semesters of payments;
- maintain a "C" average; and
- apply for financial aid through FAFSA, designating the community college to receive funds and must complete all requested documentation from the school's financial aid department. FAFSA funding is to be used before requesting payment from DCFS.

DCFS Scholarships

DCFS provides a medical card, monthly maintenance payments and tuition waivers if the recipient attends an Illinois state university.

Benefits:

- an award in the amount of \$471 is provided each month for up to four (4) years. Direct deposit is strongly recommended;
- a medical card is provided to Illinois students until the earlier of four years or age 23;
- a tuition waiver is available to any Illinois state-funded community college or university;
- reimbursement of the cost of books not covered by financial aid is available;
- education advisors and transition managers will render assistance as needed; and
- benefits are available for four (4) years, or the date on which the participant receives a bachelor's degree.

Eligibility Requirements:

- youth who are at least 16 years old, but not yet 21 on the scholarship application deadline date of March 31 of the current year are eligible to apply;
- the department must have court-ordered legal guardianship for the applicant or the department must have had legal guardianship for the applicant prior to the adoption being finalized, or the applicant must be in the Subsidized Guardianship Program;
- the youth must successfully compete for a full-term DCFS college scholarship;
- the youth must maintain at least a "C" average each semester;
- the youth must maintain full-time status (12 hours fall & spring, 6 hours or an approved internship in summer). Enrollment will be verified through the National Student Clearinghouse;
- submit the class schedule at the start of each semester and grades at the end of the semester; and
- report change of address promptly to Business Office.

The DCFS Scholarship is a competitive based process. A scholarship winner can use the scholarship for up to a four-year (bachelor's) degree. The DCFS application packet is submitted by the youth's caseworker. Caregivers can be helpful in making sure that their foster youth obtains all necessary documents and completes an application in time to make the annual DCFS deadline.

See Rule 312 (DCFS Scholarship Program) for specific program information.

Education and Training Vouchers

The Education and Training Voucher (ETV) program assists youth with post-secondary education related expenses not covered by financial aid grants.

Benefits:

- payment of up to \$5000 annually of education-related expenses such as tuition, fees, books, supplies, uniforms, equipment and/or transportation not covered by other grants or scholarships;
- funding is available until age 21; and
- if the student is enrolled in a post-secondary program, has used ETV funding before age 21, and is making satisfactory progress toward completion of the program, funding is available until age 23.

Eligibility Requirements:

- youth for whom DCFS is legally responsible or who aged out of care at age 18 or older; or
- youth who have achieved permanency at age 16 or older through either subsidized guardianship or adoption.

Employment Incentive Program

The Employment Incentive Program (EIP) is designed to provide financial and supplemental services to help youth gain marketable skills through on-the-job work experience or through job training programs. Youth who complete the EIP are equipped with the employment skills and work ethics necessary for a successful transition to independence. Youth living in foster care, supervised independent living, group homes or institutional placements may apply for the EIP.

Benefits:

- monthly payment of \$150.00 with documentation for a maximum of 12 months or age 21, whichever comes first; and
- start-up funding for work-related items (e.g., tools, work clothing, etc.). Funding is need-based and limited to a one-time disbursement of up to \$200.00 with required documentation.

Eligibility Requirements:

- be 17 years of age, and not yet 21;
- have a high school diploma or a General Education Development (GED) certificate;
- be under court-ordered legal responsibility of DCFS;
- complete Ansell Casey life skills assessment; and
- be involved in job training through a certified job skills training program (e.g., Job Corps, apprenticeship, internship), or be employed for at least

one month prior to applying for the EIP and be working a minimum of 20 hours per week.

Youth Housing Assistance Program

DCFS may provide Youth Housing Assistance to help attain or maintain housing stability for youth that the department currently has or previously had legal responsibility. There are two parts to Youth Housing Assistance: Housing Advocacy and Cash Assistance, each of which is explained below. Often a client will need housing advocacy services first. Once housing is identified, that same client often needs cash assistance. Other clients will not need housing advocacy at all and will simply utilize cash assistance. Still others just need help finding housing and do not need any cash assistance. Call for details.

Housing Advocacy:

Housing advocacy services assist young adults in obtaining and/or maintaining stable housing. Services include:

- assistance in securing affordable housing;
- consumer education;
- budget counseling;
- linkages to community based resources (i.e. assistance with utilities, clothing and food); and
- follow-up services for a minimum of three months after the client secures appropriate housing.

Note: Housing Advocacy does not include any money.

Eligibility Requirements:

Youth receiving housing advocacy services must meet all three of the following criteria:

1. be at least 17 ½ and less than 21 years of age;
2. be the legal responsibility of DCFS within six months of case closure, or have aged out of DCFS care; (Note: Youth that entered adoption or subsidized guardianship after their 14th birthday are also eligible.); and
3. have an income that is sufficient to meet rent and utility costs; or be working to obtain that income. (While housing advocacy can begin before income is in place, it is extremely unlikely that youth will be able to secure housing without sufficient income. Housing advocates can often help with employment.)

Cash Assistance:

Assistance will vary depending on a client's situation. Cash assistance may be authorized for the following reasons:

- housing security deposit;
- rent (limited circumstances);
- beds for the client and the client's children;
- current utility bills or utility deposits;
- appliances;
- partial housing subsidy for a period of one year following case closure (housing costs must exceed 30% of income and assistance cannot continue past the client's 21st birthday); and
- items required by the client to avoid or manage a crisis.

Eligibility Requirements:

Youth receiving Cash Assistance must meet all four of the following criteria:

1. be at least 18 and less than 21 years of age;
2. be legally the responsibility of DCFS and ready for case closure or have aged out of DCFS care (Note: Youth that moved to adoption or subsidized guardianship are NOT eligible for cash assistance);
3. have completed a budget statement (Form CFS 370-5C) that demonstrates that with any subsidy and all other income they will be able to cover all remaining living expenses (e.g. housing, utilities, clothing, food); and
4. need cash assistance in order to attain or maintain stable housing.

Referral Process or Questions:

Please discuss this program with your caseworker. For more information, caseworkers may contact the Youth Housing Assistance Coordinator at 312-814-5571.

Supervised Independent Living Program (SILP)

This program provides supportive services and living maintenance to youth. SILP is offered through private agencies contracted by DCFS to provide services. These agencies provide services such as various types of advocacy, training, counseling and monitoring services.

Youth who participate in this program must be:

- age 16 and older, but not yet 21; and
- under DCFS' guardianship.

and they must:

- have a permanency goal of "27" in accordance with Administrative Procedures #5;
- have some money management skills;
- be able to live in the community without continuous adult supervision;
- have the desire and ability to cooperate with the supervising agency and their program rules; and
- be able to manage day to day living skills in an apartment or room and board arrangement such as meal preparation, purchasing and maintaining clothing and keeping themselves and their living environment reasonably clean.

Other requirements and policy governing the Supervised Independent Living Program are in DCFS Rule and Procedures, Subpart C – Appendix H - P302.

Medical Coverage after DCFS Care

The medical card that youth receive while in foster care makes it possible to take care of a wide range of routine and critical medical needs. When a child's case closes after they leave DCFS foster care after age 18, the medical card ends. The young person is often left in medical care limbo with few options. That changed with Illinois' implementation of the federal Affordable Care Act. As of January 2014 there is a new Medicaid eligibility group that includes young people up to the age of 26 who were formerly in foster care. Additionally, young people who left DCFS through adoption or guardianship can also apply for health care benefits through Medicaid. They may be eligible based on low-income, disability or if they have dependent children.

Eligibility information and the application process are on the website Application for Benefits Eligibility (ABE) at www.ABE.illinois.gov. Applications for Medicaid can also be submitted by calling the toll-free number 800-843-6154. The ABE website is streamlined and designed to be easy to use, and if needed the DCFS Health Services staff can help with questions. Call 217-557-2689.

PREGNANT AND/OR PARENTING YOUTH

Caregivers serve as parents to a pregnant and/or parenting youth, who parents their child. The foster youth, as a parent, has the same legal rights and responsibilities as any parent, even if the youth is a minor (under 18 years old). Caregivers, the caseworker, the agency and DCFS provide the environment and supports to allow the youth to become self-sufficient and be able to live independently. In most cases, both the youth and his or her children live together with the foster family.

Caregivers of youth who are pregnant and/or parenting:

- have primary responsibility for the youth and a secondary responsibility for his or her children;
- receive a board payment for the youth, but not for his or her child or children;
- receive a special service fee per child with the normal board rate to pass on to the parenting youth to purchase necessities for the child, such as diapers or clothing; and
- must have a foster parent license which accommodates both the youth and his or her child or children living in the foster home. Example: A teen mom and her baby living with the foster family takes up two spaces of a foster family license, although the youth's baby is not a child in foster care.

This unique dynamic of parenting a youth who is parenting a child presents implied responsibilities for the caregivers of:

- modeling how to be a responsible adult;
Examples: Budgeting money, keeping appointments, seeking medical care
- modeling parenting to teach the youth how to parent.
Example: Teaching a youth how to appropriately discipline a two-year-old
- being involved with the father or mother of the youth's child due to visits, dating, medical situations, or others situations involving the other youthful parent;
- working closely with the caseworker and medical professionals with issues related to fostering a youth who is sexually active;
- letting the youth take personal responsibility for the welfare of his or her child, while ensuring the safety and welfare of the child.
- Caregivers must be careful observers and are mandated reporters in reporting abuse or neglect of, not only the youth, but also the youth's child. But, caregivers must be able to parent the youth like any other — without using the DCFS hotline to intercede if the youth stays out late, or displays other normal teen behavior; and
- guiding the youth through educational and vocational decisions which will influence their future and the future of their child/ren, with the caseworker.

If you may be interested in fostering a pregnant and/or parenting teen, supports are available. (See pages 33-34.) If a child in your care becomes pregnant, notify the caseworker to get connected to services.

Supports for Caregivers of Pregnant or Parenting Youth

Special Programs

In Cook County, DCFS contracts with one agency to oversee the foster care programs designed to support both the foster family and the pregnant or parenting teen and his or her child/ren living with the foster family. If you would consider fostering a pregnant and/or parenting teen, ask your agency about becoming a foster family within this program.

Outside Cook County, caregivers will find general support through their agency and caseworker.

Special Service Fees

A special service fee is available to caregivers serving the parenting population. DCFS can approve this fee for the provision of items for a parenting foster youth that are over and above board payment needs of the caregiver.

Supports for Pregnant and/or Parenting Foster Youth

Youth in foster care are not eligible to receive Public Aid because they are already receiving supports through DCFS as a child under state care. There are additional supports available.

Medical Card

A pregnant and/or parenting youth, as a child in the foster care system, receives a medical card.

Independent Living Services

Pregnant and/or parenting teens will receive life skills assessment, transition planning and supportive services through their caseworker. A life skills curriculum which specifically addresses the specialized needs of pregnant and parenting teenagers has been developed and is being utilized statewide.

Education

Encouraging the youth to stay in school and guiding the youth through decisions about educational alternatives, with the caseworker, is one of the most important functions of the caregiver. Some local school districts have programs just for pregnant and/or parenting teens. The youth's caseworker and the agency should be able to help you find information about these programs.

Day Care

One of the most important supports available is day care for the youth's child or children, which enables the youth to stay in school.

Other support programs meeting the individual needs of the teen are available through DCFS, contracted community agencies, the local school district, the Illinois State Board of Education and other state governmental departments.

Supports for Children of Foster Youth

Food Stamps: Children of foster youth are usually eligible.

Medical Card: Children of foster youth each receive a medical card which covers medical care and prescriptions.

Special Service Fee: The special service fee added to the monthly payment check of the caregiver should be given to the foster youth to spend on the care of his/her child/ren, not to include day care.

WIC: Women, Infants and Children – Children of foster youth may be eligible.

Rights of Pregnant and/or Parenting Teens

Families providing or considering foster care to youth, **male or female**, who are pregnant or have a child that they take care of need to understand the youth's rights and what services are available to the teen and their child.

Youth in foster care who are pregnant, or have a child they are caring for have these rights:

- to be placed in a stable, safe place to live with their child, unless a separate placement is necessary for safety or treatment reasons;
- to continue their education and obtain a high school diploma even though they are pregnant or a parent;
- to receive necessary day care for their child/ren at no cost to them;
- to receive necessary transportation to and from the day care while they attend school;
- to receive appropriate services necessary to help them achieve in school.
Examples: Tutoring and GED preparation;
- to receive information and services to prevent pregnancy or make decisions about pregnancy and parenting;
- to receive any necessary ongoing prenatal, medical, or dental care wherever they live;
- to actively participate in the care and support of their child/ren by having appropriate regular visits when they do not have physical custody of them;
- to receive appropriate services, such as counseling, to help them with any problems they may have;
- to have necessary assistance in learning to be a better parent or how to live on their own;
- to receive help planning to use their monthly funds for the adequate care of their child/ren;

-
- to be free of discrimination based on their status as being pregnant or a parent.
 - to continue to receive appropriate services as long as they are in DCFS care, which may continue until age 21 if necessary; and
 - to leave a mental health facility after staff of that facility state that they are no longer in need of mental health hospitalization.

Written Notice of Rights and How to Appeal Decisions

All pregnant and/or parenting teens receive a written notice of these rights at the first Administrative Case Review (ACR). If they believe 1) they or their child/ren require additional or different services, 2) they need a different placement or, 3) their rights as described have been ignored, this notice instructs them to request help at the ACR or to contact their case manager.

If their request for help is denied, they may appeal the decision by sending a written request to DCFS within 45 calendar days of the date of the notice of the decision. This same notice gives the teen the DCFS address to use in filing the appeal as well as the address and phone number of the Legal Assistance Foundation of Chicago (800-824-4050) where they may get legal information or help.



*The greatest gifts you can give your children
are the roots of responsibility and the wings of
independence.*

— Denis Waitley

CAREGIVERS' RIGHTS AND RESPONSIBILITIES

*Life affords no greater responsibility,
no greater privilege,
than the raising of the next generation.*

— C. Everett Koop, M.D.



*The time is always right
to do what is right.*

— Rev. Martin Luther King, Jr.

*Success is the result of
perfection, hard work,
learning from failure,
loyalty and persistence.*

— Colin Powell



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Section 8
*Caregivers' Rights
and Responsibilities*

ILLINOIS LAW AND DCFS RULES GIVE FOSTER CAREGIVERS RIGHTS AND RESPONSIBILITIES

Foster caregivers are entrusted with the health, safety and welfare of abused and neglected children. With this important trust comes certain rights, responsibilities and opportunities to be represented and to participate in representing foster families and children in foster care.

This section brings together the major Illinois legal references and DCFS rules, policies and procedures related to foster caregivers' rights and responsibilities.

Private Agency Foster Homes

Your private agency's unique policies and supports are not given in this handbook. If your agency has not given you its policies in writing, ask.

DCFS Foster Homes

Caregivers whose homes are supervised directly by a DCFS office will find supports unique to DCFS-supervised foster families. Ask your DCFS region about unique regional policies or supports.

Current and proposed DCFS rules affecting foster caregivers can also be found on the DCFS website on the Illinois Home Page at: www.DCFS.illinois.gov

Additional rights and responsibilities of caregivers are given by topic (Health, Education, Court, etc.) in the other sections of this handbook. Changes to foster caregivers' rights and responsibilities will be published as needed in the DCFS-sponsored newsletter, *Illinois Families Now and Forever*®, and should also be communicated through your agency or DCFS region. Any foster caregiver or child welfare staff member may call the DCFS Advocacy Office for Children and Families at 800-232-3798 with questions or for clarification of any DCFS rule, policy or procedure.

THE FOSTER PARENT LAW

Until June 3, 1995, rights and responsibilities for the individuals providing foster care were not clearly defined. Without a clear job description, caregivers, agencies and DCFS had struggled in placing caregivers' rights and responsibilities within child welfare policy.

The Foster Parent Law, signed June 3, 1995 at the Statewide Foster Parent Conference in Peoria, was the result of a collaboration of the DCFS director, the DCFS Statewide Foster Care Advisory Council, the Governor, the Illinois legislature, the Illinois Foster Parent Association, the Child Care Association, the Cook County Foster Parent Action Council and others.

The Foster Parent Law, nicknamed the “Foster Parent Bill of Rights”:

- states the 15 general rights and 17 responsibilities of all Illinois foster parents; and
- spurred the development of legislation to codify an official Statewide Foster Care Advisory Council to advise DCFS about foster care issues, and to oversee the implementation of the Foster Parent Law.

What Does The Foster Parent Law Mean to You?

The rights summarized on pages 5-6 help caregivers, agencies and DCFS regions know what role the caregivers should have in the child welfare team. The responsibilities summarized on pages 7-8 help prospective caregivers know what will be expected of them before they decide to become licensed for foster care and gives current caregivers a clear understanding of the general expectations of the agency or DCFS region.

DCFS Rule 340 implements the Foster Parent Law and clarifies the foster caregivers’ rights and responsibilities. This DCFS rule is a very important step that defines the caregiver role within child welfare. While the Foster Parent Law is specific to licensed caregivers, the rights and responsibilities are also important for relative caregivers. The DCFS and agency foster care programs focus on implementing Rule 340 for all types of foster homes.

Statewide Foster Care Advisory Council

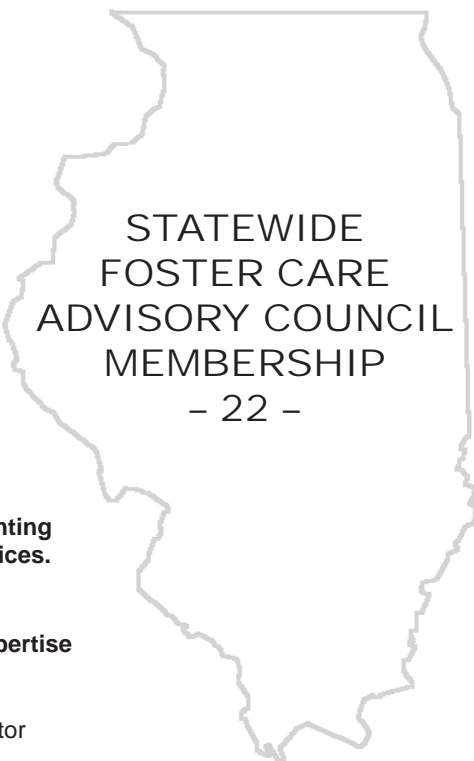
The Statewide Foster Care Advisory Council and its membership is mandated by the Statewide Foster Care Advisory Council Law.

The Council has two primary functions:

- 1) to advise DCFS on foster care and other matters which affect foster care in Illinois; and
- 2) to ensure that caregivers’ rights and responsibilities contained in the Foster Parent Law are followed in the everyday operation of child welfare agencies and DCFS regions.

Having the Statewide Council mandated by Illinois law ensures:

- input of those who provide foster care services for DCFS, regardless of any changes in DCFS leadership;
- two-way communication from caregivers to DCFS and from DCFS to caregivers;
- input from private agency caregivers and staff about implementation issues unique to private agencies or private agency homes; and
- equitable representation on the Council of recognized foster parent groups and all geographic areas of Illinois.



