

Foster Parent Manual

Rev. June 2016

Maybe you can't change the whole world...

...but you can change the world of a child.

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At My Fingertips- Important Phone Numbers

My Licensing Worker:

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

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

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

Mission and Vision

Vision

We will excel in the creation of a nationally recognized network of clinically effective and cost efficient behavioral health care services for at-risk youth in their homes and communities

We will achieve this vision by working in partnership with our employees, families, payers, and providers

Mission

*Camelot's mission is to develop and provide services
Which enable children and families
To realize their own potential*

These services must satisfy the needs and protect the rights of our clients

Stakeholders

*Children and Families
Camelot Employees
Funding Agencies and Payers
State and Federal Licensing/Regulatory Bodies
Other Providers and Community Organizations*

Core Values

- *It is our responsibility to make a contribution to society*
- *Respect for those we work with and those we work for*
- *Commitment to continuously improving organizational performance*
- *Customer satisfaction drives our performance and improves outcomes*
 - *Individual and organization integrity*
 - *Accountability for our actions: work hard and smart*
 - *Efficient through technology*

Introduction to Camelot's Foster Home Program

General

Camelot Care Centers, Inc. is a division of Pathways/Molina and is operated under an administrative agreement with Pathways/Molina. Camelot's Management Team is located in Illinois and is comprised of the Vice President, Executive Director, as well as a Regional and Clinical Director 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
- 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.

Foster Parent Recruitment

Camelot Care Center's Foster Care Program strives to recruit the highest quality of professional parents to work with the children and families referred by the Illinois Department of Children and Family Services to Camelot.

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 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 LGBT 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.

Recruitment efforts are designed and implemented specific to the region served. Some of those efforts include developing recruitment materials, radio, television and newspaper advertisements and flyers, identifying speakers and special events for foster parent training, conducting informal meetings with civic, church, and community groups, informal 'word of mouth' discussions by staff and current foster parents.

National research indicates the most effective recruitment effort is that of current foster parents encouraging others to share in the foster parenting experience. Camelot strives to support foster parents in their role and in their efforts to recruit new homes. Toward that end, Camelot Care Centers, Inc. offers a recruitment bonus to currently licensed foster parents for referring individuals or families new to foster parenting. Any fully licensed Camelot foster parent that refers someone to Camelot will be paid a bonus thirty (30) days following placement of their first child. The child must be placed with the referred home for a minimum of 30 days.

Camelot and the Department of Children and Family Services are committed to permanency for children. This means seeking permanent living arrangements when children are unable to return to their biological families. Permanent living arrangements may include adoption or subsidized guardianship. Camelot staff will work with foster parents interested in adoption and also seeks a commitment from foster families to assist in permanency efforts for the children in care.

Foster Parent Training

Once a couple or individual decides to pursue licensure as a Camelot Foster Parent, an appointment is made for a home visit by the Family Development Specialist. The Family Development Specialist will review rules and procedures of the Department of Children and Family Services and Camelot that pertain to licensure as a Foster Home. The Family Development Specialist will also do a cursory review of the home to determine initial compliance with Licensing Standards. If upon completion of this initial review, the applicant wants to continue the process and the Family Development Specialist determines the home meets initial compliance and family is interested in caring for the children typically served by Camelot, a training schedule is established.

If the family is currently licensed by the State or through another private agency, Camelot will request a release of information to obtain a copy of the family's current licensing material. Upon review of the material and acceptance by the local team, the process of license transfer will be initiated.

If the family is not currently licensed or been previously licensed, the Home Study process will begin. The Home Study and Application process involves

- visits to the family home and interviews with all family members;
- completion of background check through fingerprints and CANTS for all adult household members and children over the age of 13;
- completion of medical exams, reference checks, and review of all Licensing Standards, Section 402.
- completion of PRIDE Training and Orientation to Camelot plus certification in first aid and CPR.
- completion of Camelot Training

Upon successful completion of all Licensing and Training requirements, the Family Development Specialist will submit a recommendation for licensure. The license document will specify the age range and number of children to be served in the foster home. The license is valid for a period of 4 years and is subject to periodic announced and unannounced visits by the Family Development Specialist to determine ongoing compliance with Licensing Standards and the policies and procedures of Camelot as the supervising agency.

Foster parents are also required to complete ongoing training during the period of their license before being approved for renewal of the license. The minimum number of hours required is established by the Illinois Department of Children and Family Services and may include additional specific training hours and topics as may be determined by Camelot Care Centers, Inc.. Specialized and Adolescent Foster Parents must complete a minimum of 64 hours (16 hours per year) for renewal of their license every 4 years. All training hours and topics necessary to meet the State requirements for re-licensure will be offered by Camelot. While foster parents are free to seek this training through other providers, they are strongly encouraged to attend the trainings offered by Camelot, as these trainings will provide information most relevant to the kids the agency serves. Camelot specific training cannot be substituted. A minimum of 8 hours must be completed with Camelot Care Centers, otherwise the license will not be renewed. Experienced foster parents may be included in initial and on-going training as co-trainers based on areas of expertise.

Independent Contract

Foster Parent Rights & Responsibilities

The Foster Parent Law [20 ILCS 520] establishes public policy regarding the rights and responsibilities of foster parents as an essential part of the child welfare team. Camelot, in coordination with the Illinois Department of Children and Family Services, is responsible for developing an Annual Plan for implementation of the law to ensure that foster parents are provided with the information and support to fulfill their responsibility to fully participate as a member of the child welfare team.

The Foster Parent Law is codified in Illinois State Statutes, Title 89, Social Services, Chapter III, Department of Children and Family Services, Subchapter b, Program and Technical Support, Part 340, Foster Parent Code. All Camelot foster parents are provided a copy of the Foster Parent Code and the Annual Implementation Plan.

All of the programs and services offered by Camelot are based on the protection of fundamental human rights.

These rights include civil, constitutional, and legal rights of the individual. Camelot foster parents and clients are selected without regard to race, religion, sex, ethnic background or age, within the limits of applicable licenses.

Foster parents will protect children and ensure children are not exploited or required to make any public statements acknowledging gratitude. No pictures identifying a child shall be used without written consent of the child's guardian; this includes on all social networks sites. Children shall not be required to perform at public gatherings.

All staff and foster parents will follow the guidelines of Camelot Care Centers, Inc. Policy and Procedure, Foster Parent Manual Policies, and Licensing Standards for Foster Family Homes, in addition to other applicable rules, regulations, policies and procedures of the State of Illinois and Camelot Care Centers, Inc.. Foster parents will be informed and provided copies of policies and procedures of Camelot Care Centers, Inc. as well as notification of additions and deletions. As foster parents, I/we acknowledge we have been furnished a copy of the Child's Rights and Responsibilities, and Foster Parent Manual, that we have read and understand each document.

Confidentiality

As Foster Parents, I/we acknowledge that our files/records will be kept confidential and stored in a locked facility. Release of information other than that utilized for licensing purposes requires a written consent or court order. Information relating to the foster child is strictly confidential will only be released with written consent of the child and guardian, or by court order, and in accordance with the Camelot Confidentiality Policy, the Mental Health and Developmental Disabilities Confidentiality Act [740 ILCS 110] and the Health Insurance Portability and Accountability Act (HIPAA).

Materials of Camelot are proprietary and confidential. This material may not be copied, in whole or in part, or disclosed in any manner without the prior written consent of the Director. All materials of a proprietary nature must be returned to Camelot in the event I/we provide the required two week notice of my/our desire to terminate this agreement.

Licensing

Foster parent(s) will hold a current and valid license in accordance with Licensing Standards, Part 402 and are responsible for meeting and maintaining compliance with the Licensing Standards for Foster Family Homes. The Foster Home License will be displayed in the home and inspection reports will be available. Additionally, foster parents will cooperate with Camelot staff, during reasonable hours, to assure the continued safety and welfare of the children in care and to provide necessary treatment services (225 ILCS 10/1 et seq.) (Child Care Act of 1969). Foster Parents agree to unannounced licensing visits to confirm continued compliance with applicable rules.

Camelot staff will be responsible to ensure that all necessary information for licensing will be provided to the Foster Parents and Camelot to assist in the licensing process.

Training

I/we acknowledge that FOSTER PRIDE training has been completed and I/we agree to complete additional training during the course of my/our licensure.

Foster parents are also required to complete ongoing training during the period of their license before being approved for renewal of the license. The minimum number of hours required is established by the Illinois Department of Children and Family Services and may include additional specific training hours and topics as may be determined by Camelot Care Centers, Inc.. All training hours and topics necessary to meet the State requirements for re-licensure will be offer by Camelot, however foster parents are free to seek this training through other providers. Camelot specific training cannot be substituted.

Permanency Planning

Foster parents actively participate in meeting the child's permanency goals by providing support, transportation, and intervention to successfully transition the child into a permanent placement or independent living environment.

Medical

Foster parents are responsible for assisting the child in obtaining medical and dental care. At a minimum, each child shall have annual medical, physical, and visual examinations. Foster children are required to have to have dental examination every six (6) months. Foster parents are required to schedule these exams and accompany children to them. Assistance in some cases may be provided by the Case Manager. Foster Parents shall report any infectious or contagious illness to the Case Manager. Foster parents are also responsible for assuring prescribed medications are taken, that their use is documented daily in the medication log, and that all medication is kept in a locked box.

