Foster Parent Resource Handbook 2012

Open your heart...
Open your life...to a child

Table of Contents

At My Fingertips- Important Phone Numbers

My Licensing Worker:
Name: _____
Agency: _____
Phone: _____
Email: _____
Supervisor's Name: _____
After Hours/On-Call #: _____

My Case Manager:
Name: _____
Agency: _____
Phone: _____
Email: _____
Supervisor's Name: _____

My In-Home Counselor:
Name: _____
Phone: _____
Agency: _____
Phone: _____
Email: _____
Supervisor's Name: _____

My Mentor:
Name: _____
Phone: _____
Email: _____
Supervisor's Name: _____

My GAL:
Name: _____
Phone: _____
Email: _____
Supervisor's Name: _____

Emergencies: **911**
Child Abuse Hotline:
1-800-25 ABUSE
217-785-4020
Advocacy Office:
1-800-232-3798
1-217-524-2029
Missing Child Helpline:
1-866-503-0184
Foster Parent Hotline:
1-800-624-KIDS
Advocacy Office:
1-800-232-3798
Adoption Hotline:
1-800-572-2390
Day Care Information:
1-877-746-0829
1-312-328-2779
Inspector General:
1-800-722-9124
Youth Hotline:
1-800-232-3798

DCFS Chicago Headquarters:
100 West Randolph Street, 6-200
Chicago IL 60601
1-312-814-6800
TTD 1-312-814-8783

DCFS Springfield Headquarters:
406 East Monroe
Springfield IL 62701-1498
217.785.2509
TTD 217.785.6605

Frequently Asked Questions

1. What is foster care?

Foster care is the temporary placement of children outside of their own homes. It occurs because of abuse, neglect, or other family problems. When possible, the Department of Children and Family Services and other agencies work with families to reunite them. When that's not possible, measures are taken to get the children adopted -- or prepared for independent life.

2. Types of Foster Care: Traditional, Specialized and Adolescent Levels.

Traditional foster care is a placement with a non-relative who has become licensed with the agency. As a traditional foster parent you are required to complete the licensing process, submit to background checks, a home study, attend training and comply with the licensing standards for foster family homes. Traditional placements are asked to identify their preference in age, race, gender and special needs of the children they will be providing a foster care placement. Our agency tries to find the best possible match for any foster children needing a home

Specialized foster care serves children who have been abused or neglected and also have serious medical, emotional and/or behavioral problems. Many foster children have special needs that extend beyond common emotional or behavioral issues. Foster children who have suffered severe trauma, have extreme behavioral or medical issues, such as ADHD, sexually aggressive behavior, and learning disabilities require highly specialized care. More importantly, foster families coping with these children need intensive support.

Camelot Care Center's Foster Care program provides services and support for behaviorally and emotionally challenged children and the foster families caring for them. The program works toward permanency by providing intensive case management, comprehensive mental health services along with medical, dental, optometric, developmental, and educational services specific to the child's needs. Training programs are designed to give foster parents the requisite tools to address the needs of the child and cope with difficult issues. Supportive services such as family therapy, respite, and support groups are provided for the child, biological parents and the foster parents. And, an extra supplemental reimbursement is provided to assist with additional needs.

Family Supported Adolescent Level foster care All foster families serving children in this program are licensed and in compliance with Rule 402, Licensing Standards for Foster Family Homes. All foster parents serving children with special needs shall complete the required twelve (12) hours of specialized training in addition to the sixteen (16) hours of training required for renewal of the foster home license. The provider will be compensated as employees (professional foster parents) of this program and in most instances the foster parent will not be allowed to accept other employment. An average of $1995 per month will be available per two youth for foster parent salary and benefits. This will ensure that the foster parent is able to provide both the treatment support and supervision levels necessary for the youth to achieve placement stability and to develop the skills and education necessary to· successfully transition to and sustain progress in transitional/independent living upon the attainment of age and developmental milestones. Foster parents participating in this program will receive special training to meet the needs of the adolescents placed in their homes.

3. What is a foster parent?

Foster parents come from all walks of life.

They are single, married, divorced, male, or female, straight or gay.

> Camelot Care Centers, Inc. welcomes gay, lesbian, bisexual and transgender (GLBT) couples and individuals, regardless of marital status, to be considered as foster and adoptive parents. We recognize and value the unique strengths that GLBT people bring to the process of parenting. We are aware that historically GLBT adults have not always felt welcome to adopt and foster youth; Camelot Care Centers, Inc. seeks to eliminate systemic barriers while supporting GLBT people in the process of building families.

They can be young (at least 21), or already be grandparents.

They can live in apartments, houses, stay at home with children, or have a career.

Some are able-bodied, while others live with disabilities.

They come from all racial and ethnic backgrounds and belong to many different communities of faith. Sometimes, they are related to the children they care for.

What they all have in common is a genuine love for children and a desire to make a difference in the lives of children and families.

4. What makes a successful foster parent?

Successful foster parents not only care about children, but are willing to continuously learn new things about themselves. Parenting a child who has been separated from her parents, often under traumatic or stressful circumstances, can be challenging. Successful foster parents are patient, well-trained, and willing to reach out for help and support. They have, or develop, excellent communication and problem-solving skills. They are able to express feelings safely and support both the physical and emotional needs of the children in their home. Most importantly, they view themselves as part of a team, including the child's parents and all of the professionals involved. The team's primary focus and goal is to ensure that the child has the opportunity to grow up safely in a permanent, loving family. This is often referred to as permanency and is different from foster care which, by definition, is intended to be temporary. The permanent family may be the parents, other relatives, legal guardians or an adoptive family. Successful foster parents must work closely with all members of the team, sharing information, giving and receiving support, and ensuring that the child feels and is safe and free from threats of harm or danger. In addition, the child's need to have a permanent family in which to grow up must be met in a timely manner. Foster parents can help ensure that these concerns remain central in all decision-making and plans.

5. How do I know if I have what it takes to be a successful foster parent?

While the licensing and assessment process will help you discover if you can be a successful foster parent, you can begin by performing a self-assessment. Here are some ideas to get you started:

Read and learn about it – Get the most accurate and current information on foster parenting. You can read books, watch videos or learn about foster parenting in other ways that are meaningful to you.

Interact with other foster families –Camelot Care Centers hosts a variety training sessions and there

are local, state and national conferences available each year where you can network with other foster families and learn more about foster care.

Ask yourself how you feel about the families of children and youth in foster care. Will you be able to work with them respectfully and view them as part of the team, in spite of the abuse or neglect involved in a particular case? How do you relate to people who have different values, lifestyles or sexual preferences than you? How do you relate to people of different cultures, ethnicities or religions?

Think about how you handle stress and challenges in your life right now. Are you comfortable with uncertainty? Ambiguity? Do you have a supportive extended family, friends, a community of faith or others to turn to when you face challenging circumstances?

What is rewarding to you? Foster parenting can be very rewarding, but often the rewards are not immediate. Do you need immediate gratification? Praise from others? Or are you happy in your life already and ready to share your life with a child?

6. How and why do children and youth enter foster care?

DCFS removes children or youth from their homes only when removal is clearly necessary to protect the health, safety, and/or welfare of the child. Sometimes these concerns come to DCFS' attention as a result of an emergency or crisis. Other times it is through a report made by a relative, neighbor, teacher, doctor or other person who has observed or suspect the child is being either neglected or abused. DCFS is required by law to investigate all reports of abuse and neglect, provide services to help keep children and families together, and remove a child or youth only when it is necessary to protect the child's safety, health or welfare. The two primary ways that children enter foster care in Illinois are through voluntary placement or court ordered placement. A **voluntary placement** occurs when the child's parent requests DCFS to remove the child and provide services to the child and family to help create a safe and stable environment for the child. Voluntary placements are limited to 60 days. A **court ordered placement** occurs when DCFS obtains an emergency order, for placement, from a judge.

Mission and Vision

Mission Statement

Our mission is to develop and provide services which enable children and families to realize their own potential

These services must recognize the feelings And protect the rights of our clients

Vision

Camelot Care Centers, Inc. will help children and families grow and prosper everywhere Camelot services are needed

Introduction to Camelot's Foster Home Program

General

Camelot Care Centers, Inc. is a division of Providence and is operated under an administrative agreement with Providence Service Corporation. Camelot's Management Team is located in Illinois and is comprised of the Executive Director, Regional and Clinical Directors at each location across the State.

The Children

The children admitted to the Camelot's Foster Home Program come from a variety of referral sources. They include State child welfare workers, juvenile justice, and residential centers. Camelot's Foster Care Program is designed to serve children and adolescents, ages 0-21, who are unable to function successfully in their own homes, or who have failed in less restrictive foster care settings. The children may also be those who have lived in highly structured residential care programs who are now ready to move to less restrictive environments. These children are assessed as capable of participating in family and community life without danger to themselves or others and are potentially capable of accepting other family ties.

The children have a variety of histories and backgrounds and a wide array of behavioral problems that impact their ability to cope effectively with day-to-day activities and events. Some experiences include drug and alcohol use; delinquent or anti-social behaviors such as verbal and/or physical hostility and aggression; difficulty relating to peers and adults; runaway behavior; and sexual acting-out.

The children often come from backgrounds of neglect, physical or sexual abuse, and parental drug/alcohol use. Any one, or a combination of these backgrounds, may have resulted in the child's removal from the family home. Generally the children have resulting delays in personality development and, sometimes, physical development. The Therapeutic Foster Home Program is intended to provide a structured, nurturing environment that helps the child in his or her physical, emotional, psychological, and spiritual development.

Treatment Process

When a child is admitted to Camelot's program, a diagnosis is made based upon a comprehensive assessment. The diagnosis is developed into a treatment plan that will guide the various intervention techniques to be employed by the child, the foster parent, and the clinicians.

Foster parents are trained to intervene with the child and to use their own observations and judgments about what the child is doing. Foster parents play a significant role in the treatment team by participating in the planning process and document observations of the child's treatment progress or lack of progress. As the person with the primary and most consistent relationship with the foster child, the foster parent is considered the primary change agent. The observations of the foster parent are used to modify the treatment plan for the greatest benefit to the child.

Treatment Goals

The primary objectives of the Foster Home are to

- enable children to learn by their own experiences and to function at an age-appropriate level; and
- to facilitate the child's achievement of a permanent placement such as adoption, reunification with biological parents, or independent living.

Biological Families

Some children placed in foster care have a permanency goal of reunification or return home to their biological families. Camelot provides or arranges for services to biological families to assist them in the return of their children.

Services are provided to help families re-establish parental care and maintain family ties. The use of visitation is a primary technique to reach this goal. Services also assist biological families in identifying and addressing issues leading to the placement of their child(ren) in out-of-home care in order to alleviate those conditions when the child returns home. In situations where return home is not a possibility, services are provided to biological parents to help them participate in securing a safe, nurturing and permanent placement through adoption or subsidized guardianship.

Client Rights

Purpose

Within the scope of services provided by Providence Service Corporation and its managed entities (hereinafter referred to as Providence) it is important to outline basic rights and ethics related to the population we serve.

Policy

It is the policy of Providence to fully support, endorse, and enforce the right of its clients as outlined by best practice standards and the requirements of each state within which we operate. Clients have the right to be treated with respect and dignity, and have the right to file duly appropriate complaints and grievances.

Procedure

- Client Choice
  - Providence does not discriminate against people seeking services on the basis of race, religion, gender, ethnicity, socio-economic status, age, sexual orientation or disability.
  - Participation in Providence's services is voluntary and clients and/or their parents or legal guardians have the right to refuse services.
- Cultural Competence
  - Providence recognized and respects cultural, ethnic, and religious diversity. Our programs are designed to reflect the regional values and diversity of the areas served.
  - Care is taken to ensure that we hire and train employees who are culturally diverse and are committed to provide respectful services to all clients, regardless of client's cultural characteristics.
  - All clients are free to express their own religious beliefs. While receiving out-of-home services (i.e. foster care), consideration of religious beliefs and practices is given and efforts made to accommodate clients in this area.
- Confidentiality and Privacy
  - Providence Service Corporation, its managed entities, and all contracted business associates adhere to HIPAA Privacy and Security Standards regarding disclosure of client information and access to case records.
  - Providence does not use unauthorized client photographs, testimonials, or client personal appearances as part of any advertising or promotional campaign.
  - Providence does not censor or open mail belonging to clients in out out-of-home program unless called for by specific service consideration.

- Research
  - Providence generally does not ask its clients to participate in research projects.
  - Under certain circumstances, Providence programs may cooperate with a university sponsored research project as long as the project meets all related standards (The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research) and has received approval from the Institutional Review Board.
  - Any client participation in research projects will be voluntary, with appropriate consents received and privacy safeguards enacted.
- Dignity & Safety
  - Providence respects the dignity of the family unit and values members of a client's family of origin. Providence includes family members in its programs, including foster care and adoption, as appropriate to the client.
  - All Providence employees shall make every reasonable effort to protect each client from harm, abuse, and exploitation (i.e. intentional physical harm, emotional verbal threats of intimidation, or intentional ridicule). Providence will comply with all laws governing the reporting of suspected abuse.
  - Providence designates the clinical leaderships of its various programs with the task of developing specific behavior management practices.

Under no circumstances will the following be allowed:
- Corporal punishment
- The use of aversive stimuli
- Withholding of nutrition and hydration
- Infliction of physical or psychological pain
- Forced physical exercise to eliminate behavior
- Punitive work assignments
- Punishments by peers
- Group punishment or discipline for individual behavior

Specific Rights

All Clients of Camelot Care Centers, Inc. have the right to…
- reasonable access to care 24 hours a day/7 days a week regardless of race, religion, gender, sexual orientation, ethnicity, age, or disability;
- receive an explanation of these rights in a language or method of communication understood by the client and the guardian. Individuals receiving services who are unable to communicate in the predominant language of the community shall have access to an interpreter and/or written material in a language or method of communication understood by the client and/or guardian;

Camelot staff will refer to and follow the following Policies and Procedures of the
- Illinois Department of Children and Family Service when serving persons who are Limited/Non-English Speaking or Hearing Impaired:
- Procedures 302.20, Definitions;
- Procedures 302.30 c), Accessibility of Services to All Persons;
- Policy Guide 98.14, Providing Services to Hearing Impaired Persons;
- Procedures 305.50, 4), Planning with Parents and/or Children who are Limited/Non-English Speaking or Hearing Impaired.
- refuse specific services or treatment to the extent permitted by law and to be informed of the consequences of such refusal;

- be informed of organizational rules and regulations concerning personal conduct, behavioral expectations and other factors that could result in discharge or termination;
- absence due to runaway beyond 180 days;
- incarceration;
- behavior that places the person served and/or others at risk of harm requiring a more intensive, structured living environment.
- receive services in a manner that is non-coercive and that protects the client's right to self-determination;
- be free from abuse and neglect;
- be assured that the rights of the client/parent/guardian are protected in accordance with Chapter 2 of the Illinois Mental Health and Developmental Disabilities Code;
- be assured that the rights of the client/parent/guardian to confidentiality shall be governed by the Mental Health and Developmental Disabilities Confidentiality Act;
- be free from denial, reduction, suspension or termination of services for exercising any of these rights;
- contact the Guardianship and Advocacy Commission and to receive assistance from Agency staff including being given the address and telephone;
- contact Equip for Equality and to receive assistance from Agency staff including being given the address and telephone number;
- contact the Department of Children and Family Services and to receive assistance from Agency staff including being given the address and telephone number;
- written justification if the client's rights are restricted (including confidentiality)documented in the client record;
- notification along with parent, guardian and any agency designated by the client if the client's rights are restricted (including confidentiality);
- verbal and written information, in a method of communication understood by the client, identifying the process for filing a grievance or complaint;
- to file a complaint/grievance and/or appeal any adverse decisions to the highest level possible within the Agency (see Client Grievance Policy);
- receive and participate in visits from siblings and parents as specified in the service plan and visitation plans, unless otherwise restricted;
- communicate with parents, siblings, or other relatives by telephone as specified in the service plan unless otherwise restricted;
- weekly supervisory review, monthly director's review, and documentation in the client record of any restrictions to private telephone conversations as a result of contraindications in the service plan or court order;
- send and receive uncensored and unopened mail unless contraindicated in the service plan
- express and practice religious or spiritual beliefs and be provided opportunities and support for religious and spiritual practice including transportation and schedule adjustments;
- participate in decisions regarding services provided. This right is also extended to families and/or legal guardians of the person served.