- ★ **Foster Parent Regional Representatives**
(According to DCFS regions)
 - ★ 2 Southern
 - ★ 2 Northern
 - ★ 3 Central
 - ★ 6 Cook County
- ★ **Illinois Foster and Adoptive Parent Association**
Current President
- ★ **2 Foster Parents (1 from Cook County)**
From DCFS Child Welfare Advisory Committee
- ★ **2 Foster Care Professionals from the DCFS Child Welfare Advisory Committee representing private agencies providing foster care services. (1 from Cook County)**
- ★ **4 “Non-DCFS” persons with recognized expertise in foster care**

All members are appointed by the DCFS director

Meetings

Statewide Foster Care Advisory Council meetings are held six to nine times per year throughout the state, and visitors are always welcome. Meeting dates and times may be obtained by calling the caregiver and parent support office at 217-524-2422 or by checking the foster care link on the DCFS website (www.DCFS.illinois.gov).

Subcommittees

Several subcommittees work on ongoing issues of interest to foster families, such as licensing and other foster care policy. Ad hoc (temporary) committees are formed to study a time-limited issue or help DCFS draft proposed rules as needed. The Council is always looking for caregivers with particular skills or expertise to join a subcommittee or ad hoc committee.

Statewide Foster Care Advisory Council Membership

Composition of membership, terms of office and qualifications are all given within the Statewide Foster Care Advisory Council Law (See pages 11-12). All members are appointed by the DCFS director. Membership is open to any caregiver with a license supervised by a private agency or DCFS foster care program. Prospective members with proven leadership ability who have been

active in their regional council or have other applicable skills are eligible to contact his or her DCFS regional administrator and inform him or her of their interest. Regional administrators make recommendations for region-based members, but the DCFS director officially appoints members.

Regional Foster Care Advisory Councils

Each of the DCFS regions has a foster care advisory council composed of foster parents and staff. Each regional council determines how it functions. The Statewide Foster Care Advisory Council regional representative is automatically a member of the regional council. The regional Statewide representative facilitates communication to and from the Statewide Council. Visitors are always welcome at any regional council meeting. Times and locations are available by calling the DCFS regional office. (See Section 1, pages 7-8 for a list of offices.)

How to Become a Regional Council Member

Regional councils are always looking for both DCFS and private agency caregivers to become active members. If you would like to apply to be a member, talk to the Chair or President of your regional council or call your local DCFS office to inquire about requirements and application procedures. Most regional councils also have subcommittees needing input and leadership.

Agency/DCFS Regional Foster Parent Law Implementation Plans

The Foster Parent Law requires every foster care agency and DCFS region to submit an implementation plan to the Statewide Foster Care Advisory Council by November 30th each year. The implementation plan outlines specific ways the agency or region is putting caregiver rights and responsibilities into every day practice.

Many private agencies also have advisory councils to advise the agency administration on foster care issues. Often, agency and DCFS councils provide input on annual Foster Parent Law implementation plans.

Each agency and DCFS region is required to formulate the plan with input from agency foster parents. If you would like to have input or a copy of the plan, contact your agency or DCFS region.

FOSTER PARENT RIGHTS

PUBLIC ACT 89.19

1. **Dignity, Respect and Consideration** The right to be treated with dignity, respect, and consideration as a professional member of the child welfare team.
2. **Training** The right to be provided standardized pre-service training and appropriate ongoing training to meet mutually assessed needs and improve the foster parent's skills.
3. **Support Services** The right to be informed as to how to contact the appropriate child placement agency in order to receive information and assistance to access supportive services for children in their care.
4. **Financial Reimbursement** The right to receive timely financial reimbursement commensurate with the care needs of the child as specified in the service plan.
5. **Information Prior to Placement** The right to be provided a clear, written understanding of a placement agency's plan concerning the placement of a child in their home. Inherent in this policy is the responsibility to support activities that will promote the child's right to relationships with his own family and cultural heritage.
6. **Fair, Timely and Impartial Investigations** The right to be provided a fair, timely, and impartial investigation of licensing complaint issues and be provided the opportunity to have a person of their choosing present during the investigation and due process; the right to be provided the opportunity to request and receive mediation and/or an administrative review of decisions which affect licensing parameters; and the right to have decisions concerning a licensing corrective action plan specifically explained and tied to the licensing standards violated.
7. **Additional Information on Care of a Child** The right, at any time during which a child is placed with the foster parent, to receive additional or necessary information that is relevant to the care of the child.
8. **Receive specific information required by state law** Be given information concerning a child from DCFS as required under the Children and Family Services Act and from a child welfare agency as required under the Child Care Act of 1969.
9. **Notification of Scheduled Meetings** The right to be notified of scheduled meetings and staffings concerning the foster child in order to actively participate in the case planning and decision-making process regarding the child in their care, including individual service planning meetings, administrative case reviews, interdisciplinary staffings, and individual educational planning meetings; the right to be informed of decisions made by the courts or the agency concerning the child; the right to have their input on the plan of services for a child given full consideration in the same manner as information presented by any other professional on the team; and the right to communicate with other professionals who work with the foster child within the context of the team, including therapists, physicians, and teachers.

*Rights 7 and 8 are listed as 7 and 7.5 in the actual text of the statute. See page 9.

FOSTER PARENT RIGHTS

PUBLIC ACT 89.19

10. Disclosure of Information

The right to be provided, prior to placement of the child, with any information a caseworker has regarding the child and the child's family which is pertinent to the care and needs of the child and to the making of a permanency plan for the child. The information should be provided in writing prior to placement. If the placement is an emergency the information should be provided verbally prior to placement and followed up in writing as soon as the information becomes available. Disclosure of information concerning a child's family shall be limited to that information which is essential for understanding the needs of and providing care to the child in order to protect the rights of the child's family. When a positive relationship exists between the foster parents and the child's family, the child's family may consent to disclosure of additional information.

11. Written Notice of any Placement Changes

The right to be given reasonable written notice of any change in a child's case plan or of plans to terminate the placement of the child with the foster parents and of the reasons for the change or termination in placement. Such notice should only be waived in cases of a court order or when the child is determined to be at imminent risk of harm.

12. Timely Notification of Court Hearings

Writ of Mandamus

The right to be notified in a timely and complete manner of all court hearings, including the date and time of the court hearing, the name of the judge or hearing officer hearing the case, the location of the court proceeding, the court docket number of the case, and the right to intervene in court proceedings or to seek mandamus under the Juvenile Court Act of 1987.

13. Placement Option for Former Foster Child

The right to be considered as a placement option when a foster child who was formerly placed with the foster parents is to be re-entered into foster care when such placement would be consistent with the best interest of the child and other children in the home.

14. Appeals Process

The right to have timely access to the existing appeals process with the child placement agency. The assertion of the access to appeal will be free from acts of harassment and retaliation.

15. Hotline Information

The right to be informed of the Foster Parent Hotline established under this Act and all of the rights accorded to foster parents concerning reports of misconduct by department employees, service providers, or contractors, confidential handling of those reports and investigation by the Inspector General.

FOSTER PARENT RESPONSIBILITIES

PUBLIC ACT 89.19

1. **Communicate with Child's Team** The responsibility to openly communicate and share information about the child with other members of the child welfare team.
2. **Confidentiality** The responsibility to respect the confidentiality of information concerning foster children and their families and act appropriately within applicable confidentiality laws and regulations.
3. **Advocate** The responsibility to advocate for children in their care.
4. **Treatment & Care of Children & Birth Families** The responsibility to treat children in their care and their children's families with dignity, respect, and consideration.
5. **Recognize Strengths and Limitations** The responsibility to recognize their own individual and familial strengths and limitations when deciding whether to accept a child into care, recognize their own support needs and utilize appropriate supports in providing care for foster children.
6. **Support Groups** The responsibility to be aware of the benefits of relying on and affiliating with other foster parents and foster parent associations in improving the quality of care and service to children and families.
7. **Training Needs** The responsibility to assess their ongoing individual training needs and take action to meet those needs.
8. **Strategize to Avoid Placement Disruptions** The responsibility to develop and assist in the implementation of strategies to prevent placement disruptions, recognizing the traumatic impact of placement disruptions on a foster child and all members of the foster family, and to provide emotional support for the foster children and members of the foster family should preventive strategies fail and placement disruption occur.
9. **Minimize Stress** The responsibility to know the impact foster parenting has on individuals and family relationships and endeavor to minimize, as much as possible, any stress that results from foster parenting.
10. **Promote Foster Care Positively** The responsibility to know the rewards and benefits to children, parents, families, and society that come from foster parenting and promote the foster parenting experience in a positive way.
11. **Know Child Welfare System** The responsibility to know the role, rights and responsibilities of foster parents, other professionals in the child welfare system, the child, and the child's own family.

FOSTER PARENT RESPONSIBILITIES

PUBLIC ACT 89.19

- 12. Be a Mandated Reporter**
Know Investigation Process
- The responsibility to know and, as necessary, to fulfill their responsibility to serve as mandated reporters of suspected child abuse/neglect under the Abused and Neglected Child Reporting Act and to know the child welfare agency's policy regarding allegations that foster parents have committed child abuse or neglect and applicable administrative rule and procedures governing investigations of such allegations.
- 13. Participate in Training**
- The responsibility to know and receive training regarding the purpose of administrative case reviews, client service plans and court processes, as well as any filing or time requirements associated with these proceedings, and actively participate in their designated role in these proceedings.
- 14. Know Appeal Process**
- The responsibility to know the child welfare agency's appeal procedure for foster parents and the rights of foster parents under the procedure.
- 15. Maintain Accurate Records**
- The responsibility to know and understand the importance of maintaining accurate and relevant records regarding the child's history and progress and be aware of and follow the procedures and regulations of the child welfare agency with which they are licensed or affiliated.
- 16. Share Information**
- The responsibility to share information through the child welfare team regarding the child's adjustment in their home with the subsequent caregiver, whether the child's parent or another substitute caregiver.
- 17. Respect and Maintain Child's Culture**
- The responsibility to provide care and services which are respectful of, and responsive to, the child's cultural needs and are supportive of the relationship between the child and his/her own family. Recognize the increased importance of maintaining a child's cultural identity when the race or culture of the foster family differs from that of the foster child and take action to address these issues.

Responsibility of DCFS and Private Agencies

"The Department of Children and Family Services and agencies providing foster care services under contract with the department shall be responsible for implementing the provisions of this Act. Annual plans for each region of the Department of Children and Family Services and its contracted agencies shall be developed for public review and comment. These plans shall be reviewed, approved, and monitored by the department's Statewide Foster Care Advisory Council under rules developed by the department.

Nothing in this Amendatory Act shall be construed to create a private right of action or a judicially enforceable claim on the part of any individual or agency."

Foster Parent Law (Full Text)

(Public Act 89-19)

Published as a public service by the Illinois Department of Children and Family Services

(20 ILCS 520/1-1)

Sec. 1-1. Short title. This Article may be cited as the Foster Parent Law.

(Source: P.A. 89-19, eff. 6-3-95.)

(20 ILCS 520/1-5)

Sec. 1-5. Legislative findings. Family foster care is an essential service for children and their families who have been separated due to the tragedy of child abuse, neglect, or dependency. When children have been separated from their families, it is the responsibility of the child welfare team to respond to the needs of the children and their families by means including (i) providing protection and nurture to children in a safe, healthy environment; (ii) meeting the developmental and emotional needs of the children, including maintaining and promoting a child's emotional attachment to his or her own family; (iii) protecting and promoting the child's cultural identity and heritage; and (iv) working toward permanency for children by connecting them to safe, nurturing relationships intended to last a lifetime, preferably with their own family.

Foster parents are an essential part of and fulfill an integral role on the child welfare team along with children in care who are old enough to participate in planning and services, parents of children in care, caseworkers, and other professionals serving the child and family. By providing care for children and supporting the attachment of children to their families in a manner sensitive to each child's and family's unique needs, the foster parent serves the child, the family, and the community.

In order to successfully fulfill their role on the professional child welfare team, foster parents must be committed to the goal of the child welfare program and must provide care to children and promote the best interests of the children and families served. In order to achieve this goal, foster parents must understand and be sensitive to issues of culture, ethnicity, religion, and children's connectedness with their families and must maintain a level of care, conduct, and demeanor that is consistent with the high professional ethics demanded of all other members of the child welfare team.

The General Assembly finds that there is a need to establish public policy regarding the role of foster parents. The General Assembly establishes this statement of foster parents' rights and responsibilities, which shall apply to all foster parents in the State of Illinois, whether supervised by the Department of Children and Family Services or by another agency under contract to the Department of Children and Family Services to provide foster care services.

(Source: P.A. 89-19, eff. 6-3-95.)

(20 ILCS 520/1-10)

Sec. 1-10. Definitions. In this Law:

"Child welfare team" or "team" means the persons who provide child welfare services to a child under Section 5 of the Children and Family Services Act.

"Department" means the Department of Children and Family Services.

"Foster parent" means a person who is licensed as a foster parent under the laws of this State.

(Source: P.A. 89-19, eff. 6-3-95.)

(20 ILCS 520/1-15)

Sec. 1-15. Foster parent rights. A foster parent's rights include, but are not limited to, the following:

(1) The right to be treated with dignity, respect, and consideration as a professional member of the child welfare team.

(2) The right to be given standardized pre-service training and appropriate ongoing training to meet mutually assessed needs and improve the foster parent's skills.

(3) The right to be informed as to how to contact the appropriate child placement agency in order to receive information and assistance to access supportive services for children in the foster parent's care.

(4) The right to receive timely financial reimbursement commensurate with the care needs of the child as specified in the service plan.

(5) The right to be provided a clear, written understanding of a placement agency's plan concerning the placement of a child in the foster parent's home. Inherent in this right is the foster parent's responsibility to support activities that will promote the child's right to relationships with his or her own family and cultural heritage.

(6) The right to be provided a fair, timely, and impartial investigation of complaints concerning the foster parent's licensure, to be provided the opportunity to have a person of the foster parent's choosing present during the investigation, and to be provided due process during the investigation; the right to be provided the opportunity to request and receive mediation or an administrative review of decisions that affect licensing parameters, or both mediation and an administrative review; and the right to have decisions concerning a licensing corrective action plan specifically explained and tied to the licensing standards violated.

(7) The right, at any time during which a child is placed with the foster parent, to receive additional or necessary information that is relevant to the care of the child.

(7.5) The right to be given information concerning a child (i) from the department as required under subsection (u) of Section 5 of the Children and Family Services Act and (ii) from a child welfare agency as required under subsection (c-5) of Section 7.4 of the Child Care Act of 1969.

(8) The right to be notified of scheduled meetings and staffings concerning the foster child in order to actively participate in the case planning and decision-making process regarding the child, including individual service planning meetings, administrative case reviews, interdisciplinary staffings, and individual educational planning meetings; the right to be informed of decisions made by the courts or the child welfare agency concerning the child; the right to

provide input concerning the plan of services for the child and to have that input given full consideration in the same manner as information presented by any other professional on the team; and the right to communicate with other professionals who work with the foster child within the context of the team, including therapists, physicians, and teachers.

(9) The right to be given, in a timely and consistent manner, any information a caseworker has regarding the child and the child's family which is pertinent to the care and needs of the child and to the making of a permanency plan for the child. Disclosure of information concerning the child's family shall be limited to that information that is essential for understanding the needs of and providing care to the child in order to protect the rights of the child's family. When a positive relationship exists between the foster parent and the child's family, the child's family may consent to disclosure of additional information.

(10) The right to be given reasonable written notice of (i) any change in a child's case plan, (ii) plans to terminate the placement of the child with the foster parent, and (iii) the reasons for the change or termination in placement. The notice shall be waived only in cases of a court order or when the child is determined to be at imminent risk of harm.

(11) The right to be notified in a timely and complete manner of all court hearings, including notice of the date and time of the court hearing, the name of the judge or hearing officer hearing the case, the location of the hearing, and the court docket number of the case; and the right to intervene in court proceedings or to seek mandamus under the Juvenile Court Act of 1987.

(12) The right to be considered as a placement option when a foster child who was formerly placed with the foster parent is to be re-entered into foster care, if that placement is consistent with the best interest of the child and other children in the foster parent's home.

(13) The right to have timely access to the child placement agency's existing appeals process and the right to be free from acts of harassment and retaliation by any other party when exercising the right to appeal.

(14) The right to be informed of the Foster Parent Hotline established under Section 35.6 of the Children and Family Services Act and all of the rights accorded to foster parents concerning reports of misconduct by department employees, service providers, or contractors, confidential handling of those reports, and investigation by the Inspector General appointed under Section 35.5 of the Children and Family Services Act.

(Source: P.A. 94-1010, eff. 10-1-06.)

(20 ILCS 520/1-20)

Sec. 1-20. Foster parent responsibilities. A foster parent's responsibilities include, but are not limited to, the following:

(1) The responsibility to openly communicate and share information about the child with other members of the child welfare team.

(2) The responsibility to respect the confidentiality of information concerning foster children and their families and act appropriately within applicable confidentiality laws and regulations.

(3) The responsibility to advocate for children in the foster parent's care.

(4) The responsibility to treat children in the foster parent's care and the children's families with dignity, respect, and consideration.

(5) The responsibility to recognize the foster parent's own individual and familial strengths and limitations when deciding whether to accept a child into care; and the responsibility to recognize the foster parent's own support needs and utilize appropriate supports in providing care for foster children.

(6) The responsibility to be aware of the benefits of relying on and affiliating with other foster parents and foster parent associations in improving the quality of care and service to children and families.

(7) The responsibility to assess the foster parent's ongoing individual training needs and take action to meet those needs.

(8) The responsibility to develop and assist in implementing strategies to prevent placement disruptions, recognizing the traumatic impact of placement disruptions on a foster child and all members of the foster family; and the responsibility to provide emotional support for the foster children and members of the foster family if preventive strategies fail and placement disruptions occur.

(9) The responsibility to know the impact foster parenting has on individuals and family relationships; and the responsibility to endeavor to minimize, as much as possible, any stress that results from foster parenting.

(10) The responsibility to know the rewards and benefits to children, parents, families, and society that come from foster parenting and to promote the foster parenting experience in a positive way.

(11) The responsibility to know the roles, rights, and responsibilities of foster parents, other professionals in the child welfare system, the foster child, and the foster child's own family.

(12) The responsibility to know and, as necessary, fulfill the foster parent's responsibility to serve as a mandated reporter of suspected child abuse or neglect under the Abused and Neglected Child Reporting Act; and the responsibility to know the child welfare agency's policy regarding allegations that foster parents have committed child abuse or neglect and applicable administrative rules and procedures governing investigations of those allegations.

(13) The responsibility to know and receive training regarding the purpose of administrative case reviews, client service plans, and court processes, as well as any filing or time requirements associated with those proceedings; and the responsibility to actively participate in the foster parent's designated role in these proceedings.

(14) The responsibility to know the child welfare agency's appeal procedure for foster parents and the rights of foster parents under the procedure.

(15) The responsibility to know and understand the importance of maintaining accurate and relevant records regarding the child's history and progress; and the responsibility to be aware of and follow the procedures and regulations of the child welfare agency with which the foster parent is licensed or affiliated.

(16) The responsibility to share information, through the child welfare team, with the subsequent caregiver (whether the child's parent or another substitute caregiver) regarding the child's adjustment in the foster parent's home.

