



Illinois Families Now and Forever

Families by Foster Care, Adoption and Guardianship®

Helping the youngest find words and ways to handle trauma from placement changes

Most would agree that moving a child from their parent's home or from one foster home to another is a disruption that, no matter how necessary, is still unfortunate. Given that, some might presume that moving might not be so bad for young children. The belief is, they are young, and can't really understand what is going on. However, those very factors are what make a move more traumatic for young children coping with abuse or neglect. Without adults who are informed and prepared to support them, the trauma of moving from one familiar setting to a new placement can hamper important social and emotional development in children age zero to five. That has implications for the child and the caregivers at the time of placement and as he grows older.

Adults may tend to think of placement changes in terms of the "rescue." We swooped in and saved the child from an unsafe home situation. Yet, for a child, that home situation was normal, it was familiar, and even comforting in its chaos. Then the child enters a new home with new smells, new sounds and new foods. If she were only two, she wouldn't have



Dr. Denise Duval observes Rosie Ruiz conduct an early child assessment with a two-year old.

enough words to express her confusion. If she were five, even with language skills she couldn't understand because everyone probably has been talking over and around her, not to her about whatever just happened for the bottom to drop from her world. Left without words or knowledge, the young child can only use behaviors to express their feelings. It will be the perplexed new caregivers who find themselves on the receiving end of "unexplained" crying, sleeplessness, tantrums and hitting spells.

"Caregivers are going to see what is happening internally through the child's external behavior. They have

to be patient and observant so they can translate those behaviors into understandable feelings they can help the child work through," said Dr. Denise Duval, of the Erikson Institute.

Duval works with the DCFS Integrated Assessment Program as an early childhood clinical supervisor. She, along with many experts from the Erikson Institute, assess the social, emotional and developmental condition of young children when they first enter the child welfare system. Research shows that even very young children do show signs of trauma. In many cases, it is

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From the DCFS Director

Erwin McEwen

They say perspective is everything. When I was a caseworker, my perspective was defined by the families on my caseload. Now as Director, my perspective has expanded to include all of the families who receive intact services with their children at home, those families formed through foster care, adoption or guardianship, and the youth redefining family while in residential programs.

Stepping back to see the bigger picture can often bring new understanding. As an example, in the child welfare field we talk a lot about permanency, but tend to narrow the view to adoption. Yet, when I look at permanency in Illinois, I see 27,000 children reunited with their parents, 6,000 who receive intact services at home, 33,000 who have been adopted and 10,000 living with guardians.

That change in perspective is driving many new strategies that may in turn change how you fill your role as caregiver. With the reunification initiative, DCFS will support your efforts as you work more closely with parents. We are making more informed placement decisions, so youth can maintain valuable ties to their community. That means we now have to focus on recruiting more foster families in specific areas. For those children who do find permanency through adoption or guardianship, we are developing additional services and more providers to assist the post-permanency families.

From my perspective, these steps will take us all closer to the ultimate goal of helping children and their families.

placement trauma, con't.

a two-fold trauma. There is the initial cause of abuse or neglect that brought the case to light and then the second trauma of being removed from their family setting. The collective trauma can result in children missing important developmental milestones that would normally occur. For example, they may never learn how to trust an adult to meet their needs, how to resolve conflicts or how to gain confidence in their abilities or worth as a person. These conceptual lessons are just as important as taking first steps or learning to read.

Fortunately, it is possible to go back and fill in some of those missed lessons, especially when a child is still young. The challenge for caregivers is to create a stable environment where children can find their way through the fog of trauma and move toward healing.

Give them words for feelings

If after a visit, the child has a tantrum, a caregiver could say, "You are breaking your toys. You seem angry. I wonder if it is hard to say goodbye to your mom when the visit is over." Duval says that giving a child words for feelings is a key component to their well-being. With words to define feelings, the child can start to make meaning of the experience and feel safe. Even if the child doesn't have language skills yet, it is important to provide the words.

Create predictability

Bedtime rituals, regular mealtimes and follow-through can help a child learn what to expect in their new home environment. This

predictability can give a sense of calm and build trust in having their needs met.