Grievance/Complaint
Purpose

The purpose of the grievance/complaint policy is to create and sustain a mechanism for the expression of the client and/or the client's parent or guardian, including the foster parent(s) regarding care and services provided to the client by the Agency and to assure the quick and satisfactory resolution of any disagreement regarding service delivery. This Grievance/Complaint Policy is also intended for use by foster parents for grieving alleged violations of the Foster Parent Law that are not covered by an already-existing grievance or appeal process (i.e. it cannot be used to address issues that are covered by the service appeal process, the appeal process for indicated cases of child abuse/neglect, the process for appealing licensing investigation findings or license revocations, etc.).

Policy

It is the policy of Camelot Care Centers, Inc. to respect and support the rights of all individuals served, during all interactions, and to afford the opportunity for clients, parents or guardians to file a written complaint or grievance about the services they are receiving. This process shall allow for a timely, efficient, and satisfactory resolution of the grievance or complaint.

Procedure

All individuals receiving services shall be provided a copy and an explanation of the Statement of Client Rights, the Grievance Procedure and the Complaint/Grievance Form at the time of admission.

A copy of the Complaint/Grievance Procedure shall be posted in the lobby area of all Camelot programs. **The Complaint/ Grievance form is located in the APPENDIX.**

The procedure for filing a complaint/grievance is as follows:

- The child and/or parent/guardian shall complete the Complaint/Grievance form and submit it to the Regional Director of the Camelot facility from which they receive services. Designated staff shall provide any assistance as may be needed for completion and submission of the Complaint/Grievance.

- Upon receipt, the Regional Director shall assign a complaint log identification number and notify the person completing the grievance, in writing, of the receipt of the Grievance/Complaint.

- The Regional Director shall attempt a face-to-face meeting with the parties filing the grievance. In the absence of a face-to-face meeting, telephone contact is acceptable.

- The Regional Director will render a decision regarding resolution of the grievance within five (5) working days.

- If the grievance cannot be satisfactorily resolved at the program level, the person filing the grievance shall be notified and informed of the submission of the grievance to the State Executive Director.

- The State Executive Director will render a decision regarding resolution of the grievance within five (5) working days.

- If the grievance cannot be satisfactorily resolved at this level, the person filing the grievance shall be notified and informed of the submission of the grievance to the Vice President of the Midwest Region.

In the event the issue is still unresolved within five (5) working days, the person filing the grievance will be notified and given the opportunity to submit the grievance to the office of the CEO and/or Board of Directors.

Final resolution of the grievance/complaint shall not exceed 30 days beyond the date the initial grievance/complaint was submitted.

Your Placement Rights and Responsibilities

The foster family's rights with respect to children in placement are different than their rights in regards to their license. This is because the child's rights and best interests are the primary consideration in all placement decisions. (Many of the rights listed here are described in more detail in other parts of the Handbook.) Following is a summary of these rights:

- To have a clear understanding of your role and the roles of the child's parents and any agencies involved.
- To say "no" when asked to take a child into placement.
- To receive a maintenance payment, according to the schedule in administrative rules (including difficulty of care, sibling, or transportation allowances, when applicable).
- To receive an initial or replacement clothing allowance and school fee allowance, when applicable.
- To receive all pertinent information regarding the child and family, including:
    - Child's full name and date of birth.
    - Name, address and telephone number of child's parent or guardian, guardian ad litem, significant relatives, doctor and supervising agency.
    - Reasons the child entered foster care.
    - Information regarding the child's previous placement experiences and behaviors the foster parents can expect from the child.
    - Health information (e.g., immunizations, physical limitations, medical recommendations, allergies, special dietary needs).
    - School information (e.g., grade level, performance, and behavior).
    - Plans for visits with the child's parents, relatives, or other significant persons.
- To receive support and supervision from the child's worker, including regular visits and a 24-hour emergency number.
- To be treated as a member of the team and to have input into all major decisions about the child based on your knowledge of child in care.
- To receive notice of all formal foster care reviews and court actions.
- To be treated with respect, consideration and trust.
- To have a child removed only when:
    - The child is returning home or to another permanent placement.
    - The foster family requests removal.
    - There is evidence of abuse, neglect, or exploitation of the child by the foster parent or an individual living in the foster home.
    - The child needs a specialized service that the family does not offer, is unable to benefit from the placement as evidenced by lack of progress, or the foster family is unable to provide the care needed by the child and fulfill responsibilities in the Client's Service Plan.
    - There is lack of cooperation of the foster family.
    - The foster home license is denied, revoked, or suspended.
- To receive written notice at least fourteen days in advance of plans to remove a child, except that the notice may be provided less than fourteen days before the child's removal when:
    - A court orders the removal.
    - The child's parents demand the child's return under a voluntary placement agreement.
- To a conference with the Family Development Specialist and Regional Director when you make a written objection to the removal of a child within seven days after being informed of plans for removal.

- To be considered as a possible permanent placement for the child if the child becomes free for adoption or other planned permanent living arrangement, and the child has been in the home for twelve or more months or the child has a significant relationship with the family.
- To apply to the court for a permanency hearing for a child, if the child has been placed with the foster parent for at least 12 months.

Foster parents also have the following **responsibilities** when a child is placed in their home.

- Responsibilities to the Child:
  - To treat the child as a member of the family and provide normal family life experiences.
  - To accept the child's background in a non-judgmental manner and to maintain the child's ethnic and cultural identity.
  - To provide the care needed by the child and support the responsibilities as outlined in the Client's Service Plan for the child and help the child adjust to the plan.
  - To hold confidential all information about the child and to release no information to unauthorized persons.
  - To advocate for the foster child.
  - To keep a written log of important factual information and observations.
  - To release the child to authorized persons only.
- Responsibilities to the Child's Family:
  - To share as many parenting experiences as possible.
  - To avoid making or agreeing with critical comments about the parents.
  - To accept the child's feelings for the birth family.
  - To help the child understand and accept the family.
  - To cooperate with visit plans.
  - To hold confidential all information about the child's family, and release no information to unauthorized people.
- Responsibilities to the Agency):
  - To share with the worker the type of child for whom your family can care.
  - To participate in the treatment team in planning and caring for the child, including foster care reviews.
  - To share information with the worker regarding observations, problems, and improvements in the child's behavior and your observations related to parent-child visits.
  - To report to the worker any situations requiring approval or consent of a parent, guardian, or custodian; including hair styles or haircuts, education, extracurricular activities, medical care, religious training, driver's permit, and out-of-state travel.
  - To notify the worker of injuries or serious illnesses of the child before treatment is given, or as soon as possible after emergency care is provided.
  - To notify the worker if you, the child, or the child's parent miss an appointment.
  - To maintain written records as required in the Client's Service Plan.
  - To bring questions and concerns to the worker's attention.
  - To attempt to resolve any disagreements first with the worker; and if not satisfied, to share concerns with the worker's supervisor and area manager, in that order.
- Responsibilities to Your Own Family:
  - To encourage all family members to participate in the decision to be a foster family and accept an individual child into care.
  - To support each other through any problems that arise.
  - To provide individual time with each family member.
  - To hold confidential all information, comments, or feelings expressed by your birth or adopted child regarding the foster child.

- To continue to treat your own children and spouse with respect and consideration.

Behavioral Risk Disclosure

PURPOSE:
To ensure that all prospective and licensed foster parents are oriented to the role and functions of foster parenting, and understanding the potential and realized risks present in caring for the children served by Camelot's Foster Care Program.

PROCEDURE:

Camelot will provide all foster parents adequate information regarding client specific behavioral history and risk factors of youth being considered for placement. Foster parents will be given the opportunity to review relevant documentation to assist them in the care and treatment of the children served by Camelot's Foster Care Program.

The Behavioral Risk Disclosure is a two-tier process:

A. During the licensing process:
    a. All Foster Parent applicants will be fully informed of the variety of the problems and behavioral, emotional, and often physical difficulties, characteristic of the children referred for placement in our foster homes.
    b. All Foster Parent applicants will sign and receive a general contract outlining the role, functions/responsibilities of foster parents. The contract also includes a disclosure of the at-risk children admitted in our Foster Care Program.
    c. All applicants must sign this contract in order to be considered for licensing as a Foster Parent. **The Foster Parent Independent Contract can be located in the APPENDIX.**
B. Upon placement of a youth in a licensed foster home:
    a. Foster parents will have the opportunity to review client specific referral information including:
        i. Reasons for out-of-home placement and goals of permanency.
        ii. Any recent psychological/psychiatric evaluations or diagnostic summaries.
        iii. Educational history and current placements.
        iv. Medical History.
        v. A description of the child's problematic behaviors to include prior and current behaviors.
        vi. Serious high risk behaviors that may require the implementation of an individualized safety plan.
    b. Foster parent(s) will sign the Behavioral Identification/Disclosure Form, providing them with a specific disclosure of behavioral history and risk factors pertaining to the youth being placed in their home. The foster parent's signature will be acknowledgement of having been informed of client-specific high risk behaviors requiring special attention.

Foster Parent Role as Member of the Treatment Team

- Child and Family Team Meetings: Child and Family Team meetings occur quarterly, at a minimum, for each child in care. Additional meetings may be scheduled as needed/required. Foster parents are an integral part of the team and are required to participate in these meetings. These meetings include discussion of the children placed in their home as well as

information concerning the child's behavior and progress or lack of progress in their home. These meetings are scheduled with the case manager, counselor, biological families, if involved and any other significant members of the child's support team. These meetings are arranged around the schedules of the participants to ensure participation.

- Court/ACR's: The daily observations of the foster parent are critical in evaluating the child's adjustment to out-of-home care and to the treatment regimen. It is often beneficial for the foster parent to present those observations directly when the child's case is being heard in court or at the Administrative Case Review. Foster parents will receive notification of the dates of such events and are invited to attend in person or to submit any written material they believe will be beneficial to those reviewing the child's case.

- Documentation: Documentation of observations, activities, accidents or injuries, responses to medication, behavioral techniques, parent and sibling visits, and other things witnessed by the foster parent is important to the development and modification of the overall treatment regimen with the child. Foster parents will be provided with necessary forms and training regarding completion of forms. In the absence of designated "forms" however, any documentation provided by foster parents is a critical piece of the treatment program.

- Implementing Therapeutic Interventions: Once the Treatment Team has developed a treatment plan, the foster parent takes over the role of primary implementation of the plan. Foster parents are the primary change agent in the child's life and as such, must be fully integrated with the treatment plan and in agreement with it. For these reasons, the foster parent's participation in the child and family team meeting, court, ACR's, school conferences, and regular interaction with the in-home counselor and case manager, is even more important. Camelot staff will provide any assistance needed to help the foster parent understand the treatment plan and the expected outcomes.

- Quality Assurance: As part of the ongoing quality assurance program, feedback and recommendations from foster parents, as integral members of the treatment team, is highly valued. Foster parents are encouraged to provide any and all information to the local Regional and Clinical Director for inclusion in the Quality Assurance evaluations.

  As part of the Quality Assurance program, foster parents receive a Satisfaction Survey annually, during January. The survey is anonymous and foster parents are provided stamped, addressed envelopes for its return.

Placement Selection: Getting the Call

When Camelot Care Centers has a child to place, the child's worker may consider your home based on your ability to meet the specific needs of that child. Before placement, the child's worker will contact you to give you background information on the child and family. Some things you will want to know when you are asked to have a child placed with you are:

- Reason for placement and the child's understanding of the reason.
- Previous placement experience and special behavior problems or unusual habits.
- Legal status of the child.
- Birth family's situation and present whereabouts, and visitation.
- Plan for the child, expected length of stay.
- Plans for pre-placement visit.
- Siblings' ages and present placement.
- Health information.
- Child's grade and any school problems.
- Whether child has sufficient clothes or will receive clothing allowance.
- Child's religious preference.
- Frequency of case manager visits.
- Expectations of the foster parents in caring for this child.
- Transportation requirements for school, counseling, visitation, etc.
- Specific care information: sleep patterns, bedwetting, sexual acting out behaviors that require close monitoring and supervision.

It is important for you to have as much information as possible to make the decision about accepting this child into your home. Your entire family will need to accept this child and should participate in the decision. However, if a child's situation is an emergency, the worker may not have the answers to all of your questions.

Questions to Ask When Considering a Placement

If a case manager calls requesting to place a child in your home and you have room and are interested, ask (if you have not already been informed) the following questions that apply:

- What are the child's name, age, ethnicity, and religion?
- What is the anticipated length of stay?
- What services are involved with the child and the child's family?
- What would be my role with those services? For example: attending staffings, transporting, scheduling, or providing information.
- Has there been any inappropriate contact (physically or sexually) between the child and the caretaker or parent?
- With whom can or cannot the child have contact?
- What transportation will I be responsible to provide? How frequently will it be necessary? If I cannot provide transportation and I am still interested in having the child placed with me, can the case manager make alternative arrangements for transportation?
- What are this child's positive qualities and strengths? What are the child's special interests?
- What "special needs" (i.e. physical handicaps, emotional or psychiatric disturbances, learning or behavior disorders) does this child have? What special skills, training, or equipment would

be required?
- Does the child presently have any health problems? Allergies?
- Is the child on any medication? For what? What are the ongoing treatment, medication schedule, and prognosis?
- Does this child swear, drink, bite, hit, smoke, run away, soil self, wet bed, set fires, use drugs, sexually act out with self or other children or caretakers, destroy property, or act aggressively or suicidal?
- Is this child sexually active? On birth control? Pregnant?
- Are visits supervised or unsupervised? Supervised by whom? What is the length and frequency of the visits? How does the child react to visits?
- What contact will I have with the biological parents? If visits are unsupervised, will the parents or case manager pick up and drop off the child at my home? Or will I be expected to take the child to the parents' home or other drop-off location for the home visits?
- What school does the child attend? What grade? Is the child in a special classroom? If there is a change in school, who handles the transfer?
- What activities does the child like? Does the child have a special toy or blanket for sleeping?
- Is there anything I've forgotten to ask that could be important in parenting this child?