Education

Foster Parents, as the designated educational surrogates, are expected to be active participants in the child's educational planning including but not limited to attending school functions such as IEP's and other staffings, parent-teacher conferences, and setting homework guidelines. Foster Parents should be familiar with each of the child's teachers and the educational expectations of the program in which the child is enrolled. Foster Parents are also responsible for providing supervision to children on non-school days, holidays, vacation days, and periods of school suspension/expulsion. Foster parents are required to attend DCFS Educational Advocacy training as part of their 4 year renewal. However, they are strong encouraged

to attend this training early on in the initial licensure

process. Safety

Foster Parents will demonstrate awareness of general child welfare, sanitation, and safety issues in accordance with Licensing Standards and Camelot Policy. Issues of child welfare, safety and sanitation include but are not limited to conducting and documenting quarterly fire drills, annual tornado drills, locking and securing all medication, providing the means and supervision to assure children follow appropriate hygiene practices, and securing of firearms and ammunition.

Foster children are encouraged to participate in activities and events that improve socialization skills and enhance personal self-esteem. Foster Parents should communicate this participation to the Case Manager to assure authorizations and consents are in place where needed and to appropriate document activities and events in the child's service plan or treatment plan. Some but not all of the events that require consents include:

- out of state trips;
- overnight visits;
- public events that could involve public photographs

Transportation

I/we agree that Foster Parents are expected to provide transportation of foster children to doctor's appointments, recreational activities, social events, family outings, religious observances, extra-curricular activities, vocational opportunities, and school if the child cannot walk and the school system does not provide transportation.

I/We are expected to maintain a valid driver's license and insurance on my/our vehicles as well as vehicle licensure. Additionally, my/our vehicles will be kept in good repair and safe operating condition. I/we agree to notify Camelot in the event my/our driver's license is removed, restricted, suspended, or revoked at any time for any reason. I/we also agree to advise Camelot if my/our automobile insurance lapses or is cancelled for any reason. I/we agree to provide verification of valid driver's license and registration annually and to allow Camelot to conduct annual Driver's Record and Insurance verification checks. I/we agree to provide copies of our current vehicle insurance.

Documentation/Reporting

Foster parents will receive ongoing training and instruction in the completion of documentation related to the care of the child through pre-service training, monthly foster parent meetings, weekly in-home counselor contacts with the child and family, and case management contacts.

Foster Parents will maintain current documentation for children in care including but not limited to: Daily/weekly behavioral logs; incident reports; expenses; fire drills; disaster drills; medication logs; infection reports; medical visit consultation forms. Foster parents will report any incidents involving foster children immediately to the Case Manager or, after normal working hours, to the on-call worker.

Placement Decisions

Camelot is committed to safe and permanent home environments for the children in care as well as assisting foster families in making informed decisions about children they accept into their homes. When considering placement options, Camelot staff seek environments that support the child's cultural identity and linguistic (communication) needs. In all cases, except emergency placements, foster parents will be

involved in the pre-placement decision making process including at least one day-time pre-placement visit and one overnight pre-placement visit. Foster Parents have an absolute right to review all documentation Camelot has regarding a child prior to agreeing to accept placement of any foster child in their home. This information will include, but may not be limited to: the child's presenting problems; abuse history; at-risk behaviors; medical conditions; dietetic needs; school needs; and treatment needs. Foster parents have the right to refuse any placement.

Frequent and unnecessary placement moves for children in out-of-home care result in further trauma for the child. Placement moves have negative impact on the child's ability to trust, to adjust to being away from his or her family, to participate in treatment services, and to find permanency. The commitment of the foster parent to the child is the most significant indicator of success for the child. It is therefore critical that communication between the foster parent and the Camelot staff occur on a regular basis, especially if the child's behavior begins to escalate or change in such a way the foster parent feels unable to manage the behavior. Camelot staff are available 24 hours a day, 7 days a week to respond to any crisis situation.

I/we understand that a two-week written notice must be given if I/we are requesting the removal of a child from my/our home except in emergency or life-threatening situations.

I/we agree not to hold Camelot or any of its agents liable for the behaviors of the foster child in our home. I/We understand that children placed in Treatment Foster Care generally are high risk youth who have significant behavioral problems. I/we understand that specific issues related to a child considered for placement in my/our home will be made available to me/us and discussed prior to the placement of any foster child in my/our home.

Mandated Reporter

Every foster parent is considered a mandated reporter of suspected abuse or neglect. As legally mandated reporters, any suspected abuse or neglect will be reported to the appropriate state authorities. If at any time a Camelot staff suspects or knows of abuse or neglect perpetrated on a child by a foster parent, a report will be made to the Child Abuse Hotline and/or local law enforcement. Any Camelot foster child residing in the foster home may be removed pending further investigation. As Foster Parents I/we agree to report any abuse or neglect of a foster child immediately to Camelot staff.

This information is covered in greater detail during pre-service training and each foster parent signs an Acknowledgement of Mandated Reporter Status form.

Treatment Implementation

I/we acknowledge that Foster Parents will be responsible to implement the child's treatment plan in coordination with Camelot staff. I/we will participate in weekly treatment and progress reviews with each child's therapist as well as attendance in Child and Family Team meetings with Camelot at least quarterly.

Discipline Policy

I/we agree to follow the discipline policies outlined in the Camelot Discipline Policy, Part 402.21, Licensing Standards for Foster Family Homes, and the child's treatment plan. I/we agree that we have been provided a copy of the Camelot Discipline Policy and the Licensing Standards for Foster Family Homes and that I/we have read and understand these policies.

Foster Parent Payments

Foster parents receive payment for services on the 13th and 28th of each month. Payments vary based on the child's level of care and age. All foster parents receive a separate document explaining the monthly payment amount, based on children's level of care and age. Foster parent payments are sent directly to the home of the foster parent and may also be made through direct deposit. Your Case Manager and/or Licensing Worker will provide you with the Foster Parent Reimbursement Acknowledgement form upon either placement of the client and/or licensure.

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.

Additionally, the Quality Assurance Team or other members of Leadership may contact foster parents at random to receive feedback on service delivery and quality. Foster parents are encouraged to provide honest and timely feedback, to ensure continued improvements to programs and service delivery.

Behavior Risk Disclosure

Purpose

To ensure that all prospective and licensed foster parents are oriented to the role and functions of foster parenting, and understand the potential and realized risks present in caring for the children served by our 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 our Program.

The Camelot Foster Care Disclosure/Acknowledgement is a two-tier process.

- During the licensing process:
 - All Camelot 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 Camelot Foster homes.
 - All Camelot Foster Parent applicants will sign and receive a general contract outlining the role, functions/responsibilities of Camelot Foster parents. This contract also includes a disclosure of the at-risk children admitted into our Program.
 - All applicants must sign this contract in order to be considered for licensing as a Camelot Foster Parent.

- Upon placement of a youth in a licensed Camelot home:
 - Foster Parents will have the opportunity to review client specific referral information including:
 - Reasons for out-of-home placement and goals for permanency.
 - Any recent psychological/psychiatric evaluations or diagnostic summaries.
 - Educational history and current placement.
 - Medical history.
 - A description of child's problematic behaviors to include prior and current behaviors.
 - Serious high risk behaviors that may require the implementation of an individualized safety plan.
 - Foster Parent 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.

The Behavioral Disclosure acknowledgment is included in the FP Manual Acknowledgment.

Client Rights

PURPOSE

Within the scope of services provided by Camelot Care Center, Inc., it is important to outline basic rights and ethics related to the population we serve and to ensure that these are explained and understood prior to the commencement of services.

POLICY

It is the policy of Camelot Care Center, Inc., 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

- a. Client Choice
 1. Camelot Care Center, Inc. does not discriminate against people seeking services on the basis of race, religion, gender, ethnicity, socio-economic status, age, sexual orientation or disability.
 2. Participation in Camelot Care Center, Inc's., services is voluntary and clients and/or their parents or legal guardians have the right to refuse services with no threat.
- b. Cultural competence
 1. Camelot Care Center, Inc. recognized and respects cultural, ethnic, and religious diversity. Our programs are designed to reflect the regional values and diversity of the areas served.
 2. 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.
 3. 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.
- c. Confidentiality and Privacy
 1. Camelot Care Center, Inc., its managed entities, and all contracted business associates adhere to the compilation and storage of and accessibility to client information and clinical records shall be governed by written policies and procedures, in accordance with to HIPAA Privacy and Security Standards, HITECH (Health Information Technology for Economic and Clinical Health) and the Illinois Mental Health and Developmental Disabilities Confidentiality Act regarding disclosure of client information and access to case records.
 2. Camelot Care Center, Inc. does not use unauthorized client photographs, testimonials, or client personal appearances as part of any advertising or promotional campaign.
 3. Camelot Care Center, Inc. does not censor or open mail belonging to clients in out out-of-home program unless called for by specific service consideration.
- d. Research
 1. Camelot Care Center, Inc. generally does not ask its clients to participate in research projects.
 2. Under certain circumstances, Camelot Care Center, Inc. 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.