Respond to the behavior cues

Crying is a basic way that children communicate, whether it's from hunger, a full diaper, or general emotional upset. When kids have been traumatized, crying becomes an even more important signal. Duval says that these are not the times to let them "cry it out." Rather, they need to build trust that someone will respond to their cry.

Other behavior cues like hitting, or yelling are signals that caregivers can't ignore. Rather, they should respond with calm, patience, flexibility and understanding. The more that a caregiver responds in a nurturing way, the better the child's development will be. After enough repetitions, the child will learn how to "come down" or to soothe himself more quickly. However, when caregivers don't respond, it reinforces the trauma and a negative cycle repeats.

"Caregivers are under a tremendous amount of pressure," says Duval. "They may feel the behavior is a defiance against them. But it's not personal. It's the child trying to tell them something."

The goal is to provide a calm, nurturing, predictable and stable environment. It does not have to be a perfect response every time. Fortunately, it is possible to overcome early social and emotional problems. The time between zero and five is the best time to make up for the deficits in the early relationships.

FDA says no to infant cold medicine

Since the last publication of this newsletter, the U.S. Food and Drug Administration announced a Public Health Advisory for parents and caregivers. The agency recommends that over-the-counter (OTC) cough and cold products should not be used to treat infants and children less than two years of age because serious and potentially life-threatening side effects can occur. OTC cough and cold products include decongestants, expectorants, antihistamines, and antitussives (cough suppressants) for the treatment of colds.

"The FDA strongly recommends to parents and caregivers that OTC cough and cold medicines not be used for children younger than two," said Charles Ganley, M.D., director of the FDA's Office of Nonprescription Products. "These medicines, which treat symptoms and not the underlying condition, have not been shown to be safe or effective in children under two."

According to the agency, there are a wide variety of rare, serious adverse events reported with cough and cold products. They include death, convulsions, rapid heart rates, and decreased levels of consciousness.

The FDA is still reviewing the use of OTC cough and cold medicines in children ages two to 11 years old and will issue public recommendations as soon as the review is complete. Pending completion of the FDA's review, caregivers that choose to use OTC cough and cold medicines for children ages 2 to 11 years old should:



- Follow the dosing directions on the label of any OTC medication
- Understand that these drugs will NOT cure or shorten the duration of the common cold
- Check the "Drug Facts" label to learn what active ingredients are in the products because many OTC cough and cold products contain multiple active ingredients
- Only use measuring spoons or cups that come with the medicine or those made specially for measuring drugs

The FDA recommends that anyone with questions contact a physician, pharmacist or other health care professional to discuss how to treat a child with a cough or cold. For more information and the full list of the FDA's recommendations, visit: Public Health Advisory: Nonprescription Cough and Cold Medicine Use in Children (http://www.fda.gov/cder/drug/advisory/cough_cold_2008.htm).

Source: The U.S. Food and Drug Administration, January 18, 2008

Movin' On Up For youth transitioning to adulthood

Teens across the state will have "one-stop shopping" for information to help them prepare for life as adults. The DCFS Division of Service Intervention is planning four Youth Summits.

Teens who participate in the Youth Summits will obtain the educational and survival skills needed to successfully achieve self-sufficiency and independence. The DCFS Youth Advisory Boards are helping to plan workshops covering financial planning, life skills, employment training, academics, nutrition and health.

Youth will co-facilitate sessions to keep the discussion relevant and interesting. They have also injected some fun with food and prizes at each event. Youth (and their caregivers) should save the date for an upcoming Youth Summit.

- Cook County: Malcolm X College, Chicago on June 19
- Northern Region: Northern Illinois University, DeKalb on June 5
- Central Region: Cunningham Children's Home, Champaign on June 17
- Southern Region: Kaskaskia College on June 18

Contact Gail Simpson at 217-524-2425 (Central and Southern regions) and Lynda Swan-McClendon at 312-814-5991 (Cook and Northern regions) for more information.