Knowing When to Say "No"

Always remember YOU HAVE THE RIGHT TO SAY "NO" if you feel a child will not fit into your family, if you cannot accept or cope with a child's problem, or if you need a break from fostering. Saying "no" will not result in your not being contacted for other placements.

If you do accept a child for placement in your home, make a commitment to stick with the child as long as possible. Moving from home to home is not healthy for children and can be emotionally damaging.

Introducing the Child to Your Family and Home

Pre-placement Visits

When possible, one or more pre-placement visits between the child, the child's parents, the case manager, and the foster parents should take place before placement. These visits generally occur in the foster family home. The number of pre-placement visits depends on the child's situation and the child's adjustment to the foster family and loss of the birth family. Overnight visits may be included. This is a time for your family and the child to become acquainted with one another and ask questions. The best way to decide if a child will fit into your home is to follow your normal routine, and see if you and the child feel comfortable with each other.

Placement Day

If there has not been a pre-placement visit, you will need to show the child around, including where the child will put personal belongings, sleep, and sit at the table. If you have a routine, share that routine with the child. Let the child know the family rules. The child needs to know the rules of the house in order to know what is expected.

Talk to the child about introductions to new people. Let the child know that the reason for the child's placement is a private matter. No one else needs to know, unless the child wants to tell someone. Help the child come up with a truthful and appropriate way to answer basic questions often asked of children who come into care. For example, the child might say "I am staying with this family for a while." Do not throw away toys or clothes that the child has brought along, even if they are in very poor condition. These items are familiar and may help the child feel more comfortable in this new situation. It is also important for birth parents to see their child with the toys and clothes they have sent.

The first few weeks of a placement will be a period of adjustment for everyone. The most important thing you can offer during this time is a stable and consistent family life. Because children come to foster care from a variety of backgrounds, the adjustments to your life-style and expectations will require repetition, explanation, and patience.

Following are some of the most common questions asked by children in foster care:

- If I like it here, will I be "a traitor" to my own family?
- How will you introduce me when we meet new people?
- Will you be upset if I'm happy about going for a home visit?
- How do you discipline around here?
- I'm not sure I like everyone here. May I tell you what I don't like?
- How will I handle the new kids at school?
- May I feel happy or sad after a visit?
- How do you feel about my real mom and dad?
- Who are all these "workers"?
- Who did this to me?
- Is it all right for me to make friends, join teams, and do things while I'm here?
- Is it possible I won't ever go back home?

Often a child may appear well behaved at first and then for no apparent reason things begin to go wrong. This may mean the child is beginning to feel at home and relaxed in the new situation and is no longer on his or her best behavior.

It is the responsibility of the assigned Case Manager to prepare a Placement Folder for each child at the time they enter the Camelot Foster Care Program and are placed into a foster home.

The Placement Folder shall include the following items:

- Copy of the child's Medical Card;
- Treatment Plan;
- Service Plan;
- Visitation Plan;
- Forms for completion of daily/weekly documentation (i.e. behavior logs, medication logs, etc);
- Release to obtain medical treatment;
- Listing of all medications, prescribed and over-the-counter, the child is currently taking;
- Prescription bottles of child's medications;
- Information concerning side effects of current medications;
- Safety or SACY Plan as may be required;
- Camelot Case Manager, In-Home counselor with on-call contact information;
- Additional items and/or documents may be required or necessary depending upon individual

children's needs.

Family Names

A child in foster care should maintain the child's legal surname and identity and should not use the foster family's surname. Foster care is temporary and the use of a foster family's surname by a child implies a more permanent situation to the child and the birth family. If a child placed in your home wishes to use your surname, discuss this with the child's caseworker.

A foster child entering your home may be unsure of what to call you. It is up to you as a family to decide on some choices to offer the foster child. For example: the foster child may call you by your first name; by Aunt or Uncle; by Mr. and Mrs., etc. Some foster children may ask permission to call you "mom" and "dad." If you are uncomfortable with this, it is okay to give the child some alternative suggestions.

Whatever you decide, it is important to give the foster child some options and give permission to refer to you in the way that is most comfortable for the child. Avoid mandating what you should be called or referred to by the foster children in your home.

It is important to respect the comfort level of the foster child when selecting titles for the members of your family. Just as you may be uncomfortable with the title of "mom" and "dad," so may the foster child. Foster children come into your home still very much attached to their birth families, and titles like "mom" and "dad" are reserved for their biological parents.

Adjustment Period

Children entering foster care go through a grieving process including stages of shock or denial, anger, despair, and acceptance or at least understanding. Separation from birth parents is difficult for all children, regardless of the reason for placement. Children often show their emotional reactions to previous abuse and to separation from their family through their behaviors. Following is a description of the stages of the grieving process and typical behaviors a child may exhibit at each stage. The length of the grieving process varies for each child. While most children will reach acceptance within six months, some will adjust more quickly and others will take much longer.

STAGES OF GRIEF AND LOSS

- Shock or Denial (Honeymoon): Feelings repressed
  - Emotions may be absent, shallow or somber.
  - May appear to be withdrawn or sleep a lot.
  - May over-eat or refuse food.
  - May deny that anything has happened.
  - May seem confused.
  - May be a model child.
  - May regress, and suck thumb or wet bed.
- Anger: Feelings expressed
  - Realizes implications of living with new family.
  - May break things, show temper tantrums, scream, cry, set fires, steal, lie, act out sexually, run away.
  - May be aggressive or disruptive at home or school.
  - May be anxious, tense, and hyperactive.

- May refuse to talk with or about birth parents.
- May direct thoughts and behaviors toward lost person.
- May feel they are to blame for placement.

- Despair: Feelings directed inward
  - Accepts reality of placement and that returning to family may not occur soon.
  - May be depressed, withdrawn.
  - Doesn't want to interact with others, few demands made.
  - May feel disorganized, restless.
  - May be preoccupied with things rather than people.
  - May regress to an earlier time in life when things were happier.
  - May have physical complaints, stomach aches.
  - May injure self.
- Acceptance
  - Feels and acts secure in environment.
  - Seeks new activities and begins making emotional investments.

Some Hints To Smooth The Road

Following are suggestions to help the child through the grieving stage.

- Shock and Denial
  - Receive the child quietly. The child is already self-conscious, frightened, and confused. Avoid extra social demands. Settle down to a regular routine as quickly as possible, and have any welcoming celebrations later.
  - Explain and discuss the reasons for the child's placement at a level the child can understand and in a soothing and reassuring tone of voice. Repeat this information as often as needed.
  - Give factual information about the placement and the whereabouts of parents and siblings.
  - Respect the child's feelings for the past. Do not probe. Let the child know that the door is open if the child wants to talk and that you accept the fact that the past has been different.
  - Respect the child's parents and the child's loyalty to them. The child's own parents are important.
  - Support visits with the birth parents.
  - Let the child have prized possessions and provide a place to keep them.
  - Allow time.
  - Focus on the child's good behavior. While it may be easier to focus on and punish wrong behavior, it is often more helpful to reward the child's good behavior. It is important to point out the things the child does well and what you like about the child, as well as what you want the child to learn or change. A child in foster care may doubt your positive remarks initially, but if you are sincere and persistent, the child will begin to believe you and to develop a better self image.
  - Avoid threats. Warnings of "I'll tell your worker" or "I'll send you back home" leave painful impressions. This sets up the worker as the "bad guy" and heightens the child's sense of vulnerability. The child has already lost one or more homes and feels threatened with losing another. In the long run, this undermines the child's sense of security and is destructive to the child.
  - All family members should focus on helping the child feel more comfortable.
  - Use household tasks constructively. Give the child responsibilities in line with age—not

too many, not too few. Give the child recognition for carrying them out. Appropriate household responsibilities increase the child's sense of belonging.
    - Help the child accept strengths and limitations, and don't push beyond the child's capacity.
- Anger
    - Give messages to the child that it's okay and normal to be angry.
    - Show acceptable ways to be angry—swimming, drawing, running, talking, punching bags, etc.
    - Help the child to understand that the child is not to blame for the placement.
    - Re-explain why the child is in foster care.
    - If the child tells exaggerated stories, don't pump, ridicule, or argue.
    - Determine with the worker what is real.
    - Allow time.
- Despair
    - Encourage the child to talk about feelings.
    - Ask, but don't probe, how the child feels.
    - Dolls and pictures may help young children act out feelings through play.
    - Older children should be supported and helped to express hurts and worries.
    - Get the child interested in and helping with a life book.
    - Show respect for feelings and provide hugs and reassuring touches.
- Acceptance
    - Provide the child with new interests and opportunities to develop new relationships.
    - Allow the child to remember, talk about, and have contact with birth family. Continue to work with the child on the child's life book.

Visits and Family Contact

Children placed in foster care must have a visitation plan for biological parents unless parental rights are terminated. The foster parent cannot make any changes to this plan without consultation with the case manager. Visitation also cannot be withheld for disciplinary reasons. Any questions regarding visitation should be addressed with the case manager and/or supervisor. The amount and type of visitation is dependent upon the permanency goal of the child in care. The visitation plan is documented in the SACWIS Service Plan. The location of the visit is determined based on safety issues, court orders, and any other factors present. Visitation with parents is a primary technique for facilitating reunification and/or an ongoing relationship with biological parents by helping the biological parents re-establish parental care and maintain parental ties. Utilizing parent-child visitation eases the time of separation for both child and parent as well as the process of reintegration to the family home. Biological parents that are able to spend time with their children and know their children are safe are more easily able to focus on the issues that resulted in out-of-home placement. All children in out-of-home care that have siblings in care must have a Sibling Visitation Plan, regardless of the permanency goals. Foster parents will be made aware of and receive a copy of the Visitation Plan for the foster child and his/her parents as well as siblings. Children shall be allowed telephone conversations with parents and/or siblings as specified in the child's service plan unless contraindicated by court order. Any restrictions shall be documented in the case record, and reviewed quarterly during the Child and Family Team Meetings.

Foster parents are encouraged to participate in the Visitation Plan as long as they feel comfortable doing so.

Some examples of participation include providing transportation for the foster child to the visitation site; having telephone contact with the biological family; communicating with the foster parents of siblings of the foster child that may also be in care; providing supervision for family visits; hosting over-night sibling visits. All contact with the child's biological family, including siblings, is part of the Service Plan and occurs in a scheduled manner. Camelot will not provide biological parents information regarding foster parents without foster parents prior approval.

Foster parents who supervise sibling visits are eligible to receive up to $100 per month for day time visits and up to $100 for overnight/weekend visits as well as up to $50 per month for mileage driven for all qualifying sibling visits, if the following criteria are met:

- The sibling(s) are currently a ward of the State of Illinois
- The foster parent completes and submits the Sibling Visitation Form, CFS 502 DCFS Visiting Record and/or Mileage Form. **The Sibling Visitation Form, CFS 502 DCFS Visiting Record and Mileage form are located in the APPENDIX.**

In the event the Foster Parent does not wish to participate in the child's visitation with biological parents and/or siblings, Camelot staff will assume responsibility for arranging and supervising visitation.

Children in out-of home care will also be encouraged to develop peer relationships and to visit with friends in the foster home or friend's home. Foster parents should be familiar with the friend(s) and their families for purposes of supervision and protection.

The child's worker will establish a plan for family contact and visits. The visit plan will be written in the Client's Case Plan. The plan may also be stipulated in the court order. Frequently the plan will become more generous or more restrictive depending, on the progress or setbacks the parent experiences.

If family reunification is the child's permanency goal, the worker will attempt to have frequent and regular contact between the child and birth parents and other family members. This can include phone calls, letters, and visits. Such contact should be encouraged.

Visits may occur in the agency office, foster home, the parent's home, or a neutral area, such as a park. Visits may be supervised, depending upon the child's situation. Never allow any contact between the child and the birth family that has not been authorized by the worker.

The child may show an emotional or behavioral reaction before or after a parental visit. This may be due to the child's desire to return home, mixed feelings about the birth and foster families, or a sense of helplessness. You should not probe a child with questions about what happens during a visit, but should let the child know you are available if the child wants to talk.

If the child's parents fail to come for a scheduled visit, the child is likely to feel disappointment as well as anger. You can help the child express these feelings and understand that it's not the child's fault.

The confidentiality of all information about children in foster family placements **and** their families is protected by DCFS confidentiality standards. "A person who receives information from or through DCFS or Camelot Care Centers concerning a child who has received or is receiving foster care, or a relative or guardian of the child, shall not disclose the information directly or indirectly, except as authorized."

Birth Family's Role in the Child's Life

The supervising agency will determine the involvement of the child's parents or relatives in the child's placement in your home. The caseworker will determine the extent and nature of this involvement, in consultation with you, the child's parents, and others involved with the child and family. Consideration is given to the safety of the child and the foster parent and the permanency goal for the child. Activities to maintain and strengthen family ties may include the following:

- Participation with their children in a pre-placement visit in your home
- Regular visits during placement
- Providing family photos to be used for life books
- Physically caring for their child during visits (feeding, dressing)
- Participation in medical and dental appointments and school conferences
- Involvement in the assessment and treatment of behavioral or medical problems
- Participation in developing the case plan
- Participation in child planning reviews and court hearings
- Participation in the child's birthday parties, holiday celebrations, graduations, etc

Birth Family's Role in Your Life

There are many things a foster family can do to help a child and the child's birth family through this difficult time. Try to be understanding and not judgmental. Treat a child's parent as you would any other person with whom you have just become acquainted.

The level of foster parent involvement with the child's family is established in the Client's Service Plan. You should talk with the child's case manager about the child's family situation and your role with respect to the child's family. In all cases, your level of involvement with the birth family needs to be approved by the child's case manager.

You will be asked to follow the case plan regarding family contact and reunification efforts. Generally, the goal is to return the child to the parental home or a relative's home. As the foster parent, you have an opportunity for input in the permanency planning process but do not make the final decision regarding the parental involvement. **Refusal or failure to accept the involvement of the biological or adoptive parents and follow the case plan may be sufficient grounds to deny, revoke, or suspend a license.**

In rare instances where there is undue risk to the child or your family, the location of the child may not be disclosed to the parents. In these situations, you may be expected to share information about the child, pictures, and other material with the biological parent or adoptive parents through the child's case manager.

Setting Boundaries and Safety

On some occasions, the case manager may ask you to supervise visits between the foster child and the birth family or assist in the transfer during visits. Your participation and role with the visitation will vary based on comfort level, experience, and special circumstances of the situation. You may be asked to complete a "*DCFS Visiting Record, CFS 502*." (See Appendix)

If you are uncomfortable with supervising visitations between the child and parent, ask for training

in this and negotiate with the worker the best way to handle to ensure positive benefits for the child.