3. Any client participation in research projects will be voluntary, with appropriate consents received and privacy safeguards enacted.
- e. Dignity & Safety
1. Camelot Care Center, Inc. respects the dignity of the family unit and values members of a client's family of origin. Camelot Care Center, Inc. includes family members in its programs, including foster care and adoption, as appropriate to the client.
 2. All Camelot Care Center, Inc. employees will 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). Camelot Care Center, Inc. will comply with all laws governing the reporting of suspected abuse.
 3. Camelot Care Center, Inc. designates the clinical leaderships of its various programs with the task of developing specific behavior management practices.
 4. Under no circumstances will the following be allowed:
 - i. Corporal punishment
 - ii. The use of aversive stimuli
 - iii. Withholding of nutrition and hydration
 - iv. Infliction of physical or psychological pain
 - v. Forced physical exercise to eliminate behavior
 - vi. Punitive work assignments
 - vii. Punishments by peers
 - viii. Group punishment or discipline for individual behavior

Specific Rights

To assure that a client's rights are protected and that all services provided to clients comply with the law, providers shall ensure that:

- a. A client's rights shall be protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code [405 ILCS 5].
- b. The right of a client to confidentiality shall be governed by the Confidentiality Act and the Health Insurance Portability and Accountability Act of 1996.
- c. Justification for the restriction of a client's rights under the statutes cited in subsections (a) and (b) shall be documented in the client's record. Documentation shall include a plan with measurable objectives for restoring the client's rights that is signed by the client or the client's parent or guardian, the QMHP and LPHA. In addition, the client affected by such restrictions, his or her parent or guardian, as appropriate, and any agency designated by the client pursuant to subsection (d)(2) of this Section shall be notified of the restriction and given a copy of the plan to remove the restriction of rights.
- d. Staff shall inform the client prior to evaluation of services and annually of the following:
 1. The rights in accordance with subsections (a), (b) and (c);
 2. The right to contact the Guardianship Advocacy Commission and Equip for Equality, Inc. Staff shall offer assistance to a client in contacting these groups, giving each client the address and telephone number of the Guardianship and Advocacy Commission and Equip for Equality, Inc.;
 3. The right to be free from abuse, neglect and exploitation;
 4. The right to be provided mental health services in the least restrictive setting;
 5. The right or the guardian's right to present grievances up to and including the provider's executive director or comparable position. The client or guardian will be informed on how his or her grievances will be handled at the provider level. A record of such grievances and the response to those grievances shall be maintained by the provider. The executive director's decision on the grievance shall constitute a final administrative decision (except when such decisions are reviewable by the provider's governing board, in which case the governing board's

decision is the final authority at the provider level: (SEE SECTION GRIEVANCE/COMPLIANT-NON-EMPLOYEE FOR FURTHER DETAILS)

6. The right not to be denied, suspended or terminated from services or have services reduced for exercising any rights;
 7. The right to contact the public payer or its designee and to be informed of the public payer's process for reviewing grievances; and
 8. The right to have disabilities accommodated as required by the American with Disabilities Act, section 504 of the Rehabilitation Act and the Human Rights Act [775 ILCS 5].
- e. The information in subsection (d) shall be explained using language or a method of communication that the client understands and documentation of such explanation shall be placed in the clinical record.
- f. reasonable access to care 24 hours a day/7 days a week regardless of race, religion, gender, sexual orientation, ethnicity, age, or disability;
- g. 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 will have access to an interpreter and/or written material in a language or method of communication understood by the client and/or guardian;
1. 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:
 - i. *Accessibility of Services to All Persons;*
 - ii. *Providing Services to Hearing Impaired Persons;*
 - iii. *Planning with Parents and/or Children who are Limited/Non-English Speaking or Hearing Impaired.*
- h. refuse specific services or treatment to the extent permitted by law and to be informed of the consequences of such refusal;
- i. be informed of organizational rules and regulations concerning personal conduct, behavioral expectations and other factors that could result in discharge or termination;
1. absence due to runaway beyond 180 days;
 2. incarceration;
 3. behavior that places the person served and/or others at risk of harm requiring a more intensive, structured living environment`
- j. receive services in a manner that is non-coercive and that protects the client's right to self-determination;
- k. receive and participate in visits from siblings and parents as specified in the service plan and visitation plans, unless otherwise restricted;
- l. communicate with parents, siblings, or other relatives by telephone as specified in the service plan unless otherwise restricted;
- m. 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;
- n. send and receive uncensored and unopened mail unless contraindicated in the service plan
- o. express and practice religious or spiritual beliefs and be provided opportunities and support for religious and spiritual practice including transportation and schedule adjustments;
- p. participate in decisions regarding services provided. This right is also extended to families and/or legal guardians of the person served.

- Dignity & Safety
 - Pathways/Molina respects the dignity of the family unit and values members of a client's family of origin. Pathways/Molina includes family members in its programs, including foster care and adoption, as appropriate to the client.
 - All Pathways/Molina 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). Pathways/Molina will comply with all laws governing the reporting of suspected abuse.
 - Pathways/Molina 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. Camelot Care Center, Inc. respects and supports the rights of all individuals served, during all interactions, and affords the opportunity for clients, parents or guardians to file a written complaint or grievance about the services they are receiving. This process will allow for a timely, efficient, and satisfactory resolution of the grievance or complaint. A copy of the Complaint/ Grievance Procedure will be posted in the lobby of each Camelot facility.

This Grievance/Complaint Procedure 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.) and for staff to address complaints regarding internal operations.

PROCEDURE

The assigned in home counselor will provide a copy of the Statement of Client Rights, the Grievance/Complaint Policy, and the Grievance/Complaint Form to the client and/or client's family at the time of admission. The in home counselor will review and explain the documents to the client and/or family and answer any questions.

Discussion of the Grievance/Complaint procedure for foster parents is incorporated in the foster parent pre-service training. The foster parent manual contains the policy and copies of the forms to be used in submission of a grievance/complaint.

The procedure for filing a complaint/grievance by or on behalf of a child, parent, guardian, or foster parent is as follows:

- a. The child and/or parent/guardian will complete the Complaint/Grievance form and submit it to the Regional Director of the Camelot facility from which they receive services. Designated staff will provide any assistance as may be needed for completion and submission of the Complaint/Grievance.
- b. Upon receipt, the Regional Director will assign a complaint log identification number and notify the person completing the grievance, in writing, of the receipt of the Grievance/Complaint.
- c. The Regional Director will 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.
- d. The Regional Director will render a decision regarding resolution of the grievance within five (5) working days.
- e. If the grievance cannot be satisfactorily resolved at the program level, the person filing the grievance will be notified and informed of the submission of the grievance to the State Executive Director.
- f. The State Executive Director will render a decision regarding resolution of the grievance within five (5) working days.
- g. If the grievance cannot be satisfactorily resolved at this level, the person filing the grievance will be notified and informed of the submission of the grievance to the Vice President of the Midwest Region.

- h. 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. The outcome will be considered the agency's final resolution.
- i. Final resolution of the grievance/complaint will not exceed 30 days beyond the date the initial grievance/complaint was submitted.
- j. All grievances will be kept in the client clinical record.

Babysitting Services

On occasion, Foster Families will be in need of babysitting, or temporary care, services. Some examples include social activities, training, seminars, meetings, school or work-related activities. The period of time for “baby-sitting” may be from one to eight hours. Any temporary care that is needed lasting longer than 8 hours in one day would be defined as “respite” and is explained in the Respite Policy.

Each foster family is required to provide a list of babysitting resources. Camelot will take responsibility for assuring these persons have been cleared by the Child Abuse and Neglect Registry and local law enforcement regarding background.

If the babysitter will be utilized for more consistent care such as on a weekly or daily basis, Camelot will assist the provider in completing the background check as required by licensing standards.

Reimbursement to babysitters or other temporary care providers is the responsibility of the Foster Parent unless extenuating circumstances have been agreed to with the local Camelot Regional Director.

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."

Finances

The foster care payment is provided to you to offset your costs of caring for the foster child. The amount is based on the child's age and the identified needs of the child. Basic foster care maintenance payment is made to help defray the day to day expenses. Payments to foster parents are computed at a daily rate. Checks are issued bi-monthly; on the 13th and 28th of every month. These payments are considered reimbursements and not a payment for services. These are not reported as income to you by Camelot Care Centers, Inc.

Bed Hold Payments

With the agency's approval, payment may continue if a child is absent from the foster home for a hospitalization; if the foster parent remains active in the child's treatment plan while hospitalized and the child returns to the same foster home. The bed hold payment will then be included on the foster parent's check after the child is placed back into the foster home. Failure to participate in the child's treatment while hospitalized, or allow the child to return to the home after hospitalization will result in non-payment for the days the child was hospitalized.

Bi-Monthly Financial Support

Camelot Care Centers, Inc. shall pay its licensed foster parents a predetermined amount each month for the care of each child Camelot Care Centers, Inc. places in their home. Foster parents also receive payment for clothing and allowance for the children in their care. Camelot Care Centers, Inc. shall also pay approved respite providers to care for foster children when foster parents take approved time-off (respite).

As a foster parent, you will receive a bi-monthly reimbursement for the care and supervision of all foster children residing in your home. The payment rate will be addressed in the foster care placement agreement you sign when you accept a child into your home.

Foster care reimbursement is paid after the care is provided. As an example, if you provide care for a child in the month of November you will receive a reimbursement warrant in December.

Checks are issued on the thirteenth and twenty-eighth of each month. Occasionally there may be a delay in the receipt of your check because of system issues, a holiday where Camelot Care Centers is closed, or because you have moved and the address change was not submitted timely or entered timely.