(17) The responsibility to provide care and services that

are respectful of and responsive to the child's cultural needs and are supportive of the relationship between the child and his or her own family; the responsibility to recognize the increased importance of maintaining a child's cultural identity when the race or culture of the foster family differs from that of the foster child; and the responsibility to take action to address these issues.

(Source: P.A. 89-19, eff. 6-3-95.)

(20 ILCS 520/1-25)

Sec. 1-25. Implementation; annual plan.

(a) The department, and agencies providing foster care services under contract with the department, are responsible for implementing this Law.

(b) The department, and each agency providing foster care services under contract with the department, shall

prepare an annual plan for implementing this Law in each of the department's administrative regions of this State. The plans shall be prepared by January 1 of 1996 and each year thereafter and shall be submitted for public review and comment. The plans shall be reviewed, approved, and monitored by the department's Statewide Foster Care Advisory Council under rules adopted by the department.

(Source: P.A. 89-19, eff. 6-3-95.)

(20 ILCS 520/1-30)

Sec. 1-30. No private right of action or claim. Nothing in this Law shall be construed to create a private right of action or claim on the part of any individual or child welfare agency.

(Source: P.A. 89-19, eff. 6-3-95.)

Statewide Foster Care Advisory Council Law

Section 5-1. This Article may be cited as the Statewide Foster Care Advisory Council Law.

Section 5-5. The Department of Children and Family Services ("the department") shall convene and maintain a Statewide Foster Care Advisory Council to advise the department with respect to all matters involving or affecting the provision of foster care to abused, neglected, or dependent children and their families.

The responsibilities of the Council shall include:

(1) Providing input on the issues that affect foster care and services received by children who are in the care of the department and their families.

(2) Identifying, analyzing, and recommending solutions to any issue concerning foster care services.

(3) Interpreting to the general public the need for foster care the important service that foster parents provide.

(4) Promoting the statewide exchange and pooling of information in the area of foster care.

(5) Participating in statewide planning and promoting foster parent involvement in local planning concerning foster care services.

(6) Reviewing and making recommendations on department foster care and child welfare service delivery policies, guidelines, and procedures.

(7) Developing recommendations concerning foster care training to improve the quality of foster care services children receive.

(8) Reviewing and advising the department on pending or enacted legislation, primarily as concerns foster care services, and on the department's responses or positions regarding that legislation.

(9) Developing, as necessary, recommendations by which the department may improve the child welfare service delivery system, primarily on issues affecting the delivery of foster care services.

(10) Reviewing, approving, and monitoring plans of the department's administrative regions and contract agencies providing foster care as required by the Foster Parent Law.

Section 5-10. Membership

(a) The Statewide Foster Care Advisory Council shall consist of the following membership:

(1) 2 foster parents from the department's southern

and northern administrative regions; 3 foster parents from the department's central administrative region; and 2 foster parents from each of the department's Cook County administrative regions. One of the 6 foster parents representing the Cook County administrative regions shall be the current President of the Cook County Foster Parent Advisory Committee;

(2) 2 foster parents representing the department's Child Welfare Advisory Committee, with at least one foster parent residing in Cook County;

(3) 2 foster care professionals representing the department's Child Welfare Advisory Committee to represent agencies providing foster care services under contract to the department;

(4) the current president of the Illinois Foster Parent Association; and

(5) 4 other non-department persons with recognized expertise regarding foster care who shall be nominated by the director of the department ("the director").

Each administrator of the department's specified administrative regions shall make recommendations of foster parents for appointment as members to the director. The recommendations of the Regional Administrator shall be based upon consultation by the Regional Administrator with organized foster parent groups and department staff.

All appointments to the Council shall be made in writing by the director. In soliciting and making appointments, the director shall make all reasonable efforts to ensure the membership of the Council is culturally diverse and representative and also geographically representative of the department's administrative regions.

(b) Each member shall be appointed for a term of 3 years. No member shall be appointed to more than 2 terms, except the President of the Illinois Foster Parent Association and the President of the Cook County Foster Parent Association may serve as long as he or she holds office. Members shall continue to serve until their successors are appointed. The terms of original members and of members subsequently appointed to fill vacancies created by a change in the number of the Council's members shall be determined to assure as nearly as possible that the terms of one-third of the members in each sector expire each year on June 30th. The original

members in each sector shall determine by lot the length of each member's term, one-third to be for 3 years, one-third to be for 2 years, and one-third to be for one year, and the Council's secretary shall record the results. Thereafter, any member appointed to fill a vacancy other than one created by the expiration of a regular 3 year term shall be appointed for the unexpired term of the predecessor member, or in the case of new memberships created by change in number of members, for such term as is appropriate under this subsection.

(c) Members of the Advisory Council shall serve without compensation, except that the department shall reimburse members for travel and per diem expenses associated with participation in Advisory Council meetings and activities. Reimbursement shall be consistent with Illinois Department of Central Management Services rules, as approved by the Governor's Travel Control Board.

Section 5-15. Officers.

(a) Officers of the Statewide Foster Care Advisory Council shall consist of a Chairperson and Vice-Chairperson, who shall be elected by the Council. The immediate past Chairperson shall serve as a consultant for one year. The director shall appoint a staff member of the Illinois Department of Children and Family Services to maintain records, prepare notices and agendas for each meeting, and otherwise carry out the functions of the Council.

(b) The Chairperson and Vice-Chairperson shall be elected for a term of one year at a meeting prior to July of each year, and those officers shall assume the duties of their offices on the first day of July each year.

(c) Any officer of the Advisory Council shall be eligible for consecutive election to the office held for no more than 2 consecutive one year terms.

(d) The Chairperson of the Advisory Council shall perform the duties ordinarily ascribed to that office and shall preside at all meetings of the Advisory Council. The Chairperson shall also serve as an ex-officio member of all committees of the Advisory Council and shall make such reports on behalf of the Advisory Council as may be required.

(e) In the event of the Chairperson's inability to act, the Vice-Chairperson shall act in his or her stead.

Section 5-20. Meetings.

(a) Regular meetings of the Statewide Foster Care Advisory Council shall be held at least quarterly. The meetings shall take place at locations, dates, and times determined by the Chairperson of the Advisory Council after consultation with members of the Advisory Council and the director or the designated department staff member.

It shall be the responsibility of the designated department staff member at the direction of the Chairperson to give notices of the location, dates, and time of meetings to each member of the Advisory Council, to the director, and to staff consultants at least 30 days prior to each meeting.

Notice of all scheduled meetings shall be in full compliance with the Illinois Open Meetings Act.

(b) Special meetings of the Advisory Council may be called by the Chairperson after consultation with members of the Council and the director or the designated department staff member, provided that:

- (1) at least 7 days notice by mail is given the membership;
- (2) the notice sets forth the purpose or purposes of the meeting; and

(3) no business is transacted other than that specified in the notice.

(c) An agenda of scheduled business for deliberation shall be developed in coordination with the department and the Chairperson and distributed to the members of the Advisory Council at least 7 days prior to a scheduled meeting of the Council.

(d) If a member is absent for 2 consecutive meetings or has not continued to make a significant contribution as evidenced by involvement in council activities, membership termination may be recommended by the Chairperson to the director. The member shall be terminated and notified in writing. Members shall submit written confirmation of good cause to the Chairperson or designated department staff member when a meeting has been missed.

Section 5-25. Quorum.

(a) A quorum at any regular or special meeting of the Advisory Council shall be necessary to transact business and shall consist of one-third of the duly appointed members of the Advisory Council. For the purpose of election of officers, the necessary quorum shall be a majority of the duly appointed members.

(b) For the purpose of subcommittee action, a quorum shall consist of at least one-half of those members appointed to the subcommittee, but in no event fewer than 2 individuals.

(c) All deliberations of the Advisory Council and its subcommittees shall be governed by Robert's Rules of Order.

Section 5-30. Committees

(a) Standing and Ad Hoc Committees of the Advisory Council shall be appointed by the Chairperson of the Advisory Council. The majority action of the Advisory Council shall give approval to the establishment of a committee, as well as determine completion of a committee's assignment. Final committee reports will be submitted to the director.

(b) Members of Standing or Ad Hoc Committees must be members of the Advisory Council.

(c) A Nominating Committee shall be appointed by the Chairperson at the April Advisory Council meeting. The Nominating Committee shall present a slate for Chairperson and Vice-Chairperson at the June Advisory Council meeting.

Section 5-35. Minutes. Minutes will be kept of the transactions of each Council meeting and shall be filed with the director. Minutes must be recorded in writing and must include:

- (1) the date, time, and place of the meeting;
- (2) the members of the public body recorded as either present or absent; and
- (3) a general description of all matters proposed, discussed, or decided and a record of any votes taken.

Section 5-40. Professional staff. The director or a designated department staff member shall serve as the Advisory Council's official consultant and advisory. The director may designate other members of the staff to assist in that consultation.

Section 5-45. Rules of Procedure. The Advisory Council shall within 6 months of its first meeting adopt Rules of Procedure to govern the business of the Council.

MAINTAINING A FOSTER CARE LICENSE

After DCFS issues an *initial four-year license*, families must continue to follow all of the guidelines given in DCFS Licensing Standards for Foster Family Homes (Rule 402) in order to *maintain* their license. That's why it is so important for caregivers to know and understand the exact licensing standards found in DCFS Rule 402.

DCFS is legally responsible for *issuing* foster care licenses and *monitoring* foster family homes. DCFS requires each contracted private agency or DCFS region to monitor the licenses of all foster family homes supervised by the agency and region according to a standard DCFS procedure.

Monitoring Visits

Licensing staff may make either *unannounced* or *announced* monitoring visits as part of the standard license monitoring procedure, or in response to a complaint alleging licensing violations.

New License

Sometime near the end of the first 60 days after DCFS issues a new foster parent license, an *unannounced* visit is required. New foster families are told about this visit during the initial licensing process, so, although it is unannounced, it should not be a surprise.

During this visit, licensing staff verifies that:

- the number of children in the home matches licensing capacity;
- the ages of children cared for matches licensing standards;
- children's records are being maintained;
- space within the home is being used as planned and licensed;
- unsafe conditions do not exist;
- there have been no changes to the physical environment;
- discipline problems do not seem to exist; and
- there are no persons living in the home not accounted for in the record.

Bi-Annual Monitoring Visit

Licensing staff will make an *unannounced* visit every six months for three years after the license is issued. Discussion at the annual monitoring visit will be about:

- provisions of the license;
- supervision of the children;
- evacuation plans, in case of emergency;
- changes since the previous visit;

-
- discipline techniques;
 - nutrition plans;
 - foster caregiver responsibility as a mandated reporter for children placed in the home;
 - safety issues;
 - sleeping arrangements; and
 - support services.

License Renewal Visit

5½ Months Prior to License Expiration

Licensed caregivers will receive a letter from DCFS Central Office of Licensing indicating the expiration date of their license and instructions to complete the enclosed renewal application and to contact their licensing representative. The caregivers should *immediately* contact their licensing representative to begin the renewal process.

Visits to renew the foster care license are conducted *by appointment*. During the renewal visit, the licensing representative will check that all licensing standards are met. It may feel like an initial licensing visit, but, it is also a good opportunity to discuss experiences and ask questions.

After the renewal visit, the licensing representative may recommend to:

- renew the foster care license;
- issue a 6-month conditional license until the home can come into compliance with licensing standards. Conditional licenses cannot be renewed as conditional; or
- not renew the license and not issue a conditional license.

“As Needed” Visits

Unannounced visits are made “as needed” to check that the family and their home meets licensing standards. “As needed” visits are used if a foster family *has established a pattern* of not meeting licensing standards. The frequency of these visits is determined by the foster family’s ability to come into, and remain, in compliance with licensing standards.

Tip from Experienced Caregivers: If you don’t understand why licensing staff is visiting, just ask. If the answer is difficult to understand, or visits seem too frequent or unnecessary, talk to the supervisor and your agency or DCFS regional administration for clarification. Put your questions and concerns in writing.

Transferring Supervision of a Foster Care License

Foster Parent Right: To Request A Transfer

A caregiver has the right to request to transfer the foster care license from one agency to another agency, from a private agency to DCFS, or from DCFS to a private agency.

Caregivers sometimes decide to transfer their license in these situations:

- the current agency does not have a specific program which matches their skills, abilities and/or interests. Example: Caregivers with skills or the desire to foster medically complex children might decide to transfer to an agency with a specific foster care program for medically complex children; or
- they are extremely dissatisfied with their current agency's service, support, or foster care program, and feel they have exhausted avenues of complaint within their current supervising agency or DCFS region.

An agency or DCFS region is not required to accept the transfer of a foster parent license, but will be more likely to consider accepting the transfer if:

- the caregiver is in good standing with the current supervising agency or DCFS region;
- caregiver's skills and interests match the needs of children within the foster care program/s;
- there is not a pending licensing investigation or a licensing corrective action plan in place;
- the foster family does not have children currently placed with them; or
- adoption of children currently placed with the foster family is not pending.

If the new agency or DCFS region decides to accept the transfer, the new agency will:

- ask the caregiver to sign a form authorizing their current agency to release their file to the new agency;
- send the signed consent form to the current agency with a letter requesting the foster family file; and
- submit the transfer to DCFS for approval.

NOTE: Licenses are not to be transferred during the licensing renewal process (6 months prior to expiration) unless *prior approval* is received by the agency from DCFS' Central Office of Licensing.

Automatic Transfer of License by DCFS

DCFS monitors the performance and quality of services provided by all contracted private child welfare agencies. If an agency's services do not meet DCFS quality standards, DCFS has the right to cancel the agency's contract. If this happens, foster families supervised by the agency will receive a letter from DCFS explaining that the agency's contract

has been cancelled and naming the new agency responsible for the supervision of the foster family and the children placed with them. In this case, DCFS will automatically transfer the foster care license to the new supervising agency and the new agency will contact the foster family.

Caregivers should expect the new agency to visit them to:

- welcome and orient them to the new agency's policies and procedures; and
- ensure licensing standards are being followed.

ANSWERS TO COMMON LEGAL QUESTIONS

Do Foster Caregivers Have A Legal Relationship or Responsibility for Children in Foster Care?

No. DCFS is legally responsible for all children while they are in foster care. The extent of DCFS' legal authority depends on what the court has ordered. If a caregiver adopts a child or becomes a child's legal guardian when the child leaves foster care, then the caregiver assumes legal responsibility for the child as the adoptive parent or guardian. See Section 7.

Do Foster Caregivers Have to Use the Child's Legal Name?

Yes. The name that appears on the child's birth certificate is the name to be used for school and all other legal purposes, such as bank accounts and medical records. If you have questions about the child's legal name, ask the caseworker.

What Happens if a Caregiver is Sued?

If caregivers are sued as a result of their activities as a foster caregiver, they may ask that the Illinois Attorney General represent them in court. To request legal representation, foster parents should ask the child's caseworker to forward their request. The caseworker will forward a written request to the Regional DCFS Counsel within three working days. The DCFS Regional Counsel will then consult with his or her supervisor before forwarding the request to the Attorney General. Legal representation in lawsuits against an individual for matters unrelated to foster parenting is the responsibility of the individual. Legal representation by the Attorney General is not guaranteed.

What Can Foster Caregivers Sign on Behalf of Their Foster Children?

Foster caregivers make dozens of daily decisions related to the care, safety and well-being of the children placed with them. They are asked to sign field trip slips and to give permission to go to slumber parties. However, these routine, day-to-day parenting decisions are different from giving consent. The term consent involves signing a formal, legally binding document, after an informed, deliberative process. Caregivers do not have the authority to give consent on behalf of foster children. The DCFS guardian or designee and the child's birth parents (depending on the authority given by the Juvenile Court and/or the nature of the consent) can be consenting parties.

Still, in the foster care role, there will be many instances when an adult signature is requested for an activity or a service. The charts included on pages 17-19 designate instances when they can make a decision or approve participation and when a foster caregiver must ask the caseworker to request approval or consent from the DCFS Guardian's office.

What if a child is arrested for a crime?

When a child who is under state care is arrested or charged for an alleged crime, the case will not be handled by the Child Protection Division of the Court, which deals with matters of child abuse and neglect. Instead, this matter would be handled by the Juvenile Justice Division or Criminal Division, depending on the age of the child and the charge.

If a youth is brought in for questioning or arrested in a criminal or juvenile justice matter, the foster caregiver should notify the caseworker immediately. Give as much information to the caseworker about the circumstances of the questioning or arrest, such as where the youth is being held, the alleged charge and any pending court dates.

Caregivers may choose to be a source of support for the youth during the proceedings. For example, you may decide to attend court hearings or restorative justice proceedings, make visits if he or she is held in custody or even post bond on behalf of the child. However, since foster parents are not legal guardians, they have no obligation to participate in any proceeding. Therefore, it is important that the caseworker be kept apprised of all developments. The caseworker will contact the DCFS Office of Legal Services or the DCFS Guardian's office, as appropriate.

AUTHORITY TO GIVE CONSENTS AND MAKE DECISIONS ON BEHALF OF CHILDREN IN FOSTER CARE

Foster caregivers can never sign a consent.

Caregiver Can Decide or Approve	Ask Caseworker for Approvals or Consents
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	Caregiver Can Decide or Approve	Ask Caseworker for Approvals or Consents
Adoption		
1) Prior to termination of parental rights		X
2) Legally free foster child		X
Bail Bond Funds Request		X
Behavioral/Mental Health		
Counseling		X
Psychiatric evaluation/treatment		X
Psychiatric hospitalization		X
Child Care		
Babysitter - short periods of time in foster home, not overnight	X	
Day Care	May express a preference	X
Respite Care - in licensed home-not over 30 days		X
Church/Religious Instruction		
Choose church and religious training (Unless parental rights are terminated or a release form is signed)		X
Enlistment in the Job Corps		X
Enlistment in the U.S. Armed Services		X
Foster Youth Driver		
Sign for driver's training	X	
Sign for driver's permit and driver's license (Foster caregiver must have proper insurance which insures child.)	X	
Car Ownership		X
HIV/AIDS (Section 5: pages 34-39)		
Release of HIV Status		X
Testing—Under 12 years old		X
<ul style="list-style-type: none"> • Child age 12 and over can consent to his/her own testing. • A physician may test without consent in order to provide an appropriate diagnosis. 		
Treatment		X
Legal Counsel Appointment		X
Legal Settlement Approval		X
Local Area Network (LAN)		
Wraparound Services		X

AUTHORITY TO GIVE CONSENTS AND MAKE DECISIONS ON BEHALF OF CHILDREN IN FOSTER CARE

Foster caregivers can never sign a consent.

	Caregiver Can Decide or Approve	Ask Caseworker for Approvals or Consents
Marriage: Under 18		X
Media		
Interviews		X
Photos		X
Medical Care		
Emergency treatment - Take or have child taken for treatment first, then notify the caseworker		X
Physician to provide routine medical treatment		X
Hospitalization		X
Major Surgery		X
Immunizations		X
Dental Care: Routine, including fillings and x-rays		X
Orthodontics		X
Dental Surgery		X
Medical Care Exceptions:		X
1) Pregnant female consents to all of her own medical care during pregnancy – not just medical care related to pregnancy.		
2) Pregnant and/or parenting youth consents for medical care of his/her children.		
3) Any minor (under 18) age 12 years or older may give his/her own consent to outpatient counseling or services which address drugs, alcohol, sexually transmitted diseases, birth control and HIV testing and/or treatment.		
4) Doctors or dentists may decide to treat in a medical crisis without consent, if consent is not available.		X
Medicine - See Section 5, page 14.		
Psychotropic drug alters mood or behavior.		X
Mental Health Information - See page 20		
Social Activities		
Approve attendance at social events such as birthday parties or overnight visits with friends	X	
Sign for fishing licenses	X	
Travel		
In Illinois: under 30 days		X
Standing permission to routinely visit same in-state or out of state location (Example: family summer cottage)		X
Out-of-state in U.S.: up to 30 days		X
Out-of-state in U.S.: over 30 days		X
Out-of-country		X
Passport: Consent to issuance for child under 12 years old		X

AUTHORITY TO GIVE CONSENTS AND MAKE DECISIONS ON BEHALF OF CHILDREN IN FOSTER CARE

Foster caregivers can never sign a consent.