All contact should be scheduled or approved by the case manager. The case manager may allow you to have direct contact with the birth family to arrange visits. If the birth parents do not show for a scheduled visit, please advise the case manager of the missed visit.

If a birth parent or other authorized visitor appears to be intoxicated, or is displaying irrational behavior, if possible do not allow the visit to proceed. Attempt to contact the case manager or law enforcement immediately. Under no circumstances should any unexpected visitors be allowed to take the child from your care for a visit. Contact the case manager immediately and law enforcement if necessary.

Record Keeping

It is suggested that as a foster parent you keep a notebook or folder for each child. This should include all the information provided to you at the time of placement and should also include:

- Names and addresses of doctors who have treated the child,
- The type of medical treatment the child received while in the foster home,
- School reports, including report card and pictures,
- The date of the child's discharge from the foster home, and
- The name and address of the person to whom the child is discharged.

This is a minimum list. You will receive a copy of the child's case permanency plans and possibly other reports as well. Keep all of your records on the foster child together in the same place along with your notes about the child's progress. Any other pertinent information on the foster child should be maintained.

The placement worker should review this information at least quarterly. When the child leaves your foster home, you will give the complete notebook or folder to the worker supervising the child's placement. Additional life book information that includes school papers, pictures of the foster family, the child, and pets should also be given to the worker.

Basic Information

You will find a format in the Appendix of this handbook that you can choose to use for recording the basic information regarding the child and others involved in the child's life.

Whether you choose to use the format in the Handbook or record it in your own way, the information listed is the basic information you should record. When the child leaves your home, make note of the date they left, the name and address of the person to whom you released the child, and the location of the new placement if known.

Taking Notes

You make a valuable addition to case permanency planning for the child in your care when you keep factual notes on the child's behavior, the child's contacts with the family, your

contacts with the birth family, and other information related to the child.

In order to take factual notes, be careful to avoid giving opinions or drawing conclusions. The facts will speak for themselves. Your records should include observable facts, specific behaviors, and the date the events occurred.

Share your notes regularly with the child's foster care worker. Ask for feedback on your notes and be open to suggestions. Use your notes when preparing for meetings and court hearings regarding the child. Remember that a copy of your notes may be entered into the official court record.

Medical Information

Each child placed in your home may have medical needs very different than your own birth children or any other foster child you have cared for. It is vital that you review the medical information, become familiar with the child's particular medical needs, and then place any written information in the child's folder for future reference.

Any medications, including over-the-counter drugs, given to a foster child should be recorded or charted. You must complete the *Daily Medication Log* located in the appendix. It is important that you maintain a record that documents the correct dosage was given at the appropriate times.

Many children in foster care are prescribed medications that are considered "controlled substances" and it is important that you keep detailed records of the administration of these drugs.

Life Books

If you are like most people, you enjoy looking at pictures from your childhood of yourself and your family and sharing stories from those years. Think about what it would be like for you not to have those pictures. How would you feel if no one had stories to tell you about what you were like as a child? You would feel as if part of your life were missing. You would feel disconnected and lost.

Life books are an important tool that you can use to help foster children have a record of their personal and family history. A life book is like an expanded version of a child's photo album and scrapbook. It is an account of the child's life conveyed in words and pictures.

The purpose of the life book is to connect a child's previous experiences to the child's life at the present. Even infants and very young children in foster care need life books so that they have a record of events early in their lives. The life book is the property of the child and must go with the child if the child leaves your foster home.

You are required to assist in preparing and updating life books for all foster children placed in your home longer than 30 days. Foster care workers working with you and the child will also help with contributions to the life book. They will use the life book as a therapeutic tool to help the foster child make peace with the past and look forward to a healthy future.

A life book may include:

- Snapshots of the child
- Photos of relatives, friends, foster families, case managers, providers, and other people meaningful in the child's life
- Pictures of places that are meaningful to the child's life, such as the birth family's house, the hospital where the child was born, schools, and foster homes
- Medical history and growth chart
- Listing of schools the child has attended
- Report cards, awards, class pictures
- A description of the child's likes and dislikes, such as foods, colors, favorite games, or movies
- Origin of the child's first and middle names
- Special stories from the child's childhood or family
- The child's family tree
- A simple explanation about each placement the child has had and the reason for any moves
- Anything else you or the child consider important to include

As children read and talk about this information over time, they begin to develop a stronger sense of who they are and an increased understanding and acceptance of their past. The life book also bridges the gap for birth parents or adoptive parents who have missed parts of the child's development and experiences.

The life book is an ongoing record that becomes the foster child's unique and special possession. Speak with your foster child's case manager about developing a life book for each foster child in your care.

Contact With the Child's Worker

Worker contact will depend on the individual child. The frequency of on-going contact will be at least monthly. The specific frequency will be described in the *Client's Service Plan*. The worker will also provide you with after-hours emergency number.

The first visit will be made by the case manager within the first 48 hours of the placement. The case manager will be interested in how the child and you and your family are doing. You should share observations of the child's day-to-day behavior and feelings the child expresses with the case manager..

Depending upon the level of care of the child, the case manager and/or in-home counselor will normally visit with you and the child at least once per week. You may find it helpful to stay in touch by phone to touch base. As you gain experience as a foster parent, you will become more knowledgeable about what needs to be brought to their attention right away and what can wait.

Call during regular business hours to discuss the following issues:

- The child needs permission or authorization from a parent or guardian to participate in a school outing, sporting event, or authorization for a driver's license or permit.
- Questions about maintenance payment, clothing allowance, or other financial reimbursements.
- You need authorization for respite care for your foster child on some future date or need assistance

in arranging a future respite placement. Please give as much advance notice as possible if you need assistance from the working in locating a respite provider. You must have authorization from the DHS case manager or juvenile court officer in advance before using respite care and to use a particular respite provider if you locate one without agency assistance. (See **Respite**.)

- To discuss routine matters regarding your foster child such as doctors' appointments, parental visits, and behaviors of the child. Do not call the worker after hours just
- "because they are so hard to reach at the office." If you are having difficulty getting a case manager, or in home counselor to return your calls, ask for assistance with your issue from their supervisor. Most calls should be returned with 24 hours if not sooner, but delays due to appointments outside of the office and crises are not uncommon.

Word About Voice Mail

Many social services offices use voice mail to manage the large volume of calls received each day. You can use voice mail to your advantage because it lets you leave detailed message and cuts down on "phone tag."

To get the most out of voice mail:

- Leave a message. Please do not call and hang up. Your worker will not have any way to know that you called. Speak slowly and clearly; give your name and telephone number, and the best time to call you back.
- Leave a detailed message. Often the worker can follow-up on your issue and let you know the outcome.
- If the issue is urgent, do NOT leave the message on voice mail. Even if the worker returns to the office, there may be delays in checking voice mail. Let the receptionist know if you have an emergency and ask to speak with someone in person.
- If you accidentally get transferred into someone's voice mail in these circumstances, dial 0 to be returned to the operator, or call back in again and ask to speak to the worker's supervisor.

Communicating in an Emergency

There will be times when you must contact the agencies involved with urgent information. When this happens, let the receptionist know that you have an emergency and need to speak with someone in person. **Do not leave a message about a crisis on the worker's voice mail, as they may not receive it in time to respond appropriately.** The following situations are considered emergencies and must be reported immediately, regardless of the day of the week or time of day when they occur.

- The child needs emergency medical or mental health care. In most cases, you should seek emergency medical help first, such as calling an ambulance or transporting the child to the hospital. Then contact the agency.
- You suspect the foster child has been abused or neglected. You are required by law to report this, as you are a mandatory reporter. (See **What to Do if You Suspect Abuse**.)
- The child ran away or cannot be located. Contact law enforcement to report the run-away or missing child, then the agency.
- The child has not returned to your home as scheduled from a visit with family or other outing.
- The child has possibly committed a crime or is being sought by police for an interview

for any reason.

- Any unauthorized visitors come to your home in an effort to see the child or take them away.
- You have a family emergency and need assistance in locating a respite provider for your foster child.
- You feel you can no longer care for the foster child in your home and need to have other arrangements made immediately and the move cannot be delayed to allow for a better transition to the new placement.

There may be other conditions about your foster child's situation that could warrant an emergency phone call to the agency. Talk to the case manager or licensing worker about potential urgent situations that could arise.

The agency will provide you with their after-hours on-call system.

Best Practice: At the time of placement, develop a crisis plan based on the child's needs. This plan should be developed with the case manager.

Guide to Personal Cell Phone Use & Social Networking

Providence Service Corporation and Camelot Care Centers, Inc., Illinois Operations recognize the importance of protecting client privacy and rights in accordance with HIPAA and the IL Mental Health and Developmental Disabilities Confidentiality Code, and maintaining professional boundaries in the delivery of quality services to children and families. The use of personal cell phones and social media (i.e. Facebook) to communicate with clients and families undoubtedly impacts the professional relationship and poses challenges to the maintenance of treatment appropriate boundaries. Such communication can jeopardize client confidentiality, compromise the integrity of a professional therapeutic relationship to which children in foster care are particularly vulnerable and limit opportunities for family self-sufficiency. Finally, such unlimited and direct access to professionals may also lead to the potential staff burnout and increased safety risk for families, clients and staff.

In an effort to better ensure the safety of families, clients and employees, bolster adherence to HIPAA Security Standards, as well as preserve Camelot's mission, vision and core values, the following will become effective as of July 1, 2012:

- Employees are prohibited from distributing or sharing their personal cell or home phone numbers to any Camelot identified client, family member or foster parent
- Employees are prohibited from any and all communication with clients, family members or foster parents via text message
- Employees are prohibited from accepting or engaging in any social networking or accepting any "friend" or "contact" requests from current or former clients, family members or foster parents through various media or social networking sites (i.e. Facebook)

- Employees are prohibited from communicating with Camelot staff as well as staff from other agencies each other about client-related matters via text message; instead, client-related matters are to be discussed in-person or by phone.

- To further support the safety and privacy of Camelot clients, families and employees, the following should also be encouraged by Regional leadership:

- Employees should not engage in casual viewing of a client's Facebook page (or other social networking sites), without legitimate purposes or consent.
- Employees should set their own social networking sites to "private" to reduce the risk of clients and/or families obtaining their personal information.

- Camelot employees are encouraged to communicate with clients and families about professionally appropriate boundaries and to ensure that clients, family members and foster parents access and communicate with staff in accordance with established protocols.

Failure to comply with the above directives may result in disciplinary action up to and possibly including separation from employment.

Resolving Differences with the Agency

The time may come when you disagree with the case manager, in home counselor, or licensing worker's decision. It is important that you share your difference of opinion with them and discuss the matter. Often, this resolves the disagreement, or you will discover that, while the decision may still be an unpopular one, it is necessary. Sometimes, the disagreement continues or you may have a difficult time working with a particular person. It is best to address these problems directly.

To ensure the best support and services, foster parents are asked to communicate first with those agency staff that are closest to the foster child's situation. In agency lingo, this is known as the "chain of command." Following a chain of command to resolve problems shows that you respect the agency staff that you are working with and that your professional relationships are important to you. The following chart showing the "chain of command" may help you work through the proper channels to address your concerns.

Discipline and Behavior Management

Under DCFS policy, all foster parents must agree and adhere to the following minimum requirements:

1. Discipline must be handled with kindness and understanding.
   "Discipline" actually means to teach or instruct. Through discipline, you teach the child responsible behavior. Before providing discipline, ask yourself, "What do I want this child to learn and how can I best teach this child?" The foster parent who is a disciplinarian is really a teacher, a guide, and a counselor who helps the child learn. Take opportunities to get additional training or do additional reading on discipline to meet the child's needs. As you increase your knowledge and skills, you will find that addressing challenging behavior is less stressful and you will feel more in control of the situation.

2. A foster child must not be deprived of food as punishment.
   You cannot withhold meals (breakfast, lunch, or supper) as punishment. Treats and snacks are considered a privilege and can be denied as a consequence for inappropriate behavior.

3. A foster child must not be subjected to corporal punishment inflicted upon the body.
   You cannot use any type of physical discipline with foster children. Corporal punishment of a foster child by a foster parent is against DCFS policy. "Corporal punishment" includes shaking a child, spanking a child, slapping a child, or physically disciplining a child in any way. (See **Prohibited Discipline** for more information.)

4. A foster child must not be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.

5. Foster parents cannot use threats of physical discipline.
   Due to their history, foster children respond poorly to threats of physical discipline as well as actual physical discipline. Threatening a child with violence is not an acceptable way to manage a foster child's behavior. A foster child must not be subjected to verbal abuse, threats, or derogatory remarks about themselves or their family.

6. Foster parents cannot cancel visits or withhold contact with the child's family as a form of discipline or behavior management without the direction of the agency case manager.

Discipline has two primary goals:

- To change or control the child's immediate behavior, especially if the behavior poses a danger to the child or others.
- To teach the child to get along as a member of a family and community and eventually to be a responsible, mature adult.

The case managers are prepared to give you information and support in addressing your foster child's misbehavior. Foster Parents should be aware of the following guidelines for the use of Discipline. Violation of these rules will result in an investigation by Camelot and/or the Department of Children and Family Services, and either closure of the foster home or a warning that additional violations will result in closure of the home. **The CFS 534-1 Behavior Log can be located in the APPENDIX.**

Note: The case manager and in-home counselor may develop a behavior management plan with you that specifically outlines interventions and strategies which you will be expected to use with the particular child. Refer to **PREVENTING CHILD ABUSE IN FOSTER CARE** in this Handbook for more information on Camelot Care Center's discipline policy.

Reasons for Misbehavior

Consider the following circumstances when you are deciding how to manage a child's behavior:

- The child's age and level of social, intellectual, and emotional maturity.
- Special reasons a child in foster care may misbehave, such as:
  - Anger at being separated from parents.
  - Poor behavior modeling in the past.
  - Developmental lags (lack of knowledge or skill to behave appropriately).
  - Effort to exert control on the situation.
  - Lack of self-esteem.
  - Attention seeking through negative behaviors.

When children are placed in a foster home, they experience a range of emotions. They experience the loss of their family, friends and sometimes their community and school. As the child is experiencing losses, the child is introduced to a new foster family, and possibly a new school and community.

Every child responds differently. Most children do not have the coping skills necessary to deal with such life-altering events. They often cannot express their feelings in words, so they show how they feel in their actions. Foster parents have the critical role of helping a child adjust to a new environment and teaching the child new ways to cope.

Goals of Behavior Management

"Behavior management" refers to the activities designed to promote positive behaviors. Self-discipline is the goal of all behavior management. All behavior management activities are individualized based on each child's behavioral needs. Behavior management has two objectives: To decrease anti-social and disruptive behaviors and to increase appropriate pro-social behaviors.

Behavior management should be viewed as a continuum. The desirable movement is from externally controlled activities administered by adults toward self-discipline. Behavior management should also be seen as a positive learning experience. Properly used it should instruct, train and teach rather than punish.

Foster parents, as change agents, can have the greatest impact on helping the child replace negative behaviors with positive behaviors. Consult with the child's caseworker regarding resource materials and training on behavior management activities.