If you have any questions about the amount you receive, or if you receive a check that you are unsure why you received, contact your licensing worker and/or the office administrative assistant for an explanation. If you receive an overpayment, you will be expected to return the overpayment in a timely manner. Failure to do so will result in the amount of the overpayment being deducted from the next check. If you think you have been underpaid, you may also contact your licensing worker and/or administrative assistant for clarification.

Child Allowances:

Each child, Traditional, Specialized or Adolescent level, receives a monthly allowance and a monthly stipend for clothing and hygiene. The amount received is varied based on the child's age and is part of the bi-monthly Foster Parent Payment. The following amounts from the Foster Parent Payment are to be provided for the child's clothing and allowance based on age:

Child's Age	Clothing			Allowance		
	Per Day	30 Days	31 Days	Per Day	30 Days	31 Days
Age 00-11 Months	\$1.22	\$36.60	\$37.82	\$0.39	\$11.70	\$12.09
Age 01-04 Years	\$1.38	\$41.40	\$42.78	\$0.43	\$12.90	\$13.33
Age 05-08 Years	\$1.84	\$55.20	\$57.04	\$0.46	\$13.80	\$14.26
Age 09-11 Years	\$2.14	\$64.20	\$66.34	\$0.79	\$23.70	\$24.49
Age 12 Years and Up	\$2.43	\$72.90	\$75.33	\$1.41	\$42.30	\$43.71

Foster parents are required to document the disbursement of allowance and the clothing purchases on the Foster Parent Expenditure Sheet. **The Foster Parent Expenditure Sheet is located in the APPENDIX.**

Allowance is to be given to all children; however, the method (i.e. weekly, bi-weekly, monthly) should be decided by the Foster Parent through consultation with the Case Manager, based on the child's age and ability to manage the allowance.

Allowance cannot be withheld for disciplinary reasons; however, it can be used to pay for damages caused by the foster child. If allowance is held to pay restitution for damages, no more than 50% may be held back per month and this should be done through consultation with the Case Manager.

Foster children should have an adequate supply of clothing that is in good repair, fits and is suitable for the season. Foster parents are required to maintain an inventory of the child's clothing and add to the inventory when new clothing is purchased. Receipts are to be kept with the Monthly Expenditure Sheet. If a child leaves a foster home without adequate and appropriate clothing, the foster parent will be expected to purchase clothing suitable to the child's needs and weather unless it can be shown that clothing has been purchased during the child's stay.

As with biological children, Foster Parents are encouraged to assist the foster child in managing their allowance and teaching the foster child money management and savings strategies. Additionally, foster parents can and should regulate clothing purchases of older children to assure appropriate clothing is available for the child.

"Hygiene" products are also included in the child's Allowance stipend. This refers to "specialty" items that the child wants, but does not need to maintain good hygiene. Foster parents are expected to provide standard daily hygiene products such as soap, toothpaste, shampoo, deodorant and hair-care products. Additional items, such as cosmetics, are the responsibility of the child.

Traditional Level Clients

Non-Recurring Expenses: In accordance with the standards set by the current Contract with the Illinois Department of Children and Family Services and in accordance with the definitions of Department Rule 359, Authorized Child Care Payments, non-recurring costs for Camelot foster children in Traditional Level of Care must be authorized in advance by the Agency for the following expenses, not to exceed \$19.21 per child, per month.

- a. Replacement clothing not covered by the monthly clothing allowance;
- b. Camp expenses;
- c. Lessons in recreation or artistic endeavors (i.e. music lessons, dance lessons, athletics, etc.);
- d. Music instrument purchase or rental;
- e. Membership fees and equipment for Boy Scouts, Girl Scouts, 4-H, YMCA, YWCA, etc.;
- f. School supplies;
- g. Gym shoes and equipment;
- h. Graduation expenses;
- i. School trips;
- j. School transportation;
- k. Tutoring;
- l. Summer school fees;
- m. Travel related to placement;
- n. Medical expenses not covered by the Healthy Kids Program;
- o. Interpreter/Translation expenses.

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 subpoenaed to testify in court. Foster parents should contact their Case Manager immediately if 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.

Non-Disclosure Policy

Foster Parents recognize and acknowledge that the services they and Camelot staff perform for children and families are confidential. Children and families and those acting on behalf of the best interest of children and families provide information to Camelot and Foster Parents that is confidential and is restricted regarding re-release.

Foster Parents certify that they will keep all information concerning any child or family in strictest confidence, to be used only by Camelot and other professionals in service to the child/family. Foster parents agree they will not release any information or give any written material to anyone without first obtaining the written consent of the legal guardian and the written consent of the Camelot Clinical Director, Case Management Supervisor and/or Regional Director as necessary.

Information—verbal and written—about a child in treatment is held in the highest regard. Information may be shared and/or discussed with other employees only in the course of professional activities such as case staffings, consultations, placement changes, supervision, or other similar activities. Information may not be shared with non-Camelot professional who does not already have a therapeutic relationship with the child/family without expressed written permission. Children over the age of 12 years should also provide written consent for release of information.

Any requests for Release of Information received by the Foster Parent from schools, court, other agencies, physicians, etc., should be given to the Case Manager or In-Home Counselor who will review it with the Camelot Clinical Director, Case Management Supervisor and/or Regional Director and provide appropriate information as necessary.

The child's name, location of placement, name of Foster Parents, presenting problems, evaluations, educational information, assessments, etc., are all considered confidential.

I/we have read Camelot's Policy regarding Non-Disclosure of Clinical Information for Foster Parents. I/we understand the Policy and agree to abide by it in all activities with the children and families I/we serve as Foster Parents through Camelot Care Centers, Inc..

Use of Gas/Electric Power Tools and Machines

Children placed in Camelot foster care are not permitted to operate any tool or machine powered through use of electricity or gas due to safety and liability concerns. This may include, but is not limited to: lawn mowers of any type, hedge cutters, edgers, chain saws, leaf blowers, power tools.

Foster parents who have questions about a particular youth's ability to use equipment of the type described above, especially when it relates to home-based chores or opportunities for the youth to earn extra money should contact the youth's Case Manager for additional assistance and direction before allowing the youth to operate the equipment. A waiver signed by the Regional Director must be completed before allowing the use of gas/electric powered tools and machines. Failure to secure a waiver could increase the foster parent's liability. **The Power Tool Waiver Request Form is located in the APPENDIX.**

Insurance and Damages

Per DCFS Rule 402.13, all foster parents and members of the foster family who transport foster children shall submit to annual verification of their driver's license and automobile liability insurance. Camelot Care Centers, Inc. highly recommends foster parents to provide documentation showing proof of homeowners and/or renters insurance. Insurance coverage shall be adequate to cover property damage or loss, which is defined as sufficient insurance to replace or restore the property to original condition prior to the loss or damage. Liability coverage shall be at the minimum amount offered by the homeowner's insurance and the minimum amount required for vehicles by State law.

It is the foster parent's responsibility to inform their insurance carriers that they are serving as foster parents and to reconcile insurance restrictions which are created, if any, by their status as foster parents.

Any claims for damages incurred by foster children in the home will be processed in accordance with DCFS Rule and Procedures. Foster parents should contact the Regional Director regarding any claims.

Transportation

You are expected to provide transportation for the foster child as appropriate. Just as with your own children, foster children will need to be transported for many school and community activities. Foster parents are responsible for assuring transportation to school. You will also be responsible for taking the foster child to all appointments around any services that the child needs, unless you have made other arrangements through the child's worker. This includes, but is not limited to, dental, eye, and medical appointments, recreational activities, social events, family outings, religious observances, extra-curricular activities and vocational opportunities. Discuss with the child's worker for the plan for transportation for the child.

For Foster Parents who drive, they are required to submit proof of valid driver's license and insurance meeting the minimum liability requirements of the State at the time of initial licensure. Foster Parents are also required to provide Camelot with annual validation of current licenses, driving records, and appropriate insurance. Verification of vehicle registration and current driver's license may be requested at any time to assure ongoing compliance with regulations concerning transportation of children.

Foster parents are required to adhere to the rules and regulations governing the operation of motor vehicles in the State in which they are operating the vehicle. When transporting children, proper child restraint systems shall be used, to include but not limited to, seat belts and child restraint systems suitable to the age, height, and weight of the child being transported.

Transportation Reimbursement

Camelot Care Centers, Inc. will reimburse foster parents for the following purposes upon submission of required documentation:

- Hospital Emergencies (i.e. emergency room visits, medical hospitalizations)
- Providing transportation to and from a respite home
- Visiting or picking-up a child from a juvenile detention facility; inpatient psychiatric facility, or inpatient substance abuse treatment facility for purposes of maintaining placement.
- Transporting a child to or from biological parent/sibling visits or prospective adoptive family visits

Any situation that arises which is not outlined above that requires foster parents to transport a foster child will be evaluated on an individual basis for approval. Required documentation for reimbursement includes the Mileage Reimbursement Form. The form must include the child's name, activity or purpose of travel, and the exact round-trip mileage. The form must be completed in full

and submitted within the month the transportation took place in. **The Mileage Reimbursement Form can be located in the Appendix.**

Traveling With Your Foster Child

It is permissible to take your foster children with you when you are traveling within the state of Illinois. If you are planning to be gone overnight or more than 24 hours, you need to advise your caseworker where you can be contacted. DCFS, as legal custodian, has the responsibility to know the whereabouts of the foster child.