Be on the lookout for unsafe toys

There are approximately 217,000 toy-related injuries treated in hospital emergency rooms nationwide, according to the national Safe Kids Campaign. Caregivers have to be diligent about safety risks that are part of everyday life. DCFS policy requires foster parents of children age six or under to check their homes for products listed as unsafe by the Children's Product Safety Act. The complete list of unsafe products is available from the Illinois Department of Public Health at 217-782-4977. The U.S. Consumer Product Safety Commission maintains a product list along with helpful information at www.cpsc.gov. The site also offers a subscription service for automatic e-mail updates.

Caregivers should keep in mind the recommendations from the national Safe Kids Campaign (www.safekids.org):

- Before shopping for toys, consider the child's age, interest and skill level.
- When shopping, read labels. Look for well-made toys and follow the age and safety information on the warning labels.
- Keep toys with small parts away from children under age 3. They can choke on small toys and toy parts.
- To be sure of a toy's size, use a small parts tester. If you don't have a small parts tester, you can use an empty toilet paper roll. Do not let small children play with anything that can fit into any of these cylinders.
- Carefully read instructions for



the assembly and use of toys.

- Always remove and discard all packaging from a toy before giving it to a baby or small child.
- Supervise children when they play, and set good examples of safe play. A toy intended for an older child may be dangerous in the hands of a younger child.
- Remind other caregivers, including grandparents, of play-related safety concerns.
- Separate and store toys by age levels. Teach children to put toys away after playing. Safe storage prevents falls and other injuries.
- Check old and new toys regularly for damages such as sharp edges or small parts. Make any repairs immediately or throw away damaged toys.
- Do not let young children play with toys that have straps, cords or strings longer than 7 inches, due to the risk of strangulation. Caregivers should actively supervise children playing with any toy that has small parts, moving parts, electrical or battery power, cords, wheels or any other potentially risky component.

Don't go ahead with toys that have lead

Elevated lead levels put children at risk of long-lasting neurological and physical damage. Illinois has one of the nation's toughest laws to protect children from lead exposure from toys. At the federal level, in 2007, the Consumer Product Safety Commission announced more than 100 recalls due to excessive lead.

Caregivers can take steps to avoid giving children products that may be unsafe due to high lead content:

- Avoid purchasing toys from vending machines.
- Avoid toys with small parts that may be swallowed, especially if the parts are metal or metallic.
- Avoid glossy, fake painted pearls, which may be painted with lead-paint.
- Test suspect jewelry. LeadCheck swabs are available at most local hardware stores and online.
- Ask retailers about their toy jewelry and ask them if they have documentation that the jewelry does not contain lead. Let them know that you are concerned if they don't have documentation.
- Have children tested. Lead poisoning generally can not be detected any other way. Regular testing will ensure the health of your child.
- Stay vigilant. Sign-up to receive e-mails from the Consumer Product Safety Commission (CPSC) about new product recalls.

Big enough or too big for a booster seat?

It is commonly accepted that infants and toddlers have to be in a car seat. However, the safety of thousands of children ages four to nine is compromised when they bypass the booster seat and go straight to using only an adult-designed seat belt. Safety belts generally do not fit children until they are between age 8 and 12.

Booster seats, while not required by law, are recommended by safety experts for children ages four to nine who are between 40 to 80 pounds or shorter than 4 feet 9 inches. The booster seat helps position the child so that the lap-and-shoulder belt fits properly. The right fit may prevent further injury to the head, neck and chest in an accident. The shoulder belt should cross the child's chest and rest snugly on the shoulder. The lap belt should rest low across the hips and never across the stomach area.

Use a booster seat with the vehicle lap-and-shoulder safety belts until your child passes the Safety Belt Fit Test:

1. Have your child sit all the way back on the vehicle seat. Do his or her knees bend at the front edge of the seat? If they bend naturally, go to #2. If they don't, return to the booster seat.
2. Buckle the lap-and-shoulder belt. Be sure the lap belt rests on the upper legs or hips. If it does, go to #3. If it rests on the stomach, return to the booster seat.