Building a Child's Self-Esteem

Following are ways to help build the child's self-esteem and self-confidence:

- Accept the child's "limitations." A child with the capacity to get Cs or Ds or to perform at an average level in athletics or music can become guilt-ridden if the child has done his or her best, but feels you are disappointed.

- Don't compare the child's abilities, talents, or looks with those of other children.
- Celebrate the child's accomplishments; go to school plays and games, post schoolwork, etc.
- Encourage the child to express feelings; tell the child it's okay to feel sad and to cry. Take time to listen (really listen), without giving advice or passing judgment.
- Spend some one-on-one time with the child every day.
- Show the child that you respect people and that you respect life. Help the child learn to be compassionate to the young, old, handicapped, and weak. Give the child the opportunity to love an animal.
- Acknowledge childhood pressures. Remember that being in a different school, changing friends, or not passing a pop quiz can be as traumatic to a child as not having money to pay the rent can be for adults.
- Expect some rebellion and remember that "this, too, shall pass." Don't make a big issue out of small things that bother you.
- Be honest when answering questions about delicate issues such as sex, abuse, or death.
- Sympathize with the child when the child experiences a loss.
- Set a good example; show the child that when you're depressed, you work out your frustrations by talking to friends, exercising, enjoying something funny, etc.
- Give the child some responsibilities around the house. Don't redo the child's work even if you could do it better. Help children increase their ability to care for themselves, their home, and others around them. As they become more confident, they will become more competent.
- Consult the case manager if you think your child is having problems that you cannot handle.

Parenting Techniques

The following are techniques which foster parents have found successful in managing the behavior of foster children:

- **Discussion**
  Communicate needs and expectation, e.g.
  - "I can't rest when there's so much noise in the house."
  - "I'm late for work when you are not ready in the morning."
- **Modeling**
  Demonstrate and model the behavior that you want the child to learn or strengthen.
- **Reinforcing Good Behavior**
  - "Catch" the child being good.
  - Positive re-enforcers can be in the form of material things (money or extra treats), social rewards (compliments, smiles, attention, approval) or special privileges.
  - Encourage efforts as well as accomplishments.
  - Chart behavior progress or lack thereof to help the child focus on the behavior, e.g., daily chores, personal care, school days, etc.
- **Natural Consequences**
  - Natural consequences are those that occur without the parents' intervention, such as the child is late for school after oversleeping because of staying up too late.
- **Logical Consequences**
  - Logical consequences are those that the parents set which are directly connected to the behavior, such as the child washes the wall after writing on it.
- **Planned Ignoring**

- You may make a planned decision to ignore a particular behavior. This should be used only for a behavior that does not pose a safety risk for the child, other people, or property. While ignoring inappropriate behavior, try to reinforce appropriate behaviors. For example, your response to a child's temper tantrum could be to ignore the child's behavior and, therefore, not reward the behavior with your attention.

- **Setting Rules**
  - When deciding on rules in your home, ask yourself the following two key questions:
    - Is it necessary to protect the child's health and safety?
    - Is it necessary to protect the rights or property of others?

    If the answer to either question is "yes," then a rule should be established which:
    - Is specific as to the desired behavior
    - Includes alternatives or choices, and rewards
    - Includes logical consequences
    - Concerns behaviors under the control of the child
    - Concerns behaviors you can monitor
    - Is stated positively whenever possible
    - Rules are more effective when the child has had a part in setting them
- **Loss of Privileges**
  - Effective discipline includes revoking privileges, such as phone, television, computer time, video games, snacks, and time with friends. Loss of privileges encourages the child to avoid repeating a negative behavior in order to prevent further loss of privileges. It also encourages the child to change the behavior in order to earn the privilege back. When you discipline a child in this way, let the child know why the privilege was lost and explain how and when the child can earn the privilege back.
- **Time Out**
  - The main goal of a time out is to help the child gain self-control. After the child has gained self-control, discuss what the child could do next time. Keep this conversation brief. Lecturing will not be productive. Consider the child's age and the situation that led to the time out to determine the next step after the child has gained self-control. Too often power struggles occur when the adult mandates how, where, and how long the time out will be. This defeats the goal of the time out--for the child to gain control. Instead, what happens is the child and foster parent end up struggling over issues that had nothing to do with the child needing the time out in the first place. The place that you and the child choose for a time out could be planned ahead of time. This should be a quiet place where the child will not have the attention of others in the house. It should be a place that will not scare the child. Time out should be based on the child's age. It is recommended that the children receive one minute of time out for each year of their age. You may want to set a timer for the length of time the child will need to be in time out. Time out is most effective with young children. Time out loses its effectiveness with older children. The use of time outs is an example of how discipline and behavioral management can compliment one another. "Discipline" helps develop self-control through teaching responsible behaviors. "Behavior management" refers to activities designed to promote positive behaviors with the ultimate goal of self-discipline as well. Time outs are a form of discipline. The child takes the time out, which is the discipline and is rewarded, which is the behavior management for listening and following the foster parents' directions. Thus, the goal of self-control is taught and reinforced through rewards.

The foster home is but one additional learning experience for the child. The foster parent who expects the newly arrived child to fit automatically into the new environment is in for disappointment.

In effect, the foster parents' job is often to assist the child in "re-learning" more appropriate ways of behaving and interacting with others. This will often be a trying and time consuming process, but the outcome can be very helpful for the child and rewarding for the foster parent.

Prohibited Discipline

Camelot Care Centers prohibits foster parents from using ANY type of physical discipline with foster children. Foster parents who use physical discipline with foster children can lose their foster home license and be criminally charged. Physical discipline includes, but is not limited to:

- Spanking with a hand or object
- Slapping or hitting
- Punching
- Pinching
- Biting
- Whooping or whipping
- Washing the child's mouth out with soap or placing pepper, vinegar, Tabasco, or other strong or hot food product in the child's mouth

Do not threaten to use physical discipline with a foster child, for example saying, "You are going to get a whooping if you don't cut that out." Foster children will believe that you are going to spank them and hurt them, as they have probably been hurt before.

Behavior management by intimidation is not healthy for the child and quickly becomes ineffective. Most foster children are well aware that foster parents cannot use physical discipline with foster children. If you feel you must resort to physical discipline or the threat of physical discipline in order to manage a foster child's behavior, the challenge of foster parenting is not for you.

You should not verbally abuse, cuss at, or shame your foster child.

You may not punish a foster child by restricting contact with the child's family. This includes phone calls and visits. Think about this in terms of a situation when you were punishing your own birth children. They would still be allowed to talk to you and see you, wouldn't they?

On those rare occasions when it may be appropriate to restrict contact with the family as a response to the foster child's behavior, this decision must be made by the agency—not the foster parent.

Foster parents cannot withhold meals as punishment (breakfast, lunch, or dinner). Foster children can be made to go without snacks or desserts, as these are considered privileges.

If your foster child has dietary considerations or eating problems, speak with the foster care provider or agency before using snacks and desserts as a reward or discipline tool. This is an area where power struggles will occur if the foster parent tries to control what the child will or won't eat. Document that the child did not eat the meal and that you offered an alternative, such as a peanut

butter and jelly sandwich.

Discipline of Children

Section 402.21 Discipline of Children

a. Discipline shall be appropriate to the age of the child, related to the child's act and shall not be out of proportion to the particular inappropriate behavior. Discipline shall be handled without prolonged delay.
b. The foster parent shall be responsible for the discipline of the child. Discipline shall never be delegated to a child's peer, not to persons who are strangers to the child.
c. No child shall be subjected to corporal punishment, verbal abuse, threats or derogatory remarks about him or his family.
d. No child shall be deprived of a meal or part of a meal as punishment.
e. No child shall be deprived of visits with family or other persons who have established a parenting bond with him.
f. No child shall be deprived of clothing or sleep as a punishment.
g. A child may be restricted to an unlocked bedroom for a reasonable period of time. While restricted, the child shall have full access to sanitary facilities.
h. A child may be temporarily restrained by a person physically holding the child if the child poses a danger to himself or others.
i. The personal spending of money of a child may be used as a constructive disciplinary measure to teach the child about responsibility and the consequences of his behavior. However, no more than 50% of the child's monthly personal spending money shall be withheld for any reason.
    a. Withholding child's monthly personal spending money shall occur only under the following circumstances:
        i. For reasonable restitution for damages done by the child; or
        ii. For breaking the family's rules if the child has been given an oral warning that his spending money has been reduced for his infraction.
    b. When a child's spending money has been reduced because he has broken a rule, the foster parent shall keep the withheld money for the child and shall not use it for any reason. The foster parent shall give the child opportunities to earn the money back and shall explain to the child how the money can be restored.
j. Special or additional chores may be assigned as a disciplinary measure.
k. Privileges may be temporally removed as a disciplinary measure.

Behavior Emergencies

(See also **Communicating in an Emergency**)

The very nature of foster care lends itself to an increased likelihood of behavioral emergencies with foster children. It is important that you plan ahead as to how you will handle these crises together with the case manager and in home counselor.

Crisis Planning

The first step in dealing with a crisis is planning for it. It is best practice to make a crisis plan involving all players, especially the child and the child's family, before the need arises. An example of a crisis plan is to:

- Describe the behaviors displayed by the child,
- Devise action steps that address who does what,
- Assess when you will know that the crisis is over, and
- Evaluate the crisis plan.

Crises tend to occur repeatedly. By planning for a crisis, it becomes more manageable, with the ultimate goal of decreasing the number of crises that occur. You should have on hand:

- The after- hours number for the agency office.

Contacting the Agency, Providers and Law Enforcement

In a true emergency, you should first call 911 and request assistance from law enforcement or paramedics as appropriate. This would be appropriate when:

- There is an imminent threat of harm to the child (a teen has taken an overdose in a suicide attempt) or others around the child (a foster child has become physically aggressive and cannot be calmed down), or
- There is a risk of extensive property damage.

You should also contact law enforcement immediately if a foster child has run away or cannot be located. In an emergency, law enforcement and paramedics are able to provide the most timely response. Once you have contacted them, your next call should be to the agency. They will plan with you what steps need to be taken next.

There may be times when you have an urgent need to speak with the foster care worker outside of normal business hours. Please reserve your after-hours contacts with staff to matters that should not wait until the next working day.

You should have requested and received an after-hours contact phone number on the day the foster child was placed in your home.

Runaways

Running behaviors are generally associated with adolescence, but younger children may run away also, so consider these suggestions for any child or youth in placement.

To prevent runaway behavior, focus on the youth belonging to and having a meaningful role in the family and establishing a positive relationship with the school. If you observe a pattern of behaviors in the youth similar to that which preceded a previous runaway episode, or the young person directly shares plans to run again, you should contact the worker.

Following are suggestions if a youth runs:

- Call the youth's caseworker. If you cannot reach the caseworker, contact the worker's supervisor or the emergency contact number you have been given.

- You may then be asked to contact law enforcement to place an "attempt to locate" request (See Appendix for "Physical Description of Child" form) and provide the police with information on the youth such as what the youth is wearing, etc.
- Keep in mind that, like all difficult behaviors, running is a symptom of other factors and needs which may be beyond your control.
- Recognize your own feelings, which can influence how you handle the problem. For example, you may feel scared for the youth or even rejected, angry, or guilty yourself.
- Plan your strategy for responding if and when the youth returns. Be aware of your feelings and how they may affect your response.

When the youth returns, you should do the following:

- Welcome the youth immediately. Remember that it is often harder for the youth to return than it was to run.
- Share your worry and concern for the youth's well-being.
- Re-establish a pattern of stability with the runaway.
- Work with the youth's worker to assess and resolve the reasons the youth ran away.
- Remember that the overriding goals are first the safety of the youth, and second, alternative behavior as a means of coping with the problems. Neither punishment nor restriction will do this.

Suicidal Behavior

Nationwide there has been a dramatic increase in suicides among young people. For teenagers who are experiencing stress, confusion, and self-doubt, some view suicide as the "solution." If you think your foster child may have suicidal tendencies, contact the child's case manager at once so that appropriate treatment plans can be made. The child may need immediate hospitalization or evaluation.

You should be aware of the following warning signs of adolescents** who may try to kill themselves:

- Change in eating and sleeping habits.
- Withdrawal from friends and family, and from regular activities.
- Violent or rebellious behavior or running away.
- Drug and alcohol abuse.
- Unusual neglect of personal appearance.
- Radical personality change.
- Persistent boredom, difficulty concentrating, or a decline in the quality of schoolwork.
- Frequent complaints about physical symptoms, often related to emotions, such as stomachache, headache, fatigue, etc.
- Loss of interest in pleasurable activities.
- Not tolerating praise or rewards.
- Threats or hints of suicide.
- Complaints of being "rotten inside."
- Verbal hints or statements such as, "I won't be a problem for you much longer," "Nothing matters," "It's no use," or "I won't see you again."
- Putting affairs in order, for example, giving away favorite possessions, cleaning room, throwing things away, etc.

- Sudden cheerfulness after a period of depression.

**Even a very young child may exhibit these behaviors and express overwhelming sadness. If you see these warning signs in any child, contact the child's worker at once.

Note: Gay youth are two to three times more likely to attempt suicide than heterosexual young people. It is estimated that up to 30% of the completed youth suicides are committed by lesbian and gay youth annually. (Source, Gibson P. LCSW, "Gay Male and Lesbian Youth Suicide," Report of the Secretary's Task Force on Youth Suicide, U.S. Department of Health and Human Services, 1989.)

Substance Abuse

Symptoms of chemical abuse may vary widely from person to person. The following are symptoms frequently present in adolescent** abusers.

- Red eyes. Watch for eye wash products (Murine, Visine, etc.) to "get the red out," insistence on colored eyeglass lenses, or inappropriate use of sunglasses.
- Dry mouth. Kids call it "cotton mouth."
- Fatigue, irritability and edginess – a common condition when the high wears off.
- Increasing, unexplained friction with peers and especially family; change in friends, avoidance of contact with parents and teachers.
- Uncalled for, unexplained outbursts of anger or abusive language.
- Change in behavior, appearance, or attitude.
- Drowsiness, apathy, listlessness.
- Feelings of paranoia (complaints of being "picked on").
- Loss of weight despite craving for sweets, or weight gain.
- Disturbances in sleep – insomnia.
- Lack of motivation.
- Impaired ability to concentrate – impaired short-term memory.
- Decreasing performance in schoolwork, activities, and sports or on the job.
- Blank facial expression.
- Dilated eyes.
- Difficulty in fighting off common infections, cold, flu, persistent cough, asthmatic wheezing, chest pains, skin rashes.
- Irregular menstrual cycle.
- Decreasing need or desire for interaction.
- Lack of interest in grooming and appearance, sloppiness in dress.
- Too much time spent alone.
- Impaired driving ability.
- Distorted sense of time.
- Changes in regular associates or friends.
- Increasing secretiveness.
- Dishonesty – lying, stealing, shoplifting.
- Inability or unwillingness to account for money. Always broke despite earnings from job.
- Reluctance or refusal to bring friends home – spending as much time away from home as possible.
- Blames others for every adversity or problem – transfers guilt at every opportunity.