If you are planning any travel out-of-state and wish to take the foster child along, you must get prior approval. Request this at least 30 days before the trip.

Special problems may arise when a child needs medical care while outside the state, because few out- of-state providers wish to participate in the Illinois Medicaid Program. Make sure you have an adequate supply of regularly prescribed medication or supplies. Talk to your child's Case Manager about what to do if medical care is needed and a Medicaid provider is not available.

If you are not able to obtain the Consent to Out of State Travel from DCFS, to take the child out of state, you must make respite arrangements for the child's care in your absence. The child's worker must be included in the respite planning.

Smoking

Youth Smoking

State and Federal Laws restrict purchase of tobacco products to person's over the age of 18 years and foster parents are expected to regulate the adherence to laws for children and youth in their care.

Some youth may enter care and have already acquired the habit of tobacco use. Foster parents will restrict such use in their homes and should make the Camelot Case Manager aware of the youth's tobacco use.

Camelot will support efforts to engage youth in smoking cessation programs and/or otherwise facilitate discontinuation of the youth's tobacco usage. The reduction in or elimination of the use of tobacco products may be identified as treatment plan goal.

Foster Parent Smoking

Per Illinois DCFS Rule 402.8E No person shall smoke tobacco in the a foster family home, open or enclosed motor vehicle while transporting a foster child or within 15 feet of entrances, exits, windows that open, and ventilation intakes that serve the foster family home.

Respite

“Respite” is defined as a temporary break from the provision of 24-hour foster care. Its purpose is to help reduce stress and retain quality foster homes. Respite must be arranged and approved by the child’s worker as far in advance as possible. Respite care can be provided only by another licensed foster parent who can accept the child within their licensed capacity.

Requests for respite are to be submitted in writing on the Respite Request Form to the Family Development Specialist and/or Licensing worker at least two weeks prior to the date the respite is to begin. In situations where the respite need is in response to an emergency, Camelot staff will assist foster parents in obtaining respite care. **The Respite Request Form can be located in the Appendix.** The rate of payment is based on the level of care of the foster child except for Adolescent Level clients. For example, an adolescent level child in placed in a respite home will be reimbursed at the Specialized Level rate. A Traditional Level child placed in a respite home will be reimbursed the traditional rate of pay determined by the child’s age. A Specialized Level child placed in a respite home will be reimbursed the specialized rate of pay.

There are also situations in which respite will be mandatory and/or therapeutic. This may result from an assessment by Camelot staff that:

- There is a high level of stress in the home;
- A child has been severely acting out and is beyond control of the foster parent(s);
- A child is in danger of hurting self or others.

In the event that therapeutic respite is utilized, the respite time will not be charged against the foster family.

Camelot Care Centers, Inc. Operational and Procedure for Respite:

- Camelot will provide each foster parent with one day per child in care per month of respite care to assist with the stress of caring for the children placed in their homes. Respite Care that is not requested and used by foster parents when the child is discharged from the home is lost.
- Camelot will provide each foster parent with the opportunity to use this respite care all at once or to bank days to use all at once however accumulation is by a rolling 12-month period and the maximum days of respite per child is 12.
- Camelot staff will work with foster parents and assist with identifying situations in which respite should be utilized.
- Foster homes used for respite care must be licensed foster homes and either selected or approved by the Camelot Regional Director or designee.
- Clients are placed with respite parents that are familiar with them, including awareness of:
 - Daily routines;
 - Favorite foods;
 - Favorite activities;
 - Medical needs; and
 - Therapeutic needs.
- Respite parents are also able to meet the child’s needs in respect to:
 - Culture,
 - Race,
 - Ethnicity,
 - Language,

- Religion,
- And sexual orientation.
- Behavior disclosure forms will be completed for each child in respite care, and personal folders that include medical, psychiatric, and educational information will be given to each respite home for each child in respite.
- Respite parents will provide each child with enrichment activities that suite that child based on the child's:
 - Age,
 - Interests,
 - Development,
 - Physical abilities,
 - Interpersonal characteristics,
 - Culture, and
 - Special needs.
- When children are placed in respite due to a crisis situation, the children are provided with interventions to reduce and assist with any trauma and/stress associated.
- Capacity of respite foster homes will be the same as permanency homes. Capacity limits will not be ignored.
- Respite providers quickly inform Camelot of any health, behavioral, or educational issues.
- Respite providers only return children to the foster parents, agency staff, or pre-approved person

Respite Folder

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

The Respite Folder shall include the following items:

- Copy of the child's Medical Card;
- Child Identification Sheet
- Medication Delivery Form
- Forms for completion of daily/weekly documentation (i.e. behavior logs, medication logs, etc);
- 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 Supervision Plan as may be required;
- Behavior Disclosure/Crisis Plan

Foster/Respite Parent Responsibilities

- Maintain a copy of the respite folder and have it accessible at all times;
- Participate in the appropriate transfer of information during and after periods of approved respite care;
- Primary foster parents will assure child(ren) has adequate and appropriate clothing and grooming supplies. The Respite foster parent is responsible for assuring all clothing and grooming supplies are returned to the primary foster parent;
- Medications are to be hand delivered, adult to adult, and not packed in children's suitcases or otherwise under the control of the child;
- Respite parents are required to immediately contact the on-call worker when any incident involving the child or the child's care occurs.

School Suspensions

When children are suspended from school, it is the responsibility of the Foster Parent to secure alternative care arrangements. The following is a list of ideas a Foster Parent may wish to utilize in securing alternate care arrangements.

- Identify community resources that may have programs during the day for children that have been suspended from school. This may include churches, daycare centers, boys and girls clubs, etc.
- Identify a reliable daytime babysitter to be used in emergencies. Remember, since all babysitters must have been cleared through licensing to provide child care, identification and background clearance should be completed as early as possible.
- Develop a network between Camelot foster parents to utilize each other when needed. This may be done informally, but it is important that the Case Manager is informed of such arrangements.

Responsibility for child care and transportation lies primarily with the Foster Parent. However, Camelot staff will provide assistance to the Foster Parents as possible in securing child care and providing transportation as needed.

Runaway Youth

It is not uncommon that youth placed in foster care away from their own families will choose to run away from the foster home. For clarification, the following are examples of a “Runaway Youth”

- a child who leaves for school in the morning but fails to arrive at school
- a child who attends school but fails to return to the foster home at the time normally expected for the youth to return
- a child that threatens to run away and is then discovered missing
- a child that cannot be located after a thorough search
- a child that contacts the foster parent, tells them where he/she is, but refuses to come home

In general, it is safer to assume the child has run away and take appropriate action rather than to not assume the child has run away.

The following steps are to be taken in the event a child runs away or the foster parent suspects the child has run away:

- Thoroughly search the yard and house but do not chase a child you observe actively running away.
- Check with neighbor or others that the child may have contacted or visited
- Contact Camelot on-call staff and notify staff of the runaway. Follow the directions given by the staff person
- For children under age 13, immediately contact the police. If the child is over age 13 but may function at a lower age level because of mental impairment or medical condition, immediately contact the police.
- If you are notified by the police that the child is in custody, contact the Camelot on-call staff immediately.

Camelot staff will take the following actions upon notification of a runaway from the foster parent.

- Complete an Unusual Incident Report
- Contact the National Center for Missing and Exploited Children
- Contact the DCFS Location Unit.

Because of the notifications Camelot is required to make, it is extremely important that foster parents notify Camelot immediately of the child’s return.

Emergency Management

Each foster home parent is required to have current certification in CPR and first aid. Camelot provides training and certification to its foster parents to meet this requirement.

Camelot on-call staff are available 24 hours a day, 7 days a week, as are local Clinical Directors and Regional Directors.

Each foster parent will receive training in Disaster Preparedness and shall complete a “Disaster Preparedness Plan”. The plan will be kept in the foster home with a copy kept in the Camelot Licensing Record. **The Disaster Preparedness Plan form is located in the APPENDIX.**

In the event of a disaster (flood, tornado, etc) Camelot staff will contact the foster parent to assess the safety of the foster child and foster family. If the foster family cannot be reached, staff will contact the emergency shelter listed on the foster parent’s disaster plan. Foster parents are also instructed to contact Camelot on-call staff in the event of an emergency to inform staff of their safety status.

Each foster home shall post an evacuation route in the foster child’s bedroom to clearly identify the escape route in the event of a fire. Foster parents are required to conduct fire drills on a quarterly basis and at different times of the day to familiarize all family members with the evacuation procedure. Operational smoke detectors, carbon monoxide detectors and fire extinguishers are required by Foster Home Licensing Standards. Quarterly fire drills are to be documented on the Fire Drill Form and be available for review by Camelot Family Development Specialists during licensing visits. **The Fire Evacuation Plan is located in the APPENDIX.**

In case of a Crisis Intervention/Emergency Response please see below:

- Crisis intervention is available 24 hours/day, 7 days/week for Camelot clients and foster families.
- Each region establishes specific on-call procedures, designating on-call rotation and supervision.
- Site-specific on-call number is given to all foster parents and clients to call for needed assistance and/or additional support services during after-hours emergencies.
- The voice mail message in each Camelot office contains the on-call number as part of the message; in case foster parents or others do not have the emergency number immediately available.
- At the time of placement, a written Crisis Plan will be developed with the client, foster parent(s) and treatment team.
- All staff will participate in annual training on crisis protocols and reporting, as well as strategies on de-escalation and crisis intervention.
- Foster parents will participate in annual training on strategies for stabilizing placements including use of Respite Care, 24-hour on-call staff availability, and ongoing stabilization services.