Caregiver Can Decide or Approve	Ask Caseworker for Approvals or Consents
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	Caregiver Can Decide or Approve	Ask Caseworker for Approvals or Consents
School		
Choose a new school		X
Enroll child in school	X	
Notify former school of transfer to new school		X
Enroll child in free school breakfast or lunch programs	X	
Attend school conferences/handle routine school issues	X	
Receive contact from school regarding child's injuries	X	
Receive and review report cards	X	
Give permission for participation in in-state class trips*	X	
Give permission for out-of-state class trips		X
Sign "release of liability" form for school trips		X
Give permission for extra-curricular school activities, except athletic participation	X	
Consent to athletic participation		X
Enroll in required school insurance for athletics or other activities		X
Consent to release school information		X
For non-special education students: Appeal education plans, suspensions and expulsions		X
Special Education		
Sign for testing to determine child's special needs	X	
Sign for individual special educational needs	X	
Consent to the release of school information		X
Appeal the special educational plan	X	
Appeal suspensions or expulsions	X	

* If permission slip includes *release from liability* for the school, the caseworker must get consent from the Guardian's office.

If a foster parent is not authorized to make the decision or approve participation, it is the caseworker's responsibility to obtain the proper consents. Foster parents can be helpful by making consent requests as far in advance as possible.

KEEPING INFORMATION AND RECORDS ABOUT CHILDREN AND FAMILIES CONFIDENTIAL

Confidentiality is an important part of your responsibility as a caregiver and is part of the Licensing Standards Section 402.24. Information shared with you by the caseworker or other members of the child welfare team is shared in confidence to help you understand and care for the child as you attempt to meet his or her needs daily. This information should not be discussed with neighbors, friends, relatives, or other caregivers.

Children can become very upset, feel bad about themselves and lose faith in their foster parents when they overhear conversations about themselves or their family situations. Children also lose trust when suddenly confronted with confidential information by someone they feel should not know that information. For both reasons—the child’s self-esteem and continued trust in you, and because it is your legal responsibility—information should be kept confidential.

What Caregivers are Entitled to Know

At a minimum, caregivers are to be given this information:

- detailed information, in writing, concerning the child prior to placement. If placement is an emergency the information should be provided verbally and then provided in writing as it becomes available. Within 10 days of placement the department should receive a signed verification from the prospective foster parents that the following information was provided;
- available, detailed information about the child’s education and health history, and copies of immunization records, including insurance and medical card information;
- a history of the child’s previous placements and reasons for change of placement excluding the identity and location of previous caregivers;
- a copy of the child’s portion of the Integrated Assessment and the client service plan, including visitation arrangements, and all amendments or revisions to it as related to the child;
- details of the child’s Individualized Education Plan (IEP) when the child is receiving special education services;
- any known social or behavioral information necessary to care for and safeguard the children to be placed or currently in the home including, but not limited to, fire setting, perpetration of sexual abuse, destructive behavior and substance abuse; and
- the foster caregiver may review the supporting documents in the child’s file in the presence of caseworker staff. If a caregiver wishes to review supporting documents in a child’s file advance notice must be given to the agency so the file can be prepared.

Child Care Act, Section 5

Mental Health Information

Release of and access to clinical, social work, psychological, psychiatric, or other mental health information is limited to:

- the parent or guardian of a child who is under 12 years old;
- the youth 12 years or older;
- the parent or guardian of youth at least 12 years old, but not yet 18, if the youth is informed and does not object, or the therapist does not find that there are compelling reasons for denying access. The parent or guardian who is denied access may petition the court for access;
- the guardian of a youth 18 years old or older; and
- an attorney or Guardian ad litem who represents a minor 12 years old or older in any judicial or administrative proceeding, provided that the court or administrative hearing officer has entered an order granting the attorney this right.

Caregivers will not have access to mental health information without the consent of the proper party given above.

Confidentiality Guidelines for Sharing Information

Generally, personal information and records about children and their families may not be given to others unless an individual 18 years old or older gives written consent, or the parent or guardian of someone under 18 gives written consent. Based on frequently asked questions about confidentiality and the responsibility of caregivers, the following guidelines can help you to determine what can and cannot be shared and in what context.

Support Groups

Participants in special support groups such as “Mothers of Children with ADD” come together to give and receive support. Sharing information outside the group is not supportive. Principles of confidentiality should be stated at the beginning of each session. Participants must agree not to repeat, outside of the meeting, any information about a specific child, the family, or the foster family. *Any violation of confidentiality is a violation of licensing standards and is an issue the support group needs to deal with.*

Training

It is appropriate to share information in general terms without identifying the child or supplying identifying information.

Other Foster Caregivers or Relatives

Sharing of information about children or their families with other caregivers or relatives, who have no need to know about why the child is in foster care, is a violation of confidentiality. Seeking help from other caregivers on handling behavioral issues is appropriate, but sensitive, and information should not be shared with third parties.

School Personnel

The school and teacher need to know the child is in foster care due to the contacts required by the caseworker, your relationship with the child as the foster caregiver and the application for free lunch, textbooks and fees. *The teacher and everyone else at the school do not need to know the details of the case and personal information about the child and birth family.* Prior school records, including special education, will be available for school personnel to use to help guide the child academically. If the teacher wants more information, get the caseworker's opinion of what the teacher needs to know, or ask the caseworker to respond to the teacher's request.

Babysitters/Respite Providers

If another caregiver, relative, or other person provides babysitting or respite, consult with the caseworker about information you feel is necessary to share for them to adequately take care of the child. The extent of information shared for a temporary or respite placement may vary, depending on the length of time, frequency, status of the respite provider, needs of the child and based on a "need to know."

Press Protocol—Dealing with the Media

Caregivers may be interested in positive press coverage about foster care, but need to make sure it happens within the parameters of the state's confidentiality laws. The DCFS Communications Office can help decipher confidentiality laws for anyone seeking local press coverage for agency or foster parent support group events, or whether a newspaper wants to feature a child or foster family. Some general rules to keep in mind follow. But the easy way for any caregiver in dealing with the media is to refer them to DCFS Communications at 312-814-6847. If it is a good opportunity, DCFS Communications will make sure it happens, and will work with you to make sure the child's confidentiality is maintained. **All press inquiries MUST be immediately directed to the Communications Office at 312-814-6847.**

Interviews:

All requests for interviews or to publish photos of a child in foster care - whether by a newspaper, other media outlet, or for other use such as agency promotional materials - must have prior approval of the Communications Office at 312-814-6847.

- a child in foster care may not be interviewed nor have any photos of him or her published in an agency annual report, or any document or publication which would be used as a marketing tool;

-
- children 14 years old or older can be interviewed with the written consent of both the child and the DCFS Guardian if the caseworker agrees that the interview is in the best interest of the child; and
 - these people **MUST** be present for an interview at a foster home: representative from the Communications Office; the caseworker and foster caregivers; the director of the private agency, or his designee, if possible.

Photos

- the child's image cannot be shown, unless there has been a termination of parental rights (TPR);
- a general group setting is permissible, if parental rights have been terminated; and
- a child under 14 may **NOT** be identified as a child in foster care, unless the situation involves a recognition or honor of the child, then the child can be identified as being in foster care, **IF** it is relevant or significant to the honor, **AND** with permission of the child, the DCFS Guardian and the Communications Office.

Parties

- if the party is sponsored by an organization which wants the press present, they **MUST** notify the Communications Office and DCFS Guardian in advance; and
- photos are allowed, if approved in advance by DCFS, and are photos of children whose parental rights have been terminated.

Consents

- must be obtained in writing from the DCFS Guardian's office;
- may only be authorized by the Guardian or the DCFS Consent Unit. No authorized agents can consent; and
- after the Guardian has given consent, the interview or contact must be coordinated with the DCFS Communications Office.

Planning or Treatment Teams

After discussing with the caseworker what can be shared with other service providers, it is appropriate for caregivers to share major life occurrences, such as termination of parental rights or adoption as the case plan, or visitation details with teachers, doctors, respite providers, etc. as members of the team to benefit the child. Often, these occurrences have an impact on the child's behavior and feelings and the team members can help the child cope if they are aware of specific circumstances. It is not appropriate to share this information without clearing it first with the caseworker.

Sharing Permanency Plans

After adoption has become the goal and parental rights have been terminated, sharing of the permanency plan is appropriate only on a “need to know” basis as approved by the caseworker. Sharing of the permanency plan for the child with other foster family members or friends is only appropriate when the plan is clear and the caseworker and foster parents decide that sharing would not violate the child’s rights to confidentiality and would benefit the child. You should not discuss specific placement of a child or attempt to arrange placement of a child on your own.

HIV Status and Testing Confidentiality and Consents

See Section 5; Health Services, page 37-39.

Sexually Problematic Behavior Confidentiality and Consents

See Section 5; Health Services, page 28.

Disagreements About Confidentiality

If a caregiver and caseworker disagree about maintaining confidentiality, the caseworker’s supervisor needs to be involved. For example, an adoptive family has been selected and the caseworker has asked the foster family not to share this with the child yet, but the foster family feels that the child knowing will relieve his or her fears of never having a permanent family. The agency and DCFS have the final decision, but caregivers can appeal their decision to agency administration or through the DCFS Appeal System. (See pages 26-28)

Confidentiality of Caregiver Information

Prospective and current foster families are often concerned about what happens to all of the personal information gathered and stored by their agency and DCFS during and after licensing. The caregiver’s signature on the licensing application implies that they are informed of the process and are giving their consent for the process to occur.

A foster caregiver’s name, address and phone number must not be disclosed without prior written notice. Caregivers may also request the caseworker not to release this information to the child. DCFS Rules and Procedures about the confidentiality of information are outlined in Rules 315 and 301.

MANAGING DISAGREEMENTS

Caregivers and other child welfare team members, just like family members or co-workers, will sometimes disagree about:

- services or supports requested for the child;
- supports requested for the foster family;
- service planning, including visitation, transportation, etc.;
- quality of services being provided;
- foster family adherence to licensing standards;
- moving a child from the foster home; and
- recommendations to the juvenile court about permanency goals, including who should adopt the child.

Get the Facts First

There's no substitute for knowing and understanding your rights, responsibilities, your authority and that of other child welfare team members, including your agency and DCFS. Find out what state laws, DCFS rules and policies say. Use all of the learning tools at your disposal to learn more — this handbook, available training, the DCFS website for DCFS rules, caregiver networking groups, regional councils and other caregivers who have been through similar circumstances.

Lack of knowledge and differences in interpretation of laws or DCFS rules, policies or procedures can lead to a disagreement of opinion about what can be done for children and families. If you or your caseworker and agency are not sure about what guidance Illinois law or DCFS policies and procedures give in a particular situation, call the DCFS Advocacy Office for Children and Families at 800-232-3798. While the Advocacy Office does not give legal advice or act as formal advocates for callers, it can help both caregivers and agency staff understand DCFS rules and policy and can provide informal advocacy in helping to obtain services for children. Any agency or individual can also request an official, written interpretation of DCFS rules and procedure through DCFS' Office of Child and Family Policy.

Apply the Golden Rule

Start by treating your child's caseworker and other staff the way you would wish to be treated. Give the caseworker a chance to be your teammate. If you disagree, try to resolve your own disagreements first. Make any requests to the caseworker early. The caseworker will often have to get a supervisor's sign-off for what you want or need. All requests for services for children begin with the caseworker. Don't expect the caseworker to know everything. Do expect him or her to find the right answers and work with you on the child's behalf. Call the supervisor if you cannot reach or come to an agreement with the caseworker.

Listen to Other Points of View

It's interesting to consider that when you disagree with someone, the person you are disagreeing with is every bit as certain of his or her position as you are of yours. Yet we always take sides — our own! Practice being a good listener. It doesn't make you weak. It doesn't mean you are not passionate about your beliefs, or that you are admitting that you are wrong. You are simply trying to see another point of view — you are seeking first to understand.

When you understand other points of view, several things can happen. First, you could learn something new and expand your horizons. Second, when the other person feels listened to, he or she will appreciate and respect you far more than when you habitually jump in with your opinion. A side benefit is that the person you are talking to may be willing to listen to you. One thing is guaranteed — if you don't listen first, no one will.

Choose Your Battles Wisely

There will always be times you will want or need to argue, confront or fight for something you believe in. Some people argue, confront or battle over almost anything, turning their lives into battles over relatively minor things. There is so much frustration living this type of life that the person loses track of what is really relevant. The truth is, life is rarely what we want it to be, and other people often don't act as we would like them to. There are always going to be people who disagree with you, people who do things differently and things that don't work out. Accepting this can lead to a more stress free life. Make sure you regularly reevaluate your priorities, get the facts and then assertively move forward to advocate for the "big stuff" the child or your family needs.

Know Your Agency's Policies and Use the Chain of Command

If your agency has not distributed agency policy or an agency phone book, ask for copies. If you feel your concerns are not being heard or being considered, or your questions are not being answered, or you have requested services for your child without response, ask yourself:

- Have I communicated my point-of-view clearly and unemotionally?
- Do I know and understand agency or DCFS rules or policies about this issue?
- Am I talking to someone who has the authority to make a decision? If not, who can?

If you disagree with the caseworker, go up the agency chain of command — to the supervisor, the program head and the executive director if necessary. Put your requests in writing and keep copies. Keep a phone log of conversations.

Many agencies and DCFS regions also have an internal appeal process for caregivers supervised by the agency or region. Additionally, the Foster Parent Law requires agencies and regions to establish a grievance procedure for issues specifically contained within the Foster Parent Law.

THE DCFS SERVICE APPEAL PROCESS

Individuals who are currently receiving child welfare services or are requesting services may appeal actions and decisions made by DCFS or contracted agency staff directly to DCFS through the DCFS Service Appeal process. Individuals with the right to file an appeal are: children in foster care, birth parents, and foster caregivers or relatives who are the *current caretakers* of the child/ren in foster care. What issues are appealable depends on the role of the individual filing the appeal. The DCFS Service Appeal process is outlined in DCFS Rule 337 and Procedure 337.

Decisions that May Be Appealed

Foster caregivers can appeal these decisions to DCFS:

- a change in the child's placement—this does not include placement with birth or adoptive parent/s or siblings;
- decisions that directly affect you. *Example:* foster care payments;
- decisions about services for the benefit of the child in your care. *Examples:* day care, medical, educational or psychological services; and
- failure to provide services agreed to in the service plan for the benefit of the child in your care. *Examples:* counseling or providing medical equipment.

Decisions that May Not Be Appealed

Foster caregivers may not appeal the following issues:

- adjustments made in services by changes to state or federal law;
- issues already previously determined through the service appeal process;
- issues not defined as "services" under DCFS rules. Foster parents may be directed to other appeal processes within DCFS in these cases;
- issues that only regard the Medical Assistance Program; and
- issues in which the court has already entered an order.

To appeal an indicated finding of child abuse or neglect, or to appeal to remove unfounded records from the State Central Register (SCR), see pages 38-39.

To Appeal, Write a Letter

Appeal letters should include your name, address and phone number (days and evenings), a statement of your wish to appeal and what decision you are appealing. You should also include a brief summary of your position.

Send your appeal letters to:

DCFS Administrative Hearings Unit
17 N. State, 7th Floor, Chicago, IL 60602
Phone: 312-814-5540 Fax: 312-814-5602

Emergency Appeal

Emergency Review

Within 10 calendar days from the date of your initial appeal

Sometimes DCFS or an agency takes an action without telling you before they do it. Usually this happens if the agency or DCFS believes a child to be either at imminent risk of harm if action is not taken immediately.

If this happens, foster caregivers have the right to request an Emergency Review to stop the agency or DCFS from taking action that involves a change in placement of the child.

An Emergency Review allows DCFS to make a temporary decision based on a concern that the child will be in “imminent risk of harm” while the case is proceeding through the service appeal process. Foster caregivers, DCFS or a provider agency can request an Emergency Review.

To request an Emergency Review, *send a written request within 10 calendar days of the date on the notice of decision or the date the action was taken* to the same address as shown on page 26 for filing a service appeal.

What Information to Include in Your Appeal Letter

- **information about you:** name, address, phone (days and evenings);
- agency name or DCFS region;
- child/ren’s name/s, ID numbers and dates of birth;
- caseworkers name and phone number;
- **your request:** ask for mediation, fair hearing and/or emergency review or ask for help in deciding what to request; and
- **briefly list the issues:** The DCFS staff person receiving your appeal letter needs a *short summary* to be able to respond to your request quickly. Rambling letters and volumes of pages are unnecessary and will slow the process. Just number and list the decisions and issues. For example: 1) Child was never returned to my home after I was found innocent of child abuse. 2) Service plan says child is to have counseling. Counseling has never been approved.

Attach: Copies of any previous DCFS or agency written notice/s of decision.

Do not attach: "Evidence," such as service plan copies, receipts or case chronologies. Keep these for later use.

Mediation: An Optional, Informal Way to Resolve Disputes Within 30 calendar days of date of appeal

After a caregiver sends in an appeal letter or fax, the Administrative Hearing Unit will reply by letter, asking if he or she would like to participate in mediation to try to solve the issues before a formal fair hearing.

Mediation is an *informal process* where the caregiver and the staff responsible for the decision discuss differences with a neutral third party (a trained mediator) leading the discussion. The caregiver has 15 days after mediation to accept or reject the mediation agreement. Mediation gives all parties in the decision-making process a chance to express their point-of view, take part in the decision-making process and be a part of the final decision.

If agreement is reached in mediation, all parties sign a Memorandum of Agreement which lists the terms of the agreement. Mediation services resolve the majority of the issues coming to DCFS for appeal. Using mediation services is optional. Caregivers may request a Fair Hearing instead, or at any time during the mediation process. The agreement is not a legally binding contract.

Fair Hearing: A Formal Process Within 45 calendar days of the filing date of appeal

An impartial Administrative Law Judge is appointed by DCFS to preside over the Fair Hearing, which is a *formal process* in which records of the proceedings are kept. Legal rules of evidence are generally followed.

During the Fair Hearing both the caregiver and other parties have the right to:

- examine the other side's evidence;
- present and question witnesses;
- present any information relevant to the issues;
- question or disprove any information, including an opportunity to question opposing witnesses; and
- mutually agree to a resolution of any issue in dispute.

DCFS will almost always be represented by an attorney. The caseworker and other staff involved in your case may not be present unless you or the DCFS attorney calls them as witnesses.