3. Be sure the shoulder belt rests on the shoulder or collarbone. If it does, go to #4. If it's on the face or neck, return to the booster seat. Never put the shoulder belt under the child's arm or behind the child's back.
4. Check whether your child maintains the correct seating position for as long as you are in the car. If your child slouches or shifts positions so the safety belt touches the face, neck or stomach, return your child to the booster seat.

Once your child passes the Safety Belt Fit Test, require him or her to use safety belts in a back seat in every vehicle on every ride, whether or not you are there. A lap-and-shoulder belt provides the best protection to your child and helps him or her to maintain the correct seating position. Experts say the back seat is safest for children until age 15, even if they are ready for the safety belt alone.

Source: www.usafekids.org



Magnets in toys can attract injury

Small magnets, like those found in magnetic building sets and other toys, can kill children if two or more are swallowed. The U.S. Consumer Product Safety Commission (CPSC) is aware of at least 33 cases of children being injured from ingesting magnets.

If two or more magnets or magnetic components or a magnet and another metal object (such as a small metal ball) are swallowed separately, they can attract to one another through the intestinal walls. This traps the magnets in place and can cause holes (perforations), twisting and/or blockage of the intestines, infection, blood poisoning (sepsis), and death. When multiple magnets are ingested, surgery is required to remove the magnets and sometimes sections of the intestines need to be removed.

To help prevent serious magnet ingestion injuries, keep small magnets and small pieces containing magnets away from young children who might mistakenly, or intentionally, swallow them. Stay on the look out for loose magnetic pieces – regularly inspect toys and children's play areas for missing or dislodged magnets.

If you suspect your child may have swallowed a magnet, seek immediate medical attention. Be aware of non-specific abdominal symptoms, such as abdominal pains, nausea, vomiting, and diarrhea.

Too hot for kids to handle

According to the National Safe Kids Campaign, tap water scalds are the second most common cause of severe burn injuries. It only takes a few seconds for scalding water to cause third-degree burns on a child's body.

DCFS licensing requirements state that hot water temperatures not exceed 115 degrees in a home with children under age 10 or with developmental delays. To keep water temperatures safe, start by setting the hot water heater to a low or warm setting. Next, let the water run for three to five minutes. Use a thermometer to test the water.

Water heaters may not always be accurate (or individually-controlled) so consider purchasing an anti-scald device that is designed to shut off once water reaches an unsafe temperature. Labels on hot and cold faucets can also help. During bath time, fill the tub with cold water first, then mix in hot water before your child gets in. Seat the child with his back to the faucets, so he will have less opportunity to grab them.

Other tips to avoid burns:

- Do not place hot food or liquids near the counter's edge or within a child's reach.
- Do not hold children while cooking.
- Keep electrical cords out of reach of children.
- Make sure children are out of reach while removing food from the stove or microwave.

For more information, go to www.safekids.org.

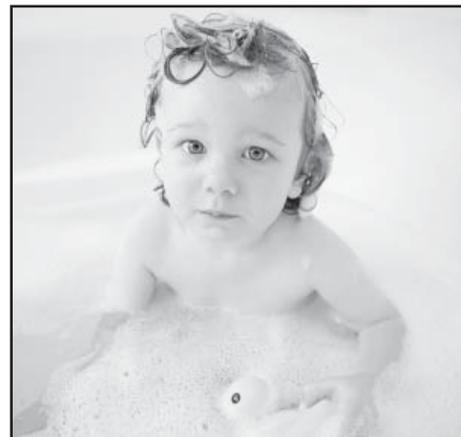
Supervision is the key to preventing accidental drowning deaths

One Illinois infant drowned in less than six inches of water when his parent walked away to answer the phone. Another toddler drowned when she fell headfirst into a five-gallon bucket partially filled with water. In 2006, there were 18 accidental drowning deaths in Illinois. Adult supervision could have prevented these deaths.

Children cannot be left unattended around water even for one moment without the possibility of something tragic happening. Drowning can occur in seconds in small amounts of water in pools, bathtubs, buckets, and even decorative garden ponds. Parents need to lock access to pools, empty buckets when they are not in use and make sure there are enough adults to adequately supervise the number of children around water. It is also important to teach children to stay away from water until an adult is present. Following are some safety tips to help protect children from water-related tragedy:

Swimming pools:

- Keep ladders, patio furniture and toys away from above-ground pools. Toddlers are better climbers than you think!
- Fence in pool and lock the gate. Pool covers and alarms provide added protection.
- Young children should wear or use personal flotation devices, but they do not replace adult supervision.
- Remind babysitters and other caretakers not to leave children unattended near or in water.