Discipline

Discipline is an educational process through which foster children develop the self-control, self-reliance, and orderly conduct necessary for them to assume responsibility, make daily living decisions, and live according to the acceptable standards of social behavior. The goal of Camelot and Foster Parents is to work with foster children until they have the ability to control their own behavior based on rules that the child thinks are important and has incorporated.

Discipline shall be appropriate to the developmental age of the child, related to the child's act, and not out of proportion to the particular inappropriate behavior. Discipline shall be handled without prolonged delay.

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.

- Discipline shall not be delegated to a child's peer or peers nor to any persons who are strangers to the child.
- No child shall be subjected to corporal punishment, physical abuse, verbal abuse, threats or derogatory remarks about the child or his/her family.
- No child shall be deprived of a meal or part of a meal as punishment
- No child shall be deprived of clothing or sleep as punishment.
- No child shall be deprived of family visits as punishment.
- A child may be restricted to an unlocked bedroom for a reasonable period of time but shall have full access to sanitary facilities.
- Camelot prohibits the use of any type of physical restraint.
- Allowance cannot be held for disciplinary reason.

The following measures are recommended and acceptable methods of discipline. Foster Parents are encouraged to contact their Case Manager or Therapist for any assistance in managing the behavior of children placed in their home.

- Reinforcing acceptable behavior, for example, honest praise, special privileges, and positive use of approved behavioral programs.
- Verbal disapproval of the child's behavior that focuses on the behavior, not on the child (i.e. "I don't like ball-throwing in the house" NOT "I don't like you throwing the ball in the house")
- Loss of privileges, for example, watching television, participating in a special event, or play with a specific toy.
- Restricting the child to the house or yard or sending a child out of the room away from a family activity if the child's behavior is disrupting the activity.
- Redirecting the child's activity, for example, giving the child a toy to play with instead of the child playing with something dangerous.

- Assigning additional chores.

Unusual Incident Reporting

In accordance with Rules and Procedures of the Illinois Department of Children and Family Services and, in particular, Part 331, Unusual Incidents Involving Department Clients, Employees, and Facilities, the following policy applies to the obligation of Foster Parents to report unusual incidents.

The purpose of Unusual Incident Reporting is to communicate information quickly about critical incidents or circumstances that place children, staff, and others at risk of harm in order to protect against that harm and/or take immediate corrective action.

Foster Parents are required to report any of the following incidents or occurrences **immediately** to their Case Manager or to the on call worker if the incident occurs after normal working hours. Additional incidents may require reporting that are not identified on this list. Foster parents should always contact their Case Manager or the on-call worker with any questions or doubts about what to report.

Death

Death of a DCFS ward or former ward

Abuse and neglect

Sexual or physical abuse of a ward

Sexual assault of a ward
Neglect of a ward
Emotional/verbal abuse of a ward

Sexual Behavior

Sexual aggressive behavior by a ward

Sexually problematic behavior by a ward

Injury
Accidental injury/wound requiring medical attention
Self-inflicted injury/wound requiring medical attention

Ward injured during a restraint

Medical/Psychiatric

Ward refuses medication

Medication dispensing error

Medical or psychiatric

emergency

Education
Ward suspended from school

Ward expelled from

school

Hospitalization
Medical hospitalization

Psychiatric

hospitalization

Criminal

Activity

Ward arrested, charged with a crime, or convicted of a crime

Foster parent arrested, charged with a crime, or convicted of a crime

Behavioral Issues

Ward on runaway or missing

Ward in possession of a weapon

Ward displays physically aggressive behavior

Property damage by ward of \$50 or more

Suicide attempt by ward

Suicide ideation/threat by ward

Suspected alcohol or substance use by ward

Facility/Caregiver

Robbery/burglary occurring on foster home premises

Fire/Natural Disaster damage or impact on foster home

Hazardous physical condition in the foster home

Serious incident resulting in legal action against the foster home

Other

Kidnapping or abduction of a ward

Discovery of a ward's pregnancy

Media involvement or inquiry

Ward is a victim of assault

Ward involved in an accident

Medical

Medical Visits

All foster children entering care from another out-of-home placement resource are required to have a physical exam completed within the year prior to placement or within 30 days following placement and annual physical health check-ups thereafter. Children shall also receive a dental examination within 6 months of placement unless a dental visit has been provided prior to placement and then an annual visit from that date shall be scheduled. Children shall also receive annual vision and hearing examinations as **required by age**. Camelot Case Manager will assist the foster parent in arranging these medical visits if needed. It is the responsibility of the foster parents to schedule the annual check-ups.

When a foster child becomes sick or is injured and needs to be examined by a member of the medical profession, it is the responsibility of the foster parent to arrange for this appointment. Whenever a foster child is seen by a Doctor, Psychiatrist, Nurse Practitioner, Physician's Assistant, Dentist, Eye Doctor, or any other member of the medical profession, the appropriate Healthworks form should be completed by the medical professional.

When minors return to care from run, a physical needs to be completed within 24 hours. It is the foster parent's responsibility to ensure that the physical occurs. Camelot Staff can provide assistance as needed.

Medications

A Medication Log must be completed by the foster parent for any child receiving medication, whether prescribed or over-the-counter. The Foster Parent must record the medication administered, the dosage, the time of day medication is given and initial the "Daily Medication Log" after the medication has been administered. If a child is going to be receiving respite services, the child's medication must be sent with the child in the prescription bottle. The respite family will be responsible for filling out a Medication Log. **Foster Parents should never initial the administration of medication, which they did not personally give to the child. The DCFS CFS 532 Medication Administration Log is located in the APPENDIX.**

If a medication is ever given in error, given incorrectly or a wrong dose administered, a Medication Error Report must be completed.

All medications must be administered according to the doctor's order. A Foster Parent can not make an independent decision that the medication is no longer needed, or is not effective. Dosages of the medication can not be skipped.

If a child appears to be displaying adverse side effects to a medication, (i.e. nausea, headaches, vomiting, lethargy, etc.) the Foster Parent should immediately contact the prescribing physician and notify the on-call staff. If the child appears to be in medical distress (i.e. convulsions, difficulty breathing, severe sweating, etc.) the Foster Parent should first contact 911 for assistance and then notify the on-call staff, who will then contact the Clinical Director, Case Management Supervisor and/or Regional Director.

Children who receive psychotropic medications will receive a medication reviews as requested by their psychiatrist. If a Foster Parent feels that a child requires a review prior to that, the Foster Parent should contact the child's Camelot staff who will assist them in scheduling an appointment. The foster parent should seek to refill all of the foster child's prescriptions at least a week before they run out.

Most medications are readily available through a local pharmacy and are reimbursed through the child's Medical Card. If, for any reason, a child is out of medication and funds are not immediately available, the Foster Parent is responsible for purchasing the medication and submitting the receipt to Camelot for reimbursement. If all local pharmacies are not able to fill a child's prescription, the Foster Parent should contact the child's Camelot staff who will consult with the child's physician.

All medications, including both foster children's and other family members', should be kept either in a locked cabinet or in a lock box as required by Licensing Standards. Children should never have access to medication or administer their own medication, regardless of age or maturity. Medication that is out of date or is no longer used, in response to a physician's direction, shall be disposed of by the foster parent and a witness with the disposal date, time, location and method of disposal documented by the foster parent and signed by the witness. This documentation shall be provided to the Case Manager for inclusion in the child's record.

Medication Orders and Administration of Medication

Medication will be prescribed by a licensed physician who has conducted an examination of the child and is aware of the child's medical history and current level of functioning. Prior to issuance of a prescription for psychotropic medications, physicians must obtain the authorization for the medication from the DCFS Consent Line. Documentation of the Consent is maintained in the client's record. Medication is prescribed with consideration given to any possible cross reactions due to any other prescribed medications.

Orders are written by licensed physicians to parents, caretaker or the legal guardian of the child. Medication orders must include a specific "stop" date, including the exact duration that the order will be in effect. Any order can then be re-evaluated, if necessary, to determine if more time is needed for the specific order. Children who are prescribed psychotropic medication should be re-evaluated as required by the prescribing physician.

All prescribed medication(s), should be documented in the child's record on the Medication Log. Foster parents will obtain the following information from either the prescribing physician or the pharmacy dispensing the medication.

- Name of the diagnosed illness(es)
- Name of the prescribed medication(s)
- Effects of the prescribed medication(s)
- Possible side effects of the prescribed medication(s)
- Any potential or unusual or adverse reaction to the prescribed medication(s)
- Administration (dosage, frequency, specific methods) of the prescribed medications

Foster parents will assure that all prescribed and over the counter medication is appropriately stored and safeguarded. (Medication is to be stored in a locked box or locked cabinet at all times). Investigation or experimental drugs are not approved for use for children under the care of Camelot programs.