During this formal process, the administrative law judge conducts the hearing in many ways that are similar to hearings in court. Foster caregivers are not required to have an attorney representing them at the Fair Hearing. However, they must understand that if they decide to present their own argument, they will be facing a licensed attorney and they must follow the rules of evidence set out for administrative proceedings such as service appeals.

Foster caregivers who are unable to secure an attorney to represent them may wish to consider going to mediation instead of going immediately to a Fair Hearing, because mediation is an informal process where caregivers can discuss their concerns with involved staff under the guidance of a trained mediator.

If agreement is reached, the case is dismissed. If mutual agreement is not reached, the Administrative Law Judge will recommend to the DCFS director how the issue should be resolved.

Final DCFS Decision

Within 90 days from the filing date of the appeal

The DCFS director will consider the Administrative Law Judge's recommendation and issue DCFS' final decision on the issue.

DCFS must make and act upon its final administrative decision within 90 days from the date the service appeal was filed, unless a delay in this time frame is caused or agreed to by the person appealing.

VOICING OTHER TYPES OF COMPLAINTS

Staff or Agency Performance

If you feel that the caseworker, supervisor or any staff member of the agency is not doing his or her job, inform your agency's chain of command, beginning with the staff person's supervisor and moving up until the matter gets resolved. Complaints about DCFS staff should be directed to the supervisor, then up the chain of command to the DCFS regional administrator of the region. Likewise, complaints about the performance of agencies that contract with DCFS should be directed to the caseworker's supervisor and continue up that agency's chain of command.

Whether you are a caregiver licensed through DCFS or a private agency, if your issue is not resolved once you have taken your concern up the appropriate chain of command, your next step is to contact the DCFS Advocacy Office for Children and Families (800-232-3798). Be prepared to explain your situation with specific examples.

Medical Services or Equipment

Caseworkers can be helpful in providing informal advocacy to foster caregivers with children needing medical equipment, special medical services or treatment, or training in caring for children. Work closely with your caseworker.

Discrimination

If you feel you have been discriminated against by DCFS, one of its contracted agencies or any of their staff on the basis of race, color, religion, sex, national origin, inability to speak or comprehend the English language, or physical or mental handicap, there is a process to review your situation. Though this is not appealable through the service appeal process, you may voice your discriminatory concerns through DCFS by *contacting, within 30 days from the date of the alleged discrimination.*

DCFS Office of Affirmative Action
1921 S. Indiana
Chicago, IL 60616
312-328-2493

INVESTIGATIONS INVOLVING CAREGIVERS

Caregivers can be involved in any of three distinctly different types of investigations:

- child abuse/neglect investigations
- licensing complaints; and
- Office of the Inspector General investigations.

Understanding your role and rights, as well as the role and rights of others involved, in each type of investigation, and your right to appeal is important in handling difficult circumstances effectively.

Child Abuse or Neglect Investigations

Caregivers can fulfill three distinct roles in protecting children from abuse or neglect:

- you may be the first to notice signs of abuse and neglect for children placed in your home and function as a *mandated reporter* in calling the DCFS Hotline to report your observations;

Example: A child returns to the foster home from a visit with his father with bruises and welts on the back of his legs. You immediately report suspected abuse to the DCFS Hotline.

- You may have information useful to the abuse/neglect investigation and be interviewed as a *collateral resource*; and

Example: An investigator contacts you about a report of neglect involving your neighbor's son. As a neighbor, and with the boy being the best friend of your son and at your house daily, the investigator is looking for information you may have that will help in the investigation.

- *Monitor the safety and welfare of a child in an indicated report*, sharing information with the caseworker or making another report if there is a new incident.

Example: The eight year-old girl was sexually abused by an older child in the home. You and the caseworker work out a safety plan for the child and, as the caregiver, you monitor that it is being followed. You are also responsible for calling the Hotline if you suspect any future abuse.

Caregivers can also find themselves in several other situations involving a child abuse/neglect investigation:

- 1) a caregiver may be accused of abuse/neglect through a report called in to the DCFS Hotline and be investigated; or
- 2) a family member or a child living within the foster home may be the subject of an abuse/neglect investigation.

Talking to the DCFS Abuse/Neglect Hotline -- 800-25-ABUSE

Legal Requirements for All Mandated Reporters

- suspected child abuse or neglect must be reported *immediately*;
- privileged communication between professional and client is not grounds for failure to report. Willful failure to report suspected incidents of child abuse or neglect is a misdemeanor. Further, professionals may also be subject to penalties by their regulatory boards;
- the mandated reporter may be required to testify regarding any incident reported, if the case becomes the subject of legal or judicial action;
- state law protects the identity of all mandated reporters, who are given immunity from legal liability as a result of reports made in good faith; and
- reports must be confirmed in writing to the local investigation unit *within 48 hours* of the Hotline call. Report forms may be obtained from the local DCFS office.

MANDATED REPORTERS

Medical Personnel

Law Enforcement Personnel

Social Service/
Mental Health Personnel

Child Care Personnel

School Personnel

Coroner/Medical Examiner Personnel

The foster caregiver's role as a mandated reporter is to inform the DCFS Abuse/Neglect Hotline if you have reason to believe *that a child in your care* has been harmed or is in danger of being harmed — physically, or through neglect — and that another person either committed the harm or should have taken steps to protect the child from the harm.

An optional online mandated reporter training is available on the Virtual Training Center (VTC) at www.dcfstraining.org.

Foster caregivers are mandated reporters ONLY for children placed in their home or under their direct care and supervision. Caregivers are not legally mandated to report suspected abuse or neglect of other children, but as concerned citizens they should make a report.

False Reporting to the Hotline

Caregivers should be aware that it is a violation of Illinois law to intentionally make false reports of child abuse or neglect to the DCFS Hotline. Making false reports is a Class 4 Felony.

If a caregiver is the subject of an unfounded report and believes the report was made intentionally as an act of retaliation, he or she may make a request, in writing, within 10 days of the receipt of the DCFS notification letter, that the State Central Register (SCR) retain the report.

Your Rights as a Mandated Reporter

Notification of the Finding

After the investigation is completed, DCFS sends the mandated reporter a letter about what the investigation “found.” If the investigation found credible evidence of abuse or neglect, then the report is “indicated.” If credible evidence was not found, then the report is “unfounded.”

Request A “Second Review” of the Case

The notification letter also informs the mandated reporter of his or her right to request a second review of the investigation *within 10 days*, if he or she has any concerns about the adequacy of the investigation, and provides the address to send the written request.

DCFS has established multi-disciplinary review committees in each region of the State to do reviews requested by mandated reporters. Each committee is composed of a health care professional, a DCFS employee, a law enforcement official, a licensed social worker and a representative of the State’s Attorney’s Office. The Committee will review the case and make recommendations to the DCFS director as to the adequacy of the investigation and the accuracy of the final finding determination. All parties are notified of the director’s final decision.

When Can DCFS Become Involved in Suspected Cases of Child Abuse or Neglect?

Illinois law is quite clear about the circumstances under which DCFS can investigate and intervene when abuse or neglect of a child is suspected.

All of following conditions must be present:

- the victim must be less than 18 years of age;
- the alleged perpetrator (person alleged to have committed the abuse/neglect) must be a:
 - parent;
 - stepparent;
 - paramour of the birth parent;
 - guardian;
 - foster caregiver;
 - immediate family member (siblings and grandparents, any person living in the home of the child);
 - person who came to know the child through an official capacity of position of trust (i.e. teacher, or health care professional, or volunteer in a youth program, etc.); or
 - person who is responsible for the welfare of the child (i.e. babysitter, day care facility or residential facility, etc.).
- there must be a specific incident of abuse or neglect or a specific set of circumstances involving suspected abuse or neglect; and
- there must be either demonstrated harm or a substantial risk of physical or sexual injury to the child.

Role of the DCFS Hotline Worker:

The function of the DCFS Hotline worker is to determine whether or not the harm to the child described by the mandated reporter or other caller constitutes abuse or neglect under the State’s legal definition and can be investigated by DCFS. It is not the job of the Hotline worker to decide if the suspected abuse has actually occurred. All Hotline workers receive extensive, special training related to Illinois laws and what constitutes an abuse/neglect report.

What Happens if a Report is Taken?

If the Hotline worker takes your report, he or she will tell you and an investigation will begin within 24 hours. As a mandated reporter, you will be asked to supply a written confirmation of your verbal report within 48 hours. The local DCFS field office can provide the form (CANTS 4 or 5). This report may be used as evidence in any court proceeding that results from the incident.

Local Child Protection Investigation (CPI) Unit Investigates Report

An investigator will attempt to make contact with the reporter and then the child victim within 24 hours. If there is a possibility that the child is in immediate danger, the investigation begins immediately. The DCFS Child Protection Investigation Unit will investigate allegations of the circumstances listed below:

Abandonment/desertion	Inadequate clothing	Poison/noxious substances
Bone fractures	Inadequate food	Sexual exploitation
Burns/Scalding	Inadequate shelter	Sexual molestation
Cuts, bruises, welts, abrasions and oral injuries	Inadequate supervision	Sexual penetration
Death	Internal injuries	Sexually transmitted diseases
Diseases transmitted sexually	Lock-out	Sprains, dislocations
Environment injurious to health and welfare	Malnutrition	Substance misuse
Environmental neglect	Medical neglect	Substantial risk of physical injury
Failure to thrive	Medical neglect of disabled infants	Substantial risk of sexual injury
Head injuries	Mental injury	Torture
Human bites	Mental/emotional impairment	Tying/close confinement
		Wounds

Initial Investigation: First 14 days

In a small percentage of cases, the investigator may determine after the initial contact with the child that the abuse or neglect did not occur. The child protective service worker (CPSW) will verbally inform the mandated reporter and the alleged perpetrator of the abuse or neglect that the report was taken, but it is “unfounded” and the investigation is being discontinued. Or, after the initial contact, the CPSW may determine that the child is immediately safe, but further investigation is needed.

Formal Investigation

Completed within 60 days with one opportunity for a 30-day extension

During the investigation, the CPSW will contact the victim, the mandated reporter, the alleged perpetrator, non-involved parents/caretakers, other adults living in the home, siblings and others who may have important information about the case. Investigators may also talk with other family members, potential witnesses or professionals to obtain additional, relevant information. Also,

investigators will coordinate with police who may be conducting a related, but separate investigation. This happens when it is likely that the State's Attorney will press criminal charges against the alleged perpetrator.

Foster Caregiver as a Subject of an Abuse/Neglect Investigation

Having an investigator arrive at your home and inform you that a Hotline report accusing you of child abuse or neglect has been made can be a very frightening experience. Investigators must handle the investigation of a foster caregiver in the same way they would anyone else.

Although investigations of foster caregivers must be treated the same as anyone else, every attempt is made to expedite the investigation (DCFS Procedure 300.70(b)). If you know you are innocent, try to remain calm and work through the investigation process. You have the following rights:

RIGHT: To know the exact allegations made against you.

The investigator must inform you of the allegations. Tip: Take notes while the investigator is informing you of the allegations. Read your notes back to the investigator to verify that you have them correctly noted.

RIGHT: To know the circumstances surrounding the allegation/s.

The circumstances include the "what," "where," and "when" information surrounding the report. For example, the circumstances of the abuse allegations are that you were seen in the backyard beating a six-year-old child with a belt about 2 p.m. today. You will not be given the name of the person who called in the report to the Hotline — all reporters must remain confidential.

RIGHT: To offer names of people (collaterals) who will substantiate your story.

Many investigations can be dealt with quickly. Once you know what the allegations are against you, you can decide how to proceed. Maybe, it is just a misunderstanding and can be cleared up quickly by offering facts and the names of others who can verify what you tell the investigator.

Questioning of Children

The investigator must see the child or children alleged to have been abused or neglected within 24 hours of the report to the DCFS Hotline, or sooner to determine whether they are safe and not in immediate danger. Sometimes, the CPSW will go to the school to question the child before you are even aware of the allegations. If the child lives with you, the CPSW may question the child while in your home.

RIGHT: To call someone for advice prior to questioning.

To have an attorney or representative present during questioning.

Sometimes, the allegations and situation are not simple. After hearing the allegations, you may want or need advice on how to proceed. You have the right to call someone for advice before being questioned by the investigator. You also

have the right to secure an attorney to be present during questioning, if you can do so within *24 hours*. You also have a right to have a personal representative or witness of your choosing present with you during questioning, *if they can be present within four hours and will sign an Acknowledgment of Non-Disclosure form (CANTS 23)*.

Remember: the CPSW is aware of your rights. Exercising your rights is not an indication of guilt, but a matter of self-protection.

Removal of Children from a Foster Home

Your Own Children: Birth or Adopted Children

Caregivers who are under investigation for abuse or neglect have the same rights as any other parents: to be notified of and to appear at the Temporary Custody Hearing within 48 hours of the removal of their children.

Children in Foster Care

The CPSW has the right to remove children in foster care from a foster home without giving advance notice if he or she believes the child is in imminent risk of harm.

What Happens as a Result of an Abuse/Neglect Investigation?

The CPSW gathers information during the investigation about the specific allegation/s of harm to the child. At the end of that process, the CPSW must decide if the report is "indicated" or "unfounded." The standard of proof is "credible evidence," a lower standard than that required for any court procedure. The lower standard of proof allows DCFS to serve families and protect children in many situations that could not be proven using the higher law enforcement or judicial standards. DCFS can *indicate* the report if the CPSW finds that there is credible evidence that the perpetrator committed the abuse or neglect. If credible evidence cannot be documented, the report will be *unfounded*.

"Indicated" Finding

Indicated reports showing credible evidence that abuse or neglect occurred have these possible outcomes:

- abused or neglected child is unsafe and is removed from home;
- abused or neglected child and other children living in the home are unsafe and are removed from home;
- children are not removed from home because they are not currently at risk, for example, the perpetrator of abuse no longer lives in the home;
- criminal charges are recommended; or
- services are provided for the child/ren and family.

“Unfounded” Finding

These situations can lead to an unfounded finding:

- it is impossible to *document* credible evidence of abuse or neglect from the facts; or
- no credible evidence exists that abuse or neglect occurred.

Concurrent Investigations

An allegation charging a licensed caregiver of abuse or neglect will also result in a licensing complaint investigation. Formerly the licensing investigation took place after the CPSW investigation was completed. However, to minimize the impact of two investigations on the foster family and to make the process more effective, DCFS recently established a policy for concurrent investigations. While the licensing investigator and CPSW are not required to conduct all investigative activities together, such cooperation is encouraged. Both the CPSW and the licensing investigator will jointly plan their respective investigations and exchange investigative information weekly.

Once the CPSW and the licensing complaint investigations are completed, based on the findings, the local DCFS or private agency child welfare team will be responsible for monitoring the protective plan, developing a corrective plan (if needed) and additional follow-up casework.

Rights of Subjects of Child Abuse and/or Neglect Investigations After the Investigation

Notification of the Finding

Anyone who has been the subject of an investigation has the right to receive written notification of the finding (indicated or unfounded) from DCFS, who must mail the notification within 10 calendar days after the final determination has been entered into the State Central Register (SCR). *If the report is unfounded, DCFS must also send written notification to all persons interviewed during the investigation informing them that the report was unfounded. This is only done with the consent of the adult subject of the investigation.*

Record Retention

The State Central Register (SCR) retains records of indicated findings for a minimum of 5 years and longer for indicated findings of serious child abuse or neglect. A complete listing of the SCR record retention policy for files of indicated cases is in DCFS Procedure 300, Appendix B.

Request SCR Keep “Unfounded” File to Substantiate False Reporting

Anyone who feels he or she may be the victim of individuals calling in false reports to the DCFS Hotline may request DCFS keep the file in case evidence of harassment is needed at a later date. This written request must be made to DCFS *within 10 days* of receipt of the DCFS notification letter. All identifying information about any unfounded report involving the death of a child, the sexual abuse of a child or serious physical injury to a child shall be

retained in the State Central Register for three years from the date the final

finding report is entered into the SCR. DCFS automatically retains unfounded reports of physical injury called in by mandated reporters for 12 months as possible background and history for investigators if future reports are made. Other unfounded reports must be removed from the SCR after 30 days.

Copy of the Investigation File

The DCFS notification letter informs the subject how and where to request a copy of the file of the investigation. Any information that could identify the reporter will be deleted from the file.

Return of Children to the Foster Home

The caseworker has the responsibility of deciding whether or not it is in the child's best interest to be returned to your foster home, based on the facts of the investigation, the CPSW's indicated or unfounded finding, and any other issues, such as a pending licensing complaint. If you do not agree with the caseworker's decision, go up the chain of command to the supervisor and administrator. You also may have the right to appeal to DCFS, depending on the facts of your case. If you need help determining your appeal rights in having the children returned, call the DCFS Advocacy Office for Children and Families at 800-232-3798.

Child Abuse/Neglect Appeal Process

The process and time frames for the child abuse/neglect appeal process are different than the service appeal process.

When a person appeals a child abuse/neglect decision, a date for a hearing will be set and a pretrial conference will be scheduled immediately.

Notification of Appeal Rights and Deadlines

At the beginning of the investigation, a brochure will be included with the DCFS letter listing the subject's rights to appeal to DCFS and stating all appeal deadlines, which are as follows, and are given in more detail in DCFS Rule 336.

Any person who has been named as a subject in a report of child abuse or neglect to DCFS has the right to file an appeal either personally, *in writing* or through an authorized representative within 60 days of the postmark on DCFS' notice of the investigative finding.

The following issues may be appealed through the appeal process:

- an indicated finding of child abuse or neglect;
- failure to remove an unfounded report of child abuse or neglect from the State Central Register within the timeframes given in Rule 336.60, unless the report is being retained as a false report at the subject's request;
- failure to expunge or remove information about an indicated report of child abuse or neglect that the appellant believes is maintained in a manner inconsistent with the Abused and Neglected Child Reporting Act; and

- issues of whether the department's determined retention period assigned to the indicated report is in accordance with Confidentiality of Personal Information of Persons Served by DCFS rules;

Issues that may not be appealed are:

- issues in which the department has already made a final administrative decision as a result of a previous appeal;
- issues not regarding a child abuse or neglect report;
- cases where the court has made a judicial decision on the issue being appealed or a judicial finding of child abuse or neglect has been made on the issue and the appellant is requesting that the record of the report be expunged, amended or removed;
- instances when the request for the appeal was not received within 60 calendar days of the postmarked date of the notice that the report was indicated;
- instances when the appeal has been withdrawn in writing;
- instances when the appeal has been abandoned as defined in Rule 336.200; and
- instances when the issue is not within the jurisdiction of the Administrative Hearing Unit as set in Rule 336.60.

Written appeal letters must be sent to the address given in the notice from the State Central Register.

Timeframes for the Appeal

In an appeal to a child abuse or neglect decision, the Chief Administrative Law Judge will:

- schedule a pre-hearing conference at least 15 days before the first hearing date;
- schedule a hearing at a date within 70 calendar days after the date of receipt of the appellant's request for an administrative hearing at a time and place reasonably convenient for all parties; and
- provide a written notice to the parties within 10 calendar days after the receipt of a sufficient request for an administrative hearing, with information on the scheduled hearings, the nature of the appeal, the appeal process and the appellant's rights.