- Appoint an adult who can swim to watch kids during pool parties.
- Learn CPR and keep rescue equipment, a phone and emergency numbers near all pools.

Baby pools:

- Don't be lulled into a false sense of security because of the shallowness of baby pools. Children can drown in as little as two inches of water, and should always be supervised when they are in a baby pool.
- Empty the pool immediately after use and store it upside-down.

Bathtubs:

- Never leave a young child alone in a bathtub or rely on a bathtub seat for safety.
- Don't allow children to play alone in bathrooms.

Buckets:

- Five-gallon buckets of water pose a threat to babies and toddlers who may topple into them and be unable to get out.
- Empty and store all buckets out of children's reach.



Statewide Foster Care Advisory Council Bulletin

The Statewide Foster Care Advisory Council started the new year with updates on two important issue areas. The Council asked representatives from the Office of Training and the Office of Child and Family Policy to attend the January meeting.

Training for caregivers

The Council has made training opportunities a "front-burner" issue for several meetings. Assistant Director Velma Williams addressed the Council with an overview of the new strategies to enhance training for caregivers.

"Kids' needs change as they grow older. We will offer a model of continuous training, developed around the needs of children placed in the home," she said.

Among several new initiatives announced, Williams said DCFS will add more master trainers, convene local "learning circles" around specific topics for caregivers, and focus on more cross-training between caregivers, parents and staff.



Mick Polowy previewed the Digital PRIDE curriculum for council members.

The Office of Training also previewed the new computer-based version of the PRIDE in-service modules. Digital PRIDE, the Compact Disc (CD) version of the modules does not replace the in-person sessions. It does give caregivers who are already licensed another option for training. The digital format takes advantage of the flexibility and convenience of technology, while closely mirroring the benefits of the in-class sessions currently offered. Caregivers can order copies of the digital training through the licensing worker or family development specialist.

Office of Child and Family Policy



Susan Netznik

The Council is often asked to weigh in on proposed changes to DCFS policy and practice. Susan Netznik of the DCFS Office of Child and Family Policy led a discussion on how new policy is developed and enacted. She also described the public review process in detail. Council members regularly comment on proposals. Netznik also stated that it is important to cast a wide net for public comment. Caregivers who wish to make comment or receive notice of proposed changes can contact the Office of Child and Family Policy at 217-524-1983 or send an e-mail to cfpolicy@idcfs.state.il.us.

2008 agency reviews

The Foster Parent Law Implementation Plans are required of every foster care program. These plans describe how agencies and DCFS regional programs will uphold foster parent rights and assist them in their responsibilities. Each year, the Council, working with the DCFS Agency Performance Teams, actually visits one third of the agencies for reviews. The Council also requires telephone surveys with a set number of randomly selected foster caregivers to give another perspective on how the plan translates into everyday practice. This year the Council will review:

- Alliance
- Baby Fold
- Bethany for Children and Families
- Catholic Charities Peoria
- Catholic Charities Rockford
- Catholic Social Services of Southern Illinois
- Chaddock
- Child Link
- ChildServ
- Children's Home Association of IL
- DCFS Cook South
- DCFS Southern Region
- Evangelical
- Hephzibah
- Hull House Assoc.
- Kaleidoscope
- Life Link
- Lutheran Child and Family Services Shelter Inc.
- United Methodist Children's Home
- Universal Family Connection
- Westside Holistic
- Youth Campus
- Youth Services Bureau



Homeward bound

When return home is the goal

Foster caregivers who work with parents of children in their care toward return home are finding help from the Family Reunification Support special service fee. This is a recently approved reimbursement to caregivers for certain expenses that are incurred through reunification work with parents and their children.