- Increasingly unreliable or irresponsible but always prepared to be contrite and "promise anything."

**Remember even much younger children may be using and show symptoms of drug abuse. If you recognize any, or several, of these characteristics in your foster child, talk to the child's case manager at once to arrange an evaluation.

Sexual Acting Out

Children who have been sexually abused may deal with their abuse by being sexually active with other children, promiscuous with peers, or provocative with adults. Sexual acting out behaviors can occur between children of the same sex. It is important that you immediately report any sexual acting out behaviors to the child's case manager and ensure that a supervision plan is in place to keep all children in the household safe.

Unmanageable Defiance: Verbal and Physical Aggression

It is not unusual for any child to be verbally defiant at times and even for younger children to become physically aggressive. Foster children may struggle with these behaviors more than the average child, due to having poor role models for anger management or unresolved feelings of anger. By setting a good example, you will help your foster child learn acceptable ways to express negative feelings.

However, there may be times when a foster child's physical or verbal aggression gets out of hand and cannot be managed by the foster parent alone. Hopefully, you and the treatment team already have a crisis plan in place and you can refer to the plan for what steps to take. If not, you will need to contact others for assistance. For information on contacting others for help, see **Contacting the Agency, Providers and Law Enforcement** and **Communicating in an Emergency**.

Delinquent Behavior

If you believe your foster child has been involved in criminal (delinquent) activity, you are responsible to report it to the agency immediately. The agency will then decide what steps need to be taken next.

All children under age 18, including foster children, have certain rights when it comes to the investigation of suspected criminal activity. The police may stop or speak with any teen or child if they are concerned for their safety or welfare or if the officer believes that criminal activity is afoot.

The youth is required to give basic information such as name, address, and date of birth. Youth under suspicion of criminal activity are not required to answer the officer's questions (other than the basic information noted). They can politely inform the officer that they do not wish to answer the officers' questions and would like to speak with case manager.

All children in foster care that are under the supervision of juvenile court are represented by an attorney. You should not allow the police to interview your foster child without the child's

attorney being present and the supervising agency being notified. Foster parents do not have the authority to consent to a police interview of a foster child.
The police can search a foster child if:

- They have probable cause that the youth has committed a criminal offense and they could lawfully arrest the youth.
- The officer believes that the youth is carrying a weapon, evidence will be destroyed if not confiscated promptly, and/or the search is incident to arrest.
- If the youth gives the officer permission for the search.

The police officer may conduct a brief "frisk" of a suspect for weapons when the officer has a reasonable suspicion that a crime has been committed and the suspect is armed and dangerous.

Foster parents do have the right to allow police to do a search of all parts of their home, including the foster child's room. Foster parents can decline a request by police to search their home unless:

- The police have a warrant, or
- There is a crime in process, or
- The police are in pursuit of a suspect who is about to escape, or
- They are preventing destruction of evidence in plain view.

If the police have an arrest warrant for your foster child, they may enter your home if they have reason to believe that the foster child is inside. If a police officer suspects a youth of a crime, the officer may detain the child for up to two hours, after which the youth must be charged or released.

Youth under the age of 18 who is arrested may be handcuffed if they physically resist arrest or threaten violence, or if the officer believes they are a physical threat to self or others. A juvenile court officer is then generally notified of the arrest (except for traffic offenses), as well as the parents, guardian, or custodian.

Youth who are arrested will be read their Miranda rights. If the youth is 16 years of age or under, these rights cannot be waived without the written consent of their parents, guardian, or custodian. A foster parent cannot provide that written consent.

Youth who are over 16 years old, but under 18, may waive their rights if a good faith effort has been made to notify the parents, guardian, or custodian that they have been arrested, the reason for the arrest, the place where the youth is being held, and that the parents have the right to visit and confer with the youth.

Most often, foster children who are arrested can be returned to their foster home pending a hearing. If the foster child cannot be returned to the foster home, the child may be placed in another foster home or a youth shelter.

Children who pose a greater risk of violence or flight may be placed in a detention center. Under limited circumstances, some may be even held in a jail. However, juveniles held in jail must be kept separate by both sound and sight from any adult prisoners.

Court Appearances

Foster parents are the primary change agent in the foster child's life. Their daily contact, observations, interaction with the child, Case Manager, Therapist, school, neighbors and perhaps family members, are critical elements when making judicial decisions. Camelot encourages and supports foster parent involvement and participation in Juvenile Court hearings.

Because of the intimate involvement of the foster parent with the foster child, they may be subpoened to testify in court. Foster parents should contact their Case Manager immediately is they receive a subpoena. Foster parents cannot disregard this notice to appear and it may be necessary to involve legal staff for consultation purposes.

Any questions or concerns related to court and the foster parent's role can be addressed to the Case Manager.

Working With Providers to Manage a Child's Behavior

The child's case manager may suggest or provide services from a provider to work with the foster parents to help them assess the best discipline and behavioral management approaches to use.

In order for the provider's assistance to be effective, it is important that you accurately describe the children's behavior and your responses to them. The provider will be able to provide you with important feedback, instruction, and training in order to manage your foster child's behavior and issues.

Preventing Child Abuse in Foster Care

Definition of Child Abuse

All mandated reporters need to be aware of the three different categories of child abuse defined by DCFS. They are:

Physical Abuse as defined by ANCRA, (Sec.3) 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". Such common injuries include bruises, human bites, bone fractures, and burns.
- "creates a substantial risk of physical injury" likely to have the physical impacts listed above. Examples in DCFS allegation definitions 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, violations of orders for the perpetrator to remain apart from the child, and a history of past sexual abuse which may place other children at risk.
- "acts of torture" which is defi ned by DCFS as "deliberately and/or systematically inflicting cruel or unusual treatment which results in physical or mental suffering".
- "inflicts excessive corporal punishment" is included in ANCRA, but is not specifically further defined by DCFS. However, bruises inflicted on a child, especially a young child, are usually considered as meeting this definition.
- "commits or allows to be committed the offense of female genital mutilation."
- "causes to be sold, transferred, distributed, or given to such child under 18 years of age, a controlled substance" (i.e. illegal drugs) except when prescribed by a physician.

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

- sexually transmitted diseases are by DCFS definition "diseases which were acquired originally as a result of sexual penetration or conduct with an individual who was afflicted"
- sexual penetration 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.
- sexual exploitation is defined by DCFS as "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.
- sexual molestation is defined by DCFS as "sexual conduct with a child when such contact, touching, or interaction is used for arousal or gratification of sexual needs or desires". Examples include fondling a child or having the child touch the perpetrator sexually. (DCFS Procedures 300.Appendix B)

For both physical and sexual abuse, parents and caretakers are charged with the responsibility to take reasonable steps to stop abuse. If they do not, they may be charged with abuse themselves. (ANCRA Sec.3)

Neglect occurs when a person responsible for the child deprives or fails to provide the child with

adequate food, clothing, shelter, or needed medical treatment. Neglect is also alleged when an adult provides inadequate supervision of a child. This can occur when children are left either unsupervised or in the care of someone unable to supervise due to his/her condition. Children can suffer injuries that are the result of "blatant disregard" and are considered neglect. According to DCFS,

> "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 Proc.300 App.B)

Dynamics of Abuse and Neglect

It is important that you understand why child abuse occurs so you can be sensitive to the birth parents and so you can understand the reasons for some of the behavior the child may exhibit. Parents who abuse or neglect children often do not appear particularly unusual. They may come from any economic or racial background. Most are not psychotic or cruel; rather they are doing the best job they can under very stressful and difficult circumstances.

Profile of Parents

Following are characteristics of parents who have been abusive, although it's important to remember that they are not all alike.

Physically abusive parents may:

- Have been physically abused themselves as children.
- Suffer from low self-esteem (i.e., see themselves as failures).
- Have unrealistically high expectations for their children.
- Lack knowledge or understanding of child development.
- View their child's misbehavior as a personal attack.
- Lose control when tired, frustrated or angry.
- Have not learned to control impulsiveness.
- Abuse substances such as alcohol or illegal drugs.
- Be mentally or emotionally challenged and struggling to meet their own needs.
- Love their children but not be able to deal appropriately with the frustration, stress and anger in their own lives.

Neglectful parents may:

- Feel overwhelmed with the real world.
- Suffer from drug or alcohol addictions.
- Have a mental or emotional disability.

Sexually abusive parents may:

- Be attracted to children as peers, rather than as children.
- Be immature.
- Not have learned to control themselves.
- Have problems with drugs or alcohol.
- Be unaware of the child's needs.
- Need affection, and find it in erotic contact with children.
- Feel inadequate in relationships with peers.

Emotionally abusive parents may:

- Lack awareness of child's needs.
- Be so involved in their own crisis that they cannot attend to their child's needs.
- Have unrealistically high expectations of their child.
- Be unable to give or receive love.

Reasons for Child Abuse

Drs. Henry Kempe and Ray Helfer have identified three common factors involved in child abuse.

- A parent or caretaker who has the potential to hurt a child based on:
  - The person's own abuse as a child.
  - Cultural or family tradition of extreme discipline in child-rearing years.
  - Difficult pregnancy or traumatic event during pregnancy.
  - Reminders of an unpleasant experience.
  - Physical handicap or development disability.
  - Unreasonably high expectations of the child resulting from parent's low self-esteem
  - lack of understanding of the stages of child development.
- A "special" child who gets singled out for abuse:
  - Born the "wrong" sex.
  - Looks like someone the parent does not like.
  - Difficult pregnancy or traumatic event during pregnancy.
  - Reminds parent of an unpleasant experience.
  - Physical handicap or developmental disability.
  - Feelings of guilt or embarrassment concerning a child's intelligence.
  - Perception of child as bad or strange for reason that no one else understands.
  - Sexually abused children may be oldest, most affectionate, quietest, or look most like someone the parent likes.

What to Do if You Suspect Abuse: Mandatory Reporting

Your role as a mandated reporter is to inform the Department when you determine there is reason to believe that a child has been harmed or is in danger of being harmed — physically, sexually, or through neglect — and that a caretaker either committed the harm or should have taken steps to protect the child from the harm. You need to make the call immediately and no one is permitted to restrain the call. The function of the Hotline worker is to determine whether or not the harm to the child as described by the reporter constitutes abuse or neglect under the State's definition and can be investigated by DCFS. It is not the job of the Hotline intake worker to make a determination that the suspected abuse has actually occurred. This is the function of the DCFS Child Protection Specialist.

Abuse in Foster Family Care

National studies show that child abuse is reported and substantiated more frequently for children in foster care than in the general population. There are many possible explanations

for this:

- Foster families are more closely monitored than the general public. The incidence of child abuse in the general public is considered to be greater than that reported, whereas abuse is less likely to go unnoticed in foster care.
- Children in placement are more likely to engage in acting-out behavior than children in the general population.
- Children in placement may make false reports in an effort to be returned to their family.
- Parents of children in placement may make false reports out of resentment against the foster family or they may exaggerate their concerns unintentionally.
- Foster parents may lack adequate training in discipline and behavior management.
- Foster families may be "overloaded" with children.
- Questions may be raised about the adequacy of foster parents' supervision when a child in foster care is physically abusive or acts out sexually.
- Foster care workers may lack the time to provide families with sufficient support and supervision.

Preventative Practices

Foster parents can further reduce the risks of founded or unfounded child abuse reports by:

- Attending discipline training.
- Keeping the child's worker informed of the child's progress and any problems you're having.

Placement Transition and Termination

When a child is placed in foster care, the goal is eventual return to the parental home or an alternative permanent placement for the child. As you have learned in pre-service training, fostering is temporary, and you will have to prepare youth to "move on."

The end of a placement is a difficult transition for a foster family. Because you are likely to have a more intimate knowledge of the child, you will have the primary responsibility in helping the child prepare for this move. Your acceptance of this change will be helpful and reassuring to the child.

Reasons Placements May End

In most cases, foster parents can anticipate when a placement is planned to end based on the Client's Service Plan. However, circumstances may result in an altered plan. Some of the reasons a placement ends are:

- The child returns home.
- The child has run away from the foster home and the whereabouts of the child are unknown.
- The child is not benefiting from the placement or needs a specialized service the foster family cannot offer, and another placement is in the child's best interest.
- The foster parents terminate the placement.
- The foster family fails to cooperate with the case plan.
- The child is to be reunited with siblings in another placement.
- The child goes to live with an adoptive family.
- The child goes to live with relatives.

Requesting Removal of Your Foster Child

When you received a child for placement and you signed the Foster Family Placement Contract, you agreed to give Camelot Care Centers at least fourteen days written notice to remove the child from your home, except in an emergency. If you request that a child be moved, you should give at least fourteen days notice to allow time to make a suitable placement.

Emergency: If you need a foster child removed from your home due to an emergency, contact the agency as soon as possible and indicate your reasons for the emergency removal. In some situations, a child may be placed with you with the understanding by you and the placing worker that the placement will be less than ten days. You may ask that the child be removed because of your understanding at the time of placement.

Best Practice: Whenever a child is placed in your home for less than ten days, request in writing when the child will be leaving your home. This helps reduce any confusion or misunderstanding between the child, the placing worker, and you.

Preparing the Child for the Move

When the day has come that your foster child is moving, it is important that the departure does not cause further trauma to the child. Regardless of the reason for the move, each move tends to support the child's feelings of being a "throw-away-kid." Even very disruptive adolescents may be angry that you were not tough enough to withstand their efforts to push you away.

The child or youth and your family members need time for closure. Perhaps you can find a snapshot or piece of memorabilia not already in the child's life book that you can share with the child about their stay in your home. It is important that you find at least one thing about the child that you will be able to affirm and indicate it to the child. Give the child your permission to move on.

Working Through Feelings

Whether the child returns home, moves to another foster home or residential setting, or is placed for adoption, both child and foster family must deal with a variety of feelings. These may range from sadness to anger, fright or anxiousness, as well as eagerness, happiness, or relief.

The separation process is often an emotionally conflicting experience for both child and foster family. When a child returns home or moves into an adoptive family, parents and workers tend to focus on the pleasant aspects of the placement and ignore the fact that the child has ambivalent feelings.

Children may feel happy about moving back to their own home, yet sad about leaving the foster home and angry at being powerless. By recognizing the child's mixed feelings, acknowledging their appropriateness, and allowing their expression, parents and workers can help children handle the move.

When children leave your home in a disruptive way, it often leaves you and your family in a state of chaos. Some children revert to old behaviors. Many children, regardless of how well they did in your home, tend to deal with separations by acting out towards you. As a parent, you are caught off guard. You may react by becoming very frustrated and angry.

Most likely you have good reasons for feeling the way you do! However, personalizing the child's acting out and allowing these feelings to dictate how you will interact with the child during a transition may result in missed opportunities to say good-bye in a positive manner.

What the child needs from you is to know that while you are upset, angry, or disappointed, you will not let those feelings interfere with your role as the caring and understanding parent. It is not an easy task to rise above how you are feeling about a child who is acting out towards you. It is critical that you not become part of the child's dysfunctional behavior pattern.