Pre-hearing Conference

The pre-hearing conference is typically conducted by telephone, unless the judge and other parties agree to an in-person conference. The Administrative Law Judge addresses the following issues during the pre-hearing conference:

- whether parties have exchanged lists of the persons who will provide testimony during the administrative hearing;
- whether children under 14 years of age may testify or be involved in the hearing, and if so, any restrictions or conditions regarding their testimony;
- whether witnesses should be scheduled to testify at specific times;
- whether the parties have or will have exchanged records or documents prior to the administrative hearing;
- whether the parties can agree upon any facts as true;
- motions filed by any party; and
- the need for an interpreter for a party whose primary language is not English or who requires communication assistance.

The Administrative Hearing

In an administrative hearing concerning child abuse or neglect reports the department carries the burden of proof of justifying the refusal to amend, expunge or remove the record. The department must prove that a preponderance of evidence supports the indicated finding, or that the record of the report is being maintained in a manner consistent with the Abused and Neglected Child Reporting Act and in accordance with department rules, 89 Ill. Adm. Code 300, Reports of Child Abuse and Neglect.

Rights and Responsibilities in Administrative Hearings

The Administrative Law Judge is responsible for insuring that all outlined rights are upheld and responsibilities are met during the appeal process:

- during the administrative hearing, the appellant (foster caregiver) and the department have the right to:
 - present and question witnesses;
 - present any information relevant to the issues;
 - question or disprove any information, including an opportunity to question opposing witnesses; and
 - dispose of any disputed issue by mutually agreeing to a resolution any time prior to the conclusion of the administrative hearing.
- the department has an obligation to present evidence which creates a full and complete record, subject to department rules and statutes on confidentiality;
- before and during the administrative hearing the appellant may withdraw the appeal; and the department may expunge the indicated finding or amend the indicated finding to delete any information which identifies the appellant as a perpetrator.

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- at any time prior to the commencement of the administrative hearing and with written notice, the department representative may add or amend the allegations which support the indicated finding against the appellant;
 - the person making the appeal may bring an Authorized Representative to the hearing. Expenses of a representative or of an appellant's witnesses shall be paid by the person making the appeal;
 - the appellant can request an interpreter, at no cost to the appellant, if English is not the primary language, or a sign interpreter or other assistance for communication if the appellant is hearing impaired; and
 - hearings shall be recorded on audiotapes. However, any party wishing to have the proceedings recorded by a certified court reporter may do so at the party's own expense.

Note to caregivers: Please see the cautions stated on pages 28-29 regarding whether you may wish to hire an attorney to represent you at this formal hearing.

Making the Final Administrative Decision

The Administrative Law Judge's recommendation is due within 90 days after receipt of a timely and sufficient request for an appeal, unless extended by action of the appellant.

Within the same 90 day time period, the director shall receive and accept, reject, amend or return the Administrative Law Judge's recommendation to the Administrative Hearings Unit for further proceedings. The 90-day time period may be extended by the actions of the appellant.

The director's decision is the final administrative decision of the department. If the decision requires corrective action by the department, the director shall appoint a department staff person who shall be responsible for insuring compliance with the decision.

LICENSING COMPLAINTS

A licensing “complaint” is defined as any report claiming violations of the law or DCFS rule related to foster parenting, which can include child abuse or neglect.

Licensing complaints typically come from:

- written communication or phone calls to a private agency or DCFS;
- DCFS or private agency staff who observe licensing violations in the course of their work;
- “indicated” reports of abuse or neglect within a foster family home;

Note: If credible evidence exists of child abuse or neglect within a foster family home, the “indicated” report by the child protection investigator automatically generates a licensing complaint, causing a licensing investigation; and

- child protection investigators who find no credible evidence of abuse or neglect in a foster family home *after* investigation, but do observe what *may be* licensing violations.

Licensing Complaint Investigation Process

A licensing complaint will be taken if the alleged violation has occurred within 60 days and the description of events or observations seem to show licensing violations.

Factual information will be gathered and the person making the complaint will be told about the licensing investigation process, including the possible need to re-interview the license holder. Information contained in any licensing complaint is confidential and the identity of the person making the complaint will not be revealed.

Within 2 Business Days of the Complaint

The private agency caseworker (for homes supervised by an agency) or DCFS licensing staff (homes in a DCFS regional foster care program) within two business days must begin a licensing investigation with an unannounced visit to the foster home.

Caregivers have the right to have a person of their choice with them during the licensing investigation to serve as a witness or advocate. If the person of choice is not present at that moment, caregivers may take at least four hours to have them present. The witness or advocate must agree to DCFS rules of confidentiality. Any person who is a witness or advocate will not be notified of the outcome of the licensing investigation.

Within 30 Calendar Days of the Complaint

The investigation should be completed within 30 calendar days of the complaint, but can be extended another 30 calendar days upon written notice to the caregiver.

15 Days after Completing the Investigation

DCFS or the private agency must make a formal determination of whether or not a licensing violation has occurred.

5 Calendar Days after Determination

DCFS or the private agency will send the caregivers being investigated a certified letter summarizing the findings of the licensing investigation.

Caregivers Have the Right to Informal Review of the Decision

If the caregiver disagrees with the licensing investigation decision, he or she may make a written request for an informal supervisory review of the decision within 10 days of the postmarked date of the letter. The licensing worker, the supervisor and the caregiver are required to attend this meeting. The caregiver may bring an attorney or representative to this meeting. Caregivers may share additional information at the meeting, which they believe to be relevant.

After the informal supervisory review, if the licensing decision is overturned, the process stops. If the decision is not overturned, there are several possible outcomes, and enforcement actions will proceed.

Possible Outcomes of a Licensing Investigation

Corrective Action Plan

If licensing violations are found and are correctable and the caregiver is willing and able to correct them in a short period of time, a written corrective action plan will be developed.

The written corrective action plan always contains:

- what exact licensing violations were found;
- a clear statement of what is expected in correcting them; and
- a specified time frame for completion.

Post Complaint Monitoring Visit

If the licensing investigation decision is not overturned, a time period for compliance to licensing standards is confirmed in writing to the caregivers. After the time period allowed, the licensing worker makes an *unannounced* visit to the foster family home to determine whether the licensing violations have been corrected.

Caregiver Surrenders the License

During the investigation, the caregivers may decide to voluntarily surrender their license.

Possible Enforcement Actions of Licensing Standards

DCFS regions and agencies, in consultation with DCFS, are responsible for ensuring that licensing standards are met by the foster family homes under their supervision. DCFS issues all foster care licenses, even to private agency foster homes, and has *the final responsibility and authority* to enforce licensing standards.

Enforcement actions are progressive and include:

- making a written assessment of the foster family's compliance with licensing standards. The licensing worker must show that a "preponderance" of evidence exists to substantiate the violation;
- consultation. The licensing worker must be able to show that he or she has attempted to work with the foster family in resolving any licensing issues or problems that were identified; and
- documentation. Every contact leading up to any enforcement action must be recorded in the case file. Documentation includes information about the:
 - seriousness of the violation;
 - substantial nature of the violation;
 - person or persons responsible for the violation;
 - ability to correct the licensing violation;
 - previous citations;
 - overall compliance; and
 - risk to children.

Negative Licensing Enforcement Actions

If a prospective or current foster family has not been willing or able to comply with DCFS licensing standards, after reasonable steps have been taken to help them comply, negative enforcement actions are usually the result.

Denial of an Initial License

A foster care license may be denied if the prospective foster family:

- fails to complete the licensing process;
- has a member of the household with a criminal history that prevents licensing;
- home does not meet licensing standards, after reasonable attempts have been made to make corrections; or
- has a member of the household with a serious/recent history of child abuse/neglect.

Changing/Reducing Capacity

A corrective action plan determined by the caseworker and caregiver may be used to change the parameters of a license. The action commonly taken is to reduce the number of children a family may foster.

Refusal to Renew A License

Licenses may not be renewed if documented evidence exists that the health, safety, morals or welfare of children are in jeopardy. The licensing worker's supervisor and the DCFS Licensing Administrator must approve this action. If this happens, the supervising agency will notify the caregivers by certified letter of the reasons the license is not being renewed and advising them that Central Office Licensing will formally notify them of their appeal rights.

Revoking A License

Licenses may be revoked if the health, safety, morals or welfare of the children are in jeopardy. The licensing worker, the supervisor, DCFS Licensing Administrator and DCFS Central Office of Licensing review the enforcement documentation and are involved in the decision to revoke a license. The foster parents will be notified by letter from DCFS of the decision to revoke their license and advising them of their rights.

The "Conditional" License

If serious licensing violations are found any time, the licensing worker may recommend revoking the foster parent/s' original license and issuing a 6-month probationary license to allow the caregivers time to correct licensing violations if they indicate a willingness to do so. A corrective action plan is made which lists expectations and time frames for completion. At the beginning of the sixth month, a renewal study begins and the foster family home is expected to be in full compliance with licensing standards. If the foster family home is in full compliance, a full four-year license is issued. If not, revocation proceedings begin and an enforcement hearing is scheduled for the conditional license.

Administrative Order of Closure

The DCFS director is authorized by the Child Care Act, Section 11.2, to issue an order to immediately close a "licensed facility" whenever DCFS finds that continued operation jeopardizes the health, safety, morals or welfare of children. If applicable, the director is also authorized to initiate license revocation proceedings within 10 working days. An Administrative Order of Closure is signed by the DCFS director and *delivered in person by licensing staff* to the foster parent/s. Then, a letter citing all licensing violations and offering the opportunity for an informal review is sent to the foster parent/s within 10 working days. If the foster parents request a review within 10 days from the postmarked date of the DCFS letter, the review *is scheduled immediately*. If a review is not requested, the license revocation proceeds.

Caregiver Rights Under Negative Enforcement Actions by DCFS

Prior to revoking or refusing to renew a license, DCFS must notify the caregiver by registered mail. The DCFS letter contains information about how to request a hearing, if desired.

10 Days from Postmark to Request Hearing

The caregiver has 10 days from the postmarked date of the DCFS letter to make a written request for a hearing. The caregiver, in the same letter, may also request a written statement of the charges from DCFS. If the caregiver does not request a hearing within 10 days from the postmarked date of the DCFS letter, the license will be revoked or the renewal denied.

Hearing within 30 Days of Postmark of Request/15 Day Notification of Hearing Date

If the caregiver requests a hearing within 10 days from the postmark date time limit, the hearing date must be within 30 days of the postmark on the caregiver's request letter. DCFS must also notify the caregivers by registered mail at least 15 days in advance of the hearing date set. Both DCFS and the caregiver may subpoena witnesses and provide relevant documents for the hearing. A hearing officer will be appointed by DCFS. An attorney may represent the caregivers, if they choose to hire one. After the hearing, DCFS will either determine whether to revoke or not renew the license, or will decide that no action should be taken.

OFFICE OF THE INSPECTOR GENERAL (OIG) INVESTIGATIONS

The Office of the Inspector General is legally authorized to investigate allegations of misconduct and violations of rules, procedures or laws by any employee, foster parent or contractor of DCFS.

OIG Investigation Process

Complaints are called in to the OIG by the public, staff or caregivers through 800-722-9124. If a complaint is accepted, the OIG will begin an investigation including a full record review and interviews of relevant witnesses. While conducting investigations, care is taken to conceal the identity of the person making the complaint.

Examples of caregiver complaints called into the OIG:

- retaliation of staff, including removal of children, not placing children and citing licensing violations which did not exist;
- agency not sending payments to caregivers monthly, or paying with bad checks; and
- failure of staff to meet children’s needs.

Impounding Files and Records

The OIG is charged not only with investigating misconduct, but also with conducting investigations “in a manner designed to ensure the preservation of evidence for possible use in a criminal prosecution.” OIG investigators often must impound files to ensure the integrity of records. Although unusual, it is possible that an OIG investigator could arrive unannounced at the foster family home to impound records. **Tip:** Tell the investigator which records you need back immediately. (i.e. Health Passport to take to doctor appointment).

Interviewing Subjects of Misconduct or Persons with Information

The OIG’s most frequent contact with caregivers is to interview caregivers who have made complaints or have information that may help the OIG investigate complaints. Although rare, foster parents could also be the subjects of an OIG investigation. It is important to know your rights in either situation, as well as the rights of the OIG.

Caregiver’s Right: To have an attorney present, if desired, or have a support person present during questioning. This person must agree to keep all information confidential. They must not be involved in the allegations, and they must agree to comply with OIG procedures.

Criminal Investigations

If evidence exists that a criminal act may have been committed, the OIG will notify the Illinois State Police, Attorney General or other law enforcement agency. If another law enforcement agency elects to investigate, the OIG will close that portion of the OIG case referred, but retain the case on monitor status. If the law enforcement agency decides not to prosecute, the OIG file will be reopened.

Death Review

The OIG investigates all Illinois cases in which a child has died where the child was in DCFS care, the subject of an open investigation or family case, or the subject of a closed abuse and neglect report within the last 12 months. In the unlikely event that a child dies while living with a foster family, the foster family would be involved in the OIG's investigation.

System Improvement Recommendations

At the request of the DCFS director, or when the OIG has noticed a particularly high level of complaints in a specific division of DCFS, the OIG will conduct a systemic review of a DCFS division, a private agency or area of practice. Investigations yield recommendations specific to the case and generic recommendation of systemic reform and efficiency. The OIG monitors compliance with all recommendations.

SUPPORTS AVAILABLE



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PAYMENTS WHILE CHILDREN ARE IN FOSTER CARE

Most foster caregivers are volunteers and do not get paid for their services. The State of Illinois through the Department of Children and Family Services (DCFS), however, *reimburses* Illinois caregivers monthly when a child is under DCFS care, to account for the child's:

- “board” (food, housing, utilities, etc.);
- clothing; and
- personal allowance.

Monthly Payments

Monthly reimbursement payments are not income for foster caregivers and should not be reported as income for federal or state income tax purposes.

Licensed Foster Care Monthly Reimbursement Payments

The amount of the licensed monthly reimbursement payment is based on the age of the child and is commonly referred to as the “foster care board rate.” Any changes to the regular foster care rate must be approved by the Illinois legislature within DCFS’ annual budget. This rate is also known as the “traditional” rate.

Age of Child	Board	Clothing	Child’s Allowance	Total
0 through 11 mo.	\$352.00	\$37.00	\$12.00*	\$401.00
1 through 4 yrs.	\$354.00	\$42.00	\$13.00*	\$409.00
5 through 8 yrs.	\$357.00	\$56.00	\$14.00	\$427.00
9 through 11 yrs.	\$364.00	\$65.00	\$24.00	\$453.00
12 yrs. & Over	\$374.00	\$74.00	\$43.00	\$491.00

Effective 6/13

*The personal allowance for children aged four years and under is to be used by foster parents for incidentals (toys, rattles, etc.), which become the property of the child.

The monthly board rate can change, so caregivers can check with the Central Payment Unit (800-525-0499) for the most current rate.

Specialized Foster Care

The majority of Illinois children in DCFS care are served by families receiving the licensed foster care reimbursement rates shown above. Some children, however, have severe behavioral, emotional or medical problems that require caregivers with training and/or competencies beyond those of the traditional caregiver. In those incidences, the child’s case may be referred to an agency that has a specialized program to meet his or her identified needs. If you are interested in finding out more about fostering children with severe behavioral, emotional, or medical problems, ask your agency if their contract with DCFS includes children that match your special skills or interests.

Standard-of-Need Rate Payments for Unlicensed Relative Caregivers

Relatives who are not licensed as they take care of children in DCFS custody are reimbursed monthly, based on the standard-of-need rates. These reimbursements are less than those given to caregivers who are licensed. The standard-of-need rate varies according to the county of residence and the number of children in the home. Unlicensed caregivers are paid directly by the department even if a caregiver's home is supervised by a private agency foster care program. These rates do change so unlicensed relative caregivers should always check with the Central Payment Unit (800-525-0499) for the most current rate.

Receiving Monthly Payments

DCFS-supervised foster homes and all caregivers who receive the Standard-of-Need rate receive a monthly check mailed directly from DCFS. Private agency-supervised licensed foster families receive a monthly check from their private agency, which has received the funds from DCFS. Caregivers who receive payments directly from DCFS can sign up for electronic deposit to their bank accounts. Direct deposit information is available at the website for the Illinois Comptroller at www.ioc.state.il.us. Some agencies may also do direct deposit for their foster care payments.

How Monthly Foster Care Payments Work

A foster care payment begins on the day a child is placed in the foster home and ends on the day before the child leaves. Caregivers receive a check for the previous month.

Example: If the child is placed on October 18th, the foster family will receive payment for October 18-31 (14 days) on or about November 20. In December, the foster family will receive payment for the entire month of November, if the child was in their home for the entire month.

When a child moves into a higher age category, the licensed foster care rate is increased automatically. Children move into higher categories on their 1st, 5th, 9th and 12th birthdays.

NOTE: Private agencies determine monthly payment times for licensed homes under their supervision, but payments must be made monthly.

If You Do Not Receive Your Monthly Foster Care Check

Licensed Private Agency Caregivers

Contact your agency. Your agency is responsible for getting your monthly payment to you. Make sure that your agency has your correct address.

Licensed DCFS Foster Homes

If you have questions, or believe there is a problem, contact the caseworker or your Foster Parent Support Specialist (FPSS) or the local DCFS office for

assistance. Make sure that DCFS has your correct address. For an automated 24-hour message about when the last check was sent, or when to expect your next check, call the DCFS Payment Line at 800-525-0499.

Unlicensed Caregivers Receiving the Standard of Need Rate

Private agency caregivers receiving the Standard-of-Need rate shown on page 2 should call the 24-hour DCFS Payment Line at 800-525-0499 for the voicemail check mailing schedule. Staff are available during business hours to assist you with questions or problems.

Note: If there is a pattern of mishandled financial matters or circumstances meriting investigation and you have tried to work it out with your agency but nothing has changed, contact the Office of the Inspector General at 312-433-3000.

Who Pays For What?

Ask your agency for its policy and ask questions. DCFS Policy 359 explains exactly what DCFS pays for in DCFS-supervised foster homes, private agency supervised foster homes, group homes and in residential care. Questions about DCFS policy may be answered through the DCFS Advocacy Office for Children and Families at 800-232-3798.

One-Time Payments

DCFS has bottom-line responsibility for providing for a child's needs while in foster care. If you believe a child in your care needs something, ask the caseworker and the agency. If they agree, they will determine how to get it—from within the agency, from outside the agency, or from DCFS. If they don't know how to get something for a child, it is their responsibility to ask DCFS for help.

Before requesting a one-time payment from DCFS, the caseworker and agency must consider:

- appropriateness of the request according to individual circumstances surrounding the child, the case, or the foster family;
- DCFS' contractual agreement with the agency;
- other more appropriate sources of funding or services, such as from the school district or another state government department; and
- DCFS policy.

What DCFS will pay for and the circumstances under which DCFS will pay are given in DCFS Rule Section 359.7. Some of the major categories are explained in this section of the handbook.

All one-time payments from DCFS have a maximum allowable amount. Caseworkers will request the appropriate amount based on individual case circumstances or funding available from other sources. Maximum allowable amounts of each type

of payment mentioned in this section are not given because they are subject to change. The current allowable amounts may always be found in Appendix A of DCFS Procedure 359.7, which is public information. This procedure and all other DCFS policies, rules and procedures are available on the DCFS website at www.DCFS.illinois.gov.

Questions About Payments

Private Agency Policy and Supports — Ask your child’s caseworker and the agency.