Since the program began in June, many caregivers and caseworkers have mapped out specific activities that will help a parent's case make progress toward a return home goal. Yet, some mistakes in how they are documenting the activities can result in the reimbursement to caregivers being declined. The most common mistake has to do with signatures. The caregiver, parent, caseworker and supervisor must each sign their full signature (no initials or typewritten names) in each of the designated areas. Caregivers can resubmit corrected forms for another review.

"I believe in this program. If people could be a little more informed, they could be successful in getting kids and their parents back together," said caregiver Michelle Knox.

Caseworkers for children with a return home goal can help families plan, conduct and document the joint activities that are part of reunification cases. Detailed instructions on how to track reunification activities and submit the log for reimbursement are included in the form CFS 1042-L.

Summer camp fun calls for action now

It can be hard to think about summer camp when snow has been known to fall in April. Still, now is the time to make plans, since the best day and overnight camps tend to fill fast. Caregivers to youth who are still in foster care should talk to the child's caseworker about the best type of summer program for the child and family. DCFS-supervised foster families should ask about the financial assistance available, the approval process and the reimbursement procedures. For private agency foster families, the policy can differ from agency to agency. Every agency receives funds for "nonrecurring expenses" such as camp for some children. Ask the child's caseworker about the camp policy for children at that agency. Adoptive and guardianship families typically have to cover these expenses within the household. Some camps do offer income-based financial assistance.

Next, it is time to select a camp. Caregivers can check to see if a camp is accredited with the American Camping Association. It maintains a list of accredited camps that can be searched by location, type or cost. When evaluating camps, inquire about the counselor-to-camper ratio and the counselors' skills and certifications. Many camps do serve special needs children. Be sure to ask about provisions for medication, accommodations for disabilities and behavior management procedures.

Where to begin looking:

- Ask people you know for recommendations.



- Your child's school may have a local camp for sports or academics. Also check out nearby colleges for special programs for elementary and high school children.
- Check the community park districts.
- Local churches may have a youth camp or a youth group that plans summer activities. (Be sure to ask about parent permission for a religious program).
- Ask your child's caseworker for information on special needs camps focusing on ADHD or physical and developmental disabilities.
- Check organizations like the YMCA, Girl Scouts and Boy Scouts for local camps.

Other resources:

- The American Camping Association's Guide to Accredited Camps is available online and in print. 1-800-428-CAMP or www.aca-camps.org
- Kids' Camps directory of camps and summer experiences includes day, overnight, and specialty camps. www.kidscamp.com
- The Camp Fire Boys and Girls, Inc. has camps across US. 816-756-1950 or www.campfire.org



Respite programs available when families need a break

The decision to care for a child comes with many emotional costs that adoptive and guardianship parents willingly pay. However, the cumulative toll of meeting high-end, special needs can mount over time. At some point, parents may feel they need a break, or a period of respite, without the constant responsibility of day-to-day parenting.

Some families reported feeling like “prisoners in my own home” because children’s behaviors were so difficult to manage for normal activities. Research done by the Center For Adoption Studies at Illinois State University showed that a segment of adoptive families was on the brink and that periods of respite could bring them back from the edge. The study found that three to six hours of respite once or twice a month went a long way towards improving family stability. It recommended that the respite providers be trained and experienced in working with children with special needs. The care also needed to be consistent and predictable.

DCFS funds respite programs through the Adoption/Guardianship Preservation Programs. Several community agencies also provide some form of respite in each of the six DCFS regions. The forms and delivery of respite vary by program. Little City in Chicago does in-home respite and provides respite opportunities with youth programs in art and basketball. In central Illinois, The Baby Fold sponsors Camp Take-a-Break, a

weekend camp for children staffed by teachers from a local therapeutic day school. In southern Illinois, Matthews and Associates will arrange to take children out on field trips, so they can have “normal kid” social experiences.

Families who feel they could benefit from a brief stint of respite service should contact the Adoption Preservation Program contracted for their area or another community provider from the list. The agency will do an assessment and determine eligibility and availability.