It is a good idea to prepare yourself for a rough transition by having a plan on how you and your family will respond to the child. This way you won't be caught off guard and can respond in a way that benefits everyone. Remember the child's motivation for acting out has nothing to do with you. Rather, it is due to the child's underlying treatment issues. You, your family, and the foster child need support through this process.

Transferring the Child and Belongings

All the child's belongings including clothing purchased, possessions brought from the home and the updated life book, must go with the child or youth. The notebook and file or folder of information you maintained must be given to the worker when the placement ends.

Best Practice: Keep copies of your notes about the placement in a safe (confidential) place for future documentation. Many children come into care with all of their belongings in a plastic garbage bag or paper sack. Some foster parents have found that it is very beneficial to a child's esteem to send the child on their way with their possessions neatly tucked into a piece of luggage or a colorful duffel bag, whether new or used (but in good condition).

Letting Go

When the placement ends, foster families are expected to not only assist the child in attaching to the permanent caretakers, but also detach from the child and "let go." What a task! It's important for foster parents to receive support during and after the separation. You may experience the same grieving process described under **Adjustment Period**.

While workers and foster parents are busy helping the child cope with feelings and the anticipated move, the foster parents' own feelings sometimes take a back seat. It's important for the placing worker and foster parents to take time during this process to examine their own feelings about assisting the child in developing a healthy and strong attachment to the new caretakers.

If a placement disrupts and the child must be placed with another foster family, both the foster family and case manager feel guilty. Foster parents need to realize that some placements simply don't work well for a particular child.

Open communication is needed between the foster family and case manager. It's helpful to share thoughts and evaluate "what went wrong and what went right," and to discuss some of the bad feelings about the placement. No matter where a child goes after leaving the foster home, foster parents give valuable insights and information about the child to the next caretakers.

While the child has been in your home, you will have been working with the agency and other professionals and the family to correct the conditions that led to placement or to secure an alternative permanent placement for the child. Even so, you may have ambivalent feelings about the child returning home or going to another family. Have the birth parents really changed? Is the child going back to the same conditions that were left? Is the child ready for a new family?

It's important for you to recognize and deal with these issues during the separation process. By understanding yourself, you can better understand and help the child through the separation.
In decisions about the return or moving of the child, consider the best interests of the child. After the foster child leaves, you may need time to evaluate your own experience and make some decision on future placements.

Contact After Removal

If you know ahead of time that a child will be moving from your home, you may want to start

asking questions about your level of involvement with the child after the child leaves. You will want to talk to the child's worker, birth parents, or adoptive parents about how this could happen. Contact after removal may not be in the child's best interest.

If the child is going into a higher level of care you may be able to remain in contact with the child, and it may be encouraged in order for the child to return to your home after placement. Maybe you will not wish to remain in contact. Whatever the case, you will need to let your wishes be known and negotiate this with the child's worker.

Appendix

Medical Forms

Medical Assistance Eligibility Card

The Medical Assistance Eligibility Card is used to identify the child as eligible for medical services within the scope of the Medicaid program (Title XIX). The card is issued on a card issued on a monthly basis and it is valid only for that month. If the Medical Assistance Eligibility Card is lost or is mis-mailed due to an unreported change of address, contact the child's case manager.

Physical Record

The *Physical Record* is used to obtain an initial and continuing record of a child's physical history and medical care. The *Physical Record* prepared by the child's physician is to be completed before a child's entry into foster care if at all possible. If not possible, an examination should be scheduled within seventy two hours of a child's entry into foster care and at least annually thereafter.
If the child has to be placed in a foster family home before the physical is completed, the worker may request the foster parents' assistance in getting the form completed. The case manager is to be given a copy, signed by the physician, to be filed in the child's record. Additional copies may be attached to social histories that are provided to the court, other agencies, or foster parents.

See following page for the Physical Record Form

Dental Form

The *Dental Form* is used to obtain an initial and continuing record of a child's physical history and medical care. The *Dental Form* prepared by the child's dentist is to be completed before a child's entry into foster care if at all possible. If not possible, an examination should be scheduled within seventy two hours of a child's entry into foster care and at least ever six months thereafter.
If the child has to be placed in a foster family home before the dental exam is completed, the worker may request the foster parents' assistance in getting the form completed. The case manager is to be given a copy, signed by the dentist, to be filed in the child's record. Additional copies may be attached to social histories that are provided to the court, other agencies, or foster parents.

See following page for the Dental Record Form

FOR USE IN DCFS LICENSED CHILD CARE FACILITIES
CFS 600
Rev 5/2006

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CERTIFICATE OF CHILD HEALTH EXAMINATION

Please Print

Student's Name Last First Middle	**Birth Date**	**Sex**	**Grade Level**	**ID#**

Address **Street** **City** **ZIP code** | Parent/ Guardian | Telephone # Home Work

IMMUNIZATIONS: To be completed by health care provider. Note the mo/da/yr for *every* dose administered. The day and month is required if you cannot determine if the vaccine was given *after* the minimum interval or age. **If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.**

VACCINE/DOSE	1 MO DA YR	2 MO DA YR	3 MO DA YR	4 MO DA YR	5 MO DA YR	6 MO DA YR
Diphtheria, Tetanus and Pertussis (DTP or DTaP)						
Diphtheria and Tetanus (Pediatric DT or Td)						
Inactivated Polio (IPV)						
Oral Polio (OPV)						
Haemophilus influenzae type b (Hib)						
Hepatitis B (HB)						
Varicella (Chickenpox)				Comments		
Combined Measles, Mumps and Rubella (MMR)						
Measles (Rubeola)						
Rubella (3-day measles)						
Mumps						
Pneumococcal (not required for school entry)	⋯PCV7 ⋯PPV23	⋯PCV7 ⋯PPV23	⋯PCV7 ⋯PPV23	⋯PCV7 ⋯PPV23	⋯PCV7 ⋯PPV23	⋯PCV7 ⋯PPV23
Check specific type (PCV7, PPV23) Date						
Other (Specify hepatitis A, meningococcal, etc.)						

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.

Signature **Title** **Date**

Signature
(If adding dates to the above immunization history section, put your initials by date(s) and sign here.) **Title** **Date**

Signature
(If adding dates to the above immunization history section, put your initials by date(s) and sign here.) **Title** **Date**

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis is acceptable if verified by physician. *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

***MEASLES (Rubeola)** **MO DA YR** **MUMPS** **MO DA YR** **VARICELLA** **MO DA YR** **Physician's Signature**

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease **Signature** **Title** **Date**

3. Laboratory confirmation (check one) ⋯ **Measles** ⋯ **Mumps** ⋯ **Rubella** ⋯ **Hepatitis B** ⋯ **Varicella**

Lab Results **Date** **MO DA YR** **(Attach copy of lab report, if available.)**

VISION AND HEARING SCREENING DATA

Pre-school – annually beginning at age 3; School age – during school year at required grade levels

Date																								
Age/Grade																								
	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L
Vision																								
Hearing																								

Code:
P = Pass
F = Fail
U = Unable to test
R = Referred
G/C = Glasses/ Contacts

Printed by Authority of the State of Illinois
(Complete Both Sides)

IL444-4737 (R-01-05)

Student's Name (Last First Middle)	Birth Date (Month/Day/ Year)	Sex	School	Grade Level/ ID #

HEALTH HISTORY **TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

ALLERGIES (Food, drug, insect, other)				**MEDICATION** (List all prescribed or taken on a regular basis.)			
Diagnosis of asthma? Child wakes during the night coughing?	Yes Yes	No No	Indicate Severity	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No	
Birth complications/prematurity?	Yes	No		Hospitalizations? When? What for?	Yes	No	
Developmental delay?	Yes	No					
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No		Surgery? (List all.) When? What for?	Yes	No	
Diabetes?	Yes	No		Serious injury or illness?	Yes	No	
Head injury/Concussion/Passed out?	Yes	No		TB skin test positive (past/present)?	Yes*	No	*If yes, refer to local health department.
Seizures? What are they like?	Yes	No		TB disease (past or present)?	Yes*	No	
Heart problem/Shortness of breath?	Yes	No		Tobacco use (type, frequency)?	Yes	No	
Heart murmur/High blood pressure?	Yes	No		Alcohol/Drug use?	Yes	No	
Dizziness or chest pain with exercise?	Yes	No		Family history of sudden death before age 50? (Cause?)	Yes	No	
Eye/Vision problems? _____ Glasses ⋯ Contacts ⋯ Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)				Dental ⋯ Braces ⋯ Bridge ⋯ Plate Other Other concerns?			
Ear/Hearing problems?	Yes	No		Information may be shared with appropriate personnel for health and educational purposes. **Parent/Guardian Signature** **Date**			
Bone/Joint problem/injury/scoliosis?	Yes	No					

Entire section below to be completed by MD/DO/APN/PA

PHYSICAL EXAMINATION REQUIREMENTS **HEAD CIRCUMFERENCE** **HEIGHT** **WEIGHT** **BMI** **B/P**

DIABETES SCREENING (Not required for daycare.) **BMI>85% age/sex** Yes⋯ No⋯ And any two of the following: **Family History** Yes ⋯ No ⋯ **Ethnic Minority** Yes⋯ No ⋯ **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes⋯ No ⋯ **At Risk** Yes ⋯ No ⋯

LEAD RISK QUESTIONAIRE Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten.
Questionairre Administered? Yes ⋯ No ⋯ **Blood Test Indicated?** Yes ⋯ No ⋯ **Blood Test Date** **Blood Test Result** .
(If child resides in Chicago, blood test is required.)

TB SKIN TEST Recommended only for children in high-risk groups including children who are immunosuppressed due to HIV infection or other conditions, recent immigrants from high prevalence countries, or those exposed to adults in high-risk categories. See CDC guidelines. ⋯ No Test Needed ⋯ Test performed **Date Read** / / **Result** **mm**

LAB TESTS (Recommended)	Date	Results		Date	Results
Hemoglobin or Hematocrit			Sickle Cell (when indicated)		
Urinalysis			Developmental Screening Tool		

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs		Normal	Comments/Follow-up/Needs
Skin			Endocrine		
Ears			Gastrointestinal		
Eyes Normal Yes⋯ No⋯ Amblyopia Yes⋯ No⋯		Objective screening Yes⋯ No⋯ Result_____ Referred to Opthalmologist/Optometrist Yes⋯ No⋯	Genito-Urinary		LMP
			Neurological		
Nose			Musculoskeletal		
Throat			Spinal examination		
Mouth/Dental			Nutritional status		
Cardiovascular/HTN			Mental Health		
Respiratory					

NEEDS/MODIFICATIONS required in the school setting

DIETARY Needs/Restrictions

SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?

If you would like to discuss this student's health with school or school health personnel, check title: ⋯ Nurse ⋯ Teacher ⋯ Counselor ⋯ Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g. ,seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?

Yes ⋯ **No** ⋯ If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in **(If No or Modified,please attach explanation.)**

PHYSICAL EDUCATION **Yes** ⋯ **No** ⋯ **Modified** ⋯ **INTERSCHOLASTIC SPORTS** (for one year) **Yes** ⋯ **No** ⋯ **Limited** ⋯

Physician/Advanced Practice Nurse/Physician Assistant performing examination

Print Name **Signature** **Date**

Address **Phone**

(Complete both sides)

CFS 601
Rev. 4/2007

Illinois Department of Public Health
PROOF OF SCHOOL DENTAL EXAMINATION FORM

To be completed by the parent (please print):

Student's Name: Last First Middle		Birth Date: (Month/Day/Year) / /
Address: Street City ZIP Code		Telephone:
Name of School:	Grade Level:	Gender: O Male O Female
Parent or Guardian:	Address (of parent/guardian):	

To be completed by dentist:

Oral Health Status (check all that apply)

O Yes O No Dental Sealants Present

O Yes O No Caries Experience / Restoration History — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.

O Yes O No Untreated Caries — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.

O Yes O No Soft Tissue Pathology

O Yes O No Malocclusion

Treatment Needs (check all that apply)

O Urgent Treatment — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling

O Restorative Care — amalgams, composites, crowns, etc.

O Preventive Care — sealants, fluoride treatment, prophylaxis

O Other — periodontal, orthodontic

Please note _____

Signature of Dentist _____ Date _____

Address _____ Telephone _____
Street City ZIP Code

Illinois Department of Public Health, Division of Oral Health
217-785-4899 • TTY (hearing impaired use only) 800-547-0466 • www.idph.state.il.us

Printed by Authority of the State of Illinois
P.O.#346085 5M 10/05

Foster Care Forms

The following forms, which were referenced throughout the handbook, can be located on the following pages.

- Complaint/Grievance Form
- Medication Administrative Log
- Medication Error Report
- Respite Request Form
- Behavior Log
- Foster Parent Independent Contract
- School Waiver Request Form
- Form Letter Requesting a Case Study Evaluation

Complaint / Grievance Form

Name: _____ Date of Complaint/Grievance: _____

Address: _____

Phone Number: _____

Email Address: _____

Name of Staff Complaint/Grievance is Being Filed Against: _____

By filing this complaint/grievance, you are making a complaint regarding the services you are receiving by Camelot Care Centers. You might have concerns for the way in which you have been treated by a staff member(s). Please describe in detail your complaint/grievance. Thank you for taking your time to voice your concerns.

Description of Complaint (Attach additional sheets of paper if needed):

_____

_____

_____

_____

_____

For Camelot use only:

Complaint Received by: _____

Date Received: _____

Explanation of the resolution of this complaint/grievance:

_____

_____

_____

_____

For person who filed complaint/grievance (to be completed after the resolution was entered by Camelot)

This grievance has been resolved to my satisfaction: ☐ Yes ☐ No

Any additional comments:

_____

_____ _____

Signature of Person who filed complaint/ grievance Date

CFS 534
8/2002

State of Illinois
Department of Children and Family Services

MEDICATION ADMINISTRATION LOG

For the Month of: _____ Year: _____ Child's Name: _____ Child's Date of Birth: _____

Physician ordering medication: _____ Name of Medication: _____

Expiration Date: _____ Dose: _____ # of Times Given per/day _____

Time Medication was given during the day	DAYS WITHIN THE MONTH																													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Physician ordering medication: _____ Name of Medication: _____

Expiration Date: _____ Dose: _____ # of Times Given per/day _____

Time Medication was given during the day	DAYS WITHIN THE MONTH																													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

_____ _____ _____ _____
Signature of person administering medication Initials Signature of person administering medication Initials

_____ _____ _____ _____
Signature of person administering medication Initials Signature of person administering medication Initials

INSTRUCTIONS

Foster parents who are caring for a child for whom the Department is responsible are required by Rule 402 to keep a log of all medications that are given to the child. Psychotropic medications as well as prescription and non-prescription medications for medical conditions should be included on this form. The foster parent is expected to complete this log on a daily basis and submit a copy of it to their caseworker once a month.

1. Each medication the child is given should be displayed on a separate chart. This is to include all over-the-counter medications such as aspirin, anti-nausea or anti-diarrhea medications.