DCFS Policy and Supports — Anyone with questions about DCFS payment policy or procedures may call the DCFS Advocacy Office for Children and Families at 800-232-3798. If your caseworker and agency and/or DCFS do not agree that the child needs the goods or services, you have the right to file a Service Appeal. (See Section 8, pages 26-28).

Clothing

The monthly licensed foster care payment includes funds to pay for a child’s clothing according to age, *including school clothes and school uniforms and new clothing needed due to changes in season and normal growth*. The caseworker/agency may request additional funds from DCFS for clothing under the following circumstances.

Initial Placement: Clothing/Personal Hygiene Expenses

When a child is placed, foster caregivers should review the child’s current clothing situation with the placing caseworker. Sometimes, when a child is removed from his home quickly, the caseworker will bring his clothes later. If the child has been in another foster home, all clothes, toys, personal hygiene items and belongings should be sent to the new foster home. If the child’s clothing appears inadequate, the caseworker may request an “initial clothing voucher” for a child in his first placement outside the home. *The initial clothing voucher may be requested at the time the case is opened or within 6 months of case opening.*

The child’s current wardrobe will be taken into account. Caregivers should be aware that there is a maximum, total amount allowable for the initial clothing voucher. If the child has moved more than once since initially coming into care, it could be that parts of the total amount may have been previously used in other placements. If the child has clothing needs, be sure to discuss this with the caseworker.

Initial personal hygiene items may also be requested by the caseworker for a child in her first placement outside the home when the case is opened. Examples of necessary items are: toothbrush, toothpaste, hairbrush/comb/pick, deodorant, feminine hygiene items, baby bottles, diapers, baby powder, baby oil and other essential items. Not allowed: make-up, perfume, jewelry, hairdryers, etc. The intention is to take care of the child’s immediate, basic needs.

Replacement Clothing

Caregivers are expected to replace a child's clothing using the monthly foster care payment. The caseworker/agency may request additional funds from DCFS for replacement clothing under these circumstances:

- a child whose clothes are unsuitable due to health or medical reasons, such as extraordinary weight gains or losses, excessive growth, or damage done to clothing to accommodate casts or braces;
- destruction of clothing by fire, flood, or the child's willful destruction;
- pregnant teens needing maternity clothes;
- children who had been in a Department of Corrections (DOC) facility and are now returning to foster care; and
- children who returned home for an extended period of time and then returned to foster care.

Notice to Caregivers Regarding Inadequate Clothing

If the child's caseworker feels that the child's wardrobe is inadequate, he or she will talk with the caregiver and provide the caregiver with the concerns or needed actions in writing. The caregiver will have 30 days to obtain the needed items. Except for circumstances that qualify for a replacement clothing voucher (see above) clothing is to be purchased from the clothing allotment of the monthly board payment. If the caregiver doesn't provide adequate wardrobe, the caseworker could request funds up to the allowed amount for replacement clothing. However, that amount could then be deducted from future monthly board payments. It is important to go through the child's clothing and discuss it with the caseworker early in the placement. Details are in DCFS Procedure 359.75.

Summer Camp/Activities

Caregivers whose licenses are supervised by a DCFS regional foster care program should be sure to discuss with the child's caseworker the procedure for summer camps and other vital enrichment activities. These are important activities for a child's overall development. Funding for camp, art and cultural activities is covered in Rule 359 Authorized Child Care Payments.

Caregivers for youth with open DCFS foster care cases should work with the child's caseworker to:

- identify the right program;
- confirm that the program is eligible for reimbursement under Rule 359;
- obtain written approval;
- pay for the camp in advance; and
- submit the expense for reimbursement.

Rule 359 caps annual camp expenses at \$260.35. Other enrichment activities will be evaluated for the appropriate prevailing rate. The caseworker can assist with the approval and the reimbursement. Funding is always subject to the budget that is given to DCFS.

Private Agency-Supervised Homes

For private agency foster families, the policy can differ from agency to agency. Every agency receives funds for “nonrecurring expenses” such as camp for some children. Ask the child’s caseworker about the camp policy for children at that agency.

Graduation Expenses

DCFS-Supervised Homes

For a student in DCFS foster care, policy covers payment for graduation expenses such as yearbook, pictures, cap and gown rental, class ring, new clothing for the graduation ceremony and other related fees.

The student must be in their junior or senior year for payment of the class ring. He or she must be in the senior year of high school to obtain payment for other graduation items. The total of all items purchased cannot exceed \$512.50. As an example, if a youth wishes to purchase a class ring, the foster caregiver could submit the bill to the caseworker, who would then secure direct payment to the vendor.

Private-Agency Supervised Homes

The specific procedures may differ for families caring for children whose case management is assigned to a private agency. Private agencies receive an administrative fee per child to take into account such non-recurring expenses like graduation. The agencies are expected to purchase the approved items and not expect caregivers to cover the costs. Be sure to talk to the child’s caseworker in advance about what is allowable, especially before making any purchases out-of-pocket.

DCFS does not have any stated policy regarding expenses for eighth grade graduation. Be sure to talk to the youth’s caseworker if you have questions about those expenses.

Infant Equipment

Sometimes, not having infant equipment can be a barrier to a caregiver taking the sibling of a child already in their home, or in taking an infant. A caseworker may request purchase authorization for a foster or relative home for infant care *equipment for a specific child age 2 and under*. The caregiver must sign the Infant Care Equipment Grant Application (DCFS Form: CFS 932C) and return a completed Infant Care List (DCFS Form: CFS 932D) for the appropriate items. The caregiver *must return the infant equipment to DCFS* if they stop providing infant care within one year of receiving the equipment.

Family Reunification Special Service Fee

The Family Reunification Special Service Fee is a reimbursement made directly to the caregiver for reunification activities to support a child with the permanency

goal to return home. It is a reimbursement that can cover expenses such as transportation, entrance fees, and food that are part of activities supporting foster children and their parents. A caregiver who engages the parent in up to 12 activities in a month would result in a \$400 reimbursement. Details on the qualifying activities are in Section 3, page 23.

- caregivers to children with a return home goal should document all of the reunification activities that are eligible for reimbursement. Date and describe each activity;
- the caregiver and the parent each sign the “log” on form CFS 1042-L as the event happens; and
- at the end of the month the caseworker should review the document, sign it and obtain a supervisor signature.

Sibling Visits

DCFS will reimburse foster families for transportation to sibling visits and compensate them for supervising short and overnight visits.

Under the plan, caregivers will receive reimbursement of up to \$50 per month for mileage (56.5 cents per mile, as of January 2013), public transportation, bus or taxi. The special service fee must be requested by the caseworker and be approved according to the visitation plan developed for the child.

Caregivers who support sibling visitation by supervising visits may also request reimbursement through their caseworker at a rate of \$25 per hour (excluding travel time) for a maximum of four hours (\$100) each month. If the visit is overnight or longer, the caregivers may, once a month, be reimbursed \$100 for the entire visit.

Tips About Payments From Experienced Caregivers

- Know your agency’s unique policies about payments or other types of supports. If you don’t have the agency policy in writing—ask!
- Document—in writing—your child’s need for services, or obtain written documentation from teachers, schools, therapists, etc. This will lend weight to your request with the caseworker. Also, documentation is required when making any request to DCFS. If you already have it, the caseworker can more easily and quickly make the request within the agency and from DCFS.
- Think ahead—don’t wait until the last minute to make a request. Your caseworker may have to talk to the teacher, doctor, or others and will need to submit the request within the agency for approval before it goes on to DCFS. All of these steps take time.
- If you question an answer given to you by the caseworker or agency about DCFS policy or procedure, first call the supervisor. If that does not help, call the DCFS Advocacy Office for Children and Families at 800-232-3798.

DAY CARE

Eligibility

DCFS will pay for child care for two-parent foster homes where both parents work, or single parent foster homes where the single caregiver works or is in job training or educational programs which will lead to employment. DCFS may also pay for child care for other documented reasons, such as disability of a caregiver, a disabling condition of a child or when day care is court-ordered.

In homes where there are two foster caregivers, both must be working, or at least one has to be working if the other is disabled. If a caregiver is disabled, a doctor's statement will be required. The statement must explain the extent of the disabling condition(s), including the duration, prognosis and how the disability impairs the person's ability to care for the child/ren in that home.

You are not eligible if, for any reason, you are not actually reporting to work, such as in the cases of seasonal/temporary employment, leave of absence, lay-off, etc. For example, a teacher would not be eligible for day care payment during the summer if he or she were employed for nine months but did not actually go to work during the summer. You also are not eligible if you are looking for work or to attend foster parent training. Caregivers who enroll a child in day care and are not eligible are subject to paying for the day care. If you are in doubt about your eligibility prior to enrolling a child, contact the regional DCFS Office Day Care Service Unit or the Office of Child Development (for Cook County) at 312-808-5060.

Day Care Rates

The amount DCFS will pay for day care depends on the type of day care chosen (day care center, licensed family day care home, babysitter, relative, etc.) and your location within Illinois.

There are maximum day care rates which can be paid for each type of care. Most day care centers and homes accept the state rate. If you want to choose one not accepting the state rate, you must pay the additional amount. Check with your caseworker or DCFS regional office (outside Cook County), or the DCFS Office of Child Development (Cook County ONLY).

Finding a Day Care Provider

Call the Child Care Resource and Referral (CCR&R) in your area. See page 11.

Identify yourself as a foster caregiver! The service will be FREE because you are inquiring on behalf of a child in foster care. The general public pays a modest fee for this service based on family size and income.

A CCR&R child care specialist will consult with you by phone and provide a list of local day care providers that meet your child's needs. Have this information handy: ZIP code; number of children needing day care and their ages; hours you will need day care; any special needs.

Tip: The caseworker must approve your selection of any day care provider. DCFS strongly encourages the use of licensed day care centers or licensed family day care homes. Ask the CCR&R child care specialist to discuss the advantages of licensed day care with you. Selecting a licensed day care provider makes the caseworker's approval decision much easier.

How to Make a Day Care Request

To make a day care request, contact your caseworker with your day care plan as soon as possible. The caseworker may have questions and must determine that the day care plan for the child or children is appropriate. The day care application should be part of the caseworker's packet when the child is placed, if day care is needed.

You and your caseworker will:

- complete the day care application (CFS 2002). Include spouse information if applicable;
- make sure to see the provider in person and be sure that the provider has the skills and physical capacity to care for the child;
- obtain the three signatures required: caregiver, caseworker and day care provider;
- attach needed documentation of employment and/or training:
 - employment documentation may be a recent check stub or employer letter stating hours worked per week or tax forms for self-employed caregivers;
 - training documentation can be a copy of your current class schedule or a letter from the school or training program; and
 - disability documentation is a doctor's letter detailing the extent of the disability if one parent is employed and one parent is disabled.

Keep copies of the application submitted, and all required documentation of employment or training. In case of loss or future questions, you will have what you need at your fingertips.

Your caseworker will determine if the potential day care provider is licensed to care for children according to guidelines for age and capacity. Unlicensed providers will have to have a CANTS background check.

Submit the completed application and all documentation to your regional DCFS Office Day Care Service Unit or the Office of Child Development (for Cook County cases) at 312-808-5060.

Completed applications with all signatures and documentation must be submitted no later than 30 days after the start of day care services to ensure timely payment. Submissions of day care applications after this time may result in payment delays to the day care provider and possible nonpayment. The state fiscal year ends June 30. Documentation must be received no later than July 15.

Non-Employment Related Day Care and Day Care for the Children of Teens in Care

Contact your regional DCFS Office Day Care Service Unit or the Office of Child Development (Cook County) to obtain the correct application form and procedures about how to apply.

Day Care Payment Approval Notification

After day care applications are approved by the regional DCFS Office Day Care Service Unit or Office of Child Development, both the caregiver and the day care provider will receive a computer-generated approval letter. Keep the approval letter in a file for future reference.

Day Care Provider Billing

Shortly after the day care provider receives the approval letter, and at the end of each month of service, DCFS mails a computer-generated billing form to the day care provider. The billing form should be completed, signed and returned without delay. Payments will normally be received within 2-3 weeks after bills are submitted.

Questions Regarding Payments

- the day care provider (not foster parent or teen) must call with their 6-digit Provider I.D. number. This is done for confidentiality; and
- the provider must give the specific month of payment and the name of the child.

Re-Determining Eligibility for Day Care

After you begin receiving day care, you must notify DCFS if:

- either caregiver stops working or attending school for any reason, including a leave of absence or disability;
- the child no longer needs day care;
- you change day care providers (this will require a new application);
- the day care provider's address changes;
- you adopt or become a subsidized guardian to the child; or

- the child no longer resides in your home. Note: Day care approval does not transfer to a child's new caregiver or to the birth parent when the child returns home. This will require a new application by the current caretaker.

Eligibility for day care services must be re-determined every six months or as deemed necessary by the regional DCFS Day Care Service Unit or the Cook County Office of Child Development. Completion of the re-determination, including the submission of any required documentation for employment, training or disability will be required for the continuation of day care service payment. You may contact the regional DCFS Office Day Care Service Unit or the Office of Child Development (for Cook County) at 312-808-5060 if you have questions or need assistance with the re-determination.

Call Your DCFS Office for Day Care Applications/Rates/Questions

Be ready to give the staff the following information when you call:

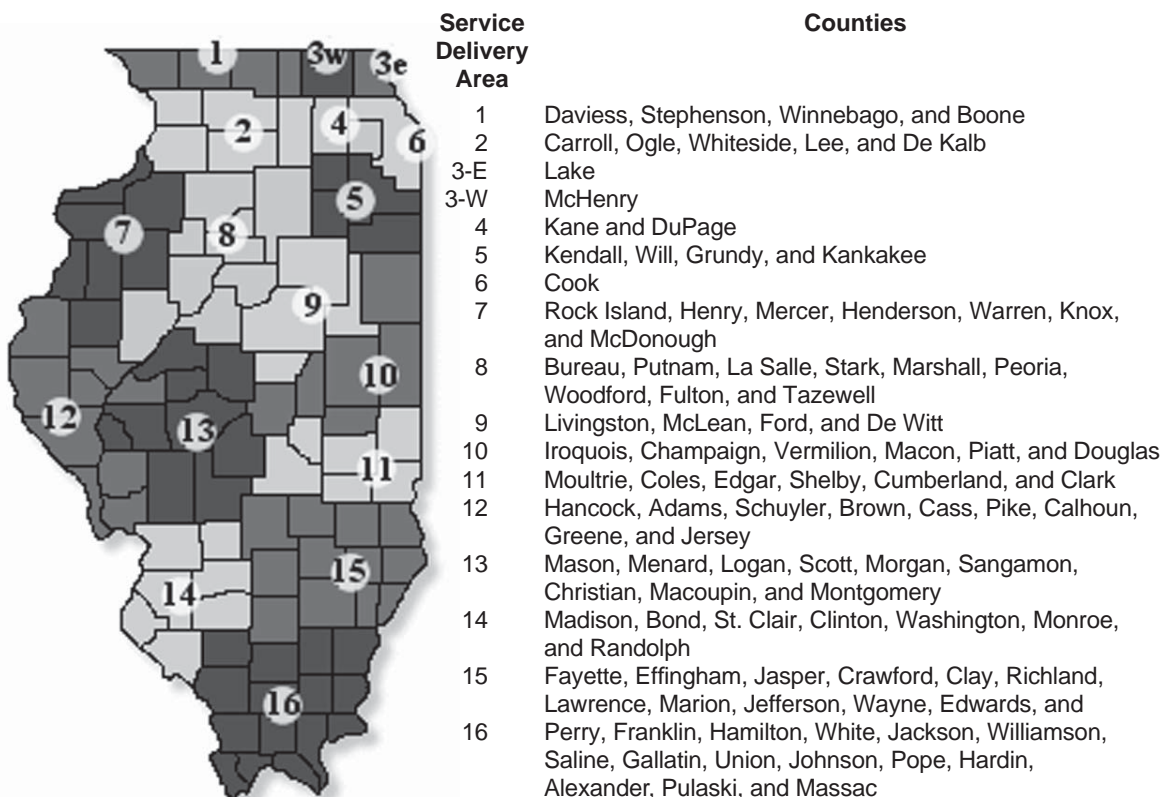
- your 5-digit Family I.D. number shown on the approval letter; and
- the name of the day care provider.

Cook County	DCFS Office of Child Development 1921 S. Indiana Aveune Chicago, IL 60616	312-808-5060 312-808-5131 Fax
Rockford/Aurora area	DCFS Day Care Unit 200 S. Wyman Street, 2nd Floor Rockford, IL 61101	815-987-7640 815-987-7275 Fax
Peoria area	DCFS Day Care Unit 5415 N. University Avenue Peoria, IL 61614	309-693-5400 309-693-2582 Fax
Champaign area	DCFS Day Care Unit 2125 S. 1 st Street Champaign, IL 61820	217-278-5500 217-278-5557 Fax
Springfield area	DCFS Day Care Unit 4500 S. 6 th Street Road Springfield, IL 62706	217-786-6830 217-786-6771 Fax
E. St. Louis area	DCFS Day Care Unit 10 Collinsville Avenue E. St. Louis, IL 6220	618-583-2100 618-583-2141fax
Marion area	DCFS Day Care Unit 2309 W. Main St. Suite 108 Marion, IL 62959	618-993-7122 618-993-5467 Fax

To Find Day Care Call Your Child Care Resource & Referral (CCR&R) Agency

Service Area	CCR & R Agency	Phone #
1	YMCA of Rockford	800-872-9780
2	DeKalb 4-C	800-848-8727
3	YWCA of NE Illinois (Lake County) YMCA of McHenry County	800-244-5376 815-459-4459 or 847-516-0037
4	YMCA of Metro Chicago	630-790-8137
5	Child Care Resource & Referral	800-552-5526
6	Cook County CCR &R	773-769-8000
7	Child Care Resource and Referral of Midwestern Illinois	309-277-0185 or 866-324-3236
8	Illinois Central College Child Care Connection	800-421-4371
9	CCR & R Network	800-437-8256
10	U of I: Child Care Resource Service Champaign County	800-325-5516 or 217-333-3252
11	Eastern Illinois University CCR &R	800-545-7439
12	West Central Child Care Connection	800-782-7318
13	Community Child Care Connection	800-676-2805
14	Children's Home + Aid	800-467-9200
15	Rend Lake College: Project Child	800-362-7257
16	John A. Logan College CCR &R	618-985-5975 or 800-548-5563

Child Care Resource & Referral (CCR&R) Service Delivery Areas



Illinois Network of Child Care Resource & Referral Agencies
<http://www.aces.uiuc.edu/~ILCare/>

FOSTER CHILD DAMAGE REIMBURSEMENT PROGRAM

What is it?

This program provides secondary insurance coverage for foster parents (over and above any other valid and collectable insurance held by the foster parents) for property damage and bodily injury caused by a child while the child is “in the care, custody and control” of the foster caregiver. DCFS automatically provides this coverage at no cost to all foster families and relative caregivers. The coverage is described in full in DCFS’ Administrative Procedure 13, which will be sent to foster caregivers who file a claim or request a copy.

What Specifically is Covered? What Are the Limits?

Physical Damage to the Property of Others

Description: Damage caused by a child to other people’s property while the child is in foster care.