Cook County

- **Catholic Charities**
312-655-8430
- **Chicago Family Health**
773-768-5000 x 1065
- **Little City Foundation**
773-265-1539
- **Metropolitan Family Services**, 708-974-5815

Northern Region

- **Catholic Charities**
815-223-4007
LaSalle, Bureau, Putnam, Marshall and Stark counties
- **McHenry County Mental Health Board**, 815-788-4371
McHenry County
- **Metropolitan Family Services**
630-784-4861
DuPage County

Central Region

- **Cornerstone**, 217-222-8254
Adams, Brown, Calhoun, Hancock, Pike and Schyler counties
- **Counseling and Family Services**, 309-682-4621

Peoria, Tazwell and Woodford counties

- **Family Service Center**
217-528-8406
Sangamon, northern Maucoupin, Montgomery, Christian and Menard counties
- **Kids Hope United**
217-345-6554
Coles, Cumberland, Clark, Douglas, Edgar, Shelby and Moultrie counties
- **Lutheran Social Services of Illinois**, 309-671-0300
Bureau, Fulton, Henderson, Henry, Knox, LaSalle, Logan, Marshall, Mason, McDonough, Mercer, Peoria, Putnam, Stark, Tazewell, Warren and Woodford counties
- **Project Success of Vermilion County**, 217-446-3200
Vermilion County
- **The Baby Fold**, 309-454-1770
Champaign, DeWitt, Douglas, Ford, Livingston, Macon, McLean, Moultrie, Piatt, Shelby counties

Southern Region

- **Matthews and Associates**
618-988-1330
Alexander, Clay, Crawford, Edwards, Effingham, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper, Jefferson, Johnson, Lawrence, Marion, Massac, Perry, Pope, Pulaski, Richland, Saline, Union, Wabash, Wayne, White and Williamson counties
- **CHASI-Granite City**
618-452-8900
Bond, Clinton, Madison, Monroe, Randolph, St. Clair and Washington counties



Tell it like it is

Families Now and Forever wants to hear the real deal on caring for children from those who know best...YOU!

Here's what you had to say about the question: ***Do you think support groups are helpful to families providing foster care or adoption? If so, what works. If not, what is missing?***

In regard to support groups, I think they are great. However, I think sometimes foster parents worry about what they can and cannot share. Saying, "I am having problems with the child after visits" is probably okay. But, to explain why the child is having problems, "Only Mom visits, not Dad" is probably breaking confidentiality??? We are all bound by "confidentiality" so it would be nice if we could all share freely among our groups.

Patti in Central region

I think support groups are helpful to the parents, but what is missing is most do not have much activities for the children. And isn't adoption about the child? It is important to me to see a friendship built between the children. It would give them a sense that they are not alone. They can understand and identify with each other [in a way] that they would not with biological children. I would like to see a support group for the parents, but more activities for the kids, a chance to make a new friend for the parents as well as the child.

Debbie, via e-mail

The new question is: ***May is designated Foster Parent Appreciation Month. If you could choose your own appreciation event, tribute or honor, what would you do?***

You can contact me with your response by e-mail at Vanessa.James@illinois.gov or by phone at 312-814-6824.

Add your support group to the 2008 listing

If you lead a support group or association for foster or adoptive families, you can be included in the Directory of Support Groups, published in May.

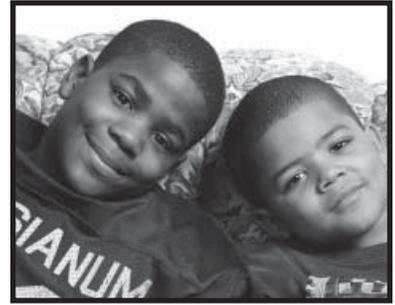
Please send the following information by March 28:

- Name of group
- Meeting schedule (e.g. 2nd Tuesday monthly at 10:00 a.m.)
- Meeting location

- Contact name with phone number/ or e-mail
- Any other notes (e.g. potluck dinner, child care provided, etc.)