Acknowledgment Form

Foster Parent Acknowledgement Form

My signature below confirms: I acknowledge receipt of Camelot Care Center's Inc. (hereafter referred to as, "the Company") Foster Parent Manual; and I understand and agree it is my responsibility to read the Foster Parent Manual and adhere to all of the Company's policies. Furthermore, my signature confirms I understand and agree to the following outlined details:

Foster Parent Manual, General: The Foster Parent Manual describes important information about the Company; and I understand that I should consult the Regional Director, State Director or Director of Compliance and Quality Assurance regarding any questions not answered in the manual or any policy I do not fully understand. Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the manual may occur. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the State Executive Director or Director of Compliance and Quality Assurance of the Company has the ability to adopt any revisions to the policies in this manual. I have received the manual, and I understand that it is my responsibility to read and comply with the policies contained in this manual and any revisions made to it.

Non-Disclosure of Clinical Information Agreement for Foster Parents: I understand the confidentiality regulations developed by the Company and the state the Company operates to ensure the privileged and confidential nature of client information. I further understand the violation of confidentiality regulations may be considered a misdemeanor and may be punishable by a fine. Further, improper release or disclosure may result in disciplinary action by the Company. I understand the regulations/policy regarding discussing client-specific information include situations when more than one client are under my supervision at the same time (e.g. on a social/recreational outing). I hereby agree to protect and preserve the confidential nature of all client information to which I may have access.

Behavioral Risk / Disclosure Acknowledgement: I hereby acknowledge receipt of the Company's Behavioral Risk / Disclosure Acknowledgement as contained in the Foster Parent Manual. I have read the policy and understand the procedures, and acknowledge and agree to abide by the policy as described in the manual.

Discipline of Children Acknowledgement: I hereby acknowledge receipt of the Company's Discipline of Children Acknowledgement in the Foster Parent Manual. I have read the policy and understand the procedures, and acknowledge and agree to abide by the policy as described in the manual.

School Suspension / Failed Day Care Placement Policy: I hereby acknowledge receipt of the Company's School Suspension / Failed Day Care Placement Policy in the Foster Parent Manual. I have read the policy and understand the procedures, and acknowledge and agree to abide by the policy as described in the manual.

Foster Parent Name (printed): _____

Foster Parent Name (printed): _____

Foster Parent Signature Date

Foster Parent Signature Date

Family Development Specialist Signature Date

(2016 Foster Parent Manual revision)

Appendix

Foster Care Forms

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

- Complaint/Grievance Form
- DCFS CFS 534 Medication Administration Log
- Disaster Preparedness Plan
- DCFS CFS 585-1 Fire Evacuation Plan
- Sibling Visitation Form
- DCFS CFS 502 Visiting Record
- Foster Parent Mileage Form
- Respite Request Form
- Foster Parent Expenditure Sheet
- Operation of Gas / Electric Power Tools and Machines
- Foster Parent Independent Contract



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

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

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

APPOINTMENTS (Indicate if any were unscheduled or cancelled):

Date	<input type="checkbox"/> Unscheduled	<input type="checkbox"/> Cancelled	Date	<input type="checkbox"/> Unscheduled	<input type="checkbox"/> Cancelled
Date	<input type="checkbox"/> Unscheduled	<input type="checkbox"/> Cancelled	Date	<input type="checkbox"/> Unscheduled	<input type="checkbox"/> Cancelled



Disaster Preparedness Plan

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Date Developed: _____

Out-of-State Contact Information

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____

Local Contact Information

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____

Nearest Relative Contact Information

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____

Emergency Telephone Numbers:

Police Department: _____
Fire Department: _____

Reunion Locations

1. Right outside your home: _____
2. Away from the neighborhood, in case you cannot return home: _____
Address: _____
Telephone: _____

FIRE EVACUATION PLAN

Rule 402.8(j) The foster home shall have fire and emergency evacuation plans that are to be discussed and rehearsed quarterly with the children.

1) In case of a fire, what are the planned exit doors and windows of escape in your foster home?

2) Who are the individuals designated to make sure these children exit the foster home in a safe manner?

3) If you reside in a two story home and your foster child(ren)'s bedrooms are on the upper level what are the means of escape in case the children cannot exit down the stairs?

4) Where is the safe location outside your home where every family member is supposed to meet and be accounted for?

5) What is your procedure for making sure everyone is aware of the evacuation plan for your home?

6) How will you document the practicing of your quarterly evacuation plan?

7) How often do you check smoke alarms in your home to ensure they are in working order?

8) Have you completed **CFS 585, Documentation of Inspection of Smoke Detector in Foster or Relative Caregiver Home?** If so, when?

This evacuation plan is for residence located at:

Signature

Date

Signature

Date

SIBLING VISITATION FORM

Date _____

Name of FP Hosting Visit _____ Name of Sending FP _____

Address _____ Address _____

Phone _____ Zip _____ Phone _____ Zip _____

FP License Number _____ FP License Number _____

How many children are there in the sibling group? _____

Child(ren) Name(s)	ID Number	Sex	Age	Date of Visit

Worker's Name	Regional Office	Phone	Supervisor	Supervisor's Phone

Did worker give permission and/or assistance with planning the visit? Yes No

If no, please give reason/comments:

How long was the visit? (i.e., daytime, overnight, weekend) _____

Who transported the child(ren)? _____

What activities did the child(ren) participate in? _____

Medical Problems

Was medical card sent with the child(ren)? Yes No
 Did child(ren) require medication? Yes No
 Was medication brought with child(ren)? Yes No

If not, reason:

Name of medication: _____

How did the child(ren) interact with each other?

Foster Parent Signature _____

Date _____

DCFS Worker/Supervisor Signature _____

Date _____

DCFS Visiting Record

Family Name _____ CYCIS Family I.D. _____

Type of Visit: Initial Parent Ongoing Parent Sibling Sibling Only
(check all that apply)

Date of Visit: _____

Reason Visit Did Not Occur:

<input type="checkbox"/> Parent Did Not Show	<input type="checkbox"/> Worker/Visit Supervisor/Substitute Caretaker Failed To Bring Child (Name) _____
<input type="checkbox"/> Parent Cancelled	<input type="checkbox"/> Child Refused To Attend (Name) _____
<input type="checkbox"/> Worker/Visit Supervisor Cancelled	<input type="checkbox"/> Child Sick (Name) _____
<input type="checkbox"/> Substitute Caretaker Cancelled	<input type="checkbox"/> Weather _____
<input type="checkbox"/> Transportation	<input type="checkbox"/> Other (specify) _____

EXPLAIN: _____

PERSONS PRESENT

Child	Mother	Father	Step-Parent	Siblings	Grandparent	Other
(NAME)						
(ID)						
(NAME)						
(ID)						
(NAME)						
(ID)						
(NAME)						
(ID)						

Location of Visit: Parent's Home | DCFS Office | Foster Home | Private Agency Office
Other (Specify) _____

Length of Visit: _____ (hrs.)

Visit Supervised: Yes No

Visit Supervised by: DCFS Staff Private Agency Staff Homemaker Ind/Agency Relative
 Foster Parent Other (Specify) _____

Visit Terminated Before Planned Time: Yes No

Reason Visit Terminated:

Parent Behavior problem (specify) _____

Child Behavior Problem (specify) _____

Other (specify) _____

Illinois Department of Children and Family Services
NARRATIVE DESCRIPTION OF VISIT

(This section must be filled out if the visit is supervised or if something significant occurs in an unsupervised visit.) PURPOSE OF

TODAY'S VISIT -----

OBSERVATION OF VISIT -----

CONThAENTS -----

Signature of Person Completing Form

Title

Date Completed

Signature of Worker

Title

Date Reviewed



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

CAMELOT CARE CENTERS INC
FOSTER PARENT EXPENDITURE SHEET

All children in the Therapeutic Foster Care program receive monthly stipends for clothing, hygiene and personal allowance. The following chart is to be completed by foster parents on a monthly basis to track and document the purchase of clothing items, incidental items purchased by the foster parent on the child's behalf and the distribution of the child's allowance. Receipts must be attached for all purchases documented.

MONTH OF: _____

CHILD'S NAME: _____

FOSTER PARENT'S NAME: _____

ALLOWANCE (Beginning Balance): _____

DATE	AMOUNT	BALANCE	CHILD'S SIGNATURE	FOSTER PARENT'S SIGNATURE

CLOTHING Must attach receipts (Beginning Balance): _____

DATE	AMOUNT SPENT	ITEM PURCHASED	BALANCE

SPECIAL SERVICE FEE (Beginning Balance) : _____

DATE	AMOUNT SPENT	ITEM PURCHASED	BALANCE

SUPERVISION FEE (Beginning Balance) : _____

DATE	AMOUNT SPENT	ITEM PURCHASED	BALANCE

Total allowance, clothing, special service & supervision fee : _____ For Month of: _____

FOSTER PARENT SIGNATURE

DATE

FOSTER CHILD SIGNATURE

DATE

Foster Parent Independent Contract

Foster Parent Rights & Responsibilities

The Foster Parent Law [20 ILCS 520] establishes public policy regarding the rights and responsibilities of foster parents as an essential part of the child welfare team. Camelot, in coordination with the Illinois Department of Children and Family Services, is responsible for developing an Annual Plan for implementation of the law to insure that foster parents are provided with the information and support to fulfill their responsibility to fully participate as a member of the child welfare team.

The Foster Parent Law is codified in Illinois State Statutes, Title 89, Social Services, Chapter III, Department of Children and Family Services, Subchapter b, Program and Technical Support, Part 340, Foster Parent Code. All Camelot foster parents are provided a copy of the Foster Parent Code and the Annual Implementation Plan.