2. The person administering the medication must initial in the appropriate box each time that any medication is given to the child.

3. If a dosage is missed, leave the box on the chart blank and complete the information requested below.

4. If a medication is started or finished during the month, draw a line through the days before and/or after.

5. The person(s) administering the medication is to sign and initial the form.

6. List dates of all appointments for medication, including unscheduled and cancelled visits, below.

MISSED DOSAGES (Give date, name of medication and reason)

DATE	NAME OF MEDICATION AND REASON	DATE	NAME OF MEDICATION AND REASON

APPOINTMENTS (Indicate if any were unscheduled or cancelled):

Date	☐ Unscheduled	☐ Cancelled	Date	☐ Unscheduled	☐ Cancelled

Camelot Care Centers,

Medication Error Report

Child's Name: _____ Date: _____

Prepared By: _____

Time and Date of Incident: _____

Person or Persons Responsible for the Error:

_____

_____

Medications Involved – Name and Dose:

_____

_____

Type of Incident: Missed Med Wrong Dose Wrong Med Other (please describe)

_____

Describe the cause of the Error: _____

_____

Outcome of the Error: _____

_____

List of Persons Notified (include when): _____

_____

Physician's Recommendations, If Applicable: _____

_____

_____ _____

Signature of Person Completing this Report Date

Respite Request Form

Requests for Respite are not guaranteed.

Requests for respite are to be submitted to the Regional Director at least two weeks prior to the date the respite is to begin.

Determination will be based on the number of days available to the foster parent as well as the reason for the request.

Foster Parent Requesting Respite: _____

Foster Parent Address: _____

Foster Parent Telephone: _____

Date of Request: _____

Date(s) Respite is Needed: From :_____ To:_____

Total Number of Days Requested: _____

Name(s) of child/ren for whom respite is requested: _____

_____

_____

For Camelot use only:

Respite Request is ☐ Approved ☐ Declined (state reason why below)

_____

_____

_____

_____

_____ _____

Case Manager Signature Date

_____ _____

Regional Director Signature Date

CFS 534-1
8/2002

State of Illinois
Department of Children and Family Services

BEHAVIOR LOG

Directions: Foster parents who are caring for a child for whom the Department is responsible are to keep a log of any 'extreme' or 'unusual' behaviors/incidents that the child has in their home, school, or the community. This log does not take the place of contacting the worker/supervisor within one business day of any type of unusual incident. This log will be used to keep track of the child's behaviors over the entire month. This log should be completed throughout the month as the child experiences 'extreme' or 'unusual' behaviors. A copy of the log must be submitted to the child's caseworker every month in which there is an incidence of extreme or unusual behavior. This log is also to be used in conjunction with the required monthly medication log to record any adverse medical or behavioral reaction as reported by the child, observed by the caregiver, school personnel, the child's parents or friends etc.

For the Month of:_____ Year: _____ Child's Name: _____ Child's Date of Birth: _____

DATE	DESCRIPTION OF THE CHILD'S BEHAVIOR	WHERE DID THIS BEHAVIOR TAKE PLACE (i.e. school, home, friend's house)	WHAT WAS TAKING PLACE RIGHT BEFORE THE BEHAVIOR (i.e. argument with a peer, confrontation with parent, sibling visit, medication last administered, etc)	ACTIONS TAKEN DUE TO THE CHILD'S BEHAVIORS INCLUDING CONSEQUENCES/REACTIONS BY FOSTER PARENT (i.e. sent to room, punished, suspended from school, brought to a hospital, contacted emergency number at the foster care agency etc).

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Pat Quinn
Governor

Erwin McEwen
Director

Illinois Department of Children & Family Services

To Whom It May Concern:

This letter is being submitted to request a fee waiver for the following student at your school:

_____ DOB: _____.

This youth is a ward of the State of Illinois, and therefore qualifies for the Community School Lunch program. The Illinois School Code states in Sec. 105 ILCS 5/20.13:

> "To waive all fees assessed by the district on children whose parents are unable to afford them, including but not limited to children eligible for free lunches or breakfasts under the Community School Lunch Program. The school board shall adopt written policies and procedures for such waiver of fees in accordance with regulations promulgated by the State Board of Education."

The Chicago Public School Policy Manual, Section 408.1, states:

> "Students who qualify for free lunches or breakfasts under an Act authorizing school boards and welfare centers to sponsor community school lunch programs and free breakfast and lunch programs and an act authorizing and requiring free school lunch programs, providing for State reimbursement, are eligible for waiver of school fees."

According to CPS, school fees include, but are not limited to, the following:

- Charges for required textbooks and instructional materials
- Charges for use of school property (e.g., locks, towels, lab equipment, etc.)
- Charges for field trips that are a required or customary part of a class or extracurricular activity
- Charges for uniforms or equipment related to varsity and intramural sports or fine arts programs
- Charges to participate in extracurricular activities
- Charges for supplies required for a particular class
- Graduation fees
- School records fees
- Driver Education fees assessed pursuant to Section 27-23 of the School Code

We understand that school fees do not include:

- Library fines and other charges for the loss, misuse, or destruction of school property
- Charges for the purchase of class rings, yearbooks, pictures, diploma covers, etc.
- Charges for optional travel undertaken by a school club or group outside of school hours
- Charges for admission to school functions such as dances, athletic events, or other social events
- Charges for optional community service or recreational (such as before- and after-school programs)

1911 South Indiana Avenue • Chicago, Illinois 60616-1310
312-328-2584 • 312-808-5136 / TTY

Form Letter for Requesting a Case Study Evaluation

Date
School Name
Street Address
City, Illinois Zip

Re: Child's name, Age ___, DOB _____

Dear Ms./Mr./Dr.:

I am writing to request that my child be evaluated for special education services. I have been worried for some time that he/she is not doing very well in school and that he/she may need some special help in order to learn. Please consider this a formal request for a case study evaluation.

I am referring my child for a special education evaluation/reevaluation for the following reasons:

- list reason here
- list reason here
- list reason here

I understand under these provisions that you or a representative from your school district will contact me indicating whether the case study evaluation (CSE) will be conducted or denied. If the CSE is denied, I will be notified in writing of the reasons for the denial. Should a case study evaluation be warranted, an IEP team will also meet in order to conduct the Identification of Needed Assessments and to obtain my informed, written, consent for these assessments.

I also understand that you may put into place interventions under School Based Problem Solving or Response to Intervention. If you choose to do this, I want to be a part of the planning of these interventions.

I would be happy to talk with you or another school official about my child. You can reach me during the day at _____ (list your preferred mode of contact). I look forward to hearing from you in this regard.

Sincerely,

(Insert name of parent)

cc: School Principal

Terms and Acronyms

ACR	Administrative Case Review	Revisión Administrativa de Casos
ADA	Americans with Disabilities Act	
AFCARS	Automated Foster Care and Adoption Reporting System	
AFDC	Aid to Families with Dependant Children; no longer exists, see TANF	
APT	Agency Placement Team	
ANCRA	Abused and Neglected Child Reporting Act	Ley Sobre Reportes de Abuso y Negligencia de Niños
ASD	Armed Services Duty	
AT	Action Transmittal	Aviso Oficial para la Implementación de Reglamentos
Attachment	----------	Enlace fraternal
CA/N	Child Abuse and Neglect	Abuso y Negligencia de Niños
CANTS	Child Abuse and Neglect Tracking System	Sistema de Comprobación de Abuso y Negligencia de Niños
Caregiver	----------	Persona que cuida a los niños
CAU [Cook County]	Case Assignment Unit	Unidad de Asignación de Casos
C&A/LAN	Child and Adolescent Local Area Network	Red de Servicios Locales para Menores

CCBYS	Comprehensive Community-Based Youth Services	Servicios Comprensivos para Jóvenes a Nivel Comunitario
CERAP	Child Endangerment and Risk Assessment Protocol	Protocolo para la Determinación de Riesgo y Bienestar de Menores
CFS	Children and Family Services	Servicios para Niños y Familias
CHP	Community Health and Prevention	
CMS	Central Management Services	Servicios de Administración Central
COA	Council on Accreditation	Concilio para la Acreditación de Servicios Sociales
CPI	Child Protection Investigator	
CRA	Case Review Administrator	Especialista en Revisión de Casos
CSP	Client Service Plan	Plan de Servicios al Cliente
CUS	College/University Scholarships -- DCFS scholarships only	
CWAC	Child Welfare Advisory Committee	Comité Asesor de Servicios Sociales para la Protección y Bienestar de Menores
CWS	Child Welfare Systems; child welfare supervisor; child welfare specialist	Servicios Sociales para la Protección y Bienestar de Menores
CWSI	Child Welfare Services Initiative	Iniciativa para el Desarrollo de Servicios Sociales para la Protección y Bienestar de Menores

CYCIS	Child and Youth Centered Information System	Sistema de Información sobre Servicios Sociales para la Protección y Bienestar de Menores
DBHS	DHS-Disability and Behavior	
DCFS	Department of Children and Family Services	Departamento de Servicios para Niños y Familias
DCP	Division of Child Protection	División para la Protección de Menores
DET	Detention Facility/Jail (county jails, county juvenile detention facilities)	
DFI	Donated Funds Initiative	Iniciativa Auspiciada por Fondos Donativos
DMB	Division of Management and Budget	División de Administración Financiera
DMH-DD	Department of Mental Health and Developmental Disabilities	Departamento de Salud Mental y Asuntos de Impedimentos en el Desarrollo
DOC	Department of Corrections	Administración del Sistema Penitenciaría
DPA	Department of Public Aid	Departamento de Ayuda Pública
DPP	Division of Policy and Plans	División de Planificación e Implementación de Reglamentos
DRA	Delegated Relative Authority	
DYCS	Division of Youth and Community Services	División para la Implementación de Servicios para Menores

ERC	Emergency Resource Center	Centro para Acceso a Recursos para la Protección y Alojamiento de Menores
EPSDT	Early Periodic Screening, Diagnosis and Treatment	Programa Preventivo para la Evaluación, Diagnóstico y Planificación del Tratamiento para Menores
ETRS	Emergency Telephone Response System	Sistema para Responder a Comunicaciones Urgentes
FAFW	Family Assessment Factor Worksheet	
FCI	Foster Care Initiative	Iniciativa para la Planificación de Servicios de Cuidado Substituto
FDP	Family Development Plan	Plan para la Fomentación del Desarrollo Familiar
FDS	Family Development Specialist	Especialista en el Desarrollo Familiar
FFP	Federal Financial Participation	
FFR	Final Finding Report	Reporte Final Investigatorio
FHA	Foster Home Adoptive	
FHB	Foster Home Boarding - DCFS	
FHI	Foster Home Indian - Licensed specified or approved by an indian child's tribe	
FHP	Foster Home Boarding- Private Agency	
FHS	Foster Home Specialized	

FPA	Foster Parent Association	
GAL	*Guardian Ad Litem*	Abogado del Niño nombrado por la Corte Juvenil
GYSI	Governor's Youth Service Initiative	Iniciativa del Gobernador para la Provisión de Servicios Especiales a Adolescentes
HMR	Home of Relative	Hogar de Parientes
HP	Health Passport	Pasaporte al Camino de la Buena Salud
IEP	Individualized Educational Plan	Programa Educativo Individualizado
IGH	Institutions and Group Homes	Programa de Hogares de Grupo e Instituciones Residenciales
IOR	Initial Oral Report	Reporte Inicial de Denuncias de Abuso y Negligencia de Menores
IPMRS	Integrated Performance Management Reporting System	Sistema Integrado de Reportes Administrativos
ISBE	Illinois State Board of Education	Directiva y Administración del Sistema Escolar Estatal
IT	Information Transmittal	Aviso de Información Oficial de DCFS
JCA	Juvenile Court Act	Ley para Establecer la Corte Juvenil
JSO	Juvenile Sex Offender	Joven Acusado de Asaltos Sexuales
LAN	Local Area Network	Red de Servicios Locales

MANG	Medical Assistance, No Grant	Asistencia Médica sin Subsidios Financieros
MARS	Management Accounting and Reporting System	Sistema de Contabilidad e Informática Administrativa
MDC	Multidisciplinary Conference	Conferencia de Asuntos Multidisciplinarios
MRAI	Minors Requiring Authoritative Intervention	Menores Requiriendo Intervención Autoritaria
OCD	Office of Child Development	Oficina del Desarrollo Infantil
OIG	Office of the Inspector General	Oficina del Inspector General
OLS	Office of Latino Services	Oficina de Servicios Latinos
Ombuds Office	--------	Oficina para la Resolución de Quejas
PC's	Policy Control System	Sistema de Información Administrativa
Placement Stabilization	----------	Programa para Mantener Estable los Servicios y Condiciones de Cuidado Substituto
POS	Purchase of Service	Agente Designado por DCFS para Proveer Servicios
PP	Protective Plan	Plan de Protección para Menores
Pre-Service Training	----------	Enseñanza Básica para Entrener a los Padres de Crianza y a los Padres Adoptivos
PRI	Preliminary Report of the Investigation	Reporte de Investigación Preliminar

PRT	Placement Review Team	Comité para la Evaluación para la Asignación de Menores a Hogares Residenciales
Respite	--------	tiempo de reposo temporal
RFP	Request for Proposal	Aviso Oficial para Solicitar Propuestas Programáticas
RRC	Residential Review Committee	Comité para la Evaluación de Asignación de Menores a Residencias e Instituciones
RYSC	Regional Youth Services Council	Concilio Regional para Servicios a Menores
SACWIS	Statewide Automated Child Welfare Information System	Sistema Estatal de Información y Datos del Departamento de Servicios para Niños y Familias
SACY	Sexually Aggressive Children and Youth	Sexualidad Agresiva en Menores
SASS	Screening, Assessment and Support Services	Servicios para el Asesoramiento y Evaluación Psicológica de Menores
SCH	Shelter Care Hearing	Audiencia Jurídica para la Custodia Temporal
SCR	State Central Register	Registro Central Estatal
SED	Seriously Emotionally Disturbed	Impedimentos en la Función Emocional del Individuo
SEI	Substance Exposed Infant	Niños Expuestos a Narcóticas y Sustancias Tóxicas durante el Embarazo
SG	Subsidized Guardianship	Guardianía Subsidiada
SOR	Subsequent Oral Report	Reporte Adicional para la

		Denuncia de Abuso y Negligencia de Menores
SSI	Supplemental Security Income	Ingresos Suplementarios de la Seguridad Social
SSP	Special Service Fee	Cobros Excepcionales para Servicios Especiales
Standards	----------	Normas y Reglamentos
Surrogate Parent	----------	Representante para Asuntos Educativos del Niño
TANF	Temporary Assistance for Needy Families	Ayuda Financiera Temporal para Familias
Training	----------	Enseñanza o Entrenamiento
UCRS	Uniform Case Recording System	Sistema para el Registro Uniforme de Casos
UDIS	Unified Delinquency Intervention Services	Servicios Coordinados para la Intervención con Jóvenes Delincuentes
UR	Utilization Review	Revisión y Asesoramiento de la Utilización de Servicios
Waiver	----------	Renuncia o suspensión