New listings and updates should be sent in writing by e-mail or post to:

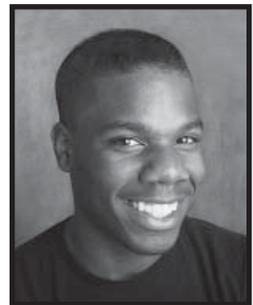
Vanessa.james@illinois.gov
Vanessa Scott James
DCFS
100 W. Randolph, 6-200
Chicago, IL 60601



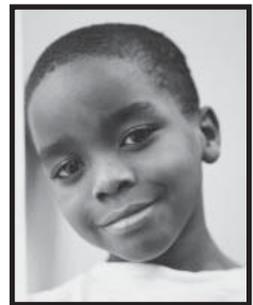
Jabari & Javon (7633 & 7634)



Joseph (7510)



Lewis (7536)



Denzel (7559)



Elijah & Destini (7636 & 7637)

Please call the Adoption Information Center of Illinois at 1-800-572-2390.

A family for me

Jabari and Javon [7633 & 7634]

These two young men are active and outgoing. Eleven-year-old Jabari (left) is athletically talented and often makes the sports teams that he tries out for. His favorite sports are basketball, football, and baseball. Jabari also enjoys going camping with his foster family. His brother, Javon, 8, (right), loves to talk and has a sweet personality. Javon also enjoys playing on the computer and can be entertained for hours playing challenging video games.

Jabari's teacher said he is smart. Their foster parent said he is talented and follows all the house rules. Javon's teacher said he is fun-loving and very bright. He is eager to learn, listens well, and catches on quickly.

The parents for these brothers should be patient and compassionate. You can also help Jabari and Javon remain in touch with their birth relatives. An Illinois family is preferred.

Lewis [7536] Lewis, 17, is a friendly young man who loves hip-hop music and dancing. He hopes to be in a music video someday. He has many friends and likes spending time with them. In his free hours, he enjoys watching plays and visiting art museums. He also enjoys caring for pets and has volunteered at his local animal shelter.

Lewis' worker and teacher said he is respectful and easy to get along with. He enjoys being with older people, and he's always eager to participate in fun activities. To be a family for Lewis, you can be loving and accepting. You can have good communication skills and provide him individual attention. Lewis says he is eager to join an adoptive family.

Elijah and Destini [7636 & 7637]

Elijah, 8, is a caring, personable young man. He has a great sense of humor and enjoys watching funny movies. He also likes cartoons, especially Ben 10, about a young boy who battles evildoers from another planet. In school, his favorite subject is math. His sister, Destini, 7, is a creative artist who loves to draw and color. When she's finished her latest masterpiece, she often plays with her stuffed animals or goes outside to jump rope with friends. Destini thrives on positive attention from others.

Their foster parents say Elijah is outgoing and articulate. They said Destini is smart and resourceful. The potential parents for Elijah and Destini would be able to provide lots of love and support. A two-parent family is preferred so that the parents would have more time for the children's care.

Joseph [7510] Joseph, 13, is a smart young man who does well in school.

He attends advanced classes and receives all A's and B's. He is also talented at sports, especially baseball and basketball. When he's outdoors, Joseph likes to ride bikes and swim. On rainy days, he'll play board games or organize his Yu-Gi-Oh card collection.

His worker says Joseph has a good personality and is very insightful. He responds positively to those he trusts. Both his foster parents and teachers said Joseph is very intelligent.

The forever family for Joseph would provide him love and a structured, well-supervised setting. Joseph said his ideal family would live in the country and would let him earn an allowance. He'd also like to have a brother or sister about his age.

Denzel [7559] Denzel, 8, is a friendly and outgoing young man with great artistic talent. He loves to draw animals and Yu-Gi-Oh characters, although he'll also sketch houses, cars, and just about anything else he sees. Denzel also enjoys sports, especially baseball and football, and watching cartoons and wrestling on TV.

His teachers said Denzel's schoolwork is improving and he likes to help out in class. The potential parents for Denzel would provide lots of love and attention, as well as helpful boundaries and limits.



Please call the Adoption Information Center of Illinois at 1-800-572-2390, or see the AICI Web site – www.adoptinfo-il.org if you are interested in adopting one of these children or learning about other children waiting to be adopted.



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Now and Forever*

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