Limits of Coverage: \$5,000 per fiscal year. Payments will be made based on an “actual cash value” basis, which is the amount it would cost to repair or replace the damaged property with material/s of like kind and quality, less allowable deductions for normal physical deterioration and depreciation based on the age, condition and normal life expectancy of the property.

Physical Damage to the Property of the Foster Family

Description: The child causes damage to the foster family’s property.

Limits of Coverage: \$5,000 per fiscal year. Payments will be made based on an “actual cash value” basis as described above as well as in Administrative Procedure #13.

Bodily Injury to Others

Description: The child in foster care injures someone outside the foster family.

Limits of Coverage: \$5,000 per fiscal year.

Bodily Injury to Members of the Foster Family

Description: The child in foster care injures a member of the foster family.

Limits of Coverage: \$5,000 per fiscal year.

How Do Caregivers File a Claim?

Immediately notify the child’s caseworker that a claim needs to be filed. The caseworker will view the damage and request that a claim form be sent directly to the caregiver.

Complete the claim form, have the child’s caseworker sign it, attach all pertinent receipts and other supporting documents, and have the caseworker make a copy of everything for the caregiver before they mail it to:

Foster Child Damage Reimbursement Program Coordinator
Department of Children and Family Services
James R. Thompson Center
100 W. Randolph, 6th Floor
Chicago, IL 60601
Phone: 312-814-7294

Note: The insured caregiver must provide the names, addresses and the policy numbers for any homeowner or health insurance that is currently in force, including employer or school insurance. They must also provide documentation of what the insurance covered or a denial of coverage. The uninsured caregiver must provide a notarized written statement if there is no primary insurance coverage.

How does DCFS handle the claim?

The DCFS Program Coordinator will review the claim to ensure that all necessary information is present and forward it to the Review Committee.

The Review Committee meets every month. Once a decision for payment is approved or denied, the caregiver will be contacted by mail. If payment for the claim is approved, the foster parent will receive reimbursement within 8 to 12 weeks.

All payments for claims will be paid to the party which incurred the damage or sustained the injury.

When can a foster caregiver NOT collect?

- if the damages caused by the child resulted from inadequate supervision on the part of the caregivers OR as a result of the caregivers not following the standards and requirements set forth in the DCFS Licensing Standards;
- if the caregivers are covered for the full amount of the claim by their own insurance policy;
- if the caregivers don’t first file a claim with their own insurance;
- if the claim does not contain proof of payment or the estimated replacement cost of an item, from an established business;
- if an act allegedly occurs, but cannot be proven, such as the child denying a theft which cannot be verified;
- if the claim is untrue, false, fraudulent or the actual facts have been tampered with or distorted; and
- if damages arose out of the business pursuits of a caregiver.

SUPPLEMENTAL SECURITY INCOME (SSI) BENEFITS

Supplemental Security Income (SSI) is a Federal Government Program that provides cash assistance to persons age 65 or older and to blind or disabled persons of any age who have limited income and assets. Children, including children in foster care, adopted children and children in guardianship may qualify for SSI if they have a severe physical or mental impairment, or a combination of impairments, that significantly limit their ability to function in an age-appropriate manner. Even though a child meets the disability requirements, other factors may prevent entitlement to SSI.

For example:

- if a child in foster care is receiving assistance from another Federal Program (Title IV-E) he or she will not be eligible for SSI;
- part of the income and assets of the adoptive parents count when determining the income and assets of an adopted child until he or she reaches 18. This may make their child ineligible for SSI; and
- if a subsidy is paid to a guardian who has accepted responsibility for a child with disabilities that was formerly in foster care, the amount of the subsidy may count as income to the child. Counting the subsidy may reduce or eliminate the SSI payment.

How Does a Child in Foster Care Apply for SSI?

SSI claims are filed with the Social Security Administration. DCFS as legal guardian of children in foster care is the appropriate agency to file the SSI applications. DCFS has contracted to handle Social Security matters, including SSI, for children in foster care. Referrals can be sent to DCFS at 217-524-6186, who will forward the referral to the current contractor. The contractor will review a child's records to decide if he or she is a candidate for SSI. They welcome referrals from caregivers. They will prepare the application packages and send them to DCFS for the signature of the Guardianship Administrator. DCFS forwards the application packages to Social Security. The disability decisions are made by the Department of Human Services (DHS) - Bureau of Disability Determinations Services, located in Springfield.

They also file appeals of denied claims, if they feel the denial of benefits is not correct. Also, if a case is approved, Social Security must review the case periodically to see if the child continues to be eligible. These reviews are called Continuing Disability Reviews. There are forms required for these reviews if a child is still in foster care when the review comes up on the Social Security schedule.

What Should Caregivers Do to Support SSI Claims?

First, caregivers should discuss with the caseworker whether to refer children who may be eligible for SSI. If a caregiver is not sure about SSI, they should make the referral and let the organization decide if a claim is appropriate.

Second, when the contractor prepares an application, Continuing Disability Review or files an appeal, they will contact the caregiver for information about the child's daily activities. It is important for the caregiver to cooperate in providing detailed information about the child's condition. Remember that the person making the decision about the application does not see the child. It is vital to the process that the people who see the child most often and know the child well give accurate reports for the application package. Timely responses are important.

Adjudicators from the DHS Bureau of Disability Determination Services will contact foster parents:

- to discuss the child's condition. Caregivers should cooperate fully with the adjudicators who are trying to decide if the child in foster care has limitations that meet the Social Security requirements for disability; and
- when there is not enough medical evidence in a child's file, caregivers may be asked to arrange for an examination by a doctor working with the Bureau of Disability Determination Services. It is especially important that the caregivers cooperate with the doctor and the adjudicator in seeing that the child attends the examination.

What Happens to the SSI Money When an Application is Approved?

DCFS receives the checks on behalf of the children in foster care. These funds are used to reimburse the child's foster care payments for room and board. If a child has needs that are not being met by the foster care payment, the foster parent should contact the caseworker. The caseworker can contact the staff that oversees the SSI funds. This staff can verify the amount of funds that may be available for these special circumstances or needs and will advise the caseworker if there are any SSI benefits available. Social Security Regulations define how SSI benefits may be used. The caseworker and other staff work together to insure that these regulations are followed.

What About Adopted Children and Those in Guardianship?

Even if DCFS has helped a child obtain SSI while he or she was in foster care, the parent or guardian becomes responsible for conducting all SSI business with Social Security when the child has left foster care. The parent or guardian should contact the local Social Security office for help with SSI.

TIPS FOR MANAGING CHILD WELFARE PAYMENTS

Foster caregivers and adoptive/guardianship families will encounter many types of expenditures, which may or may not be reimbursed according to DCFS policy. It is always advised to consult with the child's caseworker, subsidy worker or the DCFS Central Payment Unit in advance.

Questions About Payments

Private Agency Policy and Supports — Ask your child's caseworker and the agency.

DCFS Policy and Supports — Anyone with questions about DCFS payment policy or procedures may call the DCFS Advocacy Office for Children and Families at 800-232-3798.

If your caseworker and agency and/or DCFS do not agree that the child needs the goods or services, you have the right to file a Service Appeal. (See Section 8, pages 26-28).

CAREGIVER RESOURCES

QUICK REFERENCE

Adoption

Adoption Information Center of Illinois (AICI)

800-572-2390
M-F 8:30 a.m. - 5 p.m.
Voicemail available 24-hours

- Information: adoption process and adoption agencies
- Adoption Listing Service: descriptions and photos of waiting children
- Refer prospective adoptive families to an agency for a home study
- Foster families interested in adopting children already in the home, or another child, should contact their supervising agency.

Adoption Support Line

855-548-5505
8:30 a.m. - 8 p.m. (Monday through Thursday) and
8:30 a.m. - 5 p.m. on Fridays

Staff with high-level experience in adoption can help adoptive and guardianship families with:

- requests for numbers to field offices, replacement Medicaid cards;
- questions about subsidy agreements;
- obtaining services covered in the subsidy agreement; and
- handling family situations that may require Adoption Preservation Services.

Advocacy

DCFS Advocacy Office for Children and Families

800-232-3798
217-524-2029 (if calling from out of state)
M-F 8:30 a.m. - 5 p.m. /Voicemail

Help or information for foster caregivers, workers, parents, and the public in:

- understanding/verifying DCFS rule, policy, and procedure;
- obtaining services for children in foster care, adoption or subsidized guardianship homes;
- understanding what can be appealed through the DCFS Service Appeal system or in filing a service appeal with DCFS, including emergency appeals; and
- parental inquiries and referrals.

Callers should have this information ready:

- child's name, birth date, identification number; and
 - caseworker and supervisor's name and phone numbers.
-

Appeals/Mediation

DCFS Administrative Hearings Unit

312-814-5540
M-F 8:30 a.m. - 5 p.m.

- information about filing a service or licensing appeal; and
- how to file an appeal through DCFS.

See Section 8: pages 27-29.

Attorney

For caregivers who are involved in legal actions as a result of being a foster caregiver.

See Section 8: page 16.

Behavior/Mental Health

Crisis and Referral Entry System (CARES) Helpline

800-345-9049
24 Hours

System of Care (SOC) community and outreach-based service system to stabilize children whose placements are at risk due to emotional or behavioral issues.

Provides assessments, 24-hour crisis intervention, Child & Family Team meeting facilitation and wraparound planning, individual and family counseling/therapy, linkage to community resources and assistance in obtaining services/goods (as necessary) that will help stabilize the placement.

See Section 5: pages 16-17 for available services.

Board Payments

See Payments While Children are in Foster Care, Section 9: pages 1-3.

Child Abuse/Neglect

DCFS Child Abuse and Neglect Hotline **800-25-ABUSE (800-252-2873)**
TTY: 800-358-5117

For mandated reporters and the public to report suspected cases of abuse or neglect. Foster caregivers are mandated to report suspected abuse or neglect of children placed with them.

See Section 8: pages 32-34.

Child Development and Health

General Resources for ALL Illinois Children
HELP-ME-GROW and WIC information **800-323-4769**

Referral to ALL Illinois programs which directly impact children, including Early Intervention programs for children 0-3 and programs related to disabilities and Women, Infants and Children.

Claims: Damages to Property or Bodily Injury Caused by a Child in Foster Care

Foster Child Damage Reimbursement Program **312-814-7294**
(Formerly the Foster Parent Reimbursement Program) **M-F 8:30 a.m. - 4:30 p.m.**

Call for information about filing a claim for damages to your property or the property of someone else, or for bodily injury to you, a member of your family, or someone else caused by a child in foster care.

See Section 9: pages 13-14 for what is covered, claim limits, and how to make a claim.

CRISIS: Help in an Unexpected Crisis With a Child in Foster Care

**Crisis and Referral Entry System (CARES) Hotline 800-345-9049 Hotline
24 Hours**

Call if a child's unexpected behavior threatens his or her safety or placement with your family. A crisis worker can come to your home within 60 minutes (city) or 90 minutes (rural) *if you request*.

- Community-based agencies provide mental health Screening, Assessment and Support Services (SASS) for children who appear to be ready to harm themselves or others.
- Call if a child's unexpected behavior threatens his or her placement with your family. If a SASS evaluation indicates that the child should be hospitalized, the child will be admitted for inpatient treatment.

See Section 5: pages 16-17.

Court-Appointed Special Advocate (CASA)

Cook County Only 312-433-4928

**Outside Cook County To find your local CASA program, call the
CASA Statewide Office: 217-528-0275 or illinoiscasa.org**

Judges may appoint a CASA volunteer, who is a specially trained advocate, to work with all parties and to give an opinion to the court as to the reason/s for case delays. Caregivers may want to discuss the possibility of a CASA worker being requested with the child's Guardian ad litem if CASA intervention may help the child find a permanent family more quickly. CASA volunteers are always needed.

Deaf Services

DCFS Deaf Services Coordinator

Relay Voice Operator: 800-526-0857
Ask for 312-814-4117; TTY: 800-526-0844

Call to find services for children who are deaf or hearing impaired, or to identify your family as a possible foster family for a child with a hearing impairment. If you or someone in your family knows sign language for the deaf, foster families with this capability are needed.

Department of Children and Family Services (DCFS)

General Information and Referral/Case Tracking

773-371-6161

- Caseworker's names and location, DCFS divisions or personnel
- Screening and case tracking

DCFS Offices

See Section 1: pages 7-8
for office phone/fax list

Emergencies After Business Hours

Statewide: 800-252-2873
Cook County: 312-989-3450

Rules, Policy, Procedures

See website: www.DCFS.illinois.gov

Questions of rule, policy or procedure
To read online

Advocacy Office: 800-232-3798

See website: www.DCFS.illinois.gov

Dental Care

Checkups

Dentaquest Dental of Illinois
888-286-2447

Referral to an Orthodontist - Your child's regular dentist must make a referral to an orthodontist who takes the Medicaid card.

Education

DCFS/NIU Education Advisors

312-814-5959

DCFS Bureau of Operations, Youth and Family Development

Education advisors, located in the DCFS regions:

- provide caregivers with advocating for a child's school needs, meeting with school personnel and developing education plans; and
- support foster families in DCFS-supervised homes. Homes supervised by private agencies have Education Liaisons at the agency to address school concerns.

Legal Assistance Regarding Special Education and Discipline

Help and advice for foster parents in understanding legal options in advocating for your foster child's rights. See Section 6: page 7.

Services

Educational services may be provided through the school district where the child attends school, your agency, or DCFS. See Section 6, Educational Services. Your child's caseworker, the supervisor, and/or the agency is responsible for helping you determine how to meet your child's educational needs or need for special educational services.

Early Intervention Programs

Early Intervention Programs for children 0-3 related to developmental delays and disabilities.

See Section 6: pages 11-12. Call Help-Me-Grow 800-323-4769 for referral statewide.

Emergencies

In any emergency with a child, do what is necessary first, and then contact the child's caseworker and the agency. Private agency caregivers should have an emergency after-hours number to contact their agency in case of emergency. DCFS-supervised caregivers should obtain emergency numbers from their foster parent support specialist or DCFS region.

Abuse/Neglect

800-25-ABUSE (252-2873)

Report suspected abuse/neglect of a child to the DCFS Hotline

Behavioral Crisis: CARES Hotline

800-345-9049**24 Hours**

Life-Threatening Behavior

Call the police. Contact your agency.

Medical Emergency

Call 911 or go to your local hospital emergency room. Contact your supervising agency or DCFS region.

Poison Hotline: Illinois Poison Center**800-222-1222**

To obtain immediate instructions for saving the life of an adult or child who has taken poison. Have the product container handy, if possible, to read specific contents to the specialist answering the hotline.

Runaway**866-503-0184****DCFS Child Location Services****Toll-free, 24 Hours**

If the child runs away, make a police report. Contact your agency or DCFS foster care program.

Foster Parent Organizations**Foster Parent Support/Networking Groups**

There are numerous foster parent associations, advisory councils and support groups to serve families across the state. To find local organizations caregivers can:

- contact the local DCFS office where the foster parent support specialists can connect caregivers to regionally-based groups;
- contact the private agency that supervises the foster home license for information about groups sponsored by that agency; and
- check the Foster Parent Appreciation issue of the newsletter each May for an updated listing of groups and associations that serve foster/adoptive families.

DCFS Regional Foster Care Advisory Council

Each DCFS region sponsors an advisory council to keep caregivers informed of DCFS policy and to address local issues. Call the nearest regional office or the DCFS foster parent support specialists for details.

Illinois Foster and Adoptive Parent Association
Gladys Boyd, President

773-720-0669
president@ifapa.org

This is the Illinois affiliate of the National Foster Parent Association (NFPA). Call for information on membership, scholarships for children, IFPA training conferences held in Illinois, or to find your local IFPA-affiliated foster parent support group.

National Foster Parent Association (NFPA)

800-557-5238

The only national organization whose members are primarily foster parent members. Call the National Foster Parent Association office shown for information on: membership, scholarships for your children or foster children, or the NFPA annual training conference held in various locations in the U.S.

Statewide Foster Care Advisory Council

The Statewide Foster Care Advisory Council is mandated by law. Its primary functions are to advise DCFS on foster care and to ensure that caregivers' rights and responsibilities under the Foster Parent Law are followed in everyday operation of child welfare agencies and DCFS foster care programs. Contact Caregiver and Parent Support at 217-524-2422.

Foster Child Damage Reimbursement Program

See Section 9: pages 13-14.

Immigration Services, DCFS Office of

312-814-8600

Caregivers of foreign-born children under DCFS care with questions about the child's legal resident status should discuss the issue with the child's case manager. Case managers are responsible for verifying the child's citizenship or legal residency and then contacting the Office of Immigration Services for assistance when needed.

Inspector General

800-722-9124

M-F 8:30 a.m. - 5 p.m./Voicemail

Call to report misconduct, illegal, or unethical acts or behavior by DCFS or private agency staff or others providing services to children in care and/or foster families.

Media: TV/Radio/Newspaper/Other

DCFS Communications Office

312-814-6847

M-F 8:30 a.m. - 5 p.m.

Permission for publicity, interviews, or photos of a child in foster care. See Section 8: page 22.

Medical Card

If you have lost the child's state medical card, or have questions, call 800-228-6533.

Medical Care

Cook County

800-KID-4345

Outside Cook County

**Call your local HealthWorks agency
listed in Section 5: page 3**

For referral to a HealthWorks primary health care physician.

Newsletter

312-814-6800

Vanessa.James@illinois.gov

The Illinois Families Now and Forever® newsletter is published six times a year to serve families raising children who are or were involved with the DCFS child welfare system.

- all issues are posted on the DCFS website with archives back to 2003; and
- the newsletter is mailed to homes, or caregivers can request the digital version.

Payments

Payment Line (DCFS)

800-525-0499 / 24 Hours

See Section 9: page 17.

DCFS-supervised foster homes: Pre-recorded information about foster care payment check mailing schedule. **Private agency foster homes:** Because your agency sends you your foster care payment check, contact your agency about the distribution schedule. Payment problems? First, private agency families should contact the caseworker or other agency staff.

DCFS-supervised families should contact their caseworker or foster parent support specialist first and then the payment line.

Public Assistance

Public Assistance Hotline

888-893-5327

M-F 10 a.m. - 3 p.m.

For the general public – answers to questions about public assistance and service.

Public Guardian

Guardian ad litem (GAL)

Cook County ONLY:

312-433-4300

Outside Cook County:

Call the juvenile court

To find your child's GAL to: enlist help in obtaining needed services for your child; report key facts; or discuss your testimony prior to court. See Section 2: pages 3-4.

Scholarships

DCFS-sponsored: College (See Section 7: page 25)

217-557-2689

Needs-based financial aid:

FAFSA.com

Free Application for Federal Student Aid

Supplemental Security Income (SSI) Benefits

Children eligible for Supplemental Security Income (SSI) may have "excess funds" in their DCFS account which may be used for certain allowable expenses. See Section 9: pages 16-17 of this section to determine how to inquire about existence and allowable uses of excess SSI funds.

Teens: Programs and Services

312-814-5959

www.youthincare.illinois.gov

Training

Virtual Training Center

**www.DCFStraining.org (24 hours)
877-800-3393 (regular business hours)**

The DCFS Office of Professional Development, Caregiver and Parent Support develops and presents Foster PRIDE pre-service and in-service training modules and other courses in locations across the state. In addition to classroom courses, caregivers can also take advantage of videos, books and online training. See Section 4: pages 21-22 for details.