All of the programs and services offered by Camelot are based on the protection of fundamental human rights. These rights include civil, constitutional, and legal rights of the individual. Camelot foster parents and clients are selected without regard to race, religion, sex, ethnic background or age, within the limits of applicable licenses.

Foster parents will protect children and ensure children are not exploited or required to make any public statements acknowledging gratitude. No pictures identifying a child shall be used without written consent of the child's guardian. Children shall not be required to perform at public gatherings.

All staff and foster parents will follow the guidelines of Camelot Care Centers, Inc. Policy and Procedure, Code of Ethics, Foster Parent Manual Policies, and Licensing Standards for Foster Family Homes, in addition to other applicable rules, regulations, policies and procedures of the State of Illinois and Camelot Care Centers, Inc.. Foster parents will be informed and provided copies of policies and procedures of Camelot Care Centers, Inc. as well as notification of additions and deletions. As foster parents, I/we acknowledge we have been furnished a copy of the Child's Rights and Responsibilities, Foster Parent Manual, and Code of Ethics and that we have read and understand each document.

Confidentiality

As Foster Parents, I/we acknowledge that our files/records will be kept confidential and stored in a locked facility. Release of information other than that utilized for licensing purposes requires a written consent or court order. Information relating to the foster child is strictly confidential will only be released with written consent of the child and guardian, or by court order, and in accordance with the Camelot Confidentiality Policy, the Mental Health and Developmental Disabilities Confidentiality Act [740 ILCS 110] and the Health Insurance Portability and Accountability Act (HIPAA).

Materials of Camelot are proprietary and confidential. This material may not be copied, in whole or in part, or disclosed in any manner without the prior written consent of the Director. All materials of a proprietary nature must be returned to Camelot in the event I/we provide the required two week notice of my/our desire to terminate this agreement.

Licensing

Foster parent(s) will hold a current and valid license in accordance with Licensing Standards, Part 402 and are responsible for meeting and maintaining compliance with the Licensing Standards for Foster Family Homes. The Foster Home License will be displayed in the home and inspection reports will be available. Additionally, foster parents will cooperate with

Camelot staff, during reasonable hours, to assure the continued safety and welfare of the children in care and to provide necessary treatment services (225 ILCS 10/1 et seq.) (Child Care Act of 1969). Foster Parents agree to unannounced licensing visits to confirm continued compliance with applicable rules.

Camelot staff will be responsible to ensure that all necessary information for licensing will be provided to the Foster Parents and Camelot to assist in the licensing process.

Training

I/we acknowledge that FOSTER PRIDE training has been completed and I/we agree to complete additional training during the course of my/our licensure.

Foster parents are also required to complete ongoing training during the period of their license before being approved for renewal of the license. The minimum number of hours required is established by the Illinois Department of Children and Family Services and may include additional specific training hours and topics as may be determined by Camelot Care Centers, Inc.. All training hours and topics necessary to meet the State requirements for re-licensure will be offer by Camelot, however foster parents are free to seek this training through other providers. Camelot specific training cannot be substituted.

Permanency Planning

Foster parents actively participate in meeting the child's permanency goals by providing support, transportation, and intervention to successfully transition the child into a permanent placement or independent living environment.

Medical

Foster parents are responsible for assisting the child in obtaining medical and dental care. At a minimum, each child shall have annual medical, physical, dental and visual examinations. Foster parents are required to schedule these exams and accompany children to them. Assistance in some cases may be provided by the Case Manager.

Foster Parents shall report any infectious or contagious illness to the Case Manager. Foster parents are also responsible for assuring prescribed medications are taken, that their use is documented daily in the medication log, and that all medication is kept in a locked box.

Education

Foster Parents, as the designated educational surrogates, are expected to be active participants in the child's educational planning including but not limited to attending school functions such as IEP's and other staffings, parent-teacher conferences, and setting homework guidelines. Foster Parents should be familiar with each of the child's teachers and the educational expectations of the program in which the child is enrolled. Foster Parents are also responsible for providing supervision to children on non-school days, holidays, vacation days, and periods of school suspension/expulsion.

Safety

Foster Parents will demonstrate awareness of general child welfare, sanitation, and safety issues in accordance with Licensing Standards and Camelot Policy. Issues of child welfare, safety and sanitation include but are not limited to conducting and documenting monthly fire drills, annual tornado drills, locking and securing all medication, providing the means and supervision to assure children follow appropriate hygiene practices, and securing of firearms and ammunition.

Foster children are encouraged to participate in activities and events that improve socialization skills and enhance personal self-esteem. Foster Parents should communicate this participation to the Case Manager to assure authorizations and consents are in place where needed and to appropriate document activities and events in the child's service plan or treatment plan. Some but not all of the events that require consents include:

1. out of state trips;

2. overnight visits;
3. public events that could involve public photographs;

Transportation

I/we agree that Foster Parents are expected to provide transportation of foster children to doctor's appointments, recreational activities, social events, family outings, religious observances, extra-curricular activities, vocational opportunities, and school if the child cannot walk and the school system does not provide transportation.

I/We are expected to maintain a valid driver's license and insurance on my/our vehicles as well as vehicle licensure. Additionally, my/our vehicles will be kept in good repair and safe operating condition. I/we agree to notify Camelot in the event my/our driver's license is removed, restricted, suspended, or revoked at any time for any reason. I/we also agree to advise Camelot if my/our automobile insurance lapses or is cancelled for any reason. I/we agree to provide verification of valid driver's license and registration annually and to allow Camelot to conduct annual Driver's Record and Insurance verification checks.

Documentation/Reporting

Foster parents will receive ongoing training and instruction in the completion of documentation related to the care of the child through pre-service training, monthly foster parent meetings, weekly in-home counselor contacts with the child and family, and case management contacts.

Foster Parents will maintain current documentation for children in care including but not limited to: Daily/weekly behavioral logs; incident reports; expenses; fire drills; disaster drills; medication logs; infection reports; medical visit consultation forms. Foster parents will report any incidents involving foster children immediately to the Case Manager or, after normal working hours, to the on-call worker.

Placement Decisions

Camelot is committed to safe and permanent home environments for the children in care as well as assisting foster families in making informed decisions about children they accept into their homes. When considering placement options, Camelot staff seek environments that support the child's cultural identity and linguistic (communication) needs. In all cases, except emergency placements, foster parents will be involved in the pre-placement decision making process including at least one day-time pre-placement visit and one overnight pre-placement visit. Foster Parents have an absolute right to review all documentation Camelot has regarding a child prior to agreeing to accept placement of any foster child in their home. This information will include, but may not be limited to: the child's presenting problems; abuse history; at-risk behaviors; medical conditions; dietetic needs; school needs; and treatment needs. Foster parents have the right to refuse any placement.

Frequent and unnecessary placement moves for children in out-of-home care have serious consequences on the child. Activity of this nature has a frequently negative impact on the child's ability to trust, to adjust to being away from his or her family, to participate in treatment services, and to find permanency. The commitment of the foster parent to the child is the most significant indicator of success for the child. It is therefore critical that communication between the foster parent and the Camelot staff occur on a regular basis, especially if the child's behavior begins to escalate or change in a such a way the foster parent feels unable to manage the behavior. Camelot staff are available 24 hours a day, 7 days a week to respond to any crisis situation.

I/we understand that a two-week written notice must be given if I/we are requesting the removal of a child from my/our home except in emergency or life-threatening situations.

I/we agree not to hold Camelot or any of its' agents liable for the behaviors of the foster child in our home. I/We understand that children placed in Treatment Foster Care generally are high risk youth who have significant behavioral problems. I/we understand that specific issues related to a child considered for placement in my/our home will be made available to me/us and discussed prior to the placement of any foster child in my/our home.

Mandated Reporter

Every foster parent is considered a mandated reporter of suspected abuse or neglect. As legally mandated reporters, any suspected abuse or neglect will be reported to the appropriate state authorities. If at any time a Camelot staff suspects or knows of abuse or neglect perpetrated on a child by a foster parent, a report will be filed with the Child Protective Services and/or local law enforcement. Any Camelot foster child residing in the foster home will be removed pending further investigation. As Foster Parents I/we agree to report any abuse or neglect of a foster child immediately to Camelot staff.

This information is covered in greater detail during pre-service training and each foster parent signs an Acknowledgement of Mandated Reporter Status form.

Treatment Implementation

I/we acknowledge that Foster Parents will be responsible to implement the child's treatment plan in coordination with Camelot staff. I/we will participate in weekly treatment and progress reviews with each child's therapist as well as attendance in Child and Family Team meetings with Camelot at least quarterly.

Discipline Policy

I/we agree to follow the discipline policies outlined in the Camelot Discipline Policy, Part 402.21, Licensing Standards for Foster Family Homes, and the child's treatment plan. I/we agree that we have been provided a copy of the Camelot Discipline Policy and the Licensing Standards for Foster Family Homes and that I/we have read and understand these policies.

Foster Parent Payments

Foster parents receive payment for services on the 13th and 28th of each month. Payments vary based on the child's level of care and age. All foster parents receive a separate document explaining the monthly payment amount, based on children's level of care and age. Foster parent payments are sent directly to the home of the foster payment and may also be made through direct deposit.

Foster Parent Signature

Date

Foster Parent Signature

Date